

Self-Insurance Electronic Data Reporting System (SIEDRS)

Guide



Washington State Department of Labor and Industries

PO Box 44890

Olympia, WA 98504-4890

SIEDRS Support

- E-mail: SIEDRS@Lni.wa.gov
- Phone: 360-902-6901
- Website: www.Lni.wa.gov/SIEDRS

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SIEDRS Support: SIEDRS@Lni.wa.gov

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About the Self-Insurance Electronic Data Reporting System (SIEDRS)

All Washington self-insured employers must participate in Self-Insurance Electronic Data Reporting System (SIEDRS), per [RCW 51.14.110](#) and [WAC 296-15-231](#).

SIEDRS works behind the scenes to electronically accept and store self-insured claim data. This does not replace any processes relating to claim adjudication or reporting requirements. Self-insured employers must continue to send all required claim paperwork to L&I.

SIEDRS allows L&I to compile more data on self-insured claims. This includes claim payments, claim costs, and injury information for medical-only claims.

L&I uses SIEDRS data to answer questions about self-insured claims. These questions can come from members of the self-insured community, the legislature, or others.

About the SIEDRS Guide

This guide provides information you need to set up and report in SIEDRS. It covers instructions for enrollment in SIEDRS, requirements for submitting data, maintaining compliance, and an error troubleshooting guide.

After reading this document, contact SIEDRS Support at SIEDRS@Lni.wa.gov with any questions.

Responsibilities

Employers can submit their data or hire a third-party administrator (TPA) to submit on their behalf. We define entities that submit data as *submitters*. Submitters can find both initial system set up and reporting tasks in this guide.

Employers submitting data have the responsibilities of both a “self-insured employer” and a “submitter”.

Self-insured employers who contract their SIEDRS reporting with a TPA will only need information about their business responsibilities, enrollment, and retrieving reports.

The responsibilities of self-insured employers and submitters are described below.

Self-insured employers

Self-insured employers are responsible for all SIEDRS reporting, even if using a TPA. We recommend employers monitor their SIEDRS reporting for any issues.

Self-insured employers must:

1. Determine if you will submit your data or hire a third party. If you choose to submit, you take on the “submitter” responsibility as well.
2. Enroll in SIEDRS.
3. Keep your SIEDRS point of contact information up to date. Contact SIEDRS Support with these changes.
4. Verify you have access to your Managed File Transfer (MFT) account. See the [MFT section](#) for more information.
5. Ensure you or your third party submits a file for your account each month. You can check your SIEDRS point of contact email for system confirmations of submission. If 41 days or more overdue, you will receive an email notifying you.
6. Monitor your SIEDRS reports for issues.
7. Correct all errors. If using a third party, work with your submitter to correct errors.
8. If you have a change in account structure due to a restructuring, merger, or acquisition, you must report the change to CertificationSvc@Lni.wa.gov within ten days of the change.

Find more information about enrollment and SIEDRS reports in the [Enrollment section](#) below.

Submitters

We assign the “submitter” role to a TPA who sends data on behalf of their clients or a self-insured employer who submits their own data.

Submitters must:

SIEDRS Support: SIEDRS@Lni.wa.gov

1. Enroll in SIEDRS.
2. Keep your SIEDRS point of contact information up to date. Contact SIEDRS Support with these changes.
3. Verify you have access to your Managed File Transfer (MFT) account. See the [MFT Section](#) for more information.
4. Ensure your system captures all data elements required for SIEDRS reporting. See the [Data Dictionary Section](#) later for more information about this.
5. Establish a process for submitting SIEDRS XML files. You can submit this manually or with an automated process. L&I can assist with manual process and provide limited assistance with automated processes.
6. Submit a file for each of your client's accounts every month, even when they have no new data to report.
7. If you are a new submitter, we provide you a test system for you to successfully submit into. If successful, we will give you access to start submitting into the live system.
8. Analyze any errors you get from the SIEDRS system and make corrections within 10 days. See the [Error Troubleshooting Section](#) later for more information on this.

Enrollment

You must enroll for SIEDRS, regardless if you submit your data yourself or use a TPA. You cannot access the SIEDRS system until enrolled.

To enroll, complete and submit a [SIEDRS Enrollment Form \(F207-193-000\)](#) following the instructions. During enrollment, you will select what reports for which you want to subscribe. Some reports are optional, some are mandatory. Select the reports based on your business needs.

Once we process your enrollment form, we will email you a SIEDRS ID and login credentials for a [Managed File Transfer \(MFT\)](#) account. You will use the MFT account for posting and retrieving files. See the [Managed File Transfer \(MFT\): Posting and Retrieving Instructions Section](#) below for more information.

We will email all SIEDRS-generated reports to your point of contact. You can only list one email address as your point of contact. If you would like more than one person to receive SIEDRS emails, we recommend you set up a shared inbox.

You can update your SIEDRS point of contact or manage your SIEDRS report subscriptions at any time by contacting SIEDRS Support.

Technical Files

Contact SIEDRS support for technical files needed to set up a new SIEDRS reporting system.

Submitter System Requirements

Overview

Your systems must capture all required data elements (see the [Data Dictionary Section](#) below for more information). Once each month, the submitter must create an Extensible Markup Language, or XML, extract file to submit. These files contain data elements specific to individual claims opened after SIEDRS enrollment.

Login using your provided credentials for the MFT account on the [login page](#) . Submit the XML file into the posting folder. Check the Retrieval folder for any reports in case there was a problem. The submitter must correct the file and resubmit it within 10 days.

Data Elements

SIEDRS rejects any extract file that contains data not defined in the Data Dictionary or Submitter XML. You can review the [Data Dictionary Section](#) below.

The Submitter XML is an XML document that defines additional elements, such as control totals, required in your extract file. It also defines two optional elements submitters can use to track and refer to extract file records. Since it's only needed for initial system set-up, L&I will provide it to new submitters or upon request.

The [Data Dictionary Section](#) in this guide:

- Defines each data element.
- Defines data element formats.
- Details validity criteria and other helpful information.
- Specifies when each data element is required.

Extract Files

To submit data through SIEDRS, you must create an extract file in XML format.

The Submitter XML file shows the extract file organization. It describes additional content and file organization requirements. These requirements apply to all extract files, including those created to correct errors.

SIEDRS rejects extract files not meeting requirements to avoid processing a potentially problematic file.

Find extract file requirements below, in addition to those specified in the Submitter XML.

1. Group all claim records after the Account ID.
2. Each file can contain any number of account IDs, but each account ID may only appear once.

3. Spell all data elements (XML node/tag) correctly.
4. Each file can contain any number of claim IDs, but each claim ID may only appear once.
5. Each claim element may appear only once per claim.
6. A single claim may have multiple payment records.
7. Use each payment element only once per payment record.
8. Each extract file must conform to XML standards. For example, having matching opening and closing tags.

Check your extract

Compare the Submitter XSD file against the SIEDRS criteria for accuracy. You can use this file to pre-validate some of the criteria before you submit it. You only need the Submitter XSD file for initial system set-up. L&I will provide this to new submitters or upon request.

SIEDRS checks submitted data elements against each other and against data in L&I systems. It also performs checks that the XSD file can't. For example, SIEDRS checks the Account ID to make sure it matches an account in L&I's database.

Report claims opened while enrolled

SIEDRS only accepts data for claims opened on or after the self-insurer's SIEDRS enrollment date. TPAs serving more than one employer will need to track the enrollment date for each employer.

L&I defines 'Opened' as the date the claim was first entered into a claim administrator's system. This date doesn't change through the life of the claim, even if transferred to a new claim administrator. This matches the SIEDRS data element, 'Date Entered'.

Timing and frequency of posting and updating claims

For each calendar month, you must extract and post files on all opened or post-enrollment claims by the tenth day of the following month. For example, all newly opened claims and updates for the month of January must be posted by Feb. 10. Extract files, including files sent to correct errors, may be submitted more often, but not more than once per day.

SIEDRS processes all newly posted extract files daily at 12 a.m. Pacific Standard Time (PST) including on weekends and holidays. SIEDRS posts error files and error reports by 9 a.m. (PST).

You must submit your corrected extract files within 10 calendar days of the error posting by SIEDRS. This extract file may also contain other claim updates.

Send a file even if there is no new data to report

Each self-insurer must submit a file every month, even when there is no new data to report.

There are required control totals documented in the Submitter XML. If you have no new data to report, send a file with zeros in the <claim_count> and <claim_count_for_employer> data elements. These data elements, along with the other requirements, will allow the SIEDRS system to identify which employers have no claim updates to report. This prevents SIEDRS from reporting a missing file for that month.

Data Dictionary

The data dictionary provides information about each data element in SIEDRS. The SIEDRS data elements are grouped by elements required:

- With every extract file.
- To create a new claim in L&I's system.
- To create SIEDRS reports.
- To a claimant's identity.
- To create a payment record.

Below is an example of data element information in the data dictionary.

Note: Validity Criteria and Criteria for approval in this dictionary match those listed on error reports.

EXAMPLE:

DATA ELEMENT NAME	xml data element label (node) <example>
Definition of the data element.	
FORMAT:	Formatting requirements for the data element.
EXAMPLE:	Example of formatted data here.
VALIDITY CRITERIA:	<ol style="list-style-type: none"> 1. First criteria. 2. Second criteria.
NOTE:	Additional helpful information.

Elements required with every extract file

ACCOUNT ID

<account_id>

Unique number assigned by L&I to each self-insured employer.

FORMAT: Numbers only (No spaces, dashes, commas, etc.)

EXAMPLE: 70626200

VALIDITY CRITERIA:

1. Must accompany every transaction.
2. Must be numeric.
3. Must have 8 digits.
4. Must begin with "7".
5. Must match an established account in L&I's records.
6. Must not be a "finalled" account in L&I's records.
7. Once established, cannot be changed via SIEDRS.

NOTE: In the extract file, group all claim transactions under the Account ID of the employer of injury.

UBI

<ubi>

Uniform business identifier. A unique number assigned by the State of Washington to employer or employer sub-division.

FORMAT: Numbers only (No spaces, dashes, commas, etc.)

EXAMPLE: 123456789

VALIDITY CRITERIA:

1. Must accompany every transaction.
2. Must be numeric.
3. Must have 9 digits.
4. Must match an established UBI in L&I's records.
5. Must belong to the Account ID reported.
6. Once established, cannot be changed via SIEDRS.

CLAIM NUMBER

<clm_number>

The Washington State claim number pre-printed on the Self-Insurer Accident Report form (SIF-2).

FORMAT: Alphanumeric (No spaces, dashes, commas, etc.)

EXAMPLE: SF55555

VALIDITY CRITERIA:

1. Must accompany every transaction.
2. Must be 7 characters in length.
3. Second character can be either alphabetic or numeric.
4. Third through seventh characters must be numeric.
5. Must be one of the claim numbers L&I has assigned to the Account ID under which the claim was submitted to SIEDRS.
6. Once established, cannot be changed via SIEDRS.

NOTE: SIF-2 forms, and claim numbers are specific to each employer and are assigned by L&I.

DATE ENTERED

<clm_date_entered>

The date the claim was first established in the employer or TPA's claims management computer system.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA:

1. Must accompany every transaction.
2. Must be in MM/DD/YYYY format.
3. Must be on or after the SIEDRS enrollment date, and before or equal to current date.
4. Must be on or after the Injury Date.
5. Cannot be different from an existing date in L&I's records.
6. Once established, cannot be changed via SIEDRS.

Elements required to create a new claim in L&I's system

RISK CLASS

<clm_risk_class>

A classification code used by employers for their employees or when reporting hours worked to L&I. The code comes from Washington State workers' compensation classification system and groups industries having similar exposure to injury risks. Risk classes are described in [state law](#).

FORMAT: Numbers only (No spaces, dashes, commas, etc.)

EXAMPLE: 010102

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be numeric.
3. Must be 6 digits.
4. Must be an active risk class assigned to the Account ID.
5. Once established, cannot be updated via SIEDRS.

NOTE: Send only to create a new claim.

CLAIMANT FIRST NAME

<clmt_first_name>

The injured worker's first name.

FORMAT: Text (Up to 12 characters)

EXAMPLE: First

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be 12 characters or less.
3. Cannot be different from existing name in L&I's records.
4. Once established, cannot be updated via SIEDRS.

NOTE: Send only to create a new claim.

CLAIMANT LAST NAME

<clmt_last_name>

The injured worker's last name.

FORMAT: Text (Up to 20 characters)

EXAMPLE: Last

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be 20 characters or less.
3. Cannot be different from existing name in L&I's records.
4. Once established, cannot be updated via SIEDRS.

NOTE: Send only to create a new claim.

CLAIMANT GENDER

<clmt_gender_code>

Code identifying whether the injured worker is male or female.

FORMAT: Text ('M' or 'F'.)

EXAMPLE: M

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be one character.
3. Valid values are 'M' (male) or 'F' (female).

NOTE: Our system is limited and will only accept M or F designations at this time.

CLAIMANT MARITAL STATUS

<clmt_martl_stat_code>

The injured worker's marital status at the time of injury.

FORMAT: Text ('M' or 'S')

EXAMPLE: S

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be one character.
3. Valid values are 'M' (Married) or 'S' (single).

INJURY DATE

<clm_injury_date>

For a single injury event, the date the accident occurred. For occupational disease (a condition developing over time), use the date of manifestation. Date of manifestation is

the date that the condition was first treated or when restrictions for the condition started, whichever came first.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be MM/DD/YYYY format.
3. Must be between 01/01/1960 and current date.
4. Must not be after 'Date Entered'.
5. Cannot be different from an existing date in L&I's records.
6. Once established, cannot be updated via SIEDRS.

NOTE: Send only to create a new claim.

INJURY TIME

<clm_injury_time>

Time of day when the injury occurred. Report time of injury in whole hours, using a 24-hour clock.

FORMAT: Numbers only (2 digits)

EXAMPLE: 13

VALIDITY CRITERIA:

1. Must be sent to establish a new claim.
2. Must be numeric.
3. Must be 2 digits.
4. Valid values are 01 through 25, where 01 = 1:00 AM, 13 = 1:00PM, 24 = 12 midnight, etc. 25= unknown.

NOTE: Round to whole hours:
 1 to 29 minutes past the hour: round back to previous whole hour;
 30-59 minutes past the hour: round forward to the next whole hour.

CLAIMANT MAILING STREET ADDRESS

<clmt_mail_addr_line1>
 <clmt_mail_addr_line2>
 <clmt_mail_addr_line3>

The mailing address of the injured worker. Establishing a claim requires either the worker's mailing or residential address. Don't use the worker representative address.

FORMAT:	Text (Up to 30 characters)
EXAMPLE:	7273 Linderson Way SW
VALIDITY CRITERIA:	<ol style="list-style-type: none"> 1. Must send either mailing or residence address to establish a new claim. 2. Must send the first line of Mailing Street Address if other components of Mailing Address are sent. 3. Each line must be 30 characters or less. 4. No more than three lines of Mailing Street Address can be sent. 5. If mailing address is in a foreign country, put the city, province (or equivalent) and postal code in the third address line.
NOTE:	The entire address must be sent for new claims, updates, and correction of errors. For example, send the entire address when updating the city.

CLAIMANT MAILING CITY

<clmt_mail_city_name>

The mailing city of the injured worker.

FORMAT:	Text (Up to 14 characters)
EXAMPLE:	Tumwater
VALIDITY CRITERIA:	<ol style="list-style-type: none"> 1. Must send either mailing or residence address to establish a new claim. 2. Must send Mailing City if other components of Mailing Address are sent, unless mailing address is in a foreign country – if so, do not send (see Claimant Mailing Street Address). 3. Must be 14 characters or less.

CLAIMANT MAILING STATE

<clmt_mail_state_abbr>

The mailing state of the injured worker.

FORMAT:	Text (2 characters)
EXAMPLE:	WA

- VALIDITY CRITERIA:
1. Must send either mailing or residence address to establish a new claim.
 2. Must send if other components of Mailing Address are sent, unless mailing address is in a foreign country – if so, do not send (see Claimant Mailing Street Address).
 3. Must be 2 characters in length.
 4. Must be a valid US state abbreviation.

CLAIMANT MAILING ZIP CODE

<clmt_mail_zip_code>

The mailing zip code of the injured worker.

FORMAT: Numbers only (5 or 9 digits)

EXAMPLE: 98501
985015414

- VALIDITY CRITERIA:
1. Must send either mailing or residence address to establish a new claim.
 2. Must send if other components of Mailing Address are sent, unless mailing address is in a foreign country – if so, do not send (see Claimant Mailing Street Address).
 3. Must be 5 or 9 digits in length.

CLAIMANT MAILING FOREIGN COUNTRY

<clmt_mail_foreign_cntry_name>

The mailing country of the injured worker, if outside the United States.

FORMAT: Text (Up to 18 characters)

EXAMPLE: Country

- VALIDITY CRITERIA:
1. Must send either mailing or residence address to establish a new claim.
 2. Do not send if Mailing City, State, or Zip Code is sent.
 3. Must be 18 characters or less.

CLAIMANT RESIDENCE STREET ADDRESS

<clmt_rsdnt_addr_line1>

<clmt_rsdnt_addr_line2>
<clmt_rsdnt_addr_line3>

The residence address of the injured worker. Either mailing or residence address is required to establish claim.

FORMAT: Text (Up to 30 characters)

EXAMPLE: 7273 Linderson Way SW

VALIDITY CRITERIA:

1. Must send either mailing or residence address to establish a new claim.
2. Must send the first line of Residence Street Address if other components of Residence Address are sent.
3. Each line must be 30 characters or less.
4. No more than three lines of Residence Street Address can be sent.
5. If residence address is in a foreign country, put the city, province (or equivalent) and postal code in the third address line.

NOTE: The entire address must be sent for new claims, updates, and correction of errors. For example, send the entire address when updating the city.

CLAIMANT RESIDENCE CITY

<clmt_rsdnt_city_name>

The residence city of the injured worker.

FORMAT: Text (Up to 14 characters)

EXAMPLE: Tumwater

VALIDITY CRITERIA:

1. Must send either mailing or residence address to establish a new claim.
2. Must send Residence City if other components of Mailing Address are sent, unless residence address is in a foreign country – if so, do not send (see Claimant Residence Street Address).
3. Must be 14 characters or less.

CLAIMANT RESIDENCE STATE

<clmt_rsdnt_state_abbr>

The residence state of the injured worker.

FORMAT: Text (2 characters)

EXAMPLE: WA

VALIDITY CRITERIA:

1. Must send either mailing or residence address to establish a new claim.
2. Must send if other components of Residence Address are sent, unless residence address is in a foreign country – if so, do not send (see Claimant Residence Street Address).
3. Must be 2 characters in length.
4. Must be a valid US state abbreviation.

CLAIMANT RESIDENCE ZIP CODE

<clmt_rsdnt_zip_code>

The residence zip code of the injured worker.

FORMAT: Numbers only (5 or 9 digits)

EXAMPLE: 98501
985015414

VALIDITY CRITERIA:

1. Must send either mailing or residence address to establish a new claim.
2. Must send if other components of Residence Address are sent, unless residence address is in a foreign country – if so, do not send (see Claimant Residence Street Address).
3. Must be 5 or 9 digits in length.

CLAIMANT RESIDENCE FOREIGN COUNTRY

<clmt_rsdnt_foreign_cntry_name>

The residence country of the injured worker, if outside the United States.

FORMAT: Text (Up to 18 characters)

EXAMPLE: Country

VALIDITY CRITERIA:

1. Must send either mailing or residence address to establish a new claim.

2. Do not send if Residence City, State, or Zip Code is sent.
3. Must be 18 characters or less.

Elements required to create SIEDRS reports

Below are examples of the elements required to create SIEDRS reports.

CAUSE OF INJURY CODE

<clm_cause_of_injury_code>

Code identifying the cause of the accident or exposure.

FORMAT: Numbers only (3 digits)

EXAMPLE: 199

VALIDITY CRITERIA:

1. Must be numeric.
2. Must have 3 digits.
3. Must exist on the [Cause of Injury Codes](#) table.

NATURE OF INJURY CODE

<clm_nature_of_injury_code>

Code identifying the nature of the injury sustained.

FORMAT: Numbers only (3 digits)

EXAMPLE: 259

VALIDITY CRITERIA:

1. Must be numeric.
2. Must have 3 digits.
3. Must exist on the [Nature of Injury Codes](#) table.

BODY PART CODE

<clm_body_part_code>

Code identifying the part(s) of the body injured in the accident or exposure.

FORMAT: Numbers only (3 digits)

EXAMPLE: 366

VALIDITY CRITERIA:

1. Must be numeric.

2. Must have 3 digits.
3. Must exist on the [Body Part Codes](#) table.

FIRST OCCURRENCE OF LAST DATE WORKED

<clm_last_date_worked>

The worker's last day worked before missing time due to the injury.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA:

1. Must be in MM/DD/YYYY format.
2. Must be before or equal to the current date.
3. Must be on or after the Injury Date.
4. Cannot be after Claim Closure Date.

CLAIM CLOSURE DATE

<clm_closed_date>

The date of the most recent legal order that closed the claim.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA:

1. Must be in MM/DD/YYYY format.
2. Must be before or equal to the current date.
3. Must be on or after the Injury Date.
4. Must be after the most recent reopen date (if one exists).
5. Cannot be updated if claim is already closed according to L&I's records.

TOTAL RESERVES

<clm_reserved_total>

The total outstanding reserve for the claim. The estimated costs of anticipated benefits needed to resolve a claim.

FORMAT: Numbers with decimal point; no '\$' or commas

EXAMPLE: 99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be positive.
3. Cannot exceed \$10,000,000.00

Paid to Date

The following applies to the paid to date data definitions below. These definitions explain payment category types to submit to SIEDRS. The payment categories are mutually exclusive:

- Indemnity (See Elements Required to Report a Payment Record)
- Medical Paid to Date
- Expense Paid to Date
- Legal Paid to Date
- Vocational Services (Voc) Paid to Date

The sum of these five payment categories should account for all payments made under a claim.

MEDICAL PAID TO DATE

<clm_medical_paid_to_date>

The total amount of money paid, to the current date, for medical expenses related to the claim.

FORMAT: Numbers with decimal point; no '\$' or commas (Example: 99999.99)

EXAMPLE: 99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be positive.
3. Cannot exceed \$10,000,000.00

NOTE: When calculating the MEDICAL PAID TO DATE, add together all payments NOT coded as expense, legal, vocational, or indemnity.

EXPENSE PAID TO DATE

<clm_expense_paid_to_date>

The amount of money paid to date for all expense payments. Include the following payment types under the expense category:

- Index system fee.
- Telephonic case management fee.
- Field case management fee.
- Utilization review fee.
- Preferred provider organization (PPO) network fee.
- Medical bill audit fee.
- Surveillance.
- Photocopies.
- Investigations.
- Peer review fee.
- Travel expense.
- Miscellaneous expense.
- Penalties.

FORMAT: Numbers with decimal point; no '\$' or commas

EXAMPLE: 99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be positive.
3. Cannot exceed \$10,000,000.00

NOTE: When calculating EXPENSE PAID TO DATE, add together all payments NOT coded as legal, medical, vocational, or indemnity.

LEGAL PAID TO DATE

<clm_legal_paid_to_date>

The amount of money paid to date for all legal payment types. Include the following payment types under the legal category:

- Medical exam (defense).
- Claimant legal expense.
- Attorney (non-litigated).
- Legal fees (non-litigated).
- Court costs / court reporter.
- Deposition.
- Defense attorney.
- Records copies / reports.
- Medical exam for legal purposes.

- Miscellaneous legal expenses.
- Expert testimony.

FORMAT: Numbers with decimal point; no '\$' or commas

EXAMPLE: 99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be positive.
3. Cannot exceed \$10,000,000.00

NOTE: When calculating the LEGAL PAID TO DATE add together all payments NOT coded as expense, medical, vocational, or indemnity.

VOC PAID TO DATE

<clm_voc_paid_to_date>

The amount of money paid to date for all vocational (voc) payment types. Include the following payment types under the Voc category:

- Voc rehab education expense.
- Voc rehab evaluation.
- Voc rehab other.
- Job modification.

FORMAT: Numbers with decimal point; no '\$' or commas

EXAMPLE: 99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be positive.
3. Cannot exceed \$10,000,000.00

NOTE: When calculating the VOC PAID TO DATE add together all payments NOT coded as expense, legal, medical, or indemnity.

Elements necessary to establish a claimant's identity

CLAIMANT SOCIAL SECURITY NUMBER

<clmt_soc_sec_num>

The injured worker's social security number.

FORMAT: Numbers only (9 digits; no spaces, dashes, commas, etc.)

EXAMPLE: 123456789

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be 9 digits in length.
3. Cannot be different from the social security number existing for the claimant in L&I's records.
4. Once established, cannot be updated via SIEDRS.

NOTE: This number is not required to create a claim, but is critical for validating the identity of the claimant and associating with other claims.

Send only once.

CLAIMANT DATE OF BIRTH

<clmt_birth_date>

The injured worker's date of birth.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/1980

VALIDITY CRITERIA:

1. Must be in MM/DD/YYYY format.
2. Must be on or after 01/01/1900 and prior to the injury date.
3. Cannot be different from an existing date in L&I's records.
4. Once established, cannot be updated via SIEDRS. To correct a discrepancy, contact SIEDRS support.

NOTE: This number is not required to create a claim, but is critical for validating the identity of the injured worker and associating with other claims.

Send only once.

CLAIMANT MIDDLE NAME

<clmt_mid_name>

The injured worker's middle name and suffix, if any.

FORMAT: Text (Up to 10 characters)

- EXAMPLE:** Middle
MiddleJR
III
- VALIDITY CRITERIA:**
1. Must be 10 characters or less.
 2. Cannot be different from existing name in L&I's records.
- NOTE:** If there is a suffix, add it to the middle name with no spaces in between (see example: MiddleJR).
- Send only once.

CLAIMANT PHONE NUMBER	<clmt_phn_num>
------------------------------	----------------

The injured worker's phone number.

FORMAT: Numbers only (10 digits; no spaces, dashes, commas, etc.)

EXAMPLE: 3605551234

VALIDITY CRITERIA:

1. Must be numeric.
2. Must be 10 digits in length.
3. Cannot begin with zero.

Elements required to create a payment record

PAID DATE	<paid_date>
------------------	-------------

The date the payment was issued.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA:

1. Must be MM/DD/YYYY format.
2. Must be on or after the Injury Date and before or equal to the current date.

PAYMENT TYPE	<payment_type_code>
---------------------	---------------------

A code identifying the type of payment.

FORMAT: Text (2 characters)

EXAMPLE: TL

VALIDITY CRITERIA: 1. Must be 2 characters in length.
2. Valid values are TL, LE, PP, PE, FA, MC, or SR.

NOTE: Payment categories:

- TL** – Temporary Total Disability, KOS payments, Vocational Rehab Maintenance
- LE** – Temporary Partial Disability
- PP** – Permanent Partial Scheduled, Permanent Partial Unscheduled, Permanent Partial Disability
- PE** – Permanent Total Disability, Special Fund Assessment
- FA** – Burial expenses, death benefits
- MC** – Lump sum settlements, sidebar agreements
- SR** – Court ordered interest

INDEMNITY PAYMENT FROM DATE

<payment_from_date>

In a time loss or loss of earning power payment, the beginning date of the payment period.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA: 1. Must be MM/DD/YYYY format.
2. Must be on or after the Injury Date and before 12/31/2099.

INDEMNITY PAYMENT TO DATE

<payment_to_date>

In a time loss or loss of earning power payment, the end date of the payment period.

FORMAT: Date (MM/DD/YYYY)

EXAMPLE: 07/01/2008

VALIDITY CRITERIA: 1. Must be MM/DD/YYYY format.
2. Must be on or after the Injury Date and before 12/31/2099.

3. Must be on or after the Indemnity Payment From Date.

INDEMNITY PAYMENT AMOUNT

<payment_amt>

The amount of each payment, void, credit, or adjustment. May be a negative number.

FORMAT: Numbers with decimal point; no '\$' or commas (Example: 99999.99, -99999.99)

EXAMPLE: 99999.99
-99999.99

VALIDITY CRITERIA:

1. Must be numeric.
2. Can be positive or negative.
3. Cannot exceed \$999,999.99.

PAYEE

<payee>

The name of the individual or organization to whom the check was issued.

FORMAT: Text (Up to 75 characters)

EXAMPLE: First Last
Example Inc

VALIDITY CRITERIA:

1. Must be 75 characters or less.

Cause of Injury Codes

SIEDRS will only accept cause of injury codes from the table below. If your organization uses another classification system, you will need to adjust to the codes listed below for SIEDRS file extraction.

Cause of Injury Codes		
Cause	Code	Description
Burn or Scald – Heat or Cold Exposure – Contact With	101	Chemical
	102	Hot Object or Substances
	103	Temperature Extremes
	104	Burn/Fire or Flame
	105	Burn/Steam or Hot Fluids
	106	Dust, Gases, Fumes or Vapors
	107	Burn/Welding Operations
	108	Radiation
	109	Misc. Burn/Scald – Heat/Cold Exposure
	111	Exposure to Cold Objects/Substances
	114	Abnormal Air Pressure
	184	Electrical Current
Caught In, Under or Between	110	Machinery
	112	Obj. Handled
	113	Misc. (Caught In, Under, Between)
	120	Collapsing Materials
Cut, Puncture, Scrape – Injured By	115	Broken Glass

Cause of Injury Codes		
Cause	Code	Description
	116	Hand Tool, Utensil; Not Powered
	117	Object Being Lifted or Handled
	118	Powered Hand Tool, Appliance
	119	Misc. (Injured By)
Fall, Slip or Trip Injury		
	125	Different Level
	126	Ladder/Scaffolding
	127	Liquid/Grease Spill
	128	Into Opening
	129	On Same Level
	130	Slipped, Did Not Fall
	131	Misc. (Fall or Slip Injury)
	132	On Ice or Snow
	133	On Stairs
Motor Vehicle		
	140	Crash of Motor Vehicle
	141	Crash of Rail Vehicle
	145	Collision with Another Vehicle
	146	Collision with a Fixed Object
	147	Crash of an Airplane
	148	Vehicle Upset
	150	Misc. (Motor Vehicle)
Strain or Injured By		
	152	Continual Noise
	153	Twisting

Cause of Injury Codes

Cause	Code	Description
	154	Jumping
	155	Holding/Carrying
	156	Lifting
	157	Pushing/Pulling
	158	Reaching
	159	Using Tool/Machine
	160	Misc. (Strain or Injury)
	161	Wielding/Throwing
	197	Repetitive Motion
Striking Against or Stepping On		
	165	Moving Parts of Machine
	166	Object Being Lifted or Handled
	167	Sanding, Scraping, Cleaning Operation
	168	Stationary Object
	169	Stepping on Sharp Object
Struck or Injured By (Includes Kicked, Stabbed, Bit, Etc.)	170	Misc. (Strike Against or Step On)
	174	Fellow Worker or Patient
	175	Falling or Flying Object
	176	Hand Tool or Machine in Use
	177	Struck/Injured by Motor Vehicle
	178	Moving Parts of Machine
	179	Object Being Lifted or Handled

Cause of Injury Codes

Cause	Code	Description
	180	Object Being Handled by Others
	181	Misc. (Struck or Injured By)
	185	Animal or Insect
	186	Explosion or Flareback
Rubbed or Abraded By		
	195	Rubbed/Abraded NOC
Miscellaneous Causes		
	182	Absorption/Ingestion/Inhale NOC
	187	Foreign Body in Eye
	188	Natural Disasters
	189	Person in Act of a Crime
	190	Other than Physical Injury
	191	Mold
	196	Terrorism
	198	Cumulative (All Other)
	199	Other Miscellaneous Causes

Nature of Injury Codes

SIEDRS will only accept nature of injury codes from the table below. If your organization uses another classification system, you will need to adjust to the codes listed below for SIEDRS file extraction.

Nature of Injury Codes		
Nature	Code	Description
Specific Injury	201	No Physical Injury
	202	Amputation
	203	Angina Pectoris
	204	Burn
	207	Concussion
	210	Contusion
	213	Crushing
	216	Dislocation
	219	Electric Shock
	222	Enucleation
	225	Foreign Body
	228	Fracture
	230	Freezing
	232	Heat Prostration
	234	Hernia
	236	Infection
	237	Inflammation
	240	Laceration
	241	Myocardial Infarction
	242	Poisoning (General)

Nature of Injury Codes

Nature	Code	Description
	243	Puncture
	246	Rupture
	247	Severance
	253	Syncope
	254	Asphyxiation
	255	Vascular
	258	Vision Loss
	259	Other
Occupational Disease or Cumulative Injury	260	Dust Disease NOC
	261	Asbestosis
	262	Black Lung
	263	Byssinosis
	264	Silicosis
	265	Respiratory Disorder
	266	Poisoning – Chemicals
	267	Poisoning – Metal
	268	Dermatitis (Rash/Skin or Tissue Inflammation Including Boils)
	270	Radiation
	271	All Other Occupational Disease
	274	Cancer
	276	VDT – Related Disease
	280	All Other Cumulative Injury

Nature of Injury Codes

Nature	Code	Description
Multiple Injuries		
	290	Multiple Physical Injury
	291	Multi Injury – Including Both Physical & Psychological
Strain/Sprain		
	249	Sprain
	252	Strain
Contagious Disease		
	273	Contagious Disease
	275	AIDS
	279	Hepatitis C
Carpal Tunnel		
	278	Carpal Tunnel Syndrome
Hearing Loss		
	231	Hearing Loss/Impairment
	272	Loss of Hearing
Mental Disorder - Occupational		
	269	Mental Disorders
	277	Mental Stress

Body Part Codes

SIEDRS will only accept body part codes from the table below. If your organization uses another classification system, you will need to adjust to the codes listed below for SIEDRS file extraction.

Body Part Codes		
Body Part	Code	Description
Head	310	Multiple Head Injury
	311	Skull
	312	Brain
	313	Ear(s)
	314	Eye(s)
	315	Nose
	316	Teeth
	317	Mouth
	318	Other Facial Soft Tissue
	319	Facial Bones
Neck	320	Multiple
	321	Vertebrae
	322	Disc
	323	Spinal Cord
	324	Larynx
	325	Soft Tissue other than Larynx or Trachea
	326	Trachea
Upper Extremities	330	Multiple
	331	Upper Arm

Body Part Codes

Body Part	Code	Description
	332	Elbow
	333	Lower Arm
	334	Wrist
	335	Hand
	336	Finger
	337	Thumb
	338	Shoulder(s), Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
	339	Wrist(s) & Hand(s)
Trunk	340	Multiple
	341	Upper Back Area / Thoracic Area
	342	Lower Back Area / Lumbar & Lumbosacral
	343	Disc
	344	Chest (Including Ribs / Sternum / Soft Tissue)
	345	Sacrum & Coccyx
	346	Pelvis
	347	Spinal Cord
	348	Internal Organs (Other than Heart & Lungs)
	349	Heart
	360	Lungs
	361	Abdomen Including Groin (Excluding Injury to Internal Organs)
	362	Buttocks
	363	Lumbar &/or Sacral Vertebrae

Body Part Codes

Body Part	Code	Description
Lower Extremities		
	350	Multiple
	351	Hip
	352	Thigh
	353	Knee
	354	Lower Leg
	355	Ankle
	356	Foot
	357	Toe(s)
	358	Great Toe
Multiple Body Parts		
	364	Artificial Appliance
	365	Unclassifiable
	366	No Physical Injury
	390	Multiple Body Parts
	391	Single / Multiple Body Systems

Managed File Transfer (MFT): Posting and Retrieving Instructions

Overview

SIEDRS uses a Managed File Transfer (MFT) service located on the [MFT web site](#). You can post, retrieve, and view reports through the MFT site. L&I doesn't control the MFT server, software, or user interface.

The following instructions describe how to:

- Post extract files (submitters only).
- Retrieve error files and reports.
- Access your MFT account and maintain your MFT credentials.

You can post extract files either manually or automatically. The instructions in this guide refer to the manual process for posting and retrieving. To automate the process, please contact your technical staff resources. L&I provides limited, if any, support for automated posting.

The following instructions explain how to post and retrieve files using Microsoft Windows and Microsoft Edge browser. Other browsers, such as Google Chrome, are also supported.

Contact SIEDRS Support if you require further assistance.

Posting extract files

1. Access the [MFT server](#).
2. Log in using the credentials provided by SIEDRS support. If you have questions about your MFT credentials, go to [Accessing Your MFT Account and Maintaining Your MFT Credentials](#).

Note: Your User ID will lock after three consecutive failed log in attempts. Contact SIEDRS Support for assistance.



LOGIN

[Forgot Password?](#)

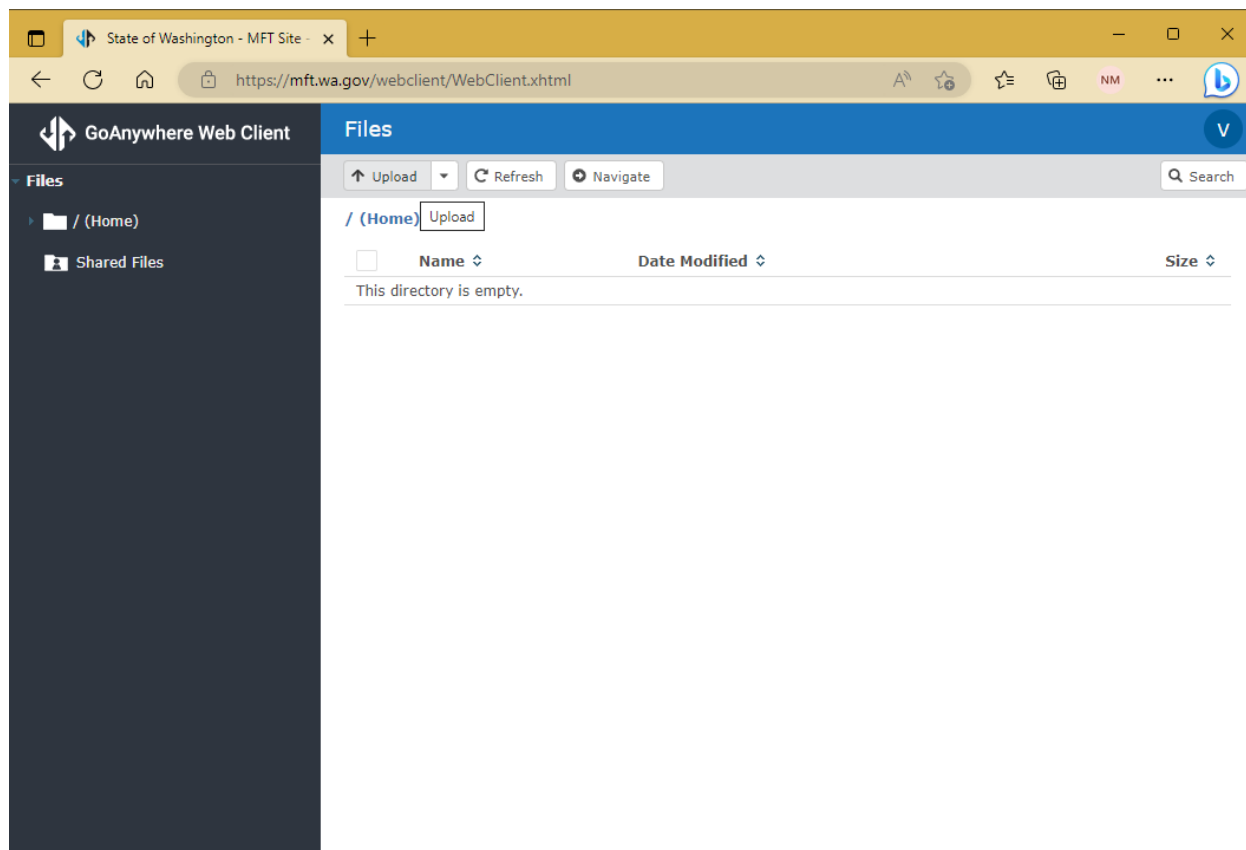
By clicking the login button, you acknowledge that you will abide by the security and privacy policies

3. Select the folder labeled “post”.

The screenshot shows the GoAnywhere Web Client interface in a web browser. The address bar displays <https://mft.wa.gov/webclient/WebClient.xhtml>. The left sidebar shows the 'Files' section with a tree view containing '/ (Home)' and 'Shared Files'. The main area, titled 'Files', shows a list of folders under the '(Home)' directory. The list has columns for 'Name', 'Date Modified', and 'Size'. The 'post' folder is highlighted with a red box.

	Name	Date Modified	Size
<input type="checkbox"/>	correspondence	7/1/21 8:00:03 PM	
<input checked="" type="checkbox"/>	post	3/6/23 12:07:28 PM	
<input type="checkbox"/>	retrieve	3/18/23 1:01:02 AM	

4. Upload your extract file. Upload one file per day. If you upload more than one, both files will fail.



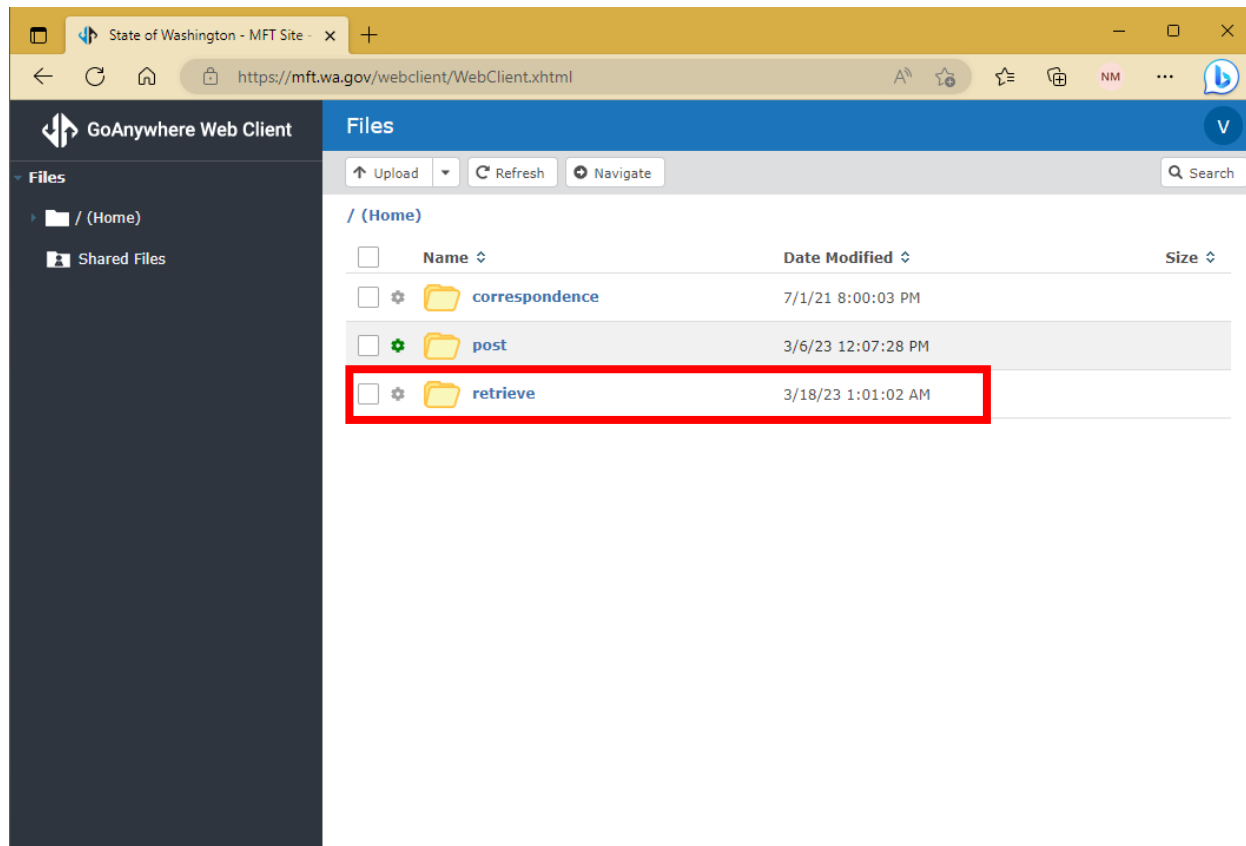
Note: The “post” folder is for uploading extract files. Post SIEDRS data change requests and supporting documents to the “correspondence” folder.

Retrieving error files

1. Access the [MFT server](#).
2. Log in using the credentials provided by SIEDRS support. Here are instructions on how to Access [Your MFT Account and Maintaining Your MFT Credentials](#):

Note: Your User ID will lock after three consecutive failed log in attempts. Contact SIEDRS Support for assistance.

3. Select the folder labeled “retrieve”.



4. Download your error reports.

Note: MFT adds a date and time extension to the name of each file. You may need to select the program to open it, you can also rename the files without the date and time extensions after they're downloaded.

Note: Files automatically delete from MFT after 14 days. If you're unable to retrieve your files within that time, contact SIEDRS support.

Accessing Your MFT Account and Maintaining Your MFT Credentials

Once you're enrolled, the SIEDRS support team will email your MFT account User ID. On the login screen, use the “Forgot password?” link to reset your password. The MFT system will send a password reset email to your SIEDRS point of contact email address.

To update your point of contact email SIEDRS Support at (SIEDRS email address here).

Data Change Requests

Correcting certain SIEDRS errors requires updates to L&I data. [The Error Troubleshooting section](#) below identifies when to submit a data change request.

Attach supporting documentation when submitting your data change. The below table provides examples of recommended supporting documentation.

If a department-issued order supports your change, list it in the 'Reason for Change' field of the data change request form.

Data element changes	Recommended supporting document(s)
UBI	None required
Date Entered	None required
Claimant First Name	Provider's Initial Report (PIR), medical documents, and/or SIF-2
Claimant Last Name	Provider's Initial Report (PIR), medical documents, and/or SIF-2
Claimant Middle Name	Provider's Initial Report (PIR), medical documents, and/or SIF-2
Claimant Social Security Number	Provider's Initial Report (PIR), medical documents, and/or SIF-2
Date of Birth	Provider's Initial Report (PIR), medical documents, and/or SIF-2
Closure Date	Copy of closure order

Find a sample data change request on our website: www.Lni.wa.gov/SIEDRS

Error Troubleshooting

This section helps you identify and correct SIEDRS errors.

If your file produces errors, SIEDRS will place two files in your MFT retrieve folder.

- PDF error report – This version has an explanation of your SIEDRS errors.
- XML error file – This provides error information in a format for a computer system. This has some additional fields to assist in parsing the data.

Below shows how errors are categorized, provides examples of the most common error messages, and tips on how to correct them.

Error Group

SIEDRS errors fall into four groups, which correspond with XML group level tags. They are:

Group	Description
File	Errors in the file group result in total file rejection.
Account	Errors in the account group result in all data for the account rejected.
Claim	Errors in the claim group contain additional information. See Error Level, Error Resolution Type, and Error Action Code, below.
Payment	Errors in the payment group contain additional information. See Error Level, Error Resolution Type, and Error Action Code, below.

Error Level

Error Level indicates whether the error caused all or some of the elements for the claim to be rejected. On a PDF error report, this is located under Account information. In the XML error file, the error is located inside the <error_level> node as a code with every claim element error and payment error.

Error Report Type	Error Level: All elements in transaction rejected	Error Level: Certain element(s) rejected
PDF Message:	All data was rejected for the following claim(s)	The following data elements were rejected
XML Code:	T	E

Error Resolution Type

Error Resolution Type indicates whether the error might need to be resolved by a programmer or a business person. This is located in your XML error file as a code inside the <error_resolution_type> node. The PDF error report doesn't contain Error Resolution Type.

Error Resolution Type	Computer	Human
PDF Message:	Not Available	Not Available

Error Resolution Type	Computer	Human
XML Code:	C	H

Error Action Code

Error Action Code indicates whether a correction should be submitted. This is located at the top of each section of your PDF error report under the Account information and after the Error Level. It's also in your XML error file as a code with every claim element and payment error inside the `<error_action_code>` node.

Error Action Code	Action: correct and resubmit	Action: do not resubmit these data elements
PDF Message:	Correction required	Do not resubmit
XML Code:	1	2

Error Messages

All errors produce error messages. Below are examples of the most common error messages with troubleshooting tips.

File Rejection Error Messages

Example	Troubleshooting Tips
<i>The files you submitted could not be processed because you provided more than one file on the same day. A submitter can provide only one file per calendar day. Please resubmit your data in a single file.</i>	<ul style="list-style-type: none"> Combine submissions into one file and resubmit. If this produces a large file, SIEDRS automatically splits large files as necessary to avoid processing timeouts. You can also resubmit them as-is on separate days.
<i>The file you provided could not be processed. SIEDRS detected at least one duplicate claim translation. Claim number: SF55555. Please correct and resubmit the entire file.</i>	<ul style="list-style-type: none"> The claim number in the example is duplicated. Check the file for duplicate claim transactions. There may be more than one, and they might not all be listed in the error report.

Example	Troubleshooting Tips
	<ul style="list-style-type: none"> ○ If found, check for duplicate WA state claim numbers in the source data. ○ Work with the claim manager to correct multiple claims assigned to the same claim number.
<i>The file you provided could not be processed. SIEDRS has detected an XML problem. Please correct and resubmit the entire file. System error message: An error occurred while parsing EntityName, Line ###, position ##.</i>	<ul style="list-style-type: none"> ● Have your IT department examine the XML file. A syntax error may have occurred at the line and position indicated by this error message.

Account Data Rejection Error Messages

Example	Troubleshooting Tips
<i>No data was processed for Account ID: 79900000. SIEDRS has no record of this account.</i>	<ul style="list-style-type: none"> ● Confirm that the Account ID is 8 digits and contains only number. ● Confirm that you are enrolled in, and can report in, SIEDRS. <ul style="list-style-type: none"> ○ If the self-insurer inactivated their account <u>prior</u> to 7/1/2008, SIEDRS enrollment may not be required. ○ If the self-insurer inactivated their account <u>after</u> 7/01/2008, SIEDRS enrollment may still be required. ● Compare the claim's date of injury to when the employer inactivated their self-insured account. <ul style="list-style-type: none"> ○ Check for a different Account ID number. ○ If there is no other Account ID, email SIEDRS Support. ● If correcting the Account ID for the employer, update all impacted records.

Example	Troubleshooting Tips
	<ul style="list-style-type: none"> ○ Resubmit all data for the account.
<i>No data was processed for Account ID: #####. That account was not enrolled in SIEDRS at the time of posting.</i>	<ul style="list-style-type: none"> ● Contact SIEDRS support to check the self-insured status on the Account ID. This error usually occurs when reporting claims data for 'finalled' self-insured accounts. Finalled self-insured accounts have been released from reporting requirements.

Claim Data Rejection Error Messages

Example	Troubleshooting Tips
<i>Claim Number does not belong to UBI.</i>	<ul style="list-style-type: none"> ● Check the UBI you submitted. <ul style="list-style-type: none"> ○ If incorrect, correct errors and resubmit the data. ○ If L&I's records show that the claim is not assigned to your UBI, submit a SIEDRS Data Change Request to L&I. L&I staff will provide further instruction.
<i>Risk Class is required to create a claim.</i>	<ul style="list-style-type: none"> ● Verify your claim records contain a valid risk class for the employer account. ● If your records have a risk class and you still receive this error, check whether your SIEDRS extract is pulling the risk class from your system.
<i>Risk Class does not belong to this Account ID.</i>	<ul style="list-style-type: none"> ● The risk class on the claim isn't an active risk class on the account. Correct your record and resubmit. ● If you're not sure which risk classes are accepted, contact SIEDRS support for a list.

Example	Troubleshooting Tips
<p><i>This claim number is either invalid or not assigned to the Account ID.</i></p>	<ul style="list-style-type: none"> • Verify the claim number is formatted according to the validity criteria. <ul style="list-style-type: none"> ○ If correct, check which account the claim id has been assigned to. ○ You may need to assign a new claim number to the claim. <p>NOTE: Claim numbers are pre-assigned to self-insurers. SIEDRS only accepts reported claim data for a claim assigned to the correct employer account.</p> <ul style="list-style-type: none"> • If your records show the claim number is correctly assigned, contact SIEDRS support. Include a brief description of the issue and the claim number(s) involved. Don't email claim documents. The SIEDRS administrator with request further information, as needed. • If you aren't sure which claim numbers are assigned to the account, request a claim number assignment report from SIEDRS support.
<p><i>Date Entered does not match the date in our records. Contact L&I to update.</i></p>	<ul style="list-style-type: none"> • L&I previously received this claim with a different date entered. • 'Date Entered' is the date first entered into the claim administrator's system. This date doesn't change for the life of the claim, even with a new claim administrator. • To correct L&I's record, submit a SIEDRS data change request.
<p><i>Cause of Injury Code is invalid.</i></p>	<ul style="list-style-type: none"> • Verify the cause of injury code on the SIEDRS cause of injury code table. Correct and resubmit.

Example	Troubleshooting Tips
<i>Nature of Injury Code is invalid.</i>	<ul style="list-style-type: none"> • Verify the nature of injury code on the SIEDRS nature of injury code table. Correct and resubmit.
<i>Social Security Number cannot be changed via SEIDRS. Contact L&I to update.</i>	<ul style="list-style-type: none"> • L&I previously received this claim with a different SSN. • Verify you're reporting data matches for the claim and worker. • To correct L&I's record, submit a SIEDRS data change request.
<i>No Claimant Address. Mailing or residence address required to create claim.</i>	<ul style="list-style-type: none"> • The claim is not yet established. Verify the mailing or residence address. Correct and resubmit.
<i>Claim number doesn't belong to this Account.</i>	<ul style="list-style-type: none"> • L&I previously received this claim number under a different Account ID. Verify you're using a claim number assigned to the correct Account ID. • If another claim incorrectly has this claim ID, contact SIEDRS support. Include a brief description of the issue and the claim number(s) involved. Don't email claim documents. The SIEDRS administrator will request further information.
<i>Claimant Marital Status must be 'M' or 'S'.</i>	<ul style="list-style-type: none"> • Verify you included marital status in the 'establish a new claim' data submission and it meets validity criteria. Correct and resubmit.
<i>Claimant Gender Code must be 'M' or 'F'.</i>	<ul style="list-style-type: none"> • Verify you included gender code in the 'establish a new claim' data submission and it meets validity criteria. Correct and resubmit.

Example	Troubleshooting Tips
<i>Claimant First Name is required.</i>	<ul style="list-style-type: none"> The worker's first name is missing. Correct and resubmit.
<i>Claimant Last Name is required.</i>	<ul style="list-style-type: none"> The worker's last name is missing. Correct and resubmit.
<i>Injury Date is required to create a claim.</i>	<ul style="list-style-type: none"> Injury date is missing. Correct and resubmit.
<i>Injury Time must be a whole number from 1 to 25.</i>	<ul style="list-style-type: none"> Injury time is missing or doesn't meet validity criteria. Correct and resubmit.
<i>First Occurrence of Last Date Worked cannot be prior to the Injury Date.</i>	<ul style="list-style-type: none"> Verify the Last Date Worked. <ul style="list-style-type: none"> If the first occurrence of last date worked is after the date of injury. Correct and resubmit. If the first occurrence was prior to the date of injury, don't resubmit this data element. This error isn't correctable.
<p><i>Last Date Worked cannot be processed when Closure Date is invalid.</i></p> <p><i>NOTE: The error message "Claim Closure date was not accepted as claim is closed. Contact L&I to update" will show as well.</i></p>	<ul style="list-style-type: none"> The closure date submitted doesn't match the closure date already in L&I's system. Check your claim closure date for accuracy. It should match the closing order. <ul style="list-style-type: none"> If your records don't match, correct your records and resubmit. If you believe there is an adjudicative error, submit a protest. If you believe L&I's record is incorrect, submit a data change request.
<i>Date Entered cannot be prior to Enrollment Date MM/DD/YY.</i>	<ul style="list-style-type: none"> Verify the accuracy of the date entered. <ul style="list-style-type: none"> If the date entered is <u>after</u> your SIEDRS enrollment date, correct and resubmit. If the date entered is <u>prior</u> to your SIEDRS enrollment date,

Example	Troubleshooting Tips
	<p>don't resubmit. This claim isn't reportable through SIEDRS.</p>
<i>Body Part Code is invalid.</i>	<ul style="list-style-type: none"> • Verify the 'body part code' on the SIEDRS body part code table. Correct and resubmit.
<i>Injury Date cannot be changed via SIEDRS. Contact L&I to update.</i>	<ul style="list-style-type: none"> • L&I's records already have an injury date for this claim. <ul style="list-style-type: none"> ○ If your records don't match, correct your records and resubmit. ○ If you believe there is an adjudicative error, submit a protest. ○ If you believe L&I's record is incorrect, submit a data change request.
<i>Claimant Last Name cannot be changed via SIEDRS. Contact L&I to update.</i>	<ul style="list-style-type: none"> • Compare the worker's reported last name to your records. • If the name doesn't match, verify the claim ID. Submit a data change request to correct errors. • If you believe L&I has failed to identify the correct worker, contact SIEDRS support. • If there is a spelling error in L&I's record, submit a data change request. <p>NOTE: Name errors aren't required SIEDRS corrections. Worker information sometimes spans multiple claims, so minor name variations are expected.</p>
<i>Claim Closure date not accepted as claim is closed. Contact L&I to update.</i>	<ul style="list-style-type: none"> • L&I's records already have a closure date for this claim. <ul style="list-style-type: none"> ○ If you believe there is an adjudicative error, submit a protest.

Example	Troubleshooting Tips
	<ul style="list-style-type: none"> ○ If you believe L&I's record is incorrect, submit a data change request.
<p><i>Claimant First Name cannot be changed via SIEDRS. Contact L&I to update.</i></p>	<ul style="list-style-type: none"> • Verify the worker's first name in L&I's record is the same as the worker you submitted data for. If different, verify the Claim ID submitted. • If there is a spelling error in L&I's record, you may submit a data change request. <p>NOTE: Name errors aren't required SIEDRS corrections. Worker information sometimes spans multiple claims, so minor name variations are expected.</p>
<p><i>Claimant Date of Birth cannot be changed via SIEDRS. Contact L&I to update.</i></p>	<ul style="list-style-type: none"> • Verify the accuracy of the date of birth entered. <ul style="list-style-type: none"> ○ If your records are incorrect, correct errors and resubmit the data. ○ If you believe L&I's record is incorrect, submit a data change request.
<p><i>Claimant Middle Name cannot be changed via SIEDRS. Contact L&I to update.</i></p>	<ul style="list-style-type: none"> • Verify the accuracy of the middle name entered. <ul style="list-style-type: none"> ○ If your records are incorrect, correct errors and resubmit the data. ○ If you believe L&I's record is incorrect, submit a data change request. <p>NOTE: Name errors aren't required corrections unless you believe L&I has failed to identify the correct worker. Worker information sometimes spans multiple claims, so minor name variations are expected.</p>

Example	Troubleshooting Tips
<i>Claimant Phone Number must be a valid 10 digit phone number.</i>	<ul style="list-style-type: none">• Check the record submitted against the validation criteria. Correct and resubmit.

Sample Error Reports

Find sample error reports on our website: www.Lni.wa.gov/SIEDRS

