DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
1 -001	**TRANSACTION SET ID** *Mandatory*	***Mandatory field not present***	The record/transmission did not contain the mandatory data element Transaction Set ID.	Rejected (TR)	Re-send the record/ transmission with the Transaction Set ID "148".
1 - 042	**TRANSACTION SET ID** *Mandatory*	***Not statutorily valid***	The record/transmission contained a value for Transaction Set ID that was not one accepted for Colorado filings. Colorado accepts the 148 Transaction Set ID.	Rejected (TR)	Re-send the record/transmission with the correct Transaction Set ID "148".
2 - 001	**MAINTENANCE TYPE CODE** *Mandatory*	***Mandatory field not present***	The record did not contain the required Maintenance Type Code to identify the "type" of filing (e.g. 00, 01, 02, CO).	Rejected (TR)	Re-send the record with the applicable Maintenance Type Code 00 (Original), 01 (Cancel), 02 (Change), CO (Correction).
2 – 042	**MAINTENANCE TYPE CODE** *Mandatory*	***Not statutorily valid***	The Maintenance Type Code sent for the record was not one accepted for Colorado filings. Colorado accepts the following MTC's: 00, 01, 02, CO.	Rejected (TR)	Re-submit the record with the appropriate Maintenance Type Code 00 (Original), 01 (Cancel), 02 (Change), CO (Correction).
2 – 057	**MAINTENANCE TYPE CODE** *Mandatory*	***Duplicate transmission/transaction***	The record contains a Maintenance Type Code 00 for the same SSN/DOI (date of injury falls within plus or minus 5 days) for the same claim.	Rejected (TR)	Confirm if the "extra" Maintenance Type Code 00's are being sent/triggered unnecessarily. If the second (or third, etc) EDI filing was unintended, do not re-file the record. Instead, correct the Maintenance Type Code, SSN, DOI and/or other data as necessary and re-send the record. If a change or correction was intended, transmit an Maintenance Type Code 02 (Change) or CO (Correction).
3 – 001	**MAINTENANCE TYPE CODE DATE** *Mandatory*	***Mandatory field not present***	The record was sent without the required Maintenance Type Code Date.	Rejected (TR)	Re-send the record with the Maintenance Type Code Date.
3 – 029	**MAINTENANCE TYPE CODE DATE** *Mandatory*	***Must be a valid date (CCYYMMDD)***	The date sent for Maintenance Type Code Date was not a valid date or not in the correct date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the Maintenance Type Code Date in the correct date format (CCYYMMDD).
3 – 041	**MAINTENANCE TYPE CODE DATE** *Mandatory*	***Must be less than or equal to Current Date***	The Maintenance Type Code Date must be equal to or earlier than the current date.	Rejected (TR)	Verify and correct the Maintenance Type Code Date and re-send the record.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
4 – 001	**JURISDICTION** *Mandatory*	***Mandatory field not present***	The record did not contain the required Jurisdiction code.	Rejected (TR)	Re-send the record with the Jurisdiction code, "CO".
4 – 042	**JURISDICTION** *Mandatory*	***Not statutorily valid***	The Jurisdiction code contained on the record was not valid for Colorado. Only code "CO" will be accepted.	Rejected (TR)	Re-send the record with the Jurisdiction code, "CO".
5 - 001	**AGENCY CLAIM NUMBER** *Mandatory – 01, 02, CO*	***Mandatory field not present***	The record did not contain an Agency Claim Number, required for MTC 01 (Cancel), 02 (Change), CO (Correction) filings.	Rejected (TR)	Re-send the Agency Claim Number assigned by the Division. The Agency Claim Number was previously provided on the EDI Acknowledgment Report or Transmittal Form for hardcopy when the EDI FROI Maintenance Type Code 00 (Original) was sent.
5 – 039	**AGENCY CLAIM NUMBER** *Mandatory – 01, 02, CO*	***No match on database***	The Agency Claim Number sent on the MTC 01 (Cancel), 02 (Change), CO (Correction) filings did not match the Agency Claim Number assigned by the Division for the record.	Rejected (TR)	Correct the Agency Claim Number and re-submit the filing. If Agency Claim Number is unknown, contact the Division to confirm the correct Agency Claim Number and re-send the filing.
5 – 053	**AGENCY CLAIM NUMBER**	***No matching First Report (148)***	The Agency Claim Number sent on the MTC 02 (Change) or CO (Correction) filings did not match an Agency Claim Number on an existing <u>First Report</u>. The Agency Claim Number, SSN and Date of Injury sent on the MTC01 (Cancel) filings did not match an Agency Claim Number, SSN and Date of Injury on an existing <u>First Report.</u>	Rejected (TR)	Verify that the claim administrator has filed a First Report before filing a change or correction transaction. If the injured worker has filed a Worker's Claim, but the claim administrator has not filed the First Report, a First Report is not available for a change or correction transaction. Verify the Agency Claim Number. If an incorrect Agency Claim Number was sent, correct the Agency Claim Number and re-send the record. Verify that the Agency Claim Number, SSN and Date of Injury. If an incorrect Agency Claim, SSN or Date of Injury was sent correct the data and re-send the record.
5 – 061	**AGENCY CLAIM NUMBER** *Mandatory – 01*	***Event criteria not met***	A workers' claim or a position statement was filed prior to the first report.	Rejected (TR)	Since a workers' claim or a statement is already on the Division's database, this cannot be cancelled electronically.
6 – 001	**INSURER FEIN** *Mandatory*	***Mandatory field not present***	The record did not contain the FEIN for the insurer (could be a carrier or self-insured employer).	Rejected (TR)	Re-send the record with the FEIN of the Insurer.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
6 – 039	**INSURER FEIN** *Mandatory*	*No match on database*	The record contained an Insurer FEIN that did not match the Division's database.	Rejected (TR)	Verify the Insurer FEIN. If an incorrect Insurer FEIN was sent, correct the Insurer FEIN and re-send the record. If you believe that the Insurer FEIN is correct, provide the Division with the insurer information (FEIN, mailing and physical address, nine-digit zip code and phone number). The Division will research. NOTE: Each associated insurer has a unique FEIN.
7 – 001	**INSURER NAME** *Mandatory*	*Mandatory field not present*	The record did not contain the name of the Insurer (could be a carrier or self-insured employer).	Rejected (TR)	Re-send the record with the name of the Insurer.
8 – 039	**THIRD PARTY ADMINISTRATOR FEIN** *Conditional*	*No match on database*	The record contained a TPA FEIN that did not match the Division's database.	Rejected (TR)	Verify the Third Party FEIN. If an incorrect TPA FEIN was sent, correct the TPA FEIN and re-send the record. Note: The FEIN for the TPA is not the same as the FEIN for the Insurer. If you believe that the TPA FEIN is correct, provide the Division with the TPA information (FEIN, mailing address, nine-digit zip code and phone number). The Division will research.
14 – 001	**CLAIM ADMINISTRATOR POSTAL CODE**	*Mandatory field not present*	The record contained a TPA FEIN, but the record did not contain a Claim Administrator Postal Code.	Rejected (TR)	Re-send the record with the Claim Administrator Postal Code.
14 – 039	**CLAIM ADMINISTRATOR POSTAL CODE** *Conditional*	*No match on database*	The record contained a postal code for the Insurer/TPA that did not match the Division's database.	Rejected (TR)	Verify the postal code sent for the Claim Administrator. If an incorrect postal code was sent, correct the postal code and re-send the record. Note: The TPA cannot be properly identified in the Division's database without the nine-digit postal code. If you believe that the Claim Administrator Postal Code is correct, provide the Division with the new postal code information including the mailing address. The Division will research.
14 – 045	**CLAIM ADMINISTRATOR POSTAL CODE** *Conditional*	*Value is less than required by the Jurisdiction*	The record did not contain all nine (9) digits of the Claim Administrator's postal code.	Rejected (TR)	Re-send the record with all nine (9) digits of the Claim Administrator Postal Code.
15 – 001	**CLAIM ADMINISTRATOR CLAIM NUMBER**	*Mandatory field not present*	The record did not contain the claim number assigned by the	Rejected (TR)	Re-send the record with the specific claim number assigned by the Claim Administrator

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
	Mandatory		Claim Administrator (insurer, TPA or self-insured employer).		(the entity responsible for adjusting/handling the claim).
15 – 039	**CLAIM ADMINSTRATOR CLAIM NUMBER** *Mandatory – 01, 02, CO*	*No match on database*	The record contained a Claim Administrator Claim Number, which did not match the Claim Administrator Claim Number previously provided to the Division.	Rejected (TR)	Verify the Claim Administrator Claim Number sent. If an incorrect Claim Administrator Claim Number was sent, correct the Claim Administrator Claim Number and re-send the record.
15 – 064	**CLAIM ADMINISTRATOR CLAIM NUMBER** *Mandatory – 02, CO*	*Invalid data sequence/relationship*	The record contained changes to more than one key field.	Rejected (TR)	Only one key field can be changed per record. Key fields are: Agency Claim Number, Date of Injury, Carrier Claim Number and Social Security Number. Resend the record with only one key field change.
16 – 001	**EMPLOYER FEIN** *Mandatory*	*Mandatory field not present*	The record did not contain the Employer FEIN.	Rejected (TR)	Re-send the record with the FEIN of the employer.
16 – 028	**EMPLOYER FEIN** *Mandatory*	*Must be (0-9)*	The record contained a non-numeric FEIN for the employer.	Rejected (TR)	Re-send the record with the correct numeric employer FEIN.
16 – 039	**EMPLOYER FEIN** *Mandatory*	*No match on database*	The record contained an employer FEIN that did not match the Division's database.	Rejected (TR)	Verify the Employer FEIN. If an incorrect Employer FEIN was sent, correct the Employer FEIN and re-send the record. If you believe that the Employer FEIN is correct, provide the Division with the employer information (FEIN, mailing and physical address, phone). The Division will research.
16 – 040	**EMPLOYER FEIN** *Mandatory*	*All digits cannot be the same*	The record contained an employer FEIN with all identical values (e.g. 999999999).	Rejected (TR)	Re-send the record with the correct numeric employer FEIN.
17 – 001	**INSURED NAME** *Mandatory*	*Mandatory field not present*	The record did not contain the Insured Name.	Rejected (TR)	Re-send the record with the name of the insured.
18 – 001	**EMPLOYER NAME** *Mandatory*	*Mandatory field not present*	The record did not contain the Employer Name.	Rejected (TR)	Re-send the record with the name of the employer.
19 – 001	**EMPLOYER PRIMARY PHYSICAL ADDRESS** *Mandatory*	*Mandatory field not present*	The record did not contain the Employer Primary Physical Address.	Rejected (TR)	Re-send the record with the employer's primary physical address.
21 – 001	**EMPLOYER PHYSICAL CITY** *Mandatory*	*Mandatory field not present*	The record did not contain the physical city associated with employer's address.	Rejected (TR)	Re-send the record with the physical city of the employer's address.
22 – 001	**EMPLOYER PHYSICAL STATE CODE** *Mandatory*	*Mandatory field not present*	The record did not contain the state code of the employer's physical address.	Rejected (TR)	Re-send the record with the state code of the employer's address.
22 – 058	**EMPLOYER PHYSICAL STATE CODE** *Mandatory*	*Code/ID Invalid*	The record contained a state code not found in the State table against which the data is edited.	Rejected (TR)	Re-send the record with the corrected state code.
23 – 001	**EMPLOYER PHYSICAL POSTAL CODE** *Mandatory*	*Mandatory field not present*	The record did not contain the postal code associated with the employer's address.	Rejected (TR)	Re-send the record with the employer's postal code.
24 – 001	**SELF INSURED INDICATOR** *Mandatory*	*Mandatory field not present*	The record did not contain the required Self Insured Indicator to reflect whether the employer was	Rejected (TR)	Re-send the record with the Self Insured Indicator of Y (Yes) or N (No).

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
			self-insured.		
24 – 058	SELF INSURED INDICATOR *Mandatory*	*Code/ID Invalid*	The record did not contain a valid value/code of "Y" or "N" for the Self Insured Indicator.	Rejected (TR)	Re-send the record with a valid value of Y (Yes) or N (No) for the Self Insured Indicator.
31 – 001	DATE OF INJURY *Mandatory*	*Mandatory field not present*	The record did not contain a required Date of Injury.	Rejected (TR)	Re-send the record with the Date of Injury.
31 – 029	DATE OF INJURY *Mandatory*	*Must be a valid date (CCYYMMDD)*	The record contained a Date of Injury that was not valid or not in the correct date format.	Rejected (TR)	Re-send the record with the Date of Injury in the valid date format (CCYYMMDD).
31 – 041	DATE OF INJURY *Mandatory*	*Must be less than or equal to current date*	The Date of Injury must be earlier than the current date.	Rejected (TR)	Verify and correct the Date of Injury and re-send the record.
31 – 064	DATE OF INJURY *Mandatory*	*Invalid data sequence/relationship*	The record contained changes to more than one key field.	Rejected (TR)	Only one key field can be changed per record. Key fields are: Agency Claim Number, Date of Injury, Carrier Claim Number and Social Security Number. Resend the record with only one key field change.
33 – 061	POSTAL CODE OF INJURY SITE *Conditional*	*Event criteria not met*	The Employer's Premises Indicator contained an "N" and Postal Code of Injury Site was blank.	Rejected (TR)	Verify the accident site. If the accident occurred on the employer's premises correct the employer's premises indicator. If the accident did not occur on the employer's premises correct the postal code of injury site. Re-send the record.
34 – 001	EMPLOYER'S PREMISES INDICATOR *Mandatory*	*Mandatory field not present*	The record did not contain the required Employer's Premises Indicator to reflect whether the employee was injured on the employer's premises.	Rejected (TR)	Re-send the record with the Employer's Premises Indicator of Y (Yes) or N (No).
34 – 058	EMPLOYER'S PREMISES INDICATOR *Mandatory*	*Code/ID invalid*	The record did not contain a valid value/code of "Y" or "N" for the Employer's Premises Indicator.	Rejected (TR)	Re-send the record with a valid value of Y (Yes) or N (No) for the Employer's Premises Indicator.
35 – 001	NATURE OF INJURY *Mandatory*	*Mandatory field not present*	The record did not contain the required NCCI Nature of Injury code.	Rejected (TR)	Re-send the record with the required Nature of Injury Code.
35 – 058	NATURE OF INJURY *Mandatory*	*Code/ID invalid*	The record contained a Nature of Injury code not listed in the current Nature of Injury table against which the data is edited.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Nature of Injury code that corresponds to the nature of the injury sustained by the employee.
36 – 001	PART OF BODY INJURED CODE *Mandatory*	*Mandatory field not present*	The record did not contain the required NCCI Part of Body Injured Code.	Rejected (TR)	Re-send the record with the required Part of Body Injured Code.
36 – 058	PART OF BODY INJURED CODE *Mandatory*	*Code/ID invalid*	The record contained a Part of Body Injured Code not listed on the current Part of Body table against which the data is edited.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Part of Body Injured Code that corresponds to the part of body to which the employee sustained the injury.
37 – 001	CAUSE OF INJURY CODE *Mandatory*	*Mandatory field not present*	The record did not contain the required NCCI Cause of Injury Code.	Rejected (TR)	Re-send the record with the required Cause of Injury Code.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
37 – 058	**CAUSE OF INJURY CODE** *Mandatory*	*Code/ID invalid*	The record contained a Cause of Injury code not listed in the current Cause of Injury code table against which the data is edited.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Cause of Injury code that corresponds to the cause of the injury to the employee.
38 – 001	**ACCIDENT** *Mandatory*	*Mandatory field not present*	The record did not contain the text description and/or cause of the employee's accident/injury. (Text description can be up to 150 characters).	Rejected (TR)	Re-send the record with a description of the employee's accident.
39 – 058	**INITIAL TREATMENT** *Optional*	*Code/ID invalid*	The record contained an Initial Treatment Code not listed in the current Initial Treatment code table against which the data is edited.	Accepted with Errors (TE)	Re-submit a FROI correction record (CO) with the correct Initial Treatment code, which corresponds to medical treatment received by the employee.
40 – 001	**DATE REPORTED TO EMPLOYER** *Mandatory*	*Mandatory field not present*	The record did not contain the date the accident/injury was reported to the employer.	Rejected (TR)	Re-send the record with the date the accident/injury was reported to the employer.
40 – 029	**DATE REPORTED TO EMPLOYER** *Mandatory*	*Must be a valid date (CCYYMMDD)*	The date the accident/injury was reported to the employer is not a valid date or not in the correct date format.	Rejected (TR)	Re-send the record with the correct date the accident/injury was reported to the employer.
40 – 034	**DATE REPORTED TO EMPLOYER** *Mandatory*	*Must be greater than or equal to Date of Injury*	The date the accident was reported to the employer was reported as occurring before the Date of Injury.	Rejected (TR)	Re-send the record with the correct date the accident was reported to the employer.
41 – 001	**DATE REPORTED TO CLAIMS ADMINISTRATOR** *Mandatory*	*Mandatory field not present*	The record did not contain the date the accident/injury was reported to the claims administrator.	Rejected (TR)	Re-send the record with the date the accident/injury was reported to the claims administrator.
41 – 029	**DATE REPORTED TO CLAIMS ADMINISTRATOR** *Mandatory*	*Must be a valid date (CCYYMMDD)*	The date the accident/injury was reported to the claims administrator is not a valid date or not in the correct date format.	Rejected (TR)	Re-send the record with the correct date the accident/injury was reported to the claims administrator.
41 – 034	**DATE REPORTED TO CLAIMS ADMINISTRATOR** *Mandatory*	*Must be greater than or equal to Date of Injury*	The date the accident was reported to the claims administrator was reported as occurring before the Date of Injury.	Rejected (TR)	Re-send the record with the correct date the accident/injury was reported to the claims administrator.
42 – 001	**EMPLOYEE SSN** *Mandatory*	*Mandatory field not present*	The record did not contain the required Social Security number for the employee	Rejected (TR)	Re-send the record with the employee's Social Security Number. If the SSN is unknown, either assign an internal Social Security Number or contact the Division for an assigned internal employee identification number to be used until the correct SSN is determined. This field is defined an alpha numeric.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
42 – 039	**EMPLOYEE SSN** *Mandatory – 01, 02, CO*	***No match on database***	The SSN submitted could not be found on the Division's database for this or any other previously filed date of accident.	Rejected (TR)	If incorrect, re-send the record with the correct Employee SSN. If correct, send a FROI change record (02).
42 – 040	**EMPLOYEE SSN** *Mandatory*	***All digits cannot be the same***	The record contained an SSN or assigned number that was filed with all the same values (e.g. 111-11-1111).	Rejected (TR)	Correct the SSN or assigned number and re-send the record. If the SSN is unknown, contact the Division to obtain an internal assigned number to use until the correct SSN is determined.
42 – 045	**EMPLOYEE SSN**	***Value less than required by jurisdiction***	The record contained a SSN or assigned number that was filed with special characters	Rejected (TR)	Correct the SSN or assigned number and re-send the record. If the SSN is unknown, contact the Division to obtain an internal assigned number to use until the correct SSN is determined.
42 – 061	**EMPLOYEE SSN** *Mandatory*	***Event Criteria not met***	The record contained a SSN that did match a SSN already on file for the employee but contained a Date of Birth that did not match the Date of Birth already on file for the SSN.	Rejected (TR)	Verify and correct the SSN and/or the Date of Birth.
42 – 064	**EMPLOYEE SSN** *Mandatory – 02, CO*	***Invalid data sequence/relationship***	The record contained changes to more than one key field.	Rejected (TR)	Only one key field can be changed per record. Key fields are: Agency Claim Number, Date of Injury, Carrier Claim Number and Social Security Number. Resend the record with ony one key field change.
43 – 001	**EMPLOYEE LAST NAME** *Mandatory*	***Mandatory field not present***	The record did not contain the required last name of the employee.	Rejected (TR)	Re-send the record with the employee's last name.
44 – 001	**EMPLOYEE FIRST NAME** *Mandatory*	***Mandatory field not present***	The record did not contain the required first name of the employee.	Rejected (TR)	Re-send the record with the employee's first name.
46 – 001	**EMPLOYEE MAILING PRIMARY ADDRESS** *Mandatory*	***Mandatory field not present***	The record did not contain the employee's mailing address.	Rejected (TR)	Re-send the record with the employee's mailing address.
48 – 001	**EMPLOYEE MAILING CITY** *Mandatory*	***Mandatory field not present***	The record did not contain the employee's city portion of the mailing address.	Rejected (TR)	Re-send the record with the employee's city portion of the mailing address.
49 – 001	**EMPLOYEE MAILING STATE CODE** *Mandatory*	***Mandatory field not present***	The record did not contain the employee's mailing address state code.	Rejected (TR)	Re-send the record with the employee's mailing state code.
49 – 058	**EMPLOYEE MAILING STATE CODE** *Mandatory*	***Code/ID Invalid***	The record did not contain a state code listed in the State Code table against which the data is edited.	Rejected (TR)	Re-send the record with the correct state code that corresponds to the employee's mailing state code.
50 – 001	**EMPLOYEE POSTAL CODE** *Mandatory*	***Mandatory field not present***	The record did not contain at least the first five (5) digits of the employee's zip code.	Rejected (TR)	Re-send the record with at least the first five (5) digits of the employee's zip code.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
51 – 028	**EMPLOYEE PHONE NUMBER** *Optional*	*Must be numeric (0-9)*	The record contained a non-numeric employee phone number.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct employee phone number.
52 – 001	**EMPLOYEE DATE OF BIRTH** *Mandatory*	*Mandatory field not present*	The record did not contain the employee's date of birth.	Rejected (TR)	Re-send the record with the employee's date of birth.
52 – 029	**EMPLOYEE DATE OF BIRTH** *Mandatory*	*Must be a valid date (CCYYMMDD)*	The date sent for the employee's birth was not a valid date or not in the correct date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the employee's correct date of birth, in the correct date format (CCYYMMDD).
52 – 033	**EMPLOYEE DATE OF BIRTH** *Mandatory*	*Must be less than or equal to Date of Injury*	The employee's date of birth was reported as having occurred after the date of injury.	Rejected (TR)	Re-send the record with the correct date of birth and/or date of injury for the employee.
52 – 039	**EMPLOYEE DATE OF BIRTH** *Mandatory*	*No match on database*	The record contained a social security number that matched a social security number already on file for the employee AND date of birth for the employee that did not match a date of birth already on file for the employee.	Rejected (TR)	Verify the employee's social security number and/or date of birth and re-send the record.
52 – 045	**EMPLOYEE DATE OF BIRTH** *Mandatory*	*Value is less than required by jurisdiction*	The employee's date of birth was less than 01/01/1850.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct date of birth.
53 – 001	**EMPLOYEE GENDER CODE** *Mandatory*	*Mandatory field not present*	The record did not contain the required gender (sex) of the employee.	Rejected (TR)	Re-send the record with the employee's gender as M, F or U.
53 – 058	**EMPLOYEE GENDER CODE** *Mandatory*	*Code/ID invalid*	The record did not contain a valid value of M, F, or U for the employee's gender (sex).	Rejected (TR)	Re-send the record with a valid Employee Gender Code – Valid values are: M (Male), F (Female), or U (Unknown).
54 – 058	**MARITAL STATUS CODE** *Optional*	*Code/ID invalid*	The record contained a marital status code that did not match a valid code on the Marital Status Code table, against which the data was edited.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct marital status of the employee. Valid values are: M (Married), U (Widowed, Divorced, Single, Unmarried), S (Separated), K (Unknown).
56 – 029	**DATE DISABILITY BEGAN** *Optional*	*Must be a valid date (CCYYMMDD)*	The date sent for the Date Disability Began was not a valid date or not in the correct date format.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Date Disability Began.
56 – 034	**DATE DISABILITY BEGAN** *Optional*	*Must be greater than or equal to Date of Injury*	The date sent for the date of disability was reported as having occurred before the date of injury.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Date Disability Began.
57 – 029	**EMPLOYEE DATE OF DEATH** *Conditional*	*Must be a valid date (CCMMYYDD)*	The employee's date of death was not reported in the correct date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the date the injured employee died in the correct date format (CCYYMMDD).
57 – 034	**EMPLOYEE DATE OF DEATH** *Conditional*	*Must be greater than or equal to Date of Injury*	The date the employee died was reported as having occurred before the Date of Injury.	Rejected (TR)	Re-send the record with the correct Employee Date of Death.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
58 – 001	**EMPLOYMENT STATUS CODE** *Mandatory*	***Mandatory field not present***	The record did not contain the employment status code.	Rejected (TR)	Re-send the record with required Employment Status Code that corresponds to the work schedule of the employee. Valid code values are: C (Piece Worker), 9 (Volunteer Worker), 8 (Seasonal), A (Apprentice Full-Time), B (Apprentice Part-Time), 1 (Regular Employee), 2 (Part-Time Employee), 3 Unemployed), 6 (Retired), 4 (On Strike), 5 (Disabled), and 7 (Other).
58 – 058	**EMPLOYMENT STATUS CODE** *Mandatory*	***Code/ID invalid***	The record contained an Employment Status Code that did not match a valid code on the Employment Status Code table, against which the data is edited.	Rejected (TR)	Re-send the record with the correct Employment Status Code that corresponds to the work schedule of the employee. Valid code values are: C (Piece Worker), 9 (Volunteer Worker), 8 (Seasonal), A (Apprentice Full-Time), B (Apprentice Part-Time), 1 (Regular Employee), 2 (Part-Time Employee), 3 (Unemployed), 6 (Retired), 4 (On Strike), 5 (Disabled), and 7 (Other).
61 – 029	**DATE OF HIRE** *Optional*	***Must be a valid date (CCYYMMDD)***	The employee's date of hire was not reported in the correct date format (CCYYMMDD).	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Date of Hire.
61 – 033	**DATE OF HIRE** *Optional*	***Must be less than or equal to Date of Injury***	The employee's hire date was reported as having occurred after the Date of Injury.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Date of Hire.
62 – 028	**WAGE** *Conditional*	***Must be (0-9)***	The employee's wage was reported as less than zero.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Wage and/or Wage Period.
62 – 044	**WAGE** *Conditional*	***Value is greater than required by jurisdiction***	Result of wage amount multiplied by the wage period is too big to fit in Wage field.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Wage and/or Wage Period.
62 – 045	**WAGE** *Conditional*	***Value is less than required by the jurisdiction***	The employee's wage was reported as zeros and the wage period was reported.	Accepted with Errors (TE)	Submit a FROI correction record (CO) with the correct Wage.
63 – 058	**WAGE PERIOD** *Conditional*	***Code/ID invalid***	The record contained a Wage Period code not listed in the current wage period code table against which the data is edited.	Accepted with Errors (TE)	Submit a FROI change record (02) with the employee's pre-injury wage period.
63 – 061	**WAGE PERIOD** *Conditional*	***Event Criteria not met***	The employee's wage was greater than zero and the wage period was not reported.	Accepted with Errors (TE)	Submit a FROI change record (02) with the employee's pre-injury wage period.
64 – 018	**NUMBER OF DAYS WORKED** *Conditional*	***Number of days worked must be 0-7***	The record contained a value other than 0-7 to reflect the number of days worked by the employee.	Accepted with Errors (TE)	Submit a FROI change record (02) with the employee's pre-injury days worked.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
65 – 029	DATE LAST DAY WORKED *Optional*	*Must be a valid date (CCYYMMDD)*	The employee's last day worked was not reported in the correct date format (CCYYMMDD). .	Accepted with Errors (TE)	Submit a FROI change record (02) with the correct Date Last Day Worked.
65 – 034	DATE LAST DAY WORKED *Optional*	*Must be greater than or equal to Date of Injury*	The employee's last worked date was reported as having occurred before the Date of Injury.	Accepted with Errors (TE)	Submit a FROI change record (02) with the correct Date Last Day Worked.
66 – 001	FULL WAGES PAID FOR DATE OF INJURY INDICATOR *Mandatory*	*Mandatory field not present*	The record did not indicate whether the employee was/was not paid wages by the employer for the date of injury.	Rejected (TR)	Re-send the record with the correct value (Y or N) and indicate whether the employee was/was not paid wages for the date of injury.
66 – 058	FULL WAGES PAID FOR DATE OF INJURY INDICATOR *Mandatory*	*Code/ID invalid*	The record contained a value other than "Y" or "N" for the Full Wages Paid For Date of Injury Indicator.	Rejected (TR)	Re-send the record with the correct value (Y or N) to indicate whether the employer paid the employee for the date of injury.
67 – 001	SALARY CONTINUED INDICATOR *Mandatory*	*Mandatory field not present*	The record did not reflect whether the employer continued the pay.	Rejected (TR)	Re-send the record with the correct value (Y or N) to indicate whether the employer continued to pay salary.
67 – 058	SALARY CONTINUED INDICATOR *Mandatory*	*Code/ID invalid*	The record contained a value other than "Y" or "N" for the Salary Continued Indicator.	Rejected (TR)	Re-send the record with the correct value (Y or N) to indicate whether the employer continued to pay the salary.
68 – 029	DATE RETURN TO WORK *Optional*	*Must be a valid date (CCYYMMDD)*	The employee's return to work date was not reported in the correct date format (CCYYMMDD).	Accepted with Errors (TE)	Submit a FROI change record (02) with the correct Date Return to Work.
68 – 034	DATE RETURN TO WORK *Optional*	*Must be greater than or equal to Date of Injury*	The employee's return to work date was reported as having occurred before the Date of Injury.	Accepted with Errors (TE)	Submit a FROI change record (02) with the correct Date Return to Work.
98 – 001	SENDER ID *Mandatory* *Header Record*	*Mandatory field not present*	The FEIN and/or Postal Code for the Claim Administrator sending the EDI transmission were not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Claim Administrator FEIN and Postal Code and resend the entire transmission.
98 – 039	SENDER ID *Mandatory* *Header Record*	*No match on database*	The FEIN and/or Postal Code for the Claim Administrator sent on the Header Record (HD1) did not match the Insurer or TPA profile in the Division's database.	Rejected (TR)	If necessary, contact the Division to reconcile the non-matching FEIN/Postal Code on file for the submitting Claim Administrator. Then correct the Header Record to reflect the correct Claim Administrator FEIN and Postal Code and re-send the transmission.
99 – 001	RECEIVER ID *Mandatory* *Header Record*	*Mandatory field not present*	The FEIN and/or Postal Code for the State of Colorado were not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the State of Colorado FEIN and Postal Code and re-send the transmission. FEIN = 840644739 Postal Code = 802022117

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
99 – 058	**RECEIVER ID** *Mandatory* *Header Record*	***Code/ID invalid***	The FEIN and/or Postal Code sent for the State of Colorado on the Header Record (HD1 transaction) was not correct.	Rejected (TR)	Correct the Header Record to reflect the correct State of Colorado FEIN and/or Postal Code and re-send the transmission. The State of Colorado FEIN and Postal Code must be valid values: FEIN = 840644739 Postal Code = 802022117
100 – 001	**DATE TRANSMISSION SENT** *Mandatory* *Header Record*	***Mandatory field not present***	The date the transmission was sent to the Division was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Date Transmission Sent and re-send the transmission.
100 – 029	**DATE TRANSMISSION SENT** *Mandatory* *Header Record*	***Must be a valid date (CCYYMMDD)***	The date the transmission was sent to the Division was not in the valid date format. (CCYYMMDD)	Rejected (TR)	Correct the Header Record to reflect the correct date format for the Date Transmission Sent and re-send the transmission.
100 – 041	**DATE TRANSMISSION SENT** *Mandatory* *Header Record*	***Must be less than or equal to current date***	The date the transmission was sent was reported as having occurred after the current date.	Rejected (TR)	Correct the Header Record to reflect the correct Date Transmission Sent and re-send the transmission.
101 – 001	**TIME TRANSMISSION SENT** *Mandatory* *Header Record*	***Mandatory field not present***	The time the transmission was sent to the Division was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Time Transmission Sent and re-send the transmission.
101 – 028	**TIME TRANSMISSION SENT** *Mandatory* *Header Record*	***Must be (0-9)***	The Header Record contained a non-numeric time transmission sent.	Rejected (TR)	Correct the Header Record to reflect the Time Transmission Sent and re-send the transmission.
104 – 001	**TEST/PRODUCTION INDICATOR** *Mandatory* *Header Record*	***Mandatory field not present***	The indicator on the Header Record that signifies if the transmission is for test versus production was not included on the Header Record (HD1 transaction).	Rejected (TR)	Re-send the record with the Test/Production Indicator, "P". Note: Contact the Division before sending a test file.
104 – 058	**TEST/PRODUCTION INDICATOR** *Mandatory* *Header Record*	***Code/ID invalid***	The indicator on the Header Record that signifies if the transmission is test versus production was not sent with the valid value of "T" or "P".	Rejected (TR)	Re-send the record with the Test/Production Indicator, "P". Note: Contact the Division before sending a test file.
105 – 001	**INTERCHANGE VERSION ID** *Mandatory* *Header Record*	***Mandatory field not present***	The ID on the Header Record that signifies the version of EDI being used (i.e. Release I, Release II) was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Interchange Version ID and re-send the transmission. Colorado accepts only Release 1 FROI, Interchange Version ID "14801".
105 – 058	**INTERCHANGE VERSION ID** *Mandatory* *Header Record*	***Code/ID invalid***	The ID on the Header Record that signifies the version of EDI being used (i.e. Release I, Release II) was not a valid value.	Rejected (TR)	Correct the Header Record to reflect the correct Interchange Version ID and re-send the transmission. Colorado accepts only Release 1FROI, Interchange Version ID "14801".
106 – 001	**DETAIL RECORD COUNT** *Mandatory* *Trailer Record*	***Mandatory field not present***	The Trailer Record (TR1 transaction) did not contain the Detail Record count.	Rejected (TR)	Correct the Trailer Record to reflect the Detail Record Count and re-send the transmission.

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Appropriate Response Expected
106 – 028	**DETAIL RECORD COUNT** *Mandatory* *Trailer Record*	***Must be (0-9)***	The Trailer Record (TR1 transaction) contained a non-numeric Detail Record Count.	Rejected (TR)	Correct the Trailer Record to reflect the correct Detail Record Count and re-send the transmission.
106 – 066	**DETAIL RECORD COUNT** *Mandatory* *Trailer Record*	***Invalid record count***	The Detail Record Count sent on the Trailer Record (TR1 transaction) did not match the number of records sent in the corresponding batch.	Rejected (TR)	Correct the Trailer Record to reflect the correct Detail Record Count and re-send the transmission.