



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
 220 FRENCH LANDING DRIVE
 NASHVILLE, TN 37243-1002
 WC.EDI@TN.GOV

Tennessee EDI Claims

Error Meanings and Instructions for FROI (148) Filings

Contact Information for FROI/SROI rejections: WC.EDI@TN.GOV

Contact Information for EDI Transmission Issues: WC.EDI@TN.GOV

Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
HD1	0	57	Header	DUPLICATE TRANSMISSION/TRANSACTION	A file with the same header information is already on file with the Bureau.	When resubmitting a file, be sure to change the date and time of transmission in the header.
HD1	0	57	Header	DUPLICATE TRANSMISSION/TRANSACTION	The transaction that rejected is already on file.	When resubmitting a file, be sure to change the date and time of transmission in the header.
148	2	53	MAINTENANCE TYPE CODE	NO MATCHING FIRST REPORT (148)	The Bureau does not have a First Report on file for this SSN/DOI/ACN OR 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 Bureau by email at wc.edi@tn.gov to correct the SSN and/or the Date of Injury.
148	2	57	MAINTENANCE TYPE CODE	DUPLICATE TRANSMISSION/TRANSACTION	Possible scenarios: 1. A different carrier may have filed the claim first. 2. Your company may have already filed for this DOI and SSN. 3. A claim is on file for this SSN and the DOI is within 15 days of the DOI on this filing. This edit is in the WCS program to help cut down on duplicates. The Bureau manually checks the injury description and body part codes to determine if the claims within the 15 day range are separate claims or possible duplicate. If the claims appear to be a duplicate, the filing will be rejected as a duplicate. Information will be given in the acknowledgement file in the text field. Check the acknowledgement text field for information.	1. Do not resend this filing. Check your records for the ACN listed in the text field of the rejection acknowledgement. For example: Correct ACN=640752005 for SSN=xxxxxxx and DOI=20050617. Check your claim against the information on file with the Bureau. Contact the Bureau via email wc.edi@tn.gov to update the DOI/SSN if needed. 2. Check your files for the claims with the DOI within 15 days. If the claims are duplicate, notify the Bureau to have the claims merged. If the claims are separate claims, to ensure the filing is accepted upon resubmission, contact the Bureau before resubmitting the claim.
148	2	65	MAINTENANCE TYPE CODE	CORRESPONDING REPORTS/DATA NOT FOUND	The MTC CO transaction must be sent to correct a filing where a field was 'TE' "Accepted with Error". This filing is rejecting because no 'TE' exists on the previous filing.	Send the FROI 02 transaction to change the values on your FROI filings. Send the FROI CO only when you have received an acknowledgement with a 'TE'.



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148	2	65	MAINTENANCE TYPE CODE	EVENT CRITERIA NOT MET	The Event may be that a required transaction is missing or filed in the wrong sequence.	Check to see if all transactions prior to this one were accepted.
148	3	1	MAINTENANCE TYPE CODE DATE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	The MTC Date is a required field. For all FROI transaction BUT the FROI CO, the MTC date is the date the transaction is flagged to be sent to the Bureau.	This field is mandatory but no value was given.
148	3	29	MAINTENANCE TYPE CODE	MUST BE A VALID DATE (CCYYMMDD)	The date must be in the format of 20060101.	Correct the date and resubmit the filing.
148	3	34	MAINTENANCE TYPE CODE	MUST BE GREATER THAN OR EQUAL TO DATE OF INJURY	The MTC Date cannot be less than the Date of Injury.	Correct the date and resubmit the filing.
148	3	41	MAINTENANCE TYPE CODE	MUST BE <=CURRENT DATE	The MTC Date cannot be greater than the current date.	Correct the date and resubmit the filing.
148	3	59	MAINTENANCE TYPE CODE DATE	VALUE NOT CONSISTENT WITH PREVIOUS VALUE	This rejection is for MTC CO when the MTC Date is not the same MTC Date that was given on the original First Report. MTC CO is used to correct an original First Report that contained the 'TE' 'Accepted With Errors'. The 2 fields that can have a 'TE' are the SIC Code and the Time of Injury.	MTC CO can only be used to correct a 'TE'. Use the FROI 02 to change the original First Report. When CO is sent to correct the original First Report, the MTC date must be same MTC Date used on the original First Report.
148	4	58	JURISDICTION	INVALID CODE, ID OR VALUE	The jurisdiction listed is not Tennessee.	If the transaction is a TN transaction, update the jurisdiction and resubmit.
148	5	1	AGENCY CLAIM NUMBER	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	The ACN is required on the transaction you are filing.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
148	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 apha characters are NOT allowed.	Check the value for validity. ACN is the jurisdiction assigned number. Correct and resubmit as needed.



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148	5	39	AGENCY CLAIM NUMBER	NO MATCH ON DATABASE	The ACN/SSN/DOI combination is not on file with the Bureau. Check the acknowledgement text message for details. 1. No match for given ACN. No match for SSN AND DOI. 2. The SSN/DOI are on file but the ACN is different.	1. The ACN given on your filing does not match the ACN/DOI/SSN of any claim on file with the Bureau. Check the ACN/DOI/SSN for validity. If the Bureau's records need to be updated, please send an email to wc.edi@tn.gov stating the needed change to the SSN and/or DOI. If your records are wrong, please correct the values and resubmit your filing. 2. The text message will give you the correct ACN. Correct the ACN and resubmit the filing.
148	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	This field is mandatory but no value was given.
148	6	39	INSURER FEIN	NO MATCH ON DATABASE	1. The FEIN of the Insurer does not match the Name of the Insurer. 2. The Insurer FEIN/Name does not exist on the division's database. 3. The Self Insured Indicator is YES but the Insurer FEIN and Name are that of an insurance carrier.	1. Check the FEIN and the Name to make sure they match the information approved by the Bureau 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.
148	7	1	INSURER NAME	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	The Insurer Name is required. If self insured indicator =Yes, then Insurer Name means the Name of the self insured program. If self insured indicator =NO, then Insurer Name means the Name of a TN licensed insurance carrier.	This field is mandatory but no value was given.



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Trans Type	Element	Error Code	Element Descp	Error Description	Meaning	Instructions
148	7	39	INSURER NAME	NO MATCH ON DATABASE	1. The FEIN of the Insurer does not match the Name of the Insurer. 2. The Insurer FEIN/Name does not exist on the divison's database. 3. The Self Insured Indicator is YES but the Insurer FEIN and Name are that of an insurance carrier.	1. Check the FEIN and the Name to make sure they match the information approved by the Bureau 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.
148	8	1	THIRD PARTY ADMINISTRATOR FEIN	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	For transaction type 148 AU, this field is required.	The AU is to change the TPA on file for this claim so the information must be present on the transaction.
148	8	39	THIRD PARTY ADMINISTRATOR FEIN	NO MATCH ON DATABASE	1. The FEIN of the TPA does not match the Name of the TPA. 2. The TPA FEIN/Name does not exist on the divison's database.	Check the FEIN and the Name to make sure they are correct. Send an email to the Bureau at wc.edi@tn.gov to reconcile the problem.
148	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.
148	8	61	THIRD PARTY ADMINISTRATOR FEIN	EVENT CRITERIA NOT MET	For transaction type 148 AU, this field must be a different value.	The AU is to change the TPA on file for this claim so the information must differ from the previous information.
148	8	65	THIRD PARTY ADMINISTRATOR	CORRESPONDING REPORTS/DATA NOT FOUND	The TPA FEIN is present but the TPA name was not given.	If TPA FEIN is present, TPA name is required to be present on the filing.
148	9	1	THIRD PARTY ADMINISTRATOR NAME	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	For transaction type 148 AU, this field is required.	The AU is to change the TPA on file for this claim so the information must be present on the transaction.
148	9	39	THIRD PARTY ADMINISTRATOR NAME	NO MATCH ON DATABASE	1. The FEIN of the TPA does not match the Name of the TPA. 2. The TPA FEIN/Name does not exist on the divison's database.	Check the FEIN and the Name to make sure they are correct. Email the Bureau at wc.edi@tn.gov to reconcile the problem.



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148	9	61	THIRD PARTY ADMINISTRATOR NAME	EVENT CRITERIA NOT MET	For transaction type 148 AU, this field must be a different value.	The AU is to change the TPA on file for this claim so the information must differ from the previous information.
148	9	65	THIRD PARTY ADMINISTRATOR NAME	CORRESPONDING REPORTS/DATA NOT FOUND	The TPA Name is present but the TPA FEIN was not given.	If TPA Name is present, TPA FEIN is required to be present on the filing.
148	10	1	CLAIM ADMIN ADDR LINE 1	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
148	12	1	CLAIM ADMIN CITY	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
148	13	1	CLAIM ADMIN STATE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a valid state code.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
148	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.
148	16	1	EMPLOYER FEIN	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given. Complete all mandatory fields and resubmit the filing.
148	16	40	EMPLOYER FEIN	ALL DIGITS CANNOT BE THE SAME.	The employer FEIN cannot contain all digits the same.	Obtain the correct Employer FEIN. Correct and resubmit as needed.
148	16	58	EMPLOYER FEIN	INVALID CODE, ID OR VALUE	The FEIN contains invalid characters.	Use a valid 9 digit number.
148	24	1	SELF INSURED INDICATOR	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value. Values are Y for Yes or N for NO	This field is mandatory but no value was given.
148	25	58	SIC CODE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Note: If using SIC codes, the number must be followed by a SC. For ex: 5410 will be 5410SC. Otherwise, the code must be a NAICS code.	Check the code for validity. Correct and resubmit the filing.
148	28	65	POLICY NUMBER	CORRESPONDING REPORTS/DATA NOT FOUND	Policy Number, Policy Effective Date and Policy Expire Date are a SET of information. If one of the values is given, all three values are required.	Either remove the values from all three fields OR give a value in all three fields.



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148	29	65	POLICY EFFECTIVE DATE	CORRESPONDING REPORTS/DATA NOT FOUND	Policy Number, Policy Effective Date and Policy Expire Date are a SET of information. If one of the values is given, all three values are required.	Either remove the values from all three fields OR give a value in all three fields.
148	30	65	POLICY EXPIRE DATE	CORRESPONDING REPORTS/DATA NOT FOUND	Policy Number, Policy Effective Date and Policy Expire Date are a SET of information. If one of the values is given, all three values are required.	Either remove the values from all three fields OR give a value in all three fields.
148	31	57	DATE OF INJURY	DUPLICATE TRANSMISSION/TRANSACTION	Possible scenarios: 1. A different carrier may have filed the claim first. 2. Your company may have already filed for this DOI and SSN. 3. A claim is on file for this SSN and the DOI is within 15 days of the DOI on this filing. This edit is in the WCS program to help cut down on duplicates. The Bureau manually checks the injury description and body part codes to determine if the claims within the 15 day range are separate claims or possible duplicate. If the claims appear to be a duplicate, the filing will be rejected as a duplicate. Information will be given in the acknowledgement file in the text field. Check the acknowledgement text field for information.	1. Contact the Bureau to see who filed the claim. Contact the other carrier to determine who is responsible for the claim. 2. If the claim is a duplicate, use the ACN from the Bureau's records and file the next appropriate form. 3. Check the date of injury. Is this a duplicate or two separate claims? Make sure the injury descriptions on the two claims are different.
148	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 Bureau. 2. The Bureau 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 has been changed since the First Report was sent to the Bureau. Send a FROI 02 to update SSN or DOI OR send an email to the Bureau at wc.edi@tn.gov requesting an update of the DOI.
148	32	31	TIME OF INJURY	MUST BE A VALID TIME (HHMMSS)	The time must be in HHMMSS format.	Correct the format of the time and resubmit.
148	33	1	POSTAL CODE OF INJURY SITE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	33	40	POSTAL CODE OF INJURY SITE	ALL DIGITS CANNOT BE THE SAME.	A postal code with all digits the same is not valid.	Obtain the correct Postal Code of Injury site. Correct and resubmit the filing.



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148	34	1	EMPLOYERS PREMISES INDICATOR	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	34	58	EMPLOYERS PREMISES INDICATOR	INVALID CODE, ID OR VALUE	Value must be Y for Yes or N for NO.	Correct the value and resubmit.
148	34	65	EMPLOYERS PREMISES INDICATOR	CORRESPONDING REPORTS/DATA NOT FOUND	The corresponding data field 'Postal Code of Injury Site' must not be blank.	Correct the fields 'Postal Code of Injury Site' and resubmit the filing.
148	35	1	NATURE OF INJURY CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	35	28	NATURE OF INJURY CODE	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	Obtain the correct code and resubmit the filing.
148	36	28	PART OF BODY INJURED CODE	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	Obtain the correct code and resubmit the filing.
148	36	58	PART OF BODY INJURED CODE	INVALID CODE, ID OR VALUE	This field must contain a numeric value; alpha characters are not allowed.	Obtain the correct code and resubmit the filing.
148	37	1	CAUSE OF INJURY CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	37	28	CAUSE OF INJURY CODE	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	Obtain the correct code and resubmit the filing.
148	39	58	INITIAL TREATMENT	INVALID CODE, ID OR VALUE	The code given for initial treatment is not a code used by the Bureau. Values are: 00= No med treatment; 01= Minor on-site; 02= Minor clinic; 03= Emergency eval; 04= Hospitalization; 05= Future major medical	Obtain the correct code and resubmit the filing.
148	41	41	DATE REPORTED TO CLAIMS	MUST BE LESS THAN OR EQUAL TO CURRENT DATE	The date given in this field is not valid.	Use a date that is less than the current date but greater than the date of injury.
148	42	28	SOCIAL SECURITY	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	Obtain the correct SSN and resubmit the filing.
148	42	39	SOCIAL SECURITY	NO MATCH ON DATABASE	The SSN listed on this filing is already on file with the Bureau for another claimant name.	Obtain the correct SSN and notify the Bureau by email at wc.edi@tn.gov.
148	42	40	SOCIAL SECURITY	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.



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148	42	58	SOCIAL SECURITY NUMBER	INVALID CODE, ID OR VALUE	The SSN is not a valid 9 digit number. The SSN can not be insequential order such as 123456789.	Check the SSN for validity. Correct and resubmit the filing.
148	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 Bureau. 2. The Bureau 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 Bureau. Send a FROI 02 to update SSN or DOI OR send an email to the Bureau at wc.edi@tn.gov requesting an update of the DOI.
148	43	58	EMPLOYEE LAST NAME	INVALID CODE, ID OR VALUE	The value given in the field is invalid. It may contain numbers or a date.	Check the name for validity. Correct and resubmit the filing.
148	44	1	EMPLOYEE FIRST NAME	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	44	58	EMPLOYEE FIRST NAME	INVALID CODE, ID OR VALUE	The value given in the field is invalid. It may contain numbers or a date.	Check the name for validity. Correct and resubmit the filing.
148	49	1	EMPLOYEE STATE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	49	58	EMPLOYEE STATE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau.	Check the code for validity. Correct and resubmit the filing.
148	50	1	EMPLOYEE POSTAL CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	50	40	EMPLOYEE POSTAL CODE	ALL DIGITS CANNOT BE THE SAME.	A postal code with all digits the same is not valid.	Obtain the correct Postal Code of Injury site. Correct and resubmit the filing.
148	51	28	EMPLOYEE PHONE	MUST BE NUMERIC (0-9)	This field must contain a numeric value; alpha characters are not allowed.	Correct the Employee Phone to all numeric and resubmit the filing.
148	52	1	EMPLOYEE DATE OF BIRTH	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.
148	52	45	EMPLOYEE DATE OF BIRTH	VALUE IS < THAN REQUIRED BY JURISDICTION	The DOB cannot be less than 1-1-1910.	Obtain the correct DOB and resubmit the filing.
148	53	1	GENDER CODE	TRADING PARTNER TABLE MANDATORY FIELD NOT PRESENT	This field must contain a value.	This field is mandatory but no value was given.



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148	53	58	GENDER CODE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are: M = Male; F = Female and U = Unknown	Check the code for validity. Correct and resubmit the filing.
148	54	58	MARITAL STATUS CODE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are: U= Widowed, Divorced, Single, Unmarried; M= Married; S= Separated; K= Unknown	Check the code for validity. Correct and resubmit the filing.
148	55	65	NUMBER OF DEPENDENTS	CORRESPONDING REPORTS/DATA NOT FOUND	If the field 'Employee Date of Death' is present, then 'Number of Dependents' is a mandatory field.	Give a value in 'Employee Date of Death' OR remove the value in 'Number of Dependents' field, and resubmit
148	56	37	DATE DISABILITY BEGAN	MUST BE LESS THAN OR EQUAL TO MTC DATE	The date given in this field cannot be greater than the MTC date.	Check the date for validity. Correct and resubmit the filing.
148	56	41	DATE DISABILITY BEGAN	MUST BE LESS THAN OR EQUAL TO CURRENT DATE	The date given in this field cannot be greater than the current date.	Check the date for validity. Correct and resubmit the filing.
148	57	65	EMPLOYEE DATE OF DEATH	CORRESPONDING REPORTS/DATA NOT FOUND	If the field 'Number of Dependents' is present, then 'Employee Date of Death' is a mandatory field.	Give a value in 'Employee Date of Death' OR remove the value in "Number of Dependents" field, and resubmit
148	58	58	EMPLOYMENT STATUS CODE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are: PW= Piece Worker; SL= Seasonal; FT= Full Time; PT= Part time; NE= Not Employed; OS= On Strike;VO= Volunteer; AD= Apprentice Full Time; AP Apprentice Part Time; RT= Retired; DS= Disabled; ZZ= Other	Check the code for validity. Correct and resubmit the filing.
148	59	58	CLASS CODE	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau.	Check the code for validity. Correct and resubmit the filing.
148	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.
148	63	58	WAGE PERIOD	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are: 01 = Weekly; 02 = Bi-Weekly; 04 = Monthly; 06 = Daily	Check the code for validity. Correct and resubmit the filing.
148	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.



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148	65	37	DATE LAST DAY WORKED	MUST BE LESS THAN OR EQUAL TO MTC DATE	The date given in this field cannot be greater than the MTC date.	Check the date for validity. Correct and resubmit the filing.
148	65	41	DATE LAST DAY WORKED	MUST BE LESS THAN OR EQUAL TO CURRENT DATE	The date given in this field cannot be greater than the current date.	Check the date for validity. Correct and resubmit the filing.
148	66	58	FULL WAGES PAID FOR DOI	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are Y for Yes or N for NO	Check the code for validity. Correct and resubmit the filing.
148	67	58	SALARY CONTINUED	INVALID CODE, ID OR VALUE	The code given does not match a code used by the Bureau. Values are Y for Yes or N for NO	Check the code for validity. Correct and resubmit the filing.
148	68	34	DATE OF RETURN TO	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.