

**State of California, Department of Industrial Relations
Division of Workers' Compensation
Workers' Compensation Information System**

WCIS Acknowledgements (824) -Medical Data

Table 1.4: Distribution of Data Element by Error

Date Range: Apr 6, 2016 to Jun 30, 2021

DATA NUMBER	DATA ELEMENT DESCRIPTION	ERROR CODE	ERROR DESCRIPTION	ERROR COUNT 2016	ERROR COUNT 2017	ERROR COUNT 2018	ERROR COUNT 2019	ERROR COUNT 2020	ERROR COUNT 2021
0005	JURISDICTION CLAIM NUMBER	039	No match on database		556,268	504,776	487,129	362,054	105,554
0006	INSURER FEIN	039	No match on database		793,112	598,861	1,040,554	924,643	368,325
		040	All digits cannot be the same			17	41	326	164
0014	CLAIM ADMINISTRATOR POSTAL CODE*	001	Mandatory field not present	5	112				
		058	Code/ID invalid	1,216	641	2,423	131	1,106	124
0015	CLAIM ADMINISTRATOR CLAIM NUMBER	039	No match on database	2,049,675	1,143,481	818,301	857,919	608,513	237,736
		063	Invalid event sequence	1,689	12,869	3,089	1,868	621	408
		111	Must be valid content		3	87	7		
		117	Match data value not consistent with value previously reported		1,828	1,620	113	39	1,638
0016	EMPLOYER FEIN	040	All digits cannot be the same	9,172	9,312	5,045	8,777	3,401	2,149
0042	EMPLOYEE SOCIAL SECURITY NUMBER	040	All digits cannot be the same	287	1,286	1,397	287	283	179
0048	EMPLOYEE CITY	001	Mandatory field not present	176,781	94,241	54,152	10,718	992	697
0050	EMPLOYEE POSTAL CODE	001	Mandatory field not present	176,781	94,241	54,152	10,718	992	697
		058	Code/ID invalid	2,925	11,295	21,944	17,660	11,760	4,852
0098	SENDER ID	111	Must be valid content			207	4,770	23	
0099	RECEIVER ID	111	Must be valid content			1	48		
0187	CLAIM ADMINISTRATOR FEIN	001	Mandatory field not present	9,200	1				
		040	All digits cannot be the same			17			
0188	CLAIM ADMINISTRATOR NAME	001	Mandatory field not present	9,200					
0208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	058	Code/ID invalid	150,834	105,996	92,699	18,110	3,412	853
		064	Invalid data relationship	19,826	36,264	3	1,152	10	9
0209	MANAGED CARE ORGANIZATION NAME	064	Invalid data relationship	18,338	36,153	3	1,152	10	9

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0266	TRANSACTION TRACKING NUMBER	057	Duplicate Batch/Transaction	744	49,501	16,412	45,381	8,240	5,092
0500	UNIQUE BILL ID NUMBER	057	Duplicate Batch/Transaction		190,198	170,985	84,599	53,833	6,157
		117	Match data value not consistent with value previously reported	50,770	46,485				
0501	TOTAL CHARGE PER BILL	059	Non-match data value not consistent with value previously reported	12,255	33,697	15,160	6,476	3,628	8,566
		064	Invalid data relationship	109,955	162,181	32,596	19,189	21,826	81,548
0502	BILLING TYPE CODE	001	Mandatory field not present	17	52				
0503	BILLING FORMAT CODE	058	Code/ID invalid	141	3,458	853	45	147	13
0504	FACILITY CODE	001	Mandatory field not present	141	2,212	653	1	128	2
		058	Code/ID invalid	26	53	128	67	39	29
0505	BILL FREQUENCY TYPE CODE	001	Mandatory field not present	66	671	611	1	2	
0508	BILL SUBMISSION REASON CODE	057	Duplicate Batch/Transaction	196,279	62,236				
		117	Match data value not consistent with value previously reported		8,067	32,759	43,499	21,142	7,351
0509	SERVICE BILL DATE(S) RANGE	001	Mandatory field not present	67	9	7	2	27	
		034	Must be >= Date of Injury	363	371	287	95	452	530
		064	Invalid data relationship	2	6		18	11	6
		111	Must be valid content	107					
0510	DATE OF BILL	034	Must be >= Date of Injury	3,228	1,269	2,677	2,374	709	14
		041	Must be <= current date	96	175	91	67	10	28
		071	Must be >=Service Date	1,964	3,240	1,603	958	6,186	360
0511	DATE INSURER RECEIVED BILL	034	Must be >= Date of Injury	117	163	145	183	112	77
		041	Must be <= current date	5	76	50	35	3	2
		063	Invalid event sequence	4,284	8,212	13,471	3,068	3,918	2,420

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0512	DATE INSURER PAID BILL	041	Must be <= current date		1	2	167	1	
		072	Must be > Service Date	860					
		073	Must be >= Date Payer Received Bill	593	3,563	5,613	861	2,554	589
0513	ADMISSION DATE	001	Mandatory field not present	2,082	1,303	738	1,472	1,094	37
		034	Must be >= Date of Injury	2	12	11	2	9	1
		041	Must be <= current date		1		1	1	3
0514	DISCHARGE DATE	034	Must be >= Date of Injury	2	6	32		10	2
		041	Must be <= current date			6	4	2	1
		064	Invalid data relationship	1	6			9	5
		074	Must be >= From Service date	85	194	179	106	132	75
0515	CONTRACT TYPE CODE	064	Invalid data relationship	6,950	226	1	2	6	7
0516	TOTAL AMOUNT PAID PER BILL	064	Invalid data relationship	5,482	3,530	576	479	329	2,816
0520	OUTPATIENT REASON FOR VISIT ICD10 CODE	001	Mandatory field not present	1,713	1,454	10	4	112	2
		058	Code/ID invalid	88	152	138	89	82	27
0521	PRINCIPAL DIAGNOSIS CODE	001	Mandatory field not present	1		1			
		058	Code/ID invalid	87	98	52	31	67	39
		064	Invalid data relationship		594	115	16	9	6
0522	ICD-9 CM DIAGNOSIS CODE	058	Code/ID invalid	11,794	7,326	16,623	4,028	4,702	811
0524	PROCEDURE DATE	034	Must be >= Date of Injury	150	9	14	2	9	10
0525	ICD-9 CM PRINCIPAL PROCEDURE CODE	001	Mandatory field not present	35					
		058	Code/ID invalid	222	3,097	343	196	115	21
0527	PRESCRIPTION BILL DATE	001	Mandatory field not present		11,273	8,878	13,087	9,282	2,308
		034	Must be >= Date of Injury	84	702	437	178	249	39
		041	Must be <= current date	6	59	12	10	27	3

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0527	PRESCRIPTION BILL DATE	064	Invalid data relationship			1		2	1
		111	Must be valid content	36,068	8,971	24,219	36,895	925	749
0529	BILLING PROVIDER FIRST NAME	001	Mandatory field not present	149	703				
0532	BATCH CONTROL NUMBER	057	Duplicate Batch/Transaction	34	46	9,293	539	12,216	244
0535	ADMITTING DIAGNOSIS CODE	001	Mandatory field not present	220	627	960	947	846	189
		058	Code/ID invalid	38	242	72	72	51	13
		064	Invalid data relationship	6,730					
0537	BILLING PROVIDER PRIMARY SPECIALTY CODE	001	Mandatory field not present		169,610	44,860	34,853	8,626	3,322
		058	Code/ID invalid	1,162	1,345	2,109	15,448	59,845	6,692
0541	BILLING PROVIDER STATE CODE	001	Mandatory field not present	41,607	4	6	13		
		058	Code/ID invalid	37	81	40	46	13	2
0542	BILLING PROVIDER POSTAL CODE	001	Mandatory field not present	57,856	12,491	3	3		
		058	Code/ID invalid	2,581	3,888	1,645	1,302	1,311	1,008
0544	BILL ADJUSTMENT REASON CODE	058	Code/ID invalid	56	303	93	6	15	8
0547	LINE NUMBER	064	Invalid data relationship	1	39	1	4		
0548	BILLED DRG CODE	001	Mandatory field not present	1,010	1,631	806	1,013	1,132	236
		058	Code/ID invalid	44	46	32	41	49	26
0549	PAID DRG CODE	001	Mandatory field not present	14	94	22	2	32	14
		058	Code/ID invalid	32	141	32	52	52	37
0550	PRINCIPAL PROCEDURE DATE	034	Must be >= Date of Injury	5		2			
0552	TOTAL CHARGE PER LINE	064	Invalid data relationship	244,931	94,686	11,980	20,012	30,746	21,223
0555	PLACE OF SERVICE BILL CODE	001	Mandatory field not present		1,246	200	44	19	11
		058	Code/ID invalid	1,072	11,775	3,065	2,455	2,021	384
0556	CONDITION CODE	058	Code/ID invalid	158	1,575	1,065	1,609	677	71

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0556	CONDITION CODE	064	Invalid data relationship	32,914	12,930	1,455	3,030	2,910	1,698
0557	DIAGNOSIS POINTER	064	Invalid data relationship	118,742	115,962	659,129	741,892	579,914	186,560
0559	REVENUE BILLED CODE	058	Code/ID invalid	1,296	1,715	1,292	992	1,055	595
0569	BILLING PROVIDER COUNTRY CODE	058	Code/ID invalid	45,861	93	64	5	11	9
0570	DRUGS/SUPPLIES QUANTITY DISPENSED	001	Mandatory field not present	32					
0571	DRUGS/SUPPLIES NUMBER OF DAYS	001	Mandatory field not present	62				315	241
0572	DRUGS/SUPPLIES BILLED AMOUNT	001	Mandatory field not present	806	8,749				
		064	Invalid data relationship	7,976	16,176	2,754	1,717	1,894	2,155
0574	TOTAL AMOUNT PAID PER LINE	001	Mandatory field not present		2	3			
0576	REVENUE PAID CODE	001	Mandatory field not present	3	5	220	3	4	1
		058	Code/ID invalid	1,895	1,775	1,275	1,869	1,340	924
0577	ADMISSION TYPE CODE	001	Mandatory field not present	1,595	1,134	1,173	1,689	1,461	435
0580	DAY(S)/UNIT(S) PAID	001	Mandatory field not present	29	56	12	1		
0587	RENDERING LINE PROVIDER FIRST NAME	001	Mandatory field not present	6,331	5,588	3,882	218	33	110
0592	RENDERING LINE PROVIDER NATIONAL ID	058	Code/ID invalid	1,156	30,665	22,291	15,973	50,207	8,080
0595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	001	Mandatory field not present	22,083	149,951	2,495	30,575	10,075	868
		058	Code/ID invalid	14,247	24,458	30,882	17,954	70,821	23,919
0599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	001	Mandatory field not present	12	150	22,609	461	111	39
0600	PLACE OF SERVICE LINE CODE	058	Code/ID invalid	1,770	1,362	3,613	2,338	3,657	1,653
0604	PRESCRIPTION LINE DATE	001	Mandatory field not present		19,360	7,865	20,503	14,955	2,495

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0604	PRESCRIPTION LINE DATE	034	Must be >= Date of Injury	141	1,194	6,431	514	1,926	1,200
		070	Must be <= Service Date	621	1,771	853	297	1,227	207
0605	SERVICE LINE DATE(S) RANGE	034	Must be >= Date of Injury	4,902	13,464	16,657	3,464	4,439	1,215
		071	Must be >=Service Date	228,299	66,012	103,950	108,361	32,926	4,290
		074	Must be >= From Service date	2,728	6,484	3,202	2,613	3,417	2,600
		075	Must be <= To Service Date	43	543	10	13	8	6
0616	INSURER POSTAL CODE	058	Code/ID invalid	1,533	1,555	2,325	1,355	598	281
0622	ADMISSION HOUR	001	Mandatory field not present	502	380	85	161	75	19
0629	BILLING PROVIDER FEIN	040	All digits cannot be the same	1,812	29,945	51	143	68	43
0634	BILL PROVIDER NPI	058	Code/ID invalid	24,566	79,706	33,657	18,712	63,717	16,057
0639	RENDERING BILL PROVIDER FIRST NAME	001	Mandatory field not present	5,718	5,034	10,569	2,453	2,688	1,612
0643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	001	Mandatory field not present	1,296	10,197	21,786	23,695	22,143	11,035
0647	RENDERING BILL PROVIDER NPI	058	Code/ID invalid	20,197	68,038	63,628	18,483	53,877	9,340
0651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	001	Mandatory field not present	12,026	58,991	24,685	13,952	5,109	2,815
		058	Code/ID invalid	6,723	7,985	4,746	3,118	56,754	7,233
0659	SUPERVISING PROVIDER FIRST NAME	001	Mandatory field not present	2,492	5,728	455	799	373	121
0667	SUPERVISING PROVIDER NPI	058	Code/ID invalid	495	814	307	239	456	3
0671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	058	Code/ID invalid	4	6	3		1	
0680	FACILITY STATE LICENSE NUMBER	001	Mandatory field not present	3,597	45,217	10,180	20,607	17,517	6,343
0682	FACILITY NPI	058	Code/ID invalid	19,771	50,202	33,841	19,282	49,644	7,155
0684	FACILITY PRIMARY ADDRESS	001	Mandatory field not present	39	113	6	35		1

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0686	FACILITY CITY	001	Mandatory field not present	40	152	4	35	1	
0687	FACILITY STATE CODE	001	Mandatory field not present	40	1,445	5	38	35	
		058	Code/ID invalid	83	107	3,832	21	14	10
0688	FACILITY POSTAL CODE	001	Mandatory field not present	71	1,495	42	53	1	
		058	Code/ID invalid	7,299	6,655	5,237	4,528	3,179	1,563
0689	FACILITY COUNTRY CODE	001	Mandatory field not present	71	203	41	53	1	
		058	Code/ID invalid	143,246	8,092	175	13	11	5
0691	REFERRING PROVIDER FIRST NAME	001	Mandatory field not present	8,671	40,452	5,070	412	468	428
0699	REFERRING PROVIDER NPI	058	Code/ID invalid	28,304	21,204	15,503	10,526	28,873	2,754
0704	MANAGED CARE ORGANIZATION FEIN	064	Invalid data relationship	22,090	40,897	139	1,152	10	9
0714	HCPCS LINE PROCEDURE BILLED CODE	058	Code/ID invalid	59,851	39,402	21,308	15,197	16,109	6,194
0715	JURISDICTION PROCEDURE BILLED CODE	058	Code/ID invalid	18,481	13,446	2,331	703	1,431	753
0717	HCPCS MODIFIER BILLED CODE	058	Code/ID invalid	14,805	14,874	22,136	16,511	9,450	1,232
0718	JURISDICTION MODIFIER BILLED CODE	058	Code/ID invalid	1,139	1,012	730	243	138	20
0719	ADA PROCEDURE BILLED CODE	058	Code/ID invalid	1,468	1,754	1,862	1,131	2,003	956
0721	NDC BILLED CODE	058	Code/ID invalid	93,132	89,341	134,439	29,982	13,927	3,368
0722	ADA PROCEDURE PAID CODE	001	Mandatory field not present	631	29	2	8		
		058	Code/ID invalid	1,449	2,833	1,816	1,077	1,819	865
0726	HCPCS LINE PROCEDURE PAID CODE	001	Mandatory field not present	641	761	74	16	145	114
		058	Code/ID invalid	55,301	30,791	15,370	7,820	6,994	2,508
0727	HCPCS MODIFIER PAID CODE	058	Code/ID invalid	6,605	8,173	15,565	12,432	7,309	1,024

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0728	NDC PAID CODE	001	Mandatory field not present	31,264	4,276				
		058	Code/ID invalid	63,246	84,392	94,933	16,242	8,160	1,962
0729	JURISDICTION PROCEDURE PAID CODE	058	Code/ID invalid	20,416	14,787	2,280	621	642	459
0730	JURISDICTION MODIFIER PAID CODE	058	Code/ID invalid	972	842	500	27	23	8
0732	SERVICE ADJUSTMENT REASON CODE	058	Code/ID invalid	5,078	1,340	70,982	117,446	16,229	921
0736	ICD-9 CM PROCEDURE CODE	058	Code/ID invalid	34	841	600	488	201	29
0741	CONTRACT LINE TYPE CODE	064	Invalid data relationship	53,207	10,763	80	153	310	8
0760	PRIOR ACTUAL AMOUNT PAID	001	Mandatory field not present	18,811	524,020	761	4,276	690	42
		064	Invalid data relationship			6,327	5	41	65
TOTAL				4,681,359	5,620,474	4,102,154	4,122,028	3,349,917	1,203,276