

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

WCIS Acknowledgements (824) -Medical Data

Table 1.3: Distribution of Errors by Data Element

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

ERROR CODE	ERROR DESCRIPTION	DATA NUMBER	DATA ELEMENT DESCRIPTION	ERROR COUNT 2016	ERROR COUNT 2017	ERROR COUNT 2018	ERROR COUNT 2019	ERROR COUNT 2020	ERROR COUNT 2021
001	Mandatory field not present	0014	CLAIM ADMINISTRATOR POSTAL CODE*	5	112				
		0048	EMPLOYEE CITY	176,781	94,241	54,152	10,718	992	697
		0050	EMPLOYEE POSTAL CODE	176,781	94,241	54,152	10,718	992	697
		0187	CLAIM ADMINISTRATOR FEIN	9,200	1				
		0188	CLAIM ADMINISTRATOR NAME	9,200					
		0502	BILLING TYPE CODE	17	52				
		0504	FACILITY CODE	141	2,212	653	1	128	2
		0505	BILL FREQUENCY TYPE CODE	66	671	611	1	2	
		0509	SERVICE BILL DATE(S) RANGE	67	9	7	2	27	
		0513	ADMISSION DATE	2,082	1,303	738	1,472	1,094	37
		0520	OUTPATIENT REASON FOR VISIT ICD10 CODE	1,713	1,454	10	4	112	2
		0521	PRINCIPAL DIAGNOSIS CODE	1		1			
		0525	ICD-9 CM PRINCIPAL PROCEDURE CODE	35					
		0527	PRESCRIPTION BILL DATE		11,273	8,878	13,087	9,282	2,308
		0529	BILLING PROVIDER FIRST NAME	149	703				
		0535	ADMITTING DIAGNOSIS CODE	220	627	960	947	846	189
		0537	BILLING PROVIDER PRIMARY SPECIALTY CODE		169,610	44,860	34,853	8,626	3,322
		0541	BILLING PROVIDER STATE CODE	41,607	4	6	13		
0542	BILLING PROVIDER POSTAL CODE	57,856	12,491	3	3				
0548	BILLED DRG CODE	1,010	1,631	806	1,013	1,132	236		
0549	PAID DRG CODE	14	94	22	2	32	14		

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001	Mandatory field not present	0555	PLACE OF SERVICE BILL CODE		1,246	200	44	19	11
		0570	DRUGS/SUPPLIES QUANTITY DISPENSED	32					
		0571	DRUGS/SUPPLIES NUMBER OF DAYS	62				315	241
		0572	DRUGS/SUPPLIES BILLED AMOUNT	806	8,749				
		0574	TOTAL AMOUNT PAID PER LINE		2	3			
		0576	REVENUE PAID CODE	3	5	220	3	4	1
		0577	ADMISSION TYPE CODE	1,595	1,134	1,173	1,689	1,461	435
		0580	DAY(S)/UNIT(S) PAID	29	56	12	1		
		0587	RENDERING LINE PROVIDER FIRST NAME	6,331	5,588	3,882	218	33	110
		0595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	22,083	149,951	2,495	30,575	10,075	868
		0599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	12	150	22,609	461	111	39
		0604	PRESCRIPTION LINE DATE		19,360	7,865	20,503	14,955	2,495
		0622	ADMISSION HOUR	502	380	85	161	75	19
		0639	RENDERING BILL PROVIDER FIRST NAME	5,718	5,034	10,569	2,453	2,688	1,612
		0643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	1,296	10,197	21,786	23,695	22,143	11,035
		0651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	12,026	58,991	24,685	13,952	5,109	2,815
		0659	SUPERVISING PROVIDER FIRST NAME	2,492	5,728	455	799	373	121
0680	FACILITY STATE LICENSE	3,597	45,217	10,180	20,607	17,517	6,343		

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001	Mandatory field not present		NUMBER						
		0684	FACILITY PRIMARY ADDRESS	39	113	6	35		1
		0686	FACILITY CITY	40	152	4	35	1	
		0687	FACILITY STATE CODE	40	1,445	5	38	35	
		0688	FACILITY POSTAL CODE	71	1,495	42	53	1	
		0689	FACILITY COUNTRY CODE	71	203	41	53	1	
		0691	REFERRING PROVIDER FIRST NAME	8,671	40,452	5,070	412	468	428
		0722	ADA PROCEDURE PAID CODE	631	29	2	8		
		0726	HCPCS LINE PROCEDURE PAID CODE	641	761	74	16	145	114
		0728	NDC PAID CODE	31,264	4,276				
		0760	PRIOR ACTUAL AMOUNT PAID	18,811	524,020	761	4,276	690	42
034	Must be >= Date of Injury	0509	SERVICE BILL DATE(S) RANGE	363	371	287	95	452	530
		0510	DATE OF BILL	3,228	1,269	2,677	2,374	709	14
		0511	DATE INSURER RECEIVED BILL	117	163	145	183	112	77
		0513	ADMISSION DATE	2	12	11	2	9	1
		0514	DISCHARGE DATE	2	6	32		10	2
		0524	PROCEDURE DATE	150	9	14	2	9	10
		0527	PRESCRIPTION BILL DATE	84	702	437	178	249	39
		0550	PRINCIPAL PROCEDURE DATE	5		2			
		0604	PRESCRIPTION LINE DATE	141	1,194	6,431	514	1,926	1,200
0605	SERVICE LINE DATE(S) RANGE	4,902	13,464	16,657	3,464	4,439	1,215		
039	No match on database	0005	JURISDICTION CLAIM NUMBER		556,268	504,776	487,129	362,054	105,554
		0006	INSURER FEIN		793,112	598,861	1,040,554	924,643	368,325

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039	No match on database	0015	CLAIM ADMINISTRATOR CLAIM NUMBER	2,049,675	1,143,481	818,301	857,919	608,513	237,736
040	All digits cannot be the same	0006	INSURER FEIN			17	41	326	164
		0016	EMPLOYER FEIN	9,172	9,312	5,045	8,777	3,401	2,149
		0042	EMPLOYEE SOCIAL SECURITY NUMBER	287	1,286	1,397	287	283	179
		0187	CLAIM ADMINISTRATOR FEIN			17			
		0629	BILLING PROVIDER FEIN	1,812	29,945	51	143	68	43
041	Must be <= current date	0510	DATE OF BILL	96	175	91	67	10	28
		0511	DATE INSURER RECEIVED BILL	5	76	50	35	3	2
		0512	DATE INSURER PAID BILL		1	2	167	1	
		0513	ADMISSION DATE		1		1	1	3
		0514	DISCHARGE DATE			6	4	2	1
		0527	PRESCRIPTION BILL DATE	6	59	12	10	27	3
057	Duplicate Batch/Transaction	0266	TRANSACTION TRACKING NUMBER	744	49,501	16,412	45,381	8,240	5,092
		0500	UNIQUE BILL ID NUMBER		190,198	170,985	84,599	53,833	6,157
		0508	BILL SUBMISSION REASON CODE	196,279	62,236				
		0532	BATCH CONTROL NUMBER	34	46	9,293	539	12,216	244
058	Code/ID invalid	0014	CLAIM ADMINISTRATOR POSTAL CODE*	1,216	641	2,423	131	1,106	124
		0050	EMPLOYEE POSTAL CODE	2,925	11,295	21,944	17,660	11,760	4,852
		0208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	150,834	105,996	92,699	18,110	3,412	853
		0503	BILLING FORMAT CODE	141	3,458	853	45	147	13
		0504	FACILITY CODE	26	53	128	67	39	29

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058	Code/ID invalid	0520	OUTPATIENT REASON FOR VISIT ICD10 CODE	88	152	138	89	82	27
		0521	PRINCIPAL DIAGNOSIS CODE	87	98	52	31	67	39
		0522	ICD-9 CM DIAGNOSIS CODE	11,794	7,326	16,623	4,028	4,702	811
		0525	ICD-9 CM PRINCIPAL PROCEDURE CODE	222	3,097	343	196	115	21
		0535	ADMITTING DIAGNOSIS CODE	38	242	72	72	51	13
		0537	BILLING PROVIDER PRIMARY SPECIALTY CODE	1,162	1,345	2,109	15,448	59,845	6,692
		0541	BILLING PROVIDER STATE CODE	37	81	40	46	13	2
		0542	BILLING PROVIDER POSTAL CODE	2,581	3,888	1,645	1,302	1,311	1,008
		0544	BILL ADJUSTMENT REASON CODE	56	303	93	6	15	8
		0548	BILLED DRG CODE	44	46	32	41	49	26
		0549	PAID DRG CODE	32	141	32	52	52	37
		0555	PLACE OF SERVICE BILL CODE	1,072	11,775	3,065	2,455	2,021	384
		0556	CONDITION CODE	158	1,575	1,065	1,609	677	71
		0559	REVENUE BILLED CODE	1,296	1,715	1,292	992	1,055	595
		0569	BILLING PROVIDER COUNTRY CODE	45,861	93	64	5	11	9
		0576	REVENUE PAID CODE	1,895	1,775	1,275	1,869	1,340	924
		0592	RENDERING LINE PROVIDER NATIONAL ID	1,156	30,665	22,291	15,973	50,207	8,080
0595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	14,247	24,458	30,882	17,954	70,821	23,919		
0600	PLACE OF SERVICE LINE CODE	1,770	1,362	3,613	2,338	3,657	1,653		

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058	Code/ID invalid	0616	INSURER POSTAL CODE	1,533	1,555	2,325	1,355	598	281
		0634	BILL PROVIDER NPI	24,566	79,706	33,657	18,712	63,717	16,057
		0647	RENDERING BILL PROVIDER NPI	20,197	68,038	63,628	18,483	53,877	9,340
		0651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	6,723	7,985	4,746	3,118	56,754	7,233
		0667	SUPERVISING PROVIDER NPI	495	814	307	239	456	3
		0671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	4	6	3		1	
		0682	FACILITY NPI	19,771	50,202	33,841	19,282	49,644	7,155
		0687	FACILITY STATE CODE	83	107	3,832	21	14	10
		0688	FACILITY POSTAL CODE	7,299	6,655	5,237	4,528	3,179	1,563
		0689	FACILITY COUNTRY CODE	143,246	8,092	175	13	11	5
		0699	REFERRING PROVIDER NPI	28,304	21,204	15,503	10,526	28,873	2,754
		0714	HCPCS LINE PROCEDURE BILLED CODE	59,851	39,402	21,308	15,197	16,109	6,194
		0715	JURISDICTION PROCEDURE BILLED CODE	18,481	13,446	2,331	703	1,431	753
		0717	HCPCS MODIFIER BILLED CODE	14,805	14,874	22,136	16,511	9,450	1,232
		0718	JURISDICTION MODIFIER BILLED CODE	1,139	1,012	730	243	138	20
		0719	ADA PROCEDURE BILLED CODE	1,468	1,754	1,862	1,131	2,003	956
		0721	NDC BILLED CODE	93,132	89,341	134,439	29,982	13,927	3,368
		0722	ADA PROCEDURE PAID CODE	1,449	2,833	1,816	1,077	1,819	865
0726	HCPCS LINE PROCEDURE PAID CODE	55,301	30,791	15,370	7,820	6,994	2,508		
0727	HCPCS MODIFIER PAID CODE	6,605	8,173	15,565	12,432	7,309	1,024		

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058	Code/ID invalid	0728	NDC PAID CODE	63,246	84,392	94,933	16,242	8,160	1,962
		0729	JURISDICTION PROCEDURE PAID CODE	20,416	14,787	2,280	621	642	459
		0730	JURISDICTION MODIFIER PAID CODE	972	842	500	27	23	8
		0732	SERVICE ADJUSTMENT REASON CODE	5,078	1,340	70,982	117,446	16,229	921
		0736	ICD-9 CM PROCEDURE CODE	34	841	600	488	201	29
059	Non-match data value not consistent with value previously reported	0501	TOTAL CHARGE PER BILL	12,255	33,697	15,160	6,476	3,628	8,566
063	Invalid event sequence	0015	CLAIM ADMINISTRATOR CLAIM NUMBER	1,689	12,869	3,089	1,868	621	408
		0511	DATE INSURER RECEIVED BILL	4,284	8,212	13,471	3,068	3,918	2,420
064	Invalid data relationship	0208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	19,826	36,264	3	1,152	10	9
		0209	MANAGED CARE ORGANIZATION NAME	18,338	36,153	3	1,152	10	9
		0501	TOTAL CHARGE PER BILL	109,955	162,181	32,596	19,189	21,826	81,548
		0509	SERVICE BILL DATE(S) RANGE	2	6		18	11	6
		0514	DISCHARGE DATE	1	6			9	5
		0515	CONTRACT TYPE CODE	6,950	226	1	2	6	7
		0516	TOTAL AMOUNT PAID PER BILL	5,482	3,530	576	479	329	2,816
		0521	PRINCIPAL DIAGNOSIS CODE		594	115	16	9	6
		0527	PRESCRIPTION BILL DATE			1		2	1
		0535	ADMITTING DIAGNOSIS CODE	6,730					
0547	LINE NUMBER	1	39	1	4				
0552	TOTAL CHARGE PER LINE	244,931	94,686	11,980	20,012	30,746	21,223		

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064	Invalid data relationship	0556	CONDITION CODE	32,914	12,930	1,455	3,030	2,910	1,698
		0557	DIAGNOSIS POINTER	118,742	115,962	659,129	741,892	579,914	186,560
		0572	DRUGS/SUPPLIES BILLED AMOUNT	7,976	16,176	2,754	1,717	1,894	2,155
		0704	MANAGED CARE ORGANIZATION FEIN	22,090	40,897	139	1,152	10	9
		0741	CONTRACT LINE TYPE CODE	53,207	10,763	80	153	310	8
		0760	PRIOR ACTUAL AMOUNT PAID			6,327	5	41	65
070	Must be <= Service Date	0604	PRESCRIPTION LINE DATE	621	1,771	853	297	1,227	207
071	Must be >=Service Date	0510	DATE OF BILL	1,964	3,240	1,603	958	6,186	360
		0605	SERVICE LINE DATE(S) RANGE	228,299	66,012	103,950	108,361	32,926	4,290
072	Must be > Service Date	0512	DATE INSURER PAID BILL	860					
073	Must be >= Date Payer Received Bill	0512	DATE INSURER PAID BILL	593	3,563	5,613	861	2,554	589
074	Must be >= From Service date	0514	DISCHARGE DATE	85	194	179	106	132	75
		0605	SERVICE LINE DATE(S) RANGE	2,728	6,484	3,202	2,613	3,417	2,600
075	Must be <= To Service Date	0605	SERVICE LINE DATE(S) RANGE	43	543	10	13	8	6
111	Must be valid content	0015	CLAIM ADMINISTRATOR CLAIM NUMBER		3	87	7		
		0098	SENDER ID			207	4,770	23	
		0099	RECEIVER ID			1	48		
		0509	SERVICE BILL DATE(S) RANGE	107					
		0527	PRESCRIPTION BILL DATE	36,068	8,971	24,219	36,895	925	749
117	Match data value not consistent with value previously reported	0015	CLAIM ADMINISTRATOR CLAIM NUMBER		1,828	1,620	113	39	1,638
		0500	UNIQUE BILL ID NUMBER	50,770	46,485				
		0508	BILL SUBMISSION REASON CODE		8,067	32,759	43,499	21,142	7,351

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TOTAL				4,681,359	5,620,474	4,102,154	4,122,028	3,349,917	1,203,276