

COLORADO DIVISION OF WORKERS' COMPENSATION
SROI EDI Edit/Error Message Matrix for MTC FN
7/6/2005

DN # - Error #	Data Element Name	Error Message	Error Message Meaning	ACK Code	Expected Response
1 - 001	TRANSACTION SET ID <i>Mandatory</i>	Mandatory field not present	The record/transmission did not contain the mandatory data element Transaction Set ID.	Rejected (TR)	Re-send the record/ transmission with the Transaction Set ID "A49".
1 - 042	TRANSACTION SET ID <i>Mandatory</i>	Not statutorily valid	The record/transmission contained a value for Transaction Set ID that was not one accepted for Colorado filings. Colorado accepts the A49 Transaction Set ID.	Rejected (TR)	Re-send the record/transmission with the correct Transaction Set ID "A49".
2 - 001	MAINTENANCE TYPE CODE <i>Mandatory</i>	Mandatory field not present	The record did not contain the required Maintenance Type Code to identify the "type" of filing (e.g. FN).	Rejected (TR)	Re-send the record with the applicable Maintenance Type Code, FN (Final).
2 - 042	MAINTENANCE TYPE CODE <i>Mandatory</i>	Not statutorily valid	The Maintenance Type Code sent for the record was not one accepted for Colorado filings. Colorado accepts the Subsequent Report MTC 04 (Denial) and FN (Final).	Rejected (TR)	Re-submit the record with the appropriate code FN (Final).
3 - 001	MAINTENANCE TYPE CODE DATE <i>Mandatory</i>	Mandatory field not present	The record was sent without the required Maintenance Type Code Date.	Rejected (TR)	Re-send the record with the Maintenance Type Code Date.
3 - 029	MAINTENANCE TYPE CODE DATE <i>Mandatory</i>	Must be a valid date (CCYYMMDD)	The date sent for Maintenance Type Code Date was not a valid date or not in the correct date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the Maintenance Type Code Date in the correct date format (CCYYMMDD).
3 - 041	MAINTENANCE TYPE CODE DATE <i>Mandatory</i>	Must be less than or equal to Current Date	The Maintenance Type Code Date must be equal to or earlier than the current date.	Rejected (TR)	Verify and correct the Maintenance Type Code Date and re-send the record.
4 - 001	JURISDICTION <i>Mandatory</i>	Mandatory field not present	The record did not contain the required Jurisdiction code.	Rejected (TR)	Re-send the record with the Jurisdiction code, "CO".
4 - 042	JURISDICTION <i>Mandatory</i>	Not statutorily valid	The Jurisdiction code contained on the record was not valid for Colorado. Only code "CO" will be accepted.	Rejected (TR)	Re-send the record with the Jurisdiction code, "CO".
5 - 001	AGENCY CLAIM NUMBER <i>Mandatory</i>	Mandatory field not present	The record did not contain an Agency Claim Number, required for MTC FN (Final) filings.	Rejected (TR)	Re-send the record with the Agency Claim Number assigned by the Division. The Agency Claim Number was previously provided on the EDI Acknowledgment Report or Transmittal Form for hardcopy when the EDI FROI Maintenance Type Code 00 (Original) was sent.
5 - 039	AGENCY CLAIM NUMBER <i>Mandatory</i>	No match on database	The Agency Claim Number sent on the MTC FN (Final) filing did not match the Agency Claim Number assigned by the Division for the record.	Rejected (TR)	Correct the Agency Claim Number and re-submit the filing. If Agency Claim number is unknown, contact the Division to confirm the correct agency claim number and re-send the filing.

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7/6/2005

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5 – 053	AGENCY CLAIM NUMBER	<i>No matching First Report (148)</i>	The Agency Claim Number sent on the MTC FN (Final) filing did not match a First Report on the Division's database.	Rejected (TR)	Re-send the record with the Agency Claim Number assigned by the Division. The Agency Claim Number was previously provided on the EDI Acknowledgment Report or Transmittal Form for hardcopy when the EDI FROI Maintenance Type Code 00 (Original) was sent. If a First Report has not been filed, submit a FROI MTC 00 (Original) transaction, and then re-send the SROI MTC FN (Final) transaction.
6 – 001	INSURER FEIN <i>Mandatory</i>	<i>Mandatory field not present</i>	The record did not contain the FEIN for the insurer (could be a carrier or self-insured employer)	Rejected (TR)	Re-send the record with the FEIN of the Insurer.
6 – 039	INSURER FEIN <i>Mandatory</i>	<i>No match on database</i>	The record contained an Insurer FEIN that did not match the Division's database.	Rejected (TR)	Verify the Insurer FEIN. If an incorrect Insurer FEIN was sent, correct the Insurer FEIN and re-send the record. If you believe that the Insurer FEIN is correct, provide the Division with the insurer information (FEIN, mailing and physical address, nine-digit zip code and phone number). The Division will research. NOTE: Each associated insurer has a unique FEIN.
8 – 039	THIRD PARTY ADMINISTRATOR FEIN <i>Conditional</i>	<i>No match on database</i>	The record contained a Third Party Administrator FEIN that did not match on the Division's database.	Rejected (TR)	Verify the Third Party Administrator FEIN. If an incorrect Third Party Administrator FEIN was sent, correct the Third Party Administrator FEIN and re-send the record. Note: The FEIN for the TPA is not the same as the FEIN for the insurer. If you believe that the Third Party Administrator FEIN is correct, provide the Division with the TPA information (FEIN, mailing address, nine-digit zip code and phone number). The Division will research.

COLORADO DIVISION OF WORKERS' COMPENSATION
SROI EDI Edit/Error Message Matrix for MTC FN
7/6/2005

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14 – 039	CLAIM ADMINISTRATOR POSTAL CODE <i>Conditional</i>	No match on database	The record contained a postal code for the TPA that did not match a postal code found on the Division's database.	Rejected (TR)	Verify the postal code sent for the Claim Administrator. If an incorrect postal code was sent, correct the postal code and re-send the record. NOTE: The TPA cannot be properly identified in the Division's database without the nine-digit postal code. If you believe that the Claim Administrator Postal Code is correct, provide the Division with the new postal code information including the mailing address. The Division will research.
14 – 045	CLAIM ADMINISTRATOR POSTAL CODE <i>Conditional</i>	Value is less than required by the Jurisdiction	The record did not contain all nine (9) digits of the Claim Administrator Postal Code.	Rejected (TR)	Re-send the record with all nine (9) digits of the Claim Administrator Postal Code.
14 – 061	CLAIM ADMINISTRATOR POSTAL CODE <i>Conditional</i>	Event Criteria not met	The record contained a TPA FEIN (DN8) and did not contain the nine-digit Claim Administrator Postal Code.	Rejected (TR)	Verify the claim administrator is a TPA. If correct, re-send the record with the Claim Administrator Postal Code. Note: The TPA cannot be properly identified in the Division's database without the nine-digit postal code.
15 – 001	CLAIM ADMINISTRATOR CLAIM NUMBER <i>Mandatory</i>	Mandatory field not present	The record did not contain the claim number assigned by the Claim Administrator (insurer, TPA or self-insured employer).	Rejected (TR)	Re-send the record with the specific claim number assigned by the Claim Administrator (the entity responsible for adjusting/handling the claim).
15 – 039	CLAIM ADMINSTRATOR CLAIM NUMBER <i>Mandatory</i>	No match on database	The record contained a Claim Administrator Claim Number, which did not match the Claim Administrator Claim Number previously provided to the Division.	Rejected (TR)	Verify the Claim Administrator Claim Number sent. If an incorrect Claim Administrator Claim Number was sent, correct the Claim Administrator Claim Number and re-send the record. If correct, submit a FROI change record (02) with the correct Claim Administrator Claim Number first and then re-send the SROI FN (Final) record.
31 – 001	DATE OF INJURY <i>Mandatory</i>	Mandatory field not present	The record did not contain a required Date of Injury.	Rejected (TR)	Re-send the record with the Date of Injury.
31 – 029	DATE OF INJURY <i>Mandatory</i>	Must be a valid date (CCYYMMDD)	The record contained a Date of Injury that was not valid or in the correct date format.	Rejected (TR)	Re-send the record with the Date of Injury in the valid date format (CCYYMMDD).
31 – 039	DATE OF INJURY <i>Mandatory</i>	No match on database	The record contained a Date of Injury for the employee that did not match a Date of Injury found on the Division's database.	Rejected (TR)	Verify and correct the Date of Injury and re-send the record. If the Date of Injury has changed, submit a FROI change record (02) with the correct Date of Injury first and then re-send the SROI FN (Final) record.

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31 – 041	DATE OF INJURY <i>Mandatory</i>	<i>Must be less than or equal to current date</i>	The Date of Injury must be earlier or equal to the current date.	Rejected (TR)	Verify and correct the Date of Injury and re-send the record.
42 – 001	EMPLOYEE SSN <i>Mandatory</i>	<i>Mandatory field not present</i>	The record did not contain the required Social Security Number for the employee.	Rejected (TR)	Re-send the record with the employee's Social Security Number.
42 – 039	EMPLOYEE SSN <i>Mandatory</i>	<i>No match on database</i>	The Social Security Number submitted could not be found on the Division's database for this claim.	Rejected (TR)	If incorrect, re-send the record with the correct Social Security Number. If the Social Security Number has changed, submit a FROI change record (02) with the correct Social Security Number. The Division will correct the Social Security Number and notify you to re-send the FN (Final).
57 – 029	EMPLOYEE DATE OF DEATH <i>Conditional</i>	<i>Must be a valid date (CCMMYYDD)</i>	The employee's date of death was not reported in the correct date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the date the injured employee died in the correct date format (CCYYMMDD).
57 – 034	EMPLOYEE DATE OF DEATH <i>Conditional</i>	<i>Must be greater than or equal to Date of Injury</i>	The date the employee died was reported as having occurred before the Date of Injury.	Rejected (TR)	Re-send the record with the correct Employee Date of Death.
57 – 061	EMPLOYEE DATE OF DEATH <i>Conditional</i>	<i>Event criteria not met</i>	The record contained fatal benefits (DN85 code 010) and/or funeral benefits (DN95 code 300), but Employee Date of Death was blank.	Rejected (TR)	Confirm that the employee's death resulted from the accident and re-send the record with the date the injured employee died or re-send without fatal or funeral benefits.
70 – 029	DATE OF MAXIMUM MEDICAL IMPROVEMENT <i>Conditional</i>	<i>Must be a valid date (CCMMYYDD)</i>	The date reported for MMI was not in the valid date format (CCYYMMDD).	Rejected (TR)	Re-send the record with the date of MMI in the correct date format (CCYYMMDD).
70 – 034	DATE OF MAXIMUM MEDICAL IMPROVEMENT <i>Conditional</i>	<i>Must be greater than or equal to Date of Injury</i>	The employee's maximum medical improvement date was reported as having occurred before the Date of Injury.	Rejected (TR)	Re-send the record with the correct Date of Maximum Medical Improvement.
70 – 041	DATE OF MAXIMUM MEDICAL IMPROVEMENT <i>Conditional</i>	<i>Must be less than or equal to current date</i>	The employee's maximum medical improvement date was reported as having occurred after the current date.	Rejected (TR)	Re-send the record with the correct Date of Maximum Medical Improvement.
70 – 061	DATE OF MAXIMUM MEDICAL IMPROVEMENT <i>Conditional</i>	<i>Event criteria not met</i>	The record contained permanent disability benefits (DN85, code 020, 030, 040) but the Date of Maximum Medical Improvement was blank.	Rejected (TR)	Confirm that the permanency benefits were paid and re-send the record with the correct Date of Maximum Medical Improvement.
78 – 058	NUMBER PERMANENT IMPAIRMENTS <i>Conditional</i>	<i>Code/ID Invalid</i>	The Number of Permanent Impairments (segment counter) was not reported as a valid value 0-6.	Rejected (TR)	Re-send the record with a correct value, 0-6 for the Number of Permanent Impairments.
78 – 064	NUMBER OF PERMANENT IMPAIRMENTS <i>Conditional</i>	<i>Invalid data sequence/relationship</i>	The Number of Permanent Impairments (segment counter) did not agree with the total number of Permanent Impairments sent.	Rejected (TR)	Re-send the record with the correct Number of Permanent Impairments (segment counter).

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7/6/2005

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79 – 001	NUMBER OF PAYMENT/ADJUSTMENTS <i>Mandatory</i>	Mandatory field not present	The Number of Payment/ Adjustments (segment counter) that corresponds with the number categories of benefits paid was not reported.	Rejected (TR)	Re-send the record with the Number of Payment/Adjustments (segment counter) that corresponds with the number for the different types of benefits paid in DN85 (Payment/Adjustment Code). At least one Payment/Adjustment must be reported.
79 – 058	NUMBER OF PAYMENT/ADJUSTMENTS <i>Mandatory</i>	Code/ID Invalid	The Number of Payment/ Adjustments (segment counter) that corresponds with the number of categories of benefits paid was reported as "0" or greater than 10.	Rejected (TR)	Re-send the record with the Number of Payment/Adjustments (segment counter) as 1-10.
79 – 064	NUMBER OF PAYMENT/ADJUSTMENTS <i>Mandatory</i>	Invalid data sequence/relationship	The Number of Payment/Adjustments (segment counter) did not agree with the total number of benefits sent.	Rejected (TR)	Re-send the record with the correct Number of Payment/Adjustments (segment counter).
81 – 058	NUMBER OF PAID TO DATE/ REDUCED EARNINGS/ RECOVERIES <i>Conditional</i>	Code/ID Invalid	The Number of Paid to Date/Reduced Earnings/ Recoveries (segment counter) was not reported as a valid value 0 – 25.	Rejected (TR)	Re-send the record to reflect the correct number of segments that corresponds with the number for the different types of benefits paid in DN95 (Paid to Date/Reduced Earnings/ Recoveries Code).
81 – 064	NUMBER OF PAID TO DATE/ REDUCED EARNINGS/ RECOVERIES <i>Conditional</i>	Invalid data sequence/relationship	The Number of Paid to Date/ Reduced Earnings/ Recoveries (segment counter) did not agree with the total number of benefits sent.	Rejected (TR)	Re-send the record with the correct Number of Paid to Date/ Reduced Earnings/ Recoveries (segment counter).
83 – 058	PERMANENT IMPAIRMENT BODY PART CODE <i>Conditional</i>	Code/ID Invalid	The record contained a Part of Body code not listed in the current Part of Body table against which the data is edited. See Data Element Matrix.	Rejected (TR)	Re-send the record with the correct Part of Body code that corresponds to the part of body, which the permanent impairment affects.
83 – 061	PERMANENT IMPAIRMENT BODY PART CODE <i>Conditional</i>	Event criteria not met	The record contained scheduled injury benefits (DN85 code 030) but the permanent impairment body part code was blank.	Rejected (TR)	Confirm that scheduled injury benefits were paid and re-send the record with the correct permanent impairment body part code.
84 – 045	PERMANENT IMPAIRMENT PERCENT <i>Conditional</i>	Value is less than required by jurisdiction	The permanent impairment percent was reported as less than 1%.	Rejected (TR)	Re-send the record with the percentage of permanent impairment represented by whole number(s) and two-digit decimal.
84 – 058	PERMANENT IMPAIRMENT PERCENT <i>Conditional</i>	Code/ID Invalid	A value other than 0-100 was reported for the percentage of permanent impairment.	Rejected (TR)	Re-send the record with the percentage of permanent impairment represented by whole number(s) 0-100 and two-digit decimal.
84 – 061	PERMANENT IMPAIRMENT PERCENT <i>Conditional</i>	Event criteria not met	The record contained scheduled or whole person impairment benefits (DN85 codes 030, 040) but the permanent impairment percentage was blank.	Rejected (TR)	Confirm that scheduled or whole person impairment benefits were paid and re-send the record with the correct permanent impairment percentage.
85 – 001	PAYMENT/ADJUSTMENT CODE <i>Mandatory</i>	Mandatory field not present	The record did not contain the required code to represent the category/type of benefits paid.	Rejected (TR)	Re-send the record with the code that identifies the category/type of benefits paid.

COLORADO DIVISION OF WORKERS' COMPENSATION
SROI EDI Edit/Error Message Matrix for MTC FN
7/6/2005

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85 – 042	PAYMENT/ADJUSTMENT CODE <i>Mandatory</i>	Not statutorily valid	The record contained a code that is not accepted by Colorado.	Rejected (TR)	Re-send the record to the Division with a valid payment/adjustment code that is accepted by Colorado. Acceptable values are: 010, 020, 030, 040, 050, 070, 090, 240, 410, and 500.
85 – 064	PAYMENT/ADJUSTMENT CODE <i>Mandatory</i>	Invalid data sequence/relationship	Payment data for one benefit type was reported in two or more payment/adjustment segments. Example: Two or more Permanent Total (PTD) benefits (code 020) were sent in the same transaction.	Rejected (TR)	Re-send the record with only one payment/adjustment segment per benefit type.
86 – 001	PAYMENT/ADJUSTMENT PAID TO DATE <i>Mandatory</i>	Mandatory field not present	The record did not reflect the amount paid to date for the benefit reported.	Rejected (TR)	Re-send the record with the cumulative amount paid for the corresponding benefits paid.
86 – 028	PAYMENT/ADJUSTMENT PAID TO DATE <i>Mandatory</i>	Must be 0-9	The record contained a non-numeric paid to date amount for the benefit reported.	Rejected (TR)	Re-send the record with the cumulative amount paid to date for the corresponding benefit(s) in the correct numeric format.
90 – 028	PAYMENT/ADJUSTMENTS WEEKS PAID <i>Conditional</i>	Must be 0-9	The record reported a non-numeric amount weeks paid for the benefit(s) (DN85 code 050) indicated.	Rejected (TR)	Re-send the record with the number of whole weeks paid for the category of benefits (DN85 code 050) paid, in the correct numeric format.
91 – 028	PAYMENT/ADJUSTMENT DAYS PAID <i>Conditional</i>	Must be 0-9	The record reported a non-numeric amount days paid for the benefit (DN85 code 050) indicated.	Rejected (TR)	Re-send the record with the number of days paid in the correct numeric format for the category of benefits indicated (DN85 code 050) paid.
91 – 058	PAYMENT/ADJUSTMENT DAYS PAID <i>Conditional</i>	Code/ID Invalid	The record reflected payment of days greater than 6 for the benefit indicated. (If 7 or more days paid, should round to a week).	Rejected (TR)	Re-send the record to the Division with the correct number of weeks and days paid.
91 – 061	PAYMENT/ADJUSTMENT DAYS PAID <i>Conditional</i>	Event criteria not met	The record reported Temporary Total benefits (DN85 code 050) but neither the number of days (DN91) nor number of weeks (DN90) was reported.	Rejected (TR)	Confirm that Temporary Total benefits were paid and re-send the record with the number of days paid and/or the number of weeks paid.
95 – 042	PAID TO DATE/REDUCED EARNINGS/RECOVERIES CODE <i>Conditional</i>	Not statutorily valid	The record contained a code that is not accepted by Colorado.	Rejected (TR)	Re-send the record to the Division with a valid paid to date/reduced earnings/recoveries code that is accepted by Colorado. Acceptable values are: 300, 310, 320, 330, and 350, 360, 370, 400.
95 – 064	PAID TO DATE/REDUCED EARNINGS/RECOVERIES CODE <i>Conditional</i>	Invalid data sequence/relationship	Paid To Date or Reduced Earnings or Recoveries data for one benefit type was reported on two or more Paid To Date/ Reduced Earnings/Recoveries segments. Example: Two or more Funeral Expenses Paid to Date (code 300) were sent in the same transaction.	Rejected (TR)	Re-send the record with only one Paid to Date/Reduced Earnings/Recoveries segment per benefit type.

COLORADO DIVISION OF WORKERS' COMPENSATION
SROI EDI Edit/Error Message Matrix for MTC FN
7/6/2005

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96 – 028	PAID TO DATE/REDUCED EARNINGS/RECOVERIES AMOUNT <i>Conditional</i>	Must be 0-9	The record contained a non-numeric amount for a particular benefit reported.	Rejected (TR)	Re-send the record with the correct, numeric paid to date for the category of benefits indicated.
98 – 001	SENDER ID <i>Mandatory Header Record</i>	Mandatory field not present	The FEIN and/or Postal Code for the Claim Administrator sending the EDI transmission were not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Claim Administrator FEIN and Postal Code and resend the entire transmission.
98 – 039	SENDER ID <i>Mandatory Header Record</i>	No match on database	The FEIN and/or Postal Code for the Claim Administrator sent on the Header Record (HD1) did not match the Insurer or TPA profile provided by the sender to the Division.	Rejected (TR)	If necessary, contact the Division to reconcile the non-matching FEIN/Postal Code on file for the submitting Claim Administrator. Then correct the Header Record to reflect the correct Claim Administrator FEIN and Postal Code and re-send the transmission.
99 – 001	RECEIVER ID <i>Mandatory Header Record</i>	Mandatory field not present	The FEIN and/or Postal Code for the State of Colorado were not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the State of Colorado FEIN and Postal Code and re-send the transmission. FEIN = 840644739 Postal Code = 802022117
99 – 058	RECEIVER ID <i>Mandatory Header Record</i>	Code/ID invalid	The FEIN and/or Postal Code sent for the State of Colorado on the Header Record (HD1 transaction) was not correct.	Rejected (TR)	Correct the Header Record to reflect the correct State of Colorado FEIN and/or Postal Code and re-send the transmission. The State of Colorado FEIN and Postal Code must be valid values: FEIN = 840644739 Postal Code = 802022117
100 – 001	DATE TRANSMISSION SENT <i>Mandatory Header Record</i>	Mandatory field not present	The date the transmission was sent to the Division was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Date Transmission Sent and re-send the transmission.
100 – 029	DATE TRANSMISSION SENT <i>Mandatory Header Record</i>	Must be a valid date (CCYYMMDD)	The date the transmission was sent to the Division was not in the valid date format. (CCYYMMDD)	Rejected (TR)	Correct the Header Record to reflect the correct date format for the Date Transmission Sent and re-send the transmission.
100 – 041	DATE TRANSMISSION SENT <i>Mandatory Header Record</i>	Must be less than or equal to current date	The date the transmission was sent was reported as having occurred after the current date.	Rejected (TR)	Correct the Header Record to reflect the correct Date Transmission Sent and re-send the transmission.
101 – 001	TIME TRANSMISSION SENT <i>Mandatory Header Record</i>	Mandatory field not present	The time the transmission was sent to the Division was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Time Transmission Sent and re-send the transmission.
101 – 028	TIME TRANSMISSION SENT <i>Mandatory Header Record</i>	Must be 0-9	The Header Record contained a non-numeric time transmission sent.	Rejected (TR)	Correct the Header Record to reflect the Time Transmission Sent and re-send the transmission.
104 – 001	TEST/PRODUCTION INDICATOR <i>Mandatory Header Record</i>	Mandatory field not present	The indicator on the Header Record that signifies if the transmission is for test versus production was not included on the Header Record (HD1 transaction).	Rejected (TR)	Re-send the record with the Test/Production Indicator, "P". Note: Contact the Division before sending a test file.

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7/6/2005**

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104 – 058	TEST/PRODUCTION INDICATOR <i>Mandatory Header Record</i>	Code/ID invalid	The indicator on the Header Record that signifies if the transmission is test versus production was not sent with the valid value of "T" or "P".	Rejected (TR)	Re-send the record with the Test/Production Indicator, "P". Note: Contact the Division before sending a test file.
105 – 001	INTERCHANGE VERSION ID <i>Mandatory Header Record</i>	Mandatory field not present	The ID on the Header Record that signifies the version of EDI being used (i.e. Release I, Release II) was not included on the Header Record (HD1 transaction).	Rejected (TR)	Correct the Header Record to reflect the Interchange Version ID and re-send the transmission. Colorado accepts only Release 1 SROI, Interchange Version ID "A491A".
105 – 042	INTERCHANGE VERSION ID <i>Mandatory Header Record</i>	Not statutorily valid	The record contained a code that is not accepted by Colorado.	Rejected (TR)	Correct the Header Record to reflect the Interchange Version ID and re-send the transmission. Colorado accepts only Release 1 SROI, Interchange Version ID "A491A".
105 – 058	INTERCHANGE VERSION ID <i>Mandatory Header Record</i>	Code/ID invalid	The ID on the Header Record that signifies the version of EDI being used (i.e. Release I, Release II) was not a valid value.	Rejected (TR)	Correct the Header Record to reflect the correct Interchange Version ID and re-send the transmission. Colorado accepts only Release 1 SROI, Interchange Version ID "A491A".
106 – 001	DETAIL RECORD COUNT <i>Mandatory Trailer Record</i>	Mandatory field not present	The Trailer Record (TR1 transaction) did not contain the Detail Record count.	Rejected (TR)	Correct the Trailer Record to reflect the Detail Record Count and re-send the transmission.
106 – 028	DETAIL RECORD COUNT <i>Mandatory Trailer Record</i>	Must be 0-9	The Trailer Record (TR1 transaction) contained a non-numeric Detail Record Count.	Rejected (TR)	Correct the Trailer Record to reflect the correct Detail Record Count and re-send the transmission.
106 – 066	DETAIL RECORD COUNT <i>Mandatory Trailer Record</i>	Invalid record count	The Detail Record Count sent on the Trailer Record (TR1 transaction) did not match the number of records sent in the corresponding batch.	Rejected (TR)	Correct the Trailer Record to reflect the correct Detail Record Count and re-send the transmission.