



WORK COMP CLAIMS

Notice EDI

Abstract

This document provides information about the electronic submission of letters (AKA “notices”)

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Montana Department of
LABOR & INDUSTRY

Change Log			
Version	Date	Author	Description of Change
0.1	03/05/18	Bart Campbell	Approved version
0.2	03/06/18	Jeremy Crouse	Merged into a single doc Added datatypes
0.3	03/08/18	Stephen Dighans	Added/Updated the data types/ sizes for the fields. Added current example XML files (ack and notices) to the document Added XML Tag/Attribute items to each element.
0.4	3/12/18	Stephen Dighans	Changed notice number to a text with a length of 30 and transaction type to text with a length of 10. Added description to Created On date to clarify that the date is unique to each file submitted.
0.5	3/22/18	Bart Campbell	Many things. Some from meeting and some from development process.
0.6	5/7/18	Stephen Dighans	Added test file indicator attribute and error messages. Updated the Sending Test File wording.
0.7	9/10/19	Bart Campbell	Removed reference to "Letter Body"

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Description

By statute, insurers are required to notify the Division in writing if a 608, 615, 606 or 609 is sent to a claimant. The letter is created by the claim administrator and is sent to the claimant and the Division. The Division receives over 1,000 letters a month (606 being the highest volume) and manually enters applicable data related to the letter type. This document outlines the as-is business process as well as requirements needed to build automation into this manual process.

References

Statutes: [3971608](#), [3971615](#), [3971606](#), [3971609](#)

Overview

Previously, the department would receive typed letters that did not follow any formatting rules and department personnel would have to make judgment calls regarding what the letter was about. The process described here enforces uniformity to the letters and automates their handling.

A simple overview of the process:

1. The claim administrator produces a file containing the information for one or more notices in the format established by the Montana Department of Labor.
2. The claim administrator transfers the file to the department via secure FTP.
3. The department validates the file and stores the information.
4. The department produces a file (Acknowledgement) for the claim administrator that indicates if there were problems with the submission or not.
5. The claim administrator retrieves the Acknowledgement and analyzes it to determine if they need to make corrections to their submission and resubmit.

The department plans to implement a webpage where notices can be entered directly, which would alter the process described above. However, most submitters will use the process described above.

File submitters will connect to the department's secure FTP server where they can place files to be processed. The directory in which to place the files is the one that you are in by default after logging in to the server.

Later, acknowledgements of those files can be retrieved from a subdirectory named AK1. The acknowledgement file will be named "ACK" followed by the submitter's name and the date and time that the acknowledgement was created. Acknowledgement files let you know if there were problems with your submission or if the submission was successful. If there were problems with the

submissions they should be corrected and the file resubmitted. You use the contents of the Acknowledgement, rather than the filename, to match the Ack with your original submission.

When a submission has problems, it is referred to as “rejected”. In some cases, the problem could be severe enough that the entire file that was submitted will be rejected, which means that none of the notices in it were accepted. In other cases, problems may be related to specific notices within the files so some of the notices were accepted and some were not.

Filenames must have unique names and include the file extension “.xml”. The suggested filename format is to start with an abbreviation of your organization’s name followed by the date and time. Example: Bobco20181201123410.xml which consists of name, year, month, day, hour, minute, second and the file extension.

Sending Test Files

There will be a way to submit test files. In fact, it will be required prior to permission being given to submit production files. From the claim administrator’s perspective, it is as simple as setting a flag (testFile) to ‘Y’ when it is a test file or ‘N’ for when it is a production file.

Notice XML Field Description

Transaction Type

Required: Yes

Datatype: Text(10)

XML Tag: transactionType

Permitted values: 606, 608, 609, 615

Value	Notice Type	Description
606	Denial	Insurer to accept or deny claim within 30 days of receipt -- notice of benefits and entitlements to claimants -- notice of denial -- notice of reopening -- notice to employer -- employer's right to loss information
608	Reservation of Rights	Payments within 30 days by insurer without admission of liability or waiver of defense authorized -- notice -- limitations on payments over 90 days.
609	14 Day Notice	Denial of claim after payments made or termination of all benefits or reduction to partial benefits by insurer -- 14-day notice required -- criteria for conversion of benefits
615	Reservation of Rights	Payment of medical claims without acceptance of liability

Admin Claim Number

The claim administrator's claim number

Required: Yes

Datatype: Text (25)

XML Tag: adminClaimNumber

First Name

The claimant's first name.

Required: Yes

Datatype: Text (80)

XML Tag: firstName

Last Name

The claimant's last name.

Required: Yes

Datatype: Text (80)

XML Tag: lastName

Middle Initial

The claimant's middle initial.

Required: No

Datatype: Text (1)

XML Tag: middleInit

Agency Claim Number

Montana's claim number.

Required: Yes

Datatype: Text (25)

XML Tag: agencyClaimNumber

Date of Injury

The date the worker was injured.

Required: Yes

Datatype: Date - YYYY-MM-DD

XML Tag: dateOfInjury

Date of Birth

The date the worker was born.

Required: No

Datatype: Date - YYYY-MM-DD

XML Tag: dateOfBirth

Address 1

Claimant's street and street number or P O Box.

Required: Yes

Datatype: Text (80)

XML Tag: address1

Address 2

Claimant's suite, apartment number, etc.

Required: No

Datatype: Text (80)

XML Tag: address2

City

Claimant's city.

Required: Yes

Datatype: Text (60)

XML Tag: city

State

Claimant's state.

Required: Yes

Datatype: Text (15)

XML Tag: state

Code	Code Description
AA	ARMED FORCES AMERICA
AE	ARMED FORCES EUROPE
AK	ALASKA
AL	ALABAMA
AP	ARMED FORCES PACIFIC
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO

CT	CONNECTICUT
DE	DELAWARE
DC	DISTRICT OF COLUMBIA
FM	FEDERATED STATES OF MICRONESIA
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MH	MARSHALL ISLANDS
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	NORTHERN MARIANA ISLANDS
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
PW	PALAU
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT

WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
AB	ALBERTA
BC	BRITISH COLUMBIA
MB	MANITOBA
NB	NEW BRUNSWICK
NL	NEWFOUNDLAND AND LABRADOR
NS	NOVA SCOTIA
NT	NORTHWEST TERRITORIES
NU	NUNVUT
ON	ONTARIO
PE	PRINCE EDWARD ISLAND
QC	QUEBEC
SK	SASKATCHEWAN
YT	YUKON TERRITORY
BA	BUENOS ARIES
DK	DENMARK
MX	MEXICO

Zip

Claimant's zip code.

Required: Yes

Datatype: Text(6)

XML Tag: zip

Zip + 4

Claimant's zip code extension.

Required: No

Datatype: Text(4)

XML Tag: zip4

Notice Date

Date the notice was created by the claim administrator.

Required: Yes

Datatype: Date - YYYY-MM-DD

XML Tag: noticeDate

Claim Admin FEIN

Claim administrator's federal identification number.

Required: Yes

Datatype: Text (9)

XML Tag: claimAdminFEIN

Reason

The reason for the notice. The code is the value that will be used in the notice submissions.

Required: Conditional. For transaction types 606 and 609, required. Invalid for the other transaction types. May be repeated for transaction type 606.

Datatype: Text (6)

XML Tag: reasonCode

DENIAL REASONS (606)	
Code	Code Description
30	NO 30-DAY NOTIFICATION TO EMPLOYER
CC	CONDITION IS COVERED UNDER A PRIOR CLAIM
CF	CLAIMANT DOES NOT WISH TO FILE A WC CLAIM
CI	NON-COOPERATION IN INVESTIGATION
DC	DUPLICATE CLAIM
NC	NOT IN COURSE AND SCOPE OF EMPLOYMENT
NF	DID NOT FILE WITHIN 12 MONTHS
NI	DOES NOT MEET DEFINITION OF INJURY
NM	NO MEDICAL INFORMATION TO SUBSTANTIATE CLAIM

NO	DOES NOT MEET DEFINITION OF OCCUP. DISEASE
NV	NO COVERAGE
OT	OTHER
SF	NO SIGNED FROI HAS BEEN RECEIVED
ST	STRESS
UF	405
PE	PRE-EXISTING CONDITION
CG	COMING & GOING
II	INSUFFICIENT/MISSING INFORMATION
RS	RECORDED STATEMENT
SR	SIGNED RELEASES

14-DAY (609)	
Code	Code Description
BTUR	BENEFIT TERMINATION UPON RETIREMENT
CTTTP	CHANGING FROM TTD TO TPD
LMED	LACK OF MEDICAL INFO
MMI	REACHED MMI
MMINR	REACHED MMI, NO RESTRICT
MMIR	REACHED MMI WITH RESTRICTIONS
NONC	NON-COOPERATION
OPBN	OVERPAYMENT OF BENEFITS
OTHER	OTHER

RRTW	RELEASED TO RETURN TO WORK
RRTWR	RELEASED TO RTW WITH RESTRICTIONS
RTW	RETURNED TO WORK
RTWLD	RETURNED TO WORK WITH LIGHT DUTY
RTWNR	RELEASED TO RTW, NO RESTRICT
TRGPC	TRAINING PLAN COMPLETE

Other Reason Desc

Custom long-form explanation of the denial or fourteen-day notice if “OTHER” was selected as the “Reason”.

Required: Conditional. For transaction types 606 and 609. Invalid for the other transaction types.

Must be provided if “Reason” is OT for 606 or OTHER for 609.

Datatype: Text (100)

XML Tag: reasonDescription

Termination Date

Date when benefits will be terminated or reduced.

Required: For transaction type 609. Invalid for the other transaction types.

Datatype: Date – YYYY-MM-DD

XML Tag: terminationDate

Purpose

Indicates whether the benefits were reduced or terminated.

Required: Conditional. Required for transaction type 609. Invalid for the other transaction types.

Datatype: Text(1)

XML Tag: purpose

Purpose Codes

Code	Code Description
R	REDUCE BENEFIT
T	TERMINATE BENEFIT

Proper Recourse

Attesting to Proper Recourse Language on the letters.

Required: Conditional. Required for transaction type 606 and the 609(denial). Invalid for the other transaction types.

Datatype: Text (1)

XML Tag: properRecourse

Proper Recourse	
Code	Code Description
Y	YES
N	NO

Indemnity Paid

Indicator for whether indemnity was paid.

Required: Conditional. Required for transaction types 608 and 615. Invalid for the other transaction types.

Datatype: Text (1)

XML Tag: indemnityPaid

Without Wage Loss	
Code	Code Description
Y	YES
N	NO

Version

Indicates the version of the file structure used to submit notices (XML).

Initial version is “1.0”.

Required: Yes

Datatype: Decimal

XML Attribute: version

Submitter User Name

Username provided by the Department of Labor. Identifies the submitter of the notices.

Required: Yes

Datatype: Text (50)

XML Attribute: submitterUserName

Submitter Creation Date

The date and time that the file of notices was generated.

This date will be used to check for unique content in the submitted file, this date should be unique to each file submitted.

Required: Yes

Datatype: Datetime – YYYY-MM-DDThh:mm:ss

XML Attribute: submitterCreationDate

Test File Indicator

If the file submitted is a testing file or a production file.

Required: Yes

Datatype: Text(1)

XML Attribute: testFile

Test File	
Code	Code Description
Y	YES - This is a test file

N	NO - This is a production file
---	--------------------------------

Notice Number

Submitter generated unique number for all notices submitted. If this is a resubmission, reuse the notice number of the original submission. A simple implementation would be a count of notices submitted (a count of all notices ever submitted, not just a count of those within one file). If any notice numbers are blank in the submission then the whole file is invalid. If any notice number is reused without being a resubmission then the notice is rejected. If a notice number is reused within a single file, the entire file is rejected.

Required: Yes

Datatype: Text(30)

XML Tag: noticeNumber

Resubmission

Indicates if this is a resubmission of a notice that was previously rejected. (Use the same notice number that the rejected version of the notice had).

Required: Yes

Datatype: Text(1)

XML Tag: resubmission

Resubmission	
Code	Code Description
Y	YES
N	NO

Acknowledgement Layout

File Rejected

Indicates file level errors. Structural errors, etc. In other words, none of the notices were processed.

Required: Yes

Datatype: Text (1)

XML Attribute: fileRejected

File Valid	
Code	Code Description
Y	YES
N	NO

Submission Date Time

Date and time from the original submission's file

Required: Optional, if it can be read from the original file. Otherwise, blank/null

Datatype: Datetime – YYYY-MM-DDThh:mm:ss

XML Attribute: submissionDateTime

Submission Username

Username from the original submission's file

Required: Yes, if it can be read from the original file.

Datatype: Text (50)

XML Attribute: submissionUsername

Test File Indicator

If the file submitted is a testing file or a production file.

Required: Yes

Datatype: Text(1)

XML Attribute: testFile

Test File	
Code	Code Description
Y	YES - This is a test file
N	NO - This is a production file

Acknowledgement Date Time

Date and time that the acknowledgement file was generated.

Required: Yes

Datatype: Datetime – YYYY-MM-DDThh:mm:ss

XML Attribute: ackDateTime

Version

Indicates the version of the file structure used to create acknowledgements (XML).

Initial version is “1.0”.

Required: Yes

Datatype: Decimal

XML Attribute: version

File Reject Reason

Error text describing file level error(s).

Required: Conditional. Required if the whole file is rejected

Repeat: Yes

Datatype: Text (200)

XML Tag: fileRejectReason

Notice Number

Notice number from the submission file. If any notice numbers are blank in the submission then the whole file is invalid. The notice number should never be re-used except when resubmitting a previously rejected notice.

Required: Yes

Datatype: Text(30)

XML Attribute: noticeNumber

Rejected

Indicates if the notice is rejected.

Required: Yes

Datatype: Text (1)

XML Attribute: rejected

Rejected	
Code	Code Description
Y	YES
N	NO

Reject Reason Code

Short identifier for the type of error. There may be multiple errors for a notice.

Required: Conditional. Required if “Rejected” field = Y

Datatype: Text (3)

Repeat: Yes

XML Tag: reasonCode

Code	Description
001	Invalid Date Time Format
002	Non-numeric
003	Invalid Characters
004	Invalid code. Not an expected code/identifier
005	Required field missing
006	Required element missing
007	Claim not found
008	Invalid XML Structure
009	Invalid field length
010	Missing Notice Number
011	Duplicate Notice Number

012	Invalid Resubmission. Submitted resubmission when notice number was already accepted.
013	The agency claim number does not match with the claim admin claim number.
014	No notices included in file
015	Transaction type code/transaction body mismatch
016	Other reason code missing reason description
017	Date cannot be later than the processing date
018	Invalid file extension
019	SubmitterUserName and SubmitterCreationDate combination was previously used
020	The SubmitterUserName in the file did not match any approved usernames.
021	Invalid Resubmission. A previously rejected notice with the given notice number could not be found.
022	Claim Administrator FEIN does not match a known Claim Administrator.
023	The submitted Agency Claim Number does not exist on any claims.
024	Field occurs too many times.
025	File submission not allowed for given test file indicator field.

Reject Reason Description

Plain text error description.

Required: Yes, if the notice is rejected.

Datatype: Text (200)

XML Tag: reasonDescription

Reject Error Field/Tag

The data or element related to the error.

Required: No

Datatype: Text (100)

Repeat: Yes

XML Tag: reasonField

Appendix A – Notice XML Examples

```
<?xml version="1.0" encoding="UTF-8"?>
<tns:claimNoticeList
submitterUserName="username"
submitterCreationDate="2001-12-31T12:00:00-06:00"
testFile="Y"
version="1.0"
xmlns:tns="https://dli.mt.gov/xsd/2018/claimnotice"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" >
  <claimNotice>
    <transactionType>609</transactionType>
    <adminClaimNumber>609adminClaimNumber</adminClaimNumber>
    <firstName>First</firstName>
    <lastName>Last</lastName>
    <middleInit>M</middleInit>
    <agencyClaimNumber>MT201800000</agencyClaimNumber>
    <dateOfInjury>2001-01-01</dateOfInjury>
    <dateOfBirth>2001-01-01</dateOfBirth>
    <address1>609address1</address1>
    <address2>609address2</address2>
    <city>609city</city>
    <state>MT</state>
    <zip>12345</zip>
    <zip4>1234</zip4>
    <noticeDate>2001-01-01</noticeDate>
    <claimAdminFEIN>123456789</claimAdminFEIN>
    <fourteenDayTransaction>
      <reasonCode>RTW</reasonCode>
      <terminationDate>2001-01-01</terminationDate>
      <purpose>T</purpose>
    </fourteenDayTransaction>
    <noticeNumber>1</noticeNumber>
    <resubmission>N</resubmission>
  </claimNotice>
  <claimNotice>
    <transactionType>609</transactionType>
    <adminClaimNumber>609adminClaimNumber</adminClaimNumber>
    <firstName>First</firstName>
    <lastName>Last</lastName>
    <middleInit>M</middleInit>
    <agencyClaimNumber>MT201800000</agencyClaimNumber>
    <dateOfInjury>2001-01-01</dateOfInjury>
    <dateOfBirth>2001-01-01</dateOfBirth>
    <address1>609address1</address1>
    <address2>609address2</address2>
    <city>609city</city>
    <state>MT</state>
    <zip>12345</zip>
    <zip4>1234</zip4>
```

```
<noticeDate>2001-01-01</noticeDate>
<claimAdminFEIN>123456789</claimAdminFEIN>
<fourteenDayTransaction>
  <reasonCode>OTHER</reasonCode>
  <reasonDescription>609 reason with other description</reasonDescription>
  <terminationDate>2001-01-01</terminationDate>
  <purpose>R</purpose>
</fourteenDayTransaction>
<noticeNumber>2</noticeNumber>
<resubmission>N</resubmission>
</claimNotice>
<claimNotice>
  <transactionType>606</transactionType>
  <adminClaimNumber>606adminClaimNumber</adminClaimNumber>
  <firstName>First</firstName>
  <lastName>Last</lastName>
  <middleInit>M</middleInit>
  <agencyClaimNumber>MT201800000</agencyClaimNumber>
  <dateOfInjury>2001-01-01</dateOfInjury>
  <dateOfBirth>2001-01-01</dateOfBirth>
  <address1>606address1</address1>
  <address2>606address2</address2>
  <city>606city</city>
  <state>MT</state>
  <zip>12345</zip>
  <zip4>1234</zip4>
  <noticeDate>2001-01-01</noticeDate>
  <claimAdminFEIN>123456789</claimAdminFEIN>
  <denialTransaction>
    <reasonCode>30</reasonCode>
    <reasonCode>OT</reasonCode>
    <reasonDescription>
      606 reason with other description
    </reasonDescription>
    <properRecourse>Y</properRecourse>
  </denialTransaction>
  <noticeNumber>3</noticeNumber>
  <resubmission>N</resubmission>
</claimNotice>
<claimNotice>
  <transactionType>608</transactionType>
  <adminClaimNumber>608adminClaimNumber</adminClaimNumber>
  <firstName>First</firstName>
  <lastName>Last</lastName>
  <middleInit>M</middleInit>
  <agencyClaimNumber>MT201800000</agencyClaimNumber>
  <dateOfInjury>2001-01-01</dateOfInjury>
  <dateOfBirth>2001-01-01</dateOfBirth>
  <address1>608address1</address1>
  <address2>608address2</address2>
```



```
<city>608city</city>
<state>MT</state>
<zip>12345</zip>
<zip4>1234</zip4>
<noticeDate>2001-01-01</noticeDate>
<claimAdminFEIN>123456789</claimAdminFEIN>
<rorTransaction>
  <indemnityPaid>Y</indemnityPaid>
</rorTransaction>
<noticeNumber>4</noticeNumber>
<resubmission>N</resubmission>
</claimNotice>
<claimNotice>
  <transactionType>615</transactionType>
  <adminClaimNumber>615adminClaimNumber</adminClaimNumber>
  <firstName>First</firstName>
  <lastName>Last</lastName>
  <middleInit>M</middleInit>
  <agencyClaimNumber>MT201800000</agencyClaimNumber>
  <dateOfInjury>2001-01-01</dateOfInjury>
  <dateOfBirth>2001-01-01</dateOfBirth>
  <address1>615address1</address1>
  <address2>615address2</address2>
  <city>615city</city>
  <state>MT</state>
  <zip>12345</zip>
  <zip4>1234</zip4>
  <noticeDate>2001-01-01</noticeDate>
  <claimAdminFEIN>123456789</claimAdminFEIN>
  <rorTransaction>
    <indemnityPaid>Y</indemnityPaid>
  </rorTransaction>
  <noticeNumber>5</noticeNumber>
  <resubmission>N</resubmission>
</claimNotice>
</tns:claimNoticeList>
```

Appendix B – Acknowledge Example

Sample Acknowledgement XML Files

```
<?xml version="1.0" encoding="UTF-8"?>
<tns:acks
ackDateTime="2001-12-31T12:00:00-06:00"
fileRejected="Y"
submissionDateTime="2001-12-31T12:00:00-06:00"
submissionUsername="username"
testFile="Y"
version="1.0"
xmlns:tns="https://dli.mt.gov/xsd/2018/claimnoticeack"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
    <fileRejectReason>Invalid XML Structure</fileRejectReason>
    <fileRejectReason>Missing Notice Number</fileRejectReason>
</tns:acks>

<?xml version="1.0" encoding="UTF-8"?>
<tns:acks
ackDateTime="2001-12-31T12:00:00-06:00"
fileRejected="N"
submissionDateTime="2001-12-31T12:00:00-06:00"
submissionUsername="username"
testFile="Y"
version="1.0"
xmlns:tns="https://dli.mt.gov/xsd/2018/claimnoticeack"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
    <ack noticeNumber="1" rejected="Y">
        <rejectReason>
            <reasonCode>001</reasonCode>
            <reasonDescription>Invalid Date Time Format</reasonDescription>
            <reasonField>dateOfBirth</reasonField>
        </rejectReason>
        <rejectReason>
            <reasonCode>002</reasonCode>
            <reasonDescription>Non-numeric</reasonDescription>
            <reasonField>claimAdminFEIN</reasonField>
        </rejectReason>
        <rejectReason>
            <reasonCode>003</reasonCode>
            <reasonDescription>Claim not found</reasonDescription>
        </rejectReason>
    </ack>
    <ack noticeNumber="2" rejected="N">
</ack>
</tns:acks>
```

Appendix C – Rejection Error Codes

Rejection Error Codes

Code	Description
001	Invalid Date Time Format
002	Non-numeric
003	Invalid Characters
004	Invalid code. Not an expected code/identifier
005	Required field missing
006	Required element missing
007	Claim not found
008	Invalid XML Structure
009	Invalid field length
010	Missing Notice Number
011	Duplicate Notice Number
012	Invalid Resubmission. Notice number was used on a previously accepted notice
013	The agency claim number does not match with the claim admin claim number.
014	No notices included in file
015	Transaction type code/transaction body mismatch
016	Other reason code missing reason description
017	Date cannot be later than the processing date
018	Invalid file extension
019	SubmitterUserName and SubmitterCreationDate combination was previously used

020	The SubmitterUserName in the file did not match any approved usernames.
021	Invalid Resubmission. A previously rejected notice with the given notice number could not be found.
022	Claim Administrator FEIN does not match a known Claim Administrator.
023	The submitted Agency Claim Number does not exist on any claims.
024	Field occurs too many times.
025	File submission not allowed for given test file indicator field.