

State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1

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Admission Date

Field Description

The date a recipient is admitted to the hospital, skilled nursing facility, or other inpatient facility.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Admission Source

Field Description

The admission source code indicates the origin of the admission to an inpatient facility or outpatient registration (e.g., physician referral, transfer from hospital, emergency room).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	1 Byte
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

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Admission Source – Valid Values

<i>Code</i>	<i>Description</i>	<i>Definition</i>
1	Physician Referral	The patient was admitted upon the recommendation of a personal physician.
2	Clinic Referral	The patient was admitted upon the recommendation of this facility's clinic physician.
3	MCO Referral	The patient was admitted upon the recommendation of an MCO physician.
4	Transfer from a Hospital	The patient was admitted as a transfer from an acute care facility where he or she was an inpatient.
5	Transfer from a SNF	The patient was admitted as a transfer from a skilled nursing facility where he or she was an inpatient.
6	Transfer from Another Facility	The patient was admitted as a transfer from a health care facility other than an acute care facility or an SNF. This includes transfers from nursing homes, long-term care facilities, and SNF patients that are at a non-skilled level of care.
7	Emergency Room	The patient was admitted upon the recommendation of this facility's emergency room physician.
8	Court/Law Enforcement	The patient was admitted upon the direction of a court of law, or upon the request of a law enforcement agency's representative.
9	Information Not Available	The means by which the patient was admitted is not known.
A	Transfer from a Rural Primary Care Hospital (RPCH)	The patient was admitted to this facility as a transfer from a RPCH where he or she was an inpatient.
B	Transfer from another Home Health Agency	The patient was admitted to this home health agency as a transfer from another home health agency.
C	Readmission to same Home Health Agency	The patient was readmitted to this home health agency within the same home health episode period.

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Admission Type

Field Description

The admission type indicates the priority of the admission.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 1 Byte
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Admission Type – Valid Values

<i>Code</i>	<i>Description</i>	<i>Definition</i>
1	Emergency	The patient required immediate medical intervention as a result of severe, life threatening, or potential disabling conditions. Generally, the patient was admitted through the emergency room.
2	Urgent	The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodations.
3	Elective	The patient's condition permitted adequate time to schedule the availability of suitable accommodations.
4	Newborn	The patient is a newborn.
5	Trauma Center	Visits to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so.
9	Information Not Available	The hospital cannot classify the type of admission. This code is used only on rare occasions.

Allowed/Contracted Amount

Field Description

The dollar portion of billed charges that are covered under the payor contract for each individual service (claim line).

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field. Do not submit packed characters.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Beginning Date of Service

Field Description

The beginning date of service identifies the date on which services began.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

Date of service will aid in record verification. This field can also be used for a “from” date for those claims/encounters that are billed over an extended period of time.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

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Bill Type

Field Description

The bill type details three distinct pieces of information. The first digit of the bill type identifies the type of facility. The second digit classifies the type of care. The third digit indicates the sequence of this bill in the particular episode of care; it is referred to as the “frequency” code.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 3 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

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Bill Type – Valid Values

Code	Description
110	Hospital — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
111	Hospital — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
112	Hospital — Inpatient (Including Medicare Part A) — Interim — First Claim
113	Hospital — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
114	Hospital — Inpatient (Including Medicare Part A) — Interim — Last Claim
115	Hospital — Inpatient (Including Medicare Part A) — Late Charge(s) Only Claim
116	Hospital — Inpatient (Including Medicare Part A) — Adjustment of Prior Claim
117	Hospital — Inpatient (Including Medicare Part A) — Replacement of Prior Claim
118	Hospital — Inpatient (Including Medicare Part A) — Void/Cancel of Prior Claim
120	Hospital — Inpatient (Medicare Part B only) — Non-Payment/Zero Claim
121	Hospital — Inpatient (Medicare Part B only) — Admit Thru Discharge Claim
122	Hospital — Inpatient (Medicare Part B only) — Interim — First Claim
123	Hospital — Inpatient (Medicare Part B only) — Interim — Continuing Claim
124	Hospital — Inpatient (Medicare Part B only) — Interim — Last Claim
125	Hospital — Inpatient (Medicare Part B only) — Late Charge(s) Only Claim
126	Hospital — Inpatient (Medicare Part B only) — Adjustment of Prior Claim
127	Hospital — Inpatient (Medicare Part B only) — Replacement of Prior Claim
128	Hospital — Inpatient (Medicare Part B only) — Void/Cancel of Prior Claim
130	Hospital — Outpatient — Non-Payment/Zero Claim
131	Hospital — Outpatient — Admit Thru Discharge Claim
132	Hospital — Outpatient — Interim — First Claim
133	Hospital — Outpatient — Interim — Continuing Claim
134	Hospital — Outpatient — Interim — Last Claim
135	Hospital — Outpatient — Late Charge(s) Only Claim
136	Hospital — Outpatient — Adjustment of Prior Claim
137	Hospital — Outpatient — Replacement of Prior Claim
138	Hospital — Outpatient — Void/Cancel of Prior Claim
140	Hospital — Diagnostic Services — Non-Payment/Zero Claim
141	Hospital — Diagnostic Services — Admit Thru Discharge Claim
142	Hospital — Diagnostic Services — Interim — First Claim
143	Hospital — Diagnostic Services — Interim — Continuing Claim
144	Hospital — Diagnostic Services — Interim — Last Claim
145	Hospital — Diagnostic Services — Late Charge(s) Only Claim
146	Hospital — Diagnostic Services — Adjustment of Prior Claim
147	Hospital — Diagnostic Services — Replacement of Prior Claim
148	Hospital — Diagnostic Services — Void/Cancel of Prior Claim
150	Hospital — Intermediate Care — Level I — Non-Payment/Zero Claim
151	Hospital — Intermediate Care — Level I — Admit Thru Discharge Claim
152	Hospital — Intermediate Care — Level I — Interim — First Claim
153	Hospital — Intermediate Care — Level I — Interim — Continuing Claim

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Bill Type – Valid Values

Code	Description
154	Hospital — Intermediate Care — Level I — Interim — Last Claim
155	Hospital — Intermediate Care — Level I — Late Charge(s) Only Claim
156	Hospital — Intermediate Care — Level I — Adjustment of Prior Claim
157	Hospital — Intermediate Care — Level I — Replacement of Prior Claim
158	Hospital — Intermediate Care — Level I — Void/Cancel of Prior Claim
160	Hospital — Intermediate Care — Level II — Non-Payment/Zero Claim
161	Hospital — Intermediate Care — Level II — Admit Thru Discharge Claim
162	Hospital — Intermediate Care — Level II — Interim — First Claim
163	Hospital — Intermediate Care — Level II — Interim — Continuing Claim
164	Hospital — Intermediate Care — Level II — Interim — Last Claim
165	Hospital — Intermediate Care — Level II — Late Charge(s) Only Claim
166	Hospital — Intermediate Care — Level II — Adjustment of Prior Claim
167	Hospital — Intermediate Care — Level II — Replacement of Prior Claim
168	Hospital — Intermediate Care — Level II — Void/Cancel of Prior Claim
170	Hospital — Subacute Inpatient — Non-Payment/Zero Claim
171	Hospital — Subacute Inpatient — Admit Thru Discharge Claim
172	Hospital — Subacute Inpatient — Interim — First Claim
173	Hospital — Subacute Inpatient — Interim — Continuing Claim
174	Hospital — Subacute Inpatient — Interim — Last Claim
175	Hospital — Subacute Inpatient — Late Charge(s) Only Claim
176	Hospital — Subacute Inpatient — Adjustment of Prior Claim
177	Hospital — Subacute Inpatient — Replacement of Prior Claim
178	Hospital — Subacute Inpatient — Void/Cancel of Prior Claim
180	Hospital — Swing Beds — Non-Payment/Zero Claim
181	Hospital — Swing Beds — Admit Thru Discharge Claim
182	Hospital — Swing Beds — Interim — First Claim
183	Hospital — Swing Beds — Interim — Continuing Claim
184	Hospital — Swing Beds — Interim — Last Claim
185	Hospital — Swing Beds — Late Charge(s) Only Claim
186	Hospital — Swing Beds — Adjustment of Prior Claim
187	Hospital — Swing Beds — Replacement of Prior Claim
188	Hospital — Swing Beds — Void/Cancel of Prior Claim
210	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
211	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
212	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Interim — First Claim
213	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Interim — Continuing Claim

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Bill Type – Valid Values

Code	Description
214	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Interim — Last Claim
215	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Late Charge(s) Only Claim
216	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Adjustment of Prior Claim
217	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Replacement of Prior Claim
218	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Void/Cancel of Prior Claim
220	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Non-Payment/Zero Claim
221	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Admit Thru Discharge Claim
222	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Interim — First Claim
223	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Interim — Continuing Claim
224	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Interim — Last Claim
225	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Late Charge(s) Only Claim
226	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Adjustment of Prior Claim
227	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Replacement of Prior Claim
228	Skilled Nursing Facility — Inpatient (Medicare Part B only) — Void/Cancel of Prior Claim
240	Skilled Nursing Facility — Diagnostic Services — Non-Payment/Zero Claim
241	Skilled Nursing Facility — Diagnostic Services — Admit Thru Discharge Claim
242	Skilled Nursing Facility — Diagnostic Services — Interim — First Claim
243	Skilled Nursing Facility — Diagnostic Services — Interim — Continuing Claim
244	Skilled Nursing Facility — Diagnostic Services — Interim — Last Claim
245	Skilled Nursing Facility — Diagnostic Services — Late Charge(s) Only Claim
246	Skilled Nursing Facility — Diagnostic Services — Adjustment of Prior Claim
247	Skilled Nursing Facility — Diagnostic Services — Replacement of Prior Claim
248	Skilled Nursing Facility — Diagnostic Services — Void/Cancel of Prior Claim
250	Skilled Nursing Facility — Intermediate Care — Level I — Non-Payment/Zero Claim
251	Skilled Nursing Facility — Intermediate Care — Level I — Admit Thru Discharge Claim
252	Skilled Nursing Facility — Intermediate Care — Level I — Interim — First Claim
253	Skilled Nursing Facility — Intermediate Care — Level I — Interim — Continuing Claim
254	Skilled Nursing Facility — Intermediate Care — Level I — Interim — Last Claim
255	Skilled Nursing Facility — Intermediate Care — Level I — Late Charge(s) Only Claim

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Bill Type – Valid Values

Code	Description
256	Skilled Nursing Facility — Intermediate Care — Level I — Adjustment of Prior Claim
257	Skilled Nursing Facility — Intermediate Care — Level I — Replacement of Prior Claim
258	Skilled Nursing Facility — Intermediate Care — Level I — Void/Cancel of Prior Claim
260	Skilled Nursing Facility — Intermediate Care — Level II — Non-Payment/Zero Claim
261	Skilled Nursing Facility — Intermediate Care — Level II — Admit Thru Discharge Claim
262	Skilled Nursing Facility — Intermediate Care — Level II — Interim — First Claim
263	Skilled Nursing Facility — Intermediate Care — Level II — Interim — Continuing Claim
264	Skilled Nursing Facility — Intermediate Care — Level II — Interim — Last Claim
265	Skilled Nursing Facility — Intermediate Care — Level II — Late Charge(s) Only Claim
266	Skilled Nursing Facility — Intermediate Care — Level II — Adjustment of Prior Claim
267	Skilled Nursing Facility — Intermediate Care — Level II — Replacement of Prior Claim
268	Skilled Nursing Facility — Intermediate Care — Level II — Void/Cancel of Prior Claim
270	Skilled Nursing Facility — Subacute Inpatient — Non-Payment/Zero Claim
271	Skilled Nursing Facility — Subacute Inpatient — Admit Thru Discharge Claim
272	Skilled Nursing Facility — Subacute Inpatient — Interim — First Claim
273	Skilled Nursing Facility — Subacute Inpatient — Interim — Continuing Claim
274	Skilled Nursing Facility — Subacute Inpatient — Interim — Last Claim
275	Skilled Nursing Facility — Subacute Inpatient — Late Charge(s) Only Claim
276	Skilled Nursing Facility — Subacute Inpatient — Adjustment of Prior Claim
277	Skilled Nursing Facility — Subacute Inpatient — Replacement of Prior Claim
278	Skilled Nursing Facility — Subacute Inpatient — Void/Cancel of Prior Claim
280	Skilled Nursing Facility — Swing Beds — Non-Payment/Zero Claim
281	Skilled Nursing Facility — Swing Beds — Admit Thru Discharge Claim
282	Skilled Nursing Facility — Swing Beds — Interim — First Claim
283	Skilled Nursing Facility — Swing Beds — Interim — Continuing Claim
284	Skilled Nursing Facility — Swing Beds — Interim — Last Claim
285	Skilled Nursing Facility — Swing Beds — Late Charge(s) Only Claim
286	Skilled Nursing Facility — Swing Beds — Adjustment of Prior Claim
287	Skilled Nursing Facility — Swing Beds — Replacement of Prior Claim
288	Skilled Nursing Facility — Swing Beds — Void/Cancel of Prior Claim
330	Home Health — Outpatient — Non-Payment/Zero Claim
331	Home Health — Outpatient — Admit Thru Discharge Claim
332	Home Health — Outpatient — Interim — First Claim
333	Home Health — Outpatient — Interim — Continuing Claim
334	Home Health — Outpatient — Interim — Last Claim
335	Home Health — Outpatient — Late Charge(s) Only Claim
336	Home Health — Outpatient — Adjustment of Prior Claim
337	Home Health — Outpatient — Replacement of Prior Claim
338	Home Health — Outpatient — Void/Cancel of Prior Claim

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Code	Description
340	Home Health — No Treatment Plan — Non-Payment/Zero Claim
341	Home Health — No Treatment Plan — Admit Thru Discharge Claim
342	Home Health — No Treatment Plan — Interim — First Claim
343	Home Health — No Treatment Plan — Interim — Continuing Claim
344	Home Health — No Treatment Plan — Interim — Last Claim
345	Home Health — No Treatment Plan — Late Charge(s) Only Claim
346	Home Health — No Treatment Plan — Adjustment of Prior Claim
347	Home Health — No Treatment Plan — Replacement of Prior Claim
348	Home Health — No Treatment Plan — Void/Cancel of Prior Claim
410	Christian Science Hospital — Inpatient (Including Medicare Part A) — Non-Payment/ Zero Claim
411	Christian Science Hospital — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
412	Christian Science Hospital — Inpatient (Including Medicare Part A) — Interim — First Claim
413	Christian Science Hospital — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
414	Christian Science Hospital — Inpatient (Including Medicare Part A) — Interim — Last Claim
415	Christian Science Hospital — Inpatient (Including Medicare Part A) — Late Charge(s) Only Claim
416	Christian Science Hospital — Inpatient (Including Medicare Part A) — Adjustment of Prior Claim
417	Christian Science Hospital — Inpatient (Including Medicare Part A) — Replacement of Prior Claim
418	Christian Science Hospital — Inpatient (Including Medicare Part A) — Void/Cancel of Prior Claim
420	Christian Science Hospital — Inpatient (Medicare Part B only) — Non-Payment/Zero Claim
421	Christian Science Hospital — Inpatient (Medicare Part B only) — Admit Thru Discharge Claim
422	Christian Science Hospital — Inpatient (Medicare Part B only) — Interim — First Claim
423	Christian Science Hospital — Inpatient (Medicare Part B only) — Interim — Continuing Claim
424	Christian Science Hospital — Inpatient (Medicare Part B only) — Interim — Last Claim
425	Christian Science Hospital — Inpatient (Medicare Part B only) — Late Charge(s) Only Claim
426	Christian Science Hospital — Inpatient (Medicare Part B only) — Adjustment of Prior Claim
427	Christian Science Hospital — Inpatient (Medicare Part B only) — Replacement of Prior Claim

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Code	Description
428	Christian Science Hospital — Inpatient (Medicare Part B only) — Void/Cancel of Prior Claim
430	Christian Science Hospital — Outpatient — Non-Payment/Zero Claim
431	Christian Science Hospital — Outpatient — Admit Thru Discharge Claim
432	Christian Science Hospital — Outpatient — Interim — First Claim
433	Christian Science Hospital — Outpatient — Interim — Continuing Claim
434	Christian Science Hospital — Outpatient — Interim — Last Claim
435	Christian Science Hospital — Outpatient — Late Charge(s) Only Claim
436	Christian Science Hospital — Outpatient — Adjustment of Prior Claim
437	Christian Science Hospital — Outpatient — Replacement of Prior Claim
438	Christian Science Hospital — Outpatient — Void/Cancel of Prior Claim
440	Christian Science Hospital — Diagnostic Services — Non-Payment/Zero Claim
441	Christian Science Hospital — Diagnostic Services — Admit Thru Discharge Claim
442	Christian Science Hospital — Diagnostic Services — Interim — First Claim
443	Christian Science Hospital — Diagnostic Services — Interim — Continuing Claim
444	Christian Science Hospital — Diagnostic Services — Interim — Last Claim
445	Christian Science Hospital — Diagnostic Services — Late Charge(s) Only Claim
446	Christian Science Hospital — Diagnostic Services — Adjustment of Prior Claim
447	Christian Science Hospital — Diagnostic Services — Replacement of Prior Claim
448	Christian Science Hospital — Diagnostic Services — Void/Cancel of Prior Claim
450	Christian Science Hospital — Intermediate Care — Level I — Non-Payment/Zero Claim
451	Christian Science Hospital — Intermediate Care — Level I — Admit Thru Discharge Claim
452	Christian Science Hospital — Intermediate Care — Level I — Interim — First Claim
453	Christian Science Hospital — Intermediate Care — Level I — Interim — Continuing Claim
454	Christian Science Hospital — Intermediate Care — Level I — Interim — Last Claim
455	Christian Science Hospital — Intermediate Care — Level I — Late Charge(s) Only Claim
456	Christian Science Hospital — Intermediate Care — Level I — Adjustment of Prior Claim
457	Christian Science Hospital — Intermediate Care — Level I — Replacement of Prior Claim
458	Christian Science Hospital — Intermediate Care — Level I — Void/Cancel of Prior Claim
460	Christian Science Hospital — Intermediate Care — Level II — Non-Payment/Zero Claim
461	Christian Science Hospital — Intermediate Care — Level II — Admit Thru Discharge Claim
462	Christian Science Hospital — Intermediate Care — Level II — Interim — First Claim
463	Christian Science Hospital — Intermediate Care — Level II — Interim — Continuing Claim
464	Christian Science Hospital — Intermediate Care — Level II — Interim — Last Claim

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Code	Description
465	Christian Science Hospital — Intermediate Care — Level II — Late Charge(s) Only Claim
466	Christian Science Hospital — Intermediate Care — Level II — Adjustment of Prior Claim
467	Christian Science Hospital — Intermediate Care — Level II — Replacement of Prior Claim
468	Christian Science Hospital — Intermediate Care — Level II — Void/Cancel of Prior Claim
470	Christian Science Hospital — Subacute Inpatient — Non-Payment/Zero Claim
471	Christian Science Hospital — Subacute Inpatient — Admit Thru Discharge Claim
472	Christian Science Hospital — Subacute Inpatient — Interim — First Claim
473	Christian Science Hospital — Subacute Inpatient — Interim — Continuing Claim
474	Christian Science Hospital — Subacute Inpatient — Interim — Last Claim
475	Christian Science Hospital — Subacute Inpatient — Late Charge(s) Only Claim
476	Christian Science Hospital — Subacute Inpatient — Adjustment of Prior Claim
477	Christian Science Hospital — Subacute Inpatient — Replacement of Prior Claim
478	Christian Science Hospital — Subacute Inpatient — Void/Cancel of Prior Claim
480	Christian Science Hospital — Swing Beds — Non-Payment/Zero Claim
481	Christian Science Hospital — Swing Beds — Admit Thru Discharge Claim
482	Christian Science Hospital — Swing Beds — Interim — First Claim
483	Christian Science Hospital — Swing Beds — Interim — Continuing Claim
484	Christian Science Hospital — Swing Beds — Interim — Last Claim
485	Christian Science Hospital — Swing Beds — Late Charge(s) Only Claim
486	Christian Science Hospital — Swing Beds — Adjustment of Prior Claim
487	Christian Science Hospital — Swing Beds — Replacement of Prior Claim
488	Christian Science Hospital — Swing Beds — Void/Cancel of Prior Claim
510	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
511	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
512	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Interim — First Claim
513	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
514	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Interim — Last Claim
515	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Late Charge(s) Only Claim
516	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Adjustment of Prior Claim

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Bill Type – Valid Values

Code	Description
517	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Replacement of Prior Claim
518	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A) — Void/Cancel of Prior Claim
520	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Non-Payment/Zero Claim
521	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Admit Thru Discharge Claim
522	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Interim — First Claim
523	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Interim — Continuing Claim
524	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Interim — Last Claim
525	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Late Charge(s) Only Claim
526	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Adjustment of Prior Claim
527	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Replacement of Prior Claim
528	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only) — Void/Cancel of Prior Claim
540	Christian Science Extended Care Hospital — Diagnostic Services — Non-Payment/Zero Claim
541	Christian Science Extended Care Hospital — Diagnostic Services — Admit Thru Discharge Claim
542	Christian Science Extended Care Hospital — Diagnostic Services — Interim — First Claim
543	Christian Science Extended Care Hospital — Diagnostic Services — Interim — Continuing Claim
544	Christian Science Extended Care Hospital — Diagnostic Services — Interim — Last Claim
545	Christian Science Extended Care Hospital — Diagnostic Services — Late Charge(s) Only Claim
546	Christian Science Extended Care Hospital — Diagnostic Services — Adjustment of Prior Claim
547	Christian Science Extended Care Hospital — Diagnostic Services — Replacement of Prior Claim
548	Christian Science Extended Care Hospital — Diagnostic Services — Void/Cancel of Prior Claim

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Bill Type – Valid Values

Code	Description
550	Christian Science Extended Care Hospital — Intermediate Care — Level I — Non-Payment/Zero Claim
551	Christian Science Extended Care Hospital — Intermediate Care — Level I — Admit Thru Discharge Claim
552	Christian Science Extended Care Hospital — Intermediate Care — Level I — Interim — First Claim
553	Christian Science Extended Care Hospital — Intermediate Care — Level I — Interim — Continuing Claim
554	Christian Science Extended Care Hospital — Intermediate Care — Level I — Interim — Last Claim
555	Christian Science Extended Care Hospital — Intermediate Care — Level I — Late Charge(s) Only Claim
556	Christian Science Extended Care Hospital — Intermediate Care — Level I — Adjustment of Prior Claim
557	Christian Science Extended Care Hospital — Intermediate Care — Level I — Replacement of Prior Claim
558	Christian Science Extended Care Hospital — Intermediate Care — Level I — Void/Cancel of Prior Claim
560	Christian Science Extended Care Hospital — Intermediate Care — Level II — Non-Payment/Zero Claim
561	Christian Science Extended Care Hospital — Intermediate Care — Level II — Admit Thru Discharge Claim
562	Christian Science Extended Care Hospital — Intermediate Care — Level II — Interim — First Claim
563	Christian Science Extended Care Hospital — Intermediate Care — Level II — Interim — Continuing Claim
564	Christian Science Extended Care Hospital — Intermediate Care — Level II — Interim — Last Claim
565	Christian Science Extended Care Hospital — Intermediate Care — Level II — Late Charge(s) Only Claim
566	Christian Science Extended Care Hospital — Intermediate Care — Level II — Adjustment of Prior Claim
567	Christian Science Extended Care Hospital — Intermediate Care — Level II — Replacement of Prior Claim
568	Christian Science Extended Care Hospital — Intermediate Care — Level II — Void/Cancel of Prior Claim
570	Christian Science Extended Care Hospital — Subacute Inpatient — Non-Payment/Zero Claim
571	Christian Science Extended Care Hospital — Subacute Inpatient — Admit Thru Discharge Claim

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Bill Type – Valid Values

Code	Description
572	Christian Science Extended Care Hospital — Subacute Inpatient — Interim — First Claim
573	Christian Science Extended Care Hospital — Subacute Inpatient — Interim — Continuing Claim
574	Christian Science Extended Care Hospital — Subacute Inpatient — Interim — Last Claim
575	Christian Science Extended Care Hospital — Subacute Inpatient — Late Charge(s) Only Claim
576	Christian Science Extended Care Hospital — Subacute Inpatient — Adjustment of Prior Claim
577	Christian Science Extended Care Hospital — Subacute Inpatient — Replacement of Prior Claim
578	Christian Science Extended Care Hospital — Subacute Inpatient — Void/Cancel of Prior Claim
580	Christian Science Extended Care Hospital — Swing Beds — Non-Payment/Zero Claim
581	Christian Science Extended Care Hospital — Swing Beds — Admit Thru Discharge Claim
582	Christian Science Extended Care Hospital — Swing Beds — Interim — First Claim
583	Christian Science Extended Care Hospital — Swing Beds — Interim — Continuing Claim
584	Christian Science Extended Care Hospital — Swing Beds — Interim — Last Claim
585	Christian Science Extended Care Hospital — Swing Beds — Late Charge(s) Only Claim
586	Christian Science Extended Care Hospital — Swing Beds — Adjustment of Prior Claim
587	Christian Science Extended Care Hospital — Swing Beds — Replacement of Prior Claim
588	Christian Science Extended Care Hospital — Swing Beds — Void/Cancel of Prior Claim
610	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
611	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
612	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Interim — First Claim
613	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
614	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Interim — Last Claim
615	Intermediate Care Facility — Inpatient (Incl. Medicare Part A) — Late Charge(s) Only Claim
616	Intermediate Care Facility — Inpatient (Including Medicare Part A) — Adjustment of Prior Claim
617	Intermediate Care Facility — Inpatient (Incl. Medicare Part A) — Replacement of Prior Claim

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Bill Type – Valid Values

Code	Description
618	Intermediate Care Facility — Inpatient (Incl. Medicare Part A) — Void/Cancel of Prior Claim
620	Intermediate Care Facility — Inpatient (Medicare Part B only) — Non-Payment/Zero Claim
621	Intermediate Care Facility — Inpatient (Medicare Part B only) — Admit Thru Discharge Claim
622	Intermediate Care Facility — Inpatient (Medicare Part B only) — Interim — First Claim
623	Intermediate Care Facility — Inpatient (Medicare Part B only) — Interim — Continuing Claim
624	Intermediate Care Facility — Inpatient (Medicare Part B only) — Interim — Last Claim
625	Intermediate Care Facility — Inpatient (Medicare Part B only) — Late Charge(s) Only Claim
626	Intermediate Care Facility — Inpatient (Medicare Part B only) — Adjustment of Prior Claim
627	Intermediate Care Facility — Inpatient (Medicare Part B only) — Replacement of Prior Claim
628	Intermediate Care Facility — Inpatient (Medicare Part B only) — Void/Cancel of Prior Claim
640	Intermediate Care Facility — Diagnostic Services — Non-Payment/Zero Claim
641	Intermediate Care Facility — Diagnostic Services — Admit Thru Discharge Claim
642	Intermediate Care Facility — Diagnostic Services — Interim — First Claim
643	Intermediate Care Facility — Diagnostic Services — Interim — Continuing Claim
644	Intermediate Care Facility — Diagnostic Services — Interim — Last Claim
645	Intermediate Care Facility — Diagnostic Services — Late Charge(s) Only Claim
646	Intermediate Care Facility — Diagnostic Services — Adjustment of Prior Claim
647	Intermediate Care Facility — Diagnostic Services — Replacement of Prior Claim
648	Intermediate Care Facility — Diagnostic Services — Void/Cancel of Prior Claim
650	Intermediate Care Facility — Intermediate Care — Level I — Non-Payment/Zero Claim
651	Intermediate Care Facility — Intermediate Care — Level I — Admit Thru Discharge Claim
652	Intermediate Care Facility — Intermediate Care — Level I — Interim — First Claim
653	Intermediate Care Facility — Intermediate Care — Level I — Interim — Continuing Claim
654	Intermediate Care Facility — Intermediate Care — Level I — Interim — Last Claim
655	Intermediate Care Facility — Intermediate Care — Level I — Late Charge(s) Only Claim
656	Intermediate Care Facility — Intermediate Care — Level I — Adjustment of Prior Claim
657	Intermediate Care Facility — Intermediate Care — Level I — Replacement of Prior Claim
658	Intermediate Care Facility — Intermediate Care — Level I — Void/Cancel of Prior Claim
660	Intermediate Care Facility — Intermediate Care — Level II — Non-Payment/Zero Claim

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Bill Type – Valid Values

Code	Description
661	Intermediate Care Facility — Intermediate Care — Level II — Admit Thru Discharge Claim
662	Intermediate Care Facility — Intermediate Care — Level II — Interim — First Claim
663	Intermediate Care Facility — Intermediate Care — Level II — Interim — Continuing Claim
664	Intermediate Care Facility — Intermediate Care — Level II — Interim — Last Claim
665	Intermediate Care Facility — Intermediate Care — Level II — Late Charge(s) Only Claim
666	Intermediate Care Facility — Intermediate Care — Level II — Adjustment of Prior Claim
667	Intermediate Care Facility — Intermediate Care — Level II — Replacement of Prior Claim
668	Intermediate Care Facility — Intermediate Care — Level II — Void/Cancel of Prior Claim
670	Intermediate Care Facility — Subacute Inpatient — Non-Payment/Zero Claim
671	Intermediate Care Facility — Subacute Inpatient — Admit Thru Discharge Claim
672	Intermediate Care Facility — Subacute Inpatient — Interim — First Claim
673	Intermediate Care Facility — Subacute Inpatient — Interim — Continuing Claim
674	Intermediate Care Facility — Subacute Inpatient — Interim — Last Claim
675	Intermediate Care Facility — Subacute Inpatient — Late Charge(s) Only Claim
676	Intermediate Care Facility — Subacute Inpatient — Adjustment of Prior Claim
677	Intermediate Care Facility — Subacute Inpatient — Replacement of Prior Claim
678	Intermediate Care Facility — Subacute Inpatient — Void/Cancel of Prior Claim
680	Intermediate Care Facility — Swing Beds — Non-Payment/Zero Claim
681	Intermediate Care Facility — Swing Beds — Admit Thru Discharge Claim
682	Intermediate Care Facility — Swing Beds — Interim — First Claim
683	Intermediate Care Facility — Swing Beds — Interim — Continuing Claim
684	Intermediate Care Facility — Swing Beds — Interim — Last Claim
685	Intermediate Care Facility — Swing Beds — Late Charge(s) Only Claim
686	Intermediate Care Facility — Swing Beds — Adjustment of Prior Claim
687	Intermediate Care Facility — Swing Beds — Replacement of Prior Claim
688	Intermediate Care Facility — Swing Beds — Void/Cancel of Prior Claim
710	Clinic — FQHC/Rural Health — Non-Payment/Zero Claim
711	Clinic — FQHC/Rural Health — Admit Thru Discharge Claim
712	Clinic — FQHC/Rural Health — Interim — First Claim
713	Clinic — FQHC/Rural Health — Interim — Continuing Claim
714	Clinic — FQHC/Rural Health — Interim — Last Claim
715	Clinic — FQHC/Rural Health — Late Charge(s) Only Claim
716	Clinic — FQHC/Rural Health — Adjustment of Prior Claim
717	Clinic — FQHC/Rural Health — Replacement of Prior Claim
718	Clinic — FQHC/Rural Health — Void/Cancel of Prior Claim

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Bill Type – Valid Values

Code	Description
720	Clinic — Renal Dialysis Center — Non-Payment/Zero Claim
721	Clinic — Renal Dialysis Center — Admit Thru Discharge Claim
722	Clinic — Renal Dialysis Center — Interim — First Claim
723	Clinic — Renal Dialysis Center — Interim — Continuing Claim
724	Clinic — Renal Dialysis Center — Interim — Last Claim
725	Clinic — Renal Dialysis Center — Late Charge(s) Only Claim
726	Clinic — Renal Dialysis Center — Adjustment of Prior Claim
727	Clinic — Renal Dialysis Center — Replacement of Prior Claim
728	Clinic — Renal Dialysis Center — Void/Cancel of Prior Claim
730	Clinic — Free-Standing Clinic — Non-Payment/Zero Claim
731	Clinic — Free-Standing Clinic — Admit Thru Discharge Claim
732	Clinic — Free-Standing Clinic — Interim — First Claim
733	Clinic — Free-Standing Clinic — Interim — Continuing Claim
734	Clinic — Free-Standing Clinic — Interim — Last Claim
735	Clinic — Free-Standing Clinic — Late Charge(s) Only Claim
736	Clinic — Free-Standing Clinic — Adjustment of Prior Claim
737	Clinic — Free-Standing Clinic — Replacement of Prior Claim
738	Clinic — Free-Standing Clinic — Void/Cancel of Prior Claim
740	Clinic — Outpatient Rehab Facility — Non-Payment/Zero Claim
741	Clinic — Outpatient Rehab Facility — Admit Thru Discharge Claim
742	Clinic — Outpatient Rehab Facility — Interim — First Claim
743	Clinic — Outpatient Rehab Facility — Interim — Continuing Claim
744	Clinic — Outpatient Rehab Facility — Interim — Last Claim
745	Clinic — Outpatient Rehab Facility — Late Charge(s) Only Claim
746	Clinic — Outpatient Rehab Facility — Adjustment of Prior Claim
747	Clinic — Outpatient Rehab Facility — Replacement of Prior Claim
748	Clinic — Outpatient Rehab Facility — Void/Cancel of Prior Claim
750	Clinic — Comprehensive Outpatient Rehab Facilities — Non-Payment/Zero Claim
751	Clinic — Comprehensive Outpatient Rehab Facilities — Admit Thru Discharge Claim
752	Clinic — Comprehensive Outpatient Rehab Facilities — Interim — First Claim
753	Clinic — Comprehensive Outpatient Rehab Facilities — Interim — Continuing Claim
754	Clinic — Comprehensive Outpatient Rehab Facilities — Interim — Last Claim
755	Clinic — Comprehensive Outpatient Rehab Facilities — Late Charge(s) Only Claim
756	Clinic — Comprehensive Outpatient Rehab Facilities — Adjustment of Prior Claim
757	Clinic — Comprehensive Outpatient Rehab Facilities — Replacement of Prior Claim
758	Clinic — Comprehensive Outpatient Rehab Facilities — Void/Cancel of Prior Claim
810	Special Facility — Hospice (Non-Hospital Based) — Non-Payment/Zero Claim
811	Special Facility — Hospice (Non-Hospital Based) — Admit Thru Discharge Claim
812	Special Facility — Hospice (Non-Hospital Based) — Interim — First Claim
813	Special Facility — Hospice (Non-Hospital Based) — Interim — Continuing Claim
814	Special Facility — Hospice (Non-Hospital Based) — Interim — Last Claim

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Bill Type – Valid Values

Code	Description
815	Special Facility — Hospice (Non-Hospital Based) — Late Charge(s) Only Claim
816	Special Facility — Hospice (Non-Hospital Based) — Adjustment of Prior Claim
817	Special Facility — Hospice (Non-Hospital Based) — Replacement of Prior Claim
818	Special Facility — Hospice (Non-Hospital Based) — Void/Cancel of Prior Claim
820	Special Facility — Hospice (Hospital Based) — Non-Payment/Zero Claim
821	Special Facility — Hospice (Hospital Based) — Admit Thru Discharge Claim
822	Special Facility — Hospice (Hospital Based) — Interim — First Claim
823	Special Facility — Hospice (Hospital Based) — Interim — Continuing Claim
824	Special Facility — Hospice (Hospital Based) — Interim — Last Claim
825	Special Facility — Hospice (Hospital Based) — Late Charge(s) Only Claim
826	Special Facility — Hospice (Hospital Based) — Adjustment of Prior Claim
827	Special Facility — Hospice (Hospital Based) — Replacement of Prior Claim
828	Special Facility — Hospice (Hospital Based) — Void/Cancel of Prior Claim
830	Special Facility — Ambulatory Surgery Center — Non-Payment/Zero Claim
831	Special Facility — Ambulatory Surgery Center — Admit Thru Discharge Claim
832	Special Facility — Ambulatory Surgery Center — Interim — First Claim
833	Special Facility — Ambulatory Surgery Center — Interim — Continuing Claim
834	Special Facility — Ambulatory Surgery Center — Interim — Last Claim
835	Special Facility — Ambulatory Surgery Center — Late Charge(s) Only Claim
836	Special Facility — Ambulatory Surgery Center — Adjustment of Prior Claim
837	Special Facility — Ambulatory Surgery Center — Replacement of Prior Claim
838	Special Facility — Ambulatory Surgery Center — Void/Cancel of Prior Claim
840	Special Facility — Birthing Center — Non-Payment/Zero Claim
841	Special Facility — Birthing Center — Admit Thru Discharge Claim
842	Special Facility — Birthing Center — Interim — First Claim
843	Special Facility — Birthing Center — Interim — Continuing Claim
844	Special Facility — Birthing Center — Interim — Last Claim
845	Special Facility — Birthing Center — Late Charge(s) Only Claim
846	Special Facility — Birthing Center — Adjustment of Prior Claim
847	Special Facility — Birthing Center — Replacement of Prior Claim
848	Special Facility — Birthing Center — Void/Cancel of Prior Claim
850	Special Facility — Critical Access Hospital — Non-Payment/Zero Claim
851	Special Facility — Critical Access Hospital — Admit Thru Discharge Claim
852	Special Facility — Critical Access Hospital — Interim — First Claim
853	Special Facility — Critical Access Hospital — Interim — Continuing Claim
854	Special Facility — Critical Access Hospital — Interim — Last Claim
855	Special Facility — Critical Access Hospital — Late Charge(s) Only Claim
856	Special Facility — Critical Access Hospital — Adjustment of Prior Claim
857	Special Facility — Critical Access Hospital — Replacement of Prior Claim
858	Special Facility — Critical Access Hospital — Void/Cancel of Prior Claim
890	Special Facility — Other — Non-Payment/Zero Claim

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Bill Type – Valid Values

Code	Description
891	Special Facility — Other — Admit Thru Discharge Claim
892	Special Facility — Other — Interim — First Claim
893	Special Facility — Other — Interim — Continuing Claim
894	Special Facility — Other — Interim — Last Claim
895	Special Facility — Other — Late Charge(s) Only Claim
896	Special Facility — Other — Adjustment of Prior Claim
897	Special Facility — Other — Replacement of Prior Claim
898	Special Facility — Other — Void/Cancel of Prior Claim

First (1st) Digit — Type of Facility

<i>First Digit</i>	<i>Description</i>
1	Hospital
2	Skilled Nursing
3	Home Health
4	Religious Non-Medical (Hospital)
5	Religious Non-Medical (Extended Care)
6	Intermediate Care
7	Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below)
8	Special Facility or Hospital ASC Surgery (requires special information in second digit below)
9	Reserved for national assignment

Second (2nd) Digit — Classification (Except Clinics and Special Facilities)

<i>Second Digit</i>	<i>Description</i>
1	Inpatient (Part A)
2	Hospital Based or Inpatient (Part B) (includes HHA visits under a Part B plan of treatment)
3	Outpatient (includes HHA visits under a Part A plan of treatment and use of HHA DME under a Part A plan of treatment)
4	Other (Part B) (includes HHA medical and other health services not under a plan of treatment, SNF diagnostic clinical laboratory services to “non-patients,” and referred diagnostic services)
5	Intermediate Care — Level I
6	Intermediate Care — Level II
7	Sub-acute Inpatient (Revenue Code 19X required)
8	Swing bed (used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement)
9	Reserved for national assignment

Second (2nd) Digit — Classification (Special Facilities Only)

Second Digit ***Description***

1	Hospice (Non-hospital Based)
2	Hospice (Hospital Based)
3	Ambulatory Surgical Center Services to Hospital Outpatients
4	Free Standing Birthing Center
5	Critical Access Hospital
6-8	Reserved for national assignment
9	Other

Second (2nd) Digit — Classification (Clinics Only)

Second Digit ***Description***

1	Rural Health
2	Hospital Based or Independent Renal Dialysis Center
3	Free Standing
4	Outpatient Rehabilitation Facility (ORF)
5	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
6-8	Reserved for national assignment
9	Other

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Third (3rd) Digit — Frequency

<i>Third Digit</i>	<i>Description</i>	<i>Definition</i>
0	Nonpayment/Zero Claims	This code is used when the provider does not anticipate payment from the payer for the bill, but is informing the payer about a period of non-payable confinement or termination of care. The “Through” date of this bill (FL 6) is the discharge date for this confinement. Medicare requires “nonpayment” bills only to extend the spell-of-illness in inpatient cases. Other nonpayment bills are not needed and may be returned to the provider.
1	Admit Through Discharge Claim	This code is used for a bill encompassing an entire inpatient confinement or course of outpatient treatment for which the provider expects payment from the payer or which will update deductible for inpatient or Part B claims when Medicare is secondary to an EGHP.
2	Interim — First Claim	This code is used for the first of an expected series of bills for which utilization is chargeable or which will update inpatient deductible for the same confinement or course of treatment.
3	Interim — Continuing Claims (Not Valid for PPS Bills)	This code is used when a bill for which utilization is chargeable for the same confinement or course of treatment had already been submitted and further bills are expected to be submitted later.
4	Interim — Last Claim (Not valid for PPS bills)	This code is used for a bill for which utilization is chargeable and which is the last of a series for this confinement or course of treatment. The “Through” date of this bill (FL 6) is the discharge date for this confinement or course of treatment.
5	Late Charge Only	This code is used only for outpatient claims. Late charge bills are not accepted for Medicare inpatient or ASC claims.
7	Replacement of Prior Claim	This code is used by the provider when it wants to correct (other than late charges) a previously submitted bill. This is the code applied to the corrected or new bill.
8	Void/Cancel of a Prior Claim	This code indicates this bill is an exact duplicate of an incorrect bill previously submitted. A code “7” (Replacement of Prior Claim) is also submitted by the provider showing corrected information.

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Billed Amount

Field Description

This is the amount billed by the rendering provider for each individual service (claim line). The billed amount should reflect the total of all charges prior to any deductions (e.g., copayments, adjustments) being taken.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Billing Provider Identification Number

Field Description

NPI of the provider that submitted the bill. If NPI is not available, Medicaid ID may be used..

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

This information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Claim Line Number

Field Description

The claim line number identifies the claim line in which a specific procedure and the accompanying charge is listed. The claim line number in conjunction with the claim number will provide a unique identifier for the submitted record.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 3 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Claim Paid Date

Field Description

The claim paid date is the date a claim is paid to the billing provider or other entity by the health plan.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 8 Bytes
Format: CCYYMMDD

Rationale/Comments

Claim paid date will aid in record verification and in the development of lag factors.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Claim Received Date

Field Description

The claim received date is the date on which the health plan receives a claim from a provider or other entity.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

Claim received date will aid in record verification and in lag factors.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Claim Reference Number

Field Description

The claim reference number is the control number issued by the health plan for claims submitted by the providers. This information can be used for linking the encounter with the claim for research purposes. The control number is not standard and may be composed of alpha and/or numeric characters (e.g., Julian date of receipt).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	25 Bytes
Format:	

Rationale/Comments

The claim reference number field is critical for conducting research with the reporting entity. It facilitates the cross-referencing of the encounter submitted to the Medicaid entity and the source of the data (e.g., claim information).

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

COB/TPL/Other Paid Amount

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Field Description

The amount paid by entities other than the health plan (excluding Medicare) for each individual service (claim line).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Contact Name

Field Description

The name of a person, at the submitting entity, who can be contacted regarding encounter submission questions/issues.

Record Type

<input checked="" type="checkbox"/>	Header Record
<input type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 25 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Contact Phone

Field Description

The phone number for the contact at the submitting entity.

Record Type

<input checked="" type="checkbox"/>	Header Record
<input type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 15 Bytes
Format:

Rationale/Comments

None.

Special Instructions

The 10-digit telephone number plus five-digit extension should be entered without dashes (e.g., (860) 687-0000 XXXXX would be entered as 8606870000XXXXX).

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Days Supply

Field Description

The days supply is the number of days a prescription should last given the dosage and amount consumed as directed by the prescribing physician.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Numeric
Field Length:	4 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

Zero-fill field. Do not submit packaged characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Diagnosis Code (Primary)

Field Description

This field reflects the primary diagnosis of an event and must be present in each encounter submitted by the reporting entity.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	6 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

The code should include *all* characters including the decimal point.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input checked="" type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Reference the International Classification of Diseases, Revision 9 (ICD-9 CM) codes.

Diagnosis Code (Additional 2-5)

Field Description

The additional diagnosis code fields represent additional diagnosis of an event and may be present in each encounter submitted by the reporting entity.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 6 Bytes
Format:

Rationale/Comments

Diagnosis code (**Additional 5**) applies only to the Inpatient/Hospital Header Record and the Outpatient/Hospital Header Record. Diagnosis code (**Additional 2-4**) apply to all encounters indicated above.

Special Instructions

See comment from primary.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input checked="" type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Reference the International Classification of Diseases, Revision 9 (ICD-9 CM) codes.

Discharge Date

Field Description

The date on which a patient is discharged from the hospital.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

The discharge date aids in utilization analysis, most notably the calculation of bed days.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Dispensing Provider/Facility Identification Number

Field Description

NPI number of dispensing provider/facility providing services. Medicaid ID may be used if NPI is unavailable.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

In addition to verifying the rendering provider’s eligibility to provide services, this information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input checked="" type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input checked="" type="checkbox"/> | Other |

Valid Values

Not applicable.

Ending Date of Service

Field Description

The ending date of service identifies the date on which services ended or were no longer required.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 8 Bytes
Format: CCYYMMDD

Rationale/Comments

Date of service will aid in record verification. This field can also be used for a “through” or “to” date for those encounters or claims that are billed over an extended period of time.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

File Submission Date

Field Description

The date that the file is submitted to Mercer for processing.

Record Type

<input checked="" type="checkbox"/>	Header Record
<input type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Medicaid Health Plan Identification Number

Field Description

This is the health plan identification number issued by the Medicaid entity. This field uniquely identifies each Medicaid health plan.

Record Type

<input checked="" type="checkbox"/>	Header Record
<input type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	9 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

<i>Health Plan Name</i>	<i>Medicaid Health Plan Identification Number</i>
Health Net	004140589
Community Health Network	004140414
Blue Care	004140422
FirstChoice	004206505

Medicare Paid Amount

Field Description

The total amount paid by Medicare for each individual service (claim line).

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> CMS 1450 (UB-92) <input type="checkbox"/> CMS 1500 <input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS | <ul style="list-style-type: none"> <input type="checkbox"/> ICD-9 CM <input type="checkbox"/> State Codes <input type="checkbox"/> ADA <input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Valid Values

Not applicable.

National Drug Code (NDC)

Field Description

The National Drug Code (NDC) is a unique 11-digit, 3-segment number which identifies the labeler/vendor, product, and trade package size of drug products listed under Section 510 of the Federal Food, Drug, and Cosmetic Act. The first segment, the labeler (a labeler is any firm that manufactures, re-packs, or distributes a drug product) code, is assigned by the FDA. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes.

Record Type	Field Location (for Encounter Records only)
<input type="checkbox"/> Header Record	<input type="checkbox"/> Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/> Encounter Record	<input type="checkbox"/> Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/> Trailer Record	<input type="checkbox"/> Inpatient/Hospital Detail Record (15 Record)
	<input type="checkbox"/> Outpatient/Hospital Detail Record (16 Record)
	<input type="checkbox"/> Professional/Ambulatory Record (20 Record)
	<input checked="" type="checkbox"/> Pharmacy Record (30 Record)
	<input type="checkbox"/> Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 11 Bytes
Format:

Rationale/Comments

Used for pharmacy utilization analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/> CMS 1450 (UB-92)	<input type="checkbox"/> ICD-9 CM
<input type="checkbox"/> CMS 1500	<input type="checkbox"/> State Codes
<input type="checkbox"/> CPT-4	<input type="checkbox"/> ADA
<input type="checkbox"/> HCPCS	<input checked="" type="checkbox"/> Other: National Drug Codes

Valid Values

Reference the National Drug Code (NDC) listing.

Oral Cavity

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Field Description

Code that identifies one of the four equal sections of the dental arches on which the service was performed.

Record Type

- | | |
|---|------------------|
| | Header Record |
| X | Encounter Record |
| | Trailer Record |

Field Location (for Encounter Records only)

- | | |
|---|-----------------------------------------------|
| | Inpatient/Hospital Header Record (10 Record) |
| | Outpatient/Hospital Header Record (11 Record) |
| | Inpatient/Hospital Detail Record (15 Record) |
| | Outpatient/Hospital Detail Record (16 Record) |
| | Professional/Ambulatory Record (20 Record) |
| | Pharmacy Record (30 Record) |
| X | Dental Record (40 Record) |

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--|------------------|---|-------------|
| | CMS 1450 (UB-92) | | ICD-9 CM |
| | CMS 1500 | | State Codes |
| | CPT-4 | | ADA |
| | HCPCS | X | Other |

Oral Cavity – Valid Values

<i>Code</i>	<i>Definition</i>
00	Entire Oral Cavity
01	Maxillary Area
02	Mandibular Area
09	Other Area of Oral Cavity
10	Upper Right Quadrant
20	Upper Left Quadrant
30	Lower Left Quadrant
40	Lower Right Quadrant
L	Left
R	Right

Paid Amount

Field Description

This is the net amount paid by the health plan for each individual service (claim line). The net amount should reflect the total payment, less any deductions (e.g., copayments, adjustments, discounts).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Numeric
Field Length:	9 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Patient Account Number

Field Description

The provider's account or medical record number, if available.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 20 Bytes
Format:

Rationale/Comments

This field is helpful for medical record abstraction.

Special Instructions

None.

Valid Values Source(s)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> CMS 1450 (UB-92) <input type="checkbox"/> CMS 1500 <input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS | <ul style="list-style-type: none"> <input type="checkbox"/> ICD-9 CM <input type="checkbox"/> State Codes <input type="checkbox"/> ADA <input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Valid Values

Not applicable.

Patient Status Code

Field Description

The patient status code indicates the patient’s status as of the end date of the billing period (e.g., discharged to home or self-care).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

This field is also sometimes referred to as discharge status.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Patient Status Code – Valid Values

<i>Code</i>	<i>Description</i>
01	Discharge to home or self care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to SNF
04	Discharged/transferred to an ICF
05	Discharged/transferred to another institution (including distinct parts) or referred for outpatient services to another institution
06	Discharged/transferred to home care under care of an organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of home IV drug therapy provider
*09	Admitted as an inpatient to this hospital
20	Expired (or did not recover — Christian Science Patient)
30	Still patient or expected to return for outpatient services
40	Expired at home (Hospice claims only)
41	Expired in a medical facility, such as a hospital, SNF, ICF, or freestanding hospice (Hospice claims only)
42	Expired — place unknown (Hospice claims only)
50	Hospice — home
51	Hospice — medical facility
61	Discharged/transferred within this institution to a hospital-based Medicare approved swing bed
71	Discharged/transferred/referred to another institution for outpatient services
72	Discharged/transferred/referred to this institution for outpatient services

*In a situation where a patient is admitted before midnight of the third day following the day of an outpatient service, the outpatient services are considered inpatient. Therefore, code 09 would apply only to services that began longer than three (3) days earlier (e.g., observation following outpatient surgery resulting in admission).

Payment Type

Field Description

The payment type identifies whether the encounter was a service that the health plan capitated, paid as a fee-for-service claim, or if it was informational, as in the case of a bundled service.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 1 Byte
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input checked="" type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

<i>Code</i>	<i>Description</i>
1	Capitated
2	Fee-for-Service
3	Informational

Place of Service

Field Description

This code indicates the physical location or place where the services were provided (e.g., provider office, skilled nursing facility).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

The place of service can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input checked="" type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

**State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1**

Place of Service – Valid Values

<i>Code(s)</i>	<i>Description</i>	<i>Definition</i>
00-02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location, owned and operated by federally recognized American Indian and Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location, owned and operated by federally recognized American Indian and Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09-10	Unassigned	N/A
11	Office	Location other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

**State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1**

Place of Service – Valid Values

<i>Code(s)</i>	<i>Description</i>	<i>Definition</i>
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13-14	Unassigned	N/A.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room — Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care, as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A.

State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1

Place of Service – Valid Values

<i>Code(s)</i>	<i>Description</i>	<i>Definition</i>
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A.
41	Ambulance — Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance — Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
43-49	Unassigned	N/A.
50	Federally Qualified Health Center	A facility located in a medically under-served area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

**State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1**

Place of Service – Valid Values

<i>Code(s)</i>	<i>Description</i>	<i>Definition</i>
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility that provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care that provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57-59	Unassigned	N/A.
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.

**State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1**

Place of Service – Valid Values

<i>Code(s)</i>	<i>Description</i>	<i>Definition</i>
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A.
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or care givers on an ambulatory or home-care basis.
66-70	Unassigned	N/A.
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A.
99	Other Unlisted Facility	Other service facilities not identified above.

Prescription Filled Date

Field Description

The date which a prescription is filled by the pharmacy or rendering provider/facility.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 8 Bytes
Format: CCYYMMDD

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

A valid date submitted in the required format.

Prescription Number

Field Description

Number assigned by the Pharmacy that identifies a prescription.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid prescription number.

Prescribing Provider Identification Number

Field Description

NPI number of prescribing provider. If NPI is unavailable, DEA number may be used.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

This information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input checked="" type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input checked="" type="checkbox"/> | DEA |

Valid Values

Not applicable.

Prescription Written Date

Field Description

The date which a prescription is written by the prescribing provider.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

This information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A valid date submitted in the required format.

Procedure Code (Primary)

Field Description

The procedure code identifies the specific procedure(s) performed for which this claim is being paid. Valid procedure codes consist of three levels. Level I codes are listed and described in the Physicians' Current Procedural Terminology (CPT). Level II codes are for reporting transportation, dental services, supplies, materials, injections, and other specified services and procedures. Level III codes are local codes developed by the Medicare entity to accommodate services not found in Level I or Level II codes. Additionally, ICD-9 CM procedure codes (Volume 3) may be used for Inpatient/Hospital Header Records.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 5 Bytes
Format:

Rationale/Comments

This information, in conjunction with other data elements, can be used for conducting financial trend, utilization, and performance analyses.

Special Instructions

For Inpatient/Hospital Header Records (record type 10) and Outpatient/Hospital Header Records (record type 11), the health plan should submit the appropriate ICD-9 CM Procedure Codes (Volume 3), if applicable. For Professional/Ambulatory records (record type 20), the health plan should submit the appropriate HCPCS or CPT code only. For Dental records (record type 40), the health plan should submit the appropriate ADA codes.

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Procedure Code (Primary) Valid Values		Source(s)
<input type="checkbox"/>	CMS 1450 (UB-92)	<input checked="" type="checkbox"/> ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/> State Codes
<input checked="" type="checkbox"/>	CPT-4	<input checked="" type="checkbox"/> ADA
<input checked="" type="checkbox"/>	HCPCS	<input type="checkbox"/> Other

Valid Values

Reference the CMS Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), ICD-9 CM, Volume 3 code listings, and American Dental Association (ADA) codes.

Procedure Code (Additional 2-6)

Field Description

The procedure code identifies the specific procedure(s) performed for which this claim is being paid.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 5 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Only ICD-9 CM, Volume 3 procedure codes should be reflected in this field.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input checked="" type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Reference the ICD-9 CM, Volume 3 code listing.

Procedure Code Modifier

Field Description

This is a standardized two-character alphanumeric procedure code modifier used to further define the services provided.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	2 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input checked="" type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input checked="" type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other (DEA)

Valid Values

Reference the CMS Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) code listings.

Quantity

Field Description

The information reflects the quantity of drug dispensed.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 8 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Zero-fill field. Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Recipient Identification Number

Field Description

This is the recipient's Medicaid identification number issued by DSS. This field uniquely identifies each recipient who is eligible to receive services from a registered provider.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	9 Bytes
Format:	

Rationale/Comments

The recipient identification number must be present on every record and must correspond to the Connecticut Medicaid recipient identification number found on DSS eligibility file.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Recipient's Primary Care Provider Identification Number

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Field Description

NPI number of recipient's primary care provider. Medicaid ID may be used if NPI is unavailable.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

This information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

**State of Connecticut
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Record Type

Field Description

Identifies the record type that is being submitted.

Record Type

<input checked="" type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input checked="" type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Record Type – Valid Values

<i>Code</i>	<i>Definition</i>
01	Header Record
10	Inpatient/Hospital Header Record
11	Outpatient/Hospital Header Record
15	Inpatient/Hospital Detail Record
16	Outpatient/Hospital Detail Record
20	Professional/Ambulatory Record
30	Pharmacy Record
40	Dental Record
99	Trailer Record

Refill Indicator

Field Description

Identifies if the prescribed drug is a refill. “0” indicates the original prescription. “1” indicates the first refill. “2” indicates the second refill, and so forth.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type:	Alphanumeric
Field Length:	1 Byte
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

0, 1, 2, 3, ...

Rendering Provider/Facility Identification Number

Field Description

NPI number of rendering provider/facility providing services. Medicaid ID may be used if NPI is unavailable.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

In addition to verifying the rendering provider's eligibility to provide services, this information can be used for conducting utilization and financial analysis.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Replacement Code

Field Description

A code to indicate whether a record is new, a correction, a replacement, or a deletion; or to indicate whether a resubmitted record that was previously rejected is a replacement, correction, or a deletion.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input checked="" type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 1 Byte
Format:

Rationale/Comments

This field is also used to identify re-submitted rejected records.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Replacement Code – Valid Values

<i>Code</i>	<i>Definition</i>
N	Submission of a new record
C	Correct a portion of a previously submitted record
R	Replace the entire record for a previously submitted record
D	Delete (remove) a record entirely
1	Replace rejected record
2	Delete rejected record – erroneous submission
3	Delete rejected record – recipient was not eligible
4	Delete rejected record – denied claim
5	Delete rejected record – other (MCO must submit a written document explaining the reason for deleting the encounter record)

Revenue Code

Field Description

This code identifies the accommodation codes and ancillary services that were provided during an inpatient or outpatient facility stay/visit.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 4 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

See CMS 1450 (UB-92) Manual for values.

Revenue Code/Procedure Code

Field Description

This field can hold either a revenue code, or a CPT/HCPCS procedure code to identify services provided at a facility or hospital on an outpatient basis.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 5 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input checked="" type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input checked="" type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input checked="" type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

See CMS 1450 (UB-92) Manual, Current Procedural Terminology (CPT) Manual, or CMS Common Procedure Coding System (HCPCS) Manual for listing.

State of Connecticut
Encounter Submission and Reporting Guide
Data Dictionary — Section 3.1

Submitter/Plan Name

Field Description

This is the name of the health plan that is submitting the file.

Record Type

- | | |
|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | Header Record |
| <input type="checkbox"/> | Encounter Record |
| <input type="checkbox"/> | Trailer Record |

Field Location (for Encounter Records only)

- | | |
|--------------------------|-----------------------------------------------|
| <input type="checkbox"/> | Inpatient/Hospital Header Record (10 Record) |
| <input type="checkbox"/> | Outpatient/Hospital Header Record (11 Record) |
| <input type="checkbox"/> | Inpatient/Hospital Detail Record (15 Record) |
| <input type="checkbox"/> | Outpatient/Hospital Detail Record (16 Record) |
| <input type="checkbox"/> | Professional/Ambulatory Record (20 Record) |
| <input type="checkbox"/> | Pharmacy Record (30 Record) |
| <input type="checkbox"/> | Dental Record (40 Record) |

Field Type: Alphanumeric
Field Length: 30 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Tooth Number

Field Description

The number or letter assigned to the tooth on which the service was performed as specified by the ADA.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

A – T

1 – 32, 51 – 82

00 – 08

40

LL, LR, UL, UR, UA, LA

AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS

Tooth Surface (1-6)

Field Description

Code which identifies the tooth surfaces on which the service was performed.

Record Type	
<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)	
<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Alphanumeric
Field Length: 1 Byte
Format:

Rationale/Comments

Up to six tooth surfaces may be reported per claim.

Special Instructions

None.

Valid Values Source(s)	
<input type="checkbox"/>	CMS 1450 (UB-92)
<input type="checkbox"/>	CMS 1500
<input type="checkbox"/>	CPT-4
<input type="checkbox"/>	HCPCS

<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	State Codes
<input type="checkbox"/>	ADA
<input type="checkbox"/>	Other

Tooth Surface (1-6) – Valid Values

<i>Code</i>	<i>Description</i>
M	Mesial
D	Distal
O	Occlusal
L	Lingual
I	Incisal
F	Facial
B	Buccal

Total Allowed/Contracted Amount

Field Description

The total dollar portion of billed charges that are covered under the payor contract for the entire claim (all lines).

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include decimal point. Zero-fill field. Do not submit packed characters.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Total Billed Amount

Field Description

This is the total amount billed for services rendered on the entire claim (all lines). The total amount billed should reflect the total of all charges prior to any deductions (e.g., copayments, adjustments) being taken.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Total Paid Amount

Field Description

This is the net amount paid by the health plan for services rendered on the entire claim (all lines). The net amount should reflect the total payment, less any deductions (e.g., copayments, adjustments, discounts).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Total COB/TPL/Other Paid Amount

Field Description

The total amount paid by entities other than the health plan (excluding Medicare) on the entire claim (all lines).

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input checked="" type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

Total Dollars Billed

Field Description

A cumulative total of all dollars billed for all records on the file.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 20 Bytes
Format:

Rationale/Comments

This value will be used to verify that DSS has received and processed the entire file that the health plan submitted.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> CMS 1450 (UB-92) <input type="checkbox"/> CMS 1500 <input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS | <ul style="list-style-type: none"> <input type="checkbox"/> ICD-9 CM <input type="checkbox"/> State Codes <input type="checkbox"/> ADA <input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Valid Values

Not applicable.

Total Dollars Paid

Field Description

A cumulative total of all dollars paid for all records on the file.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 20 Bytes
Format:

Rationale/Comments

This value will be used to verify that DSS has received and processed the entire file that the health plan submitted.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Total Medicare Paid Amount

Field Description

The total amount paid by Medicare for the entire claim (all lines).

Record Type

- | | |
|---|------------------|
| | Header Record |
| X | Encounter Record |
| | Trailer Record |

Field Location (for Encounter Records only)

- | | |
|---|-----------------------------------------------|
| X | Inpatient/Hospital Header Record (10 Record) |
| X | Outpatient/Hospital Header Record (11 Record) |
| | Inpatient/Hospital Detail Record (15 Record) |
| | Outpatient/Hospital Detail Record (16 Record) |
| | Professional/Ambulatory Record (20 Record) |
| | Pharmacy Record (30 Record) |
| | Dental Record (40 Record) |

Field Type: Numeric
Field Length: 9 Bytes
Format:

Rationale/Comments

None.

Special Instructions

Do not include a decimal point. Zero-fill field (e.g., \$65.00 = 000006500). Do not submit packed characters.

Valid Values Source(s)

- | | | | |
|--|------------------|--|-------------|
| | CMS 1450 (UB-92) | | ICD-9 CM |
| | CMS 1500 | | State Codes |
| | CPT-4 | | ADA |
| | HCPCS | | Other |

Valid Values

Not applicable.

Total Record Count

Field Description

The total number of 10, 11, 15, 16, 20 and 30 records contained within the submitted file.

Record Type

- Header Record
- Encounter Record
- Trailer Record

Field Location (for Encounter Records only)

- Inpatient/Hospital Header Record (10 Record)
- Outpatient/Hospital Header Record (11 Record)
- Inpatient/Hospital Detail Record (15 Record)
- Outpatient/Hospital Detail Record (16 Record)
- Professional/Ambulatory Record (20 Record)
- Pharmacy Record (30 Record)
- Dental Record (40 Record)

Field Type: Numeric
Field Length: 7 Bytes
Format:

Rationale/Comments

The total number of records will be used to verify that DSS has processed and received all submitted records.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Units of Service

Field Description

The information reflects the quantity of services consumed for the primary procedure code. This field must contain a value if the corresponding procedure/revenue code is populated.

Record Type

<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Encounter Record
<input type="checkbox"/>	Trailer Record

Field Location (for Encounter Records only)

<input type="checkbox"/>	Inpatient/Hospital Header Record (10 Record)
<input type="checkbox"/>	Outpatient/Hospital Header Record (11 Record)
<input checked="" type="checkbox"/>	Inpatient/Hospital Detail Record (15 Record)
<input checked="" type="checkbox"/>	Outpatient/Hospital Detail Record (16 Record)
<input checked="" type="checkbox"/>	Professional/Ambulatory Record (20 Record)
<input type="checkbox"/>	Pharmacy Record (30 Record)
<input checked="" type="checkbox"/>	Dental Record (40 Record)

Field Type: Numeric
Field Length: 4 Bytes
Format:

Rationale/Comments

The units of service can be used in conjunction with the procedure code for different purposes, including financial analysis that could lead to the implementation of a financial model other than a risk adjusted rate model. Additionally, this information, in combination with other data elements can be used for conducting trend, utilization, and performance studies.

Special Instructions

Zero-fill field. Do not submit packed characters.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input type="checkbox"/>	Other

Valid Values

Not applicable.

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Encounter Submission and Reporting Guide
Bill Type Conversion — Section 3.2**

In the event that bill type is not captured, the following can be used as an approximation. Please be aware, however, that it will be *an approximation only and is by no means exact*. It is strongly recommended that a plan to collect bill type going forward be developed.

Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Hospital — Inpatient	AND	<> 115, 125, 135, 145, 155, 165, 175, 19X, 55X, 57X-59X, 60X, 64X, 65X, 66X	AND		= Zero	110	Hospital — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
Hospital — Inpatient	AND	<> 115, 125, 135, 145, 155, 165, 175, 19X, 55X, 57X-59X, 60X, 64X, 65X, 66X	AND	Is NOT Null (Blank)	<> Zero	111	Hospital — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
Hospital — Inpatient	AND	<> 115, 125, 135, 145, 155, 165, 175, 19X, 55X, 57X-59X, 60X, 64X, 65X, 66X	AND	Is Null (Blank)	<> Zero	113	Hospital — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
Hospital — Outpatient**	OR	45X, 49X, 50X, 51X, 67X	AND		= Zero	130	Hospital — Outpatient — Non-Payment/Zero Claim
Hospital — Outpatient**	OR	45X, 49X, 50X, 51X, 67X	AND		<> Zero	131	Hospital — Outpatient — Admit Thru Discharge Claim
Hospital	AND	19X	AND		= Zero	170	Hospital — Subacute Inpatient — Non-Payment/Zero Claim

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Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Hospital	AND	19X	AND	Is NOT Null (Blank)	<> Zero	171	Hospital — Subacute Inpatient — Admit Thru Discharge Claim
Hospital	AND	19X	AND	Is Null (Blank)	<> Zero	173	Hospital — Subacute Inpatient — Interim — Continuing Claim
Skilled Nursing Facility	OR	55X	AND		= Zero	210	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Non-Payment/Zero Claim
Skilled Nursing Facility	OR	55X	AND	Is NOT Null (Blank)	<> Zero	211	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Admit Thru Discharge Claim
Skilled Nursing Facility	OR	55X	AND	Is Null (Blank)	<> Zero	213	Skilled Nursing Facility — Inpatient (Including Medicare Part A) — Interim — Continuing Claim
Skilled Nursing Facility	AND	19X	AND		= Zero	270	Skilled Nursing Facility — Subacute Inpatient — Non-Payment/Zero Claim
Skilled Nursing Facility	AND	19X	AND	Is NOT Null (Blank)	<> Zero	271	Skilled Nursing Facility — Subacute Inpatient — Admit Thru Discharge Claim

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Encounter Submission and Reporting Guide
Bill Type Conversion — Section 3.2**

Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Skilled Nursing Facility	AND	19X	AND	Is Null (Blank)	<> Zero	273	Skilled Nursing Facility — Subacute Inpatient — Interim — Continuing Claim
Home Health Agency	OR	57X-60X, 64X, 66X	AND		= Zero	330	Home Health — Outpatient — Non-Payment/Zero Claim
Home Health Agency	OR	57X-60X, 64X, 66X	AND	Is NOT Null (Blank)	<> Zero	331	Home Health — Outpatient — Admit Thru Discharge Claim
Home Health Agency	OR	57X-60X, 64X, 66X	AND	Is Null (Blank)	<> Zero	333	Home Health — Outpatient — Interim — Continuing Claim
Intermediate Care Facility	AND	<> 19X	AND		= Zero	650	Intermediate Care Facility — Intermediate Care — Level 1 — Non-Payment/Zero Claim
Intermediate Care Facility	AND	<> 19X	AND	Is NOT Null (Blank)	<> Zero	651	Intermediate Care Facility — Intermediate Care — Level 1 — Admit Thru Discharge Claim
Intermediate Care Facility	AND	<> 19X	AND	Is Null (Blank)	<> Zero	653	Intermediate Care Facility — Intermediate Care — Level 1 — Interim — Continuing Claim

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Bill Type Conversion — Section 3.2**

Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Intermediate Care Facility	AND	19X	AND		= Zero	670	Intermediate Care Facility — Subacute Inpatient — Non-Payment/Zero Claim
Intermediate Care Facility	AND	19X	AND	Is NOT Null (Blank)	<> Zero	671	Intermediate Care Facility — Subacute Inpatient — Admit Thru Discharge Claim
Intermediate Care Facility	AND	19X	AND	Is Null (Blank)	<> Zero	673	Intermediate Care Facility — Subacute Inpatient — Interim — Continuing Claim
FQHC/Rural Health Clinic	OR	521, 522	AND		= Zero	710	Clinic — FQHC/Rural Health — Non-Payment/Zero Claim
FQHC/Rural Health Clinic	OR	521, 522	AND		<> Zero	711	Clinic — FQHC/Rural Health — Admit Thru Discharge Claim
Renal Dialysis Center			AND		= Zero	720	Clinic — Renal Dialysis Center — Non-Payment/Zero Claim
Renal Dialysis Center			AND		<> Zero	721	Clinic — Renal Dialysis Center — Admit Thru Discharge Claim
Free-Standing Clinic	OR	520, 523, 526, 529	AND		= Zero	730	Clinic — Free-Standing Clinic — Non-Payment/Zero Claim

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Encounter Submission and Reporting Guide
Bill Type Conversion — Section 3.2**

Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Free-Standing Clinic	OR	520, 523, 526, 529	AND		<> Zero	731	Clinic — Free-Standing Clinic — Admit Thru Discharge Claim
Outpatient Rehab Center			AND		= Zero	740	Clinic — Outpatient Rehab Facility — Non-Payment/Zero Claim
Outpatient Rehab Center			AND		<> Zero	741	Clinic — Outpatient Rehab Facility — Admit Thru Discharge Claim
Hospice (Non-Hospital Based)			AND		= Zero	810	Special Facility — Hospice (Non-Hospital Based) — Non-Payment/Zero Claim
Hospice (Non-Hospital Based)			AND	Is NOT Null (Blank)	<> Zero	811	Special Facility — Hospice (Non-Hospital Based) — Admit Thru Discharge Claim
Hospice (Non-Hospital Based)			AND	Is Null (Blank)	<> Zero	813	Special Facility — Hospice (Non-Hospital Based) — Interim — Continuing Claim
Hospice (Hospital Based)	OR	115, 125, 135, 145, 155, 165, 175, 65X	AND		= Zero	820	Special Facility — Hospice (Hospital Based) — Non-Payment/Zero Claim
Hospice (Hospital Based)	OR	115, 125, 135, 145, 155, 165, 175, 65X	AND	Is NOT Null (Blank)	<> Zero	821	Special Facility — Hospice (Hospital Based) — Admit Thru Discharge Claim

**State of Connecticut
Encounter Submission and Reporting Guide
Bill Type Conversion — Section 3.2**

Provider Type or Place of Service		Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Hospice (Hospital Based)	OR	115, 125, 135, 145, 155, 165, 175, 65X	AND	Is Null (Blank)	<> Zero	823	Special Facility — Hospice (Hospital Based) — Interim — Continuing Claim
Ambulatory Surgical Facility**			AND		= Zero	830	Special Facility — Ambulatory Surgery Center — Non-Payment/Zero Claim
Ambulatory Surgical Facility**			AND		<> Zero	831	Special Facility — Ambulatory Surgery Center — Admit Thru Discharge Claim
Birthing Center			AND		= Zero	840	Special Facility — Birthing Center — Non-Payment/Zero Claim
Birthing Center			AND	Is NOT Null (Blank)	<> Zero	841	Special Facility — Birthing Center — Admit Thru Discharge Claim
Birthing Center			AND	Is Null (Blank)	<> Zero	843	Special Facility — Birthing Center — Interim — Continuing Claim
Critical Access Hospital			AND		= Zero	850	Special Facility — Critical Access Hospital — Non-Payment/Zero Claim

**State of Connecticut
Encounter Submission and Reporting Guide
Bill Type Conversion — Section 3.2**

Provider Type or Place of Service	Revenue Codes	Discharge Date		Paid Amount	Bill Type	Bill Type Description
Critical Access Hospital		AND	Is NOT Null (Blank)	<> Zero	851	Special Facility — Critical Access Hospital — Admit Thru Discharge Claim
Critical Access Hospital		AND	Is Null (Blank)	<> Zero	853	Special Facility — Critical Access Hospital — Interim — Continuing Claim
Other Special Facility		AND		= Zero	890	Special Facility — Other — Non-Payment/Zero Claim
Other Special Facility		AND	Is NOT Null (Blank)	<> Zero	891	Special Facility — Other — Admit Thru Discharge Claim
Other Special Facility		AND	Is Null (Blank)	<> Zero	893	Special Facility — Other — Interim — Continuing Claim

** Identify all Ambulatory Surgical Facility Claims before identifying Hospital — Outpatient Claims, as some crossover of revenue codes is expected. If the service occurred at an ambulatory surgical facility, bill type 830 or 831 should be used, otherwise use the Hospital — Outpatient bill types.

State of Connecticut
Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

The following non-ADA codes will also be accepted as valid dental procedure codes:

<i>Code</i>	<i>Definition</i>
10060	Drain skin abscess; simple/single
10061	Drain skin abscess; complicated/multiple
20005	Incision of abscess; deep/complex
21010	Incision of temporomandibular joint
21015	Radical resection; face/scalp tumor
21025	Removal of lower jaw bone
21026	Removal of facial bone(s)
21029	Contour benign face bone lesion
21030	Remove benign face bone lesion
21031	Remove exostosis of lower jaw
21032	Remove exostosis of upper jaw
21034	Remove malignant face bone lesion
21040	Remove benign lower jaw lesion
21041	Remove benign lower jaw lesion
21044	Remove malignant lower jaw tumor
21045	Radical resection; malignant jaw tumor
21050	Removal of temporomandibular joint
21060	Removal of jaw joint cartilage
21070	Removal of coronoid process
21076	Prep surgery obturator prosthesis
21077	Prepare orbital prosthesis
21079	Prepare cleft palate prosthesis
21080	Prepare cleft palate prosthesis
21081	Prepare mandible prosthesis
21082	Prepare palatal prosthesis
21083	Prepare palatal prosthesis
21084	Prepare speech aid prosthesis

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
21085	Prepare oral surgical splint
21086	Prepare ear prosthesis
21087	Prepare nasal prosthesis
21088	Prepare facial prosthesis
21089	Maxillofacial prosthetic procedure NEC
21100	Apply/remove maxillofacial fixation
21110	Apply/remove interdental fixation
21116	Injection for jaw joint x-ray
21120	Revise/augment chin
21121	Revise chin; sliding osteotomy
21122	Revise chin; sliding osteotomies
21123	Revise chin; sliding w/bone grafts
21125	Augment lower jaw; w/prosthesis
21127	Augment lower jaw; w/bone graft
21137	Reduce/contour forehead
21138	Reduce/contour forehead; pros/graft
21139	Reduce/contour forehead; sinus wall
21141	Reconstruct midface; LeFort I; 1pc
21142	Reconstruct midface; LeFort I; 2pc
21143	Reconstruct midface; LeFort I; 3+pc
21144	Reconstruct midface; LeFort I
21145	Reconstruct midface; LeFort I
21146	Reconstruct midface; LeFort I
21147	Reconstruct midface; LeFort I
21150	Reconstruct midface; LeFort II
21151	Reconstruct midface; LeFort II
21154	Reconstruct midface; LeFort III
21155	Reconstruct midface; LeFort III & I

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Additional Dental Procedure Codes — Section 3.3**

<i>Code</i>	<i>Definition</i>
21159	Reconstruct midface; LeFort III
21160	Reconstruct midface; LeFort III & I
21172	Reconstruct orbit/forehead; partial
21175	Reconstruct orbit/forehead; partial
21179	Reconstruct entire orbit/forehead
21180	Reconstruct entire orbit/forehead
21181	Contour benign cranial bone tumor
21182	Reconstruct cranial bone; 0-39 cm ²
21183	Reconstruct cranial bone; 40-79 cm ²
21184	Reconstruct cranial bone; 80+ cm ²
21188	Reconstruct midface; not LeFort
21193	Reconstruct lower jaw bone
21194	Reconstruct lower jaw bone w/graft
21195	Reconstruct lower jaw bone
21196	Reconstruct lower jaw bone w/fix
21198	Revise lower jaw bone
21200	Reconstruct lower jaw bone
21202	Reconstruct lower jaw bone
21203	Reconstruct lower jaw bone
21204	Reconstruct upper jaw bone
21206	Revise upper jaw bone
21208	Augmentation of facial bones
21209	Reduction of facial bones
21210	Face bone graft; nasal/maxill/malar
21215	Lower jaw bone graft
21230	Graft rib cartilage to face/ear/nos
21235	Graft ear cartilage to nose/ear
21240	Reconstruction of jaw joint

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3**

<i>Code</i>	<i>Definition</i>
21242	Reconstruct jaw joint w/allograft
21243	Reconstruct jaw joint w/prosthesis
21244	Reconstruct lower jaw w/bone plate
21245	Partial reconstruction of jaw
21246	Complete reconstruction of jaw
21247	Reconstruct/graft lower jaw bone
21248	Reconstruction of jaw; partial
21249	Reconstruction of jaw; complete
21250	Reconstruct upper jaw bone
21254	Reconstruct upper jaw bone
21255	Reconstruct zygomatic arch
21256	Reconstruct orbit w/bone grafts
21260	Revise eye sockets; extracranial
21261	Revise eye sockets; intra/extracranial
21263	Revise eye sockets; forehead advance
21267	Repositioning of eye sockets
21268	Repositioning of eye sockets
21270	Augment cheek bones w/prosthesis
21275	Followup revision; orbit-face bones
21280	Revision of eyelid; medial
21282	Revision of eyelid; lateral
21295	Revise jaw muscle/bone; extraoral
21296	Revise jaw muscle/bone; intraoral
21299	Cranio/maxillofacial surgery NEC
21300	Treat skull Fx w/o surgery
21310	Treat nose Fx w/o manipulation
21315	Treat nose Fx w/o stabilization
21320	Treat nose Fx w/stabilization

State of Connecticut
Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
21325	Repair nose Fx; uncomplicated
21330	Repair nose Fx; complicated; w/fixation
21335	Repair nose/septum fracture
21336	Repair nasal septal fracture
21337	Treat nasal septal fracture
21338	Repair nasoethmoid Fx w/o fixation
21339	Repair nasoethmoid Fx w/fixation
21340	Treat nasoethmoid complex Fx w/fixation
21343	Repair depressed frontal sinus Fx
21344	Repair complicated frontal sinus Fx
21345	Treat nasomaxillary complex Fx
21346	Repair nasomaxillary complex Fx
21347	Repair nasomaxillary complex Fx
21348	Repair nasomaxillary complex Fx
21355	Repair cheek bone Fx w/manipulation
21356	Repair depressed zygomatic arch Fx
21360	Repair depressed malar Fx
21365	Repair complicated malar Fx w/fixation
21366	Repair complicated malar Fx w/graft
21385	Repair eye socket Fx; transantral
21386	Repair eye socket Fx; periorbital
21387	Repair eye socket Fx; combined
21390	Repair eye socket Fx; periorbital
21395	Repair eye socket Fx; periorbital
21400	Treat eye socket Fx w/o manipul
21401	Treat eye socket Fx w/manipulation
21406	Repair eye socket Fx w/o implant
21407	Repair eye socket Fx w/implant

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
21408	Repair eye socket Fx w/bone graft
21421	Treat mouth roof Fx; w/fixation
21422	Repair mouth roof fracture
21423	Repair mouth roof Fx; complicated
21431	Treat craniofacial Fx; w/fixation
21432	Repair craniofacial Fx; w/fixation
21433	Repair craniofacial Fx; complicated
21435	Repair complicated craniofacial Fx w/fix
21436	Repair/graft complicated craniofacial Fx
21440	Treat dental ridge fracture
21445	Repair dental ridge fracture
21450	Treat lower jaw Fx w/o manipulation
21451	Treat lower jaw Fx w/manipulation
21452	Treat lower jaw Fx; w/external fixation
21453	Treat lower jaw Fx; w/interdent fix
21454	Repair lower jaw Fx; w/external fixation
21455	Repair lower jaw fracture
21461	Repair lower jaw Fx; w/o fixation
21462	Repair lower jaw Fx; w/internal fixation
21465	Repair mandibular condylar Fx
21470	Repair mandibular Fx; complicated
21480	Reset dislocated jaw
21485	Reset dislocated jaw; complicated
21490	Repair dislocated jaw
21493	Treat hyoid bone Fx; w/o manipul
21494	Treat hyoid bone Fx; w/manipulation
21495	Repair hyoid bone fracture
21497	Interdental wiring; other than Fx

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
21499	Head surgery procedure NEC
29800	Jaw arthroscopy; diagnostic
29804	Jaw arthroscopy/surgery
40800	Drainage of mouth lesion; simple
40801	Drain mouth lesion; complicated
40804	Remove foreign body; mouth; simple
40805	Remove foreign body; mouth; compl
40806	Incision of lip fold
40808	Biopsy of mouth
40810	Excision of mouth lesion
40812	Excise/repair mouth lesion; simple
40814	Excise/repair mouth lesion; complex
40816	Excise/repair mouth lesion; complex
40818	Excise oral mucosa for graft; donor
40819	Excise lip or cheek fold
40820	Treatment of mouth lesion/scar
40830	Repair mouth laceration
40831	Repair mouth laceration
40840	Reconstruction of anterior mouth
40842	Reconstruction of posterior mouth
40843	Reconstruction of posterior mouth
40844	Reconstruction of mouth
40845	Reconstruction of mouth; complex
41000	Drain mouth lesion; lingual
41520	Reconstruct tongue fold
41800	Drainage of gum lesion
41805	Remove foreign body from gum
41806	Remove foreign body from jawbone

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<i>Code</i>	<i>Definition</i>
41820	Excision; gum; each quadrant
41821	Excision of gum flap
41822	Remove fibrous lesions from gum
41823	Remove bony lesions from gum
41825	Removal of gum lesion; no repair
41826	Remove gum lesion; simple repair
41827	Remove gum lesion; complex repair
41828	Excise hyperplastic alveolar mucosa
41830	Removal of gum tissue
41850	Treatment of gum lesion
41870	Periodontal mucosal grafting
41872	Gingivoplasty; each quadrant
41874	Alveoplasty; each quadrant
41899	Dental surgery procedure NEC
42000	Drainage of mouth roof lesion
42100	Biopsy of roof of mouth
42104	Remove mouth roof lesion no closure
42106	Remove mouth roof lesion, w/closure
42107	Remove mouth roof lesion, flap close
42120	Remove lesion/part removal palate
42140	Removal of uvula
42145	Revision of palate; pharynx/uvula
42160	Treat mouth roof lesion
42180	Repair mouth roof laceration
42182	Repair mouth roof laceration
42200	Reconstruct cleft palate
42205	Reconstruct cleft palate
42210	Reconstruct/graft cleft palate

State of Connecticut
Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
42215	Reconstruct cleft palate
42220	Reconstruct cleft palate w/lengthen
42225	Reconstruct cleft palate w/flap
42226	Lengthening of palate; pharyng flap
42227	Lengthening of palate; island flap
42235	Repair anterior palate; vomer flap
42260	Repair nose to lip fistula
42280	Preparation of palate mold
42281	Insertion of palate prosthesis
42299	Palate/uvula surgery NEC
70250	X-ray exam of skull; partial
70300	X-ray exam of teeth; single view
70310	X-ray exam of teeth; partial
70320	Full mouth x-ray of teeth
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70332	X-ray exam of jaw joint
70350	X-ray head for orthodontia
70355	Panoramic x-ray of jaws
70390	X-ray exam of salivary duct
70486	CAT scan of face; jaw
70487	Contrast CAT scan of face; jaw
70488	CAT scans of face; jaw
99000	Specimen handling/transport
99001	Specimen handling/transport
99002	Device handling/transport
99024	Postop followup visit
99025	Initial surgical evaluation

State of Connecticut
Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99050	Medical services after hours
99052	Medical services at night
99054	Medical services on Sunday/holiday
99056	Non-office medical services
99058	Office emergency care
99062	Emergency care services
99064	Emergency care services
99065	Emergency care services
99070	Special supplies
99071	Patient education materials
99075	Medical testimony
99078	Group health education
99080	Special reports/insurance forms
99082	Unusual physician travel
99090	Computer data analysis
99100	Special anesthesia service
99116	Anesthesia with hypothermia
99135	Anesthesia with hypotension
99140	Emergency anesthesia
99141	Sedation; conscious; IV; IM; INH
99142	Sedation conscious; orl rect intranas
99150	Prolonged MD attendance; up to 1 hr
99151	Prolonged MD attendance; 1+ hr
99152	Newborn resuscitation
99160	Critical care; first hour
99162	Critical care; added 30 min
99170	Gastric intubation treatment
99171	Critical care; follow-up

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99172	Critical care; follow-up
99173	Critical care; follow-up
99175	Induction of vomiting
99178	Developmental evaluation tests
99180	Hyperbaric oxygen therapy; initial
99182	Add'l hyperbaric oxygen therapy
99183	Hyperbaric oxygen therapy
99185	Regional hypothermia
99186	Total body hypothermia
99190	Special pump services; per 1 hr
99191	Special pump services; per 3/4 hr
99192	Special pump services; per 1/2 hr
99195	Phlebotomy
99199	Special service or report NEC
99201	Office/outpatient visit; new; min
99202	Office/outpatient visit; new; low
99203	Office/outpatient visit; new; mod
99204	Office/outpatient visit; new; mod
99205	Office/outpatient visit; new; high
99211	Office/outpatient visit; est; min
99212	Office/outpatient visit; est; low
99213	Office/outpatient visit; est; mod
99214	Office/outpatient visit; est; mod
99215	Office/outpatient visit; est; high
99217	Observation care discharge day mgt
99218	Initial observation care; low
99219	Initial observation care; moderate
99220	Initial observation care; high

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99221	Initial hospital care; low
99222	Initial hospital care; moderate
99223	Initial hospital care; high
99231	Followup hospital care; brief
99232	Followup hospital care; moderate
99233	Followup hospital care; extensive
99234	Observ or inpatient hosp care; low
99235	Observ or inpatient hosp care; mod
99236	Observ or inpatient hosp care; high
99238	Hospital discharge day care
99239	Hospital discharge day care 30+ min
99241	Office consultation; minor
99242	Office consultation; low
99243	Office consultation; moderate
99244	Office consultation; moderate-high
99245	Office consultation; high
99251	Initial inpatient consult; minor
99252	Initial inpatient consult; low
99253	Initial inpatient consult; mod
99254	Initial inpatient consult; mod-high
99255	Initial inpatient consult; high
99261	Followup inpatient consult; brief
99262	Followup inpatient consult; moderate
99263	Follow-up inpatient consult; extensive
99271	Confirmatory consultation; minor
99272	Confirmatory consultation; low
99273	Confirmatory consultation; moderate
99274	Confirmatory consultation; mod-high

State of Connecticut
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Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99275	Confirmatory consultation; high
99281	Emergency dept visit; minor
99282	Emergency dept visit; low-moderate
99283	Emergency dept visit; moderate
99284	Emergency dept visit; high
99285	Emergency dept visit; high
99288	Direction of advanced life support
99291	Critical care; first hour
99292	Critical care; add'l 30 min
99295	Initial neonatal critical care
99296	Followup neonatal critical care
99297	Followup neonatal critical care
99298	Followup neonatal crit care; very low birth weight
99301	Nursing facility care; brief
99302	Nursing facility care; moderate
99303	Nursing facility care; extensive
99311	Followup nursing facility care
99312	Followup nursing facility care
99313	Followup nursing facility care
99315	Nursing facility discharge; 30 min or less
99316	Nursing facility discharge; 31+ min
99321	Rest home visit; new; low
99322	Rest home visit; new; moderate
99323	Rest home visit; new; high
99331	Rest home visit; estab; low
99332	Rest home visit; estab; moderate
99333	Rest home visit; estab; high
99341	Home visit; new patient; low

State of Connecticut
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<i>Code</i>	<i>Definition</i>
99342	Home visit; new patient; moderate
99343	Home visit; new patient; mod-high
99344	Home visit; new patient; high
99345	Home visit; new patient; emergency
99347	Home visit; est patient; minor
99348	Home visit; est patient; low to mod
99349	Home visit; est pt; mod-high 40 min
99350	Home visit; est pt; mod-high 60 min
99351	Home visit; estab patient; low
99352	Home visit; estab patient; mod
99353	Home visit; estab patient; high
99354	Prolonged service; office; 1st hr
99355	Prolonged service; office; add'l 30min
99356	Prolonged service; inpatient; 1st hr
99357	Prolonged service; inpatient; add'l 30
99358	Prolonged service; w/o contact; 1st hr
99359	Prolonged service; w/o contact; add'l
99360	Physician standby service; each 30 min
99361	Physician/team conference; 30 min
99362	Physician/team conference; 60 min
99371	Physician phone consult; brief
99372	Physician phone consult; moderate
99373	Physician phone consult; extensive
99374	Home health supervision; 15-29 min
99375	Home health supervision; 30+ min
99376	Care plan oversight; over 60 min
99377	Hospice supervision; 15-29 min
99378	Hospice supervision; 30+ min

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Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99379	Nurse facility supervision; 15-29 min
99380	Nurse facility supervision; 30+ min
99381	Preventive checkup; new; infant
99382	Preventive checkup; new; 1-4 yrs
99383	Preventive checkup; new; 5-11 yrs
99384	Preventive checkup; new; 12-17 yrs
99385	Preventive checkup; new; 18-39 yrs
99386	Preventive checkup; new; 40-64 yrs
99387	Preventive checkup; new; 65+ yrs
99391	Preventive checkup; est; infant
99392	Preventive checkup; est; 1-4 yrs
99393	Preventive checkup; est; 5-11 yrs
99394	Preventive checkup; est; 12-17 yrs
99395	Preventive checkup; est; 18-39 yrs
99396	Preventive checkup; est; 40-64 yrs
99397	Preventive checkup; est; 65+ yrs
99401	Preventive counseling; individual 15 min
99402	Preventive counseling; individual 30 min
99403	Preventive counseling; individual 45 min
99404	Preventive counseling; individual 60 min
99411	Preventive counseling; group 30 min
99412	Preventive counseling; group 60 min
99420	Health risk assessment test
99429	Unlisted preventive service NEC
99431	Initial care; normal newborn
99432	Newborn care not in hospital
99433	Followup care; normal newborn
99435	History and exam; normal newborn

State of Connecticut
Encounter Submission and Reporting Guide
Additional Dental Procedure Codes — Section 3.3

<i>Code</i>	<i>Definition</i>
99436	Attend birth w/initial stabilization of newborn
99438	Infant care to age one year
99440	Newborn resuscitation
99450	Basic life/disability examination
99455	Work/medical disability examination
99456	Work/medical disability examination
99499	E/M service NEC

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Encounter Submission and Reporting Guide
Provider Data Dictionary — Section 3.4

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Contact Name

Field Description

Person to contact regarding questions on provider file.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | Header Record |
| <input type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	30 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Contact Phone Number

Field Description

The phone number of the contact name; leading zeros are used when extension number is less than five digits. For example, the phone number (860) 687-XXXX ext. XXXXX would be entered as 860687XXXXXXXXXX.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | Header Record |
| <input type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	15 Bytes
Format:	XXXXXXXXXXXXXXXXXX

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

File Creation Date

Field Description

The date the file is created.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | Header Record |
| <input type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Medicaid Health Plan Identification Number

Field Description

Medicaid ID assigned to the health plan.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 9 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

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NPI Type

Field Description

NPI Type

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	1 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

- 1 – Individual
- 2 – Organization

Provider Address1

Field Description

Provider's mailing address.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 50 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Address 2

Field Description

Additional address information (i.e., Suite, etc.).

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 30 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

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Provider City

Field Description

Provider's city.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 25 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Date of Birth

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Field Description

Provider's date of birth.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

This field must be blank for Institutional Providers.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Effective Date with MCO

Field Description

Date the provider became effective. If provider termed and is effective for a consecutive time,

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they should have a termination date.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider First Name

Field Description

Provider's first name.

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Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	15 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

This field must be blank for institutional providers.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Gender

Field Description

Provider's Gender

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Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric
Field Length: 1 Bytes
Format:

Rationale/Comments

None.

Special Instructions

This field must be blank for Institutional Providers.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

F – Female
M – Male
U - Unknown

Provider ID

Field Description

Provider Identification Number.

Record Type

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<input type="checkbox"/>	Header Record
<input checked="" type="checkbox"/>	Provider Record
<input type="checkbox"/>	Trailer Record

Field Type: Alphanumeric
Field Length: 10 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

<input type="checkbox"/>	CMS 1450 (UB-92)	<input type="checkbox"/>	ICD-9 CM
<input type="checkbox"/>	CMS 1500	<input checked="" type="checkbox"/>	State Codes
<input type="checkbox"/>	CPT-4	<input type="checkbox"/>	ADA
<input type="checkbox"/>	HCPCS	<input checked="" type="checkbox"/>	Other

Valid Values

Not applicable.

Provider ID Type

Field Description

Type of Provider ID.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 2 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input checked="" type="checkbox"/> | Other |

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Provider ID Type – Valid Values

<i>Code</i>	<i>Description</i>
01	Medicaid Provider ID
02	DEA Number
03	NABP Number
04	SSN
05	Primary State License
06	Secondary State License
07	Tax ID Number (TIN)
08	MCO Internal Provider ID Number
09	Other
11	NPI
22	UPIN

Provider Last Name

Field Description

Provider's last name or name of Institution

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 35 Bytes

Format:

Rationale/Comments

None.

Special Instructions

Do not submit special characters at the beginning of the field or include titles (i.e., MD).

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Middle Initial

Field Description

Provider's middle initial.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 1 Bytes

Format:

Rationale/Comments

None.

Special Instructions

This field must be blank for Institutional Providers.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Other Taxonomy

Field Description

Provider's other specialty as identified on their NPI application.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 10 Bytes

Format:

Rationale/Comments

None.

Special Instructions

Use the national provider taxonomy codes.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Phone

Field Description

The phone number of the provider; leading zeros are used when extension number is less than five digits. For example, the phone number (860)687-XXXX ext. XXXXX would be entered as 860687XXXXXXXXXX.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	15 Bytes
Format:	XXXXXXXXXXXXXXXXXX

Rationale/Comments

This data is provided when available.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location Address 1

Field Description

Provider's primary location street address.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 50 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location Address 2

Field Description

Additional primary address location information (i.e., Suite, etc.).

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 30 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location City

Field Description

Provider's primary location city.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 25 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location Phone

Field Description

Provider's primary location phone number.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 10 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location State

Field Description

Provider's primary location state.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	2 Bytes
Format:	Use USPS 2 digit code.

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Location Zip Code

Field Description

Provider's primary location zip code.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 10 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Primary Taxonomy

Field Description

Provider's primary taxonomy using the national provider taxonomy codes..

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	10 Bytes
Format:	

Rationale/Comments

None.

Special Instructions

If unknown, use XXXXXXXXXXXX..

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input checked="" type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input checked="" type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Secondary Taxonomy

Field Description

Provider's secondary specialty as identified on their NPI application.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 10 Bytes

Format:

Rationale/Comments

None.

Special Instructions

Use the national provider taxonomy codes.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

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Provider State

Field Description

Provider's state.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	2 Bytes
Format:	Two-character postal code

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Suffix

Field Description

Additional provider name information such as Jr., Sr., III, IV.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	3 Bytes
Format:	ALL CAPS

Rationale/Comments

None.

Special Instructions

Do not use initials or special characters.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Termination Date with MCO

Field Description

Date provider ends their contract with MCO. If they subsequently re-enroll, a new effective date should be sent in.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type:	Alphanumeric
Field Length:	8 Bytes
Format:	CCYYMMDD

Rationale/Comments

None.

Special Instructions

This field will remain blank as long as the provider is still enrolled.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Provider Zip Code

Field Description

Provider's zip code.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 10 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

Not applicable.

Record Type

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Field Description

Identifies the record type that is being submitted (01, 92, 99).

Record Type

- Header Record
- Provider Record
- Trailer Record

Field Type: Alphanumeric
Field Length: 2 Bytes
Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input checked="" type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

- | <i>Code</i> | <i>Definition</i> |
|-------------|-------------------|
| 01 | Header Record |
| 92 | Provider Record |
| 99 | Trailer Record |

Replacement Code

Field Description

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The code to indicate whether a record is new, a replacement, or a deletion.

Record Type

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Header Record |
| <input checked="" type="checkbox"/> | Provider Record |
| <input type="checkbox"/> | Trailer Record |

Field Type: Alphanumeric

Field Length: 1 Bytes

Format:

Rationale/Comments

None.

Special Instructions

None.

Valid Values Source(s)

- | | | | |
|--------------------------|------------------|--------------------------|-------------|
| <input type="checkbox"/> | CMS 1450 (UB-92) | <input type="checkbox"/> | ICD-9 CM |
| <input type="checkbox"/> | CMS 1500 | <input type="checkbox"/> | State Codes |
| <input type="checkbox"/> | CPT-4 | <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | HCPCS | <input type="checkbox"/> | Other |

Valid Values

N = New

R = Replacement

D = Delete