	FROI-R21										
#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
1	Transaction Set ID	0001	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
			058	Invalid Code Id or Value	TR	TR	TR	TR	TR	TR	TR
2	Maintenance Type Correction Code	0295	001	Mandatory field not present							
			058	Code/ID invalid							
			065	Corresponding report/data not found							
3	Maintenance Type Correction Code Date	0296	001	Mandatory field not present							
			029	Must be a valid date (CCYYMMDD)							
			041	Must be <= current date							
			065	Corresponding report/data not found							
4	Jurisdiction Branch Office Code	0186	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
5	Claim Administrator Claim Number	0015	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
			030	Must be A-Z, 0-9, or spaces	TR	TR	TR	TR	TR	TR	TR
			064	Invalid data relationship	TR	TR	TR	TR	TR	TR	TR
6	Claim Administrator FEIN	0187	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
			028	All digits must be 0-9	TR	TR	TR	TR	TR	TR	TR
			039	No match on database	TR	TR	TR	TR	TR	TR	TR
			040	All digits cannot be the same	TR	TR	TR	TR	TR	TR	TR
			118	Trading Partner not approved to submit data for Insurer/Claim Admin	TR	TR	TR	TR	TR	TR	TR
7	Claim Administrator Name	0188	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
8	Claim Administrator Mailing Information/Attention Line	0135	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
9	Claim Administrator Mailing Primary Address	0010	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
10	Claim Administrator Mailing Secondary Address	0011			TA	TA	TA	TA	TA	TA	TA
11	Claim Administrator Mailing Country Code	0136	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA

#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
12	Employee ID Type Qualifier	0270	058	Code/ID invalid	TR	TR	TR	TR	TR	TR	TR
13	Employee SSN	0042	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
			028	Must be numeric (0-9)	TR	TR	TR	TR	TR	TR	TR
			039	No match on database	TR	TR	TR	TR	TR	TR	TR
			040	All digits cannot be same	TR	TR	TR	TR	TR	TR	TR
14	Employee Employment Visa	0152			TA	TA	TA	TA	TA	TA	TA
15	Employee Green Card	0153			TA	TA	TA	TA	TA	TA	TA
16	Employee ID Assigned by Jurisdiction	0154	039	No match on database	TA	TA	TA	TA	TA	TA	TA
			040	All digits cannot be the same	TA	TA	TA	TA	TA	TA	TA
17	Employee Passport Number	0156			TR	TR	TR	TR	TA	TR	TR
18	Employee Last Name Suffix	0255			TA	TA	TA	TA	TA	TA	TA
19	Employee Authorization to Release Medical Records Indicator	0150	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
20	Employee Social Security Number Release Indicator	0157	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
21	Employee Last Name	0043	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
22	Employee Middle Name/Initial	0045			TA	TA	TA	TA	TA	TA	TA
23	Employee Mailing Primary Address	0046	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
24	Employee Mailing Secondary Address	0047			TA	TA	TA	TA	TA	TA	TA
25	Employee Mailing Country Code	0155	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
26	Employee Phone Number	0051	028	All digits must be 0-9	TE	TA	TE	TE	TE	TE	TE
27	Death Result of Injury Code	0146	058	Code/ID invalid	TE	TE	TE	TE	TE	TE	TE

#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
28	Type of Loss	0290	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
29	Return to Work with Same Employer Indicator	0228	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
30	Return to Work Type Code	0189	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
31	Physical Restrictions Indicator	0224	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
32	Insured FEIN	0314	028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA
			039	No match on database	TA	TA	TA	TA	TA	TA	TA
			040	All digits cannot be the same	TA	TA	TA	TA	TA	TA	TA
33	Insured Name	0017			TA	TA	TA	TA	TA	TA	TA
34	Insured Type Code	0184	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
35	Insured Report Number	0026	030	Must be A-Z, 0-9, or spaces	TA	TA	TA	TA	TA	TA	TA
36	Insurer Name	0007	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
37	Insurer Type Code	0185	058	Code/ID invalid	TE	TA	TE	TE	TE	TE	TE
38	Insolvent Insurer FEIN	0292	028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA
			039	No match on database	TA	TA	TA	TA	TA	TA	TA
			040	All digits cannot be the same	TA	TA	TA	TA	TA	TA	TA
39	Accident Premises Code	0249	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
40	Accident Site County/Parish	0118	001	Mandatory field not present	TR	TA	TA	TA	TA	TR	TA
41	Accident Site Location Narrative	0119			TA	TA	TA	TA	TA	TA	TA
42	Accident Site Organization Name	0120			TA	TA	TA	TA	TA	TA	TA
43	Accident Site City	0121			TA	TA	TA	TA	TA	TA	TA

#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
44	Accident Site Street	0122			TA	TA	TA	TA	TA	TA	TA
45	Accident Site State Code	0123	058	Invalid Code Id or Value	TE	TA	TE	TA	TE	TE	TA
46	Accident Site Country Code	0280	058	Invalid Code Id or Value	TA	TA	TA	TA	TA	TA	TA
47	Date Employer Had Knowledge of Initial Disability	0281	029	Must be a valid date (CCYYMMDD)	TR	TA	TR	TR	TR	TR	TR
			034	Must be >= Date of Injury	TR	TA	TR	TR	TR	TR	TR
48	Employer Name	0018	001	Mandatory field not present	TR	TR	TR	TR	TR	TR	TR
49	Employer UI Number	0329	039	No match on database	TA	TA	TA	TA	TA	TA	TA
50	Employer Physical Primary Address	0019	001	Mandatory field not present	TR	TA	TR	TR	TR	TR	TR
51	Employer Physical Secondary Address	0020			TA	TA	TA	TA	TA	TA	TA
52	Employer Physical Country Code	0164	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
53	Employer Contact Business Phone Number	0159	028	All digits must be 0-9	TE	TE	TE	TE	TE	TE	TE
54	Employer Contact Name	0160			TA	TA	TA	TA	TA	TA	TA
55	Employer Mailing Information/Attention Line	0163			TA	TA	TA	TA	TA	TA	TA
56	Employer Mailing City	0165	001	Mandatory field not present	TR	TA	TR	TR	TA	TR	TR
57	Employer Mailing Country Code	0166	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
58	Employer Mailing Postal Code	0167	058	Code/ID invalid	TE	TE	TE	TE	TE	TE	TE
59	Employer Mailing Primary Address	0168	001	Mandatory field not present	TR	TA	TR	TR	TA	TR	TR
60	Employer Mailing Secondary Address	0169			TA	TA	TA	TA	TA	TA	TA
61	Employer Mailing State Code	0170	058	Code/ID invalid	TR	TA	TR	TR	TA	TR	TR

#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
62	Occupation Description	0060			TA	TA	TA	TA	TA	TA	TA
63	Full Denial Effective Date	0199	029	Must be a valid date (CCYYMMDD)	TE	TE	TE	TE	TE	TE	TE
			034	Must be >= Date of Injury	TE	TE	TE	TE	TE	TE	TE
64	Claim Status Code	0073	058	Code/ID invalid	TE	TE	TE	TE	TE	TE	TE
65	Claim Type Code	0074	058	Code/ID invalid	TR	TR	TR	TR	TR	TR	TR
66	Late Reason Code	0077	058	Code/ID invalid	TE	TE	TE	TE	TE	TE	TE
67	Employer Paid Salary in Lieu of Compensation Indicator	0273	058	Code/ID invalid	TE	TE	TE	TE	TE	TE	TE
68	Number of Accident/Injury Description Narratives	0274	001	Mandatory field not present	TA	TA	TA	TA	TA	TA	TA
			028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA
			054	Must be valid occurrence for segment	TA	TA	TA	TA	TA	TA	TA
			062	Required segment not present	TA	TA	TA	TA	TA	TA	TA
			107	Variable segment counter > maximum value allowed	TA	TA	TA	TA	TA	TA	TA
69	Number of Denial Reason Codes	0277	001	Mandatory field not present	TA	TA	TA	TR	TA	TA	TA
			028	All digits must be 0-9	TA	TA	TA	TR	TA	TA	TA
			054	Must be valid occurrence for segment	TA	TA	TA	TR	TA	TA	TA
			062	Required segment not present	TA	TA	TA	TR	TA	TA	TA
			107	Variable segment counter > maximum value allowed	TA	TA	TA	TR	TA	TA	TA
70	Number of Denial Reason Narratives	0276	001	Mandatory field not present	TA	TA	TA	TR	TA	TA	TA
			028	All digits must be 0-9	TA	TA	TA	TR	TA	TA	TA
			054	Must be valid occurrence for segment	TA	TA	TA	TR	TA	TA	TA
			062	Required segment not present	TA	TA	TA	TR	TA	TA	TA
			107	Variable segment counter > maximum value allowed	TA	TA	TA	TR	TA	TA	TA
71	Number of Managed Care Organizations	0278	001	Mandatory field not present	TA	TA	TA	TA	TA	TA	TA
			028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA
			054	Must be valid occurrence for segment	TA	TA	TA	TA	TA	TA	TA
			062	Required segment not present	TA	TA	TA	TA	TA	TA	TA
			107	Variable segment counter > maximum value allowed	TA	TA	TA	TA	TA	TA	TA

#	Data Element Name	DN#	Error Code	Error Code Description	00	01	02	04	AQ	AU	UR
72	Number of Witnesses	0279	001	Mandatory field not present	TA	TA	TA	TA	TA	TA	TA
			028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA
			054	Must be valid occurrence for segment	TA	TA	TA	TA	TA	TA	TA
			062	Required segment not present	TA	TA	TA	TA	TA	TA	TA
			107	Variable segment counter > maximum value allowed	TA	TA	TA	TA	TA	TA	TA
73	Accident Description/Cause	0038			TA	TA	TA	TA	TA	TA	TA
74	Full Denial Reason Code	0198	058	Code/ID invalid	TE	TA	TE	TR	TE	TE	TE
			103	Same code received in multiple variable segments	TE	TA	TE	TR	TE	TE	TE
75	Full Denial Reason Narrative	0197			TA	TA	TA	TA	TA	TA	TA
76	Managed Care Organization Code	0207	058	Code/ID invalid	TA	TA	TA	TA	TA	TA	TA
			103	Same code received in multiple variable segments	TA	TA	TA	TA	TA	TA	TA
77	Managed Care Organization Name	0209			TA	TA	TA	TA	TA	TA	TA
78	Managed Care Organization Identification Number	0208	039	No match on database	TA	TA	TA	TA	TA	TA	TA
79	Witness Name	0238			TA	TA	TA	TA	TA	TA	TA
80	Witness Business Phone Number	0237	028	All digits must be 0-9	TA	TA	TA	TA	TA	TA	TA

Cell: B30
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B32
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B34
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B45
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B47
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B52
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B54
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B60
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B63
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B65
Comment: nairs:

No checks mentioned in Edit matrix

Cell: B67
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B69
Comment: nairs:
No checks mentioned in Edit matrix

Cell: B93
Comment: nairs:
No check specified in edit matrix

Cell: B104
Comment: nairs:
No check specified in edit matrix

Cell: B106
Comment: nairs:
No check specified in edit matrix

Cell: B108
Comment: nairs:
No check specified in edit matrix

Cell: B110
Comment: nairs:
No check specified in edit matrix

Cell: B112
Comment: nairs:
No check specified in edit matrix

Cell: B121
Comment: nairs:
No checks mentioned in Edit Matrix

Cell: B125
Comment: nairs:
No check specified in Edit matrix.

Cell: B137
Comment: nairs:
No check specified in Edit matrix.

Cell: B144
Comment: nairs:
No check specified in Edit matrix.

Cell: B193
Comment: nairs:
No checks in Edit matrix

Cell: B198
Comment: nairs:
No checks in Edit matrix

Cell: B203
Comment: nairs:
No checks in Edit matrix

Cell: B207
Comment: nairs:
No checks in Edit matrix