COLORADO DIVISION OF WORKERS' COMPENSATION
IAIABC FROI DATA EDIT MATRIX REVISED 02/25/03

	ERROR MESSAGE	Mandatory field not present	Number of Days Worked must be 0-7	Must be numeric (0-9)	Must be a valid date (CCYYMMDD)	Must be A-Z, 0-9, or spaces	Must be <= Date of Injury	Must be >= Date of Injury	Must be <= Maintenance Type Code Date	No match on database	All digits cannot be the same	Must be <= Current Date	Not statutorily valid	Value is > than required by jurisdiction	Value is < than required by jurisdiction	No matching First Report	Duplicate transmission/transaction	Code/ID invalid	Event Criteria not met	Invalid event sequence/relationship	Invaid data sequence/relationship	Invalid record count
DN	**DATA ELEMENT NAME**	**001**	**018**	**028**	**029**	**030**	**033**	**034**	**037**	**039**	**040**	**041**	**042**	**044**	**045**	**053**	**057**	**058**	**061**	**063**	**064**	**066**
1	TRANSACTION SET ID	TR											TR									
2	MAINTENANCE TYPE CODE	TR											TR				TR					
3	MAINTENANCE TYPE DATE	TR			TR							TR									TR	
4	JURISDICTION	TR											TR									
5	AGENCY CLAIM NUMBER	TR								TR						TR			TR			
6	INSURER FEIN	TR								TR												
7	INSURER NAME	TR																				
8	THIRD PARTY ADMINISTRATOR FEIN									TR												
9	THIRD PARTY ADMINISTRATOR NAME																					
10	CLAIM ADMINISTRATOR ADDRESS LINE 1																					
11	CLAIM ADMINISTRATOR ADDRESS LINE 2																					
12	CLAIM ADMINISTRATOR CITY																					
13	CLAIM ADMINISTRATOR STATE																					
14	CLAIM ADMINISTRATOR POSTAL CODE									TR					TR							
15	CLAIM ADMINISTRATOR CLAIM NUMBER	TR								TR											TR	
16	EMPLOYER FEIN	TR		TR						TR	TR											
17	INSURED NAME	TR																				
18	EMPLOYER NAME	TR																				
19	EMPLOYER PHYSICAL PRIMARY ADDRESS	TR																				
20	EMPLOYER PHYSICAL SECONDARY ADDRESS																					
21	EMPLOYER PHYSICAL CITY	TR																				
22	EMPLOYER PHYSICAL STATE CODE	TR																TR				
23	EMPLOYER PHYSICAL POSTAL CODE	TR																				
24	SELF INSURED INDICATOR	TR																TR				
25	SIC CODE																					
26	INSURED REPORT NUMBER																					

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27	INSURED LOCATION NUMBER																					
28	POLICY NUMBER																					
29	POLICY EFFECTIVE																					
30	POLICY EXPIRATION																					
31	DATE OF INJURY	TR			TR					TR		TR									TR	
32	TIME OF INJURY																					
33	POSTAL CODE OF INJURY SITE																		TR			
34	EMPLOYER'S PREMISES INDICATOR	TR																TR				
35	NATURE OF INJURY CODE	TR																TE				
36	PART OF BODY INJURED CODE	TR																TE				
37	CAUSE OF INJURY CODE	TR																TE				
38	ACCIDENT	TR																				
39	INITIAL TREATMENT																	TE				
40	DATE REPORTED TO EMPLOYER	TR			TR			TR														
41	DATE REPORTED TO CLAIMS ADMINISTRATOR	TR			TR			TR														
42	EMPLOYEE SSN	TR								TR	TR				TR				TR		TR	
43	EMPLOYEE LAST NAME	TR																				
44	EMPLOYEE FIRST NAME	TR																				
45	EMPLOYEE MIDDLE NAME/INITIAL																					
46	EMPLOYEE MAILING PRIMARY ADDRESS	TR																				
47	EMPLOYEE MAILING SECONDARY ADDRESS																					
48	EMPLOYEE MAILING CITY	TR																				
49	EMPLOYEE MAILING STATE CODE	TR																TR				
50	EMPLOYEE MAILING POSTAL CODE	TR																				
51	EMPLOYEE PHONE NUMBER			TE																		
52	EMPLOYEE DATE OF BIRTH	TR			TR		TR			TR					TR							

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53	GENDER CODE	TR																TR				
54	MARITAL STATUS CODE																	TE				
55	NUMBER OF DEPENDENTS																					
56	DATE DISABILITY BEGAN				TE			TE														
57	EMPLOYEE DATE OF DEATH				TR			TR														
58	EMPLOYMENT STATUS CODE	TR																TR				
59	CLASS CODE																					
60	OCCUPATION DESCRIPTION																					
61	DATE OF HIRE				TE		TE															
62	WAGE			TE										TE	TE							
63	WAGE PERIOD																	TE	TE			
64	NUMBER OF DAYS WORKED		TE																			
65	DATE LAST DAY WORKED				TE			TE														
66	FULL WAGES PAID FOR DATE OF INJURY INDICATOR	TR																TR				
67	SALARY CONTINUED INDICATOR	TR																TR				
68	DATE RETURN TO WORK				TE			TE														
98	SENDER ID	TR								TR												
99	RECEIVER ID	TR																TR				
100	DATE TRANSMISSION SENT	TR			TR							TR										
101	TIME TRANSMISSION SENT	TR		TR																		
102	ORIGINAL TRANSMISSION DATE	X			X							X										
103	ORIGINAL TRANSMISSION TIME	X		X																		
104	TEST/PRODUCTION INDICATOR	TR																TR				
105	INTERCHANGE VERSION ID	TR																TR				
106	DETAIL RECORD COUNT	TR		TR																		TR
107	RECORD SEQUENCE NUMBER	X		X																		

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108	DATE PROCESSED	X			X							X										
109	TIME PROCESSED	X		X																		
110	ACKNOWLEDGMENT TRANSACTION SET ID	X																X				
111	APPLICATION ACKNOWLEDGMENT CODE	X																X				
112	REQUEST CODE (PURPOSE)	X																X				
113	FREE FORM TEXT	X																				
114	NUMBER OF ERRORS	X		X																		
115	ELEMENT NUMBER	X																X				
116	ELEMENT ERROR NUMBER	X																X				
117	VARIABLE SEGMENT NUMBER	X																X				