

USR WCESTAT Error Code Table

Effective: 9/26/18

Record Type	Starting Position	Sequence	Error Number	Error Description
01	001	000	01001000	Carrier Code is invalid
01	001	001	01001001	Carrier is not approved to file subsequent reports.
01	001	002	01001002	Carrier is not approved to file premium corrections.
01	001	003	01001003	Carrier is not approved to file first reports.
01	001	004	01001004	Carrier is not approved to file loss corrections.
01	001	005	01001005	Carrier is not approved to file first reports in ASWG format.
01	001	006	01001006	Carrier is not approved to file subsequent reports in ASWG format.
01	001	007	01001007	Carrier is not approved to file premium correction reports in ASWG format.
01	001	008	01001008	Carrier is not approved to file loss correction reports in ASWG format.
01	001	009	01001009	USR carrier different than policy carrier
01	001	010	01001010	This carrier code is not an assigned risk carrier
01	001	011	01001011	Carrier is not authorized to submit unit statistical reports electronically.
01	001	012	01001012	Carrier is not approved to report directly to DCO
01	006	000	01006000	Matching policy not found.
01	006	001	01006001	Policy is canceled flat.
01	006	002	01006002	Policy Number is invalid
01	006	004	01006004	Key field changes are not permitted on matched unit.
01	006	005	01006005	DCO Suspended for internal review
01	006	006	01006006	Error processing Link Data Correction during USR correction processing. Unable to apply corrections.
01	006	007	01006007	Per Capita policies do not require USRs.
01	024	000	01024000	The Separated Segment Number cannot contain embedded spaces or special characters.
01	024	001	01024001	All separated fields must be reported with a separated USR.
01	024	002	01024002	A separated USR with the same report number, correction number and separated segment number was previously reported and accepted.
01	025	000	01025000	Unit/Certificate Number Identifier Invalid
01	031	000	01031000	Exposure State is invalid
01	031	001	01031001	Exposure State is not the bureau state code.
01	031	002	01031002	State Code is not Acceptable
01	033	000	01033000	This tape has PRE-ASWG USRs with a policy effective date greater than or equal to the ASWG deadline date.
01	033	001	01033001	Policy Effective Date is invalid.
01	033	002	01033002	Policy Effective Date is greater than policy expiration date.
01	033	003	01033003	Policy Effective Date is invalid for the state.
01	033	004	01033004	Policy Effective Date is not consistent with the ASWG approval date and/or the effective date of the policy.
01	033	005	01033005	There appears to be an overlap in coverage
01	033	006	01033006	There appears to be a gap in coverage
01	033	007	01033007	This unit should be split.
01	033	008	01033008	This unit should not be split.
01	033	009	01033009	An Accepted USR already exists within this Coverage Group for the Same Effective Date. Please review.
01	039	000	01039000	A subsequent USR must have at least 1 loss record.

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01	039	001	Reserved for Future Use	Reserved for Future Use
01	039	002	01039002	USR must have at least 1 exposure record on a rpt 01 correction 00.
01	039	003	01039003	A duplicate USR exists. Contact DCO for correction procedures.
01	039	004	01039004	First report was deleted. Submit a new first report.
01	039	005	01039005	Report is too early for policy entered.
01	039	006	01039006	Report received out of sequence.
01	039	007	01039007	Prior report has priority errors. Subsequent report is not allowed
01	039	008	01039008	Report Number is invalid.
01	039	009	Reserved for Future Use	Reserved for Future Use
01	039	010	01039010	Report Number must be '01' or '02' for a three-year fixed rate policy.
01	039	011	Reserved for Future Use	Reserved for Future Use
01	039	012	01039012	This USR is a replacement report with an invalid NCCI Data Grade. The only option is to file a correction report.
01	039	013	01039013	Multiple reports with the same link data received within the same submission; advise correct filing. Contact DCO for correctic procedures.
01	039	014	01039014	Prior report contains critical errors.
01	039	015	01039015	Report number is greater than 10.
01	039	016	01039016	This USR has a report level that is greater than 05 for this policy effective.
01	039	017	01039017	SIGs cannot submit USRs with report levels 6 through 10.
01	039	018	01039018	Unit Level previously processed - advise correct filing.
01	039	019	01039019	Our records indicate we are missing the unit report for this policy; therefore the reporting requirement has not been satisfied. F compliance with this notice will preclude an initial or subsequent fine.
01	039	020	01039020	Report out of sequence with prior reports.
01	039	021	01039021	Unit Statistical Report filed too late, cannot be processed.
01	039	022	01039022	An accepted first report 1-0 does not exist for the original entity with the same policy number as the separated policy.
01	040	000	01040000	A correction must have at least 1 expo record or 1 loss record.
01	040	001	01040001	This is a correction to a USR that has not been received.
01	040	002	01040002	Correction Sequence Number is invalid.
01	040	003	01040003	Previous key fields are allowed only on Correction Type Codes "H" or "M".
01	040	004	01040004	Correction report reduced total payroll or nonpayroll or standard premium to zero.
01	041	000	01041000	Record Type is invalid.
01	041	001	Reserved for Future Use	Reserved for Future Use
01	041	002	01041002	Records are missing from this unit report.
01	041	003	01041003	This report has more than 100 exposures.
01	041	004	01041004	Review exposures and totals records – cannot align to new policy effective date.
01	041	005	01041005	You cannot modify more than one loss per report.

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01	041	006	Reserved for Future Use	Reserved for Future Use
01	041	007	01041007	Within one report found multiple changes to the same claim and fields.
01	041	008	01041008	USR has more than 1 header record.
01	042	001	01042001	Pre-ASWG Policy Condition – Interstate Rated – is not acceptable.
01	042	002	01042002	Pre-ASWG Policy Condition – Assigned Risk – is not acceptable.
01	042	003	01042003	Policy Condition – Assigned Risk – is not consistent with the reported policy.
01	042	004	01042004	Pre-ASWG Policy Condition – Canceled Policy – is not acceptable.
01	042	005	01042005	Pre-ASWG Policy Condition – Estimated Audit – is not acceptable.
01	042	006	01042006	Pre-ASWG Policy Condition – Disease B Only – is not acceptable.
01	042	007	01042007	Pre-ASWG Policy Condition – Excluding Disease – is not acceptable.
01	042	008	01042008	Pre-ASWG Policy Condition – Clerical Error – is not acceptable.
01	042	009	01042009	Pre-ASWG Policy Condition – Retrospective Rated – is not acceptable
01	042	010	01042010	Pre-ASWG Policy Condition – No Excess Payroll – is not acceptable.
01	042	011	01042011	Pre-ASWG Policy Condition – Large Risk – Large Deductible – is not acceptable.
01	042	012	01042012	Pre-ASWG Policy Condition – Approved Managed Care (MCO) – is not acceptable.
01	042	013	01042013	Policy Condition must be 0 or 1 when pre-ASWG.
01	042	014	01042014	Correction report with audited exposure is required for Policy Condition indicated.
01	055	000	01055000	Policy Expiration or Cancellation Date is invalid.
01	055	001	01055001	Policy Expiration or Cancellation Date does not match the expiration date of the reported policy.
01	055	002	01055002	Policy Expiration or Cancellation Date is invalid for state.
01	055	003	01055003	Policy Expiration Date is greater than 1 year and 17 days.
01	055	004	01055004	Policy Expiration Date is missing; calculated as 1 year from effective date.
01	055	005	01055005	Policy Expiration Date is invalid for report 1 unit with exposures.
01	055	006	01055006	Policy Expiration Date is greater than 1 year and 16 days.
01	055	007	01055007	Policy Expiration Date must be greater than Policy Effective Date.
01	055	008	01055008	Policy Expiration Date changes only allowed on H and M correction types.
01	055	009	01055009	Policy Expiration Date changes only allowed on H and M correction types (1st report level only).
01	061	000	01061000	Risk ID Account Number is invalid.
01	061	001	01061001	Risk ID Account Number not found.
01	071	000	01071000	Pending File Number does not match unit on database.
01	071	001	01071001	Carrier code is not in carrier group for replacement unit.
01	071	002	01071002	Replacement is not allowed when corrections or submissions on database.
01	071	003	01071003	Replacement not allowed on unit without priority 5 error.
01	081	000	01081000	Term is invalid.
01	081	001	01081001	Pre-ASWG Term is not acceptable
01	082	000	Reserved for Future Use	Reserved for Future Use

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01	082	001	Reserved for Future Use	Reserved for Future Use
01	082	002	Reserved for Future Use	Reserved for Future Use
01	083	000	01083000	Policy Type Identification Code is invalid
01	083	001	01083001	Policy Type Identification Code Type of Coverage – is invalid.
01	083	002	01083002	Policy Type Identification Code – Plan Indicator – is invalid.
01	083	003	01083003	Policy Type Identification Code – Plan Indicator – indicates Assigned Risk policy is Voluntary.
01	083	004	01083004	Policy Type Identification Code – Plan Indicator – indicates Voluntary policy is Assigned Risk.
01	083	005	01083005	Policy Type Identification Code – Non-Standard – is invalid.
01	083	006	Reserved for Future Use	Reserved for Future Use
01	083	007	Reserved for Future Use	Reserved for Future Use
01	083	008	Reserved for Future Use	Reserved for Future Use
01	105	000	01105000	Replacement Report Code is inconsistent with pending file number.
01	105	001	01105001	Replacement Report Code is invalid for report number/correction sequence number.
01	105	002	01105002	Replacement Report Code is invalid.
01	105	003	01105003	Verify replacement report not reporting claim records.
01	105	004	01105004	This USR filed as a replacement report is not a 1st report. NCCI requirements only allow "R" reports to replace 1st reports assigned data grade 5.
01	105	005	01105005	This USR filed as a replacement report for a data grade 5. NCCI requirements, a Pending File Number is required on all replacement unit reports.
01	105	006	01105006	This USR replaces a USR that resides in the WCRB accepted data base. If you intend to correct a previously reported USR, file correction report.
01	105	007	01105007	A Replacement Report Code of R is not allowed for a separated USR.
01	122	000	01122000	Correction Type Code is invalid.
01	122	001	Reserved for Future Use	Reserved for Future Use
01	122	002	01122002	Correction Type Code is invalid for report/correction number.
01	122	003	01122003	A Correction Type Code E (Exposure Record Correction) cannot have loss record(s).
01	122	004	01122004	There must be at least 1 exposure record and no loss records on this USR.
01	122	005	01122005	A Correction Type Code L (Loss Record Correction) cannot have exposure records
01	122	006	01122006	A Correction Type Code A (Loss Record Correction due to aggravated inequity) cannot have exposure records
01	122	007	01122007	This correction type should not have exposure or loss records
01	122	008	01122008	Correction Type Code must be compatible with actual data changed.
01	122	009	01122009	Correction Type Code A must be compatible with actual data changed.
01	122	010	01122010	Correction Type Code H cannot have exposure, loss, or total records.
01	122	011	01122011	Correction Type Code is not acceptable.

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01	122	012	01122012	Header link data corrections not allowed at report levels greater than 01 and previous fields must be different than link data fields.
01	122	013	01122013	If Correction Type Code is present, Correction Sequence Number must be greater than 00.
01	122	014	01122014	Please explain in writing why the loss values on this report are changing. The loss report has not been coded as an A for aggravat inequity, nor has the claim been coded as a subrogated or non-compensable claim.
01	122	015	01122015	An Aggravated Inequity correction report cannot be filed to reduce loss amounts for a claim that was previously reported as a clos claim.
01	122	016	01122016	An Aggravated Inequity correction report cannot be filed for a claim that has not closed.
01	122	017	01122017	An Aggravated Inequity correction report cannot be filed when the loss amounts for a claim are increasing.
01	122	018	01122018	An Aggravated Inequity report can only be filed at the latest report level.
01	122	018	01122019	An Aggravated Inequity correction report cannot be filed for an employer who is not experience rated.
01	123	000	01123000	State Effective Date is invalid.
01	123	001	01123001	State Effective Date is outside the policy period.
01	123	002	01123002	State Effective Date does not correspond to current policy data.
01	123	003	01123003	State Effective Date changes only allowed on H and M correction types.
01	123	004	01123004	State Effective Date changes only allowed on H and M correction types (1st report level only).
01	129	000	01129000	Federal Employer Identification Number (FEIN) is invalid.
01	129	001	01129001	Federal Employer Identification Number (FEIN) is missing.
01	129	002	01129002	Federal Employer Identification Number (FEIN) must be 9 digits.
01	138	000	01138000	The reported Separated Date is not a valid date that is greater than or equal to the policy effective date.
01	146	000	Reserved for Future Use	Reserved for Future Use
01	146	001	01146001	Policy Conditions are invalid per state.
01	146	002	01146002	Three-Year Fixed Rate Policy Indicator is invalid.
01	146	003	01146003	Three-Year Fixed Rate Policy Indicator is not consistent with policy period type code.
01	146	004	01146004	Three Year F/R Policy Condition changes only allowed on H and M correction types (1st report level only).
01	146	004	Reserved for Future Use	Reserved for Future Use
01	146	005	Reserved for Future Use	Reserved for Future Use
01	146	006	Reserved for Future Use	Reserved for Future Use
01	146	007	Reserved for Future Use	Reserved for Future Use
01	146	008	Reserved for Future Use	Reserved for Future Use
01	146	009	Reserved for Future Use	Reserved for Future Use
01	146	010	Reserved for Future Use	Reserved for Future Use

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01	146	011	Reserved for Future Use	Reserved for Future Use
01	146	012	Reserved for Future Use	Reserved for Future Use
01	146	013	Reserved for Future Use	Reserved for Future Use
01	146	014	Reserved for Future Use	Reserved for Future Use
01	146	015	Reserved for Future Use	Reserved for Future Use
01	146	016	Reserved for Future Use	Reserved for Future Use
01	146	017	Reserved for Future Use	Reserved for Future Use
01	146	018	01146018	Three Year F/R Policy Condition changes only allowed on H and M correction types.
01	147	000	01147000	Multistate Policy Indicator is invalid.
01	147	001	01147001	Multistate Policy Indicator is inconsistent with Plan Indicator.
01	147	002	01147002	Multistate Policy Indicator is inconsistent with policy.
01	147	003	01147003	Assigned Risk policies must be single state
01	147	004	01147004	Multistate Policy Condition changes only allowed on H and M correction types.
01	147	005	01147005	Multistate Policy Condition changes only allowed on H and M correction types (1st report level only).
01	148	000	01148000	Interstate Rated Policy Indicator is invalid.
01	148	001	01148001	Interstate Rated Policy Indicator is inconsistent with Plan Indicator.
01	148	002	01148002	Policy/USR interstate indication is inconsistent.
01	148	003	01148003	Interstate Rating Policy Condition changes only allowed on H and M correction types.
01	148	004	01148004	Interstate Rating Policy Condition changes only allowed on H and M correction types (1st report level only).
01	149	000	01149000	Estimated Exposure Policy Indicator is invalid.
01	149	001	01149001	Estimated Exposure Policy Indicator has been filed. This USR is estimated.
01	149	002	01149002	The Estimated Exposure Policy Indicator has been filed. Audited data is required.
01	149	003	01149003	Estimated Exposure Policy Condition changes only allowed on H and M correction types.
01	149	004	01149004	Estimated Exposure Policy Condition changes only allowed on H and M correction types (1st report level only).
01	149	005	01149005	The Estimated Audit Code was changed to a Y or N to indicate the insured has cooperated with the audit. The statistical code 9757 must be removed or have zero premium.
01	149	006	01149006	Statistical code 9757 with premium amount greater than zero is not valid with Estimated Audit Code of N or Y.
01	150	000	01150000	Retrospective Rated Policy Indicator is invalid.
01	150	001	01150001	Retrospective Rated Policy Indicator is inconsistent with policy.
01	150	002	01150002	Assigned Risk policies cannot have retro revisions
01	150	003	01150003	Premium on this single state policy appears to be small for retrospective rating provisions.
01	150	004	01150004	USR reports retrospective rating but endorsement is not part of original policy.
01	150	005	01150005	Retrospective Rated Policy Condition changes only allowed on H and M correction types.

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01	150	006	01150006	Retrospective Rated Policy Condition changes only allowed on H and M correction types (1st report level only).
01	151	000	01151000	Cancelled Mid-Term Policy Indicator is invalid.
01	151	001	01151001	Cancelled Mid-Term Policy Indicator is not consistent with policy.
01	151	002	01151002	Canceled Mid-term Policy Condition changes only allowed on H and M correction types.
01	151	003	01151003	Canceled Mid-term Policy Condition changes only allowed on H and M correction types (1st report level only).
01	152	000	01152000	Managed Care Organization (MCO) Policy Indicator is invalid.
01	152	001	01152001	MCO Ind Policy Condition changes only allowed on H and M correction types (1st report level only).
01	152	002	Reserved for Future Use	Reserved for Future Use
01	152	003	01152003	Managed Care Organization Policy Condition Changes only allowed on H and M correction types.
01	157	000	01157000	Type of Coverage ID Code is invalid.
01	157	001	Reserved for Future Use	Reserved for Future Use
01	157	002	Reserved for Future Use	Reserved for Future Use
01	157	003	01157003	Type of Coverage ID Code does not allow Policy Conditions – Retrospective Rated Policy to be “Y”.
01	157	004	01157004	Type of Coverage ID Code is 05 (Large Risk Rated Option) Policy Conditions – Retrospective Rated Policy should be “Y”.
01	157	005	01157005	Type of Coverage ID Code is not valid for the policy effective date.
01	157	006	01157006	Type of Coverage ID Code is not valid for this carrier and policy effective date.
01	157	007	Reserved for Future Use	Reserved for Future Use
01	159	000	01159000	Type of Plan ID Code indicates Assigned Risk policy is Voluntary.
01	159	001	01159001	Type of Plan ID Code indicates Voluntary policy is Assigned Risk.
01	159	002	01159002	Type of Plan ID Code is inconsistent with policy.
01	159	003	Reserved for Future Use	Reserved for Future Use
01	159	004	01159004	Assigned Risk policies must be single state
01	159	005	01159005	Type of Plan ID Code is invalid.
01	161	000	01161000	Non-Standard Type Code - invalid.
01	165	000	01165000	Losses Subject to Deductible Code is Invalid.
01	165	001	Reserved for Future Use	Reserved for Future Use
01	165	002	01165002	Losses Subject to Deductible Code is not reasonable
01	165	003	01165003	The coding for the deductible program is missing or the deductible credit is missing
01	165	004	01165004	Assigned risk policies cannot have deductible provisions.
01	165	005	01165005	Deductible coding is not consistent.
01	167	000	01167000	Basis of Deductible Calculation code is invalid.
01	167	001	01167001	The coding for the deductible program is missing or the deductible credit is missing
01	169	000	01169000	Deductible Percentage is invalid.

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01	169	001	01169001	Deductible Percentage is not applicable for the state.
01	169	002	01169002	Deductible Percentage is not valid for Deductible Type.
01	171	000	01171000	Deductible Amount per Claim/Accident is invalid.
01	171	001	01171001	Deductible Amount per Claim/Accident is invalid for Deductible Type.
01	171	002	01171002	Deductible Amount per Claim/Accident is invalid for state.
01	171	003	01171003	Deductible Amount is not reasonable
01	171	004	01171004	Invalid per claim deductible amount
01	180	000	01180000	Deductible Amount – Aggregate is invalid.
01	180	001	01180001	Deductible Amount – Aggregate is invalid for Deductible Type.
01	180	002	01180002	Deductible Amount – Aggregate is invalid for state.
01	180	003	01180003	Deductible Amount – Aggregate is less than Deductible Amount per Claim/Accident.
01	180	004	01180004	Aggregate Deductible amount must be greater than or equal to the Claim Deductible Amount
01	180	005	01180005	Verify the large deductible amount aggregate.
01	180	006	01180006	Warning - Deductible Amount-Aggregate must be rounded to the nearest thousand.
01	180	007	01180007	Deductible Amount Aggregate must be rounded to the nearest thousand
01	189	000	01189000	Previous Report Number is not zero
01	189	001	01189001	Previous Report Number is missing for this policy.
01	192	000	01192000	Previous Correction Sequence Number is invalid.
01	192	001	01192001	Previous Correction Sequence Number is not blank.
01	192	002	01192003	Corrections to the Correction Sequence Number are not allowed.
01	193	000	01193000	Previous Carrier Code is invalid.
01	193	001	01193001	Previous Carrier Code is not zero.
01	193	002	01193002	Previous Carrier Code cannot equal current carrier code.
01	193	003	01193003	Previous link data can only be reported on header corrections.
01	193	004	01193004	Header link data corrections are not allowed when subsequent USRs exist for the policy.
01	198	000	01198000	Previous Policy Number is invalid.
01	198	001	01198001	Previous Policy Number cannot equal current policy number.
01	198	002	01198002	Previous Policy Number is not blank.
01	198	003	01198003	Previous Policy Number is not found.
01	216	000	01216000	Previous Policy Effective Date is invalid.
01	216	001	01216001	Previous Policy Effective Date is not zero.
01	216	002	01216002	Previous Policy Effective Date cannot equal current policy effective date.
01	222	000	01222000	Previous Exposure State is invalid
01	222	001	01222001	Previous Exposure State is incorrect.
01	222	002	01222002	Previous Exposure State is not zero.
01	222	003	01222003	Previous Exposure State cannot equal current exposure state.
01	222	004	01222004	Previous Exposure State cannot use key field change on state code.
01	224	000	01224000	The Previous Separated Segment Number is not allowed unless the Separated Segment Number, Separated Date, Separated Name Insured and Unit Format Submission Code = S are also reported.

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01	250	000	01250000	ASWG Unit Submission Indicator is invalid.
01	250	001	01250001	ASWG Unit Submission Indicator for the subsequent or correction report does not match the previous report's indicator.
01	250	002	01250002	ASWG Unit Submission Indicator is invalid for the state or effective date.
01	250	003	01250003	This pre-ASWG USR needs to be manually converted to ASWG
01	250	004	01250004	ASWG mandatory fields are missing.
01	250	005	01250005	This unit report is in the wrong format (ASWG or PRE-ASWG).
02	041	000	02041000	Name record (type = '2') – either none or more than 1 is reported.
02	042	000	02042000	Name of Insured is either blank or contains unacceptable characters.
02	042	001	02042001	The Name of Insured that has been reported on this Separated USR does not match the Name of Insured reported on the last accepted original USR.
03	042	000	03042000	Address of Insured is either blank or contains unacceptable characters.
04	041	000	04041000	This exposure record duplicates another one for this unit report.
04	041	001	04041001	Error matching previous and revised Exposure records.
04	041	002	04041002	There is no matching exposure to replace or delete.
04	041	003	04041003	There is no matching exposure to change.
04	041	004	04041004	There are multiple matching exposures to change.
04	041	005	Reserved for Future Use	Reserved for Future Use
04	041	006	04041006	Multiple revised exposure records in the same split period with the same non-standard Class Code.
04	041	007	04041007	Multiple exposure records in the same split period with the same Class Code and Exposure Coverage Code (ACT) for this USR.
04	041	008	04041008	Correction Type must be compatible with actual Exposure data changed.
04	041	009	04041009	Exposure records are not allowed on subsequent reports.
04	041	010	04041010	Previously reported exposure record corresponding data not found.
04	041	011	04041011	Invalid numeric or date field in exposure record.
04	043	000	04043000	Exposure Class code is invalid or expired.
04	043	001	04043001	Exposure Class code is invalid for State or for Policy Effective Date.
04	043	002	04043002	Exposure class code must be a statistical code.
04	043	003	04043003	Exposure Class Code 1111 inconsistent with Exposure Amount and/or Premium Amount.
04	043	004	04043004	Above the line Exposure Class Code has zero Exposure Amount and zero Premium Amount.
04	043	005	04043005	Company use only Exposure Class Code is not allowed.
04	043	006	04043006	USR is missing Exposure Class Code 0088 or 7421.
04	043	007	04043007	Exposure Class Code 9880/9890 safety credit is not applied.
04	043	008	04043008	Exposure Class Code – 994 Volunteer fire company – indicated on unit report.
04	043	009	04043009	Exposure Class Code – Firefighter – is not included but exists on previous/current USR.
04	043	010	04043010	Exposure Class Code – 994 – Population differs from bureau record.
04	043	011	04043011	Exposure Class Code - Codes 0063 and 0064 should not be on the same policy.
04	043	012	04043012	Exposure Class Code – 9046 – Construction credit not applied.
04	043	013	04043013	Exposure Class Code –This class code conflicts with another class code.

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04	043	014	04043014	Exposure Class Code – Duplicate expense constant class code.
04	043	015	04043015	Exposure Class Code – Duplicate loss constant class code.
04	043	016	04043016	Exposure Class Code – This report contains both deductible statistical codes.
04	043	017	04043017	Exposure Class Code – Payroll needs to be assigned to a different class code.
04	043	018	04043018	Associated non-ratable class code missing.
04	043	019	04043019	Associated ratable class code missing.
04	043	020	04043020	Approved deviation not applied.
04	043	021	04043021	Carrier not approved for deviation.
04	043	022	04043022	Carrier not approved for schedule rating.
04	043	023	04043023	Merit adjustment not applied.
04	043	024	04043024	Code 0938 Employer Assessment Not Applied.
04	043	025	04043025	Code 9848 required for minimum premium increased limits.
04	043	026	04043026	Invalid code XXX (121) See Manual Section I.
04	043	028	04043028	Other errors have been found. Error limit reached.
04	043	029	04043029	Class not authorized.
04	043	030	04043030	Merit Adjustment code incorrect.
04	043	031	04043031	Zero exposure record submitted incorrectly.
04	043	032	04043032	Exposure Class Code is inconsistent with Deductible Type.
04	043	033	04043033	Code 9740 Premium Charge Not Applied
04	043	034	04043034	Code 9741 Premium Charge Not Applied
04	043	035	04043035	Class 9046 (CPAP Credit) is not authorized.
04	043	036	04043036	All exposure records have been deleted and class code 1111 has not been reported.
04	043	037	04043037	A-rate class code not approved.
04	043	038	04043038	The premium discount reported does not match the premium discount selection filed by the carrier.
04	043	039	04043039	Exposure Class Code - This report contains both schedule credit and schedule debit statistical codes.
04	043	040	04043040	Class 0174 should be reported on this USR.
04	043	041	04043041	Class 9046 (CPAP Credit) and applicable factor is required for this policy term.
04	043	042	04043042	No premium reported for class 9740 or 9741.
04	043	043	04043043	Exposure Class Code 1111 is not valid for this State.
04	043	044	04043044	Invalid code refer to Manual - Part 2 - Section I.
04	043	045	04043045	The USR policy effective date is prior to the Class Code effective date
04	043	046	04043046	Expense constant amount too large.
04	043	047	04043047	F classification without appropriate exposure coverage act.
04	043	048	04043048	The merit rating debit amount is not 10% of subject premium.
04	043	049	04043049	The merit rating credit amount is not 10% of subject premium.
04	043	050	04043050	Risk does not appear to have sufficient premium to require an ARAP surcharge.
04	043	051	04043051	Premium amount suggests the risk qualifies for experience rating but merit rating is reported on the unit.
04	043	052	04043052	Policy cannot be both merit and experience rated.

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Record Type	Starting Position	Sequence	Error Number	Error Description
04	043	053	04043053	Class 9740 should be reported for the approved date range.
04	043	054	04043054	Class 9741 should be reported for the approved date range.
04	043	055	04043055	Class 0998 should be reported during the appropriate date range, above the line with premium, but no rate, exposure amount, or lc records.
04	043	056	04043056	Class 0932 not allowed on USR.
04	043	057	04043057	Above the line class code with zero exposure and zero premium.
04	043	058	04043058	The premium for class 9740 should be less than $[\text{Total Standard Exposure} / 100] * .20$ or less than $[\text{Total Subject Premium}] * .10$.
04	043	059	04043059	Class 0998 can only be reported on split period zero.
04	043	060	04043060	Below the line class contains an experience mod other than zero.
04	043	061	04043061	USR reports deductible provisions but endorsement is not part of the original policy.
04	043	062	04043062	Loss constant too large.
04	043	063	04043063	Premium discount too large.
04	043	064	04043064	Rate deviation premium credit amount too large.
04	043	065	04043065	Is the ELR established for this class?
04	043	066	04043066	Verify large exposure amount.
04	043	067	04043067	"No exposure developed" unit report, must use class code 1111 and leave the exposure field blank.
04	043	068	04043068	Only one loss constant class code should be reported per policy.
04	043	069	04043069	The CPAP policy credit factor and the adjusted premium must be shown using code 9046.
04	043	070	04043070	"No exposure developed" unit report, must use a valid business class code, rate and exposure act code.
04	043	071	04043071	Expense Constant must appear on this single state policy
04	043	072	04043072	Deductible per claim is greater than zero, but no deductible class has been reported.
04	043	073	04043073	Assigned risk policies may only have small deductible provisions.
04	043	074	04043074	Premium Discount Amount is greater than 25%.
04	043	075	04043075	Class code and/or expo act not reported on exposure record.
04	043	076	04043076	Class codes 9115 and 0930 should not be reported in the same split period for this USR.
04	043	077	04043077	For codes 0930 and 9115, the premium charge can be no less than \$50.00.
04	043	078	04043078	Multiple exposure records in the same split period with the same Class Code and Exposure Coverage Code (ACT) for this USR.
04	043	079	04043079	Code 0935 Incorrect surcharge premium amount.
04	043	080	04043080	Code 0936 Incorrect surcharge premium amount.
04	043	081	04043081	Code 0935 Surcharge not reported.
04	043	082	04043082	Code 0936 Surcharge not reported.
04	043	083	04043083	Required TRIA (9740) premium not reported.
04	043	084	04043084	Required DTEC (9741) premium not reported.
04	043	085	04043085	DTEC (9741) premium is invalid for this risk.
04	043	086	04043086	The reported TRIA (9740) premium \$ _ is not equal to the Bureau calculated premium \$ _.
04	043	087	04043087	The reported DTEC (9741) premium \$ _ is not equal to the Bureau calculated premium \$ _.
04	043	088	04043088	EL Limits require manual review.

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Record Type	Starting Position	Sequence	Error Number	Error Description
04	043	089	04043089	EL Limits premium \$ _ should be the Minimum \$ _ charge.
04	043	090	04043090	EL Limits premium charge of \$ _ should be \$ _.
04	043	091	04043091	Schedule Rating does not apply to AR policies.
04	043	092	04043092	Schedule Rating (9889) debit of \$ _ is over the Maximum _ %.
04	043	093	04043093	Schedule Rating (9887) credit of \$ _ is over the Maximum _ %.
04	043	094	04043094	MCO + Schedule Rating Credit exceeds the Maximum _ % credit.
04	043	095	04043095	Incorrect NJCCPAP (9046) premium amount of \$ _ for Split Period _.
04	043	096	04043096	Incorrect NJCCPAP (9046) premium amount of \$ _.
04	043	097	04043097	Required PPAP (0942) not reported.
04	043	098	04043098	Incorrect PPAP (0942) premium amount of \$ _ for Split Period _.
04	043	099	04043099	Incorrect PPAP (0942) premium amount of \$ _.
04	043	100	04043100	Assigned Risk policies cannot have premium discount.
04	043	101	04043101	Assigned Risk policies cannot have large deductible provisions.
04	043	102	04043102	Invalid Retro (0945) reported.
04	043	103	04043103	Invalid MCO (9874) reported - not an MCO carrier.
04	043	104	04043104	Incorrect MCO (9874) premium amount.
04	043	105	04043105	Code 0937 Surcharge reported for Non-AR policy.
04	043	106	04043106	Invalid surcharge (0937) reported.
04	043	107	04043107	Code 0937 Incorrect surcharge premium amount.
04	043	108	04043108	This class code is not subject to experience rating and must be reported below mod.
04	043	109	04043109	This class code can only be reported if Class Code 8868 is also reported.
04	043	110	04043110	No exposure and rate should be reported for this code.
04	043	111	04043111	CPAP class 9046 reported with no contracting class.
04	043	112	04043112	The exposure reported for the separated USR does not match the exposure of the original USR.
04	051	000	04051000	Interstate mod does not match DCO records.
04	051	001	04051001	Intrastate experience mod does not match the mod in the rating table.
04	051	002	04051002	Experience Modification Factor is not reasonable.
04	051	003	04051003	The rating reported on the USR does not match the rating issued by our ratings system.
04	051	004	04051004	The rating on the USR does not agree with the most recent version of the rating issued by our system.
04	051	005	04051005	Multiple Experience Modification Factor values supplied within the same split period.
04	055	000	04055000	Modification Effective Date cannot be prior to the policy effective date by a year or more.
04	055	001	04055001	Modification Effective Date cannot be greater than or equal to the policy expiration date.
04	055	002	04055002	Modification Effective Date cannot be greater than the policy effective date for split 0.
04	055	003	04055003	The Modification Effective Date must equal the rate effective date within each split.
04	055	004	04055004	The Modification Effective Date for the first period of a split USR (Split Period Code 0), must be prior to the policy effective date.
04	055	005	04055005	The Modification Effective Date for the second period of a split USR (Split Period Code 1 or greater), must be greater than the pol effective date and less than the policy expiration date.

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Record Type	Starting Position	Sequence	Error Number	Error Description
04	055	006	04055006	The Modification Effective Date for the second period of a split USR (Split Period Code 1, must be greater than the policy effective date and less than the policy expiration date.
04	055	007	04055007	Multiple Experience Modification Effective Date values supplied within the same split period.
04	055	008	04055008	Mod. Effective Date is incorrect.
04	055	009	04055009	Only USRs with a Policy Effective Date of 9/1/2013 and greater are allowed to have a M and/or Rate Effective Date less than the Policy Effective Date for split zero.
04	055	010	04055010	Mod Effective Date and Rate Effective Date should be equal.
04	061	000	04061000	The Rate Effective Date must equal the mod effective date within each split.
04	061	001	04061001	The rate effective date for the first period of a split USR (Split Period Code 0), must be prior to the policy effective date.
04	061	002	04061002	The Rate Effective Date for the second period of a split USR (Split Period Code 1 or greater), must be greater than the policy effective date and less than the policy expiration date.
04	061	003	04061003	The Rate Effective Date for the second period of a split USR (Split Period Code 1, must be greater than the policy effective date and less than the policy expiration date.
04	061	004	04061004	Rate Effective Date must be zeros, blank, or equal to or less than the Policy Effective Date.
04	061	005	04061005	Multiple Rate Effective Date values supplied within the same split period.
04	061	006	04061006	Rate Effective Date is invalid.
04	061	007	04061007	Rate Effective Date cannot be greater than or equal to the policy expiration date.
04	061	008	04061008	Rate Effective Date is prior to the policy period date.
04	061	009	04061009	Rate Effective Date is incorrect.
04	061	010	04061010	Only USRs with a Policy Effective Date of 9/1/2013 and greater are allowed to have a M and/or Rate Effective Date less than the Policy Effective Date for split zero.
04	061	011	04061011	Mod Effective Date and Rate Effective Date should be equal.
04	067	002	04067002	Either the Exposure Amount exceeds the threshold amount for change or the previous exposure has been decreased to zero.
04	067	003	04067003	The previous exposure has been decreased to zero by this change.
04	067	004	04067004	Exposure Amount must be zero for this Class Code.
04	067	005	04067005	Exposure Amount should not be zero when Manual Rate and/or Premium Amount are not.
04	067	006	04067006	Exposure amount must be zero for statistical codes.
04	067	007	04067007	Verify repeating exposure or premium digits.
04	067	008	04067008	Verify that audited payroll has been reported.
04	067	009	04067009	Firefighters class code - premium amount is invalid.
04	067	010	04067010	Firefighters class code - reported premium is less than calculated premium.
04	067	011	04067011	The payroll amount reported for class code [xxxx] exceeds the threshold amount for change, or has been added to/removed from the report. Please describe the change in operations that caused this adjustment in payroll.
04	077	000	04077000	Premium Amount is invalid.
04	077	001	04077001	Premium Amount is incorrect.
04	077	002	04077002	Premium Amount exceeds \$999 for Exposure Class Code 0990 (balance to minimum premium)
04	077	003	04077003	Premium Amount is incorrect for this Class Code.
04	077	004	04077004	Premium Amount for this Class Code exceeds the maximum percentage allowed.
04	077	005	04077005	Short rate penalty premium incorrect.

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04	077	006	04077006	Part II – total increased limits premium incorrect.
04	077	007	04077007	Deductible amount is incorrect.
04	077	008	04077008	Deductible amount is not applicable for Class Code 9802.
04	077	009	04077009	Premium Discount Amount exceeds the Standard Premium Amount.
04	077	010	04077010	Loss declared and Premium Amount for Class Code is zero.
04	077	011	04077011	The premium for Waiver of Subrogation has been reported incorrectly
04	077	012	04077012	Premium Amount is incorrect (per Capita code)
04	077	013	04077013	Premium Amount exceeds \$850 for Exposure Class Code 0990 (balance to minimum premium).
04	077	014	04077014	Premium amount for class 7370 is invalid.
04	077	015	04077015	Verify repeating exposure or premium digits.
04	077	016	04077016	The ARAP reported on the USR does not agree with the ARAP issued by our ratings system.
04	077	017	04077017	Expense constant does not match expected value.
04	077	018	04077018	Premium amount appears to be too small to support large deductible provisions.
04	077	019	04077019	Deductible credit amount is not reasonable.
04	077	020	04077020	Verify the reported schedule rating credit amount.
04	077	021	04077021	ARAP amount too large.
04	077	022	04077022	Employers liability amount is not reasonable.
04	077	023	04077023	QLMP credit amount is not reasonable.
04	077	024	04077024	Class code was not in effect at policy inception.
04	077	025	04077025	Small deductibles must be reported with 9663.
04	077	026	04077026	Small deductibles must be reported with 9664.
04	077	027	04077027	Subject Premium Total exceeds \$900 and there are exposure records with class code 0990 with premium > 0
04	077	028	04077028	Premium Amount is incorrect (Non-ratable element code).
04	077	029	04077029	Verify the large premium amount.
04	077	030	04077030	The Premium Amount reported for statistical code 9757 is not valid.
04	077	031	04077031	The Estimated Audit Code was changed to a Y or N to indicate the insured has cooperated with the audit. The statistical Code 97 must be removed or have zero premium.
04	077	032	04077032	Statistical code 9757 with Premium Amount greater than zero is not valid with Estimated Audit Code of N or Y.
04	086	000	04086000	Manual/Charged Rate is invalid.
04	086	001	04086001	Manual/Charged Rate is missing; Class Code requires a value.
04	086	002	04086002	Manual/Charged Rate is outside acceptable variance from approved rate.
04	086	003	04086003	Exposure supplied and Manual/Charged Rate is zero.
04	086	004	04086004	Rate deviation applicable.
04	086	005	04086005	Class 9046 does not match CPAP factor
04	086	006	04086006	Manual/Charged Rate and Exposure are not allowed for this class.
04	086	007	04086007	Verify Manual/Charged Rate or reported rate.
04	086	008	04086008	Exposure Coverage Act indicates that Manual/Charged Rate should reflect USLH factor.
04	086	009	04086009	Manual/Charged Rate is incorrect.
04	086	010	04086010	Midterm rate change is not allowed.

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04	086	011	04086011	Manual/Charged Rate for Admiralty Class is outside of approved range.
04	086	012	04086012	When reporting code 9108 the manual rate must equal 100.00.
04	086	013	04086013	Manual/Changed Rate for A-Rate is incorrect.
04	093	000	04093000	Split Period Code is invalid.
04	093	001	04093001	Split Period Code must start with zero and the reported split periods must be in chronological order with no gaps.
04	093	002	04093002	Split Period Code exceeds the maximum number of 36.
04	093	003	04093003	Only two splits are allowed for this state.
04	093	004	04093004	The first split code must equal zero for policies with no change in the mod or rate effective dates.
04	093	005	04093005	Incorrect split code.
04	121	000	04121000	Exposure Update Type is invalid.
04	121	001	04121001	Exposure Update Type is invalid for 1st Report.
04	121	004	04121004	Exposure record is either a duplicate or is missing corresponding Exposure Update Type.
04	121	005	04121005	Exposure Update Type – invalid for ASWG.
04	121	006	04121006	Update types P/R and A/C/D cannot be mixed in the same USR.
04	121	007	04121007	Update Type of C found on USR - change records are not allowed in USR correction processing.
04	121	008	04121008	Previously reported exposure record corresponding data not found.
04	123	000	04123000	Exposure Coverage Code (ACT) is invalid.
04	123	001	04123001	Exposure Coverage Code (ACT) is invalid for State.
04	123	002	04123002	Exposure Coverage Code (ACT) is invalid for Class Code.
04	123	003	04123003	Exposure Coverage Code (ACT) indicates ex-medical coverage; it is not allowed for this Class Code for this State.
04	123	004	04123004	F classification without appropriate exposure coverage act
04	123	005	04123005	Exposure Act reported is 03 or 04. Please verify.
04	125	000	Reserved for Future Use	Reserved for Future Use
05	041	000	05041000	This loss record is a duplicate on this report.
05	043	000	05043000	Loss Class Code is invalid.
05	043	001	05043001	Loss Class Code is invalid per State or Policy Effective Date.
05	043	002	05043002	Loss record is not allowed for this Class / Statistical Code.
05	043	003	05043003	Loss Class Code has changed on a subsequent report.
05	043	004	05043004	Company use only Loss Class Code is not allowed.
05	043	005	Reserved for Future Use	Reserved for Future Use
05	043	006	05043006	Loss Class Code indicates occupational disease; Type of Loss is not 02.
05	043	007	05043007	Loss Class Code is not compatible with Injury Code (Injury Type).
05	043	008	Reserved for Future Use	Reserved for Future Use
05	043	009	Reserved for Future Use	Reserved for Future Use
05	043	010	05043010	Cannot change key fields of a group claim.

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	043	011	05043011	Key fields on loss record are either missing or invalid.
05	043	012	Reserved for Future Use	Reserved for Future Use
05	043	013	05043013	Loss Class Code not reported in Exposure Class Codes.
05	043	014	05043014	Class Code and Accident Date do not identify exposure record with premium > 0.
05	043	015	05043015	Loss cannot be coded to class 9741.
05	043	016	05043016	Incurred indemnity or incurred medical or both must be greater than zero when loss class code is reported.
05	043	017	05043017	Loss record is not allowed for Class Code 9740.
05	048	000	05048000	Loss Previously Reported Indicator is invalid.
05	048	001	05048001	Claim duplicates previously reported claim.
05	048	002	05048002	Loss Previously Reported Indicator must be zero on 1st report.
05	048	003	05048003	Loss Previously Reported Indicator is 1 but key fields are missing or invalid.
05	048	004	05048004	Loss Previously Reported Indicator is 1 but previously reported loss cannot be found.
05	048	005	05048005	Previously reported claim cannot be found.
05	048	006	05048006	Previously reported claim does not match prior report.
05	049	000	05049000	Loss Coverage Code is invalid.
05	049	001	05049001	Loss Coverage Code is invalid per State.
05	049	002	05049002	Loss Coverage Code indicates Occupational Disease; not allowed with Class Code for traumatic coal mine.
05	049	003	05049003	Loss Coverage Code is invalid for Injury Code (injury Type).
05	051	000	05051000	Number of Claims is invalid.
05	051	001	05051001	Number of Claims is incorrect.
05	051	002	05051002	Claim Number exceeds grouped claim limits.
05	051	003	05051003	Number of Claims indicates a group claim; Incurred Indemnity must be zero.
05	051	004	05051004	Number of Claims must exceed 1 for a group claim.
05	051	005	05051005	This State does not allow group claims.
05	051	006	05051006	Claim count appears to be large in comparison to loss amount
05	051	007	05051007	Claim count and at least one loss amount are inconsistent
05	051	008	05051008	For group medical claims the number of claims must be greater than or equal to 1.
05	055	000	05055000	Accident Date is invalid.
05	055	001	05055001	Accident Date is missing; required for single claims.
05	055	002	05055002	Accident Date is outside of policy period.
05	055	003	Reserved for Future Use	Reserved for Future Use
05	055	004	05055004	Accident Date is present on a group claim.
05	055	005	05055005	The Accident Date must be the same for every loss included in the catastrophe.
05	055	006	05055006	Warning - Accident Date has changed.
05	055	007	05055007	Invalid accident date for claim submitted with Catastrophe Code 87.
05	061	000	05061000	Claim Number is invalid.

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	061	001	Reserved for Future Use	Reserved for Future Use
05	061	002	05061002	Duplicate Claim Number is not allowed.
05	061	003	05061003	Claim Number is required when Total Claim Amount for a loss is greater than \$2000.
05	061	004	05061004	Claim Number is required if Accident Date is reported.
05	061	005	Reserved for Future Use	Reserved for Future Use
05	061	006	05061006	Claim Number and Accident Date are required for a single claim.
05	061	007	Reserved for Future Use	Reserved for Future Use
05	061	008	05061008	"Previous" or "Delete" Update Type – Matching loss not found.
05	061	009	Reserved for Future Use	Reserved for Future Use
05	061	010	05061010	Error matching previous and revised loss records.
05	061	011	05061011	New claims have been added to the subsequent report level. Please review and acknowledge that these claims were not omitted prior reports in error. If you determine that these claims were omitted from prior report level(s) in error then a correction report is required.
05	061	012	05061012	Two or more claims have the same claim number.
05	061	013	05061013	Warning: Two or more claims have the same accident date with no catastrophe number.
05	061	014	05061014	The claims reported for the separated USR does not match the claims of the original USR.
05	061	015	05061015	The claims reported on this USR have been reported on a separated USR. Verify the claim amounts on the separated USR match.
05	073	000	05073000	Claim Status is invalid.
05	073	001	05073001	Claim Status is invalid for State.
05	073	002	05073002	Claim status of 2 (reopened) is not allowed for this USR.
05	073	003	05073003	Claim closed on non compensable must show 0 incurred loss
05	073	004	05073004	Loss amount conflicts with claim status
05	073	005	05073005	Open claim(s) on previous report not reported on this subsequent report.
05	073	006	05073006	Loss on prior report is open; it is closed on current report.
05	073	007	05073007	Invalid Claim Status for Type of Recovery.
05	073	008	05073008	Group medical claim must be closed (status code 1).
05	073	009	05073009	Loss amounts conflict with claim status reported. Claim status will be defaulted as a result.
05	073	010	05073010	Losses cannot be closed without payment when paid amounts were reported on the previous loss records. A revised loss record required.
05	074	000	05074000	Average Weekly Wage is invalid.
05	079	000	05079000	Injury Code (Injury Type) is invalid.
05	079	001	05079001	Injury Code (Injury Type) is invalid for State.
05	079	002	05079002	This Injury Code requires Incurred Indemnity and Incurred Medical amounts; one or both are missing.
05	079	003	05079003	This Injury Code indicates medical only; Incurred Indemnity must be zero.
05	079	004	05079004	Warning – Injury Code (Injury Type) 01 should be subject to reasonableness checks.

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	079	005	05079005	Group Claim is not allowed for Injury Code 07.
05	079	006	05079006	Warning – Injury Code 07 (Contract Medical) reported.
05	079	007	05079007	Injury Code (Injury Type) changed from 01 on subsequent report – unexpected change.
05	079	008	05079008	Death claim requires additional information provided on an ICR
05	079	009	05079009	Permanent Total claim requires additional information provided on an ICR
05	079	010	05079010	Claim has remained open too long to be coded as a temporary claim
05	079	011	05079011	Incurred Indemnity is too large to be coded as a temporary claim
05	079	012	05079012	A non PT claim that is settled as a lump sum must be coded as injury code 9
05	079	013	05079013	Warning – Injury Code (Injury Type) 02 should be subject to reasonableness checks.
05	079	014	05079014	Changed Injury Code to 06 (Medical only)
05	079	015	05079015	A group medical claim must have Injury Code 06.
05	079	016	05079016	Incurred Indemnity is too large for a claim coded as temporary.
05	079	017	05079017	Injury code is not acceptable for report levels 6 through 10.
05	079	018	05079018	Medical-only claim (Injury 06 or 07) and medical loss is equal to or greater than \$1 million.
05	081	000	05081000	Catastrophe Number is invalid.
05	081	001	05081001	Group claims may not be included in a Catastrophe.
05	081	002	Reserved for Future Use	Reserved for Future Use
05	081	003	05081003	No matching claim found for Catastrophe Number and Accident Date.
05	081	004	05081004	There must be 2 or more claims for each distinct catastrophe.
05	081	005	05081005	Catastrophe numbers are not in sequence.
05	081	006	05081006	Death claims with catastrophe code 48 require injury part and nature equal 90 and injury cause equal to 89
05	081	007	05081007	Multiple claims reported with same accident date; catastrophe number may be applicable.
05	081	008	05081008	Catastrophe Code 87 has been reported and is invalid for this claim.
05	081	009	05081009	Change in Catastrophe Code.
05	081	010	05081010	Catastrophe Code not approved.
05	081	011	05081011	Claim has same accident date as another catastrophe but a different catastrophe number.
05	081	012	05081012	Except for Catastrophe codes 48 and 87 a Group claim cannot have a Catastrophe number.
05	081	013	05081013	Invalid accident date for claim submitted with Catastrophe Code 87.
05	081	014	05081014	Invalid Catastrophe Code.
05	081	015	05081015	Catastrophe claim is under \$20,000.
05	081	016	05081016	Invalid accident date for claim submitted with Catastrophe Code 48.
05	081	017	05081017	Invalid policy effective date for claim submitted with Catastrophe Code 48.
05	083	000	05083000	Incurred Indemnity (Indemnity Amount) is invalid.
05	083	001	05083001	Incurred Indemnity amount must be zero for this Injury Code.
05	083	002	05083002	Incurred Indemnity amount is greater than \$2000 on a group claim.
05	083	003	05083003	Incurred Indemnity amount cannot be 0 when Incurred Medical amount > 0 for this Injury Code.
05	083	004	05083004	Incurred Indemnity amount must be zero for Class Code 7699 or 7725.
05	083	005	05083005	Incurred Indemnity amount is outside the range allowed for table and State and/or Injury Code (Injury Type).

USR WCESTAT Error Code Table

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	083	006	05083006	Incurred Indemnity amount is less than expected for a death claim.
05	083	007	05083007	Verify large Indemnity incurred
05	083	008	05083008	Negative loss amount
05	083	009	05083009	Incurred indemnity amount indicates that additional information is required on an ICR
05	083	010	05083010	This Injury Code requires Incurred Indemnity.
05	083	011	05083011	Verify large indemnity amount.
05	083	012	05083012	For report levels 6 through 10, the previous amounts for Incurred Medical or Incurred Indemnity cannot be the same as current amounts.
05	083	013	05083013	Incurred Indemnity is invalid.
05	083	014	05083014	Incurred Indemnity amount cannot be '0' for this Injury Code.
05	092	000	05092000	Incurred Medical (Medical Amount) is invalid.
05	092	001	05092001	Incurred Medical amount is outside the acceptable range for the Injury Code (Injury Type).
05	092	002	05092002	Verify large medical incurred
05	092	003	05092003	For grouped claims total loss (medical amount) divided by the number of claims must be less than or equal to \$500.
05	092	004	05092004	Incurred Medical must be greater than '0' for this Injury Code.
05	092	005	05092005	Verify large medical amount.
05	092	006	05092006	Non standard type 02 reported with Incurred Medical/Paid Medical greater than zero.
05	092	007	05092007	Verify large medical amount without indemnity losses.
05	101	000	05101000	Social Security Number is invalid.
05	101	001	05101001	Social Security Number no longer required.
05	121	000	05121000	Loss Update Type is invalid
05	121	001	05121001	Loss Update Type – invalid for 1st report.
05	121	002	05121002	Loss Update Type – invalid for ASWG on a correction or subsequent report.
05	121	003	05121003	Loss Update Type is invalid for State.
05	121	004	Reserved for Future Use	Reserved for Future Use
05	121	005	Reserved for Future Use	Reserved for Future Use
05	121	006	Reserved for Future Use	Reserved for Future Use
05	121	007	05121007	Loss Update Types methods P/R and A/C/D cannot be used on the same USR.
05	123	000	05123000	Loss Coverage Act is invalid.
05	123	001	05123001	Change in Loss Coverage Act.
05	125	000	05125000	Loss Conditions – Type of Loss – is invalid.
05	125	001	05125001	Loss Conditions – Type of Loss – 02 (Occupational Disease) is not allowed with Class Code for traumatic coal mine.
05	125	002	05125002	There is a conflict between the nature of injury and type of loss.
05	125	003	05125003	There is a conflict between the type of loss and the cause of accident.
05	125	004	Reserved for Future Use	Reserved for Future Use

USR WCESTAT Error Code Table

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	125	005	05125005	Change in Type of Loss.
05	125	005	Reserved for Future Use	Reserved for Future Use
05	125	006	05125006	Invalid loss type for claim submitted with Catastrophe Code 87.
05	125	007	05125007	Type of Loss code 02 requires Nature code to be code 60 or greater.
05	127	000	05127000	Type of Recovery is invalid.
05	127	001	05127001	Type of Recovery indicates suspicious subrogation activity. Please review.
05	127	002	05127002	Indemnity paid and incurred indicates subrogation but subrogation is not coded in type of recovery
05	127	003	05127003	Medical paid and incurred indicates subrogation but subrogation is not coded in type of recovery
05	127	004	05127004	Change in Type of Recovery.
05	127	005	05127005	Second injury fund reported for injury other than death or permanent total.
05	129	000	05129000	Type of Claim is invalid.
05	129	001	05129001	Type of Claim - Loss Condition code 03 - Workers Compensation including Employers Liability has been reported with injury code 06
05	129	002	05129002	Change in Type of Claim.
05	129	003	05129003	Type of Claim is 01, and total incurred indemnity and medical combined is equal to or greater than \$5 million.
05	131	000	05131000	Type of Settlement is invalid.
05	131	001	05131001	Type of Settlement conflicts with lump sum indicator
05	131	002	05131002	Change in Type of Settlement.
05	131	003	05131003	Claims coded as non-compensable, must show zero incurred losses.
05	131	004	05131004	Change in Loss Condition Settlement Type Code 05 (non-compensable) has been reported. Correction reports are required for all prior reports to remove the non-compensable portion of this claim.
05	133	000	05133000	Total Incurred Vocational Rehabilitation is invalid.
05	133	001	05133001	Total Incurred Vocational Rehabilitation is invalid for Injury Code (Injury Type).
05	140	000	05140000	Jurisdiction State is invalid.
05	140	001	05140001	Jurisdiction State must not equal the state that ran this edit.
05	140	002	05140002	Jurisdiction state code is changing on a subsequent report
05	140	003	05140003	Invalid Jurisdiction State for claim with Catastrophe Code 87.
05	140	004	05140004	Jurisdiction State does not match previous Jurisdiction State reported.
05	140	005	05140005	Jurisdiction State must be a valid numeric code.
05	142	000	05142000	MCO Type is either invalid or not compatible with the Policy Condition.
05	142	001	05142001	MCO Type is invalid.
05	144	000	05144000	Part of Body is invalid.
05	144	001	Reserved for Future Use	Reserved for Future Use
05	144	001	05144001	Warning- Part 65 (Insufficient info to properly identify-unclassified) reported. Please review.
05	144	002	Reserved for Future Use	Reserved for Future Use

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	144	002	05144002	Warning: Suspect part of body/nature of injury combination.
05	144	003	05144003	Warning - part/nature/cause has changed
05	146	000	05146000	Nature of Injury is invalid.
05	146	001	05146001	If the Nature of Injury is 60-89 then the Type of Loss should be 02 or 03. If the Nature of Injury is 01-59 then the Type of Loss should be 01. If the Nature of Injury is 69, 77, 90, or 91 then the Type of Loss can be 01, 02, or 03.
05	146	002	05146002	Nature of injury code does not support Type of loss code. If the nature of injury is 01-59 type of loss must be 01. If the nature of injury is 60-68 type of loss must be 02 or 03. If nature of injury is 69 or 70 type of loss can be 01, 02, or 03.
05	148	000	05148000	Cause of Injury is invalid.
05	148	001	05148001	Invalid Cause of Injury for claim submitted with Catastrophe Code 87.
05	150	000	05150000	Occupation Description is blank.
05	150	001	05150001	Warning: The occupation description must be reported.
05	150	002	05150002	Occupation description "Unknown" and or "Worker" are not valid descriptions.
05	168	000	05168000	Vocational Rehabilitation Indicator is invalid
05	169	000	05169000	Lump Sum Indicator is invalid.
05	169	001	05169001	Loss amount conflicts with lump sum indicator
05	169	002	05169002	Type of Settlement conflicts with the Lump Sum Indicator.
05	170	000	05170000	Fraudulent Claim Indicator is either invalid or invalid for State.
05	174	000	05174000	Paid Indemnity (Amount) is invalid
05	174	001	05174001	Paid Indemnity (Amount) cannot be greater than Incurred Indemnity (Indemnity Amount).
05	174	002	05174002	Paid Indemnity (Amount) should match Incurred Indemnity (Indemnity Amount) if claim is closed.
05	174	003	05174003	Verify large indemnity paid
05	174	004	05174004	Open indemnity claim without indemnity paid.
05	183	000	05183000	Paid Medical (Amount) is invalid.
05	183	001	05183001	Paid Medical (Amount) cannot be greater than Incurred Medical (Medical Amount).
05	183	002	05183002	Paid Medical (Amount) should match Incurred Medical (Medical Amount) if claim is closed.
05	183	003	05183003	Verify large medical paid
05	183	004	05183004	Open medical claim without medical paid.
05	183	005	05183005	Paid Medical and Paid indemnity cannot be zero for report levels 6 through 10.
05	183	006	05183006	Verify repeating digits in loss amounts.
05	183	007	05183007	Open medical claim on 3rd report or higher without medical paid and incurred medical less than \$1000
05	192	000	05192000	Claimant's Attorney Fees Incurred (Amount) is invalid.
05	192	001	05192001	Claimant's Attorney Fees Incurred amount exceeds Incurred Indemnity amount.
05	192	002	05192002	Verify lack of claimants attorney fees on this large claim
05	192	003	05192003	The claimants attorney fees reported on this claim must also be recorded as indemnity loss
05	201	000	05201000	Employer's Attorney Fees Incurred amount exceeds ALAE Incurred.
05	201	001	05201001	The employers attorney fees reported on this claim must also be recorded as ALAE
05	201	002	05201002	Verify lack of employers attorney fees on this large claim
05	201	003	05201003	Claimant Attorney Fees, Employer Attorney Fees, and ALAE cannot be zero for report levels 6 through 10.
05	210	000	05210000	Deductible Reimbursement (Amount) is invalid.

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Record Type	Starting Position	Sequence	Error Number	Error Description
05	210	001	05210001	Deductible Reimbursement (Amount) is invalid for State.
05	210	002	05210002	Deductible Reimbursement (Amount) is inconsistent with Deductible Type.
05	210	003	05210003	Deductible Reimbursement (Amount) is greater than the sum of Incurred Indemnity and Incurred Medical amounts.
05	210	004	05210004	Deductible Reimbursement is not acceptable.
05	219	000	05219000	Total Gross Incurred is invalid.
05	230	000	05230000	Allocated Loss Adjustment Expense (ALAE) – Paid (Amount) – is invalid.
05	230	001	05230001	Verify lack of ALAE on this large claim
05	230	002	05230002	Allocated Loss Adjustment Expense (ALAE) – Paid amount is greater than Incurred amount.
05	230	003	05230003	Allocated Loss Adjustment Expense (ALAE) – Paid is a required data element. Please verify in writing that no expenses were incurred.
05	230	004	05230004	Employer's Attorney Fees reported on this claim must also be recorded as ALAE.
05	239	000	05239000	Allocated Loss Adjustment Expense (ALAE) – Incurred (Amount) – is invalid.
05	248	000	05248000	Scheduled Indemnity – Percent of Disability is invalid.
06	041	000	06041000	USR must have 1 and only 1 Totals record.
06	041	001	06041001	Invalid numeric or date field in total record
06	041	002	06041002	Unit Total Record is missing
06	042	000	06042000	Exposure Total – Payroll is invalid.
06	042	001	06042001	Exposure Total – Payroll is incorrect.
06	042	002	06042002	Exposure totals listed on report without exposure
06	042	003	06042003	Endorsement WC000310 has been reported and the total payroll is less than required minimum of \$____.
06	053	000	06053000	Exposure – Other than Payroll is invalid.
06	053	001	06053001	Exposure – Other than Payroll is incorrect.
06	053	002	06053002	Exposure or premium is not allowed on subsequent reports.
06	063	000	06063000	Subject Premium Total is invalid.
06	063	001	06063001	Subject Premium Total is incorrect.
06	063	002	06063002	Subject Premium Total exceeds \$3000 and there are exposure records with class code 0990 with premium > 0.
06	063	003	06063003	Subject Premium Total premium exceeds \$50000 and total indemnity and total medical are 0.
06	063	004	Reserved for Future Use	Reserved for Future Use
06	063	005	06063005	Calculated Subject Premium Total is a negative number.
06	063	006	06063006	Total Subject Premium should equal zero.
06	063	007	06063007	Three-Year Fixed Rate Policy Indicator is set, Subject Premium Total too high.
06	073	000	06073000	Standard Premium Total is invalid.
06	073	001	06073001	Calculated Standard Premium Total is negative.
06	073	002	06073002	Correction report reduced Standard Premium Total to zero.
06	073	003	06073003	Standard Premium Total is incorrect.
06	073	004	06073004	Premium on this single state policy appears to be small for retrospective Rating revision
06	073	005	06073005	Overall premium must be at least 1

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Record Type	Starting Position	Sequence	Error Number	Error Description
06	073	006	Reserved for Future Use	Reserved for Future Use
06	073	007	06073007	Possible incomplete unit report – zero losses with premium greater than 50000.
06	073	008	06073008	CPAP credit reduces standard premium below minimum
06	073	009	06073009	Verify large standard premium amount.
06	084	000	06084000	Number of Claims Total is invalid.
06	084	001	06084001	Number of Claims Total is incorrect.
06	089	000	06089000	Incurred Indemnity Total is invalid.
06	089	001	06089001	Incurred Indemnity Total is incorrect.
06	089	002	06089002	Loss totals listed on report without losses
06	099	000	06099000	Incurred Medical Total is invalid.
06	099	001	06099001	Incurred Medical Total is incorrect.
06	099	002	06099002	Verify large premium risk without corresponding losses.
06	109	000	06109000	Number of Records in Unit Report is invalid.
06	109	001	06109001	Number of Records in Unit Report is incorrect.
06	114	000	06114000	Unit Total Previously Reported Indicator is invalid.
06	114	001	06114001	Previous totals record is not acceptable
06	123	000	06123000	Total Paid Indemnity is invalid.
06	123	001	06123001	Total Paid Indemnity is incorrect.
06	133	000	06133000	Total Paid Medical is invalid.
06	133	001	06133001	Total Paid Medical is incorrect.
06	143	000	06143000	Total Claimant's Attorney Fees is invalid.
06	143	001	06143001	Total Claimant's Attorney Fees is incorrect.
06	153	000	06153000	Total Employer's Attorney Fees is invalid.
06	153	001	06153001	Total Employer's Attorney Fees is incorrect.
06	163	000	06163000	Total ALAE Paid is invalid.
06	163	001	06163001	Total ALAE Paid is incorrect.
06	173	000	06173000	Total ALAE Incurred is invalid.
06	173	001	06173001	Total ALAE Incurred is incorrect.
09	001	000	09001000	Link Data in submission control record must be filled with '9's.
09	041	000	09041000	The submission must contain a Submission Control record.
09	041	001	09041001	The submission contains more than one Submission Control records.
09	042	000	09042000	Detail Record Count is invalid.
09	042	001	09042001	Detail Record Count in the submission control record is incorrect.
09	042	002	09042002	The letter of transmittal Detail Record Count must match the actual detail record count on tape.
09	050	000	09050000	Total Unit Reports Submitted in the submission control record is incorrect.
09	050	001	09500001	The letter of transmittal Total Unit Reports Submitted must match the actual unit reports count on tape.
09	250	000	09250000	ASWG Tape Submission Indicator – is either incorrect and/or the carrier is not approved to submit as indicated.
7A	039	000	7A039000	ICR was bypassed because the limit of 10 ICRs per unit was exceeded.

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Record Type	Starting Position	Sequence	Error Number	Error Description
7A	041	000	7A041000	ICR was bypassed due to missing sub-type records.
7A	041	001	7A041001	ICR is Missing Sub Record Type
7A	041	002	7A041002	ICR was bypassed due to duplicate sub-type records.
7A	042	000	7A042000	ICR Sub-record Type is invalid.
7A	043	000	7A043000	ICR 7A Claim Number is invalid.
7A	043	001	7A043001	Unable to match ICR to Loss record.
7A	055	000	7A055000	ICR Reserve Type Code is invalid.
7A	055	001	7A055001	ICR Reserve Type Code (all other) – needs to be validated.
7A	055	002	7A055002	ICR Reserve Type Code is inconsistent with benefit code.
7A	055	003	7A055003	ICR Reserve Type Code (second injury) is inconsistent with Loss Conditions – Type of Recovery.
7A	057	000	7A057000	Year Last Exposed is invalid.
7A	069	000	7A069000	ICR Class Code is invalid.
7A	069	001	7A069001	ICR Class Code is different from matched Loss record Class Code
7A	069	002	7A069002	Reserved for Future Use
7A	074	000	7A074000	ICR Injury Code is invalid.
7A	074	001	7A074001	ICR Injury Code Medical Only Claims do not require ICR's
7A	074	002	7A074002	ICR Injury Code the duration of temporary benefits does not generate indemnity losses requiring ICR Data.
7A	076	000	7A076000	ICR Loss Coverage Code conflicts with Employers Liability or Other Indemnity Incurred.
7A	078	000	7A078000	ICR Transaction Type is invalid.
7A	080	000	7A080000	ICR Accident Date is invalid.
7A	080	001	7A080001	ICR Accident Date is greater than valuation date.
7A	080	002	7A080002	ICR Accident Date is not within the policy period.
7A	086	000	7A086000	ICR Date of Death is invalid.
7A	086	001	7A086001	ICR Date of Death claims require Date of Death
7A	086	002	7A086002	ICR Date of Death is less than Accident Date or after valuation.
7A	086	003	7A086003	ICR Date of Death is required for Injury Code.
7A	092	000	7A092000	Report Date is Invalid
7A	098	000	7A098000	ICR Date of Birth is invalid.
7A	098	001	7A098001	ICR Date of Birth claimant is beneficiary in permanent total claims. Birth date must be equal.
7A	098	002	7A098002	ICR Date of Birth is not reasonable.
7A	110	000	7A110000	ICR Date Closed is greater than valuation date.
7A	110	001	7A110001	ICR Date Closed is less than Accident Date.
7A	110	002	7A110002	ICR Date Closed is invalid.
7A	110	003	7A110003	ICR temporary injury should be closed at second report.
7A	119	000	7A119000	ICR Status Code is invalid.
7A	119	001	7A119001	ICR Status Code indicates closed ICR with reserve reported.
7A	119	002	7A119002	ICR Status Code indicates open with incurred equal paid.
7A	120	000	7A120000	Method of Settlement is invalid.
7A	123	000	7A123000	Loss Coverage Act is invalid.

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7A	125	000	7A125000	Type of Loss is invalid.
7A	127	000	7A127000	Type of Recovery is invalid.
7A	129	000	7A129000	Type of Claim is invalid.
7A	131	000	7A131000	Type of Settlement is invalid.
7A	140	000	7A140000	ICR Jurisdiction State is invalid.
7A	142	000	7A142000	Managed Care Organization Type is Invalid
7A	144	000	7A144000	ICR Lump Sum Indicator is invalid .
7A	250	000	7A250000	ASWG Indicator is Invalid
7B	043	000	7B043000	ICR 7B Claim Number is invalid.
7B	043	001	7B043001	ICR 7B Claim Number is required.
7B	055	000	7B055000	ICR Average Weekly Wage must be reported.
7B	060	000	7B060000	Injury Description Code – Body Code is Invalid
7B	062	000	7B062000	Injury Description Code – Nature of Injury is Invalid
7B	064	000	7B064000	Injury Description Code – Cause of Injury is Invalid
7B	066	000	7B066000	Incurred Cost of Temporary Indemnity exceeds maximum benefit.
7B	066	001	7B066001	Incurred Cost of Temporary Indemnity does not match benefit calculation.
7B	075	000	7B075000	Scheduled Indemnity – Percent Disability – is invalid
7B	078	000	7B078000	ICR Scheduled Indemnity – Body Member Code – is invalid.
7B	078	001	7B078001	ICR Scheduled Indemnity – Body Member Code – is required when Scheduled Indemnity – Incurred Loss is greater than zero.
7B	080	000	7B080000	ICR Scheduled Indemnity – Number of Weeks – is required.
7B	080	001	7B080001	ICR Scheduled Indemnity – Number of Weeks – is greater than benefit level.
7B	084	000	7B084000	Scheduled Indemnity (loss of use) benefits are unusual on death claim or temporary claim.
7B	084	001	7B084001	Scheduled Indemnity – Incurred Loss – is greater than maximum benefit.
7B	103	000	7B103000	Scheduled Indemnity – Percent of Disability – is required when Scheduled Indemnity – Incurred Loss is greater than zero.
7C	055	000	7C055000	Nonscheduled Indemnity – Percent Disability – is invalid.
7C	055	001	7C055001	Nonscheduled Indemnity – Percent Disability – is required when Nonscheduled Indemnity – Incurred Loss is greater than zero.
7C	058	000	7C058000	Nonscheduled Indemnity – Incurred Loss – is different from calculated amount.
7C	058	001	7C058001	Nonscheduled Indemnity – Incurred Loss – is greater than maximum.
7C	076	000	7C076000	Vocational Rehabilitation – Total Incurred – is required.
7C	085	000	7C085000	Pension Indemnity Benefits – Paid to Valuation Date – has been calculated.
7C	085	001	7C085001	Pension Indemnity Benefits – Paid to Valuation Date – conflicts with ICR Injury Type.
7C	085	002	7C085002	Pension Indemnity Benefits – Paid to Valuation Date – does not agree with calculation.
7C	094	000	7C094000	Present Value of Future Indemnity Payments conflicts with ICR Status Code or ICR Injury Code.
7C	094	001	7C094001	Present Value of Future Indemnity Payments – zero value conflicts with ICR Status Code or ICR Injury Code.
7C	103	000	7C103000	Funeral Allowance exceeds maximum.
7C	103	001	7C103001	Funeral Allowance is required or invalid if Injury Type is not 1.
7C	112	000	7C112000	Lump Sum Remarriage Payment is greater than zero.

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Record Type	Starting Position	Sequence	Error Number	Error Description
7D	055	000	7D055000	ICR Total Indemnity Incurred is greater than Total Indemnity Paid to Valuation Date.
7D	055	001	7D055001	ICR Total Indemnity Incurred does not match calculation.
7D	065	000	7D065000	ICR Total Medical Incurred is greater than 1500000.
7D	065	001	7D065001	ICR Total Medical Incurred is greater than Total medical paid and ICR is closed.
7D	095	000	7D095000	Social Security Offset Amount is required.
7D	104	000	7D104000	Pension Indemnity previously Reserved Not Paid conflicts with Injury Type.
7D	104	001	7D104001	Pension Indemnity previously Reserved Not Paid conflicts with pension paid to valuation.
7E	055	000	7E055000	Beneficiary Code – Dependency – is invalid.
7E	057	000	7E057000	ICR Beneficiary Date of Birth is invalid.
7E	057	001	7E057001	ICR Beneficiary Date of Birth is required.
7E	057	002	7E057002	ICR Beneficiary Date of Birth is greater than Date of Death.
7E	063	000	7E063000	ICR Beneficiary Code – Relationship – is invalid.
7E	064	000	7E064000	ICR Beneficiary Code – Dependency – may not be “Partial”.
7H	063	000	7H063000	Temporary Disability benefits Paid to Validation Date is provided for claim with no reported temporary benefits.
7H	063	001	7H053001	Temporary Disability benefits Paid to Validation Date conflicts with ICR Status Code and Incurred Cost of Temporary Indemnity.
7H	073	000	7H073000	Permanent Partial Benefits Paid to Valuation Date conflicts with ICR Status Code and Nonscheduled Indemnity - Incurred Loss.
7H	083	000	7H083000	Vocational Rehabilitation Benefits Paid to Valuation Date is required.
7H	083	001	7H083001	Vocational Rehabilitation Benefits Paid to Valuation Date conflicts with ICR Status Code and Vocational Rehabilitation – Total Incurred.
7H	083	002	7H083002	Vocational Rehabilitation Benefits Paid to Valuation Date conflicts with Total Indemnity Paid.
7H	093	000	7H093000	Permanent Total Benefits Paid to Valuation Date conflicts with ICR Injury code.
7H	093	001	7H093001	Permanent Total Benefits Paid to Valuation Date conflicts with ICR Status Code and Total Indemnity Paid.
7H	093	002	7H093002	Permanent Total Benefits Paid to Valuation Date exceeds the maximum allowed.
7H	093	003	7H093003	Permanent Total Benefits Paid to Valuation Date does not equal calculated date.
7H	103	000	7H103000	Death Benefits Paid to Valuation Date conflicts with ICR Injury code.
7H	103	001	7H103001	Death Benefits Paid to Valuation Date conflicts with ICR Status Code and Total Indemnity Paid.
7H	103	002	7H103002	Death Benefits Paid to Valuation Date does not equal calculated date.
7I	055	000	7I055000	Single Sum Settlement Amount Paid to Valuation Date is required.
7I	055	001	7I055001	Single Sum Settlement Amount Paid to Valuation Date is inconsistent with Total Indemnity Paid.
7I	055	002	7I055002	Single Sum Settlement Amount Paid to Valuation Date is either before the Accident Date or after the evaluation dates.
7J	075	000	7J075000	Date Single Sum Paid is invalid.
7J	075	001	7J075001	Date Single Sum Paid is required on lump sum claims.