

Oregon File Specifications



February 1, 2025

RED NOTES ADDITIONS OR DELETIONS BLUE NOTES DESCRIPTION CHANGES

Field Description	Format	Justify	Field Length	Record Position	Field Values
Site/Clinic Number	Numeric	Right	7	001-007	Clinic Number assigned by OHA
Client Number	Numeric	Right	9	008-016	Self-Explanatory
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	CCYYMMDD
Purpose of Visit	Alphanumeric	Left	2	025-026	8,9,11,12,13
Date of Birth, CCYYMMDD	Numeric	Right	8	027-034	CCYYMMDD
Medical Services	Alphanumeric	Left	71	035-105	01 02 03 04 05 06 07 08 09 10 13 17 18 19 20 22 23 24 26 28 29 30 31 32 33
					35 36 37 38 39 40 41 42 43 45 46 47 48 50
					05, 07, 08 Added
Provider of Medical Counseling Svc	Alphanumeric	Left	4	106-109	1,2,3,4,5, or 6
Education/Counseling	Alphanumeric	Left	26	110-135	01,03,04,07,08,09,13,16,17,18 or Blank
Version Number	Alphanumeric	Left	4	136-139	2609
Contraceptive Method Before Visit	Alphanumeric	Left	2	140-141	01,02,03,04,06,07,08,09,10,11,14,15,16,17,18,19,20,21,22,23,24,25,26,27
Contraceptive Method After Visit	Alphanumeric	Left	2	142-143	01,02,03,04,06,07,08,09,10,11,14,15,16,17,18,19,20,21,22,23,24,25,26,27
If No Method After Visit, Give Reason	Alphanumeric	Left	1	144-144	2,3,6,7,9 or Blank
Provider NPI	Alphanumeric	Left	10	145-154	Self-Explanatory or Blank
If No Method Before Visit, Give Reason	Alphanumeric	Left	1	155-155	2,3,6,7,9 or Blank
Tobacco Smoking Status	Alphanumeric	Left	1	156-156	1,2,3,4 or 5
Talk About Contraception	Alphanumeric	Left	1	157-157	1,2,3,4,5 or 6, or Blank
Source of Payment	Alphanumeric	Left	2	158-159	02,03,04,05,07,11,12
Ahlers Internal Use	Alphanumeric	Left	2	160-161	Blank
Monthly Income	Alphanumeric	Right, Zero Fill	6	162-167	Self-Explanatory (Enter No Income as Zero-Filled)

Oregon File Specifications



February 1, 2025

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Field Description	Format	Justify	Field Length	Record Position	Field Values
Household Size	Numeric	Right, Zero Fill	2	168-169	01 thru 99
Insurance Status	Alphanumeric	Left	1	170-170	1,2,3 or 4
Zip Code	Numeric	Right	5	171-175	Self Explanatory, 02000 and Greater
Ethnicity	Alphanumeric	Left	1	176-176	6, 8, or 9
Sex at Birth	Alphanumeric	Left	1	177-177	Self-Explanatory
Last Name	Alphanumeric	Left	20	178-197	Self-Explanatory
First Name	Alphanumeric	Left	10	198-207	Self Explanatory
Middle Initial	Alphanumeric	Left	1	208-208	Self Explanatory
RHAF ID Number	Numeric	Left	8	209-216	Self Explanatory Required
Social Security Number	Alphanumeric	Left	9	217-225	Self Explanatory
Sexual Orientation	Alphanumeric	Left	1	226-226	1,2,3,4,5,6,7 or Blank
Gender Identity	Alphanumeric	Left	1	227-227	1,2,3,4,5,6,7 or Blank
Transgender Identity	Alphanumeric	Left	1	228-228	1,2,3,4,5,6,7 or Blank
How Contraception Provided	Alphanumeric	Left	1	229-229	1,2,3 or 4
Contraceptive Code 1	Alphanumeric	Left	2	230-231	See Attachment I or Valid Code on CVR
Supply Quantity 1	Numeric	Right	3	232-234	See Maximum Amount on Attachment I
Contraceptive Code 2	Alphanumeric	Left	2	235-236	See Attachment I or Valid Code on CVR
Supply Quantity 2	Numeric	Right	3	237-239	See Maximum Amount on Attachment I
Contraceptive Code 3	Alphanumeric	Left	2	240-241	See Attachment I or Valid Code on CVR
Supply Quantity 3	Numeric	Right	3	242-244	See Maximum Amount on Attachment I
Contraceptive Code 4	Alphanumeric	Left	2	245-246	See Attachment I or Valid Code on CVR
Supply Quantity 4	Numeric	Right	3	247-249	See Maximum Amount on Attachment I
Explanation Code	Alphanumeric	Left	2	250-251	See Oregon RH Program Manual for values
Other Insurance Paid	Numeric	Right	6,2	252-257	Self-Explanatory
Additional Demographics	Alphanumeric	Left	3	258-260	5 or blank
3rd Party Internal Number	Numeric	Right	9	261-269	Self Explanatory
Race	Alphanumeric	Left	7	270-276	1,2,3,4,5,6,7 or 8

Oregon File Specifications



February 1, 2025

RED NOTES ADDITIONS OR DELETIONS BLUE NOTES DESCRIPTION CHANGES

Field Description	Format	Justify	Field Length	Record Position	Field Values
Supply 1 Reimbursement Rate	Numeric	Right	6,2	277-282	Unit Price
Supply 2 Reimbursement Rate	Numeric	Right	6,2	283-288	Unit Price
Supply 3 Reimbursement Rate	Numeric	Right	6,2	289-294	Unit Price
Supply 4 Reimbursement Rate	Numeric	Right	6,2	295-300	Unit Price
Primary Diagnosis Code	Alphanumeric	Left	7	301-307	See Allowable Diagnosis Code List
Was Insurance Billed (9B)	Alphanumeric	Left	1	308-308	1,2 or Blank
Special Confidentiality Needs (9C)	Alphanumeric	Left	1	309-309	1 or Blank
Ahlers Internal Use	Alphanumeric	Left	1	310-310	Blank
Systolic Blood Pressure	Alphanumeric	Left	3	311-313	Self-Explanatory or Blank
Diastolic Blood Pressure	Alphanumeric	Left	3	314-316	Self-Explanatory or Blank
Pregnancy Status	Alphanumeric	Left	1	317-317	1,2,3 or Blank
Height	Alphanumeric	Left	2	318-319	Inches or Blank
Weight	Alphanumeric	Left	4	320-323	Pounds or Blank
Pregnancy Intention Screening	Alphanumeric	Left	1	324-324	1,2,3,4 or 5
Ahlers Internal Use	Numeric	Right	8	325-332	Zero - fill
Diagnosis Code 2	Alphanumeric	Left	7	333-339	See Allowable Diagnosis Code List
Diagnosis Code 3	Alphanumeric	Left	7	340-346	See Allowable Diagnosis Code List
Diagnosis Code 4	Alphanumeric	Left	7	347-353	See Allowable Diagnosis Code List
Diagnosis Code 5	Alphanumeric	Left	7	354-360	See Allowable Diagnosis Code List
Diagnosis Code 6	Alphanumeric	Left	7	361-367	See Allowable Diagnosis Code List
Chlamydia Test Result	Alphanumeric	Left	10	368-377	See Attachment J for Result Values, or Blank
Gonorrhea Test Result	Alphanumeric	Left	10	378-387	See Attachment J for Result Values, or Blank
Syphilis Test Result	Alphanumeric	Left	10	388-397	See Attachment J for Result Values, or Blank
HIV Test Result	Alphanumeric	Left	10	398-407	See Attachment J for Result Values, or Blank
HPV Test Result	Alphanumeric	Left	10	408-417	See Attachment J for Result Values, or Blank
Pap Test Result	Alphanumeric	Left	10	418-427	See Attachment J for Result Values, or Blank

Oregon 3rd Party Vendor File Specifications



Effective September 1, 2026

Attachments A-I

RED NOTES ADDITIONS OR DELETIONS **BLUE NOTES DESCRIPTION CHANGES**

*** All Alphameric Fields are Blank Filled unless Otherwise Specified

*** All Numeric Fields are Zero-filled Unless Otherwise Specified

*** End of Record must be Blank or Carriage Return Line Feed

*** Each Supply Reimbursement will be entered as **Six** bytes,
including two decimal positions assumed, e.g., \$300.00 = 030000;
\$28.30 = 002830; 99 cents would be entered as 000099

Races: Attachment A	Ethnicity: Attachment B
1 - White	6 - Hispanic/Latino
2 - Black/African American	8 - Unknown/Not Reported
3 - American Indian	9 - Not-Hispanic or Latino
4 - Alaska Native	
5 - Asian	
6 - Other	
7 - Unknown or Not Reported	
8 - Native Hawaiian/Pacific Islander	
*** Code as many races in Attachment A as applicable ***	

Medical Services: Attachment C	
01 - Annual Visit	28 - Gonorrhea Test
02 - Syphilis Treatment	29 - Chlamydia Test \$
03 - Trich Test	30 - Wet Mount
04 - Trich Treatment	31 - Serum Pregnancy Test
05 - Nitrous Oxide \$ - Added	32 - Negative Pregnancy Test
06 - Breast Exam	33 - Positive Pregnancy Test
07 - Moderate Sedation \$ - Added	35 - Infertility Screening
08 - Deep Sedation \$ - Added	36 - Other Lab or Exam
09 - Pelvic Exam	37 - No Lab or Exam
10 - Gonorrhea Treatment	38 - Hormone Implant In
13 - Chlamydia Treatment	39 - Hormone Implant Out
16 - Herpes Test	40 - Hormonal Injection
17 - Diaphragm/Cervical Cap Fit	41 - Telehealth Visit
18 - Vasectomy Referral Fee	43 - HIV Test

Oregon 3rd Party Vendor File Specifications



Effective September 1, 2026

Attachments A-I

RED NOTES ADDITIONS OR DELETIONS

BLUE NOTES DESCRIPTION CHANGES

Medical Services: Attachment C (continued)	
20 - Vasectomy Procedure	45 - Language Assistance \$
22 - IUD/IUS Removal	46 - EC - Future Need
23 - HGB/HCT	47 - Syphilis Test
24 - Urine Dip Strip/Urinalysis	48 - EC - Immediate Need
26 - Pap Test - Changed	50 - HPV Test

Education/Counseling: Attachment D	
01 - Contraceptive	09 - STI/HIV Prevention
03 - Sterilization	13 - Abstinence
04 - Infertility	16 - Abnormal Pap
07 - Pregnancy Options	17 - Encourage Family Involvement
08 - Preconception	18 - Relationship Safety

Contraceptive Methods: Attachment E	
01 - Tubal Sterilization	16 - Hormone Injection, 3 Months
02 - Oral Contraceptives	17 - Hormone Patch
03 - IUD Copper	18 - Vaginal Ring
04 - Diaphragm/Cervical Cap	19 - Condom, Internal
06 - Condom, External	20 - Withdrawal
07 - Spermicide	21 - Sponge
08 - NFP/FAM	22 - LAM
09 - Other Female Method	23 - Contraceptive Gel
10 - None	24 - Orals (Progestin Only)
11 - Hormonal Implant	25 - Emergency Contraception
14 - Vasectomy	26 - IUD Unspecified
15 - IUS	27 - Decline to Answer

Oregon 3rd Party Vendor File Specifications



Effective September 1, 2026

Attachments A-I

RED NOTES ADDITIONS OR DELETIONS

BLUE NOTES DESCRIPTION CHANGES

Reason for No Method: Attachment F	
2 - Sterile for Non Contraceptive Reasons	7 - Other
3 - Seeking Pregnancy	9 - Same Sex Partner
6 - Abstinence	

Female Only Medical Services: Attachment G	
09 - Pelvic Exam	31 - Serum Pregnancy Test
17 - Diaphragm/Cervical Cap Fit	32 - Negative Pregnancy Test
19 - IUD/IUS Insertion	33 - Positive Pregnancy Test
22 - IUD/IUS Removal	38 - Hormone Implant In
26 - Pap Test	39 - Hormone Implant Out
	40 - Hormone Injection

Source of Pay: Attachment H
02-Title XIX (OHP)
03-WA Take Charge
04-Private Insurance
05-Full Fee
07-Other
11-OVP (Males Only)
12-RH Access Fund

Attachment I: RHAF Billing, Item 17		
Supply Codes item 17A	Max Limits	Max Unit Cost
01- Orals	17	\$185.00
03 - Copper T IUD	1	\$900.00
04 - Depo Provera	1	\$85.00
05 - Diaphragms	1	\$120.00
06 - Spermicides	12	\$25.00
07 - External Condoms	99	\$5.00
08 - Internal Condoms	50	\$22.00

Oregon 3rd Party Vendor File Specifications



Effective September 1, 2026

Attachments A-I

RED NOTES ADDITIONS OR DELETIONS

BLUE NOTES DESCRIPTION CHANGES

12 - Cervical Cap	1	\$95.00
14 - Patch	13	\$50.00
15 - Mirena IUS	1	\$1,100.00
16 - EC	4	\$55.00
17 - Monthly Ring	13	\$175.00
18 - Sponge	99	\$15.00
19 - Subdermal Implants	1	\$1,100.00
20 - Cycle Beads	1	\$30.00
21 - Skyla IUS	1	\$900.00
22 - Liletta IUS	1	\$800.00
23 - Kyleena IUS	1	\$1,100.00
24 - Annual Ring	2	\$2,500.00
25 - Contraceptive Gel	360	\$6.00
30 - Folic Acid	4	\$6.00
31 - Azithromycin	2	\$1.50
32 - Doxycycline	28	\$0.50
33 - Erythromycin	56	\$0.25
34 - Levofloxacin	14	\$0.25
35 - Ofloxacin	28	\$10.00
36 - Ceftriaxone	1	\$1.00
37 - Cefixime	2	\$12.00
38 - Gentamicin	3	\$2.00

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Effective February 1, 2025

Attachment J: Lab Results Value Codes

****Result Codes must be submitted as part of a complete CVR record, **not as a separate file.******

****Submit *either* the Result Code or the SNOMED Result Code. DO NOT SUBMIT BOTH.****

Test	Result	Result Code	SNOMED Result Code
Chlamydia	Negative	1	260385009
Chlamydia	Positive	2	10828004
Chlamydia	Indeterminate	3	82334004
Gonorrhea	Negative	1	260385009
Gonorrhea	Positive	2	10828004
Gonorrhea	Indeterminate	3	82334004
Syphilis	Negative	1	260385009
Syphilis	Positive	2	10828004
Syphilis	Indeterminate	3	82334004
HIV	Negative	1	260385009
HIV	Positive	2	10828004
HIV	Indeterminate	3	82334004
HPV	Negative	1	260385009
HPV	Positive	2	10828004
HPV	Indeterminate	3	82334004
PAP	Normal	1	373887005
PAP	ASC-US	2	103637006
PAP	ASC-H	3	373878001
PAP	Low Grade SIL	4	112662005
PAP	High Grade SIL	5	22725004
PAP	Squamous Cell Carcinoma	7	28899001
PAP	AGC - NOS	9	441219009

Effective February 1, 2025

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****Submit *either* the Result Code
or the SNOMED Result Code. *DO*
NOT SUBMIT BOTH.****

Test	Result	Result Code	SNOMED Result Code
PAP	AGC - Favor Neoplasia	10	373883009
PAP	Adenocarcinoma in-situ	11	51642000
PAP	Specimen Unsatisfactory	13	125154007