

AODA Encounter Reporting 3.0 --- Data Dictionary View (HEADER)

This document describes the various data elements contained in the encounter record you will extract and send to the State. The description includes things like data element name, length and data type. In addition, there is a brief definition of the data element as well as some of the validation rules Encounter Reporting will use to verify the data you send us. It's primarily intended as a technical document to assist the AODA personnel in creating an extract from your claims history data.

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	ID#	Error Cat.
<i>Begin Posting Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H003	H
Data Element Description:	The beginning process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the first day of the posting month. Must be less than or equal to the current date.					
<i>End Posting Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H004	H
Data Element Description:	The ending process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the last day of the posting month. Must be equal to the same year and month of the begin posting date.					
<i>AODA: Submission Type</i>	10 Max.	A (999999999)	Y	None	H006	H
Data Element Description:	The submission type must be Production.					
Validation Rules:	Must be Production. This value is not case sensitive.					
<i>Number of Records Transmitted</i>	8 Max.	N (99999999)	Y	None	H005	H
Data Element Description:	The number of detail records that are contained within the submission. Used in the File Transfer System.					
Validation Rules:	Number of Records Transmitted must be equal to the number of detail records in a submission.					

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=IF	Default Value	ID#	Error Cat.
<i>Submission Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H002	H
Data Element Description:	The date the submission was generated at the Submitting Organization . Used for file transfer.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be greater than or equal to the header posting end date. Must be less than or equal to the current date.					
<i>Submitter Organization ID</i>	8 Fixed	N (00000000)	Y	None	H001	H
Data Element Description:	Eight digit certified Medicaid provider number assigned to the Submitting Organization.					
Validation Rules:	Must exist in the Submitter Organization ID Header lookup table for this line of business.					

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Adjustment Type	1 Fixed	A	S	None	NA	D009	A
Data Element Description:	The type of adjustment. Only applicable for transactions that are adjusting a former Encounter transaction. These may be assigned by the MCO for credit/debit Encounter Transactions. R = A transaction that is the credit to reverse the adjusted transaction. N = A transaction that is the debit to replace the adjusted transaction.						
Validation Rules:	Required if Record Type is C.						
Adjustment Type Detail	3 Max.	A	S	None	NA	D010	A
Data Element Description:	Specifies the type of adjustment: "FC", "PC", "NC", "EKC", "EKD", "SKC", "SKD" or "CKC". For example: FC = An adjustment that fully reverses the adjusted transaction. PC = An adjustment that partially reverses the adjusted transaction. NC = An adjustment that has no financial effect, but changes demographic or other statistical data.						
Validation Rules:	When provided the adjusted transaction code must be a valid value.						
Age at First Use Primary	2 Fixed	N (99)	S	None	NA	D300	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse primary problem.						
Validation Rules:	Must be less than or equal to the current age of the member computed by subtracting the member's birth date from the current date. Must be provided when it is not a Brief Service and there is no Codependent/Collateral involved. Must be provided when the corresponding fields are provided (Substance Problem Primary > 01, Usual Administration Primary and Use Frequency Primary).						
Age at First Use Secondary	2 Fixed	N (99)	S	None	NA	D301	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse secondary problem. Optional if corresponding Substance Problem Primary = '01' (none) or is null.						
Validation Rules:	Must be less than or equal to the current age of the member computed by subtracting the member's birth date from the current date. Must be provided when the corresponding fields are provided (Substance Problem Secondary, Usual Administration Secondary and Use Frequency Secondary).						
Age at First Use Tertiary	2 Fixed	N (99)	S	None	NA	D302	S
Data Element Description:	Age of first drug use or alcohol intoxication for substance abuse problem for tertiary problem. Optional if corresponding Substance Problem Primary = '01' (none) or is null.						
Validation Rules:	Must be less than or equal to the current age of the member computed by subtracting the member's birth date from the current date. Must be provided when the corresponding fields are provided (Substance Problem Tertiary, Usual Administration Tertiary and Use Frequency Tertiary).						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Brief Service	1 Fixed	A	Y	None	NA	D303	S
Data Element Description:	Used to allow partial registration information for specific services. Valid values are Y or N.						
Validation Rules:	Cannot change from non Brief Service to Brief Service. Must use only SPCs found in Group 2.						
Characteristic1	2 Fixed	N (99)	Y	None	NA	D202	M
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.						
Validation Rules:	Must be a valid value for the Delivery Year Month. Cannot equal 99 unless Co Dependent Collateral is Y.						
Characteristic2	2 Fixed	N (99)	N	None	NA	D203	M
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.						
Validation Rules:	Must be a valid value for the Delivery Year Month.						
Characteristic3	2 Fixed	N (99)	N	None	NA	D204	M
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.						
Validation Rules:	Must be a valid value for the Delivery Year Month.						
City	52 Max	AN	Y	None	NA	D206	M
Data Element Description:	City of Residence.						
Validation Rules:	None.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Close Status A	1 Fixed	N (9)	S	None	NA	D304	S
Data Element Description:	The member's AODA (A) status at the time the member was discharged from treatment, for members who have completed service. SPC End Reason must equal 01-03. Valid values are 1 through 5.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03. If any Closing Status (E,AR,LA, Support Group) is entered, then they all must be entered.						
Close Status AR	2 Max.	N (99)	S	None	NA	D308	S
Data Element Description:	The member's Number of Arrests (AR) at the time the member was discharged from treatment, for members who have completed service. SPC End Reason must equal 01-03.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03. If any Closing Status (A,E,LA, Support Group) is entered, then they all must be entered.						
Close Status E	1 Fixed	N (9)	S	None	NA	D305	S
Data Element Description:	The member's Employment (E) status at the time the member was discharged from treatment, for members who have completed service. SPC End Reason must equal 01-03. Valid values are 1 through 9.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03. If any Closing Status (A,AR,LA, Support Group) is entered, then they all must be entered.						
Close Status F	1 Fixed	N (9)	I	None	NA	D306	S
Data Element Description:	The member's Family (F) status at the time the member was discharged from treatment, for members who have completed service. SPC End Reason must equal 01-03.						
Validation Rules:	Usually supplied for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Also usually supplied for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03.						
Close Status LA	2 Fixed	N (99)	S	None	NA	D309	S
Data Element Description:	The member's Living Arrangement (LA) at the time the member was discharged from treatment for members who have completed service. SPC End Reason must equal 01-03. Valid values are 01 through 07.						
Validation Rules:	Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03. If any Closing Status (A,E,AR, Support Group) is entered, then they all must be entered.						
Close Status Support Group	1 Fixed	N (9)	S	None	NA	D328	S

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Data Element Description:					The member's Support Group at the time the member was discharged from treatment for members who have completed service. SPC End Reason must equal 01-03. Valid values are 1 through 5.		
Validation Rules:					Required for Aoda Treatment SPCs except for 703 Detox, 705 Intoxication Monitoring, 603 Intake Assessment, and Brief Services. Required for clients who were discharged from treatment who have completed service with SPC End Reason equal to 01-03. If any Closing Status (A,E,AR,LA) is entered, then they all must be entered.		

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Co Dependent Collateral	1 Fixed	A	Y	None	NA	D307	M
Data Element Description:	A codependent/collateral is a person who: Is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser. Has no current alcohol/drug abuse or dependency problem of his/her own. Valid values are Y or N.						
Validation Rules:	The Co Dependent Collateral code cannot change from N to Y.						
County Code	3 Fixed	N (999)	Y	None	NA	D210	M
Data Element Description:	County Code of service or residence.						
Validation Rules:	Valid values are less than 100 and must be a valid county code.						
Diagnosis Code Principal	30 Max.	ANDot	N	None	Principal Diagnosis (AN, L=30)	D075	S
Data Element Description:	The current diagnosis of the member's condition per ICD.						
Validation Rules:	When supplied, it must be a valid diagnosis code based on the National codeset.						
Education at Time of Admission	2 Fixed	N (99)	S	None	NA	D310	S
Data Element Description:	The highest grade completed. Purpose is to identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population.						
Validation Rules:	Valid values are 01-12, 14, 16, 18. Must be supplied when Brief Service and Co Dependent Collateral are N.						
Employment Status	1 Fixed	N (9)	S	None	NA	D311	S
Data Element Description:	The current employment status. Used to identify financial resources of client groups; assess employment status for vocational service needs.						
Validation Rules:	Valid values are 1 through 9. Must be supplied when Brief Service and Co Dependent Collateral are N.						
Episode End Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D227	S
Data Element Description:	The date when the agency discontinued all activity in the case.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Validation Rules:	Must exist in the Submitter Organization ID lookup table. The Episode End Date must be a valid date format provided by the Submitting Organization. (e.g., Valid year, valid month and valid day for that month.)							
Episode Review Due Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D228	S	
Data Element Description:	Date when the case review or other agency activity is due to take place.							
Validation Rules:	If provided, must be a valid date format, e.g., a valid year, month and day for that month.							
Family ID	7 Max.	AN (999999X)	N	None	NA	D230	S	
Data Element Description:	An agency assigned number that will link family members together. (e.g., 6 digits+1 character A)							
Validation Rules:	None.							
Family Relationship	1 Fixed	N (9)	N	None	NA	D312	S	
Data Element Description:	The member's marital, family, interpersonal relationships, or support system (whichever is most applicable to the member) status at time of admission in terms of the frequency and quality of contact. The Family Relationship is an overall assessment of the living situation. Valid values are 1 through 5.							
Validation Rules:	If provided, must be a valid value.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Gender	1 Fixed	A	Y	None	NA	D235	M	
Data Element Description:	Member's gender.							
Validation Rules:	The Gender code must = F or M.							
Hispanic Latino	1 Fixed	A	Y	None	NA	D239	M	
Data Element Description:	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.							
Validation Rules:	The Hispanic Latino code must = Y or N.							
MA Number	10 Fixed	N (9999999999)	I	None	NA	D240	M	
Data Element Description:	The Medical Assistance Identification number (10 digits) which has been assigned to this member. Must match Recipient ID.							
Validation Rules:	None.							
NPI	10 Fixed	N (9999999999)	S	None	National Provider Identifier	D273	S	
Data Element Description:	National Provider Identifier. Required for medical services. <i>(Federal Mandate beginning 05/23/2007)</i>							
Validation Rules:	When a service is provided, the NPI is required and must be a valid value.							
Original ID	80 Max.	ANPlus	Y	None	NA	D006	A	
Data Element Description:	The Record ID of the Original record for which all subsequent adjustments were made.							
Validation Rules:	The Original ID must reference a Record ID with a Record Type of O (Original).							

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Parent Record ID	80 Max.	ANPlus	S	None	NA	D005	A	
Data Element Description:	The Record ID of the record being adjusted. This field is used only when adjusting an existing encounter record. In a credit/debit adjustment both the credit and debit transactions will reference the same transaction Record ID being adjusted.							
Validation Rules:	Must reference a previously submitted Record ID by that Organization.							
Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D059	R	
Data Element Description:	The date the claim or service was posted into the agency's/organization's system..							
Validation Rules:	Must be a valid date format, e.g., valid year, valid month and valid day within the report posting month.							
Pregnant at Time of Admission	1 Fixed	A	S	None	NA	D313	M	
Data Element Description:	Pregnant at time of admission.							
Validation Rules:	The Pregnant at Time of Admission code must = Y or N.							
Provider Number	10 Fixed	AN (9999999999)	Y	None	NA	D245	S	
Data Element Description:	The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the member.							
Validation Rules:	If first digit is not 0, 1, or 9, then the number entered must be found in the Provider table. If first digit = 9, it must be in the Worker Table matching on the last 9 digits. If first digit = 0 or 1 (state provider), then the first 7 digits must match a wild card or the entire number must be found in the Provider table.							
Quantity	18 Max.	N (9999999999999.999)	Y	None	Service Unit Count (AN, L=15)	D052	S	
Data Element Description:	Amount of units of service rendered on the encounter record within the dates of service.							
Validation Rules:	None.							

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Race Code1	1 Fixed	A	Y	None	NA	D247	M	
Data Element Description:	The race of the member as determined by the member or best guess by the worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							
Race Code2	1 Fixed	A	I	None	NA	D248	M	
Data Element Description:	The race of the member as determined by the member or best guess by the worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							
Race Code3	1 Fixed	A	I	None	NA	D249	M	
Data Element Description:	The race of the member as determined by the member or best guess by the worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							
Race Code4	1 Fixed	A	I	None	NA	D250	M	
Data Element Description:	The race of the member as determined by the member or best guess by the worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							
Race Code5	1 Fixed	A	I	None	NA	D251	M	
Data Element Description:	The race of the member as determined by the member or best guess by the worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Recipient Birth Date	10 Fixed	D (CCYY-MM-DD)	Y	None	Birth Date (AN, L=10)	D071	M
Data Element Description:	Birthdate of the member.						
Validation Rules:	When provided, it must be less than or equal to the earliest SPC Start Date; birthdate plus 150 years must be greater than or equal to the Service To Date; if the recipient is MA eligible then this birthdate must equal the birthdate found in PPS.						
Recipient First Name	25 Max.	ANPlus	Y	None	Patient First Name (AN, L=25)	D032	M
Data Element Description:	Legal first name of the member.						
Validation Rules:	None.						
Recipient ID	10 Fixed	N (999999999)	Y	None	Patient's Primary Identification Number (N, L=10)	D030	M
Data Element Description:	Member's unique identifier. MCI will be used to populate this field.						
Validation Rules:	Must exist in PPS for the submitting organization.						
Recipient Last Name	35 Max.	ANPlus	Y	None	Patient Last Name (AN, L=35)	D031	M
Data Element Description:	Member's full legal Last Name.						
Validation Rules:	None.						
Recipient Middle Name	25 Max.	ANPlus	I	None	NA	D033	M
Data Element Description:	The member's full Middle Name.						
Validation Rules:	None.						

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Recipient Suffix Name	10 Max.	ANPlus	I	None	NA	D252	M
Data Element Description:	The member's full Suffix Name.						
Validation Rules:	None.						
Record ID	80 Max.	ANPlus	Y	None	NA	D004	R
Data Element Description:	Unique ID assigned by the Submitting Organization to uniquely identify the record within their organization. This ID is unique to every transaction submitted.						
Validation Rules:	The Record ID must be unique for the submitting organization.						
Record Type	1 Fixed	A	Y	None	NA	D008	R
Data Element Description:	The type of Encounter Transaction. O = Original transaction. C = Adjusting transaction. Record Type C with Adjustment Type R reverses a previously submitted record. Record Type C with Adjustment type N replaces the previously reversed record.						
Validation Rules:	The Encounter transaction must = O or C.						
Referral Source	2 Fixed	N (99)	I	None	NA	D253	S
Data Element Description:	The individual or agency that referred the member for services. Valid Values are 01-11 and 13-17.						
Validation Rules:	Must be a valid value.						
Registration Arrests	2 Max.	N (99)	S	None	NA	D314	S
Data Element Description:	The number of arrests during the 30 days prior to the start of the episode. If the client came from a controlled setting (e.g., jail, hospital, residential program, etc.), use the 30 day period prior to entry into the controlled setting.						
Validation Rules:	None.						

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Registration Living Situation	2 Fixed	N (99)	S	None	NA	D315	S	
Data Element Description:	The living arrangement prior to the start of the episode. It specifies whether the member is homeless, living with parents, in a supervised setting, or on his or her own. Used to describe the living situation when entering treatment. Valid values are 01-07.							
Validation Rules:	Must be a valid value.							
Service Date From	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D042	S	
Data Element Description:	The date the service began for the encounter transaction. Must be less than or equal to the Service Date To.							
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month.							
Service Date To	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D043	S	
Data Element Description:	The date the service ended for the encounter transaction..							
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month.							
Social Security Number	9 Fixed	N (999999999)	I	None	NA	D255	M	
Data Element Description:	Clients' Social Security Number (9 digits) which has been assigned to this client.							
Validation Rules:	Must match PPS if found.							
SPC	4 Min. / 6 Max.	ANDot (999.99)	Y	None	NA	D074	S	
Data Element Description:	The specific service (SPC) provided to the member. It consists of a 3-digit SPC code (program number) and the decimal point +2-digit subprogram code if applicable.							
Validation Rules:	Must exist in the SPC lookup table and a segment cannot overlap another SPC segment.							
SPC Delivery Year Month	7 Fixed	AN (CCYY-MM)	Y	None	NA	D257	S	
Data Element Description:	The month and full year during which units of an SPC were delivered.							
Validation Rules:	Must be a valid year and month and must fall within the SPC Start and End Dates if supplied.							

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SPC End Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D258	S	
Data Element Description:	The date on which service in this SPC ended.							
Validation Rules:	Must be a valid date format, e.g., a valid year, month and day for that month. Must be greater than or equal to the Service Date To. Must be included when SPC End Reason is populated.							

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SPC End Reason	2 Fixed	N (99)	S	None	NA	D259	S
Data Element Description:	The reason the client was discharged from the service. Valid values are 01-11 and 99.						
Validation Rules:	Required when SPC End Date is provided and must be a valid value.						
SPC Review Due Year Month	6 Fixed	AN (CCYY-MM)	N	None	NA	D260	S
Data Element Description:	The year and month when the next SPC review is due to take place.						
Validation Rules:	Must be greater than SPC Delivery Year Month.						
SPC Start Date	10 Fixed	D (CCYY-MM-DD)	N	None	NA	D261	S
Data Element Description:	The date on which service in this SPC started.						
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month. Must be less than or equal to the last day of the posting month. Must be less than Service Date From.						
Special Project Reporting	22 Max.	AN	N	None	NA	D316	S
Data Element Description:	The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.						
Validation Rules:	None.						
State Abbreviation	2 Fixed	A	Y	None	NA	D262	M
Data Element Description:	The Client's state 2 character code value.						
Validation Rules:	Must be a valid value.						

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Street Address1	55 Max.	ANPlus	I	None	NA	D264	M
Data Element Description:	Member's street address line 1.						
Validation Rules:	None.						
Street Address2	55 Max.	ANPlus	I	None	NA	D265	M
Data Element Description:	Member's street address line 2.						
Validation Rules:	None.						
Submitter Organization ID	8 Fixed	N (99999999)	Y	None	NA	D002	R
Data Element Description:	Eight digit number assigned to the Submitting Organization (Reporting Unit Code) and program identifier.						
Validation Rules:	Must exist in the Submitter Organization ID lookup table.						
Substance Problem at Discharge	2 Fixed	N (99)	S	None	NA	D317	S
Data Element Description:	The primary substance problem at the time of discharge. Valid values are 01-21.						
Validation Rules:	When provided, Substance Problem at Discharge must be a valid value.						
Substance Problem Primary	2 Fixed	N (99)	S	None	NA	D318	S
Data Element Description:	Primary substance problem. Valid values are 01-21.						
Validation Rules:	When provided, Substance Problem Primary must be a valid value. Must be provided when the corresponding fields are provided (Age of First Use Primary, Usual Administration Primary and Use Frequency Primary).						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Substance Problem Secondary	2 Fixed	N (99)	S	None	NA	D319	S
Data Element Description:	Secondary substance problem. Valid values are 01-21.						
Validation Rules:	When provided, Substance Problem Secondary must be a valid value. Must be provided when the corresponding fields are provided (Age of First Use Secondary, Usual Administration Secondary and Use Frequency Secondary).						
Substance Problem Tertiary	2 Fixed	N (99)	S	None	NA	D320	S
Data Element Description:	Tertiary substance problem. Valid values are 01-21.						
Validation Rules:	When provided, Substance Problem Tertiary must be a valid value. Must be provided when the corresponding fields are provided (Age of First Use Tertiary, Usual Administration Tertiary and Use Frequency Tertiary).						
Support Group Attend at Admin	1 Fixed	N (9)	S	None	NA	D327	S
Data Element Description:	Tracks a member's support group attendance before starting a service. Valid values are 1 through 5.						
Validation Rules:	Must be a valid value.						
Target Group	2 Fixed	N (99)	Y	None	NA	D267	S
Data Element Description:	Indicates the need and/or problem that best explains the primary reason the member is receiving this service. Valid values are 04, 05, 17, 18 and 74.						
Validation Rules:	Must be a valid value.						
Telephone Number	10 Fixed	N (9999999999)	I	None	NA	D268	M
Data Element Description:	Member's telephone number.						
Validation Rules:	None.						
Unit or Basis for Measurement Code	2 Fixed	A	Y	None	Unit or Basis for Measurement Code (AN, L=2)	D053	S
Data Element Description:	Directly corresponds to the amount in the Quantity field. Valid values are MJ (minutes), HR (hours), Days (DA), Weeks (WK), Years (YR), Quarter (Q1), International Units (F2), UN (unit), Miles (DH), VS (Visit), EA (Each).						
Validation Rules:	Must be a valid value and present for Encounter Transactions.						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Use Frequency Primary	1 Fixed	N (9)	S	None	NA	D322	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode. Valid values are 1-5.						
Validation Rules:	When provided, Use Frequency Primary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Primary > 01, Usual Administration Primary and Age of First Use Primary).						
Use Frequency Secondary	1 Fixed	N (9)	S	None	NA	D322	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode for secondary substance problem reported. Valid values are 1-5.						
Validation Rules:	When provided, Use Frequency Secondary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Secondary > 01, Usual Administration Secondary and Age of First Use Secondary).						
Use Frequency Tertiary	1 Fixed	N (9)	S	None	NA	D323	M
Data Element Description:	How often the substance is used during the 30 days prior to the start of the episode. Valid values are 1-5.						
Validation Rules:	When provided, Use Frequency Tertiary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Tertiary > 01, Usual Administration Tertiary and Age of First Use Tertiary).						
Usual Administration Primary	1 Fixed	N (9)	S	None	NA	D324	M
Data Element Description:	How the substance is taken into the body. Valid values are 1-5.						
Validation Rules:	When provided, Usual Administration Primary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Primary > 01, Age of First Use Primary and Use Frequency Primary).						
Usual Administration Secondary	1 Fixed	N (9)	S	None	NA	D325	M
Data Element Description:	How the substance is taken into the body for secondary substance abuse problem reported. Valid values are 1-5.						
Validation Rules:	When provided, Usual Administration Secondary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Secondary > 01, Age of First Use Secondary and Use Frequency Secondary).						

AODA Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
<i>Usual Administration Tertiary</i>	1 Fixed	N (9)	S	None	NA	D326	M	
Data Element Description:	How the substance is taken into the body for tertiary substance abuse problem reported. Valid values are 1-5.							
Validation Rules:	When provided, Usual Administration Tertiary must be a valid value. Must be provided when the corresponding fields are provided (Substance Problem Tertiary > 01, Age of First Use Tertiary and Use Frequency Tertiary).							
<i>Worker ID</i>	10 Max.	AN (9999999999)	N	None	NA	D271	R	
Data Element Description:	The primary worker assigned to the member.							
Validation Rules:	None.							
<i>Zip Code</i>	5 or 9 Max.	N (999999999)	Y	None	NA	D272	M	
Data Element Description:	Member's Zip Code.							
Validation Rules:	Must have a length of 5 or 9.							

AODA Encounter Reporting 3.0 --- Data Dictionary

Format Information Regarding Data Type

AN	Alpha numeric
ANPlus	Alpha numeric + special characters
ANDot	Alpha numeric + decimal
A	Alpha
N	Numeric
D	Date

Length Information Regarding Fields

(999) numeric length

Required Information Regarding Fields

Y	Yes, Data is required in this field for Original or Change New transactions.
I	No, Data is not required in this field.
S	Situational, Data is required in this field only when certain other criterion(s) is met.

Please note, the DD does not specify the severity of the edit. In most cases, it makes sense to set the Severity to Batch Accept or Batch Reject. But, for business reasons, it may have been set to a Warning.

Validation Rules Information Regarding Data Element Descriptions

This information is limited to the business rule decisions. We do not go into parser validations, or data integrity validations. All fields are edited for length and type.

Error Category Information

A	Adjustment attribute
H	Header Attribute
M	Member (recipient) identification attribute
P	Provider identification attribute
R	Record attribute
S	Service Attribute

AODA Encounter Reporting 3.0 --- Data Dictionary

CHANGE LOG

Date	Changes	Changed By	Remarks/Reason
9/15/2005	This first draft AODA Data Dictionary document, which is implemented as the base-lined, will continue to be documented into the change log with all client updated AODA DD Elements: The most recent Data Definitions (Encounter XML Data Elements) were received 09/13/2007 from Charles Rumberger, has been entered in as the DDs Header and Detail informational data elements and alphabetically sorted.	Ramona Johnson	One time document baselining. Analysis: The required MH DD entered and data elements sorted 09/15/2007.
12/12/2007	AODA data element revisions: A006A Original ID changed to a mandatory alphanumeric field with a maximum length of 80 characters must be provided. Edit D006E changed in functionality, description, message and severity. The new functionality checks for record types 'O and C' with an adjustment type of N. This edit will not apply to reversal records. And the value must be supplied not derived.	Ramona Johnson	FC, WPP & SSI AODA, MH Parser and Content Edit: Original ID D006A & E will be a required field beginning 2008 posting dates. Refer to Bug 2317.
2/8/2008	Data_Element_Validation AODA update received 02/01/2008, from Joyce Rounds.	Ramona Johnson	AODA Data Element Rule Descriptions update.
4/10/2008	Referral_source was changed from Required to Informational so that content edits could trigger. Zip_code changed from Information to Required.	Kate Garvey	Requested by Charles Rumberger on Required/Not Required document dated 3/28/08.
1/19/2010	Changed length and type for Worker ID.	Phyllis Schmoller	Changed per Charles' spreadsheet dated 1/19/10.
4/28/2010	Changed validation data for zip code.	Phyllis Schmoller	Changed for CO 32453.
4/28/2010	Changed all Type fields to be consistent - all N will be defined with 9's and all A will have nothing following.	Phyllis Schmoller	Changed as a result of meeting with Bob to discuss documentation questions. CO 28418

AODA Encounter Reporting 3.0 --- Data Dictionary

CHANGE LOG

6/7/2010	Changed for Age at First Use Primary, Secondary, Tertiary, Brief Service, Characteristics1, 2 and 3, Diagnosis Code Principal, Education at Time of Admission, Employment Status, Family Relationship, MA Number, Provider Number, Race Code1 thru 5, Referral Source, Registration Living Situation, SPC, SPC Delivery Year Month, SPC End Reason, SPC Start Date, Substance Problem at Discharge, Substance Problem Primary, Secondary and Tertiary, Target Group, Unit or Basis for Measurement Code, Use Frequency Primary, Secondary and Tertiary, Usual Administration Primary, Secondary and Tertiary, Worker ID.	Phyllis Schmoller	Changed based on documentation questions. CO 28418
6/16/2010	Change heading for Required column - IF=Informational.	Phyllis Schmoller	Changed based on documentation questions. CO 28418
7/13/2010	Updated descriptions and validation rules of data elements common to MH and AODA based on changes made to MH data dictionary.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/16/2010	Added fields Close Status Support Group and Support Group Attend at Admin.	Phyllis Schmoller	Added per CO 31310.
7/20/2010	Updated descriptions and validation rules of data elements common to MH and AODA based on changes made to MH data dictionary.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/21/2010	Updated header tab for End Posting Date, AODA: Submission Type, Submission Date and Submitter Organization ID. Updated Adjustment Type Detail, Age at First Use Primary, Secondary and Tertiary, Brief Service, Close Status A, AR, E, F, LA and Support Group, CoDependent Collateral, Diagnosis Code Principal, Episode End Date, Family ID and Family Relationship. Removed Episode Start Date.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/30/2010	Updated descriptions and validation rules for Adjustment Type Detail, Gender, MA Number, Race Code 1 thru 5, Recipient Birth Date, Record ID, Registration Living Situation, Service Date From, Service Date To, SPC Delivery Year Month, SPC End Date, SPC Review Due Year Month, SPC Start Date, Submitter Organization ID, Substance Problem at Discharge, Substance Problem Primary, Secondary and Tertiary, Support Group Attend at Admin, Target Group, Unit or Basis for Measurement Code, Use Frequency Primary, Secondary and Tertiary, Usual Administration Primary, Secondary and Tertiary and Worker ID.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
8/17/2010	Added HIPAA Name (National Provider Identifier) for NPI data element.	Phyllis Schmoller	Changes made per Charles' email dated 8/12/10. CO 28418