

**Tennessee EDI Claims  
Error Meanings and Instructions for SROI (A49) Filings**

Contact Information for FROI/SROI rejections: [Emily.Shacklett@tn.gov](mailto:Emily.Shacklett@tn.gov)

Contact Information for EDI Transmission Issues: [Bonnie.Hudgens@tn.gov](mailto:Bonnie.Hudgens@tn.gov)

Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
HD1	0	57		DUPLICATE TRANSMISSION/TRANSACTION	A file with the same header information is already on file with the division.	When resubmitting a file, be sure to change the date and time of transmission in the header.
HD1	0	57		DUPLICATE TRANSMISSION/TRANSACTION	This transaction is already on file.	Check the MTC Date.
A49	5	1	AGENCY CLAIM NUMBER	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This is a mandatory field but no value was given.	Obtain the ACN and resubmit the filing.
A49	5	28	AGENCY CLAIM NUMBER	MUST BE NUMERIC (0-9)	The ACN must be all numeric. A dash is allowed between the number and the year but spaces or alpha characters are NOT allowed.	Check the value for validity. ACN is the jurisdiction assigned number. Correct and resubmit as needed.
A49	5	39	AGENCY CLAIM NUMBER	NO MATCH ON DATABASE	The ACN/SSN/DOI combination is not on file with the division. The SSN/ACN/DOI must all match the values on file with the division.	Check the text field in the acknowledgement file for information on which element is causing the rejection, the SSN or DOI or ACN. Check your records to see if the SSN or the DOI have been changed since the First Report was sent to the division. Send a FROI 02 to update SSN or DOI OR send an email to the division requesting an update of the SSN or DOI. Jeanette.Baird@state.tn.us
A49	14	1	CLAIM ADMIN POST CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a valid zip code.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
A49	2	58	CLAIM TYPE	NO MATCHING SUBSEQUENT REPORT (A49)	The MTC code you are filing requires that an IP/AP or PY be on file before this transaction can be accepted. Check the field CLAIM TYPE. Claim Type of 'Indemnity' requires the IP/AP to be filed before the FN.	If the Claim Type is Indemnity, check the claim to determine if the claim type should be Medical Only. If it is truly an Indemnity Claim, submit the matching SROI (IP) and resubmit your filing. If Claim Type should be Medical Only, make the correction to the Claim Type and resubmit your filing.
A49	74	58	CLAIM TYPE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the division.	Acceptable Codes are: M Medical Only; I Idemnity; N Notificator Only; B Became Medical Only; L Became Lost Time; T Transfer Jurisdiction
A49	56	34	DATE DISABILITY BEGAN	MUST BE GREATER THAN OR EQUAL TO DATE OF INJURY	This rejection is received when Date Disability Began is before the Date of Injury.	Check the Date Disability Began for validity. Correct and resubmit.

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A49	31	37	DATE OF INJURY	MUST BE LESS THAN OR EQUAL TO MTC DATE	This rejection is received when the MTC Date is before the Date of Injury.	Check the MTC Date for validity. Correct and resubmit.
A49	31	59	DATE OF INJURY	VALUE NOT CONSISTENT WITH VALUE PREVIOUSLY REPORTED	The Date of Injury(DOI) does not match the DOI previously reported on the First Report. This could be because: 1. The insurer has updated the DOI but not contacted the division. 2. The division has updated the DOI but not contacted the insurer.	Check the text field in the acknowledgement file for information on the rejection. Check your records to see if the DOI have been changed since the First Report was sent to the division. Send a FROI 02 to update SSN or DOI OR send an email to the division requesting an update of the DOI. Jeanette.Baird@state.tn.us
A49	76	34	DATE OF REPRESENTATION	MUST BE LESS THAN OR EQUAL TO DATE OF INJURY	This rejection is received when Date of Representation is before the Date of Injury.	Check the Date of Representation for validity. Correct and resubmit.
A49	72	34	DATE RETURN/RELEASE TO WORK	MUST BE GREATER THAN OR EQUAL TO DATE OF INJURY	The date given in this field cannot be less than the DOI.	Check the date for validity. Correct and resubmit the filing.
A49	6	1	INSURER FEIN	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	The Insurer FEIN is required. If self insured indicator =Yes, then Insurer FEIN means the FEIN of the self insured program. If self insured indicator =NO, then Insurer FEIN means the FEIN of a TN licensed insurance carrier.	1. Check the FEIN and the Name to make sure they match the information approved by the division that was given on your trading partner profile. 2. If Self Insured Indicator = NO, the Insurer FEIN and Name must be a TN licensed insurance carrier. 3. If Self Insured Indicator = YES, then Insurer FEIN and Name must be FEIN and Name of the self insured program on file with the Dept of Commerce & Insurance, Self Insured Program.
A49	6	58	INSURER FEIN	INVALID CODE, ID OR VALUE	The FEIN does not have 9 numeric OR it contains alpha characters.	Obtain the correct FEIN for the Insurer and resubmit the filings.
A49	2	1	MAINTENANCE TYPE CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	The MTC is required.	This field is mandatory but no value was given.
A49	2	42	MAINTENANCE TYPE CODE	NOT STATUTORILY VALID	The MTC code listed on the filing is not a valid MTC for Tennessee.	Check the code for validity. Correct and resubmit as needed.

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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
A49	2	50	MAINTENANCE TYPE CODE	NO MATCHING SUBSEQUENT REPORT (A49)	The MTC code you are filing requires that an IP/AP or PY be on file before this transaction can be accepted. Check the field CLAIM TYPE. Claim Type of 'Indemnity' requires the IP/AP to be filed before the FN.	If the Claim Type is Indemnity, check the claim to determine if the claim type should be Medical Only. If it is truly an Indemnity Claim, submit the matching SROI (IP) and resubmit your filing. If Claim Type should be Medical Only, make the correction to the Claim Type and resubmit your filing.
A49	2	53	MAINTENANCE TYPE CODE	NO MATCHING FIRST REPORT (148)	The division does not have a First Report on file for this SSN/DOI/ACN <u>OR</u> the First Report on file has a different SSN or DOI.	Check the text field in the acknowledgement file for information on which element is causing the rejection, the SSN or DOI or ACN. Contact the division by fax to correct the SSN and/or the Date of Injury.
A49	2	57	MAINTENANCE TYPE CODE	DUPLICATE TRANSMISSION/TRANSACTION	The transaction that matches your MTC is already on file with the division.	Do not resend this filing. Check your records for the ACN listed in the text field of the rejection acknowledgement. Then, file the next appropriate form as needed.
A49	2	61	MAINTENANCE TYPE CODE	EVENT CRITERIA NOT MET	The filing is out of sequence. For example, a 'RB' Reinstatement of Benefits cannot be filed until a 'S1' Suspension of Benefits has been accepted. The 'S1' cannot be accepted unless an 'IP' has been filed.	See the document 'Crosswalk' to determine the sequence of filing. Make the necessary filings as needed.
A49	2	61	MAINTENANCE TYPE CODE	EVENT CRITERIA NOT MET	The RE Reduced Earnings is not required in TN. If used, the transaction must include a 600-624 or 650-674 Paid to Date/Reduced Earnings transaction. If there are 4 weeks of reduced earnings, the first week is code 600, second week is 601, 602 and then 603. Instead of a RE, just report Payment Adjustment code of TPD and give amounts paid.	See the document 'Crosswalk' to determine the sequence of filing. Make the necessary filings as needed.
A49	3	34	MAINTENANCE TYPE CODE DATE	MUST BE GREATER THAN OR EQUAL TO DATE OF INJURY	The MTC Date is before the Date of Injury.	The MTC Date must be greater than the Date of Injury but less than the current date. Correct the filing and resubmit.
A49	3	41	MAINTENANCE TYPE CODE DATE	MUST BE LESS THAN OR EQUAL TO CURRENT DATE	The MTC Date is greater than the current date.	The MTC Date must be greater than the Date of Injury but less than the current date. Correct the filing and resubmit.

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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
A49	42	40	SOCIAL SECURITY NUMBER	ALL DIGITS CANNOT BE THE SAME.	A SSN with all digits the same is not valid.	Obtain the correct SSN. Correct and resubmit the filing.
A49	42	59	SOCIAL SECURITY NUMBER	VALUE NOT CONSISTENT WITH VALUE PREVIOUSLY REPORTED	The SSN does not match the SSN previously reported on the First Report. This could be because: 1. The insurer has updated the SSN but not contacted the division. 2. The division has updated the SSN but not contacted the insurer.	Check the text field in the acknowledgement file for information on the rejection. Check your records to see if the SSN has been changed since the First Report was sent to the division. Send a FROI 02 to update SSN or DOI OR send an email to the division requesting an update of the DOI. Jeanette.Baird@state.tn.us
A49	8	1	THIRD PARTY ADMINISTRATOR FEIN	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	For transaction type A49 AP, TPA FEIN is a required field.	The AP is to report the first payment by the new claims administrator so the TPA FEIN is a required field for this transaction.
A49	8	58	THIRD PARTY ADMINISTRATOR FEIN	INVALID CODE, ID OR VALUE	The TPA FEIN is not a valid 9 digit number.	Check the number for validity. Correct and resubmit as needed.
A49	62	65	WAGE	CORRESPONDING REPORTS/DATA NOT FOUND	The corresponding data field 'Wage Period' must not be blank.	Complete the field 'Wage Period' and resubmit the filing.
A49	63	58	WAGE PERIOD	INVALID CODE, ID OR VALUE	The code given does not match a code used by the division.	Check the code for validity. Correct and resubmit the filing.
A49	63	65	WAGE PERIOD	CORRESPONDING REPORTS/DATA NOT FOUND	The corresponding data field 'Wage' must not be blank.	Complete the field 'Wage' and resubmit the filing.
A49	78	61	NUMBER OF PERMANENT IMPAIRMENTS	EVENT CRITERIA NOT MET	This rejection is for one of the following reasons: 1. The MTC you are filing requires that all segment counts be '00' for no occurrences. 2. The MTC you are filing requires at least one occurrence of one of the segments be present. Either the Pay/Adjust segment count and/or the PTD segment count must be greater than '00'.	To resolve: 1. Remove all segment information from this MTC, and change all segment counts to '00'. 2. Add at least one occurrence of either the Pay/Adjust segment or the PTD segment. These two segments are required for some MTCs.
A49	78	66	NUMBER OF PERMANENT IMPAIRMENTS	INVALID RECORD COUNT	This field must contain a value. Use '00' if for no segment, '01' for 1 occurrence, etc. up to 06 for a maximum of 6 occurrences.	Check the number for validity. Correct and resubmit as needed.

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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
A49	79	61	NUMBER OF PAYMENTS/ ADJUSTMENTS	EVENT CRITERIA NOT MET	This rejection is for one of the following reasons: 1. The MTC you are filing requires that all segment counts be '00' for no occurrences. 2. The MTC you are filing requires at least one occurrence of one of the segments be present. Either the Pay/Adjust segment count and/or the PTD segment count must be greater than '00'.	To resolve: 1. Remove all segment information from this MTC, and change all segment counts to '00'. 2. Add at least one occurrence of either the Pay/Adjust segment or the PTD segment. These two segments are required for some MTCs.
A49	80	61	NUMBER OF BENEFIT ADJUSTMENTS	EVENT CRITERIA NOT MET	This rejection is for one of the following reasons: 1. The MTC you are filing requires that all segment counts be '00' for no occurrences. 2. The MTC you are filing requires at least one occurrence of one of the segments be present. The Pay/Adjust segment count and/or the PTD segment count must be greater than '00'.	To resolve: 1. Remove all segment information from this MTC, and change all segment counts to '00'. 2. Add at least one occurrence of either the Pay/Adjust segment or the PTD segment. These two segments are required for some MTCs.
A49	81	61	NUMBER OF PTD REDUCED EARNINGS	EVENT CRITERIA NOT MET	This rejection is for one of the following reasons: 1. The MTC you are filing requires that all segment counts be '00' for no occurrences. 2. The MTC you are filing requires at least one occurrence of one of the segments be present. Either the Pay/Adjust segment count and/or the PTD segment count must be greater than '00'.	To resolve: 1. Remove all segment information from this MTC, and change all segment counts to '00'. 2. Add at least one occurrence of either the Pay/Adjust segment or the PTD segment. These two segments are required for some MTCs.

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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
A49	82	61	NUMBER OF DEATH DEPENDENT/PAYEE RELATIONS	EVENT CRITERIA NOT MET	This rejection is for one of the following reasons: 1. The MTC you are filing requires that all segment counts be '00' for no occurrences. 2. The MTC you are filing requires at least one occurrence of one of the segments be present. Either the Pay/Adjust segment count and/or the PTD segment count must be greater than '00'.	To resolve: 1. Remove all segment information from this MTC, and change all segment counts to '00'. 2. Add at least one occurrence of either the Pay/Adjust segment or the PTD segment. These two segments are required for some MTCs.
			<b>Perm Impair Segment</b>			
A49	83	58	Perm Impair Body Part Code	INVALID CODE, ID OR VALUE	The code given must be a valid Body Part Code used by the division.	Check the code for validity. Correct the code and resubmit the filing.
A49	84	28	Perm Impair Percentage	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	
A49	85	1	Payment / Adj Code	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
			<b>Payment Adjustment Segment</b>			
A49	85	58	Payment / Adj Code	INVALID CODE, ID OR VALUE	This field must contain a valid payment/adjustment code.	Check the code for validity. Correct the code and resubmit the filing.
A49	86	1	Payment / Adj Paid to Date	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	86	58	Payment / Adj Paid to Date	INVALID CODE, ID OR VALUE	This field must contain a valid dollar amount.	Check the amount for validity. Correct the amount and resubmit the filing.
A49	87	1	Payment / Adj Weekly Amount	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	87	58	Payment / Adj Weekly Amount	INVALID CODE, ID OR VALUE	This field must contain a valid dollar amount.	Check the amount for validity. Correct the amount and resubmit the filing.
A49	88	1	Payment / Adj Start Date	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	88	29	Payment / Adj Start Date	MUST BE A VALID DATE (CCYYMMDD)	This field must contain a valid date.	Correct the format of the date and resubmit.

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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
A49	89	1	Payment / Adj End Date	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	89	29	Payment / Adj End Date	MUST BE A VALID DATE (CCYYMMDD)	This field must contain a valid date.	Correct the format of the date and resubmit.
A49	90	58	Payment / Adj Weeks Paid	INVALID CODE, ID OR VALUE	The value in this field is not valid.	Correct the value and resubmit the filing.
A49	91	58	Payment / Adj Days Paid	INVALID CODE, ID OR VALUE	The value in this field is not valid.	Correct the value and resubmit the filing.
			<b>Benefit Adjustment Segment</b>			
A49	92	58	Benefit Adj Code	INVALID CODE, ID OR VALUE	This field must contain a valid benefit adjustment code.	Check the code for validity. Correct the code and resubmit the filing.
A49	93	58	Benefit Adj Amount	INVALID CODE, ID OR VALUE	This field must contain a valid dollar amount.	Check the amount for validity. Correct the amount and resubmit the filing.
A49	94	29	Benefit Adj Start Date	MUST BE A VALID DATE (CCYYMMDD)	This field must contain a valid date.	Correct the format of the date and resubmit.
			<b>Paid to Date Segment</b>			
A49	95	1	PTD/Reduced Earn Code	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	95	58	PTD/Reduced Earn Code	INVALID CODE, ID OR VALUE	This field must contain a valid Paid to Date/Reduced Earnings code.	Check the code for validity. Correct the code and resubmit the filing.
A49	96	1	PTD/Reduced Earn Amount	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field is mandatory but no value was given.	Complete all mandatory fields and resubmit the filing.
A49	96	58	PTD/Reduced Earn Amount	INVALID CODE, ID OR VALUE	This field must contain a valid dollar amount.	Check the amount for validity. Correct the amount and resubmit the filing.
			<b>Death Dependent Segment</b>			
A49	97	58	Death Depend Payee Relation  Not a required segment unless a value is given in the Number of Death Dependents field.	INVALID CODE, ID OR VALUE	This field must contain a Death Depend Payee Relation code. RN where R= Relationship and N = order of entitlement Relationship codes are: 2=Widow; 3=Widower; 4=Son or Daughter; 5=Brother or Sister; 6=Mother or Father; 7=Handicapped Child; 8=Jurisdiction Fund; 9=Other 1-9 is order of entitlement	Check the code for validity. Correct the code and resubmit the filing.