

**State of Connecticut  
Encounter Submission and Reporting Guide  
File-Level Edits — Section 4.1**

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Prior to the in-depth data quality analysis that will be performed on the submitted records, some preliminary file-level edits will be performed. If any of these edits are failed, the entire file will be rejected. Most of the edits performed on the header and trailer records are included in this group. In addition, please note that the edits that check for the presence and validity of record type are also included here. The entire file will be rejected if *any* record is missing a record type or indicates an invalid record type. If the record type is not identifiable, it is impossible to locate the position of the billed and paid amount fields that are needed to verify the control totals in the trailer record.

The file-level edits are as follows:

<i><b>Error Code</b></i>	<i><b>Short Description</b></i>	<i><b>Long Description</b></i>
FOR004	File not readable	The file submitted is not readable; it may not be a 256-byte wide text file.
PRS022	Record Type Indicator Is Null	The record type indicator on at least one record in the file is missing.
PRS023	No Header Record in file	The file does not contain a header record (record type “01”).
PRS024	More than one Header Record in file	The file contains more than one header record (record type “01”).
PRS025	Medicaid Health Plan ID Number Is Null	The Medicaid health plan identification number in the header record is missing.
PRS029	File Submission Date is Null or in incorrect format	The file submission date on the header record is missing or not in proper format and, therefore, not readable.
PRS030	Total Dollars Billed is Null/Zero or in incorrect format	The total dollars billed on the trailer record is missing/equal to zero or not in proper format and, therefore, unreadable.
PRS031	Total Dollars Paid is Null/Zero or in incorrect format	The total dollars paid on the trailer record is missing/equal to zero or not in proper format and, therefore, unreadable.
PRS043	No Trailer Record in file	The file does not contain a trailer record (record type “99”).
PRS044	More than one Trailer Record in file	The file contains more than one trailer record (record type “99”).
PRS062	Total Record Count is Null/Zero or in incorrect format	The total record count on the trailer record is missing/equal to zero or not in proper format and, therefore, unreadable.
LOG010	File Submission Date > Current Date	The file submission date on the header record is after the date the file was received.

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<i><b>Error Code</b></i>	<i><b>Short Description</b></i>	<i><b>Long Description</b></i>
LOG011	Total Record Count ◇ count of records in file	The total record count on the trailer record is not equal to the total count of records in this file.
LOG012	Total Dollars Billed ◇ sum of billed amounts in all records	The total dollars billed amount on the trailer record is not equal to the sum of the billed amounts on all the 10, 11, 15, 16, 20, 30, and 40 records.
LOG013	Total Dollars Paid ◇ sum of paid amounts in all records	The total dollars paid amount on the trailer record is not equal to the sum of the paid amounts on all the 10, 11, 15, 16, 20, 30, and 40 records.
REF008	Record Type not valid	The record type on at least one record in the file is something other than 01, 10, 11, 15, 16, 20, 30, 40, or 99.
REF010	Medicaid Health Plan ID Number not valid	The Medicaid health plan ID number on the header record is not a valid state-defined ID number.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>01</b>	<b>LOG010</b>	<b>File submission date &gt; Current date</b> The file submission date on the header record is after the date this file was submitted.
	<b>PRS025</b>	<b>Medicaid health plan ID number is null</b> The Medicaid health plan identification number on the header record is missing.
	<b>PRS029</b>	<b>File submission date is null or in incorrect format</b> The file submission date on the header record is missing or not in proper format and, therefore, not readable.
	<b>REF010</b>	<b>Medicaid health plan ID number not valid</b> The Medicaid health plan identification number on the header record is not a valid state-defined Medicaid health plan identification number.

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>10</b>	<b>LOG004</b>	<b>Admit date &gt; Discharge date</b> The date of admission on the indicated record is after the date of discharge.
	<b>LOG005</b>	<b>Total amount paid = '0' on FFS claim</b> The payment type on the indicated record specifies a FFS claim, however, the paid amount is zero.
	<b>LOG008</b>	<b>Begin service date &gt; End service date</b> The beginning date of service on the indicated record is after the ending date of service.
	<b>LOG015</b>	<b>Admit date &gt; Begin service date</b> The admission date on the indicated record is after the beginning date of service.
	<b>LOG018</b>	<b>Paid date &gt; File submission date</b> The claim paid date on the indicated record is after the date this file was submitted.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
10	<b>LOG024</b>	<b>End service date &gt; Discharge date</b> The ending date of service is after the date of discharge.
	<b>LOG030</b>	<b>Admit date &lt; Date of birth</b> The date of admission is prior to the patient's date of birth as indicated in the eligibility file.
	<b>LOG032</b>	<b>Paid date &lt; Receipt date</b> The date the claim was paid is prior to the date the claim was received.
	<b>LOG033</b>	<b>Paid date &lt; Discharge date</b> The date the claim was paid is prior to the date of discharge.
	<b>LOG034</b>	<b>Paid date &lt; End service date</b> The date the claim was paid is prior to the ending date of service.
	<b>LOG042</b>	<b>Replacement code = "D," "R," or "C," and no original record was found</b> The replacement code in the indicated record contains a "D," "R," or "C," but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.
	<b>LOG043</b>	<b>Replacement code = "N," and duplicate claim # found</b> The replacement code in the indicated record contains an "N," but a record with matching claim number/line number already exists in the encounter system or error log.
	<b>LOG045</b>	<b>Replacement code = "N," and claim with duplicate key fields found</b> The replacement code in the indicated record contains an "N," but a record with matching key fields already exists in the encounter system or error log.
	<b>LOG046</b>	<b>Replacement code = "N," "R," "C," or "1," and duplicate claim number found with same replacement code</b> The replacement code in the indicated record contains an "N," "R," "C," or "1," but a record with matching replacement code and claim number/line number exists in the submitted file.

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
10		
	<b>LOG049</b>	<b>Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found</b>  The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
	<b>LOG053</b>	<b>Replacement code = “N,” and no detail records with matching claim reference number</b>  The replacement code indicates a new record and no detail records exist in this submission. All header records must have at least one matching detail.
	<b>LOG054</b>	<b>All details rejected for critical error</b>  All matching detail records were rejected for a critical error. Header records are not retained without at least one matching detail.
	<b>LOG058</b>	<b>Total billed amount is zero</b>  The total amount billed on the specified claim is zero.
	<b>LOG066</b>	<b>Claim with duplicate key fields found in the submitted file</b>  A record with duplicate key fields exists in the submitted file.
	<b>PRS001</b>	<b>Recipient ID is null</b>  The Medicaid recipient identification number on the indicated record is missing.
	<b>PRS002</b>	<b>Rendering provider/facility ID is null</b>  The rendering provider/facility identification number on the indicated record is missing.
	<b>PRS003</b>	<b>Billing provider ID is null</b>  The billing provider identification number on the indicated record is missing.
	<b>PRS005</b>	<b>Primary diagnosis code is null</b>  The primary diagnosis code on the indicated record is missing.
	<b>PRS006</b>	<b>Admit date is null or in incorrect format</b>  The admission date on the indicated record is missing or was formatted improperly and was, therefore, not readable.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
10	<b>PRS011</b>	<b>Discharge date and end service date are null or in incorrect format</b> Both the discharge date and ending date of service on the indicated record are missing or not in proper format and, therefore, not readable. On an inpatient record, discharge date <i>or</i> ending date of service must be present.
	<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
	<b>PRS013</b>	<b>Payment type is null</b> The payment type indicator on the indicated record is missing.
	<b>PRS014</b>	<b>Bill type is null</b> The bill type on the indicated record is missing.
	<b>PRS018</b>	<b>Begin service date is null or in incorrect format</b> The beginning date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
	<b>PRS058</b>	<b>Paid date is null or in incorrect format</b> The date the claim was paid is missing or not in proper format and, therefore, not readable.
	<b>PRS064</b>	<b>Total amount billed is null or in incorrect format</b> The total billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
	<b>PRS066</b>	<b>Total COB/TPL/Other paid amount is null or in incorrect format</b> The total COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS067</b>	<b>Total Medicare paid amount is null or in incorrect format</b> The total Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

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<i>Record Type ID 10</i>	<i>Error Code</i>	<i>Description</i>
	<b>PRS068</b>	<b>Total amount paid is null or in incorrect format</b> The total amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>REF001</b>	<b>Recipient ID not present in eligibility file</b> The Medicaid recipient identification number on the indicated record is not present in the eligibility file
	<b>REF002</b>	<b>Primary diagnosis code not valid</b> The primary diagnosis on the indicated record is not a valid ICD-9 CM diagnosis code.
	<b>REF004</b>	<b>Primary procedure code not valid</b> The primary procedure code on the indicated record is not a valid ICD-9 procedure code.
	<b>REF005</b>	<b>Recipient not Medicaid eligible on date of service</b> The eligibility file indicates that the date the service was performed falls outside the recipient's Medicaid eligibility period(s). The service date is defined as the admission date, begin date of service, or prescription filled date, depending on the type of claim.
	<b>REF006</b>	<b>Bill type not valid</b> The bill type code on the indicated record is not a valid HCFA 1450 (UB-92) bill type code.
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be "N," "C," "R," "D," or "1," "2," "3," "4," or "5." Please see the data dictionary for code descriptions.
	<b>REF013</b>	<b>Billing provider ID not present in provider file</b> The billing provider identification number on the indicated record does not exist in the provider file.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>10</b>	<b>REF018</b>	<b>Admit type not valid</b>  The admission type code on the indicated record is not a valid HCFA 1450 (UB-92) admission type. The admission type must be “1,” “2,” “3,” “4,” or “9.” Please see the data dictionary for descriptions of these codes.
	<b>REF019</b>	<b>Admit source not valid</b>  The admission source code on the indicated record is not a valid HCFA 1450 (UB-92) admission type. The admission type must be “1,” “2,” “3,” “4,” “5,” “6,” “7,” “8,” “9,” or “A.” Please see the data dictionary for descriptions of these codes.
	<b>REF020</b>	<b>Patient status code not valid</b>  The patient status code on the indicated record is not a valid HCFA 1450 (UB-92) patient status code. Please see the data dictionary for valid values for this field.
	<b>REF021</b>	<b>Rendering provider/facility ID not present in provider file</b>  The rendering provider/facility identification number on the indicated record is not present in the provider file.
	<b>REF037</b>	<b>Procedure 2 not valid</b>  The second procedure code on the indicated record is not a valid ICD-9 procedure code.
	<b>REF038</b>	<b>Procedure 3 not valid</b>  The third procedure code on the indicated record is not a valid ICD-9 procedure code
	<b>REF039</b>	<b>Procedure 4 not valid</b>  The fourth procedure code on the indicated record is not a valid ICD-9 procedure code.
	<b>REF040</b>	<b>Procedure 5 not valid</b>  The fifth procedure code on the indicated record is not a valid ICD-9 procedure code.
	<b>REF041</b>	<b>Procedure 6 not valid</b>  The sixth procedure code on the indicated record is not a valid ICD-9 procedure code.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>10</b>	<b>REF042</b>	<b>Diagnosis 2 not valid</b> The second diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF043</b>	<b>Diagnosis 3 not valid</b> The third diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF044</b>	<b>Diagnosis 4 not valid</b> The fourth diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF045</b>	<b>Diagnosis 5 not valid</b> The fifth diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF050</b>	<b>Payment type not valid</b> The payment type on the indicated claim is not a valid state-defined payment type code. The payment type code must be “1,” “2,” or “3.” See data dictionary.
	<b>REF059</b>	<b>Primary diagnosis not reportable</b> The primary diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
	<b>LOG005</b>	<b>Total amount paid = “0” on FFS claim</b> The payment type on the indicated record specifies a FFS claim, however, the paid amount is zero.
	<b>LOG008</b>	<b>Begin service date &gt; End service date</b> The beginning date of service on the indicated record is after the ending date of service.

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*Record  
Type ID  
11*

*Error  
Code*

*Description*

**LOG017 Paid date < Begin service date**

The claim paid date on the indicated record is before the beginning date of service.

**LOG018 Paid date > File submission date**

The claim paid date on the indicated record is after the date this file was submitted

**LOG031 Begin service date < Date of birth**

The beginning date of service is prior to the patient's date of birth as indicated by the eligibility file.

**LOG032 Paid date < Receipt date**

The date the claim was paid is prior to the date the claim was received.

**LOG034 Paid date < End service date**

The date the claim was paid is prior to the ending date of service.

**LOG042 Replacement code = "D," "R," or "C," and no original record was found**

The replacement code in the indicated record contains a "D," "R," or "C," but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.

**LOG043 Replacement code = "N," and duplicate claim # found**

The replacement code in the indicated record contains an "N," but a record with matching claim number/line number already exists in the encounter system or error log.

**LOG045 Replacement code = "N," and claim with duplicate key fields found**

The replacement code in the indicated record contains an "N," but a record with matching key fields already exists in the encounter system or error log.

**LOG046 Replacement code = "N," "R," "C," or "1," and duplicate claim number found with same replacement code**

The replacement code in the indicated record contains an "N," "R," "C," or "1," but a record with matching replacement code and claim number/ line number exists in the submitted file.

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
11		
	<b>LOG049</b>	<b>Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found</b>  The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
	<b>LOG053</b>	<b>Replacement code = “N,” and no detail records with matching claim reference number</b>  The replacement code indicates a new record and no detail records exist in this submission. All header records must have at least one matching detail.
	<b>LOG054</b>	<b>All details rejected for critical error</b>  All matching detail records were rejected for a critical error. Header records are not retained without at least one matching detail.
	<b>LOG058</b>	<b>Total billed amount is zero</b>  The total amount billed on the specified claim is zero.
	<b>LOG066</b>	<b>Claim with duplicate key fields found in the submitted file</b>  A record with duplicate key fields exists in the submitted file.
	<b>LOG071</b>	<b>Identical rendering and billing provider logic</b>  Rendering provider ID = Billing Provider ID and Rendering provider type is not an individual provider.
	<b>PRS001</b>	<b>Recipient ID is null</b>  The Medicaid recipient identification number on the indicated record is missing.
	<b>PRS002</b>	<b>Rendering provider/facility ID is null</b>  The rendering provider/facility identification number on the indicated record is missing.
	<b>PRS003</b>	<b>Billing provider ID is null</b>  The billing provider identification number on the indicated record is missing.
	<b>PRS005</b>	<b>Primary diagnosis code is null</b>  The primary diagnosis code on the indicated record is missing.

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<i>Record Type ID 11</i>	<i>Error Code</i>	<i>Description</i>
	<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
	<b>PRS013</b>	<b>Payment type is null</b> The payment type indicator on the indicated record is missing.
	<b>PRS014</b>	<b>Bill type is null</b> The bill type on the indicated record is missing.
	<b>PRS018</b>	<b>Begin service date is null or in incorrect format</b> The beginning date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS021</b>	<b>End service date is null or in incorrect format</b> The ending date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
	<b>PRS058</b>	<b>Paid date is null or in incorrect format</b> The date the claim was paid is missing or not in proper format and, therefore, not readable.
	<b>PRS064</b>	<b>Total amount billed is null or in incorrect format</b> The total billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
	<b>PRS066</b>	<b>Total COB/TPL/Other paid amount is null or in incorrect format</b> The total COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS067</b>	<b>Total Medicare paid amount is null or in incorrect format</b> The total Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS068</b>	<b>Total amount paid is null or in incorrect format</b> The total amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

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<i>Record Type ID 11</i>	<i>Error Code</i>	<i>Description</i>
	<b>REF001</b>	<b>Recipient ID not present in eligibility file</b> The Medicaid recipient identification number on the indicated record is not present in the eligibility file.
	<b>REF002</b>	<b>Primary diagnosis code not valid</b> The primary diagnosis on the indicated record is not a valid ICD-9 CM diagnosis code.
	<b>REF004</b>	<b>Primary procedure code not valid</b> The primary procedure code on the indicated record is not a valid ICD-9 procedure code.
	<b>REF005</b>	<b>Recipient not Medicaid eligible on date of service</b> The eligibility file indicates that the date the service was performed falls outside the recipient’s Medicaid eligibility period(s). The service date is defined as the admission date, begin date of service, or prescription filled date, depending on the type of claim.
	<b>REF006</b>	<b>Bill type not valid</b> The bill type code on the indicated record is not a valid HCFA 1450 (UB-92) bill type code.
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be “N,” “C,” “R,” “D,” or “1,” “2,” “3,” “4,” or “5.” Please see the data dictionary for code descriptions.
	<b>REF013</b>	<b>Billing provider ID not present in provider file</b> The billing provider identification number on the indicated record does not exist in the provider file.
	<b>REF019</b>	<b>Admit Source not valid</b> The admission source code on the indicated record is not a valid HCFA 1450 (UB-92) admission type. The admission type must be “1,” “2,” “3,” “4,” “5,” “6,” “7,” “8,” “9,” or “A.” Please see the data dictionary for descriptions of these codes.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<i>11</i>	<b>REF020</b>	<p><b>Patient status code not valid</b></p> <p>The patient status code on the indicated record is not a valid HCFA 1450 (UB-92) patient status code. Please see the data dictionary for valid values for this field.</p>
	<b>REF021</b>	<p><b>Rendering provider/facility ID not present in provider file</b></p> <p>The rendering provider/facility identification number on the indicated record is not present in the provider file</p>
	<b>REF037</b>	<p><b>Procedure 2 not valid</b></p> <p>The second procedure code on the indicated record is not a valid ICD-9 procedure code.</p>
	<b>REF038</b>	<p><b>Procedure 3 not valid</b></p> <p>The third procedure code on the indicated record is not a valid ICD-9 procedure code.</p>
	<b>REF039</b>	<p><b>Procedure 4 not valid</b></p> <p>The fourth procedure code on the indicated record is not a valid ICD-9 procedure code.</p>
	<b>REF040</b>	<p><b>Procedure 5 not valid</b></p> <p>The fifth procedure code on the indicated record is not a valid ICD-9 procedure code.</p>
	<b>REF041</b>	<p><b>Procedure 6 not valid</b></p> <p>The sixth procedure code on the indicated record is not a valid ICD-9 procedure code.</p>
	<b>REF042</b>	<p><b>Diagnosis 2 not valid</b></p> <p>The second diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.</p>
	<b>REF043</b>	<p><b>Diagnosis 3 not valid</b></p> <p>The third diagnosis code on the indicated record is not a valid ICD-9 diagnosis code</p>
	<b>REF044</b>	<p><b>Diagnosis 4 not valid</b></p> <p>The fourth diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.</p>

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<i>Record Type ID 11</i>	<i>Error Code</i>	<i>Description</i>
	<b>REF045</b>	<b>Diagnosis 5 not valid</b> The fifth diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF050</b>	<b>Payment type not valid</b> The payment type on the indicated claim is not a valid state-defined payment type code. The payment type code must be “1,” “2,” or “3.” See data dictionary.
	<b>REF059</b>	<b>Primary diagnosis not reportable</b> The primary diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.

<i>Record Type ID 15</i>	<b>Error Code</b>	<b>Description</b>
	<b>LOG041</b>	<b>Replacement code = “N,” and no header record with matching claim reference number</b> The replacement code indicates a new record and there is no header record in this submission with a claim reference number identical to that on the indicated detail record.
	<b>LOG042</b>	<b>Replacement code = “D,” “R,” or “C,” and no original record was found</b> The replacement code in the indicated record contains a “D,” “R,” or “C,” but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.
	<b>LOG043</b>	<b>Replacement code = “N,” and duplicate claim # found</b> The replacement code in the indicated record contains an “N,” but a record with matching claim number/line number already exists in the encounter system or error log.
	<b>LOG045</b>	<b>Replacement code = “N,” and claim with duplicate key fields found</b> The replacement code in the indicated record contains an “N,” but a record with matching key fields already exists in the encounter system or error log.

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*Record  
Type ID  
15*

<b>Error Code</b>	<b>Description</b>
<b>LOG046</b>	<b>Replacement code = “N,” “R,” “C,” or “1,” and duplicate claim number found with same replacement code</b> The replacement code in the indicated record contains an “N,” “R,” “C,” or “1,” but a record with matching replacement code and claim number/ line number exists in the submitted file.
<b>LOG047</b>	<b>Room and board revenue code units are zero</b> The units associated with a room and board revenue code are zero. The units associated with room and board must be greater than zero.
<b>LOG049</b>	<b>Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found</b> The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
<b>LOG052</b>	<b>Header rejected for critical error</b> The matching header record was rejected for a critical error. Detail records are not retained without a header.
<b>PRS009</b>	<b>Amount billed is null or in incorrect format</b> The billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
<b>PRS019</b>	<b>Units of service is null or in incorrect format</b> The units of service on the indicated record is missing or not in proper format and, therefore, not readable.
<b>PRS020</b>	<b>Revenue code is null</b> The revenue code on the indicated record is missing.
<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
<b>PRS045</b>	<b>Claim line number is null</b> The claim line number on the indicated record is missing.

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*Record  
Type ID  
15*

<b>Error Code</b>	<b>Description</b>
<b>REF007</b>	<b>Revenue code not valid</b> The revenue code on the indicated record is not a valid HCFA 1450 (UB-92) revenue code.
<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be “N,” “C,” “R,” “D,” or “1,” “2,” “3,” “4,” or “5.” Please see the data dictionary for code descriptions.

*Record  
Type ID  
16*

<b>Error Code</b>	<b>Description</b>
<b>LOG041</b>	<b>Replacement code = “N,” and no header record with matching claim reference number</b> The replacement code indicates a new record and there is no header record in this submission with a claim reference number identical to that on the indicated detail record.
<b>LOG042</b>	<b>Replacement code = “D,” “R,” or “C,” and no original record was found</b> The replacement code in the indicated record contains a “D,” “R,” or “C,” but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.
<b>LOG043</b>	<b>Replacement code = “N,” and duplicate claim # found</b> The replacement code in the indicated record contains an “N,” but a record with matching claim number/line number already exists in the encounter system or error log.
<b>LOG045</b>	<b>Replacement code = “N,” and claim with duplicate key fields found</b> The replacement code in the indicated record contains an “N,” but a record with matching key fields already exists in the encounter system or error log.

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*Record  
Type ID  
16*      *Error  
Code*      *Description*

- LOG046 Replacement code = “N,” “R,” “C,” or “1,” and duplicate claim number found with same replacement code**  
The replacement code in the indicated record contains an “N,” “R,” “C,” or “1,” but a record with matching replacement code and claim number/line number exists in the submitted file.
- LOG047 Room and board revenue code units are zero**  
The units associated with a room and board revenue code are zero. The units associated with room and board must be greater than zero.
- LOG048 Procedure code units are zero**  
The units associated with a procedure code are zero. The units associated with a procedure code must be greater than zero.
- LOG049 Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found**  
The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log
- LOG052 Header rejected for critical error**  
The matching header record was rejected for a critical error. Detail records are not retained without a header.
- PRS009 Amount billed is null or in incorrect format**  
The billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
- PRS012 Claim reference number is null**  
The claim reference number on the indicated record is missing.
- PRS019 Units of service is null or in incorrect format**  
The units of service on the indicated record is missing or not in proper format and, therefore, not readable.
- PRS032 Replacement code is null**  
The replacement code on the indicated record is missing.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>16</b>		
	<b>PRS034</b>	<b>COB/TPL/Other paid amount is null or in incorrect format</b> The COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS035</b>	<b>Medicare paid amount is null or in incorrect format</b> The Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS045</b>	<b>Claim line number is null</b> The claim line number on the indicated record is missing.
	<b>PRS063</b>	<b>Revenue/procedure code is null</b> The revenue/procedure code on the indicated record is missing.
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be “N,” “C,” “R,” “D,” or “1,” “2,” “3,” “4,” or “5.” Please see the data dictionary for code descriptions.
	<b>REF025</b>	<b>Procedure code modifier not valid</b> The procedure code modifier on the indicated record is not a valid CPT-4 or HCPCS procedure code modifier.
	<b>REF052</b>	<b>Revenue/procedure code not valid</b> The revenue/procedure code on the indicated record is not a valid HCFA 1450 (UB92) revenue code or a valid CPT/HCPCS procedure code.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
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**LOG005 Total amount paid = “0” on FFS claim**

The payment type on the indicated record specifies a FFS claim, however, the paid amount is zero.

**LOG008 Begin service date > End service date**

The beginning date of service on the indicated record is after the ending date of service.

**LOG017 Paid date < Begin service date**

The claim paid date on the indicated record is before the beginning date of service.

**LOG018 Paid date > File submission date**

The claim paid date on the indicated record is after the date this file was submitted.

**LOG031 Begin service date < Date of birth**

The beginning date of service is prior to the patient's date of birth as indicated by the eligibility file.

**LOG032 Paid date < Receipt date**

The date the claim was paid is prior to the date the claim was received.

**LOG034 Paid date < End service date**

The date the claim was paid is prior to the ending date of service.

**LOG042 Replacement code = “D,” “R,” or “C,” and no original record was found**

The replacement code in the indicated record contains a “D,” “R,” or “C,” but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.

**LOG043 Replacement code = “N,” and duplicate claim # found**

The replacement code in the indicated record contains an “N,” but a record with matching claim number/line number already exists in the encounter system or error log.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
20		
	<b>LOG045</b>	<b>Replacement code = “N,” and claim with duplicate key fields found</b> The replacement code in the indicated record contains an “N,” but a record with matching key fields already exists in the encounter system or error log.
	<b>LOG046</b>	<b>Replacement code = “N,” “R,” “C,” or “1,” and duplicate claim number found with same replacement code</b> The replacement code in the indicated record contains an “N,” “R,” “C,” or “1,” but a record with matching replacement code and claim number/line number exists in the submitted file.
	<b>LOG049</b>	<b>Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found</b> The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
	<b>LOG055</b>	<b>Billed amount is zero</b> The amount billed on the specified claim is zero.
	<b>LOG059</b>	<b>Units of service is zero</b> The units of service associated with a procedure code in the specified claim is zero.
	<b>LOG066</b>	<b>Claim with duplicate key fields found in the submitted file</b> A record with duplicate key fields exists in the submitted file.
	<b>LOG071</b>	<b>Identical rendering and billing provider logic</b> Rendering provider ID = Billing Provider ID and Rendering provider type is not an individual provider
	<b>PRS001</b>	<b>Recipient ID is null</b> The Medicaid recipient identification number on the indicated record is missing.
	<b>PRS002</b>	<b>Rendering provider/facility ID is null</b> The rendering provider/facility identification number on the indicated record is missing.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
	<b>PRS003</b>	<b>Billing provider ID is null</b> The billing provider identification number on the indicated record is missing.
	<b>PRS004</b>	<b>Place of service is null</b> The place of service code on the indicated record is missing.
	<b>PRS005</b>	<b>Primary diagnosis code is null</b> The primary diagnosis code on the indicated record is missing.
	<b>PRS009</b>	<b>Amount billed is null or in incorrect format</b> The billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
	<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
	<b>PRS013</b>	<b>Payment type is null</b> The payment type indicator on the indicated record is missing.
	<b>PRS018</b>	<b>Begin service date is null or in incorrect format</b> The beginning date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS019</b>	<b>Units of service is null or in incorrect format</b> The units of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS021</b>	<b>End service date is null or in incorrect format</b> The ending date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
	<b>PRS034</b>	<b>COB/TPL/other paid amount is null or in incorrect format</b> The COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>20</b>		
	<b>PRS035</b>	<b>Medicare paid amount is null or in incorrect format</b> The Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS045</b>	<b>Claim line number is null</b> The claim line number on the indicated record is missing.
	<b>PRS051</b>	<b>Amount paid is null or in incorrect format</b> The amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS058</b>	<b>Paid date is null or in incorrect format</b> The date the claim was paid is missing or not in proper format and, therefore, not readable.
	<b>PRS060</b>	<b>Procedure code is null</b> The procedure code is missing.
	<b>REF001</b>	<b>Recipient ID not present in eligibility file</b> The Medicaid recipient identification number on the indicated record is not present in the eligibility file.
	<b>REF002</b>	<b>Primary diagnosis code not valid</b> The primary diagnosis on the indicated record is not a valid ICD-9 CM diagnosis code.
	<b>REF003</b>	<b>Place of service not valid</b> The place of service code on the indicated record is not valid. Please see the data dictionary for valid values.
	<b>REF005</b>	<b>Recipient not Medicaid eligible on date of service</b> The eligibility file indicates that the date the service was performed falls outside the recipient's Medicaid eligibility period(s). The service date is defined as the admission date, begin date of service, or prescription filled date, depending on the type of claim.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>20</b>		
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be “N,” “C,” “R,” “D,” or “1,” “2,” “3,” “4,” or “5.” Please see the data dictionary for code descriptions.
	<b>REF013</b>	<b>Billing provider ID not present in provider file</b> The billing provider identification number on the indicated record does not exist in the provider file.
	<b>REF021</b>	<b>Rendering provider/facility ID not present in provider file</b> The rendering provider/facility identification number on the indicated record is not present in the provider file.
	<b>REF025</b>	<b>Procedure code modifier not valid</b> The procedure code modifier on the indicated record is not a valid CPT-4 or HCPCS procedure code modifier.
	<b>REF036</b>	<b>Procedure not valid</b> The procedure code on the indicated record is not a valid CPT or HCPCS procedure code.
	<b>REF042</b>	<b>Diagnosis 2 not valid</b> The second diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF043</b>	<b>Diagnosis 3 not valid</b> The third diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF044</b>	<b>Diagnosis 4 not valid</b> The fourth diagnosis code on the indicated record is not a valid ICD-9 diagnosis code.
	<b>REF050</b>	<b>Payment type not valid</b> The payment type on the indicated claim is not a valid state-defined payment type code. The payment type code must be “1,” “2,” or “3.” See data dictionary.

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*Record  
Type ID  
20*      *Error  
Code*      *Description*

**REF059    Primary diagnosis not reportable**

The primary diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.

*Record  
Type ID  
30*      *Error  
Code*      *Description*

**LOG005    Total amount paid = “0” on FFS claim**

The payment type on the indicated record specifies a FFS claim, however, the paid amount is zero.

**LOG018    Paid date > File submission date**

The claim paid date on the indicated record is after the date this file was submitted.

**LOG023    Filled date < Date of birth**

The prescription filled date on the indicated record is before the patient’s date of birth as indicated by the corresponding eligibility record.

**LOG026    Paid date < Filled date**

The payment date on the specified claim is prior to the date the prescription was filled.

**LOG032    Paid date < Receipt date**

The date the claim was paid is prior to the date the claim was received.

**LOG035    Paid date < Prescription written date**

The date the claim was paid is prior to the date the prescription was filled.

**LOG042    Replacement code = “D,” “R,” or “C,” and no original record was found**

The replacement code in the indicated record contains a “D,” “R,” or “C,” but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
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- LOG043 Replacement code = “N,” and duplicate claim # found**  
The replacement code in the indicated record contains an “N,” but a record with matching claim number/line number already exists in the encounter system or error log.
- LOG045 Replacement code = “N,” and claim with duplicate key fields found**  
The replacement code in the indicated record contains an “N,” but a record with matching key fields already exists in the encounter system or error log.
- LOG046 Replacement code = “N,” “R,” “C,” or “1,” and duplicate claim number found with same replacement code**  
The replacement code in the indicated record contains an “N,” “R,” “C,” or “1,” but a record with matching replacement code and claim number/line number exists in the submitted file.
- LOG049 Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found**  
The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
- LOG055 Billed amount is zero**  
The amount billed on the specified claim is zero.
- LOG056 Days supply is zero**  
The days supply on the specified claim is zero.
- LOG057 Quantity is zero**  
The quantity dispensed on the specified claim is zero.
- LOG066 Claim with duplicate key fields found in the submitted file**  
A record with duplicate key fields exists in the submitted file.
- PRS001 Recipient ID is null**  
The Medicaid recipient identification number on the indicated record is missing.
- PRS003 Billing provider ID is null**  
The billing provider identification number on the indicated record is missing.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>30</b>		
	<b>PRS009</b>	<b>Amount billed is null or in incorrect format</b> The billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
	<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
	<b>PRS013</b>	<b>Payment type is null</b> The payment type indicator on the indicated record is missing.
	<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
	<b>PRS034</b>	<b>COB/TPL/other paid amount is null or in incorrect format</b> The COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS035</b>	<b>Medicare paid amount is null or in incorrect format</b> The Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS040</b>	<b>NDC number is null</b> The National Drug Code (NDC) number on the indicated record is missing.
	<b>PRS041</b>	<b>Days supply null or in incorrect format</b> The days supply on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS042</b>	<b>Filled date is null or in incorrect format</b> The prescription filled date on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS049</b>	<b>Refill indicator is null or in incorrect format</b> The refill indicator on the indicated record is missing or not in proper format and, therefore, not readable.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
30		
	<b>PRS051</b>	<b>Amount paid is null or in incorrect format</b> The amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS056</b>	<b>Dispensing provider ID is null</b> The dispensing provider’s identification number is missing.
	<b>PRS058</b>	<b>Paid date is null or in incorrect format</b> The date the claim was paid is missing or not in proper format and, therefore, not readable.
	<b>PRS061</b>	<b>Quantity is null or in incorrect format</b> The quantity dispensed is missing or not in proper format and, therefore, not readable.
	<b>PRS080</b>	<b>Prescription number is null</b> The prescription number on the indicated record is null.
	<b>REF001</b>	<b>Recipient ID not present in eligibility file</b> The Medicaid recipient identification number on the indicated record is not present in the eligibility file.
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be “N,” “C,” “R,” “D,” or “1,” “2,” “3,” “4,” or “5.” Please see the data dictionary for code descriptions.
	<b>REF013</b>	<b>Billing provider ID not present in provider file</b> The billing provider identification number on the indicated record does not exist in the provider file.
	<b>REF027</b>	<b>NDC number not valid</b> The National Drug Code (NDC) number on the indicated record is not a valid National Drug Code.
	<b>REF049</b>	<b>Dispensing provider ID not valid</b> The dispensing provider’s identification number does not exist in the provider file.

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*Record  
Type ID*  
**30**

*Error  
Code*

*Description*

**REF050 Payment type not valid**

The payment type on the indicated claim is not a valid state-defined payment type code. The payment type code must be “1,” “2,” or “3.” See data dictionary.

*Record  
Type ID*  
**40**

*Error  
Code*

*Description*

**LOG005 Total amount paid = “0” on FFS claim**

The payment type on the indicated record specifies a FFS claim, however, the paid amount is zero.

**LOG008 Begin service date > End service date**

The beginning date of service on the indicated record is after the ending date of service.

**LOG017 Paid date < Begin service date**

The claim paid date on the indicated record is before the beginning date of service.

**LOG018 Paid date > File submission date**

The claim paid date on the indicated record is after the date this file was submitted.

**LOG031 Begin service date < Date of birth**

The beginning date of service is prior to the patient’s date of birth as indicated by the eligibility file.

**LOG032 Paid date < Receipt date**

The date the claim was paid is prior to the date the claim was received.

**LOG034 Paid date < End service date**

The date the claim was paid is prior to the ending date of service.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
40		
	<b>LOG042</b>	<b>Replacement code = “D,” “R,” or “C,” and no original record was found</b>  The replacement code in the indicated record contains a “D,” “R,” or “C,” but a record with a matching claim number and claim line number (if applicable) was not found in the encounter system.
	<b>LOG043</b>	<b>Replacement code = “N,” and duplicate claim # found</b>  The replacement code in the indicated record contains an “N,” but a record with matching claim number/line number already exists in the encounter system or error log.
	<b>LOG045</b>	<b>Replacement code = “N,” and claim with duplicate key fields found</b>  The replacement code in the indicated record contains an “N,” but a record with matching key fields already exists in the encounter system or error log.
	<b>LOG046</b>	<b>Replacement code = “N,” “R,” “C,” or “1,” and duplicate claim number found with same replacement code</b>  The replacement code in the indicated record contains an “N,” “R,” “C,” or “1,” but a record with matching replacement code and claim number/line number exists in the submitted file.
	<b>LOG049</b>	<b>Replacement code = “1,” “2,” “3,” “4,” or “5,” and no original record was found</b>  The replacement code in the indicated record contains a “1,” “2,” “3,” “4,” or “5,” but a record with a matching claim number and claim line number (if applicable) was not found in the error log.
	<b>LOG055</b>	<b>Billed amount is zero</b>  The amount billed on the specified claim is zero.
	<b>LOG059</b>	<b>Units of service is zero</b>  The units of service associated with a procedure code in the specified claim is zero.
	<b>LOG066</b>	<b>Claim with duplicate key fields found in the submitted file</b>  A record with duplicate key fields exists in the submitted file.
	<b>PRS001</b>	<b>Recipient ID is null</b>  The Medicaid recipient identification number on the indicated record is missing.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
40		
	<b>PRS002</b>	<b>Rendering provider/facility ID is null</b> The rendering provider/facility identification number on the indicated record is missing.
	<b>PRS003</b>	<b>Billing provider ID is null</b> The billing provider identification number on the indicated record is missing.
	<b>PRS009</b>	<b>Amount billed is null or in incorrect format</b> The billed amount on the indicated record is missing or was improperly formatted and, therefore, not readable.
	<b>PRS012</b>	<b>Claim reference number is null</b> The claim reference number on the indicated record is missing.
	<b>PRS013</b>	<b>Payment type is null</b> The payment type indicator on the indicated record is missing.
	<b>PRS018</b>	<b>Begin service date is null or in incorrect format</b> The beginning date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS019</b>	<b>Units of service is null or in incorrect format</b> The units of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS021</b>	<b>End service date is null or in incorrect format</b> The ending date of service on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS032</b>	<b>Replacement code is null</b> The replacement code on the indicated record is missing.
	<b>PRS034</b>	<b>COB/TPL/other paid amount is null or in incorrect format</b> The COB/TPL/other paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS035</b>	<b>Medicare paid amount is null or in incorrect format</b> The Medicare paid amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
40		
	<b>PRS045</b>	<b>Claim line number is null</b> The claim line number on the indicated record is missing.
	<b>PRS051</b>	<b>Amount paid is null or in incorrect format</b> The amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.
	<b>PRS058</b>	<b>Paid date is null or in incorrect format</b> The date the claim was paid is missing or not in proper format and, therefore, not readable.
	<b>PRS060</b>	<b>Procedure code is null</b> The procedure code is missing.
	<b>PRS069</b>	<b>Tooth number not present for required procedure code</b> Due to the procedure code listed on the encounter, the tooth number is required; however, it is not present in the file.
	<b>PRS070</b>	<b>Tooth number and tooth surface 1 not present for required procedure code</b> Due to the procedure code listed on the encounter, the tooth number and tooth surface (1) are required; however, they are not present in the file.
	<b>REF001</b>	<b>Recipient ID not present in eligibility file</b> The Medicaid recipient identification number on the indicated record is not present in the eligibility file.
	<b>REF005</b>	<b>Recipient not Medicaid eligible on date of service</b> The eligibility file indicates that the date the service was performed falls outside the recipient's Medicaid eligibility period(s). The service date is defined as the admission date, begin date of service, or prescription filled date, depending on the type of claim.
	<b>REF011</b>	<b>Replacement code not valid</b> The replacement code on the indicated record is not a valid state-defined replacement code. The replacement code must be "N," "C," "R," "D," or "1," "2," "3," "4," or "5." Please see the data dictionary for code descriptions.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
40		
<b>REF013</b>	<b>Billing provider ID not present in provider file</b>	The billing provider identification number on the indicated record does not exist in the provider file.
<b>REF021</b>	<b>Rendering provider/facility ID not present in provider file</b>	The rendering provider/facility identification number on the indicated record is not present in the provider file.
<b>REF036</b>	<b>Procedure not valid</b>	The procedure code on the indicated record is not a valid CPT or HCPCS procedure code.
<b>REF046</b>	<b>Oral cavity not valid</b>	The code used to identify one of the four equal sections of the dental arches is not “10,” “20,” “30,” or “40.”
<b>REF047</b>	<b>Tooth number not valid</b>	The code used to identify the tooth number is not A-T or 1-32.
<b>REF048</b>	<b>Tooth surface (1) not valid</b>	The code used to identify tooth surface (1) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.”
<b>REF050</b>	<b>Payment type not valid</b>	The payment type on the indicated claim is not a valid state-defined payment type code. The payment type code must be “1,” “2,” or “3.” See data dictionary.
<b>REF054</b>	<b>Tooth surface (2) not valid</b>	The code used to identify tooth surface (2) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.”
<b>REF055</b>	<b>Tooth Surface (3) not valid</b>	The code used to identify tooth surface (3) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.”
<b>REF056</b>	<b>Tooth Surface (4) not valid</b>	The code used to identify tooth surface (4) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.”

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*Record  
Type ID  
40*

- | <i>Error Code</i> | <i>Description</i>                                                                                                                  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>REF057</b>     | <b>Tooth Surface (5) not valid</b><br>The code used to identify tooth surface (5) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.” |
| <b>REF058</b>     | <b>Tooth Surface (6) not valid</b><br>The code used to identify tooth surface (6) is not “M,” “D,” “O,” “L,” “I,” “F,” “B,” or “A.” |

*Record  
Type ID  
90*

- | <i>Error Code</i> | <i>Description</i>                                                                                                                            |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRS072</b>     | <b>Provider ID number missing or in incorrect format</b><br>The provider ID number is missing or is invalid on the indicated record.          |
| <b>PRS073</b>     | <b>Provider Tax ID missing or in incorrect format</b><br>The provider tax number is missing or is invalid on the indicated record.            |
| <b>PRS074</b>     | <b>Billing Provider ID missing or in incorrect format</b><br>The billing provider ID number is missing or is invalid on the indicated record. |

*Record  
Type ID  
91*

- | <i>Error Code</i> | <i>Description</i>                                                                                                                   |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRS072</b>     | <b>Provider ID number missing or in incorrect format</b><br>The provider ID number is missing or is invalid on the indicated record. |
| <b>PRS073</b>     | <b>Provider Tax ID missing or in incorrect format</b><br>The provider tax number is missing or is invalid on the indicated record.   |

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*Record  
Type ID  
01*      *Error  
Code*      *Description*

- PRS026 Submitter/plan name is null**  
The submitter/plan name on the header record is missing.
- PRS027 Contact name is null**  
The contact name on the header record is missing.
- PRS028 Contact phone number is null**  
The contact phone number on the header record is missing.

*Record  
Type ID  
10*      *Error  
Code*      *Description*

- CON001 Primary diagnosis not gender appropriate**  
The primary diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON002 Primary diagnosis code not age appropriate**  
The primary diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
- CON010 Diagnosis 2 not gender appropriate**  
The second diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON011 Diagnosis 3 not gender appropriate**  
The third diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON012 Diagnosis 4 not gender appropriate**  
The fourth diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON013 Diagnosis 5 not gender appropriate**  
The fifth diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>10</b>		
	<b>CON014</b>	<b>Diagnosis 2 not age appropriate</b> The second diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON015</b>	<b>Diagnosis 3 not age appropriate</b> The third diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON016</b>	<b>Diagnosis 4 not age appropriate</b> The fourth diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON017</b>	<b>Diagnosis 5 not age appropriate</b> The fifth diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>LOG036</b>	<b>End service date &gt; Receipt date</b> The ending date of service on the indicated claim is after the date the claim was received by the MCO.
	<b>LOG037</b>	<b>Discharge date &gt; Receipt date</b> The date of discharge on the indicated claim is after the date the claim was received by the MCO.
	<b>PRS015</b>	<b>Admit type is null</b> The admission type code on the indicated record is missing.
	<b>PRS016</b>	<b>Admit source is null</b> The admission source code on the indicated record is missing.
	<b>PRS017</b>	<b>Patient status code is null</b> The patient status code on the indicated record is missing.
	<b>PRS046</b>	<b>Receipt date is null or in incorrect format</b> The claim received date on the indicated record is missing or not in proper format and, therefore, not readable.

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<i>Record Type ID 10</i>	<i>Error Code</i>	<i>Description</i>
	<b>PRS047</b>	<b>Recipient's PCP ID is null</b> The patient's primary care provider identification number on the indicated record is missing.
	<b>PRS065</b>	<b>Total allowed amount is null or in incorrect format</b> The total allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.
	<b>REF031</b>	<b>Recipient's PCP ID not present in provider file</b> The patient's primary care provider identification number on the indicated record does not exist in the provider file.
	<b>REF051</b>	<b>Recipient not MCO eligible on date of service</b> The eligibility file indicates that the date the indicated service was performed falls outside the recipient's eligibility period(s) for the MCO reporting the service. The service date is defined as the admission date, begin date of service, or prescription fill date.
	<b>REF060</b>	<b>Diagnosis 2 not reportable</b> The second diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
	<b>REF061</b>	<b>Diagnosis 3 not reportable</b> The third diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
	<b>REF062</b>	<b>Diagnosis 4 not reportable</b> The fourth diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
	<b>REF063</b>	<b>Diagnosis 5 not reportable</b> The fifth diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
	<b>REF064</b>	<b>Billing provider ID is not the NPI</b> The billing provider identification number on the indicated record is not the NPI.

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*Record  
Type ID  
10*      *Error  
Code*      *Description*

- REF065    Rendering provider/facility ID is not the NPI**  
The rendering provider/facility identification number on the indicated record is not the NPI.
- REF067    Recipient's PCP ID is not the NPI**  
The patient's primary care provider identification number on the indicated record is not the NPI.

*Record  
Type ID  
11*      *Error  
Code*      *Description*

- CON001    Primary diagnosis not gender appropriate**  
The primary diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON002    Primary diagnosis code not age appropriate**  
The primary diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
- CON010    Diagnosis 2 not gender appropriate**  
The second diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON011    Diagnosis 3 not gender appropriate**  
The third diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON012    Diagnosis 4 not gender appropriate**  
The fourth diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
- CON013    Diagnosis 5 not gender appropriate**  
The fifth diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<i>11</i>		
<b>CON014</b>	<b>Diagnosis 2 not age appropriate</b>	The second diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
<b>CON015</b>	<b>Diagnosis 3 not age appropriate</b>	The third diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
<b>CON016</b>	<b>Diagnosis 4 not age appropriate</b>	The fourth diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
<b>CON017</b>	<b>Diagnosis 5 not age appropriate</b>	The fifth diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
<b>LOG028</b>	<b>Receipt date &lt; Begin service date</b>	The receipt date on the specified claim is prior to the date the service was rendered.
<b>LOG036</b>	<b>End service date &gt; Receipt date</b>	The ending date of service on the indicated claim is after the date the claim was received by the MCO.
<b>PRS016</b>	<b>Admit source is null</b>	The admission source code on the indicated record is missing.
<b>PRS017</b>	<b>Patient status code is null</b>	The patient status code on the indicated record is missing.
<b>PRS046</b>	<b>Receipt date is null or in incorrect format</b>	The claim received date on the indicated record is missing or not in proper format and, therefore, not readable.
<b>PRS047</b>	<b>Recipient's PCP ID is null</b>	The patient's primary care provider identification number on the indicated record is missing.

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*Record  
Type ID  
11*

*Error  
Code*

*Description*

- PRS065 Total allowed amount is null or in incorrect format**  
The total allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.
- REF031 Recipient's PCP ID not present in provider file**  
The patient's primary care provider identification number on the indicated record does not exist in the provider file.
- REF051 Recipient not MCO eligible on date of service**  
The eligibility file indicates that the date the indicated service was performed falls outside the recipient's eligibility period(s) for the MCO reporting the service. The service date is defined as the admission date, begin date of service, or prescription fill date.
- REF060 Diagnosis 2 not reportable**  
The second diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF061 Diagnosis 3 not reportable**  
The third diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF062 Diagnosis 4 not reportable**  
The fourth diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF063 Diagnosis 5 not reportable**  
The fifth diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF064 Billing provider ID is not the NPI**  
The billing provider identification number on the indicated record is not the NPI.
- REF065 Rendering provider/facility ID is not the NPI**  
The rendering provider/facility identification number on the indicated record is not the NPI.

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*Record  
Type ID  
11*      *Error  
Code*      *Description*

**REF067    Recipient's PCP ID is not the NPI**  
The patient's primary care provider identification number on the indicated record is not the NPI

*Record  
Type ID  
15*      *Error  
Code*      *Description*

**LOG055    Billed amount is zero**  
The amount billed on the specified claim is zero.

**PRS051    Amount paid is null or in incorrect format**  
The amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

*Record  
Type ID  
16*      *Error  
Code*      *Description*

**LOG055    Billed amount is zero**  
The amount billed on the specified claim is zero.

**PRS051    Amount paid is null or in incorrect format**  
The amount paid on the indicated record is missing or not in proper format and, therefore, not readable. A zero paid amount should be indicated with zeros.

**PRS052    Allowed amount is null or in incorrect format**  
The allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
20		
	<b>CON001</b>	<b>Primary diagnosis not gender appropriate</b> The primary diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
	<b>CON002</b>	<b>Primary diagnosis code not age appropriate</b> The primary diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON010</b>	<b>Diagnosis 2 not gender appropriate</b> The second diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
	<b>CON011</b>	<b>Diagnosis 3 not gender appropriate</b> The third diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
	<b>CON012</b>	<b>Diagnosis 4 not gender appropriate</b> The fourth diagnosis on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
	<b>CON014</b>	<b>Diagnosis 2 not age appropriate</b> The second diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON015</b>	<b>Diagnosis 3 not age appropriate</b> The third diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON016</b>	<b>Diagnosis 4 not age appropriate</b> The fourth diagnosis on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.
	<b>CON028</b>	<b>Procedure not age appropriate</b> The procedure on the indicated record is not appropriate for the age at time of service as indicated by the patient's corresponding eligibility record.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
<b>20</b>		
	<b>CON029</b>	<b>Procedure not gender appropriate</b> The procedure on the indicated record is not appropriate for the gender as indicated by the patient's corresponding eligibility record.
	<b>LOG028</b>	<b>Receipt date &lt; Begin service date</b> The receipt date on the specified claim is prior to the date the service was rendered.
	<b>LOG036</b>	<b>End service date &gt; Receipt date</b> The ending date of service on the indicated claim is after the date the claim was received by the MCO.
	<b>PRS046</b>	<b>Receipt date is null or in incorrect format</b> The claim received date on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS047</b>	<b>Recipient's PCP ID is null</b> The patient's primary care provider identification number on the indicated record is missing.
	<b>PRS052</b>	<b>Allowed amount is null or in incorrect format</b> The allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.
	<b>REF031</b>	<b>Recipient's PCP ID not present in provider file</b> The patient's primary care provider identification number on the indicated record does not exist in the provider file.
	<b>REF051</b>	<b>Recipient not MCO eligible on date of service</b> The eligibility file indicates that the date the indicated service was performed falls outside the recipient's eligibility period(s) for the MCO reporting the service. The service date is defined as the admission date, begin date of service, or prescription fill date.
	<b>REF060</b>	<b>Diagnosis 2 not reportable</b> The second diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.

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*Record  
Type ID  
20*      *Error  
Code*      *Description*

- REF061    Diagnosis 3 not reportable**  
The third diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF062    Diagnosis 4 not reportable**  
The fourth diagnosis code on the indicated record is not a reportable ICD-9 diagnosis code.
- REF064    Billing provider ID is not the NPI**  
The billing provider identification number on the indicated record is not the NPI.
- REF065    Rendering provider/facility ID is not the NPI**  
The rendering provider/facility identification number on the indicated record is not the NPI.
- REF067    Recipient's PCP ID is not the NPI**  
The patient's primary care provider identification number on the indicated record is not the NPI.

*Record  
Type ID  
30*      *Error  
Code*      *Description*

- LOG022    Written date > Filled date**  
The prescription written date on the indicated record is after the prescription filled date.
- LOG029    Receipt date < Filled date**  
The date received on the specified claim is prior to the date the prescription was filled.
- LOG040    Written date > Receipt date**  
The date the prescription was written is after the date the claim was received by the MCO.
- PRS039    Prescribing provider ID is null**  
The prescribing provider identification number on the indicated record is missing.

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<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
30		
	<b>PRS046</b>	<b>Receipt date is null or in incorrect format</b> The claim received date on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS047</b>	<b>Recipient's PCP ID is null</b> The patient's primary care provider identification number on the indicated record is missing.
	<b>PRS048</b>	<b>Written date is null or in incorrect format</b> The prescription written date on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS052</b>	<b>Allowed amount is null or in incorrect format</b> The allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.
	<b>REF026</b>	<b>Prescribing provider ID not present in provider file</b> The prescribing provider identification number on the indicated record is not present in the provider file.
	<b>REF051</b>	<b>Recipient not MCO eligible on date of service</b> The eligibility file indicates that the date the indicated service was performed falls outside the recipient's eligibility period(s) for the MCO reporting the service. The service date is defined as the admission date, begin date of service, or prescription fill date.
	<b>REF064</b>	<b>Billing provider ID is not the NPI</b> The billing provider identification number on the indicated record is not the NPI.
	<b>REF066</b>	<b>Prescribing provider ID not the NPI</b> The prescribing provider identification number on the indicated record is not the NPI.
	<b>REF068</b>	<b>Dispensing provider ID not the NPI</b> The dispensing provider identification number on the indicated record is not the NPI.
	<b>PRS071</b>	<b>Prescription Number is null</b> The prescription number field on the indicated record is missing.

<i>Record Type ID</i>	<i>Error Code</i>	<i>Description</i>
40		
	<b>LOG028</b>	<b>Receipt date &lt; Begin service date</b> The receipt date on the specified claim is prior to the date the service was rendered.
	<b>LOG036</b>	<b>End service date &gt; Receipt date</b> The ending date of service on the indicated claim is after the date the claim was received by the MCO.
	<b>PRS046</b>	<b>Receipt date is null or in incorrect format</b> The claim received date on the indicated record is missing or not in proper format and, therefore, not readable.
	<b>PRS047</b>	<b>Recipient's PCP ID is null</b> The patient's primary care provider identification number on the indicated record is missing.
	<b>PRS052</b>	<b>Allowed amount is null or in incorrect format</b> The allowed/contracted amount on the indicated record is missing or not in proper format and, therefore, not readable. A zero allowed amount should be specified with zeros.
	<b>PRS053</b>	<b>Oral cavity is null</b> The dental quadrant is missing.
	<b>PRS054</b>	<b>Tooth number is null</b> The tooth number is missing.
	<b>PRS055</b>	<b>Tooth surface (1) is null</b> The tooth surface is missing.
	<b>REF031</b>	<b>Recipient's PCP ID not present in provider file</b> The patient's primary care provider identification number on the indicated record does not exist in the provider file.
	<b>REF051</b>	<b>Recipient not MCO eligible on date of service</b> The eligibility file indicates that the date the indicated service was performed falls outside the recipient's eligibility period(s) for the MCO reporting the service. The service date is defined as the admission date, begin date of service, or prescription fill date.

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*Record  
Type ID  
40*      *Error  
Code*      *Description*

**REF064    Billing provider ID is not the NPI**

The billing provider identification number on the indicated record is not the NPI.

**REF065    Rendering provider/facility ID is not the NPI**

The rendering provider/facility identification number on the indicated record is not the NPI.

**REF067    Recipient's PCP ID is not the NPI**

The patient's primary care provider identification number on the indicated record is not the NPI.

*Record  
Type ID  
90*      *Error  
Code*      *Description*

**PRS075    Provider specialty missing**

The provider specialty is missing on the indicated record.

*Record  
Type ID  
91*      *Error  
Code*      *Description*

**PRS075    Provider specialty missing**

The provider specialty is missing on the indicated record.

**State of Connecticut**  
**Encounter Submission and Reporting Guide**  
**Process for Notification of Edit Changes — Section 4.4**

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In the future, as the data needs of DSS change, it will be necessary to add, delete, or reclassify edits. For example, it is likely that edit REF059 — Primary Diagnosis not Reportable — which is now an informational edit will be reclassified as critical sometime in the future.

The notification process for any of these changes will depend upon the type of edit affected and the type of change being made. The notification process is as follows:

<i>Type Of Edit</i>	<i>Type Of Change</i>	<i>Notification Timeline</i>
Informational	Add	14 days prior to effective date
Informational	Delete	14 days prior to effective date
Informational	Reclassify as Critical	90 days prior to effective date
Critical	Add	90 days prior to effective date
Critical	Delete	14 days prior to effective date
Critical	Reclassify as Informational	14 days prior to effective date

In the event of an edit change, MCOs will be notified in advance according to the chart above. DSS, or its designated agent, will notify the MCOs via a letter outlining the changes and the effective date. Updated edit lists will be sent with the letter and will be included in future releases of the encounter guide. Per the MCO contract with DSS there will be a 90-day notice before any new critical edits are introduced or any informational edits are reclassified as critical. The 90 days will begin from the date of the notification letter.

When an informational edit is reclassified as critical, it will not be necessary to correct the records that failed the informational edits prior to the end of the 90-day waiting period. Only those records that fail these edits after the 90-day period will require correction.

For example, a memo dated March 1, 2002, is sent notifying the MCOs that informational edit REF004 (Primary Procedure Code not valid) is to be reclassified as critical with an effective date of April 1, 2002. This means that all encounter data with service dates on or after April 1, 2002, are subject to this reclassified critical edit and must be corrected and resubmitted. Any encounters with service dates prior to April 1, 2002, will not reject for this edit and are not required to be resubmitted.

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Encounter Submission and Reporting Guide  
Duplicate Records Edits — Section 4.5**

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*Duplicate Checking*

Before a record is accepted into the encounter system, the record is checked to verify that it is a unique claim.

A submitted record can be rejected as a duplicate for four reasons:

1. If the replacement code is “N,” “R,” “C,” or “1” *and* the replacement code, claim reference number, and claim line number (if applicable) exactly match that of another record *in the submitted file* (Error Code “LOG046”). **This edit will be run *before* the adjustments in the file are processed.**
2. If the replacement code is “N” *and* the claim reference number and claim line number (if applicable) exactly match that of another record *in either the encounter system or error log* (Error Code “LOG043”). **This edit will be run *after* the adjustments in the file are processed.**
3. If the replacement code is “N” *and* the key fields (listed below) for the indicated record type exactly match that of another record of the same type *in either the encounter system or error log* (Error Code “LOG045”). **This edit will be run *after* the adjustments in the file are processed.**
4. If the key fields for a claim exactly match those of another claim *in the submitted file* (Error Code “LOG066”). **This edit will be run *after* the adjustments in the file are processed.**

<b><i>Record Type</i></b>	<b><i>Key Fields</i></b>
<b>“10” Inpatient Hospital Record</b>	Recipient Medicaid ID Number
	Rendering Provider ID Number
	Billing Provider ID Number
	Admission Date
	Beginning Date of Service <i>or</i> Ending Date of Service <i>or</i> Discharge Date
	First Three Digits of the Primary Diagnosis
<b>“11” Outpatient Hospital Record</b>	Recipient Medicaid ID Number
	Rendering Provider ID Number
	Billing Provider ID Number
	Beginning Date of Service <i>or</i> Ending Date of Service
	First Three Digits of the Primary Diagnosis

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<i>Record Type</i>	<i>Key Fields</i>
<b>“15” Inpatient Detail Record</b>	Claim Reference Number
	Revenue Code
	Beginning Date of Service <i>or</i> Ending Date of Service
<b>“16” Outpatient Detail</b>	Claim Reference Number
	Revenue/Procedure Code
	Procedure Code Modifier
	Beginning Date of Service <i>or</i> Ending Date of Service
<b>“20” Professional/Ambulatory Record</b>	Recipient Medicaid ID Number
	Rendering Provider ID Number
	Billing Provider ID Number
	Beginning Date of Service <i>or</i> Ending Date of Service
	Procedure Code
	Procedure Code Modifier
	First Three Digits of the Primary Diagnosis
<b>“30” Pharmacy Record</b>	Recipient Medicaid ID Number
	Dispensing Provider ID Number
	Prescription Filled Date
	NDC Code
<b>“40” Dental Record</b>	Recipient Medicaid ID Number
	Rendering Provider ID Number
	Billing Provider ID Number
	Beginning Date of Service <i>or</i> Ending Date of Service
	Procedure Code
	Tooth Number

Depending upon the replacement code used, some duplicate claim reference/claim line numbers are expected and accepted. For example, every record with a replacement code of “D,” “R,” or “C” is expected to have the same claim reference and line number (if applicable) of a record that already exists in the **encounter system**. This will make it possible to match to and delete, replace, or correct a record in the encounter system. Likewise, records with a “1,” “2,” “3,” or “4” replacement code are expected to contain the same claim reference and line number (if applicable) as a record in the **Error Log**.

However, in many cases a duplicate record will produce an error and be rejected. It is, therefore, very important to use the replacement codes, as described in sections 1.5 and 1.6, correctly to minimize the number of duplicate errors produced.

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*NPI Encounter Rejection File Layout*

**Header Record (01 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Contents
1.	1	2	2	A/N	Record Type	Always "01"
2.	3	11	9	A/N	Medicaid Health Plan Identification Number	Medicaid identification number assigned to the health plan
3.	12	41	30	A/N	Submitter/Plan Name	Name of the health plan submitting the file
4.	42	66	25	A/N	Contact Name	This is the person to whom the rejected records file and reports will be sent
5.	67	81	15	A/N	Contact Phone Number	The phone number of the contact name; (860) 687-XXXX ext. XXXXX would be entered as 860687XXXXXXXXXX
6.	82	89	8	A/N	Record Rejection Date	Format – CCYYMMDD; the date the records in the file were rejected
7.	90	300	211	A/N	Filler	Space fill

- A/N field types are left justified.
- Numeric field types are right justified.

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**Inpatient/Hospital Header Record (10 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	12	9	A/N	Recipient Identification Number
4.	13	37	25	A/N	Claim Reference Number
5.	38	47	10	A/N	Billing Provider Identification Number
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number
7.	58	60	3	A/N	Bill Type
8.	61	68	8	A/N	Beginning Date of Service
9.	69	76	8	A/N	Ending Date of Service
10.	77	84	8	A/N	Admission Date
11.	85	92	8	A/N	Discharge Date
12.	93	93	1	A/N	Admission Type
13.	94	94	1	A/N	Admission Source
14.	95	96	2	A/N	Patient Status Code
15.	97	106	10	A/N	Rendering Provider/Facility Identification Number
16.	107	112	6	A/N	Diagnosis Code (Primary)
17.	113	118	6	A/N	Diagnosis Code (Additional – 2)
18.	119	124	6	A/N	Diagnosis Code (Additional – 3)
19.	125	130	6	A/N	Diagnosis Code (Additional – 4)
20.	131	136	6	A/N	Diagnosis Code (Additional – 5)
21.	137	141	5	A/N	Procedure Code (Primary)
22.	142	146	5	A/N	Procedure Code (Additional – 2)
23.	147	151	5	A/N	Procedure Code (Additional – 3)
24.	152	156	5	A/N	Procedure Code (Additional – 4)
25.	157	161	5	A/N	Procedure Code (Additional – 5)

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**Inpatient/Hospital Header Record (10 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
26.	162	166	5	A/N	Procedure Code (Additional – 6)
27.	167	175	9	Numeric	Total Billed Amount
28.	176	184	9	Numeric	Total Allowed/Contracted Amount
29.	185	193	9	Numeric	Total COB/TPL/Other Paid Amount
30.	194	202	9	Numeric	Total Medicare Paid Amount
31.	203	211	9	Numeric	Total Paid Amount
32.	212	219	8	A/N	Claim Received Date
33.	220	227	8	A/N	Claim Paid Date
34.	228	228	1	A/N	Payment Type
35.	229	248	20	A/N	Patient Account Number
36.	249	270	22	A/N	Filler
37.	271	276	6	A/N	Error Code 1
38.	277	282	6	A/N	Error Code 2
39.	283	288	6	A/N	Error Code 3
40.	289	294	6	A/N	Error Code 4
41.	295	300	6	A/N	Error Code 5

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**Outpatient/Hospital Header Record (11 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	12	9	A/N	Recipient Identification Number
4.	13	37	25	A/N	Claim Reference Number
5.	38	47	10	A/N	Billing Provider Identification Number
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number
7.	58	60	3	A/N	Bill Type
8.	61	68	8	A/N	Beginning Date of Service
9.	69	76	8	A/N	Ending Date of Service
10.	77	77	1	A/N	Admission Source
11.	78	79	2	A/N	Patient Status Code
12.	80	89	10	A/N	Rendering Provider/Facility Identification Number
13.	90	95	6	A/N	Diagnosis Code (Primary)
14.	96	101	6	A/N	Diagnosis Code (Additional – 2 )
15.	102	107	6	A/N	Diagnosis Code (Additional – 3)
16.	108	113	6	A/N	Diagnosis Code (Additional – 4)
17.	114	119	6	A/N	Diagnosis Code (Additional – 5)
18.	120	124	5	A/N	Procedure Code (Primary)
19.	125	129	5	A/N	Procedure Code (Additional – 2)
20.	130	134	5	A/N	Procedure Code (Additional – 3)
21.	135	139	5	A/N	Procedure Code (Additional – 4)
22.	140	144	5	A/N	Procedure Code (Additional – 5)
23.	145	149	5	A/N	Procedure Code (Additional – 6)
24.	150	158	9	Numeric	Total Billed Amount
25.	159	167	9	Numeric	Total Allowed/Contracted Amount

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**Outpatient/Hospital Header Record (11 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
26.	168	176	9	Numeric	Total COB/TPL/Other Paid Amount
27.	177	185	9	Numeric	Total Medicare Paid Amount
28.	186	194	9	Numeric	Total Paid Amount
29.	195	202	8	A/N	Claim Received Date
30.	203	210	8	A/N	Claim Paid Date
31.	211	211	1	A/N	Payment Type
32.	212	231	20	A/N	Patient Account Number
33.	232	270	39	A/N	Filler
34.	271	276	6	A/N	Error Code 1
35.	277	282	6	A/N	Error Code 2
36.	283	288	6	A/N	Error Code 3
37.	289	294	6	A/N	Error Code 4
38.	295	300	6	A/N	Error Code 5

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**Inpatient/Hospital Detail Record (15 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>Field Name</b>
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	28	25	A/N	Claim Reference Number
4.	29	31	3	A/N	Claim Line Number
5.	32	39	8	A/N	Beginning Date of Service
6.	40	47	8	A/N	Ending Date of Service
7.	48	51	4	A/N	Revenue Code
8.	52	55	4	Numeric	Units of Service
9.	56	64	9	Numeric	Billed Amount
10.	65	73	9	Numeric	Paid Amount
11.	74	270	197	A/N	Filler
12.	271	276	6	A/N	Error Code 1
13.	277	282	6	A/N	Error Code 2
14.	283	288	6	A/N	Error Code 3
15.	289	294	6	A/N	Error Code 4
16.	295	300	6	A/N	Error Code 5

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**Outpatient/Hospital Detail Record (16 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	28	25	A/N	Claim Reference Number
4.	29	31	3	A/N	Claim Line Number
5.	32	39	8	A/N	Beginning Date of Service
6.	40	47	8	A/N	Ending Date of Service
7.	48	52	5	A/N	Revenue/Procedure Code
8.	53	54	2	A/N	Procedure Code Modifier
9.	55	58	4	Numeric	Units of Service
10.	59	67	9	Numeric	Billed Amount
11.	68	76	9	Numeric	Allowed/Contracted Amount
12.	77	85	9	Numeric	COB/TPL/Other Paid Amount
13.	86	94	9	Numeric	Medicare Paid Amount
14.	95	103	9	Numeric	Paid Amount
15.	104	270	167	A/N	Filler
16.	271	276	6	A/N	Error Code 1
17.	277	282	6	A/N	Error Code 2
18.	283	288	6	A/N	Error Code 3
19.	289	294	6	A/N	Error Code 4
20.	295	300	6	A/N	Error Code 5

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**Professional/Ambulatory Record (20 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	12	9	A/N	Recipient Identification Number
4.	13	37	25	A/N	Claim Reference Number
5.	38	40	3	A/N	Claim Line Number
6.	41	50	10	A/N	Billing Provider Identification Number
7.	51	60	10	A/N	Recipient's Primary Care Provider Identification Number
8.	61	70	10	A/N	Rendering Provider/Facility Identification Number
9.	71	72	2	A/N	Place of Service
10.	73	78	6	A/N	Diagnosis Code (Primary)
11.	79	84	6	A/N	Diagnosis Code (Additional – 2)
12.	85	90	6	A/N	Diagnosis Code (Additional – 3)
13.	91	96	6	A/N	Diagnosis Code (Additional – 4)
14.	97	104	8	A/N	Beginning Date of Service
15.	105	112	8	A/N	Ending Date of Service
16.	113	117	5	A/N	Procedure Code
17.	118	119	2	A/N	Procedure Code Modifier
18.	120	123	4	Numeric	Units of Service
19.	124	132	9	Numeric	Billed Amount
20.	133	141	9	Numeric	Allowed/Contracted Amount
21.	142	150	9	Numeric	COB/TPL/Other Paid Amount
22.	151	159	9	Numeric	Medicare Paid Amount
23.	160	168	9	Numeric	Paid Amount
24.	169	176	8	A/N	Claim Received Date
25.	177	184	8	A/N	Claim Paid Date

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**Professional/Ambulatory Record (20 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>Field Name</b>
26.	185	185	1	A/N	Payment Type
27.	186	205	20	A/N	Patient Account Number
28.	206	270	65	A/N	Filler
29.	271	276	6	A/N	Error Code 1
30.	277	282	6	A/N	Error Code 2
31.	283	288	6	A/N	Error Code 3
32.	289	294	6	A/N	Error Code 4
33.	295	300	6	A/N	Error Code 5

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**Pharmacy Record (30 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	12	9	A/N	Recipient Identification Number
4.	13	37	25	A/N	Claim Reference Number
5.	38	47	10	A/N	Billing Provider Identification Number
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number
7.	58	67	10	A/N	Dispensing Provider/Facility Identification Number
8.	68	77	10	A/N	Prescribing Provider Identification Number
9.	78	88	11	A/N	National Drug Code (NDC)
10.	89	92	4	Numeric	Days Supply
11.	93	100	8	Numeric	Quantity
12.	101	108	8	A/N	Prescription Written Date
13.	109	116	8	A/N	Prescription Filled Date
14.	117	117	1	A/N	Refill Indicator
15.	118	126	9	Numeric	Billed Amount
16.	127	135	9	Numeric	Allowed/Contracted Amount
17.	136	144	9	Numeric	COB/TPL/Other Paid Amount
18.	145	153	9	Numeric	Medicare Paid Amount
19.	154	162	9	Numeric	Paid Amount
20.	163	170	8	A/N	Claim Received Date
21.	171	178	8	A/N	Claim Paid Date
22.	179	179	1	A/N	Payment Type
23.	180	189	10	A/N	Prescription Number
24.	190	270	81	A/N	Filler
25.	271	276	6	A/N	Error Code 1

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**Pharmacy Record (30 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>Field Name</b>
26.	277	282	6	A/N	Error Code 2
27.	283	288	6	A/N	Error Code 3
28.	289	294	6	A/N	Error Code 4
29.	295	300	6	A/N	Error Code 5

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**Dental Record (40 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name
1.	1	2	2	A/N	Record Type
2.	3	3	1	A/N	Replacement Code
3.	4	12	9	A/N	Recipient Identification Number
4.	13	37	25	A/N	Claim Reference Number
5.	38	40	3	A/N	Claim Line Number
6.	41	50	10	A/N	Billing Provider Identification Number
7.	51	60	10	A/N	Recipient's Primary Care Provider Identification Number
8.	61	70	10	A/N	Rendering Provider/Facility Identification Number
9.	71	76	6	A/N	Diagnosis Code (Primary)
10.	77	84	8	A/N	Beginning Date of Service
11.	85	92	8	A/N	Ending Date Of Service
12.	93	97	5	A/N	Procedure Code (ADA)
13.	98	101	4	Numeric	Units of Service
14.	102	103	2	A/N	Oral Cavity/Dental Quadrant
15.	104	105	2	A/N	Tooth Number
16.	106	106	1	A/N	Tooth Surface (1)
17.	107	107	1	A/N	Tooth Surface (2)
18.	108	108	1	A/N	Tooth Surface (3)
19.	109	109	1	A/N	Tooth Surface (4)
20.	110	110	1	A/N	Tooth Surface (5)
21.	111	111	1	A/N	Tooth Surface (6)
22.	112	120	9	Numeric	Billed Amount
23.	121	129	9	Numeric	Allowed/Contracted Amount
24.	130	138	9	Numeric	COB/TPL/Other Paid Amount
25.	139	147	9	Numeric	Medicare Paid Amount

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**Dental Record (40 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>Field Name</b>
26.	148	156	9	Numeric	Paid Amount
27.	157	164	8	A/N	Claim Received Date
28.	165	172	8	A/N	Claim Paid Date
29.	173	173	1	A/N	Payment Type
30.	174	270	97	A/N	Filler
31.	271	276	6	A/N	Error Code 1
32.	277	282	6	A/N	Error Code 2
33.	283	288	6	A/N	Error Code 3
34.	289	294	6	A/N	Error Code 4
35.	295	300	6	A/N	Error Code 5

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**Trailer Record (99 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>Field Name</b>	<b>Contents</b>
1.	1	2	2	A/N	Record Type	Must always be "99"
2.	3	9	7	Numeric	Total Record Count	The total number of rejected records contained within the file. Zero-filled field (e.g., 65 = 0000065).
3.	10	25	16	Numeric	Total Dollars Billed	Total dollars billed on all records rejected. Do not include a decimal. Zero-filled field (e.g., \$65.00 = 0000006500).
4.	26	41	16	Numeric	Total Dollars Paid	Total dollars paid on all records rejected. Do not include a decimal. Zero-filled field (e.g., \$65.00 = 0000006500).
5.	42	300	259	A/N	Filler	Space fill

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*NPI Provider Rejection File Layout*

**Header Record (01 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
1.	1	2	2	A/N	Record Type	Must always be "01"
2.	3	32	30	A/N	Contact Name	Person to contact regarding questions on provider file
3.	33	47	15	A/N	Contact Phone Number	The phone number of the contact name. Leading zeros are used when extension number is less than five digits. (860) 687-XXXX ext. XXXXX would be entered as 860687XXXXXXXXXX.
4.	48	55	8	A/N	File Creation Date	Format – CCYYMMDD; the date the file is created
5.	56	400	345	A/N	Filler	Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Provider Record**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
1	1	2	2	A/N	Record Type	Must always be "92"
2	3	3	1	A/N	Replacement Code	N = New R = Replacement D = Delete
3	4	13	10	A/N	Provider ID	National Provider identifier number, Medicaid ID, or other ID if not a health care provider
4	14	15	2	A/N	Provider ID Type	Type of provider ID. This field must be filled. NPI will be "11"
5	16	50	35	A/N	Provider Last Name	Provider's last name or entire name of Institutional Provider. Do not include titles (i.e., MD). Do not start this field with special characters.
6	51	65	15	A/N	Provider First Name	Provider's first name. This field must be blank for Institutional Providers
7	66	66	1	A/N	Provider Middle Initial	Provider's middle initial. This field must be blank for Institutional Providers
8	67	69	3	A/N	Provider Suffix	Additional Provider name information such as JR, SR, III, IV. Do not put initials or credentials in this field. No special characters. All capital letters.
9	70	77	8	A/N	Provider Date of Birth	Provider's date of birth. Format – CCYYMMDD. This field must be blank for Institutional Providers
10	78	78	1	A/N	Provider Gender	F=Female M=Male U=Unknown. This field must be blank for Institutional Providers.
11	79	128	50	A/N	Provider Address 1	Provider's mailing address
12	129	158	30	A/N	Provider Address 2	Additional address, i.e., Suite #
13	159	183	25	A/N	Provider City	Provider's City
14	184	185	2	A/N	Provider State	Provider's State. Use the two digit USPS code
15	186	195	10	A/N	Provider Zip Code	Provider's Zip. Can use the five digit zip code or the 5+4.
16	196	210	15	A/N	Provider Telephone	Provider's Phone. Include area code
17	211	260	50	A/N	Provider Primary Location Address 1	Primary location street address
18	261	290	30	A/N	Provider Primary Location Address 2	Additional primary location address information (i.e., Suite #)
19	291	315	25	A/N	Provider Primary Location City	Primary location city
20	316	317	2	A/N	Provider Primary Location State	Primary location state. Use the two digit USPS code

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Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
21	318	327	10	A/N	Provider Primary Location Zip Code	Primary location zip. Can use five digit zip code or 5+4
22	328	337	10	A/N	Provider Primary Location Telephone	Primary location telephone. Include area code
23	338	347	10	A/N	Provider Primary Taxonomy	Provider's specialty code using the national provider taxonomy codes. If unknown, use XXXXXXXXXXXX. Organizations should have a single primary code only
24	348	357	10	A/N	Provider Secondary Taxonomy	Provider's secondary specialty as identified on their NPI application using the national provider taxonomy codes
25	358	367	10	A/N	Provider Other Taxonomy	Provider's other specialty as identified on their NPI application using the national provider taxonomy codes
26	368	375	8	A/N	Provider's Effective Date with MCO	Date the provider became effective. If provider termed and is effective for second time, they should have a termination date and a new effective date. Format – CCYYMMDD
27	376	383	8	A/N	Provider's Termination Date with MCO	Date the provider ends their contract with the MCO. If they subsequently re-enroll, a new effective date should be sent in. This field will remain blank as long as the provider is still enrolled
28	384	384	1	A/N	Participating vs Non-Participating Provider	Indicates whether this provider is a participating provider with the health plan. P = Participating N = Non-Participating
29	385	393	9	A/N	Medicaid Health Plan Identification Number	Medicaid identification number assigned to the health plan
30	394	394	1	A/N	NPI Type	1 = Individual 2 = Organization
31	395	399	5	A/N	Filler	
32	400	406	7	A/N	Error1	
33	407	413	7	A/N	Error2	
34	414	420	7	A/N	Error3	
35	421	427	7	A/N	Error4	
36	428	434	7	A/N	Error5	

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**SUMMARY  
EDIT FAILURES REPORT  
Critical and Informational**

**File Name:**

**Date File Submitted:**

**Grand Totals**

<b>Total Number of Submitted Records</b>	
Inpatient Header (10) Records	
Outpatient Header (11) Records	
Inpatient Detail (15) Records	
Outpatient Detail (16) Records	
Professional (20) Records	
Pharmacy (30) Records	
Dental (40) Records	
<b>TOTAL SUBMITTED RECORDS</b>	

<b>Critical Edit Failures</b>	
Total Critical Errors	
Total Informational Errors	
<b>TOTAL NUMBER OF EDIT FAILURES</b>	
<b>Records</b>	
Total Number of Critical Records Rejected	
Total Number of Informational Records Affected	
<b>TOTAL NUMBER OF RECORDS ACCEPTED</b>	
<b>Percentage</b>	
Total Percentage of Records Rejected	
Total Percentage of Records Accepted	
<b>OVERALL PERCENTAGE OF RECORDS</b>	

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Edit		Totals	
<b>A. Total Critical Errors</b>			
		<b># of Failures</b>	<b>% of Failures</b>
Institutional - Inpatient Header Records (10)			
<b>B. Presence Edits</b>			
PRS001	Recipient ID is null		0.00%
PRS002	Rendering Provider/Facility ID is null		0.00%
PRS003	Billing Provider ID is null		0.00%
PRS005	Primary Diagnosis Code is null		0.00%
PRS006	Admit Date is null or in incorrect format		0.00%
PRS011	Discharge/End Service Date are null or in incorrect format		0.00%
PRS013	Payment Type is null		0.00%
PRS014	Bill Type is null		0.00%
PRS018	Begin Service Date is null		0.00%
PRS032	Replacement Code is null		0.00%
PRS058	Paid Date is null		0.00%
PRS064	Total Amount Billed is null or in incorrect format		0.00%
PRS066	Total COB/TPL/Other Paid Amount is null		0.00%
PRS067	Total Medicare Paid Amount is null		0.00%
PRS068	Total Amount Paid is null		0.00%
<b>C. Logic Edits</b>			
LOG004	Admit Date > Discharge Date		0.00%
LOG005	Total Amount Paid = '0' on FFS Claim		0.00%
LOG008	Begin Service Date > End Service Date		0.00%
LOG015	Admit Date > Begin Service Date		0.00%
LOG018	Paid Date > File Submission Date		0.00%
LOG024	End Service Date > Discharge Date		0.00%
LOG030	Admit Date < DOB		0.00%
LOG032	Paid Date < Receipt Date		0.00%
LOG033	Paid Date < Discharge Date		0.00%
LOG034	Paid Date < End Service Date		0.00%
LOG053	No detail records with matching claim reference number		0.00%
LOG058	Total Billed Amount is zero		0.00%

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D. Reference Edits (excludes null values)			
REF001	Recipient ID not present in Eligibility File		0.00%
REF002	Primary Diagnosis Code not valid		0.00%
REF004	Primary Procedure Code not valid		0.00%
REF005	Recipient not Medicaid Eligible on DOS		0.00%
REF006	Bill Type not valid		0.00%
REF011	Replacement Code not valid		0.00%
REF013	Billing Provider ID not present in provider file		0.00%
REF018	Admit Type not valid		0.00%
REF019	Admit Source not valid		0.00%
REF020	Patient Status Code not valid		0.00%
REF021	Rendering Provider/Facility ID not present in provider file		0.00%
REF037	Procedure 2 not valid		0.00%
REF038	Procedure 3 not valid		0.00%
REF039	Procedure 4 not valid		0.00%
REF040	Procedure 5 not valid		0.00%
REF041	Procedure 6 not valid		0.00%
REF042	Diagnosis 2 not valid		0.00%
REF043	Diagnosis 3 not valid		0.00%
REF044	Diagnosis 4 not valid		0.00%
REF045	Diagnosis 5 not valid		0.00%
REF050	Payment Type not valid		0.00%
REF059	Primary Diagnosis not reportable		0.00%

**Institutional - Outpatient Header Records (11)**

B. Presence Edits			
PRS001	Recipient ID is null		0.00%
PRS002	Rendering Provider/Facility ID is null		0.00%
PRS003	Billing Provider ID is null		0.00%
PRS005	Primary Diagnosis Code is null		0.00%
PRS013	Payment Type is null		0.00%
PRS014	Bill Type is null		0.00%
PRS018	Begin Service Date is null		0.00%
PRS021	End Service Date is null or in incorrect format		0.00%
PRS032	Replacement Code is null		0.00%
PRS058	Paid Date is null		0.00%
PRS064	Total Amount Billed is null or in incorrect format		0.00%
PRS066	Total COB/TPL/Other Paid Amount is null		0.00%
PRS067	Total Medicare Paid Amount is null		0.00%
PRS068	Total Amount Paid is null or in incorrect format		0.00%

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C. Logic Edits			
LOG005	Total Amount Paid = '0' on FFS Claim		0.00%
LOG008	Begin Service Date > End Service Date		0.00%
LOG017	Paid Date < Begin Service Date		0.00%
LOG018	Paid Date > File Submission Date		0.00%
LOG031	Begin Service Date < DOB		0.00%
LOG032	Paid Date < Receipt Date		0.00%
LOG034	Paid Date < End Service Date		0.00%
LOG053	No detail records with matching claim reference number		0.00%
LOG058	Total Billed Amount is zero		0.00%

D. Reference Edits (excludes null values)			
REF001	Recipient ID not present in Eligibility File		0.00%
REF002	Primary Diagnosis Code not valid		0.00%
REF004	Primary Procedure Code not valid		0.00%
REF005	Recipient not Medicaid Eligible on DOS		0.00%
REF006	Bill Type not valid		0.00%
REF011	Replacement Code not valid		0.00%
REF013	Billing Provider ID not present in provider file		0.00%
REF019	Admit Source not valid		0.00%
REF020	Patient Status Code not valid		0.00%
REF021	Rendering Provider/Facility ID not present in provider file		0.00%
REF037	Procedure 2 not valid		0.00%
REF038	Procedure 3 not valid		0.00%
REF039	Procedure 4 not valid		0.00%
REF040	Procedure 5 not valid		0.00%
REF041	Procedure 6 not valid		0.00%
REF042	Diagnosis 2 not valid		0.00%
REF043	Diagnosis 3 not valid		0.00%
REF044	Diagnosis 4 not valid		0.00%
REF045	Diagnosis 5 not valid		0.00%
REF050	Payment Type not valid		0.00%
REF059	Primary Diagnosis not reportable		0.00%

Institutional - Inpatient Detail Segments (15)			
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B. Presence Edits			
PRS009	Amount Billed is null or in incorrect format		0.00%
PRS019	Units of Service is null or in incorrect format		0.00%
PRS020	Revenue Code is null		0.00%
PRS032	Replacement Code is null		0.00%

C. Logic Edits			
LOG041	No Header Record with matching Claim Reference Number		0.00%
LOG047	Room and Board Rev Code units are zero		0.00%

D. Reference Edits (excludes null values)			
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REF007	Revenue Code not valid		0.00%
REF011	Replacement Code not valid		0.00%
<b>Institutional - Outpatient Detail Segments (16)</b>			
<b>B. Presence Edits</b>			
PRS009	Amount Billed is null or in incorrect format		0.00%
PRS019	Units of Service is null or in incorrect format		0.00%
PRS032	Replacement Code is null		0.00%
PRS034	COB/TPL/Other Paid Amount is null or in incorrect format		0.00%
PRS035	Medicare Paid Amount is null or in incorrect format		0.00%
PRS063	Revenue/Procedure Code is null		0.00%
<b>C. Logic Edits</b>			
LOG041	No Header Record with matching Claim Reference Number		0.00%
LOG047	Room and Board Rev Code units are zero		0.00%
LOG048	Procedure Code units are zero		0.00%
<b>D. Reference Edits (excludes null values)</b>			
REF011	Replacement Code not valid		0.00%
REF025	Procedure Code Modifier not valid		0.00%
REF052	Revenue/Procedure Code not valid		0.00%
<b>Professional Records (20)</b>			
<b>B. Presence Edits</b>			
PRS001	Recipient ID is null		0.00%
PRS002	Rendering Provider/Facility ID is null		0.00%
PRS003	Billing Provider ID is null		0.00%
PRS004	Place of Service is null		0.00%
PRS005	Primary Diagnosis Code is null		0.00%
PRS009	Amount Billed is null/zero		0.00%
PRS013	Payment Type is null		0.00%
PRS018	Begin Service Date is null		0.00%
PRS019	Units of Service is null/zero		0.00%
PRS021	End Service Date is null		0.00%
PRS032	Replacement Code is null		0.00%
PRS034	COB/TPL/Other Paid Amount is null		0.00%
PRS035	Medicare Paid Amount is null or in incorrect format		0.00%
PRS051	Amount Paid is null		0.00%
PRS058	Paid Date is null		0.00%
PRS060	Procedure Code is null		0.00%

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C. Logic Edits			
LOG005	Total Amount Paid = '0' on FFS Claim		0.00%
LOG008	Begin Service Date > End Service Date		0.00%
LOG017	Paid Date < Begin Service Date		0.00%
LOG018	Paid Date > File Submission Date		0.00%
LOG031	Begin Service Date < DOB		0.00%
LOG032	Paid Date < Receipt Date		0.00%
LOG034	Paid Date < End Service Date		0.00%
LOG055	Billed Amount is zero		0.00%
LOG059	Units of Service are zero		0.00%
D. Reference Edits (excludes null values)			
REF001	Recipient ID not present in Eligibility File		0.00%
REF002	Primary Diagnosis Code not valid		0.00%
REF003	Place of Service not valid		0.00%
REF005	Recipient not Medicaid Eligible on DOS		0.00%
REF011	Replacement Code not valid		0.00%
REF013	Billing Provider ID not present in provider file		0.00%
REF021	Rendering Provider/Facility ID not present in provider file		0.00%
REF025	Procedure Code Modifier not valid		0.00%
REF036	Procedure not valid		0.00%
REF042	Diagnosis 2 not valid		0.00%
REF043	Diagnosis 3 not valid		0.00%
REF044	Diagnosis 4 not valid		0.00%
REF050	Payment Type not valid		0.00%
REF059	Primary Diagnosis not reportable		0.00%
Pharmacy Record (30)			
B. Presence Edits			
PRS001	Recipient ID is null		0.00%
PRS003	Billing Provider ID is null		0.00%
PRS009	Amount Billed is null or in incorrect format		0.00%
PRS013	Payment Type is null		0.00%
PRS032	Replacement Code is null		0.00%
PRS034	COB/TPL/Other Paid Amount is null		0.00%
PRS035	Medicare Paid Amount is null or in incorrect format		0.00%
PRS040	NDC Number is null		0.00%
PRS041	Days Supply null/zero or in incorrect format		0.00%
PRS042	Filled Date is null or in incorrect format		0.00%
PRS049	Refill Indicator is null or in incorrect format		0.00%
PRS051	Amount Paid is null		0.00%
PRS056	Dispensing Provider ID is null		0.00%
PRS058	Paid Date is null		0.00%
PRS061	Quantity is null/zero or in incorrect format		0.00%
PRS080	Prescription number is null		0.00%
C. Logic Edits			

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LOG005	Total Amount Paid = '0' on FFS Claim		0.00%
LOG018	Paid Date > File Submission Date		0.00%
LOG023	Filled Date < DOB		0.00%
LOG026	Paid Date < Filled Date		0.00%
LOG032	Paid Date < Receipt Date		0.00%
LOG035	Paid Date < Prescription Written Date		0.00%
LOG055	Billed Amount is zero		0.00%
LOG056	Days Supply is zero		0.00%
LOG057	Quantity is zero		0.00%

**D. Reference Edits (excludes null values)**

REF001	Recipient ID not present in Eligibility File		0.00%
REF005	Recipient not Medicaid Eligible on DOS		0.00%
REF011	Replacement Code not valid		0.00%
REF013	Billing Provider ID not present in provider file		0.00%
REF027	NDC Number not valid		0.00%
REF049	Dispensing Provider ID not valid		0.00%
REF050	Payment Type not valid		0.00%

**Dental Records (40)**

**B. Presence Edits**

PRS001	Recipient ID is null		0.00%
PRS002	Rendering Provider/Facility ID is null		0.00%
PRS003	Billing Provider ID is null		0.00%
PRS009	Amount Billed is null or in incorrect format		0.00%
PRS013	Payment Type is null		0.00%
PRS018	Begin Service Date is null or in incorrect format		0.00%
PRS019	Units of Service are null or in incorrect format		0.00%
PRS021	End Service Date is null or in incorrect format		0.00%
PRS032	Replacement Code is null		0.00%
PRS034	COB/TPL/Other Paid Amount is null		0.00%
PRS035	Medicare Paid Amount is null or in incorrect format		0.00%
PRS051	Amount Paid is null or in incorrect format		0.00%
PRS058	Paid Date is null or in incorrect format		0.00%
PRS060	Procedure code is null		0.00%
PRS069	Tooth Number not present for required Procedure Code		0.00%
PRS070	Tooth Number and Tooth Surface 1 not present for required Procedure Code		0.00%

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C. Logic Edits			
LOG005	Total Amount Paid = '0' on FFS Claim		0.00%
LOG008	Begin Service Date > End Service Date		0.00%
LOG017	Paid Date < Begin Service Date		0.00%
LOG018	Paid Date > File Submission Date		0.00%
LOG031	Begin Service Date < Date of Birth		0.00%
LOG032	Paid Date < Receipt Date		0.00%
LOG034	Paid Date < End Service Date		0.00%
LOG055	Billed Amount is zero		0.00%
LOG059	Units of Service are zero		0.00%
D. Reference Edits (excludes null values)			
REF001	Recipient ID not present in Eligibility File		0.00%
REF005	Recipient not Medicaid Eligible on DOS		0.00%
REF011	Replacement Code not valid		0.00%
REF013	Billing Provider ID not present in provider file		0.00%
REF021	Rendering Provider/Facility ID not present in provider file		0.00%
REF036	Procedure not valid		0.00%
REF046	Oral Cavity not valid		0.00%
REF047	Tooth Number not valid		0.00%
REF048	Tooth Surface (1) not valid		0.00%
REF050	Payment Type not valid		0.00%
REF054	Tooth Surface (2) not valid		0.00%
REF055	Tooth Surface (3) not valid		0.00%
REF056	Tooth Surface (4) not valid		0.00%
REF057	Tooth Surface (5) not valid		0.00%
REF058	Tooth Surface (6) not valid		0.00%

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Edit		Totals	
A. Total Critical Non-Aging Errors		# of Failures	% of Failures
<b>Institutional - Inpatient Header Records (10)</b>			
<b>B. Presence Edits</b>			
PRS012	Claim Reference Number is null		0.00%
<b>C. Logic Edits</b>			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG054	All details rejected for Critical Error		0.00%
LOG066	Claim with duplicate key fields found in the submitted file		0.00%
<b>Institutional - Outpatient Header Records (11)</b>			
<b>B. Presence Edits</b>			
PRS012	Claim Reference Number is null		0.00%
<b>C. Logic Edits</b>			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG054	All details rejected for Critical Error		0.00%
LOG066	Claim with duplicate key fields found in the submitted file		0.00%
<b>Institutional - Inpatient Detail Segments (15)</b>			
<b>B. Presence Edits</b>			
PRS012	Claim Reference Number is null		0.00%
PRS045	Claim Line Number is null		0.00%

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C. Logic Edits			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG052	Header rejected for Critical Error		0.00%
Institutional - Outpatient Detail Segments (16)			
B. Presence Edits			
PRS012	Claim Reference Number is null		0.00%
PRS045	Claim Line Number is null		0.00%
C. Logic Edits			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'R' or 'C', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG052	Header rejected for Critical Error		0.00%
Professional Records (20)			
B. Presence Edits			
PRS012	Claim Reference Number is null		0.00%
PRS045	Claim Line Number is null		0.00%
C. Logic Edits			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG066	Claim with duplicate key fields found in the submitted file		0.00%

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Pharmacy Record (30)			
<b>B. Presence Edits</b>			
PRS012	Claim Reference Number is null		0.00%
<b>C. Logic Edits</b>			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG066	Claim with duplicate key fields found in the submitted file		0.00%
Dental Records (40)			
<b>B. Presence Edits</b>			
PRS012	Claim Reference Number is null		0.00%
PRS045	Claim Line Number is null		0.00%
<b>C. Logic Edit</b>			
LOG042	Replacement Code = 'D', 'R', or 'C', and no original record was found		0.00%
LOG043	Replacement Code = 'N', and duplicate claim # found		0.00%
LOG045	Replacement Code = 'N', and claim with duplicate key fields found		0.00%
LOG046	Replacement Code = 'N', 'R', 'C', or '1', and duplicate claim number found with same Replacement Code		0.00%
LOG049	Replacement Code = '1', '2', '3', '4', or '5', and no original record was found		0.00%
LOG066	Claim with duplicate key fields found in the submitted file		0.00%

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<b>Edit</b>		<b>Totals</b>	
<b>A. Total Informational Errors</b>			
		<b># of Failures</b>	<b>% of Failures</b>
<b>Institutional - Inpatient Header Records (10)</b>			
<b>B. Presence Edits</b>			
PRS015	Admit Type is null		0.00%
PRS016	Admit Source is null		0.00%
PRS017	Patient Status Code is null		0.00%
PRS046	Receipt Date is null or in incorrect format		0.00%
PRS047	Recipient's PCP ID is null		0.00%
PRS065	Total Allowed Amount is null or in incorrect format		0.00%
<b>C. Logic Edits</b>			
LOG036	End Service Date>Receipt Date		0.00%
LOG037	Discharge Date > Receipt Date		0.00%
<b>D. Reference Edits (excludes null values)</b>			
REF004	Primary Procedure Code not valid		0.00%
REF018	Admit Type not valid		0.00%
REF019	Admit Source not valid		0.00%
REF020	Patient Status Code not valid		0.00%
REF031	Recipient's PCP ID not present in provider file		0.00%
REF037	Procedure 2 not valid		0.00%
REF038	Procedure 3 not valid		0.00%
REF039	Procedure 4 not valid		0.00%
REF040	Procedure 5 not valid		0.00%
REF041	Procedure 6 not valid		0.00%
REF051	Recipient not MCO Eligible on DOS		0.00%
REF060	Diagnosis 2 not reportable		0.00%
REF061	Diagnosis 3 not reportable		0.00%
REF062	Diagnosis 4 not reportable		0.00%
REF063	Diagnosis 5 not reportable		0.00%
REF064	Billing or Rendering ID is not the NPI		0.00%
REF065	Rendering Provider/facility ID is not the NPI		0.00%
REF067	Recipient's PCP ID is not the NPI		0.00%
<b>E. Conditional Edits</b>			
CON001	Primary Diagnosis not gender appropriate		0.00%
CON002	Primary Diagnosis Code not age appropriate		0.00%
CON010	Diagnosis 2 not gender appropriate		0.00%
CON011	Diagnosis 3 not gender appropriate		0.00%
CON012	Diagnosis 4 not gender appropriate		0.00%
CON013	Diagnosis 5 not gender appropriate		0.00%
CON014	Diagnosis 2 not age appropriate		0.00%
CON015	Diagnosis 3 not age appropriate		0.00%
CON016	Diagnosis 4 not age appropriate		0.00%
CON017	Diagnosis 5 not age appropriate		0.00%

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Institutional - Outpatient Header Records (11)			
<b>B. Presence Edits</b>			
PRS016	Admit Source is null		0.00%
PRS017	Patient Status Code is null		0.00%
PRS046	Receipt Date is null		0.00%
PRS047	Recipient's PCP ID is null		0.00%
PRS065	Total Allowed Amount is null or in incorrect format		0.00%
<b>C. Logic Edits</b>			
LOG028	Receipt Date < Begin Service Date		0.00%
LOG036	End Service Date > Receipt Date		0.00%
LOG071	Identical rendering and billing provider logic		0.00%
<b>D. Reference Edits (excludes null values)</b>			
REF004	Primary Procedure Code not valid		0.00%
REF019	Admit Source not valid		0.00%
REF020	Patient Status Code not valid		0.00%
REF031	Recipient's PCP ID not present in provider file		0.00%
REF037	Procedure 2 not valid		0.00%
REF038	Procedure 3 not valid		0.00%
REF039	Procedure 4 not valid		0.00%
REF040	Procedure 5 not valid		0.00%
REF041	Procedure 6 not valid		0.00%
REF051	Recipient not MCO Eligible on DOS		0.00%
REF060	Diagnosis 2 not reportable		0.00%
REF061	Diagnosis 3 not reportable		0.00%
REF062	Diagnosis 4 not reportable		0.00%
REF063	Diagnosis 5 not reportable		0.00%
REF064	Billing Provider ID is not the NPI		0.00%
REF065	Rendering Provider/Facility ID is not the NPI		0.00%
REF067	Recipient's PCP ID is not the NPI		0.00%
<b>E. Conditional Edits</b>			
CON001	Primary Diagnosis not gender appropriate		0.00%
CON002	Primary Diagnosis Code not age appropriate		0.00%
CON010	Diagnosis 2 not gender appropriate		0.00%
CON011	Diagnosis 3 not gender appropriate		0.00%
CON012	Diagnosis 4 not gender appropriate		0.00%
CON013	Diagnosis 5 not gender appropriate		0.00%
CON014	Diagnosis 2 not age appropriate		0.00%
CON015	Diagnosis 3 not age appropriate		0.00%
CON016	Diagnosis 4 not age appropriate		0.00%
CON017	Diagnosis 5 not age appropriate		0.00%
Institutional - Inpatient Detail Segments (15)			
<b>B. Presence Edits</b>			
PRS051	Amount Paid is null or in incorrect format		0.00%
<b>C. Logic Edits</b>			
LOG055	Billed Amount is zero		0.00%

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Institutional - Outpatient Detail Segments (16)			
<b>B. Presence Edits</b>			
PRS051	Amount Paid is null or in incorrect format		0.00%
PRS052	Allowed Amount is null or in incorrect format		0.00%
<b>C. Logic Edits</b>			
LOG055	Billed Amount is zero		0.00%
<b>D. Reference Edits (excludes null values)</b>			
REF025	Procedure Code Modifier not valid		0.00%
Professional Records (20)			
<b>B. Presence Edits</b>			
PRS046	Receipt Date is null		0.00%
PRS047	Recipient's PCP ID is null		0.00%
PRS052	Allowed Amount is null		0.00%
<b>C. Logic Edits</b>			
LOG028	Receipt Date < Begin Service Date		0.00%
LOG036	End Service Date > Receipt Date		0.00%
LOG071	Identical rendering and billing provider logic		0.00%
<b>D. Reference Edits (excludes null values)</b>			
REF025	Procedure Code Modifier not valid		0.00%
REF031	Recipient's PCP ID not present in provider file		0.00%
REF051	Recipient not MCO Eligible on DOS		0.00%
REF060	Diagnosis 2 not reportable		0.00%
REF061	Diagnosis 3 not reportable		0.00%
REF062	Diagnosis 4 not reportable		0.00%
REF064	Billing Provider ID is not the NPI		0.00%
REF065	Rendering Provider/Facility ID is not the NPI		0.00%
REF067	Recipient's PCP ID is not the NPI		0.00%
<b>E. Conditional Edits</b>			
CON001	Primary Diagnosis not gender appropriate		0.00%
CON002	Primary Diagnosis Code not age appropriate		0.00%
CON010	Diagnosis 2 not gender appropriate		0.00%
CON011	Diagnosis 3 not gender appropriate		0.00%
CON012	Diagnosis 4 not gender appropriate		0.00%
CON014	Diagnosis 2 not age appropriate		0.00%
CON015	Diagnosis 3 not age appropriate		0.00%
CON016	Diagnosis 4 not age appropriate		0.00%
CON028	Procedure not age appropriate		0.00%
CON029	Procedure not gender appropriate		0.00%
Pharmacy Records (30)			
<b>B. Presence Edits</b>			
PRS039	Prescribing Provider ID is null		0.00%
PRS046	Receipt Date is null or in incorrect format		0.00%
PRS047	Recipient's PCP ID is null		0.00%
PRS048	Written Date is null or in incorrect format		0.00%
PRS052	Allowed amount is null or in incorrect format		0.00%
<b>C. Logic Edits</b>			
LOG022	Written Date > Filled Date		0.00%
LOG029	Receipt Date < Filled Date		0.00%
LOG040	Written Date > Receipt Date		0.00%

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D. Reference Edits (excludes null values)			
REF026	Prescribing Provider ID not present in provider file		0.00%
REF051	Recipient not MCO Eligible on DOS		0.00%
REF064	Billing Provider ID is not the NPI		0.00%
REF066	Prescribing Provider ID is not the NPI		0.00%
REF068	Dispensing Provider ID is not the NPI		0.00%
<b>Dental Records (40)</b>			
B. Presence Edits			
PRS046	Receipt Date is null or in incorrect format		0.00%
PRS047	Recipient's PCP ID is null		0.00%
PRS052	Allowed amount is null or in incorrect format		0.00%
PRS053	Oral Cavity is null		0.00%
PRS054	Tooth Number is null		0.00%
PRS055	Tooth Surface (1) is null		0.00%
C. Logic Edits			
LOG028	Receipt Date < Begin Service Date		0.00%
LOG036	End Service Date > Receipt Date		0.00%
D. Reference Edits (excludes null values)			
REF031	Recipient's PCP ID not present in provider file		0.00%
REF046	Oral Cavity not valid		0.00%
REF047	Tooth Number not valid		0.00%
REF048	Tooth Surface (1) not valid		0.00%
REF051	Recipient not MCO Eligible on DOS		0.00%
REF054	Tooth Surface (2) not valid		0.00%
REF055	Tooth Surface (3) not valid		0.00%
REF056	Tooth Surface (4) not valid		0.00%
REF057	Tooth Surface (5) not valid		0.00%
REF058	Tooth Surface (6) not valid		0.00%
REF064	Billing Provider ID is not the NPI		0.00%
REF065	Rendering Provider/Facility ID is not the NPI		0.00%
REF067	Recipient's PCP ID is not the NPI		0.00%