

**COLORADO DIVISION OF WORKERS' COMPENSATION
IAIABC SROI EDIT MATRIX FOR MTC FN
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 (148)	Duplicate transmission/transaction	Code/ID invalid	Value not consistent with value previously reported	Event Criteria not met	Invalid event sequence/relationship	Invalid 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	059	061	063	064	066	
1	TRANSACTION SET ID	TR											TR											
2	MAINTENANCE TYPE CODE	TR											TR											
3	MAINTENANCE TYPE DATE	TR			TR							TR												
4	JURISDICTION	TR											TR											
5	<input type="checkbox"/> JURISDICTION CLAIM NUMBER	TR								TR						TR								
6	<input type="checkbox"/> INSURER FEIN	TR								TR														
8	<input type="checkbox"/> THIRD PARTY ADMINISTRATOR FEIN									TR														
14	<input type="checkbox"/> CLAIM ADMINISTRATOR POSTAL CODE									TR					TR						TR			
15	<input type="checkbox"/> CLAIM ADMINISTRATOR CLAIM NUMBER	TR								TR														
31	<input type="checkbox"/> DATE OF INJURY	TR			TR					TR		TR												
42	<input type="checkbox"/> EMPLOYEE SSN	TR								TR														
57	<input type="checkbox"/> EMPLOYEE DATE OF DEATH				TR			TR													TR			
70	<input type="checkbox"/> DATE OF MAXIMUM MEDICAL IMPROVEMENT				TR			TR				TR									TR			
78	<input type="checkbox"/> NUMBER OF PERMANENT IMPAIRMENTS																	TR					TR	
79	<input type="checkbox"/> NUMBER OF PAYMENT/ADJUSTMENTS	TR																TR					TR	
81	<input type="checkbox"/> NUMBER OF PAID TO DATE/REDUCED EARNINGS/RECOVERIES																	TR					TR	
83	<input type="checkbox"/> PERMANENT IMPAIRMENT BODY PART CODE																	TR		TR				
84	<input type="checkbox"/> PERMANENT IMPAIRMENT PERCENT													TR			TR		TR					

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85	PAYMENT/ADJUSTMENT CODE	TR											TR											
86	PAYMENT/ADJUSTMENT PAID TO DATE	TR		TR																				
90	PAYMENT/ADJUSTMENT WEEKS PAID			TR																				
91	PAYMENT/ADJUSTMENT DAYS PAID			TR														TR		TR				
95	PAID TO DATE/REDUCED EARNINGS/RECOVERIES CODE												TR											
96	PAID TO DATE/REDUCED EARNINGS/RECOVERIES AMOUNT			TR																				
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					TR						
106	DETAIL RECORD COUNT	TR		TR																			TR	
107	RECORD SEQUENCE NUMBER	X		X																				
108	DATE PROCESSED	X		X							X													

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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					