

IAIABC R1.0 STANDARDS: EDIT MATRIX USAGE INSTRUCTIONS

The Edit Matrix is designed to convey which data elements have edits applied to them and to provide standard error messages to use in association with these edits. Error messages are communicated in the Acknowledgment records in the Form of data element number and error message. NOTE: All error messages and data element numbers must be assigned by the EDI Systems group to ensure standardization across jurisdictions.

Those elements with 'X' on the coordinate are suggested or recommended edits. Trading Partners should review these recommendations and may want to include/exclude edits, as they feel appropriate, within the framework of the matrix.

The Edit Matrix includes all transaction set edits established by the IAIABC EDI Development committee.

The data element numbers and element descriptions are listed down the left column while the error message numbers and associated text are listed across the top of the table.

Some trading partners have found it useful to establish an additional table that contains more specific, data element-related, and error messages. This can be useful, especially for error messages that are more generic. Once they are tied to a data element, they can be made more specific and reduce the need for follow-up phone calls from receivers.

**IAIABC
Claims Release 1 Edit Matrix Table**

IAIABC DN	IAIABC DATA ELEMENT NAME	ERROR MESSAGE
0000	Entire Transaction	
0001	Transaction Set ID	Mandatory field not present
0002	Maintenance Type Code	Transaction Set ID Invalid
0003	Maintenance Type Code Date	MTC invalid for 148
0004	Jurisdiction	MTC invalid for A49
0005	Agency Claim Number	State Code Invalid
0006	Insurer FEIN	NCCI Nature Code Invalid
0007	Insurer Name	NCCI Part of Body Code Invalid
0008	Third Party Administrator FEIN	NCCI Cause of Injury Code Invalid
0009	Third Party Administrator Name	Gender Code Invalid
0010	Claim Administrator Addr Line 1	Marital Status Code Invalid
0011	Claim Administrator Addr Line 2	Wage Period Code Invalid
0012	Claim Administrator City	Indicator Invalid
0013	Claim Administrator State	Employment Status Code Invalid
0014	Claim Administrator Postal Code	Class Code (NCCI or State Spec) Invalid
0015	Claim Administrator Claim Number	Industry Code (SIC or NAICS) Invalid
0016	Employer FEIN	Initial Treatment Code Invalid
0017	Insured Name	Claim Status Code Invalid
0018	Employer Name	Number of Days worked must be 0-7
0019	Employer Address Line 1	Days must be 0-6
0020	Employer Address Line 2	Return to Work Qualifier Code Invalid
0021	Employer City	Claim Type Code Invalid
0022	Employer State	Agreement to Compensate Code Invalid
0023	Employer Postal Code	Late Reason Code Invalid
0024	Self Insured Indicator	Payment/Adjustment Code Invalid
0025	Industry Code	Benefit/Adjustment Code Invalid
0026	Insured Report Number	TDRE/Recovery Code Invalid
0027	Insured Location Number	Dep/Payee Relationship Code Invalid
0028	Policy Number	Must be numeric (0-9)
0029	Policy Effective Date	Must be a valid date (CCYYMMDD)
0030	Policy Expiration Date	Must be A-Z, 0-9, or spaces
0031	Date of Injury	Must be a valid time (HHMMSS)
0032	Time of Injury	Must be valid on Zip Code Table
0033	Postal Code of Injury Site	Must be <= Date of Injury
0034	Employers Premis Indicator	Must be >= Date of Injury
0035	Nature of Injury Code	Must be >= Date Disability Began
0036	Part of Body Injured Code	Must be <= Date of Death
0037	Cause of Injury Code	Must be <= Maintenance Type Code
0038	Accident Description/Cause	Must be >= Start date
0039	Initial Treatment	Must be >= Start date
0040	Date Reported to Employer	No match on database
0041	Date Reported to Claim Admin	All digits cannot be the same
0042	Social Security Number	Must be <= Current date
0043	Employee Last Name	Not statutorily valid
0044	Employee First Name	Receiver ID Invalid
0045	Employee Middle Initial	Value is > than required by jurisdiction
0046	Employee Address Line 1	Value is < than required by jurisdiction
0047	Employee Address Line 2	Interchange Version ID Invalid
0048	Employee City	Reinstated but not suspended
0049	Employee State	Duplicate First Report (148)
0050	Employee Postal Code	Duplicate Initial Payment (A49)
0051	Employee Phone	No matching Subsequent report (A49) reduced earnings prior to initial payment
		051 reduced earnings prior to initial payment
		052 Suspension prior to Initial Payment
		053 No matching FROI (148)
		054 Must be valid occurrence for segment
		055 Must be <= Date of Hire
		056 prior report count = # previous
		057 Duplicate transmission/transaction
		058 Code/ID Invalid
		059 vendor not consistent w/ vendor prev
		060 Previous supporting docs not received
		061 Previous supporting docs not rec'd
		062 Event Criteria not met
		063 Required segment not present
		064 Invalid event sequence/relationship
		065 Invalid date sequence/relationship
		066 Corresponding report/data not found
		067 Invalid record count
		068 Must be >= Policy Effective Date
		069 Must be <= Policy Expiration Date
		100 No Leading/Embedded Spaces

**IAIABC
Claims Release 1 Edit Matrix Table**

IAIABC DN	IAIABC DATA ELEMENT NAME	ERROR MESSAGE
001	Mandatory field not present	Mandatory field not present
002	Transaction Set ID Invalid	Transaction Set ID Invalid
003	MTC invalid for 148	MTC invalid for 148
004	MTC invalid for A49	MTC invalid for A49
005	State Code Invalid	State Code Invalid
006	NCCI Nature Code Invalid	NCCI Nature Code Invalid
007	NCCI Part of Body Code Invalid	NCCI Part of Body Code Invalid
008	NCCI Cause of Injury Code Invalid	NCCI Cause of Injury Code Invalid
009	Gender Code Invalid	Gender Code Invalid
010	Marital Status Code Invalid	Marital Status Code Invalid
011	Wage Period Code Invalid	Wage Period Code Invalid
012	Indicator Invalid	Indicator Invalid
013	Employment Status Code Invalid	Employment Status Code Invalid
014	Class Code (NCCI or State Spec) Invalid	Class Code (NCCI or State Spec) Invalid
015	Industry Code (SIC or NAICS) Invalid	Industry Code (SIC or NAICS) Invalid
016	Initial Treatment Code Invalid	Initial Treatment Code Invalid
017	Claim Status Code Invalid	Claim Status Code Invalid
018	Number of Days worked must be 0-7	Number of Days worked must be 0-7
019	Days must be 0-6	Days must be 0-6
020	Return to Work Qualifier Code Invalid	Return to Work Qualifier Code Invalid
021	Claim Type Code Invalid	Claim Type Code Invalid
022	Agreement to Compensate Code Invalid	Agreement to Compensate Code Invalid
023	Late Reason Code Invalid	Late Reason Code Invalid
024	Payment/Adjustment Code Invalid	Payment/Adjustment Code Invalid
025	Benefit/Adjustment Code Invalid	Benefit/Adjustment Code Invalid
026	PTD/RE/Recovery Code Invalid	PTD/RE/Recovery Code Invalid
027	Dep/Payee Relationship Code Invalid	Dep/Payee Relationship Code Invalid
028	Must be numeric (0-9)	Must be numeric (0-9)
029	Must be a valid date (CCYYMMDD)	Must be a valid date (CCYYMMDD)
030	Must be A-Z, 0-9, or spaces	Must be A-Z, 0-9, or spaces
031	Must be a valid time (HHMMSS)	Must be a valid time (HHMMSS)
032	Must be valid on Zip Code Table	Must be valid on Zip Code Table
033	Must be <= Date of Injury	Must be <= Date of Injury
034	Must be >= Date of Injury	Must be >= Date of Injury
035	Must be >= Date Disability Began	Must be >= Date Disability Began
036	Must be <= Date of Death	Must be <= Date of Death
037	Must be <= Maintenance Type Code	Must be <= Maintenance Type Code
038	Must be >= Start date	Must be >= Start date
039	No match on database	No match on database
040	All digits cannot be the same	All digits cannot be the same
041	Must be <= Current date	Must be <= Current date
042	Not statutorily valid	Not statutorily valid
043	Receiver ID Invalid	Receiver ID Invalid
044	Value is > than required by jurisdiction	Value is > than required by jurisdiction
045	Value is < than required by jurisdiction	Value is < than required by jurisdiction
046	Interchange Version ID Invalid	Interchange Version ID Invalid
047	Reinstated but not suspended	Reinstated but not suspended
048	Duplicate First Report (148)	Duplicate First Report (148)
049	Duplicate Initial Payment (A49)	Duplicate Initial Payment (A49)
050	No matching Subsequent report (A49)	No matching Subsequent report (A49)
051	Reduced Earnings prior to initial payment	Reduced Earnings prior to initial payment
052	Suspension prior to Initial Payment	Suspension prior to Initial Payment
053	No matching FROI (148)	No matching FROI (148)
054	Must be valid occurrence for segment	Must be valid occurrence for segment
055	Must be <= Date of Hire	Must be <= Date of Hire
056	claim return commit = #noncons	claim return commit = #noncons
057	Duplicate transmission/transaction	Duplicate transmission/transaction
058	Code/ID Invalid	Code/ID Invalid
059	Vendor non-consistent w/ vendor prev	Vendor non-consistent w/ vendor prev
060	Previous supporting docs not received	Previous supporting docs not received
061	Previous supporting docs not rec'd	Previous supporting docs not rec'd
062	Event Criteria not met	Event Criteria not met
063	Required segment not present	Required segment not present
064	Invalid event sequence/relationship	Invalid event sequence/relationship
065	Invalid data sequence/relationship	Invalid data sequence/relationship
066	Corresponding report/data not found	Corresponding report/data not found
067	Invalid record count	Invalid record count
068	Must be >= Policy Effective Date	Must be >= Policy Effective Date
069	Must be <= Policy Expiration Date	Must be <= Policy Expiration Date
100	No Leading/Embedded Spaces	No Leading/Embedded Spaces
0052	Employee Date of Birth	
0053	Gender Code	
0054	Marital Status Code	
0055	Number of Dependents	
0056	Date Disability Began	
0057	Employee Date of Death	
0058	Employment Status Code	
0059	Class Code	
0060	Occupation Description	
0061	Date of Hire	
0062	Wage	
0063	Wage Period	
0064	Number Days Worked	
0065	Date Last Day Worked	
0066	Full Wages Paid for Date of Inj Ind	
0067	Salary Continued Indicator	
0068	Date of Return to Work	
0069	Pre-Existing Disability	
0070	Date of MMI	
0071	RTW Qualifier	
0072	Date Release/Return to Work	
0073	Claim Status	
0074	Claim Type	
0075	Agreement to Comp. Code	
0076	Date of Representation	
0077	Late Reason Code	
0078	Num. Permanent Impairments	
0079	Num. Payment/Adjustments	
0080	Num. Benefit/Adjustments	
0081	Num. PTD/Reduced Earnings	
0082	Num. Death Dep/Payee Rel	
0083	Perm. Impairment Body Part	
0084	Perm. Impairment Percentage	
0085	Payment/Adjustment Code	
0086	Payment/Adj. Paid to Date	
0087	Payment/Adjustment Amount	
0088	Payment/Adj. Start Date	
0089	Payment/Adj. End Date	
0090	Payment/Adj. Weeks Paid	
0091	Payment/Adj. Days Paid	
0092	Benefit/Adjustment Code	
0093	Benefit/Adjustment Amount	
0094	Benefit/Adj. Start Date	
0095	PTD/RE/Recovery Code	
0096	PTD/RE/Recovery Amnt	
0097	Dependent Payee Relationship	
0098	Sender ID	
0099	Receiver ID	
0100	Date Transmission Sent	
0101	Time Transmission Sent	
0102	Original Transmission Date	
0103	Original Transmission Time	

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Claims Release 1 Edit Matrix Table**

IAIABC DN	IAIABC DATA ELEMENT NAME	ERROR MESSAGE
		Mandatory field not present
		Transaction Set ID Invalid
		MTC invalid for 148
		MTC invalid for A49
		State Code Invalid
		NCCI Nature Code Invalid
		NCCI Part of Body Code Invalid
		NCCI Cause of Injury Code Invalid
		Gender Code Invalid
		Marital Status Code Invalid
		Wage Period Code Invalid
		Indicator Invalid
		Employment Status Code Invalid
		Class Code (NCCI or State Spec) Invalid
		Industry Code (SIC or NAICS) Invalid
		Initial Treatment Code Invalid
		Claim Status Code Invalid
		Number of Days worked must be 0-7
		Days must be 0-6
		Return to Work Qualifier Code Invalid
		Claim Type Code Invalid
		Agreement to Compensate Code Invalid
		Late Reason Code Invalid
		Payment/Adjustment Code Invalid
		Benefit/Adjustment Code Invalid
		PTDRE/Recovery Code Invalid
		Dep/Payee Relationship Code Invalid
		Must be numeric (0-9)
		Must be a valid date (CCYYMMDD)
		Must be A-Z, 0-9, or spaces
		Must be a valid time (HHMMSS)
		Must be valid on Zip Code Table
		Must be <= Date of Injury
		Must be >= Date of Injury
		Must be >= Date Disability Began
		Must be <= Date of Death
		Must be <= Maintenance Type Code
		Must be >= Start date
		No match on database
		All digits cannot be the same
		Must be <= Current date
		Not statutorily valid
		Receiver ID Invalid
		Value is > than required by jurisdiction
		Value is < than required by jurisdiction
		Interchange Version ID Invalid
		Reinstated but not suspended
		Duplicate First Report (148)
		Duplicate Initial Payment (A49)
		No matching Subsequent report (A49) payment
		Reduced Earnings prior to initial payment
		Suspension prior to Initial Payment
		No matching FROI (148)
		Must be valid occurrence for segment
		Must be <= Date of Hire
		claim reason code must = # reason
		Duplicate transmission/transaction
		Code/ID Invalid
		Vendor not consistent w/ vendor prev
		Previous supporting docs not received
		Previous supporting docs not rec'd
		Event Criteria not met
		Required segment not present
		Invalid event sequence/relationship
		Invalid data sequence/relationship
		Corresponding report/data not found
		Invalid record count
		Must be >= Policy Effective Date
		Must be <= Policy Expiration Date
		No Leading/Embedded Spaces
0104	Test/Production Indicator	X
0105	Interchange Version ID	X
0106	Detail Record Count	X
0107	Record Sequence Number	X
0108	Date Processed	X
0109	Time Processed	X
0110	Acknowledgment Transaction Set ID	X
0111	Application Acknowledgement Code	X
0112	Request Code (Purpose)	X
0113	Free Form Text	
0114	Number of Errors	X
0115	Element Number	X
0116	Element Error Number	X
0117	Variable Segment Number	X