



**USR WCESTAT Error Code Table**  
**Effective: May 11, 2022**

| 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 correction 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. Full 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   |
| 01          | 082               | 001      | Reserved for Future Use | Reserved for Future Use   |



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|-------------|-------------------|----------|-------------------------|--|
| 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 a 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 a 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.  |
| 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.               |



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|-------------|-------------------|----------|-------------------------|---|
| 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 aggravated 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 closed 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   |
| 01          | 146               | 011      | Reserved for Future Use | Reserved for Future Use   |



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|-------------|-------------------|----------|-------------------------|---|
| 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          | 149               | 007      | 01149007                | Est_expo_ind value of 'Y' or 'U' not allowed with class code 0012.  |
| 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 provisions.  |
| 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.  |
| 01          | 150               | 006      | 01150006                | Retrospective Rated Policy Condition changes only allowed on H and M correction types (1st report level only).  |



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|-------------|-------------------|----------|-------------------------|--|
| 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.  |
| 01          | 169               | 001      | 01169001                | Deductible Percentage is not applicable for the state.   |



USR WCESTAT Error Code Table

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| Record Type | Starting Position | Sequence | Error Number | Error Description  |
|-------------|-------------------|----------|--------------|--|
| 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 of Insured and Unit Format Submission Code = S are also reported. |
| 01          | 250               | 000      | 01250000     | ASWG Unit Submission Indicator is invalid.   |





**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number            | Error Description   |
|-------------|-------------------|----------|-------------------------|---|
| 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 latest 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.  |
| 04          | 043               | 014      | 04043014                | Exposure Class Code – Duplicate expense constant class code.  |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number | Error Description  |
|-------------|-------------------|----------|--------------|--|
| 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.  |
| 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.   |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 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 loss 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     | Reserved for Future Use   |
| 04          | 043               | 087      | 04043087     | Reserved for Future Use   |
| 04          | 043               | 088      | 04043088     | EL Limits require manual review.  |
| 04          | 043               | 089      | 04043089     | Reserved for Future Use   |
| 04          | 043               | 090      | 04043090     | Reserved for Future Use   |
| 04          | 043               | 091      | 04043091     | Schedule Rating does not apply to AR policies.  |



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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 04          | 043               | 092      | 04043092     | Reserved for Future Use   |
| 04          | 043               | 093      | 04043093     | Reserved for Future Use   |
| 04          | 043               | 094      | 04043094     | Reserved for Future Use   |
| 04          | 043               | 095      | 04043095     | Reserved for Future Use   |
| 04          | 043               | 096      | 04043096     | Reserved for Future Use   |
| 04          | 043               | 097      | 04043097     | Required PPAP (0942) not reported.  |
| 04          | 043               | 098      | 04043098     | Reserved for Future Use   |
| 04          | 043               | 099      | 04043099     | Reserved for Future Use   |
| 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          | 043               | 113      | 04043113     | USR has new class code <1> which does not exist on an Inspection or the prior 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          | 051               | 006      | 04051006     | The reported experience modification is incorrect.  |
| 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 policy effective date and less than the policy expiration date. |
| 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.   |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number | Error Description  |
|-------------|-------------------|----------|--------------|--|
| 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 Mod 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 Mod 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 unit 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.  |
| 04          | 077               | 006      | 04077006     | Part II – total increased limits premium incorrect.  |
| 04          | 077               | 007      | 04077007     | Deductible amount is incorrect.  |



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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 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 9757 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          | 077               | 033      | 04077033     | Manual Rate and/or Premium are not allowed for this class code.   |
| 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.   |
| 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.   |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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          | 123               | 006      | 04123006                | Expo Act must be 00 for class <1>.   |
| 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.   |
| 05          | 043               | 011      | 05043011                | Key fields on loss record are either missing or invalid.   |



**USR WCESTAT Error Code Table**

**Effective: May 11, 2022**

| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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.   |
| 05          | 061               | 001      | Reserved for Future Use | Reserved for Future Use  |
| 05          | 061               | 002      | 05061002                | Duplicate Claim Number is not allowed.   |





**USR WCESTAT Error Code Table**

**Effective: May 11, 2022**

| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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 on 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 is 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.   |
| 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.  |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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). |
| 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                        |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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  |
| 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.  |



**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number            | Error Description   |
|-------------|-------------------|----------|-------------------------|---|
| 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   |
| 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                | 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, 70 or 77, Type of Loss must be 02 or 03. If the Nature of Injury is 71, 73-76 or 79, Type of Loss must be 02. If the Nature of Injury is 69, 72, 78 or 80, Type of Loss must be 03. |



**USR WCESTAT Error Code Table**

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| Record Type | Starting Position | Sequence | Error Number | Error Description  |
|-------------|-------------------|----------|--------------|--|
| 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.  |
| 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.   |



**USR WCESTAT Error Code Table**

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| Record Type | Starting Position | Sequence | Error Number            | Error Description  |
|-------------|-------------------|----------|-------------------------|--|
| 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 re 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          | 063               | 008      | 06063008                | USR total premium exceeds the current Premium Discount threshold, therefore class code 0063 or 0064 must be included.                |
| 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   |
| 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.   |



USR WCESTAT Error Code Table  
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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 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.  |
| 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.   |



USR WCESTAT Error Code Table

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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 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.   |
| 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   |





**USR WCESTAT Error Code Table**  
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| Record Type | Starting Position | Sequence | Error Number | Error Description   |
|-------------|-------------------|----------|--------------|---|
| 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.   |
| 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.   |



**USR WCESTAT Error Code Table**

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| <b>Record Type</b> | <b>Starting Position</b> | <b>Sequence</b> | <b>Error Number</b> | <b>Error Description</b>   |
|--------------------|--------------------------|-----------------|---------------------|--|
| 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.   |

























































