Workers Compensation (National Insurer Data Specifications) Approved Protocol 2015 (No 1)

Notifiable instrument NI2015–495

made under the

***Workers Compensation Regulation 2002*, regulation 100 (Approved protocols about certain documents and information)**

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1   Name of instrument

This instrument is the *Workers Compensation (National Insurer Data Specifications) Approved Protocol 2015 (No 1).*

2   Commencement

This instrument commences on the day following notification.

3   Approval

I approve the attached *Workers Compensation (National Insurer Data Specifications) Approved Protocol 2015 (No 1).*

4   Revocation

This instrument revokes the *Workers Compensation Insurers Download Specification 2002 (No 1)*, NI2002-208.

Mick Gentleman
Minister for Workplace Safety and Industrial Relations
21 August 2015

NATIONAL INSURER DATA SPECIFICATIONS (NIDS)

Version 8.0

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Introduction

Who Should Use This Specification?

This specification is primarily designed for insurers and self-insurers, to enable them to provide the data required by participating jurisdictions.

It is accompanied by two other documents:

- NIDS XSD 8.0 and associated schema
- NIDS 8.0.XLS – Summary of rules and validations - Users of the data will also find it useful for its description of the definitions used and validations performed.

Background

This document was progressively modified over the last few months in consultation with WorkCover WA, WorkCover ACT, NT WorkSafe and the Insurance Council of Australia.

The data requirements set out in the specification arise from the obligations to monitor the workers' compensation scheme, to promote employment safety and injury management, and to collect data that complies with the National Data Set (NDS) specification.

Conditions

Legal Requirements

Pursuant to the Acts in each jurisdiction insurers and self-insurers are required to provide data in accordance with this specification (and accompanying documents) within a specified period of time to which the data relates.

Updating of documentation

This document (including accompanying documentation) will be updated by the associated jurisdictions and be available on their websites.

Terminology

Term	Meaning
Cardinality	1 = The value will be overwritten by any updates.
	M = The previous value will not be overwritten, all values will be kept as an historical record to allow for reporting on the progression, time lines or number of over the life of the claim, coverage.
Mandatory	The data item must be supplied.
Conditional	The data item only has to be supplied when applicable.
Optional	The data item is supplied according to the insurer's discretion.
PCCP	PCCP stands for Policies, Coverages, Claims and Payments.
Reject	The record will be rejected and the reason for the rejection will be given.
	TAS insurers: The rejected record will be displayed in the list of rejected data or in the downloadable rejected data file.

Term	Meaning
Flag	TAS Insurers: This record will be flagged and it will not be displayed in the rejected data list. A flagged file can be either approved or rejected. If rejected it will be added to the rejected data list with a comment as to why it has been rejected.
Revalidation	Revalidation is caused by a change in one of the PCCP submission items, for example an expiry date of a coverage. It will then revalidate all claims to make sure that the date of occurrence is still inside the coverage period.

Copies of NIDS documentation

Can be obtained from the various jurisdictions websites:

The WorkCover Tasmania website is
www.workcover.tas.gov.au/insurance/workcover_information_management_system

Version

Version No 8.0 – Applicable from 1 November 2012

Replaces Version No: 7.3.4

1   POLICY DATA

See Rules and Validations - Policy Rules and Validations for individual field rules or refer to the latest version of the National Insurer Data Specification (NIDS) spreadsheet or XSD.

1.1   Policy Data Items

P001   INSURER NUMBER

DESCRIPTION	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data.
FORMAT	Numeric
LENGTH	4 digit
CARDINALITY	1
CONDITION	Mandatory

NOTE

See List of Licensed and Self Insurer Numbers

P002   EMPLOYER ABN

DESCRIPTION	A unique number allocated by the Australian Business Register. The ABN will be used to provide a unique number to an insured entity. It relates to the 'employer' covered by the policy.
FORMAT	Alphanumeric
LENGTH	11 digit
CARDINALITY	1
CONDITION	Optional

P043   WORKCOVER NUMBER

DESCRIPTION	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy.
FORMAT	Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by the jurisdiction. The algorithm used to calculate the check digit is available on request from the jurisdiction.
LENGTH	10 digit
CARDINALITY	1
CONDITION	Mandatory (for WA only)

P044	**EMPLOYER ACN**
DESCRIPTION	The Australian Company Number (ACN) of the employer
FORMAT	Alphanumeric
LENGTH	11 digit
CARDINALITY	1
CONDITION	Mandatory (for ACT only)

P003	**POLICY NUMBER**
DESCRIPTION	The number which has been assigned to the policy or cover note by the insurer
FORMAT	Alphanumeric
LENGTH	Insurer dependent
CARDINALITY	1
CONDITION	Mandatory

P004	**REVISED POLICY NUMBER**
DESCRIPTION	If an insurer revises a policy number, which was previously reported to the appropriate jurisdiction, this data item indicates the new policy number.
FORMAT	Alphanumeric
LENGTH	Insurer dependent
	This field must be reset to NULL in subsequent downloads after a change is notified.
CARDINALITY	1
CONDITION	Conditional

NOTES:

Once a policy number has been revised, the Revised Policy Number MUST ALWAYS be used as the Policy Number for future reporting, including when advising of claims against the policy.

When supplied should not already exist on the WorkCover TAS database (i.e., should only be notified once as the Revised Policy Number, thereafter as the Policy Number).

An example of when this field may be used would be to correct a policy record which was created with a typographical error in the policy number and has already been reported in a previous submission.

P005   EMPLOYER LEGAL NAME

DESCRIPTION   To identify the legal name of the employer, where possible this should match the registered business name on the Australian Business Register

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   1

CONDITION   Mandatory

NOTES:

If the employer does not have an ABN, the following standards should be applied to the legal name to ensure consistency across all insurers' data:

If the name of the insured is an individual or number of individuals, names should be written in full, as surname, first name and any other names – eg SMITH, JOHN JACOB; SMITH, JOHN & JANE or SMITH, JOHN JACOB and JONES, JIM. Do not use J Smith, JJ Smith, Mr & Mrs Smith, Smith and Jones etc.

Abbreviations should not be used, except in the case of PTY LTD for proprietary limited and & for AND, all other words should be written in full

The full name of the business should be provided, particularly where other similarly named businesses may exist – eg MCDONALDS FARM rather than just MCDONALDS,

P006   EMPLOYER OTHER NAME

DESCRIPTION   Where the employing entity is not a company, the first name of the business owner or employer employing workers for whom workers' compensation insurance is required.

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Mandatory (for WA only)

P050   EMPLOYER SURNAME

DESCRIPTION   Where the employing entity is not a company, the last name of the business owner or employer employing workers for whom workers' compensation insurance is required.

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Mandatory (for WA only)

P007   EMPLOYER TRADING NAME

DESCRIPTION   The trading name/s of an employer.

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   Many

CONDITION   Mandatory

NOTES:

- If the name of the insured is an individual or number of individuals, names should be written in full, as surname, first name and any other names – eg SMITH, JOHN JACOB; SMITH, JOHN & JANE or SMITH, JOHN JACOB and JONES, JIM. Do not use J Smith, JJ Smith, Mr & Mrs Smith, Smith and Jones etc.

- Abbreviations should not be used, except in the case of PTY LTD for proprietary limited and & for AND, all other words should be written in full

- The full name of the business should be provided, particularly where other similarly named businesses may exist – eg MCDONALDS FARM rather than just MCDONALDS,

- If the business is a franchise then adding the location to the trading name would be useful. eg JIMS MOWING LUTANA is more useful than JIMS MOWING

P009   EMPLOYER ADDRESS LINE 1

DESCRIPTION   Line 1 of the employer's primary work location

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Mandatory

NOTES:

'Primary Work Location' refers to the employers main place of business, preferably a local address, however an interstate head office address is acceptable if no local address is available.

P010   EMPLOYER ADDRESS LINE 2

DESCRIPTION   Line 2 of the employer's primary work location

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

P045   EMPLOYER ADDRESS LINE 3

DESCRIPTION   Line 3 of the employer's primary work location
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Optional

P011   EMPLOYER ADDRESS SUBURB

DESCRIPTION   The suburb or district of the employer's primary work location
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Optional

NOTE:

If "OTH" and therefore has a postcode 0099, the suburb will not be validated.

P012   EMPLOYER ADDRESS STATE/TERRITORY

DESCRIPTION   The State or Territory in Australia of the employer's primary work location
FORMAT   Alphanumeric
LENGTH   3 characters
CARDINALITY   1
CONDITION   Optional

Codes are:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
OTH	Other

P013   EMPLOYER ADDRESS POSTCODE

DESCRIPTION   Postcode of the employer's primary work location

FORMAT   Numeric

LENGTH   4 characters

CARDINALITY   1

CONDITION   Optional

P014   EMPLOYER POSTAL ADDRESS LINE 1

DESCRIPTION   Line 1 of the employer's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P051   EMPLOYER POSTAL ADDRESS LINE 2

DESCRIPTION   Line 2 of the employer's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P052   EMPLOYER POSTAL ADDRESS LINE 3

DESCRIPTION   Line 3 of the employer's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P015   EMPLOYER POSTAL ADDRESS SUBURB

DESCRIPTION	The suburb or district of the employer's postal address
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Optional

NOTES:

If "OTH" and therefore has a postcode 0099, the suburb will not be validated.

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P016   EMPLOYER POSTAL ADDRESS STATE/TERRITORY

DESCRIPTION	The State or Territory in Australia of the employer's postal address
FORMAT	Alphabetic
LENGTH	3 characters
CARDINALITY	1
CONDITION	Optional

Codes are:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
OTH	Other

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P017   EMPLOYER POSTAL ADDRESS POSTCODE

DESCRIPTION   Postcode of the Employer postal address

FORMAT   Numeric

LENGTH   4 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P018   EMPLOYER PHONE NUMBER

DESCRIPTION   The phone number of the employer

FORMAT   Numeric

LENGTH   10 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P019   EMPLOYER MOBILE PHONE NUMBER

DESCRIPTION   The mobile telephone number of the Employer

FORMAT   Numeric

LENGTH   10 characters

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P020   EMPLOYER EMAIL ADDRESS

DESCRIPTION   The email address of the Employer

FORMAT   Alphanumeric

LENGTH   100 character

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P021   BROKER ID

DESCRIPTION   The number allocated to the broker by the Australian financial services licensing register.

FORMAT   Numeric

LENGTH   6 digit

CARDINALITY   1

CONDITION   Optional

NOTE

Will make optional until second half of 2013 where an agreement will be reached with brokers in Tasmania - to supply all required details as per the Policy/ Coverage section of the NIDS 7.3

P026   INJURY MANAGEMENT PROGRAM TYPE

DESCRIPTION   For new policies or policies renewed on or after 1 July 2010 record whether the employer's injury management plan is an employer based injury management program or the insurer's injury management program.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Optional

NOTE

Default to 01 – Insurer - Will make optional only until the July 1, 2013

1.2   Coverage Data Items

See Rules and Validations - [Coverage Rules and Validations](#) for individual field rules or refer to the latest version of the National Insurer Data Specification (NIDS) spreadsheet or XSD

P027   **LAPSE/CANCELLATION REASON CODE**

DESCRIPTION   The code for the reason why the policy was lapsed or cancelled
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   1
CONDITION   Optional

Codes are:

00	No Lapse/Cancellation Reason Code Required
01	Business Sold
02	Business Closed
03	Not Employing
04	Insured Elsewhere
05	Policy/Cover Note Replaced
06	Non-Payment of Premium
07	No Reply to Correspondence
08	Cancelled coverage
09	Other reason

NOTE:

This code should default to 00 No Lapse/Cancellation Reason Code Required unless the Coverage Type Code is 04 Cancellation or 05 Lapsed

P028   COVERAGE ID

DESCRIPTION   Unique reference number/ID allocated by insurer for each coverage period of a policy

FORMAT   Alphanumeric

LENGTH   20 characters

CARDINALITY   1

CONDITION   Mandatory

NOTES:

The Coverage ID is used to uniquely identify the coverage row. In the same way that any Primary Key is used to identify a data row in a relational database, in the jurisdiction's database, when a new coverage is created, it will get a new ID.

When an update to an existing coverage is performed, the update is performed to the coverage that is identified by the supplied coverage ID.

When the coverage is updated, be that the effective date, expiry date or both, or any of the other meta data fields associated with the coverage, a new coverage ID will not be required. the original (and only) coverage ID is required.

P029   COVERAGE TYPE CODE

DESCRIPTION   The code to distinguish the type of coverage being notified

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

01	Cover Note Notification
02	New Policy Notification
03	Renewal Notification
04	Cancellation Notification
05	Lapsed Notification
06	Adjustment Notification
09	Any other notification type

NOTE

Codes 04, 05 & 06 would be expected to relate to an update of a previously reported coverage and therefore use an existing coverage ID.

Code 02 may also relate to an existing coverage record that was originally reported as a Cover Note.

P031 EFFECTIVE DATE

DESCRIPTION The commencement date of the period of cover referred to in the coverage record

FORMAT DateTime, YYYY-MM-DD HH:MM:SS

LENGTH

CARDINALITY 1

CONDITION Mandatory

P032 EXPIRY DATE

DESCRIPTION The end date of the period of cover.

FORMAT DateTime, YYYY-MM-DD HH:MM:SS

LENGTH

CARDINALITY 1

CONDITION Mandatory

P033 ANZSIC 1993

DESCRIPTION **Industry of employer (ANZSIC Classification 1993)**
Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged pre 1 Jul 2012

FORMAT Numeric

LENGTH 4 digits

CARDINALITY 1

CONDITION Mandatory

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

P034   ANZSIC 2006

DESCRIPTION   **Industry of employer (ANZSIC Classification 2006)**
Identifies the Australian and New Zealand Standard Industrial Classification
code (four-digit level) of the employer holding this particular policy to which
the claim is charged post 1 July 2013.

FORMAT   Numeric

LENGTH   4 digits

CARDINALITY   1

CONDITION   Conditional

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

P035   ESTIMATED WAGES

DESCRIPTION   The wages declared by the employer for the policy period of cover for the
ANZSIC classification

FORMAT   Numeric

LENGTH   12 digit

CARDINALITY   1

CONDITION   Mandatory

P036   ESTIMATED NUMBER OF WORKERS

DESCRIPTION   The average number of workers covered by the Estimated Wages (P035)
figure supplied for the period of cover for the ANZSIC classification.

FORMAT   Numeric

LENGTH   6 digit

CARDINALITY   1

CONDITION   Mandatory

P037   ACTUAL WAGES

DESCRIPTION   The wages actually paid for the period of cover for the ANZSIC classification.

FORMAT   Numeric

LENGTH   12 digit

CARDINALITY   1

CONDITION   Conditional

P038   ACTUAL NUMBER OF WORKERS

DESCRIPTION   The average number of workers covered by the Actual Wages (P037) figure supplied for the period of cover for the ANZSIC classification.

FORMAT   Numeric

LENGTH   6 digit

CARDINALITY   1

CONDITION   Conditional

P039   PREMIUM COLLECTION TYPE

DESCRIPTION   A code to indicate the type of policy for the period of cover being reported upon.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

01	'Normal' Policy
02	Burning Cost Policy
03	Minimum Premium Policy – Domestic
04	Minimum Premium Policy – Other (Nominal)
09	Other Policy Type

P053   INITIAL DEPOSIT PREMIUM CHARGED

DESCRIPTION   The initial premium charged for the specified period of cover for each premium rate classification for the policy, regardless of the type of policy.

FORMAT   Numeric

LENGTH   8 digit

CARDINALITY   1

CONDITION   Mandatory

NOTE

See Notes on Premium, Wages and Workers

P041   CURRENT ADJUSTED PREMIUM CHARGED

DESCRIPTION   The current adjusted premium charged for the specified period of cover for each ANZSIC classification for the policy, regardless of the type of policy. Including for burning cost policies

FORMAT   Numeric

LENGTH   8 digit

CARDINALITY   1

CONDITION   Conditional

NOTE

See Notes on Premium, Wages and Workers.

P042   ACTUAL FINAL PREMIUM CHARGED

DESCRIPTION   The latest adjusted premium charged for the specified period of cover for each ANZSIC classification for the policy, regardless of the type of policy.

FORMAT   Numeric

LENGTH   8 digit

CARDINALITY   1

CONDITION   Mandatory (For WA Only)

2   CLAIM DETAILS

See Rules and Validations - Claim Rules and Validations for individual field rules or refer to the latest version of the National Insurer Data Specification (NIDS) spreadsheet or XSD

2.1   Claim Identification Data

C001   INSURER NUMBER

DESCRIPTION	The number allocated to the insurer, this is a national number allocated to insurers and is the same number used by all jurisdictions.
FORMAT	Numeric
LENGTH	4 digits
CARDINALITY	1
CONDITION	Mandatory

NOTE

See List of Licensed and Self Insurer Numbers

C002   INSURER CLAIM NUMBER

DESCRIPTION	The number allocated to a claim by the insurer.
FORMAT	Alphanumeric
LENGTH	Insurer dependent
CARDINALITY	1
CONDITION	Mandatory

NOTE

If an Insurer Claim Number is changed the revised Insurer Claim Number must be notified by using the **Revised Insurer Claim Number** field. That revised number MUST then be used when reporting all future activity for that claim.

C003   WORKCOVER CLAIM NUMBER (WCCN)

DESCRIPTION	WorkCover Claim Number will be a unique identifier for each new claim notified.
FORMAT	Alphanumeric in the format of nnnnnnnC, where, C" is a check digit. The algorithm used to calculate the check digit is available on request from WorkCover WA.
LENGTH	20 characters
CARDINALITY	1
CONDITION	Mandatory (For WA Only)

C004   START DATE OF RETURN PERIOD

DESCRIPTION   Identifies the start date for the period for which the data are supplied.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory (For WA Only)

C005   END DATE OF RETURN PERIOD

DESCRIPTION   Identifies the end date for the period for which the data are supplied.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory (For WA Only)

C006   POLICY NUMBER

DESCRIPTION   The number of the policy to which the claim has been assigned by the insurer

FORMAT   Alphanumeric

LENGTH   Dependent on the format of the policy number of the insurer

CARDINALITY   1

CONDITION   Mandatory

C007   COVERAGE ID

DESCRIPTION   The Coverage ID assigns the coverage period to the policy and to the subsequent claim submitted in that coverage period

FORMAT   Alphanumeric

LENGTH   Dependent on the format of the Coverage ID for the insurer

CARDINALITY   1

CONDITION   Mandatory

NOTE

See P028 - Coverage ID

C008   ANZSIC 1993

DESCRIPTION   **Industry of employer (ANZSIC Classification 1993)**
Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged pre 1 Jul 2012

FORMAT   Numeric

LENGTH   4 digits

CARDINALITY   1

CONDITION   Mandatory

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

C129   ANZSIC 2006

DESCRIPTION   **Industry of employer (ANZSIC Classification 2006)**
Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged post 1 July 2013.

FORMAT   Numeric

LENGTH   4 digits

CARDINALITY   1

CONDITION   Conditional

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

C009   SHARED CLAIM CODE

DESCRIPTION: To be set if all or part of the costs of the claim are recoverable from any other party

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

00	Not Shared
01	Shared, responsible insurer
02	Shared, not responsible insurer

NOTE

Examples of a claim that would be considered 'Shared' are a claim which has been lodged as workers compensation but then determined to be under Compulsory Third Party insurance, or a claim which has been lodged with more than one insurer due to a dispute/uncertainty in where the liability falls. This includes claims which are lodged with an insurer and then passed on to the nominal insurer.

If the insurer is determined to be liable, then the code 01 Shared, responsible Insurer should be used, if the insurer is determined not to be liable, then code 02 Shared, not responsible insurer applies.

C010   RECORD STATUS CODE

DESCRIPTION   Indicates if the Claim Details being supplied is notifying a new claim, or an update to a claim that has already been notified to the jurisdiction in a past return.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory (for WA Only)

Codes are:

01	New Claim
02	Update existing claim

C011   REVISED INSURER CLAIM NUMBER

DESCRIPTION	If an insurer revises a claim number, which was previously reported to the jurisdiction, this data item indicates the new claim number.
FORMAT	Alphanumeric
LENGTH	Dependent on the format of the insurer claim number of the insurer
CARDINALITY	1
CONDITION	Optional

NOTES

If an Insurer Claim Number is changed the revised Insurer Claim Number must be notified by using the **Revised Insurer Claim Number** field. That revised number MUST then be used when reporting all future activity for that claim.

2.2   Worker Data

C012   WORKER TITLE

DESCRIPTION	The title of the worker
FORMAT	Alphanumeric
LENGTH	4 characters
CARDINALITY	1
CONDITION	Mandatory

NOTE:

The Worker Title field will be a text field not a list of valid titles

C013   WORKER SURNAME

DESCRIPTION	The surname of the Worker
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Mandatory

C014   WORKER GIVEN NAMES

DESCRIPTION	The given names of the worker
FORMAT	Alphanumeric
LENGTH	50 characters
CARDINALITY	1
CONDITION	Mandatory

C015   WORKER RESIDENTIAL ADDRESS LINE 1

DESCRIPTION   The first line of the address of the Worker's residential address.
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Mandatory

C016   WORKER RESIDENTIAL ADDRESS LINE 2

DESCRIPTION   Second line of the address of the Worker's residential address
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Optional

C120   WORKER RESIDENTIAL ADDRESS LINE 3

DESCRIPTION   Third line of the address of the Worker's residential address
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Optional

C017   WORKER RESIDENTIAL ADDRESS SUBURB

DESCRIPTION   The suburb or district of the Worker's residential address
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Mandatory

NOTE:

If "OTH" and therefore has a postcode 0099, the suburb will not be validated.

C018   WORKER RESIDENTIAL ADDRESS STATE/TERRITORY

DESCRIPTION   The State or Territory of the Worker's residential address

FORMAT   Alphabetic

LENGTH   3 characters

CARDINALITY   1

CONDITION   Mandatory

Codes are:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
OTH	Other

C019   WORKER RESIDENTIAL ADDRESS POSTCODE

DESCRIPTION   The Postcode of the Worker's residential address

FORMAT   Numeric

LENGTH   4 characters

CARDINALITY   1

CONDITION   Mandatory

C020   WORKER POSTAL ADDRESS LINE 1

DESCRIPTION   The first line of the address of the Worker's postal address.

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Mandatory

C021   WORKER POSTAL ADDRESS LINE 2

DESCRIPTION   The Second line of the address of the Worker's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

C121   WORKER POSTAL ADDRESS LINE 3

DESCRIPTION   The third line of the address of the Worker's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

CARDINALITY   1

CONDITION   Optional

C022   WORKER POSTAL ADDRESS SUBURB

DESCRIPTION   The suburb or district of the Worker's postal address

FORMAT   Alphanumeric

LENGTH   30 characters

Must match a postal suburb name in the Australia Post's suburb, postcode listing.

CARDINALITY   1

CONDITION   Mandatory

NOTE:

If "OTH" and therefore has a postcode 0099, the suburb will not be validated.

C023   WORKER POSTAL ADDRESS STATE/TERRITORY

DESCRIPTION   The State or Territory of the Worker's postal address

FORMAT   Alphabetic

LENGTH   3 characters

CARDINALITY   1

CONDITION   Mandatory

Codes are:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
OTH	Other

C024   WORKER POSTAL ADDRESS POSTCODE

DESCRIPTION   The postcode of the worker's postal address

FORMAT   Numeric

LENGTH   4 characters

CARDINALITY   1

CONDITION   Mandatory

C025   WORKER HOME PHONE NUMBER

DESCRIPTION   The home telephone number of the worker

FORMAT   Numeric

LENGTH   10 characters

CARDINALITY   1

CONDITION   Optional

C026   WORKER MOBILE PHONE NUMBER

DESCRIPTION   The mobile telephone number of the worker

FORMAT   Numeric

LENGTH   10 characters

CARDINALITY   1

CONDITION   Optional

C027   WORKER WORK PHONE NUMBER

DESCRIPTION   The work telephone number of the worker

FORMAT   Numeric

LENGTH   10 characters

CARDINALITY   1

CONDITION   Optional

C028   WORKER EMAIL ADDRESS

DESCRIPTION   The email address of the worker

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   1

CONDITION   Optional

C029   WORKER DATE OF BIRTH

DESCRIPTION   The date of birth of the Worker

FORMAT   Date, YYYY-MM-DD

LENGTH

LENGTH   8 digits

CARDINALITY   1

CONDITION   Optional

C030   WORKER GENDER

DESCRIPTION	The gender of the worker
FORMAT	Alphabetic
LENGTH	1 character
CARDINALITY	1
CONDITION	Optional

Codes are:

M	Male
F	Female

C031   WORKER PREFERRED LANGUAGE

DESCRIPTION	The preferred language of the worker (coded using the Australian Standard Classification of Languages (ASCL)
FORMAT	Numeric
LENGTH	4 digits
CARDINALITY	1
CONDITION	Mandatory

C124   WORKER DEPENDANTS

DESCRIPTION	The number of dependants of the worker, applies only to fatal claims
FORMAT	Numeric
LENGTH	2 digits
CARDINALITY	1
CONDITION	Conditional

2.3   Employment Details

C032   DUTY STATUS CODE

DESCRIPTION	The duty status of the Worker at the time of injury or disease
FORMAT	Numeric
LENGTH	2 digits
CARDINALITY	1
CONDITION	Mandatory

Codes are:

01	At Work – at Normal Workplace
02	At Work - Road Traffic Accident
03	At work - on break
04	Commuting/journey
05	Away from work during recess break
06	At work – working away from normal workplace
09	Other

C033   EMPLOYMENT STATUS CODE

DESCRIPTION	The employment status of the Worker at the time of the injury or disease
FORMAT	Numeric
LENGTH	2 digits
CARDINALITY	1
CONDITION	Mandatory

Codes are:

01	Direct worker
02	Working Director
03	Contractor
04	Worker of Contractor
05	Sub Contractor
06	Labour hire worker
07	Apprentice/Trainee
09	Other

C034   EMPLOYMENT TYPE CODE

DESCRIPTION   The employment type of the Worker at the time of the injury or disease.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

01	Permanent
02	Temporary
03	Casual
04	Temporary Overseas Visa Worker
09	Other

C035   FULL/PART TIME CODE

DESCRIPTION   To identify whether the Worker was employed full or part time at the time of the injury or disease

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

01	Full time
02	Part time

C036   WORKERS OCCUPATION NARRATIVE

DESCRIPTION   The occupation description of the worker and the main tasks or duties performed, for coding to the Australian and New Zealand Standard Classification of Occupations (ANZSCO)

FORMAT   Alphanumeric

LENGTH   50 characters

CARDINALITY   1

CONDITION   Optional

C037   WORKERS OCCUPATION CODE

DESCRIPTION: The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code for the worker's occupation at the time of the injury or reporting of the occupational disease,

FORMAT   Numeric

LENGTH: 4

CARDINALITY   1

CONDITION   Mandatory

C038   HOURS WORKED PER DAY

DESCRIPTION   The number of hours and minutes usually worked each day (including overtime) by the injured worker at the date of occurrence.

FORMAT   Numeric

LENGTH   4 digits, as HHMM

CARDINALITY   1

CONDITION   Mandatory

C039   HOURS WORKED PER WEEK

DESCRIPTION   The number of hours and minutes usually worked each week by the injured worked at the date of occurrence.

FORMAT   Numeric

LENGTH   5 digits, as HHHMM

CARDINALITY   1

CONDITION   Mandatory

C040   NORMAL WEEKLY EARNINGS

DESCRIPTION   The normal weekly earnings of the worker at the time of the injury or disease.

Calculate the normal weekly earnings (NWE) over the 12 month period ending at the start of the period of incapacity. It is calculated as the average earnings over the 12 months prior to the date of incapacity. Where the worker has been employed by the employer for 14 days or less prior to his/her incapacity, refer to Section 69(2) of the Act.

FORMAT   Numeric

LENGTH   7 digits

CARDINALITY   1

CONDITION   Mandatory

C041   ORDINARY TIME RATE OF PAY PER WEEK

DESCRIPTION	The ordinary time rate of pay per week (Gross) of the worker at the time of the injury or disease.
	This relates to the payment to the worker for the work in which, and the hours during which, he/she was engaged immediately before the period of incapacity
FORMAT	Numeric
LENGTH	7 digits
CARDINALITY	1
CONDITION	Optional

C042   DATE WORKER STARTED EMPLOYMENT

DESCRIPTION	Identifies the Date for when the worker started employment.
FORMAT	Date, YYYY-MM-DD
LENGTH	
CARDINALITY	1
CONDITION	Mandatory

2.4   Employer Data

C043   EMPLOYER ABN

DESCRIPTION	A unique number allocated by the Australian Business Register. The ABN will be used to provide a unique number to an insured entity. It relates to the 'employer' covered by the policy.
FORMAT	Alphanumeric
LENGTH	11 digit
CARDINALITY	1
CONDITION	Mandatory

C125   EMPLOYER ACN

DESCRIPTION	The Australian Company Number (ACN) of the employer
FORMAT	Alphanumeric
LENGTH	11 digit
CARDINALITY	1
CONDITION	Mandatory (for ACT only)

C127   WORKCOVER NUMBER

DESCRIPTION   A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy.

FORMAT   Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by the jurisdiction. The algorithm used to calculate the check digit is available on request from the jurisdiction.

LENGTH   10 digit

CARDINALITY   1

CONDITION   Mandatory (WA Only)

C044   EMPLOYER TRADING NAME

DESCRIPTION   The trading name of an employer.

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   1

CONDITION   Mandatory

NOTES:

Where possible, the trading name should be consistent for each claim reported, to enable easier connection of all claims as being under the same employer/section of a business.

If the name of the insured is an individual or number of individuals, names should be written in full, as surname, first name and any other names – eg SMITH, JOHN JACOB; SMITH, JOHN & JANE or SMITH, JOHN JACOB and JONES, JIM. Do not use J Smith, JJ Smith, Mr & Mrs Smith, Smith and Jones etc.

Abbreviations should not be used, except in the case of PTY LTD for proprietary limited and & for AND, all other words should be written in full

The full name of the business should be provided, particularly where other similarly named businesses may exist – eg MCDONALDS FARM rather than just MCDONALDS,

If the business is a franchise then adding the location to the trading name would be useful. eg JIMS MOWING LUTANA is more useful than JIMS MOWING

C045   EMPLOYER CONTACT NAME

DESCRIPTION   The contact name for the employer

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   1

CONDITION   Mandatory

C046   EMPLOYER CONTACT POSITION

DESCRIPTION	The position of the employer contact
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Optional

C047   EMPLOYER CONTACT PHONE NUMBER

DESCRIPTION	The phone number of the employer contact
FORMAT	Numeric
LENGTH	10 digits
CARDINALITY	1
CONDITION	Mandatory

C046   EMPLOYER CONTACT POSITION

2.5   Claim Management Details

C048	**DATE OF OCCURRENCE**

DESCRIPTION	The date when the original injury occurred or, if unknown or indeterminate, the date it was reported to the employer.
FORMAT	Date, YYYY-MM-DD
LENGTH	
CARDINALITY	1
CONDITION	Mandatory

C049	**DATE INSURER NOTIFIED OF INJURY**

DESCRIPTION	Identifies the Date for when the insurer was notified of the incident or potential claim.
FORMAT	Date, YYYY-MM-DD
LENGTH	
CARDINALITY	1
CONDITION	Mandatory

C050	**DATE CLAIM RECEIVED BY EMPLOYER**

DESCRIPTION	The date the claim form was first received by the employer.
FORMAT	Date, YYYY-MM-DD
LENGTH	
CARDINALITY	1
CONDITION	Mandatory

C051	**DATE MEDICAL CERTIFICATE RECEIVED BY EMPLOYER**

DESCRIPTION	The date the medical certificate was first received by the employer.
FORMAT	Date, YYYY-MM-DD
LENGTH	
CARDINALITY	1
CONDITION	Mandatory

C052   DATE INSURER NOTIFIED OF CLAIM

DESCRIPTION   Identifies the Date for when the insurer was notified of the claim

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

C053   DATE CLAIM RECEIVED BY INSURER

DESCRIPTION   Identifies the Date for when the insurer first received the Claim from the employer.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

C054   INJURY MANAGEMENT PROGRAM TYPE

DESCRIPTION   A flag to indicate whether the employer's responsibility to initiate a Return to Work Program has been delegated to the employer's Insurer.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory (ACT and WA Only)

Codes are:

01	Insurer
02	Employer

C055   EXTENT OF INCAPACITY CODE

DESCRIPTION   Indicates the outcome of the injury or disease as assessed by the insurer and the doctor.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

01	Death
02	Temporary Incapacity
03	Permanent Incapacity - Partial
04	Permanent Incapacity – Total
05	No Incapacity at any Time – Worker Not Injured
06	No Incapacity at any Time – Worker Injured

NOTE

Should be updated as the claim progresses if there is any change to the workers condition, for example an injury that was initially considered a temporary incapacity may later become permanent.

C056   DATE OF DEATH

DESCRIPTION   The date of death of the worker

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

C057   DATE CLAIM FINALISED

DESCRIPTION   The latest date the claim was finalised

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

NOTE

A claim is finalised when, in the judgement of the insurer, there will not be any further liability to pay compensation both pursuant to the Act and at common law.

C058   DATE OF RECURRENCE

DESCRIPTION   The date of the recurrence of the worker's injury or disease

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

NOTE

Should be completed where the medical certificate indicates a recurrence or aggravation. This date would generally be the date indicated in the 'stated cause' section of the medical certificate as the date the incident occurred on or the disease became evident. Is intended to capture recurrence information within the same claim record without replacing the original date of occurrence.

C059   DATE REOPENED

DESCRIPTION   The date the claim was reopened.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

C060   WEEKLY BENEFIT RATE

DESCRIPTION   The Weekly Benefit Rate actually paid to the worker.

FORMAT   Numeric

LENGTH   7 digits

CARDINALITY   1

CONDITION   Mandatory

C061   CLAIM STATUS DATE

DESCRIPTION   The latest date the insurer accepted or rejected the claim, or otherwise recorded a change in the Claim Status Code

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   1

CONDITION   Mandatory

C062 CLAIM STATUS CODE

DESCRIPTION To indicate the latest status of a claim

FORMAT Numeric

LENGTH 2 digits

CARDINALITY 1

CONDITION Mandatory

Codes are:

01	Accepted
02	Pending
03	Rejected
04	Withdrawn
05	Invalid Claim

C063 COMMON LAW INVOLVEMENT

DESCRIPTION: The type of Common Law involvement in a claim with regard to potential or actual Common Law payment.

FORMAT: Numeric

LENGTH: 2 digits

CARDINALITY 1

CONDITION Mandatory

Codes are:

00	No current/expected Common Law involvement
01	Common Law estimate raised by insurer
02	Writ Issued
03	Common Law finalised (settlement or judgement)

C064   **COMMON LAW OUTCOME**

DESCRIPTION: The type of Common Law outcome of a claim identified as having Common Law involvement.

FORMAT: Numeric

LENGTH: 2 digits

CARDINALITY   1

CONDITION   Mandatory

Codes are:

00	Not Applicable
01	Pending
02	Settlement
03	Judgement
04	Withdrawn
05	Dismissed
06	Lapsed

C065   **COMMON LAW PROVISION**

DESCRIPTION: The common law case estimate for the claim.

FORMAT: Numeric

LENGTH: 10

CARDINALITY   1

CONDITION   Optional

NOTE:

Should be updated once the Common Law Outcome is known and supplied, together with a revision of the Estimated Total Payments, to reflect any change in perspective of the liability for the claim.

It is designed to simply be a component of the total estimate, irrespective of what has been paid, it should <u>not</u> be zeroed unless the claim is no longer a Common Law claim

2.6   Workplace Details

| **C066** | **WORKPLACE ANZSIC 1993** |

DESCRIPTION: **Industry of workplace (ANZSIC Classification 93**)
Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease

FORMAT: Numeric

LENGTH: 4

CARDINALITY   1

CONDITION   Conditional

NOTE:

Workplace ANZSIC relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease. Workplace ANZSIC 1993 should be recorded in relation to the establishment at which the worker was injured or experienced the exposure resulting in disease, irrespective of the industry of their employer. The industry of employer should be coded at C008 ANZSIC

For example, a worker employed by a labour hire firm but working in the mining industry would have their industry of employer recorded as Property and Business Services, and their industry of workplace as Mining.

| **C128** | **WORKPLACE ANZSIC 2006** |

DESCRIPTION: **Industry of workplace (ANZSIC Classification 2006**)
Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease

FORMAT: Numeric

LENGTH: 4

CARDINALITY   1

CONDITION   Conditional

NOTE:

Workplace ANZSIC relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease. Workplace ANZSIC 2006 should be recorded in relation to the establishment at which the worker was injured or experienced the exposure resulting in disease, irrespective of the industry of their employer. The industry of employer should be coded at C129 ANZSIC 2006.

For example, a worker employed by a labour hire firm but working in the mining industry would have their industry of employer recorded as Property and Business Services, and their industry of workplace as Mining.

2.6.1 WORKPLACE (INCIDENT LOCATION) ADDRESS FIELDS

This is the incident location - the purpose of the fields C067 – C071 is to gather information on the location of the incident.

If the incident occurs while travelling for work and not at a workplace then details should be supplied as close as possible to the location.

Examples:

Accident on Midlands Highway, nearest town Oatlands:

Address Line 1 = Midlands Highway

Suburb = OATLANDS

State = TAS and Postcode = 7120

Accident Offshore

Address Line 1 = Boat Name, description of location or nearest harbour

Suburb = OFFSHORE MIGRATORY IN AIRPLANE

State = OFF and Postcode = 7999

C067   WORKPLACE ADDRESS LINE 1

DESCRIPTION	The first line of the address of the location of incident occurrence.
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Mandatory

C068   WORKPLACE ADDRESS LINE 2

DESCRIPTION	The second line of the address of the location of incident occurrence
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Optional

C122   WORKPLACE ADDRESS LINE 3

DESCRIPTION	The third line of the address of the location of incident occurrence
FORMAT	Alphanumeric
LENGTH	30 characters
CARDINALITY	1
CONDITION	Optional

C069   WORKPLACE ADDRESS SUBURB

DESCRIPTION   The suburb or district of the location of incident occurrence
FORMAT   Alphanumeric
LENGTH   30 characters
CARDINALITY   1
CONDITION   Mandatory

C070   WORKPLACE ADDRESS STATE/TERRITORY

DESCRIPTION   The State or Territory of the location of incident occurrence
FORMAT   Alphabetic
LENGTH   3 characters
CARDINALITY   1
CONDITION   Mandatory

Codes are:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
OFF	Offshore/Migratory in airplane

C071   WORKPLACE ADDRESS POSTCODE

DESCRIPTION   The postcode of the location of incident occurrence
FORMAT   Numeric
LENGTH   4 characters
CARDINALITY   1
CONDITION   Mandatory

NOTE

If "OFF" is selected for State and therefore has a postcode 7799, the suburb will not be validated

2.7   Injury Details

C072	INCIDENT DESCRIPTION NARRATIVE
DESCRIPTION	The worker's description of what actually happened and what caused the occurrence. Including what action was involved eg. – Fall, caught between, struck by moving object.
FORMAT	Alphanumeric
LENGTH	225 characters
CARDINALITY	1
CONDITION	Mandatory

NOTE

Include as much detail as possible to describe the circumstances of the incident/injury, avoid using abbreviations and brand names or models of machinery, specify the actual type of machinery or equipment involved.

C073	MECHANISM OF INJURY/DISEASE CODE
DESCRIPTION:	The mechanism of injury/disease is intended to identify the action, exposure or event that was the direct cause of the most serious injury or disease.
FORMAT	Numeric
LENGTH:	2 digits (TOOCS 3.1)
CARDINALITY	1
CONDITION	Mandatory

C074	AGENCY OF INJURY/DISEASE CODE
DESCRIPTION:	The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease.
FORMAT	Numeric
LENGTH:	4 digits TOOCS 3.1
CARDINALITY	1
CONDITION	Mandatory

C075   BREAKDOWN AGENCY CODE

DESCRIPTION: The breakdown agency of injury/disease is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease.

FORMAT   Numeric

LENGTH: 4 digits

                    TOOCS 3.1

CARDINALITY   1

CONDITION   Mandatory

C076   MOST SERIOUS INJURY/DISEASE NARRATIVE

DESCRIPTION   The worker's description of the most serious injury or disease caused by the occurrence eg. Fracture, burn, cut, abrasion

FORMAT   Alphanumeric

LENGTH   100 characters

CARDINALITY   1

CONDITION   Optional

C077   NATURE OF INJURY/DISEASE CODE

DESCRIPTION: The nature of injury/disease is intended to identify the most serious injury or disease sustained or suffered by the worker. The injury or disease suffered is generally physical although the classification includes categories for mental illness.

FORMAT   Numeric

LENGTH   3 digits

                    TOOCS 3.1

CARDINALITY   1

CONDITION   Mandatory

C078   BODILY LOCATION OF INJURY/DISEASE NARRATIVE

DESCRIPTION   The worker's description of the bodily location of the injury or disease eg Upper arm, ankle, eye

FORMAT   Alphanumeric

LENGTH   50 characters

CARDINALITY   1

CONDITION   Optional

C079   BODILY LOCATION OF INJURY/DISEASE CODE

DESCRIPTION: The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease.

FORMAT   Numeric

LENGTH: 3 digits
                    TOOCS 3.1

CARDINALITY   1

CONDITION   Mandatory

2.8   Injury Management Status

C082   PRIMARY PROVIDER NUMBER

DESCRIPTION   The primary treating medical practitioner is the medical provider chosen by an injured worker to participate in the injury management process. It is usually the injured worker's own general practitioner. It is preferable that the provider's AHPRA number be recorded but if this is not available then the unique number allocated by Medicare to the provider.

FORMAT   Alphanumeric

LENGTH   13 characters (up to)

CARDINALITY   1

CONDITION   Optional

C131   MEDICAL CERTIFICATE ID

DESCRIPTION   Unique reference number/ID allocated by insurer for each medical certificate.

FORMAT   Numeric

LENGTH   Insurer dependant

CARDINALITY   Many

CONDITION   Conditional

C083   DATE OF MEDICAL CERTIFICATE

DESCRIPTION   The Date of Examination shown on the Workers' Compensation medical certificate received for the worker (whether it is an Initial or Continuing/Final certificate).

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Mandatory

C084   MEDICAL CERTIFICATE PROVIDER NUMBER

DESCRIPTION   A unique number allocated by AHPRA to identify the provider supplying the medical certificate.

FORMAT   Alphanumeric

LENGTH   13 characters

CARDINALITY   Many

CONDITION   Optional

C085   CAPACITY TO WORK AT MEDICAL CERTIFICATE

DESCRIPTION   The capacity to work as shown on the Workers' Compensation medical certificate received for the worker (whether it is a Initial or Continuing/Final certificate) or other indication of the worker's fitness for work (e.g., report).

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   Many

CONDITION   Mandatory

Codes are:

01	Fit for pre-injury duties, including fit but requiring further treatment.
02	Fit for restricted return to work or for alternative duties.
03	Unfit for work.

C086   DATE WORK STATUS CHANGED

DESCRIPTION   The date of the most recent change to the workers Work Status.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Mandatory

C087   WORK STATUS

DESCRIPTION   The worker's last known work status.

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   M

CONDITION   Mandatory

Codes are:

01	Maintained at Work
02	Return to Work – Full Hours
03	Return to Work – Partial Hours
04	Not Working – Injury Related
05	Not Working – Other Reason
06	Unknown – Failure to Provide a Medical Certificate
09	Unknown – Other

C130   WORK STATUS UPDATE ID

DESCRIPTION   Unique reference number/ID allocated by insurer for each work status update.

FORMAT   Numeric

LENGTH   Insurer dependant

CARDINALITY   Many

CONDITION   Conditional

C088   RETURN TO WORK PLAN STATUS

DESCRIPTION   The latest status of the worker's Return to Work (RTW) plan
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   1
CONDITION   Mandatory

Codes are:

00	RTW Plan Not Applicable
01	RTW Plan Applicable but Not in Place
02	RTW Plan Agreed
03	Plan Commenced
04	RTW Plan Completed
05	RTW Plan Cancelled
09	RTW Plan Status Unknown/NotYet Known

C089   RETURN TO WORK PLAN GOAL/OUTCOME

DESCRIPTION   The goal or final outcome of the worker's Return to Work (RTW) Plan.
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   1
CONDITION   Mandatory

Codes are:

00	RTW Plan Not Applicable
01	Same Employer – Same Job
02	Same Employer – Modified Job
03	Same Employer – New Job
04	New Employer – New Job
05	Not Resuming Work
09	RTW Plan Goal/Outcome Unknown

NOTE

Whilst the claim is open/active, this should reflect the goal of the RTW plan, once the claim is finalised or the RTW plan is completed, this should reflect the final outcome.

C090 INJURY MANAGEMENT PLAN STATUS

DESCRIPTION   The latest status of the worker's Injury Management (IM) plan
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   1
CONDITION   Mandatory

Codes are:

01	In place
02	Not in place

C091 WHOLE PERSON IMPAIRMENT TYPE

DESCRIPTION   The type of whole person impairment
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   1
CONDITION   Mandatory

Codes are:

00	Nil
01	Physical
02	Industrial Deafness
03	Psychological

C092 WHOLE PERSON IMPAIRMENT PERCENTAGE

DESCRIPTION   The percentage of whole person impairment
FORMAT   Numeric
LENGTH   3 digits
CARDINALITY   1
CONDITION   Conditional

C093 DATE OF DETERMINATION

DESCRIPTION   The date of determination of whole person impairment
FORMAT   Date, YYYY-MM-DD
LENGTH
CARDINALITY   1
CONDITION   Conditional

C094   DEAFNESS PERCENTAGE

DESCRIPTION   The % of deafness for the whole person impairment

FORMAT   Numeric

LENGTH   3 digits

CARDINALITY   1

CONDITION   Conditional

C095   TOTAL PAYMENTS ESTIMATED

DESCRIPTION   The insurers' latest case estimates of the total amount of compensation (weekly payments lump sum payments, treatments, etc) and non-compensation (legal costs, transport etc) likely to be paid. Amount should be total estimate, regardless of any payments already made.

FORMAT   Numeric

LENGTH   10 digits

CARDINALITY   1

CONDITION   Mandatory

C097   TOTAL TIME LOST ESTIMATED

DESCRIPTION   The total number of hours and minutes lost for which it is estimated any party will pay compensation.

FORMAT   Numeric

LENGTH   7 digits

CARDINALITY   1

CONDITION   Mandatory

2.9 Claim Payments

See Rules and Validations - Payment Rules and Validations for individual field rules or refer to the latest version of the National Insurer Data Specification (NIDS) spreadsheet or XSD

C096	TOTAL PAYMENTS ACTUAL

DESCRIPTION	The total amount of all payments for this claim.
FORMAT	Numeric
LENGTH	10 digits
CARDINALITY	1
CONDITION	Mandatory

C098	TOTAL TIME LOST ACTUAL

DESCRIPTION	The total number of hours and minutes lost for which any party paid compensation for this claim.
FORMAT	Numeric
LENGTH	7 digits – (HHHHHMM)
CARDINALITY	1
CONDITION	Mandatory

C099	INSURER PAYMENT ID

DESCRIPTION	The insurer's unique payment ID for the specific payment transaction.
FORMAT	Alphanumeric
LENGTH	X digits – As determined by the individual insurers
CARDINALITY	Many
CONDITION	Mandatory

C100   PAYMENT TYPE CODE

DESCRIPTION   The payment category to which the payment belongs.
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   Many
CONDITION   Mandatory

Codes are:

01	Weekly Payment
02	Fatal Weekly Payment
03	Fatal Lump Sum Payment
04	Fatal Other Payment
05	Medical Practitioner or Specialist Payment
06	Hospital Expense Payment
07	Other Treatment or Appliance Payment
08	Vocational Rehabilitation Payment
09	Allied Health Payment
10	Common Law Payment
11	Permanent Impairment Payment
12	Redemption Payment
13	Negotiated Settlement Payment
14	Worker Legal Expense Payment
15	Insurer Legal Expense Payment
16	Investigation Expense Payment
17	Miscellaneous Payment

NOTES:

01 - Weekly Payment

Relates to payments made under section 69.

Any weekly payments (income replacement) type payments.

Amounts should be reported as gross amounts.

Includes:

- Full payments, partial payments, make-up payments

Excludes:

- Fatal weekly payments to spouse or dependants (code as 02 - Fatal weekly payment)

02 – Fatal Weekly Payment

Relates to payments made under Section 67a.

The total paid, in the form of weekly payments to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.

Excludes:

- Fatal Lump Sum Payments (code as 03 - Fatal Lump Sum Payment)

03 - Fatal Lump Sum Payment

Relates to payments made under Section 67.

The total paid, in the form of a lump sum to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.

Excludes:

- Fatal Weekly Payments (code as 02 - Fatal weekly payment)
- Funeral Expenses, Counselling services (code as 04 - Fatal Payment Other)

04 - Fatal Payment Other

Relates to payments made under Section 75 (1AA)(1)(b).

Funeral expenses and counselling services to deceased workers family.

05 – Medical Practitioner or Specialist

Costs of services (treatment & reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors. Registered medical practitioners are defined as:

- General practitioners
- Psychiatrists
- Surgeons
- Radiologists

Excludes:

- Costs incurred for the preparation of medical reports for the purposes of legal proceedings (code as 15 - Insurer Legal Expense)
- Costs incurred for the preparation of medical reports for the purposes of administration (code as 16 - Investigation Expenses)

06 – Hospital Expense

All costs related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.

Includes:

- Cost of bed, operating theatre and other hospital facilities
- Outpatient charges billed by hospitals

Excludes:

- The cost of medical and like services provided in an outpatient environment and billed by a practitioner in private practice (code as 05 – Medical Practitioner or Specialist or code 09 - Allied Health)

07 – Other treatment or appliance payment

Any other benefits paid or goods provided to an injured worker not reported elsewhere.

Includes:

- Prescriptions, medical and surgical supplies
- Provision, maintenance, repair, adjustment or replacement of aids and appliances (including artificial limbs, eyes or teeth)
- Costs incurred on account of home help, for example cleaners
- Home and vehicle modifications
- Miscellaneous, repair or replacement of damaged clothing
- Road accident rescue services

08 – Vocational Rehabilitation

All costs relating to workplace rehabilitation services.

Includes:

- Initial workplace rehabilitation assessment
- Assessment of the functional capacity of a worker
- Workplace assessment
- Job analysis
- Advice concerning job modification
- Rehabilitation counselling
- Vocational assessment
- Advice or assistance in relation to job seeking
- Advice or assistance in arranging vocational re-education or training
- Modifications to workplace
- Any other service that is prescribed by the regulations

09 – Allied health payment

Payments relating to medical services.

Including but not limited to:

- Dentists

- Chiropractors

- Optometrists

- Osteopaths

- Psychologists

- Physiotherapists

- Podiatrists

- Nursing services

- Paramedics

- Ambulance

- Occupational therapists

Excludes:

Treatments provided as vocational rehabilitation 10 – Common law

The total economic (loss of future earnings, loss of superannuation, legal expenses and future medical costs) and non-economic loss (pain and suffering) components of a common law settlement or judgment.

Claims with an accident date of 1 July 2010 or greater must have a Whole person Impairment Percentage of 20% or more if a Common Law Payment is to be made.

Claims with an accident date of between 1 July 2001 and 30 June 2010 must have a Whole Person Impairment Percentage of 30% or more if a Common Law Payment is to be made.

11 – Permanent Impairment Payment

Payments made under Sections 71, 72 and 73.

Payments for permanent impairment (physical, psychological, industrial deafness).

Includes payments under previous Table of Maims for claims with an accident date prior to 1 July 2001.

12 - Redemption

Payments relating to the commutation of statutory benefits. This can only apply to claims with an accident date of 1 July 2001 or greater.

- Claims with an accident date of 1 July 2010 or greater (section 132A)

- Claims with an accident date of between 1 July 2001 and 30 June 2010 inclusive (repealed sections 39 and 89)

13 - Negotiated Lump Sum Settlement

Payments of lump sums where the claim is settled by common law release, but no writ was issued. This can only apply to claims with an accident date prior to 1 July 2010. This should include all costs associated with the settlement.

14 - Worker Legal Expense

Total of all worker's legal costs paid by insurer.

15 - Insurer Legal Expense

Total of all insurer's/employer's legal costs paid by insurer.

Includes:

- Medical reviews for legal proceeding
- Investigations for legal proceedings
- Insurer's/employer's legal costs attributable to the claim.

Excludes:

- Worker's legal costs paid by insurer

16 - Investigation Expenses

The total of all costs relating to investigation of a claim.

Includes:

- Investigation expenses for administration purposes
- Independent medical reviews for administration purposes

Excludes:

- Investigations for legal proceedings

17 - Miscellaneous

Other payments not elsewhere specified

Includes:

- Travel or accommodation expenses incurred by worker to undertake medical treatment (at insurer's request)
- Worker's transport
- Interpreter services

C101   WEEKLY PAYMENT CODE

DESCRIPTION   The replacement adjustment to previously advised weekly payments relating to payment type code 01

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   Many

CONDITION   Conditional

Codes are:

01   Weekly Payment

02   Make up Payment

03   Other

C101 – Weekly Payment Code	Used For	Rules
01 Weekly Payment **Should be used where the payment is PURELY TIME LOST, with NO other components.** **Hourly rate on the payment will be validated against hourly rate on the claim.**	Time lost only.	C102.2 If Payment Type Code (C100) is equal to 01 and Weekly Payment Adjustment Code is equal to 01 or 02 then a time lost value must be entered.
02 Make up Payment **Weekly + Make up Payment – Should be used where there is a COMBINED time lost and make up payment. Should be some time lost reported, but hourly rate on payment won't be validated against hourly rate on claim**	Time lost plus makeup pay	
03 Other **Should be used where payment is purely making up pay or other NON-TIME LOST payment eg Supernumerary or productivity payment.** **Should NOT have ANY TIME LOST reported.**	No time lost	C102.3 If Payment Type code (C100) is equal to 01 and Weekly Payment Adjustment Code (C101) is equal to 03 then the time lost value must be 0.

C102   TIME LOST

DESCRIPTION   The total number of hours and minutes lost for which any party paid compensation for the individual payment

FORMAT   Numeric

LENGTH   7 digits – HHHHHMM

CARDINALITY   Many

CONDITION   Conditional

C103   DATE PAID FROM

DESCRIPTION   The start date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Conditional

C104   DATE PAID TO

DESCRIPTION   The end date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Conditional

C105   PAYMENT AMOUNT

DESCRIPTION   The amount of the individual payment transaction

FORMAT   Numeric,

LENGTH   11 digits

CARDINALITY   Many

CONDITION   Mandatory

C106   TRANSACTION DATE

DESCRIPTION   The date of the payment transaction in the insurer/self-insurer's system

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Mandatory

C107   TRANSACTION TYPE CODE

DESCRIPTION   The type of transaction that was carried out

FORMAT   Numeric

LENGTH   2 digits

CARDINALITY   Many

CONDITION   Mandatory

Codes are:

01	Payment
02	Recovery – CTP (Compulsory Third Party)
03	Recovery – Other (Excluding reinsurance recoveries)
04	Journal entry (Including adjustments made to adjust incorrect payment category, service code or provider number coding).
05	Cancelled

NOTE

Where a payment is reported as 02 Recovery - CTP, 03 Recovery - Other or 05 Cancelled it is expected the transaction would have a negative Payment Amount (and negative Time Lost if appropriate), with all other payment details matching the initial payment to which the recovery or cancellation relates.

A journal may be a negative or positive amount depending on the nature of the correction/alteration being performed

C109   PAYMENT CONTEXT

DESCRIPTION   Identifies payments made as part of negotiated settlements
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   M
CONDITION   Mandatory (for WA only)

Codes are:

01   Standard compensation
02   Statutory negotiated settlement
03   Common law settlement
04   Contractual indemnity obligation

C110   PAYMENT SOURCE

DESCRIPTION   For identifying above excess payments (Insurer or Employer)
FORMAT   Numeric
LENGTH   2 digits
CARDINALITY   Many
CONDITION   Mandatory

Codes are:

01   Insurer
02   Employer

2.10   Claim Services

C111   PROVIDER NUMBER

DESCRIPTION   A unique number allocated by Medicare or the jurisdiction to identify the provider supplying the medical or vocational rehabilitation service.
FORMAT   Alphanumeric
LENGTH   13 characters
CARDINALITY   Many
CONDITION   Optional

C112   SERVICE CODE

DESCRIPTION   A unique code allocated by MBS, HICAP or jurisdiction authority to identify the particular medical, allied health or vocational rehabilitation service supplied to the worker.

FORMAT   Alphanumeric

LENGTH   8 characters

CARDINALITY   Many

CONDITION   Conditional

NOTE:

Service Code Unknown = 9999

C113   SERVICE DATE

DESCRIPTION   The date of the individual medical, allied health or vocational rehabilitation service supplied to the worker.

FORMAT   Date, YYYY-MM-DD

LENGTH

CARDINALITY   Many

CONDITION   Conditional

3   Rules and Validations

Column Heading	Description/Meaning
Data Element	Data Element Number for the field
Field Name	The name of the field corresponding to the Data element number
Rule No	Rule number allocated to the rule to uniquely identify the rule. The rule numbers are not consecutive as some rules have been removed. A rule number will ALWAYS remain the same – it will not be allocated to a new rule
Rule	The details of the rule
Condition	Mandatory – the element must be supplied in each submission Conditional – the element must be supplied if it fits within the conditional rules Optional – the element can be supplied at the discretion of the insurer, if supplied it must adhere to any rules Revalidation – the element may be revalidated due to a change in another element
Record State when fail	REJECT – The record will be rejected and return to the insurer the reason why it was rejected FLAG – TAS: The record is flagged to be either approved or rejected by the WCT Audit team. If rejected it will be displayed in the rejected data column in the WIMS portal with a comment as to why it has been rejected
Error Message	The message that will be displayed when a record is rejected or flagged

3.1 Policy Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P001	P001.1	INSURER NUMBER	Mandatory	Must be one of the insurer numbers for an insurer entity	**REJECT**	Incorrect Insurer Number
P003	P003.4	POLICY NUMBER	Mandatory	Must be unique for that insurer. This rule is only applied for manual submission. XML submission will perform either an update or an insert depending upon whether the policy number is or isn't in the system already	**REJECT**	Policy Number is not unique
P004	P004.3	REVISED POLICY NUMBER	Conditional	Must be unique for the Insurer	**REJECT**	Policy Number is not unique
P011	P011.3	EMPLOYER ADDRESS SUBURB	Mandatory	Must match a postal suburb description in Australia Post's Postcode listing	**REJECT**	Employer address suburb entered is not valid
P012	P012.3	EMPLOYER ADDRESS STATE/TERRITORY	Mandatory	Must be a valid code	**REJECT**	Employer state/territory code entered is not valid
P013	P013.3	EMPLOYER ADDRESS POSTCODE	Mandatory	Must be a valid postcode for Employer Postal Address Suburb (P011)	**REJECT**	Employer address postcode entered is not valid for the suburb selected
P013	P013.4	EMPLOYER ADDRESS POSTCODE	Mandatory	If the Employer Address State/ Territory (P012) = "OTH" Postcode must equal 0099	**REJECT**	If the Employer Address State/Territory code is OTHER then the Employer Address Postcode must be entered as 0099
P015	P015.3	EMPLOYER POSTAL SUBURB	Mandatory	Must match a postal suburb description in Australia Post's Postcode listing	**REJECT**	Employer postal address suburb entered is not valid

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P016	P016.1	EMPLOYER POSTAL STATE/TERRITORY	Optional	Must be a valid code	**REJECT**	Employer postal state/territory code entered is not valid
P017	P017.3	EMPLOYER POSTAL POSTCODE	Optional	Must be a valid postcode for Employer Postal Address Suburb (P015)	**REJECT**	Employer postal address postcode entered is not valid for the suburb selected
P017	P017.4	EMPLOYER POSTAL POSTCODE	Optional	If the Employer Address State/ Territory (P012) = "OTH" Postcode must equal 0099	**REJECT**	If the Employer Address Postal State/Territory code is OTHER then the Employer Postal Address Postcode must be entered as 0099
P026	P026.3	INJURY MANAGEMENT PROGRAM	Optional	Must be a valid code	**REJECT**	Injury Management Program code entered is not valid

3.1.1   Policy Mandatory Rules

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P003	P003.M	POLICY NUMBER	Mandatory	Mandatory field	**REJECT**	POLICY NUMBER is a mandatory field
P005	P005.M	EMPLOYER LEGAL NAME	Mandatory	Mandatory field	**REJECT**	EMPLOYER LEGAL NAME is a mandatory field
P007	P007.M	EMPLOYER TRADING NAME	Mandatory	Mandatory field	**REJECT**	Employer Trading Names is a mandatory field
P009	P009.M	EMPLOYER ADDRESS LINE 1	Mandatory	Mandatory field	**REJECT**	EMPLOYER ADDRESS LINE 1 is a mandatory field

3.2   Coverage Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P027	P027.2	LAPSE/ CANCELLATION REASON CODE	Mandatory	Must be a valid code	**REJECT**	Lapse/Cancellation Reason Code entered is invalid
P027	P027.3	LAPSE/ CANCELLATION REASON CODE	Mandatory	If Coverage Type Code (P029) is equal to 04 Policy Cancellation Notification or 05 Policy Lapsed Notification 07 Not a valid policy then a Lapse Cancellation code cannot be 00	**REJECT**	If Coverage Type Code is equal to 04 Policy Cancellation Notification or 05 Policy Lapsed Notification 07 Not a valid policy but the Lapse Cancellation code is 00 No Lapse/cancellation
P029	P029.3	COVERAGE TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Coverage type code entered is invalid
P031	P031.2	EFFECTIVE DATE	Mandatory	If Coverage type code = 01 or 02 or 03 or 06 or 09 then Effective date must be less than the Expiry date (P032)	**REJECT**	Effective Date is later than the expiry date
P031	P031.3	EFFECTIVE DATE	Mandatory	If the coverage type code (P029) is equal to [01, 02, 03, 06] and then the Effective Date to Expiry Date (P032) cannot overlap any other coverages with the same ANZSIC code (pre 1 Jul 2014 - 1993 post use 2006 ANZSIC).	**FLAG**	Effective Date for this [Coverage Type Code Desc] is prior to the last recorded Expiry Date (Overlap in coverage)
P031	P031.12	EFFECTIVE DATE	Mandatory	Must be an active insurer number for an insurer entity at the effective date of policy	**REJECT**	Insurer Number Inactive
P032	P032.3	EXPIRY DATE	Mandatory	The number of months between Effective Date (P031) and Expiry Date (P032) is greater than 18 months.	**FLAG**	Period of cover is greater than eighteen (18) months - Please confirm
P033	P033.1	ANZSIC 1993	Conditional	Must be a valid code	**REJECT**	ANZSIC code entered is not a valid ANZSIC 1993 code

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P033	P033.2	ANZSIC 1993	Conditional	If the effective date of the coverage is less than or equal to 30 June 2014 then this field is Mandatory	**REJECT**	This coverage has an effective date prior to 1 July 2014 so therefore must have a valid ANZSIC 1993 code
P034	P034.3	ANZSIC 2006	Optional	Must be a valid code	**REJECT**	ANZSIC code entered is not a valid ANZSIC 06 code
P034	P034.4	ANZSIC 2006	Optional	If the effective date of the coverage is equal to or greater than 1 July 2013 then this field is mandatory (date is configurable - system setting)	**REJECT**	This coverage has an effective date after 30 June 2013 so therefore must have a valid ANZSIC 2006 code
P035	P035.3	ESTIMATED WAGES	Mandatory	If P039 is not equal to 04 Minimum Premium Policy – Other then Estimated wages/Estimated Number of Workers (P036) must be greater than $X and less than $Y	**FLAG**	Estimated wages are too high or too low for the number of estimated workers.
P035	P035.5	ESTIMATED WAGES	Mandatory	Must be 0 if Estimated Workers (P036) is 0	**REJECT**	If Estimated Workers is equal to 0 then Estimated Wages must also be 0
P036	P036.5	ESTIMATED NUMBER OF WORKERS	Mandatory	P036 Estimated Workers - must be >0 if Estimated Wages (P035) is >0	**REJECT**	Estimated Workers must be greater than 0 if Estimated Wages is greater than 0
P037	P037.1	ACTUAL WAGES	Conditional	If P039 is not equal to 04 Minimum Premium Policy – Other then Actual wages/Actual Number of Workers (P038) must be greater than $X and less than $Y	**FLAG**	Actual wages are too high or too low for the number of actual workers.
P037	P037.2	ACTUAL WAGES	Conditional	P037 Actual Wages – must be 0 if Actual Workers (P038) is 0	**REJECT**	If Actual Workers is equal to 0 then Actual Wages must also be 0
P037	P037.3	ACTUAL WAGES	Conditional	P037 Actual Wages P038 Actual Workers – If either Actual Wages or Actual Workers is not null, then the other must also be not null.	**REJECT**	If Actual Workers is not null then Actual Wages cannot be null

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P038	P038.5	ACTUAL NUMBER OF WORKERS	Conditional	P038 Actual Workers - must be >0 if Actual Wages (P037) is >0	**REJECT**	Actual Workers must be greater than 0 if Actual Wages is greater than 0
P039	P039.3	PREMIUM COLLECTION TYPE	Mandatory	Must be a valid code	**REJECT**	Premium Collection Type entered is invalid
P053	P053.1	INITIAL DEPOSIT PREMIUM CHARGED	Mandatory	Must be greater than or equal to 0	**REJECT**	Initial Deposit Premium Charged must be greater than or equal to $0
P041	P041.1	CURRENT ADJUSTED PREMIUM CHARGED	Optional	If entered it must be greater than $0	**REJECT**	Current/adjusted Premium Charged was entered but it must be greater than $0

3.2.1   Revalidation

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P031	P031.11	EFFECTIVE DATE	Mandatory	if the Effective date is changed then check any claims for this policy\coverage record where the date of occurrence is no longer within the coverage period . If any claims are found they need to be rejected based on the rule for C048.4	REVALIDATION	
P032	P032.12	EXPIRY DATE	Mandatory	if the expiry date is changed then check any claims linked to this policy\coverage record where the date of occurrence is no longer within the coverage period . If any claims are found they need to be rejected based on the rule for C048.4	REVALIDATION	

3.2.2 Mandatory Rules

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
P028	P028.M	COVERAGE ID	Mandatory	Mandatory field	**REJECT**	COVERAGE ID is a mandatory field
P029	P029.M	COVERAGE TYPE CODE	Mandatory	Mandatory field	**REJECT**	COVERAGE TYPE CODE is a mandatory field
P031	P031.M	EFFECTIVE DATE	Mandatory	Mandatory field	**REJECT**	EFFECTIVE DATE is a mandatory field
P032	P032.M	EXPIRY DATE	Mandatory	Mandatory field	**REJECT**	EXPIRY DATE is a mandatory field
P035	P035.M	ESTIMATED WAGES	Mandatory	Mandatory field	**REJECT**	ESTIMATED WAGES is a mandatory field
P036	P036.M	ESTIMATED NUMBER OF WORKERS	Mandatory	Mandatory field	**REJECT**	ESTIMATED NUMBER OF WORKERS is a mandatory field
P039	P039.M	PREMIUM COLLECTION TYPE	Mandatory	Mandatory field	**REJECT**	PREMIUM COLLECTION TYPE is a mandatory field
P053	P053.M	INITIAL DEPOSIT PREMIUM CHARGED	Mandatory	Mandatory field	**REJECT**	INITIAL DEPOSIT PREMIUM CHARGED is a mandatory field

3.3 Claim Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C001	C001.3	INSURER NUMBER	Mandatory	Must be one of the insurer numbers for an insurer entity	**REJECT**	Incorrect Insurer Number
C002	C002.3	INSURER CLAIM NUMBER	Mandatory	Must be a unique number for that insurer. This only applies for manual claim creation	**REJECT**	Claim number already exists
C002	C002.6	INSURER CLAIM NUMBER	Mandatory	If an existing claim has the same date of occurrence (C048) and same Workers Surname (C013) and same Date of Birth (C029) and same Employer ABN (C043)	**FLAG**	Another Claim Number is already recorded in WorkCover database for this Worker with the same Date of Injury. Check if this is a duplicated claim record.

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C006	C006.3	POLICY NUMBER	Mandatory	Must be an existing policy number (P003) for the ABN (C043) for that insurer (C001)	**REJECT**	Policy number does not exist
C007	C007.2	COVERAGE ID	Mandatory	Must be an existing coverage reference for the Policy Number (P003)	**REJECT**	Coverage reference is not valid for the Policy Number
C008	C008.2	ANZSIC 1993	Conditional	Must be a valid ANZSIC 1993 Code	**REJECT**	Must be a valid ANZSIC 1993 code
C008	C008.5	ANZSIC 1993	Conditional	If the Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is on or before 30 June 2014 then this field is mandatory.	**REJECT**	Because this claim is being linked with policy/coverage with an effective date on or prior to 30 June 2014 an ANZSIC 1993 code is required
C129	C129.1	ANZSIC 2006	Conditional	Must be a valid ANZSIC 2006 Code	**REJECT**	Must be a valid ANZSIC 2006 code
C129	C129.2	ANZSIC 2006	Conditional	If the Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is after 30 June 2014 then C129 must = ANZSIC 2006 (P034) for that coverage.	**REJECT**	ANZSIC entered does not match an ANZSIC code(s) for the policy number/coverage period. This should be an ANZSIC 2006 code
C129	C129.3	ANZSIC 2006	Conditional	If the Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is after 30 June 2014 then this field is mandatory.	**REJECT**	Because this claim is being linked with policy/coverage with an effective date on or prior to 30 June 2014 an ANZSIC 2006 code is required
C009	C009.2	SHARED CLAIM CODE	Mandatory	Must be a valid code	**REJECT**	Shared claim code invalid.
C011	C011.4	REVISED INSURER CLAIM NUMBER	Optional	Must be a unique number for that insurer	**REJECT**	Claim number already exists
C017	C017.3	WORKER RESIDENTIAL ADDRESS SUBURB	Mandatory	Must match a postal suburb description in Australia Post's Postcode listing	**REJECT**	Worker residential address suburb entered is not valid

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C018	C018.3	WORKER RESIDENTIAL ADDRESS STATE/TERRITORY	Mandatory	Must be a valid code	**REJECT**	Worker residential state/territory code entered is not valid
C019	C019.3	WORKER RESIDENTIAL ADDRESS POSTCODE	Mandatory	Must be a valid postcode for C017	**REJECT**	Worker residential address postcode entered is not valid for the suburb selected
C019	C019.4	WORKER RESIDENTIAL ADDRESS POSTCODE	Mandatory	If the Worker Residential Address State Territory (C018) = "OTH" Postcode must equal 0099	**REJECT**	The Worker Residential Address State Territory is equal to "OTH" therefore the Worker Residential Address Postcode must equal 0099
C022	C022.2	WORKER POSTAL ADDRESS SUBURB	Mandatory	Must match a postal suburb description in Australia Post's Postcode listing	**REJECT**	Worker postal suburb entered is not valid
C023	C023.2	WORKER POSTAL ADDRESS STATE/TERRITORY	Mandatory	Must be a valid code	**REJECT**	Worker postal state/territory entered is not valid
C024	C024.2	WORKER POSTAL ADDRESS POSTCODE	Mandatory	Must be a valid postcode for C022	**REJECT**	Worker postal postcode entered is not valid for the suburb selected
C024	C024.3	WORKER POSTAL ADDRESS POSTCODE	Mandatory	If the Worker Postal Address State Territory (C023) = "OTH" Postcode must equal 0099	**REJECT**	The Worker Postal Address State Territory is equal to "OTH" therefore the Worker Postal Address Postcode must equal 0099
C025	C025.1	WORKER HOME PHONE NUMBER	Conditional	One of the worker phone fields – C025, C026 or C027 must contain a value	**REJECT**	At least one phone number must be supplied

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C029	C029.2	WORKER DATE OF BIRTH	Optional	If supplied age must be between 15 and 70 inclusive as at the Date of Occurrence (C048). Run this rule whenever Date of Occurrence or Date of Birth is updated	FLAG	The workers age is outside the normal age range.
C030	C030.3	WORKER GENDER	Optional	Must be a valid code	REJECT	Workers gender entered is not valid
C031	C031.2	WORKER PREFERRED LANGUAGE	Mandatory	Must be a valid code	REJECT	Workers preferred language entered is not valid
C124	C124.2	WORKER DEPENDANTS	Conditional	If Extent of Incapacity Code (C055) is equal to 01 cannot be NULL	REJECT	The Extent of Incapacity indicates Death this field cannot be blank
C032	C032.4	DUTY STATUS CODE	Mandatory	Must be a valid code	REJECT	Duty status code entered is not valid
C033	C033.3	EMPLOYMENT STATUS CODE	Mandatory	Must be a valid code	REJECT	Employment status code entered is not valid
C034	C034.3	EMPLOYMENT TYPE CODE	Mandatory	Must be a valid code	REJECT	Employment type code entered is not valid
C035	C035.3	FULL/PART TIME CODE	Mandatory	Must be a valid code	REJECT	Full/part time code entered is not valid
C037	C037.3	WORKER OCCUPATION CODE	Mandatory	Must be a valid code	REJECT	Workers occupation code entered is not valid
C038	C038.3	HOURS WORKED PER DAY	Mandatory	Must be greater than 0 and less than or equal to 24	REJECT	Hours worked per day are outside the range of greater than 0 and less than or equal to 24
C039	C039.3	HOURS WORKED PER WEEK	Mandatory	Must be greater than 0 and less than or equal to 168	REJECT	Hours worked per week must be greater than 0 and less than or equal to 168 hours
C039	C039.4	HOURS WORKED PER WEEK	Mandatory	Must be greater than or equal to Hours worked per day (C037)	REJECT	Hours worked per week is less than the hours worked per day

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C039	C039.5	HOURS WORKED PER WEEK	Mandatory	If the hours worked per week is greater than 70.	FLAG	Hours worked per week are greater than 70 hours
C040	C040.3	NORMAL WEEKLY EARNINGS	Mandatory	If below a minimum(x) or above a maximum figure (y)	FLAG	Normal weekly earnings is outside threshold values
C041	C041.2	ORDINARY TIME RATE OF PAY PER WEEK	Optional	If below a minimum(x) or above a maximum figure (y)	FLAG	Ordinary time rate of pay per week is outside threshold values
C042	C042.3	DATE WORKER STARTED EMPLOYMENT	Mandatory	Must be less than or equal to the date of occurrence (C048)	REJECT	Date worker started employment must be less than or equal to the date of occurrence
C043	C043.3	EMPLOYER ABN	Mandatory	Must be an existing ABN for the policy number (P003)	REJECT	Employer ABN does not match the employer ABN of the policy
C048	C048.4	DATE OF OCCURRENCE	Mandatory	Date of Occurrence must be within a valid coverage period for the policy Number (P003) that has a matching ANZSIC code (pre 1 Jul 2014 - 1993 post use 2006 ANZSIC)	REJECT	Date of Occurrence falls outside the coverage period for this policy
C049	C049.3	DATE INSURER NOTIFIED OF INJURY	Mandatory	Must be greater than or equal to date of occurrence (C048)	REJECT	Date insurer notified of injury must be greater than or equal to the date of occurrence
C050	C050.3	DATE CLAIM RECEIVED BY EMPLOYER	Mandatory	Must be greater than or equal to date of occurrence(C048)	REJECT	Date claim received by employer must be greater than or equal to the date of occurrence
C051	C051.3	DATE MEDICAL CERTIFICATE FIRST RECEIVED BY EMPLOYER	Mandatory	Must be greater than or equal to date of occurrence (C048)	REJECT	Date medical certificate first received by employer must be greater than or equal to the date of occurrence

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C052	C052.3	DATE INSURER NOTIFIED OF CLAIM	Mandatory	Must be greater than or equal to the date insurer notified of injury (C049)	**REJECT**	Date insurer notified of claim must be greater than or equal to the date insurer notified of injury
C053	C053.3	DATE CLAIM RECEIVED BY INSURER	Mandatory	Must be greater than or equal to the date insurer notified of claim (C052)	**REJECT**	Date claim received by insurer must be greater than or equal to the Date insurer notified of claim
C055	C055.3	EXTENT OF INCAPACITY CODE	Mandatory	Must be a valid code	**REJECT**	Extent of incapacity code entered is not valid
C056	C056.2	DATE OF DEATH	Conditional	Must be greater than or equal to the date of occurrence (C048)	**REJECT**	Date of death must be greater than or equal to the date of occurrence
C056	C056.3	DATE OF DEATH	Conditional	Extent of Incapacity Code (C055) must equal 01 Death	**REJECT**	To enter a Date of Death the Extent of Incapacity Code must be 01 - Death
C057	C057.2	DATE CLAIM FINALISED	Optional	Must be greater than or equal to the date claim received by insurer (C053)	**REJECT**	Date claim finalised must be greater than or equal to the date claim received by insurer
C058	C058.2	DATE OF RECURRENCE	Optional	Must be greater than or equal to the date of occurrence (C048)	**REJECT**	Date of recurrrence must be greater than or equal to the date of occurrence
C059	C059.2	DATE REOPENED	Conditional	This field can only be populated if Date Claim Finalised (C057) is not null	**REJECT**	You cannot re-open a claim that has not been previously finalised
C061	C061.3	CLAIM STATUS DATE	Mandatory	Must be greater than or equal to the date of occurrence (C048)	**REJECT**	Claim status date must be greater than or equal to the date of occurrence
C061	C061.4	CLAIM STATUS DATE	Mandatory	Must be greater than or equal to the last recorded claim status date	**REJECT**	Claim status date must be greater than or equal to the last recorded claim status date

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C062	C062.3	CLAIM STATUS CODE	Mandatory	Must be a valid code	REJECT	The Claim status code entered is not valid
C063	C063.1	COMMON LAW INVOLVEMENT	Mandatory	Must be a valid code	REJECT	Common law involvement code entered is not valid
C064	C064.1	COMMON LAW OUTCOME	Mandatory	Must be a valid code	REJECT	Common law outcome code entered is not valid
C065	C065.1	COMMON LAW PROVISION	Conditional	Enter a value in whole dollars only	REJECT	Common Law provision must be entered in whole dollars only
C065	C065.2	COMMON LAW PROVISION	Conditional	If Common Law Involvement (C063) = 01 or 02 or 03 then this field must not be blank	REJECT	Common Law involvement has been indicated so a provision must be entered
C066	C066.3	WORKPLACE ANZSIC 1993	Conditional	Must be a valid ANZSIC 1993 code	REJECT	The workplace industry code entered is not valid. An ANZSIC 1993 Workplace code is required
C066	C066.5	WORKPLACE ANZSIC 1993	Conditional	If the Date of Occurrence (C048) is less than or equal to 30 June 2014 then this field is Mandatory	REJECT	Because this claim has an occurrence date on or prior to 30 June 2014 an ANZSIC 1993 Workplace code is required
C128	C128.1	WORKPLACE ANZSIC 2006	Optional	Must be a valid ANZSIC 2006 code	REJECT	The workplace industry code entered is not valid. An ANZSIC 2006 Workplace code is required
C128	C128.2	WORKPLACE ANZSIC 2006	Optional	If the Date of Occurrence (C048) is greater then 30 June 2014 then this field is Mandatory	REJECT	Because this claim has an occurrence date after 30 June 2014 an ANZSIC 2006 Workplace code is required
C069	C069.3	WORKPLACE ADDRESS SUBURB	Mandatory	Must match a postal suburb description in Australia Post's Postcode listing	REJECT	The workplace of injury suburb is not valid

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C070	C070.3	WORKPLACE ADDRESS STATE/TERRITORY	Mandatory	Must be a valid code	**REJECT**	The postcode of the workplace of the injury entered is not valid
C071	C071.3	WORKPLACE ADDRESS POSTCODE	Mandatory	Must be a valid postcode for C069	**REJECT**	The state/territory of the workplace of the injury entered is not valid
C071	C071.4	WORKPLACE ADDRESS POSTCODE	Mandatory	If the Workplace Address State Territory (C070) = "OFF" Postcode must equal 7999	**REJECT**	The Workplace of Injury Address State/Territory is equal to "OFF" therefore the Worker Postal Address Postcode must equal 7999
C073	C073.3	MECHANISM OF INJURY/DISEASE CODE	Mandatory	Must be a valid Mechanism of injury/disease code	**REJECT**	Mechanism of injury/disease entered is not a valid code
C073	C073.7	MECHANISM OF INJURY/DISEASE CODE	Mandatory	Where the Nature Of Injury Code (C077)is in the defined list, the Mechanism can only be one of the defined values	**REJECT**	The combination of Nature of Injury and Mechansim of Injury is Invalid
C074	C074.3	AGENCY OF INJURY/DISEASE CODE	Mandatory	Must be a valid Agency of injury/disease code	**REJECT**	Agency of injury/disease code entered is not a valid code
C075	C075.3	BREAKDOWN AGENCY CODE	Mandatory	Must be a valid breakdown agency code	**REJECT**	Breakdown agency code entered is not a valid code
C077	C077.3	NATURE OF INJURY/DISEASE CODE	Mandatory	Must be a valid Nature of injury/disease code	**REJECT**	Nature of injury/ disease code entered is not a valid code
C079	C079.3	BODILY LOCATION OF INJURY/DISEASE CODE	Mandatory	Must be a valid Bodily location of injury/disease code	**REJECT**	Bodily location of injury/disease code entered is not a valid code

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C079	C079.4	BODILY LOCATION OF INJURY/DISEASE CODE	Mandatory	Where the Nature Of Injury Code (C077)is in the defined list, the Bodily Location can only be one of the defined values	**REJECT**	The combination of Nature of Injury and Bodily Location is Invalid
C083	C083.3	DATE OF MEDICAL CERTIFICATE	Conditional	Must be greater than or equal to the date of the last medical certificate recorded	**FLAG**	Date of medical certificate is prior to a previously recorded certificate
C131	C131.1	MEDICAL CERTIFICATE ID	Conditional	Must be unique for each Insurer	REJECT	Medical Certificate ID is not unique
C085	C085.4	CAPACITY TO WORK AT MEDICAL CERTIFICATE	Conditional	Must be a valid code	**REJECT**	Capacity to work at medical certificate is not a valid code
C086	C086.7	DATE WORK STATUS CHANGED	Conditional	Must be greater than or equal to all previous date work status changed dates for this claim	**REJECT**	This Date must be greater than or equal to previous changes to this claims work status
C087	C087.3	WORK STATUS	Conditional	Must be a valid code	**REJECT**	Work Status code entered is not valid
C130	C130.1	WORK STATUS UPDATE ID	Conditional	Must be unique for each Insurer	**REJECT**	Work Status Update ID is not unique
C088	C088.3	RETURN TO WORK PLAN STATUS	Mandatory	Must be a valid code	**REJECT**	Return to work program status entered is not valid
C088	C088.4	RETURN TO WORK PLAN STATUS	Mandatory	If Insurer is a self insurer, Return to Work Program status cannot equal "09"	**REJECT**	RTW Program Status should not be 09 - Unknown for a self-insurer.
C089	C089.3	RETURN TO WORK PLAN GOAL/OUTCOME	Mandatory	Must be a valid code	**REJECT**	Return to work program goal/outcome entered is not valid
C089	C089.4	RETURN TO WORK PLAN GOAL/OUTCOME	Mandatory	If Return to Work Program Status is (C088) equal to "00" then Return to Work Goal/Outcome must be equal to "00".	**REJECT**	RTW Program Status is inconsistent with RTW Program Goal/Outcome.

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C090	C090.3	INJURY MANAGEMENT PLAN STATUS	Mandatory	Must be a valid code	**REJECT**	Injury Management Plan status entered is not valid
C091	C091.3	WHOLE PERSON IMPAIRMENT TYPE	Mandatory	Must be a valid code	**REJECT**	Whole person impairment type entered is not valid, must be 00, 01, 02 or 03
C092	C092.2	WHOLE PERSON IMPAIRMENT PERCENTAGE	Conditional	If whole person impairment type (C091) is not equal to 00 then a value must be between 1 and 100 (inclusive)	**REJECT**	Whole person impairment percentage is required as whole person impairment type is not equal to "00" - Nil
C092	C092.3	WHOLE PERSON IMPAIRMENT PERCENTAGE	Conditional	If whole person impairment type (C091) is equal to 00 then value entered must be 0	**REJECT**	Whole person impairment type is entered as Nil, therefore Wholeperson Impairment Percentage must be 0
C093	C093.2	DATE OF DETERMINATION	Conditional	If whole person impairment type (C091) is not equal to 00 then a date of determination must be entered	**REJECT**	Whole person impairment type is not equal to "00" - Nil therefore a date of determination is required
C093	C093.3	DATE OF DETERMINATION	Conditional	Must be greater than equal to date of occurrence (C048)	**REJECT**	The date of determination of impairment is prior to the date of occurrence
C094	C094.2	PERCENTAGE OF DEAFNESS	Conditional	If whole person impairment type (C091) is equal to 02 then a number between 0 and 100 (inclusive) is required	**REJECT**	Whole person impairment type is equal to 02 it cannot be blank, a value between 0 and 100 imust be entered
C094	C094.3	PERCENTAGE OF DEAFNESS	Conditional	If whole person impairment type (C091) is equal to 02 then percentage of deafness should be greater than or equal to whole person impairment percentage (C092)	**REJECT**	The WPI percentage must be less than or equal to the deafness percentage

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C094	C094.4	PERCENTAGE OF DEAFNESS	Conditional	If whole person impairment type (C091) is not equal to 02 then this must be NULL	**REJECT**	Percentage of Deafness can only be populated when Whole person impairment type is equal to "02"
C097	C097.3	TOTAL TIME LOST ESTIMATED	Mandatory	If Works Status (C087) is not equal to 01, 05, 06 or 09 then it must be greater than 0	**REJECT**	An estimate of time lost is required

3.3.1   Claims Mandatory Rules

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C002	C002.M	INSURER CLAIM NUMBER	Mandatory	Mandatory field	**REJECT**	INSURER CLAIM NUMBER is a mandatory field
C009	C009.M	SHARED CLAIM CODE	Mandatory	Mandatory field	**REJECT**	SHARED CLAIM CODE is a mandatory field
C012	C012.M	WORKER TITLE	Mandatory	Mandatory field	**REJECT**	WORKER TITLE is a mandatory field
C013	C013.M	WORKER SURNAME	Mandatory	Mandatory field	**REJECT**	WORKER SURNAME is a mandatory field
C014	C014.M	WORKER GIVEN NAMES	Mandatory	Mandatory field	**REJECT**	WORKER GIVEN NAMES is a mandatory field
C031	C031.M	WORKER PREFERRED LANGUAGE	Mandatory	Mandatory field	**REJECT**	WORKER PREFERRED LANGUAGE is a mandatory field
C032	C032.M	DUTY STATUS CODE	Mandatory	Mandatory field	**REJECT**	DUTY STATUS CODE is a mandatory field
C033	C033.M	EMPLOYMENT STATUS CODE	Mandatory	Mandatory field	**REJECT**	EMPLOYMENT STATUS CODE is a mandatory field
C034	C034.M	EMPLOYMENT TYPE CODE	Mandatory	Mandatory field	**REJECT**	EMPLOYMENT TYPE CODE is a mandatory field
C035	C035.M	FULL/PART TIME CODE	Mandatory	Mandatory field	**REJECT**	FULL/PART TIME CODE is a mandatory field
C038	C038.M	HOURS WORKED PER DAY	Mandatory	Mandatory field	**REJECT**	HOURS WORKED PER DAY is a mandatory field
C039	C039.M	HOURS WORKED PER WEEK	Mandatory	Mandatory field	**REJECT**	HOURS WORKED PER WEEK is a mandatory field
C040	C040.M	NORMAL WEEKLY EARNINGS	Mandatory	Mandatory field	**REJECT**	NORMAL WEEKLY EARNINGS is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C042	C042.M	DATE WORKER STARTED EMPLOYMENT	Mandatory	Mandatory field	REJECT	DATE WORKER STARTED EMPLOYMENT is a mandatory field
C044	C044.M	EMPLOYER TRADING NAME	Mandatory	Mandatory field	REJECT	EMPLOYER TRADING NAME is a mandatory field
C045	C045.M	EMPLOYER CONTACT NAME	Mandatory	Mandatory field	REJECT	EMPLOYER CONTACT NAME is a mandatory field
C047	C047.M	EMPLOYER CONTACT PHONE NUMBER	Mandatory	Mandatory field	REJECT	EMPLOYER CONTACT PHONE NUMBER is a mandatory field
C048	C048.M	DATE OF OCCURRENCE	Mandatory	Mandatory field	REJECT	DATE OF OCCURRENCE is a mandatory field
C049	C049.M	DATE INSURER NOTIFIED OF INJURY	Mandatory	Mandatory field	REJECT	DATE INSURER NOTIFIED OF INJURY is a mandatory field
C050	C050.M	DATE CLAIM RECEIVED BY EMPLOYER	Mandatory	Mandatory field	REJECT	DATE CLAIM RECEIVED BY EMPLOYER is a mandatory field
C051	C051.M	DATE MEDICAL CERTIFICATE FIRST RECEIVED BY EMPLOYER	Mandatory	Mandatory field	REJECT	DATE MEDICAL CERTIFICATE FIRST RECEIVED BY EMPLOYER is a mandatory field
C052	C052.M	DATE INSURER NOTIFIED OF CLAIM	Mandatory	Mandatory field	REJECT	DATE INSURER NOTIFIED OF CLAIM is a mandatory field
C053	C053.M	DATE CLAIM RECEIVED BY INSURER	Mandatory	Mandatory field	REJECT	DATE CLAIM RECEIVED BY INSURER is a mandatory field
C055	C055.M	EXTENT OF INCAPACITY CODE	Mandatory	Mandatory field	REJECT	EXTENT OF INCAPACITY CODE is a mandatory field
C061	C061.M	CLAIM STATUS DATE	Mandatory	Mandatory field	REJECT	CLAIM STATUS DATE is a mandatory field
C062	C062.M	CLAIM STATUS CODE	Mandatory	Mandatory field	REJECT	CLAIM STATUS CODE is a mandatory field
C063	C063.M	COMMON LAW INVOLVEMENT	Mandatory	Mandatory field	REJECT	COMMON LAW INVOLVEMENT is a mandatory field
C064	C064.M	COMMON LAW OUTCOME	Mandatory	Mandatory field	REJECT	COMMON LAW OUTCOME is a mandatory field
C072	C072.M	INCIDENT DESRCIPTION NARRATIVE	Mandatory	Mandatory field	REJECT	INCIDENT DESRCIPTION NARRATIVE is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C088	C088.M	RETURN TO WORK PROGRAM STATUS	Mandatory	Mandatory field	**REJECT**	RETURN TO WORK PROGRAM STATUS is a mandatory field
C089	C089.M	RETURN TO WORK PROGRAM GOAL/OUTCOME	Mandatory	Mandatory field	**REJECT**	RETURN TO WORK PROGRAM GOAL/OUTCOME is a mandatory field
C091	C091.M	WHOLE PERSON IMPAIRMENT TYPE	Mandatory	Mandatory field	**REJECT**	WHOLE PERSON IMPAIRMENT TYPE is a mandatory field
C095	C095.M	TOTAL PAYMENTS ESTIMATED	Mandatory	Mandatory field	**REJECT**	TOTAL PAYMENTS ESTIMATED is a mandatory field
C097	C097.M	TOTAL TIME LOST ESTIMATED	Mandatory	Mandatory field	**REJECT**	TOTAL TIME LOST ESTIMATED is a mandatory field

3.4 Payment Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C096	C096.3	TOTAL PAYMENTS ACTUAL	Mandatory	Total Payments Actual must equal sum(all payments for claim) plus or minus X%	**FLAG**	Total payments actual does not match the sum of all individual payments made against the claim
C098	C098.2	TOTAL TIME LOST ACTUAL	Conditional	Total Lost Time Actual must equal sum(all payments for claim) plus or minus X%	**FLAG**	Total lost time actual does not match the sum of all individual lost time entries made against the claim
C100	C100.3	PAYMENT TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Payment type code entered is not valid
C100	C100.4	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 12 Redemption payment then date of occurrence (C048) must be equal to or greater than 1 July 2001	**REJECT**	Redemption payments are only valid for claims occurring after 1 July 2001

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C100	C100.7	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 11 Permanent Impairment Payment then Whole Person Impairment (C092) must be greater than 0	**REJECT**	Specific Injury Payment supplied but no Whole person Impairment Percentage has been entered
C100	C100.8	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 10 Common Law then if date of occurrence (C048) is between 1 July 2001 and 30 June 2010 inclusive then Whole Person Impairment Percentage (C092) must be 30% or greater	**REJECT**	Common Law payments must have a corresponding Whole Person Impairment Percentage of 30% or more
C100	C100.9	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 10 Common Law then if date of occurrence (C048) is equal to or greater than 1 July 2010 then Whole Person Impairment Percentage (C092) must be 20% or greater	**REJECT**	Common Law payments must have a corresponding Whole Person Impairment Percentage of 20% or more
C100	C100.10	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 02 Fatal Weekly payment then Extent of Incapacity Code (C055) must be 01	**REJECT**	For a Fatal type payment to be made the Extent of Incapacity Code must be 01 - Death
C100	C100.11	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 03 Fatal Lump Sum payment then Extent of Incapacity Code (C055) must be 1	**REJECT**	For a Fatal type payment to be made the Extent of Incapacity Code must be 01 - Death
C100	C100.12	PAYMENT TYPE CODE	Mandatory	If Payment Type Code is equal to 13 Negotiated Settlement then date of occurrence (C048) must be less than or equal to 30 June 2010	**REJECT**	Negotiated Settlement payments are only valid for claims occurring before 1 July 2010
C100	C100.14	PAYMENT TYPE CODE	Mandatory	If Payment Type code is equal to 10 Common Law then Common Law Involvement (C063) must equal 03 and Common Law Outcome (C064) must = 02 or 03	**REJECT**	A common Law payment has been made but there is no common law involvement indicated and/or the common law outcome does not match

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C101	C101.2	WEEKLY PAYMENT CODE	Conditional	If Payment Type code is equal to 01 Weekly Payment then a valid "Weekly payment adjustment code" must be selected	**REJECT**	Weekly payment adjustment code is required as this is a weekly payment
C102	C102.2	TIME LOST	Conditional	If Payment Type Code (C100) is equal to 01 and Weekly Payment Adjustment Code is equal to 01 or 02 then a time lost value greater than 0 must be entered .	**REJECT**	Time lost value is required as the Payment Type code is equal to weekly payment
C102	C102.3	TIME LOST	Conditional	If Payment Type code (C100) is equal to 01 and Weekly Payment Adjustment Code (C101) is equal to 03 then the time lost value must be 0.	**REJECT**	Time lost value is not required for make up payments
C102	C102.6	TIME LOST	Conditional	If Payment Type code (C100) is not equal to 01 Weekly Payment, Time Lost must be 0	**REJECT**	Payment Type is not Weekly Payments therefore Time Lost must be 0.
C103	C103.2	DATE PAID FROM	Conditional	The Date Paid From (C103) must be equal to or greater than the Date of Occurrence (C048)	**REJECT**	Date Paid From must be equal to or greater than the Date of occurrence
C103	C103.3	DATE PAID FROM	Conditional	If Payment Type code is equal to 01 Weekly Payment then a date paid from must be entered	**REJECT**	Date paid from is required as the Payment Type code is equal to weekly payment
C103	C103.4	DATE PAID FROM	Conditional	If Payment Type code is not equal to 01 Weekly Payment then a date paid from must be blank	**REJECT**	Date Paid from is invalid unless Payment Type code is equal to weekly payment
C104	C104.2	DATE PAID TO	Conditional	If Payment Type code is equal to 01 Weekly Payment then a date paid to must be entered	**REJECT**	Date Paid to is required as the Payment Type code is equal to weekly payment
C104	C104.3	DATE PAID TO	Conditional	The Date Paid To must be greater than or equal to the Date Paid From (C103)	**REJECT**	Date Paid To must be later than Date Paid From
C104	C104.4	DATE PAID TO	Conditional	The Date Paid To must be equal to or greater than the Date of Occurrence (C048)	**REJECT**	Date Paid To must be equal to or greater than the Date of occurrence

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C104	C104.5	DATE PAID TO	Conditional	If Payment Type code is not equal to 01 Weekly Payment then a date paid to must be blank	**REJECT**	Date Paid to is invalid unless Payment Type code is equal to weekly payment
C105	C105.3	PAYMENT AMOUNT	Conditional	If Payment Type code is equal to 01 Weekly Payment and Weekly Payment Code is equal to 01 Weekly Payment then the Payment Amount (C105) /Time Lost (C102) must not be more than x% lower or y% higher than the (highest of either Ordinary Time Rate (C041)/ Hours worked per week (C039) or Normal weekly earnings (C040) / Hours worked per week (C039)	**REJECT**	Weekly payment is outside the parameters relative to earnings, hours worked and lost time.
C106	C106.3	TRANSACTION DATE	Mandatory	Transaction Date must not be prior to the Date of Occurrence	**REJECT**	Transaction Date is the prior to the Date of Occurrence
C107	C107.2	TRANSACTION TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Transaction type code is required - default to PT for Payment
C109	C109.1	PAYMENT CONTEXT	Mandatory	Must be a valid code	**REJECT**	Payment context code is not valid
C110	C110.3	PAYMENT SOURCE	Mandatory	Must be a valid code	**REJECT**	Payment source code entered is not valid
C112	C112.2	SERVICE CODE	Conditional	If Payment Type Code (C100) is equal to [05, 06, 08,09] a service code is required, cannot be NULL	**REJECT**	Payment type code is equal to [payment type code desc] and therefore a service code is required.
C113	C113.2	SERVICE DATE	Conditional	If Payment Type Code (C100) is equal to [05, 06, 07, 08, 09] a service date is required.	**REJECT**	[Payment Type Code Desc] requires a service date
C113	C113.6	SERVICE DATE	Conditional	C113 Service Date must be greater than or equal to the (C048) Date of Occurrence	**REJECT**	Service Date is less the Date of Occurrence for the claim
C113	C113.7	SERVICE DATE	Conditional	If C057 Date Claim Finalised is >C059 Date Reopened or C059 Date Reopened is null then C113 Service Date must be <= C057 Date Claim Finalised.	**REJECT**	Service Date is greater than the Date Claim Finalised for the claim

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C113	C113.8	SERVICE DATE	Conditional	C113 Service Date must be less than or equal to transaction date	**REJECT**	Service Date is greater than the transaction date for the payment

3.4.1   Payment Mandatory Rules

Data Element	Rule No	Field Name	Condition	Rule	Record State when fail	Error Message
C099	C099.M	INSURER PAYMENT ID	Mandatory	Mandatory field	**REJECT**	INSURER PAYMENT ID is a mandatory field
C100	C100.M	PAYMENT TYPE CODE	Mandatory	Mandatory field	**REJECT**	PAYMENT TYPE CODE is a mandatory field
C106	C106.M	TRANSACTION DATE	Mandatory	Mandatory field	**REJECT**	TRANSACTION DATE is a mandatory field
C107	C107.M	TRANSACTION TYPE CODE	Mandatory	Mandatory field	**REJECT**	TRANSACTION TYPE CODE is a mandatory field
C110	C110.M	PAYMENT SOURCE	Mandatory	Mandatory field	**REJECT**	PAYMENT SOURCE is a mandatory field
C105	C105.M	PAYMENT AMOUNT	Mandatory	Mandatory field	**REJECT**	PAYMENT AMOUNT is a mandatory field

4   Insurer Numbers

List of Licensed and Self Insurers

The list below includes both Licensed and Self Insurers for all privately underwritten states.

It also includes:

* - Insurers that have previously held licenses or permits and are still submitting data.

* - Insurers that are required for data migration purposes and therefore an insurer may be listed more than once.

NO	NAME
125	ALCOA WORLD ALUMINA - AUSTRALIA LTD
061	ALLIANZ AUSTRALIA INSURANCE LTD
020	AMERICAN HOME ASSURANCE
001	AMP FIRE & GENERAL INSURANCE
002	AMP FIRE & GENERAL INSURANCE
193	APPM – PAPER HOUSE
194	APPM – WESLEY VALE (PAPER DIV)
127	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED
195	AUSTRALIAN NEWSPRINT MILLS
181	AUSWEST TIMBERS PTY LTD
162	BANK OF WESTERN AUSTRALIA LTD
141	BHP BILLITON LTD
196	BLUE RIBBON MEAT PRODUCTS
168	BLUESCOPE STEEL LIMITED
197	BLUNDSTONE
132	BP AUSTRALIA GROUP PTY LTD
198	BRAMBLES (SHIPPING)
155	BRAMBLES LTD
157	BRISTILE HOLDINGS PTY LTD
188	CATHOLIC CHURCH
013	CATHOLIC CHURCH INSURANCES LTD
004	CGU AUSTRALIA
199	CHUBB SECURITY HOLDINGS PTY LTD
017	CIC
183	CITY GROUP PTY LTD
135	COCKBURN CEMENT LTD
161	COLES GROUP LTD
200	COLONIAL MUTUAL LIFE ASS
201	COMMONWEALTH BANK OF AUSTRALIA
164	COMPETITIVE FOODS AUSTRALIA PTY LTD

NO	NAME
138	CSR LTD
110	DEFAULT INSURANCE FUND
203	EMU BAY RAILWAY COMPANY
005	FAI GENERAL INSURANCE
006	FAI TRADERS
202	FAL RUN OFF
165	FLETCHER BUILDING AUSTRALIA LTD
175	FORESTRY TASMANIA
059	GIO GENERAL LTD
024	GUILD INSURANCE LTD
184	GUNNS FOREST PRODUCTS PTY LTD
014	HIH INSURANCE
169	HOLCIM (AUSTRALIA) HOLDINGS PTY LTD
204	HYDRO ELECTRIC COMMISSION
140	IDAMENEO LTD
158	INGHAMS ENTERPRISES PTY LTD
046	INSURANCE AUST. LTD T/AS CGU WORKERS COMPENSATION
060	INSURANCE COMMISSION OF WA
159	ISS FACILITY SERVICES AUSTRALIA LIMITED
205	JOHN LYSAGHT INDUSTRIES (BHP STEEL)
185	KRAFT FOODS AUSTRALIA PTY LTD
152	LGIS WORKCARE
206	MACMAHON UNDERGROUND
009	MERCANTILE MUTUAL INSURANCE
154	METCASH TRADING LIMITED
186	MMG AUSTRALIA LIMITED
207	MOBIL OIL AUSTRALIA
208	MOUNT LYELL
156	MRS MACS PTY LTD
171	MYER HOLDINGS LTD
209	NATIONAL AUSTRALIA BANK
210	NATIONAL FOOD MILK TAS
010	NORWICH WINTERTHUR
167	NYRSTAR HOBART PTY LTD
015	NZI INSURANCE
160	ONESTEEL LTD
192	PAPERLINX

NO	NAME
211	PORT WARATAH STEVEDORING
042	QBE INSURANCE AUSTRALIA LTD
212	RENISON
187	RINKER GROUP LIMITED
190	RIO TINTO ALUMINIUM BELL BAY LIMITED
163	ST JOHN OF GOD HEALTH CARE INC
012	SWITZERLAND
179	TASMANIA STATE SERVICE
182	TASMANIAN ELECTRO METALLURGICAL CO PTY LTD
075	TGIO LIMITED
166	THE SMITHS SNACKFOOD COMPANY LTD
213	UNION SHIPPING
189	UNIVERSITY OF NEW SOUTH WALES
115	VACC INSURANCE LIMITED
016	VERO INSURANCE LTD
047	VERO INSURANCE LTD T/AS VERO WORKERS COMPENSATION
214	WESFARMERS BUNNINGS LTD
215	WESFARMERS CSBP LTD
172	WESFARMERS LTD
056	WESFARMERS GENERAL INSURANCE LTD
143	WESTPAC BANKING CORPORATION
144	WOODSIDE ENERGY LTD
146	WOOLWORTHS LIMITED
216	ZINIFEX AUSTRALIA LTD (ROSEBERY)
022	ZURICH AUSTRALIAN INSURANCE LTD

5   ANZSIC 1993 and 2006 – Explanation of coding

Following consultation with and feedback from insurers, WorkCover Tasmania has simplified the transition arrangements to ANZSIC 2006.

5.1   Introduction

Tasmania, Western Australia, the Australian Capital Territory and the Insurance Council of Australia have been working toward a National Insurer Data Specification. Whilst not originally in the scope of this work, there has also been an agreement reached regarding a uniform approach to moving from the ANZSIC 1993 industry classification to the ANZSIC 2006 industry classification within those privately underwritten schemes. The approach to be used will be based on a period of dual coding. WorkCover Tasmania will also begin collecting an additional field - industry of workplace – to align us with National reporting requirements.

5.2   Coding the Industry of Employer and Industry of Workplace

Currently WorkCover Tasmania collects only the industry of the employer information. This information is collected through the new policies and policy renewal processes and is currently classified using ANZSIC 1993. The industry of the employer information is also collected on the workers compensation claim form. This acts as a way of ensuring the claim is matched to the correct policy and coverage.

This industry of the employer information is used as the basis for all matters related to premiums – suggested rates, filed rates and actual rates.

As of July 2012 WorkCover Tasmania will be collecting the industry of workplace on the workers compensation claim form. This field should be used to classify the industry of the workplace where the incident occurred. This may or may not be the same as the industry of the employer. This information will be used to analyse workplace health and safety.

5.3   Dual coding approach

The table below summarises the basic approach that will be used starting July 2012 and continuing through to 2014 and onwards:

Year	Business Process
2012 - 2013	ANZSIC 1993 (plus optional supply of ANZSIC 2006)
2013 - 2014	Dual Code ANZSIC 1993 and ANZSIC 2006
2014 - 2015 onwards	ANZSIC 2006

5.4 Industry of Employer code and Industry of the Workplace to be coded separately

5.4.1 Industry of Employer code

The Industry of Employer at the policy/coverage level and the related Industry of Employer collected at the claim level are to be coded as ANZSIC 1993 or ANZSIC 2006 (or dual coded) based on the *effective date* of the policy/coverage.

Year	Business Process
2012 - 2013	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be coded as ANZSIC 1993 plus optional supply of ANZSIC 2006. The ANZSIC 1993 code is the primary code to be used for premium setting/rating.
2013 - 2014	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be dual coded as ANZSIC 1993 and ANZSIC 2006. The ANZSIC 1993 code is the primary code to be used for premium setting/rating.
2014 - 2015 onwards	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be coded as ANZSIC 2006. The ANZSIC 2006 code is the primary code to be used for premium setting/rating.

5.4.2 Industry of Workplace code

The Industry of Workplace is to be coded based on the *date of occurrence* recorded for the claim.

Year	Business Process
2012-2013	For claims with a date of occurrence in this period code the Industry of Workplace as ANZSIC 1993 plus optional supply of ANZSIC 2006.
2013 - 2014	For claims with a date of occurrence in this period dual code the Industry of Workplace as ANZSIC 1993 and ANZSIC 2006.
2014 - 2015 onwards	For claims with a date of occurrence in this period code the Industry of Workplace as ANZSIC 2006.

5.5 Description in more detail:

5.5.1 Migration of Data

- The existing industry of employer data recorded in the policy/coverage area and which is coded as ANZSIC 1993 will be migrated into the new WIMS.

- The existing industry of employer data recorded in claim data area and which is coded as ANZSIC 1993 will be migrated into the new WIMS.

- The new the industry of workplace field will be populated with the existing industry of employer data recorded in claim data area and which is coded as ANZSIC 1993 as a proxy.

5.5.2 Submission of data by insurers in the 2012 – 2013 period

Industry of Employer

- New policies and renewals of policies with effective date from 1 July 2012 to 30 June 2013 must have the industry of employer data supplied in ANZSIC 1993.

- New policies and renewals of policies with effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to policies with effective date from 1 July 2012 to 30 June 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to policies with effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- New claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

Industry of Workplace

- New claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

- Adjustments to claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

5.5.3 Submission of data by insurers in the 2013 – 2014 period

Industry of Employer

- New policies or renewals of policies with effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- New policies or renewals of policies with effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

- Adjustments to policies with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to policies with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to policies with an effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

- New claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- New claims which are related to a coverage with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to claims which are related to a coverage with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

Industry of Workplace

- New claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

- Adjustments to claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

- New claims with a date of occurrence from 1 July 2013 to 30 June 2014 must have the industry of workplace data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to claims with a date of occurrence from 1 July 2013 to 30 June 2014 must have the industry of workplace data supplied in ANZSIC 1993 and ANZSIC 2006.

5.5.4 Submission of data by insurers in the 2014 – 2015 period and onwards

Industry of Employer

- New policies or renewals of policies with effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

- Adjustments to policies with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to policies with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to policies with an effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

- New claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- Adjustments to claims which are related to a coverage with an effective date prior to 1 July 2013 must have the industry of employer data supplied in ANZSIC 1993.

- New claims which are related to a coverage with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to claims which are related to a coverage with an effective date from 1 July 2013 to 30 June 2014 must have the industry of employer supplied in ANZSIC 1993 and ANZSIC 2006.

- New claims which are related to a coverage with an effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

- Adjustments to claims which are related to a coverage with an effective date from 1 July 2014 must have the industry of employer data supplied in ANZSIC 2006.

Industry of Workplace

- New claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

- Adjustments to claims with a date of occurrence prior to 1 July 2013 must have the industry of workplace data supplied in ANZSIC 1993.

- New claims with a date of occurrence from 1 July 2013 to 30 June 2014 must have the industry of workplace data supplied in ANZSIC 1993 and ANZSIC 2006.

- Adjustments to claims with a date of occurrence from 1 July 2013 to 30 June 2014 must have the industry of workplace data supplied in ANZSIC 1993 and ANZSIC 2006.

- New claims with a date of occurrence from 1 July 2014 must have the industry of industry of workplace data supplied in ANZSIC 2006.

- Adjustments to claims with a date of occurrence from 1 July 2014 must have the industry of workplace data supplied in ANZSIC 2006.

5.6   Submission of ANZSIC codes summary

Data being submitted	Coverage period effective from	Being submitted in period		
		2012-2013	2013-2014	2014-2015
New policies and renewals	2012-2013	ANZSIC 1993	-	-
	2013-2014	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006	-
	2014-2015	-	ANZSIC 2006	ANZSIC 2006
Adjustments policies and renewals	2012-2013 and prior	ANZSIC 1993	ANZSIC 1993	ANZSIC 1993
	2013-2014	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	ANZSIC 2006	ANZSIC 2006
New claims data and adjustments to claims data – industry of employer	2012-2013 and prior	ANZSIC 1993	ANZSIC 1993	ANZSIC 1993
	2013-2014	-	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	-	ANZSIC 2006

Data being submitted	Date of Occurrence	Being submitted in period		
		2012-2013	2013-2014	2014-2015
New claims data and adjustments to claims data – industry of workplace	2012-2013 and prior	ANZSIC 1993	ANZSIC 1993	ANZSIC 1993
	2013-2014	-	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	-	ANZSIC 2006

Examples:

1. A new policy with an effective date of 1 October 2012 being submitted in the 2012-2013 year would need to have the Industry of Employer submitted in ANZSIC 1993 (orange cell).
2. A new claim with a date of occurrence of 25 July 2013 being submitted on the 3 October 2013 but linked to a policy with a coverage that was effective from 1 September 2012 would need to be have the Industry of Employer data submitted in ANZSIC 1993 (pink cell) and the Industry of Workplace data submitted in ANZSIC 1993 and ANZSIC 2006 (yellow cell).

6   ID fields

6.1   Coverage ID

1.   Why is this needed?

It is used to identify a data row in a relational database. Just as in a database, when a new coverage is created, it will get a new ID.

2.   What will this be used for?

When an update to an existing coverage is performed, the update is performed to the coverage that is identified by the supplied coverage ID.

When the coverage is updated, be that the effective date, expiry date or both, or any of the other meta data fields associated with the coverage, a new coverage ID will not be required. the original (and only) coverage ID is required.

6.2   Medical Certificate ID

1.   Why is this needed?

This is used to allow Insurers to update Medical Certificate update records.

2.   What will this be used for?

Determine the number of medical certificates and which medical provider is issuing the certificates

It is Mandatory - must be a unique number

3.   Why does it have to be unique for the Insurer and could it be unique for that claim?

It needs to be unique for a claim. The xml submission channel will ensure that it is always unique, as a second row with the same id will update the first row. In the UI, the user can currently enter duplicate medical certificate id's

6.3   Work Status Update ID

1.   Why is this needed?

This is used to allow Insurers to update Work Status update records.

2.   What will this be used for?

As part of the SafeWork Australia reporting requirements - the requirement is to know how many times a worker's work status changes in the life of a claim.

It is Mandatory - must be a unique number

3.   Why does it have to be unique for the Insurer? Could it be unique for that claim?

It needs to be unique for a claim. The xml submission channel will ensure that it is always unique, as a second row with the same id will update the first row.

6.4   Payment ID

1.   Why is this needed?

The insurer's unique payment ID for the specific payment transaction.

2.   What will this be used for?

To allow the identification of a specific payment transaction

7 Premium, Wages and Workers

The following details explanations for the use of the following fields

- Initial Deposit Premium Charged (P053);

- Current Adjusted Premium Charged (P041);

- Estimated Wages (P035), Estimated Number of Workers (P036);

- Actual Wages (P037); and

- Actual Number of Workers (P038)

7.1 Premium Fields

The National Insurer Data Set (NIDS) has been revised and now requires only **two** premium fields to be reported:

7.1.1 Initial Deposit Premium Charged (P053)

- Used for reporting the premium collected for new business and at renewal.

7.1.2 Current Adjusted Premium Charged (P041)

- Used for reporting adjusted total premium changes as a result of adjustments during and after the policy period. This will include all retro adjustments.

7.2 Wages and Workers

Estimated and actual fields for wages and workers will also be reported:

7.2.1 Estimated Wages (P035)

- Used for reporting all non-final (actual) wage estimates for new business and at renewal as well as adjustments to wages estimates during the policy.

7.2.2 Estimated Number of Workers (P036)

- Used for reporting all non-final (actual) worker estimates for new business and at renewal as well as adjustments to worker estimates during the policy.

7.2.3 Actual Wages (P037)

- Used for reporting the actual wages once known (usually at the end of the policy period / at the next renewal).

7.2.4 Actual Number of Workers (P038)

- Used for reporting the actual number of workers once known (usually at the end of the policy period / at the next renewal).

7.3 Example Scenarios

Scenario	Initial Deposit Premium Charged (P053)	Current Adjusted Premium Charged (P041)	Estimated Wages (P035) & Estimated Number of Workers (P036)	Actual Wages (P037) & Actual Number of Workers (P038)
1. Conventional policy Policy coverage period 1 July 2012 to 30 June 2013. No burning cost arrangement i.e. initial deposit followed by one adjustment at renewal.				
• Report at renewal/new business	Yes		Yes	
• Report adjusted total as a result of amendments during the policy period	As previously reported	Yes	Yes	
• Report final/actual totals a result of all adjustments when finalised (usually at next renewal)	As previously reported	Yes	As previously reported	Yes

Scenario	Initial Deposit Premium Charged (P053)	Current Adjusted Premium Charged (P041)	Estimated Wages (P035) & Estimated Number of Workers (P036)	Actual Wages (P037) & Actual Number of Workers (P038)
2.　Retro/Burner policy - Policy coverage period 1 July 2012 to 30 June 2013. Burner/retro arrangements: annual adjustments based on claim experience (for claims incurred in the coverage period) on 30 June 2013 and 30 June 2014 with a final adjustment on 30 June 2015.				
• Report of the initial information collected at commencement of coverage.	Yes		Yes	
• Report adjusted total as a result of non-final cost based (i.e. 30 June 2013 and 2014 adjustments) or data correction adjustments.	as previously reported	Yes	as previously reported	Yes
• Report final premium collected as a result of all adjustments in Current Adjusted Premium Charged (P041) when burner/retro period completed (after 30 June 2015 adjustment).	as previously reported	Yes	as previously reported	Yes

Scenario	Initial Deposit Premium Charged (P053)	Current Adjusted Premium Charged (P041)	Estimated Wages (P035) & Estimated Number of Workers (P036)	Actual Wages (P037) & Actual Number of Workers (P038)
3. **New Business Transaction and Endorsement process are reported across different submissions**				
• 01/07/2012 New Business record created for Policy A where basic premium is $1,000 with 1 ANZSIC • 07/07/2012 XML Submission File generated and sent to WorkCover which contains both a Policy and Coverage record for Policy A	$1,000 Coverage Type Code = 02 (New Policy Notification)		Yes	
• 02/08/2012 Adjustment/Endorsement processed on policy A increasing the premium by an extra $500 • 03/08/2012 XML Submission File generated and sent to WorkCover which contains both a Policy and Coverage record for Policy A where	$1,000	$1,500 Coverage Type Code = 06 (Policy Adjustment Notification)	Yes	

Scenario	Initial Deposit Premium Charged (P053)	Current Adjusted Premium Charged (P041)	Estimated Wages (P035) & Estimated Number of Workers (P036)	Actual Wages (P037) & Actual Number of Workers (P038)
4. New Business Transaction and Endorsement process and reported within the same submission 01/07/2012 New Business record created for Policy A where basic premium is $1,000 with 1 ANZSIC. 02/07/2012 Adjustment/Endorsement processed on policy A increasing the premium by an extra $500 07/07/2012 XML Submission File generated and sent to WorkCover which contains both a Policy and Coverage record for Policy A	$1000	$1500 Coverage Type Code = 06 (Policy Adjustment Notification)	Yes	
5. Initial Cover Note	Yes		Yes	
6. Lapsed Cover Note	As previously reported	= 0	As previously reported	= 0
7. Lapsed renewal	As previously reported	= 0	As previously reported	= 0
8. Policy cancelled from inception	As previously reported	=0	As previously reported	= 0
9. Policy cancelled mid-term	As previously reported	Adjusted	As previously reported	Adjusted
10. Mid-term update of estimated wages	As previously reported	Adjusted	Adjusted	
11. Wage audit	As previously reported	Adjusted	Adjusted	

8   GST

8.1   Premium

Premium costs are to be reported as net of levies/discounts.

GST (Goods and Services Tax) Considerations:

• Premium costs are to be reported exclusive of GST, for example, an employer is charged a premium of $1000 + 10% GST = total of $1100; the amount to be reported is $1000.

8.2   Payments (Actual and Estimated)

GST (Goods and Services Tax) Considerations:

• Payments are to be reported nett of GST, that is, nett cost = service cost + GST (if applicable) – input tax credit entitlements.

• Input tax credit entitlements are to be deducted from the service cost at the time of reporting, regardless of whether they have actually been recovered.

• Claims costs paid by employers under the compulsory excess provisions are also to be reported nett of GST as above.

• Estimated payments are also to be reported nett of GST as above.

NIDS Version 8.0 Addendums to Guide ACT Implementation VERSION 3.0

The National Insurer Data Specifications (NIDS)

The National Insurer Data Specifications (NIDS) is the new reporting standard according to which workers' compensation insurers will provide claim and policy data to regulators.

The data requirements arise from obligations to monitor workers' compensation schemes, to promote work safety and injury management, and collect data compliant with the National Data Set for Compensation – based Statistics (NDS).

The NIDS standard was developed by the ACT, Tasmanian, Western Australian and Northern Territory regulators in consultation with the Insurance Council of Australia and is being implemented by each jurisdiction (except NT) during 2013.

The NIDS is made up of three documents:

- NIDS V8.0.doc
- NIDS 8.0 Rules and Validations.xls
- NIDS 8.0 Submission.xsd

As at December 2012, the current version of NIDS is V8.0 this was issued by Tasmania in November 2012.

National Change Control arrangements

To assist with the ongoing maintenance and consistency of the three main documents, jurisdictions have agreed to the following arrangements.

- Any changes to NIDS associated with the following need to be discussed and agreed by all jurisdictions.
    - o new fields
    - o new codes
    - o changes to existing codes
    - o changes to rules and validations
- Continue to maintain only one XSD file that satisfies all jurisdictions' requirements.
- Where changes are required by a jurisdiction – it is the responsibility of that jurisdiction to negotiate the change with regulators and insurers nationally.
- Once agreed, it is the initiating jurisdiction's responsibility for updating the documentation and files in the three key documents (identified above).

The addendums outlined in this document do not require national change control prior to their implementation. The ACT will however work with other jurisdictions to ensure the national version of NIDS reflects ACT practice.

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
Intro		8	This specification is primarily designed for insurers and self-insurers, to enable them to provide the data required by WorkCover Tasmania.	*Replace with* This specification is primarily designed for insurers and self-insurers, to enable them to provide the data required by WorkCover Tasmania, ACT WorkSafe and WorkCover WA.
Header		8-69	National Insurer Data Specifications (NIDS) 7.3.4	*Replace with* National Insurer Data Specifications (NIDS)
Table Terminology		8	M = The previous value will not be overwritten, all values will be kept as an historical record to allow for reporting on the progression, time lines or number of over the life of the claim, coverage Conditional – The data item is supplied according to the insurer's discretion Optional – The data item only has to be supplied when applicable	*Replace with* M = The previous value will not be overwritten, all values will be kept as an historical record Conditional – the element must be supplied if it fits within the conditional rules Optional – the element can be supplied at the discretion of the insurer, if supplied it must adhere to any rules
Table Reject		8	The record will be rejected and the reason for the rejection will be given. TAS insurers: The rejected record will be displayed in the list of rejected data or in the downloadable rejected data file.	*Replace with* The record will be rejected and the reason for the rejection will be given. TAS and ACT insurers: The rejected record will be displayed in the list of rejected data or in the downloadable rejected data file.
Table Flag		9	TAS Insurers: This record will be flagged and it will not be displayed in the rejected data list. A flagged file can be either approved or rejected. If rejected it will be added to the rejected data list with a comment as to why it has been rejected.	*Replace with* TAS and ACT Insurers: This record will be flagged and it will not be displayed in the rejected data list. A flagged file can be either approved or rejected. If rejected it will be added to the rejected data list with a comment as to why it has been rejected.
P043 Condition	Workercover Number	10	Mandatory (for WA only)	*Add* ACT insurers: leave this field blank
P044	Employer ACN	11	Mandatory (for ACT only)	*Replace with optional*
P004	Revised Policy	11	When supplied should not already exist on the WorkCover TAS database (i.e., should only be notified	*Replace with* When supplied should not already exist on the database (i.e. should only be

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
Notes	Number		once as the Revised Policy Number, thereafter as the Policy Number).	notified once as the Revised Policy Number, thereafter as the Policy Number).
P006 Condition	Employer Other Name	12	Mandatory (for WA only)	*Replace with* Optional for ACT
P050 Condition	Employer Surname	12	Mandatory (for WA only)	*Replace with* Optional for ACT
P007 Cardinality	Employer Trading Name	13	Many	*Replace with* M
P011 Condition	Employer Address Suburb	14	Optional	*Replace with Mandatory*
P012 Condition	Employer address state/territory	14	Optional	*Relace with Mandatory*
P013 Condition	Employer Address Postcode	15	Optional	*Replace with Mandatory*
P014 Condition	Employer Postal Address Line 1	15	Optional	*Add* Mandatory for ACT
P015 Condition	Employer Postal Address Suburb	16	Optional	*Add* Mandatory for ACT
P016	Employer Postal Address State/Territory	16	Optional	*Add* Mandatory for ACT
P017	Employer Postal Address Postcode	17	Optional	*Add* Mandatory for ACT
P018 Condition	Employer Phone Number	17	Optional	*Add* Mandatory for ACT from 30 September 2014
P026 Condition	Injury Management Program Type	18	Optional	*Add* ACT insurers: leave this field blank

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
P026 Note	Injury Management Program Type	18	Default to 01 – Insurer - Will make optional only until the July 1, 2013	*Replace with* Tas only: Default to 01 – Insurer - Will make optional only until the July 1, 2013
P033 Condition	ANZSIC 1993	21	Mandatory	*Replace with:* Conditional
P033 Description	ANZSIC 1993	21	Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged pre 1 Jul 2012	*Replace with* Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular coverage to which the claim is charged: - Pre 1 Jul 2014 (Tasmania) - Pre 1 Jul 2015 (ACT) *Add to NOTE:* ACT: Mandatory if the effective date of coverage is less than or equal to 30 Jun 2015
3.2	Rule No P033.2	75	If the effective date of the coverage is less than or equal to 30 June 2014 then this field is Mandatory	*Replace with:* If the effective date of the coverage is less than or equal to 30 June 2015 then this field is Mandatory
3.2	Error message No P033.2		This coverage has an effective date prior to 1 July 2014 so therefore must have a valid ANZSIC 1993 code	*Replace with:* This coverage has an effective date prior to 1 July 2015 so therefore must have a valid ANZSIC 1993 code
3.3	Rule No C008.5	78	If the Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is on or before 30 June 2014 then this field is mandatory.	*Replace with:* If the Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is on or before 30 June 2015 then this field is mandatory.
3.3	Error message No C008.5	78	Because this claim is being linked with policy/coverage with an effective date on or prior to 30 June 2014 an ANZSIC 1993 code is required	*Replace with:* Because this claim is being linked with policy/coverage with an effective date on or prior to 30 June 2015 an ANZSIC 1993 code is required

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
3.2	Rule P034.4	75	If the effective date of the coverage is equal to or greater than 1 July 2013 then this field is mandatory (date is configurable - system setting)	*Replace with:* If the effective date of the coverage is equal to or greater than 1 July 2014 then this field is mandatory (date is configurable - system setting)
3.2	Error message P034.4	75	This coverage has an effective date after 30 June 2013 so therefore must have a valid ANZSIC 2006 code	*Replace with:* This coverage has an effective date after 30 June 2014 so therefore must have a valid ANZSIC 2006 code
3.2	P031.4		NA	*Add:* Self insurers and DIF only
3.2	P032.4		NA	*Add:* Self insurers and DIF only
3.2	Rule P035.3	75		*Disregard this rule – no validation to be applied in the ACT*
3.2	Rule P037.1	75		*Disregard this rule – no validation to be applied in the ACT*
3.3	Rule C040.3 and	81	If below a minimum(x) or above a maximum figure	*Replace with:*

Modification for P031.4:

Code	Severity	Description	Message text	Filter
P031.4	Error	Self-insurers must have an effective date of 1 July	Coverage must start on the 1 July	Self-insurers only

Modification for P032.4:

Code	Severity	Description	Message text	Filter
P032.4	Error	Self-insurers must have an expiry date of 30 June	Coverage must end on the 30 June	Self-insurers only

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
	Rule C041.2		(y)	If below a minimum $600 or above a maximum figure $4,935 *Note – this validation will not apply to part time workers (C035 code 02)*
P053 Description	Initial Deposit Premium Charged	23	The initial premium charged for the specified period of cover for each premium rate classification for the policy, regardless of the type of policy	*Replace with* The initial premium charged for the specified period of cover for each coverage, regardless of the type of policy
P041 Description	Current Adjusted Premium Charged	24	The current adjusted premium charged for the specified period of cover for each ANZSIC classification for the policy, regardless of the type of policy. Including for burning cost policies	*Replace with* The current adjusted premium charged for the specified coverage, regardless of the type of policy. Including for burning cost policies
P042 Description	Actual Final Premium Charged	24	The latest adjusted premium charged for the specified period of cover for each ANZSIC classification for the policy, regardless of the type of policy	*Replace with* The latest adjusted premium charged for the specified coverage, regardless of the type of policy
C001 Description	Insurer Number	25	The number allocated to the insurer, this is a national number allocated to insurers and is the same number used by all jurisdictions	*Replace with* The number allocated to the insurer, this is the same number used by all NIDS jurisdictions
C003 Condition	Workcover Claim Number	25	Mandatory (for WA only)	*Add* ACT insurers: leave this field blank
C004 Condition	Start Date of Return Period	25	Mandatory (for WA only)	*Add* ACT insurers: leave this field blank
C005 Condition	End Date of Return Period	25	Mandatory (for WA only)	*Add* ACT insurers: leave this field blank
C008 Description	ANZIC 1993	27	Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged pre 1 Jul 2012	*Replace with* Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular coverage to which the claim is charged.
C129	ANZIC 2006	27	**Industry of employer (ANZSIC Classification 2006)**	*Replace with*

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
Description			Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the employer holding this particular policy to which the claim is charged post 1 July 2013	**Industry of employer (ANZSIC Classification 2006**) Identifies the Australian and New Zealand Standard Industrial Classification code (four-digit level) of the coverage to which the claim is charged *Add to NOTE:* ACT: optional if Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is before 1 July 2014. ACT: mandatory if Effective Date (P031) of the coverage that covers the Date of Occurrence (C048) is after 30 June 2014
C009 Notes	Shared Claim Code	28	Examples of a claim that would be considered 'Shared' are a claim which has been lodged as workers compensation but then determined to be under Compulsory Third Party insurance, or a claim which has been lodged with more than one insurer due to a dispute/uncertainty in where the liability falls. This includes claims which are lodged with an insurer and then passed on to the nominal insurer. If the insurer is determined to be liable, then the code 01 Shared, responsible Insurer should be used, if the insurer is determined not to be liable, then code 02 Shared, not responsible insurer applies.	*Replace with* Identifies that the financial responsibility for a claim is being shared with another insurer.
C010 Condition	Record Status Code	28	Mandatory (WA only)	*Replace with* ACT insurers- leave this blank
C029 Condition	Worker Date of Birth	34	Optional	*Replace with* Mandatory
C037 Description	Workers Occupation Code	38	The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code	*Replace with* The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code (ACT insurers: ANZSCO 2006 revision one)
C038 Notes	Hours Worked Per Day	38		*Add a note* (ACT insurers) - overtime hours should only be included if the overtime is taken into account in the calculation of average pre incapacity weekly earnings in

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SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
				accordance with s 25 of the ACT WC Act
C039 Description	Hours Worked Per Week	38	Worked	*Replace with* worker *Add a note* (ACT insurers) – reported figure should be the average pre incapacity weekly hours, calculated according to s21 or s22 of the WC Act (ACT)
C040 Notes and Description	Normal Weekly Earnings	38	refer to Section 69(2) of the Act	*Replace with* refer to Section 69(2) of the Act (Tasmania only) *Add a note:* (ACT insurers) - the reported figure should be the *pre-incapacity weekly earnings*, calculated in accordance with Chapter 4 of the WC Act 1951. If the Act contradicts the NIDS description, the ACT definition prevails
CO56 Condition	Date of Death	44	Mandatory	*Conditional*
C058 Condition	Date of Recurrence	45	Mandatory	*Conditional*
CO59 Condition	Date Reopened	45	Mandatory	*Conditional*
C060 Condition	Weekly Benefit Rate	45	Mandatory	*Conditional*
C043 Condition	Employer ABN	39	Mandatory	*Replace with* Optional
C125 Condition	Employer ACN	39	Mandatory (for ACT only)	*Replace with* Optional for ACT only
C127	Workcover	40	Mandatory (WA only)	*Add*

			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
Condition	Number			ACT insurers: leave this field blank
C054 Condition	Injury Management Program Type	43	Mandatory (ACT and WA only)	*Replace with* Mandatory (WA only) *Add* ACT Insurers leave this field blank
C066 Notes	Workplace ANZIC 1993	48		*Add a note* See <u>ANZSIC 1993 and 2006 – Explanation of coding</u>
3.3	Rule C066.5	84	If the Date of Occurrence (C048) is less than or equal to 30 June 2014 then this field is Mandatory	*Replace with:* If the Date of Occurrence (C048) is less than or equal to 30 June 2015 then this field is Mandatory
3.3	Error message C066.5		Because this claim has an occurrence date on or prior to 30 June 2014 an ANZSIC 1993 Workplace code is required	*Replace with* Because this claim has an occurrence date on or prior to 30 June 2015 an ANZSIC 1993 Workplace code is required
C083 Cardinality	Date of Medical Certificate	53	Many	*Replace with* M
C131 Cardinality	Medical Certificate id	53	Many	*Replace with* M
C097 Format	Total Time Lost Estimated	58	Numeric	*Add:* Length: 7 digits – (HHHHHMM)
C100 Notes	Payment Type Code	60-61	Section 69 Section 67a Section 67 Section 75(1AA)(1)(b)	*Replace with* Section 69 (Tas) or Part 4.3 of the WC Act 1951 (ACT) Section 67a (Tas) or Part 4.6 of the WC Act (ACT) Section 67 (Tas) or Part 4.6 of the WC Act (ACT) Section 75(1AA)(1)(b) (Tas) or Part 4.6 of the WC Act (ACT)

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
C100 Notes	Payment Type Code	63	**Treatments provided as vocational rehabilitation 10 – Common law** The total economic (loss of future earnings, loss of superannuation, legal expenses and future medical costs) and non-economic loss (pain and suffering) components of a common law settlement or judgment. Claims with an accident date of 1 July 2010 or greater must have a Whole person Impairment Percentage of 20% or more if a Common Law Payment is to be made. Claims with an accident date of between 1 July 2001 and 30 June 2010 must have a Whole Person Impairment Percentage of 30% or more if a Common Law Payment is to be made.	*Replace with* Treatments provided as vocational rehabilitation **10 – Common law** The total economic (loss of future earnings, loss of superannuation, legal expenses and future medical costs) and non-economic loss (pain and suffering) components of a common law settlement or judgment. ACT only: Payments made for damages claims in accordance with chapter 9 of the WC Act (ACT). Tas only: Claims with an accident date of 1 July 2010 or greater must have a Whole person Impairment Percentage of 20% or more if a Common Law Payment is to be made. Tas only: Claims with an accident date of between 1 July 2001 and 30 June 2010 must have a Whole Person Impairment Percentage of 30% or more if a Common Law Payment is to be made.
C100 Notes	Payment Type Code	63	Payments made under Sections 71, 72 and 73. Payments for permanent impairment (physical, psychological, industrial deafness). Includes payments under previous Table of Maims for claims with an accident date prior to 1 July 2001	*Replace with* Payments made under Sections 71, 72 and 73 (Tas) or part 4.4 of the WC Act (ACT). Payments for permanent impairment (physical, psychological, industrial deafness). Includes payments under previous Table of Maims for claims with an accident date prior to 1 July 2001 (Tas only)
C100 Notes	Payment Type Code	63	12 - Redemption Payments relating to the commutation of statutory benefits. This can only apply to claims with an accident date of 1 July 2001 or greater. Claims with an accident date of 1 July 2010 or greater	Replace with (ACT) Use this code to report payments made for the settlement of a claim in accordance with part 6.4 of the WC Act. (Tas) Payments relating to the commutation of statutory benefits . This can only apply to claims with an accident date of 1 July 2001 or greater.

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			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
			(section 132A) Claims with an accident date of between 1 July 2001 and 30 June 2010 inclusive (repealed sections 39 and 89)	Claims with an accident date of 1 July 2010 or greater (section 132A) Claims with an accident date of between 1 July 2001 and 30 June 2010 inclusive (repealed sections 39 and 89)
C100 Notes	Payment Type Code	63	13 - Negotiated Lump Sum Settlement Payments of lump sums where the claim is settled by common law release, but no writ was issued. This can only apply to claims with an accident date prior to 1 July 2010. This should include all costs associated with the settlement.	13 - Negotiated Lump Sum Settlement Payments of lump sums where the claim is settled by common law release, but no writ was issued. This should include all costs associated with the settlement. Tas only: This can only apply to claims with an accident date prior to 1 July 2010.
C100 Notes	Payment Type Code	63	09 – Allied health payment	Add: *Pharmaceuticals*
C101 Cardinality	Weekly Payment Code	65	Many	*Replace with* M
C102 C103 C104 C112 C113 Cardinality	Time Lost Date Paid From Date Paid To Service Code Service Date	66	Many	*Replace with* M
C110 Condition	Payment Source	68	Mandatory	*Replace with* *ACT: Insurers leave this field blank*
3.4	Rule No C110.3	92		_Disregard this rule – C110 not used in the ACT – validation not applied_
3.4.1	Rule No C110.M	93		_Disregard this rule – C110 not used in the ACT – validation not applied_
C111 Cardinality	Provider Number	68	Many	*Replace with M*
C111	Provider Number	68	Medicare	*Replace with AHPRA*

			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	**FIELD NAME**	**PAGE**	**CURRENT (V8.0)**	**MODIFICATION**
Description				
C106, 107 Cardinality	Transaction Date Transaction Type Code	67	Many	*Replace with* M
C109 Condition	Payment Context	68	Mandatory WA only	*Replace with* Mandatory (WA and ACT)
3.4	Rule C096.3	89	Total Payments Actual must equal sum(all payments for claim) plus or minus X%	*Replace with*: Total Payments Actual must equal sum(all payments for claim) plus or minus 5%
3.4	Rule C098.2	89	Total Lost Time Actual must equal sum(all payments for claim) plus or minus X%	Total Lost Time Actual must equal sum (i.e. sum of time lost on individual payment transactions using C103, C104) plus or minus 5%
3.4	Rule C100.4	89	If Payment Type code is equal to 12 Redemption payment then date of occurrence (C048) must be equal to or greater than 1 July 2001	*Disregard this rule – C100.4 does not apply to the ACT – validation not applied*
3.4	Rule C100.7	90	If Payment Type code is equal to 11 Permanent Impairment Payment then Whole Person Impairment (C092) must be greater than 0	*Disregard this rule – C100.7 does not apply to the ACT – validation not applied*
3.4	Rule C100.9	90	If Payment Type code is equal to 10 Common Law then if date of occurrence (C048) is equal to or greater than 1 July 2010 then Whole Person Impairment Percentage (C092) must be 20% or greater	*Disregard this rule – C100.9 does not apply to the ACT – validation not applied*
3.4	Rule C100.12	90	If Payment Type Code is equal to 13 Negotiated Settlement then date of occurrence (C048) must be less than or equal to 30 June 2010	*Disregard this rule – C100.12 does not apply to the ACT – validation not applied*
3.4	Rule C105.3	92	If Payment Type code is equal to 01 Weekly Payment and Weekly Payment Code is equal to 01 Weekly Payment then the Payment Amount (C105)	*Replace with* If Payment Type code is equal to 01 Weekly Payment and Weekly Payment Code is equal to 01 Weekly Payment then the Payment

			NIDS V8.0 - ADDENDUMS FOR ACT INSURER IMPLEMENTATION	
SECTION	FIELD NAME	PAGE	CURRENT (V8.0)	MODIFICATION
			/Time Lost (C102) must not be more than x% lower or y% higher than the (highest of either Ordinary Time Rate (C041)/ Hours worked per week (C039) or Normal weekly earnings (C040) / Hours worked per week (C039)	Amount (C105) /Time Lost (C102) must not be more than 20% lower or 20% higher than the (highest of either Ordinary Time Rate (C041)/ Hours worked per week (C039) or Normal weekly earnings (C040) / Hours worked per week (C039)
	Rule C112.2		If Payment Type Code (C100) is equal to [05, 06, 08,09] a service code is required, cannot be NULL	*Disregard this rule – C112.2 does not apply to the ACT – validation not applied*
5	ANZIC 1993 and 2006- Explanation of Coding	97-	This section relates to implementation in Tasmania	*Disregard NIDS section 5* *Attachment 1 of this addendum document provides the equivalent ACT specific ANZSIC 2006 transition information.*
7.3	Example Scenarios	105-108	Policy coverage period 1 July 2012 to 30 June 2013.	*Replace with:* Policy coverage period 1 July 2014 to 30 June 2015.

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ANZSIC 1993 and 2006 Explanation of Coding – ACT INSURERS

Introduction

Tasmania, Western Australia, the Australian Capital Territory and the Insurance Council of Australia have agreed on a consistent approach to moving from the ANZSIC 1993 industry classification to the ANZSIC 2006 industry classification. This document describes how the transition will be executed in the ACT.

Dual coding approach

The tables below describe the approach to reporting industry (ANZSIC) codes, which must be used by ACT insurers when submitting data to the WCMS system, according to the NIDS reporting standard. The NIDS data items used to report ANZSIC are P033; P034; C008; C129; C066; and C128.

Year of effect	Business Process
2013-14	ANZSIC 1993 (plus optional supply of ANZSIC 2006)
2014-15	Dual Code ANZSIC 1993 and ANZSIC 2006
2015-16 onwards	ANZSIC 2006

Industry of Employer and Industry of the Workplace - continue separate coding

Industry of Employer code

The Industry of Employer at the claim and policy/coverage level are to be coded as ANZSIC 1993 or ANZSIC 2006 (or dual coded) based on the effective date of the policy/coverage.

Year of effect	Business Process
2013-14	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be coded as ANZSIC 1993 plus optional supply of ANZSIC 2006.
2014-15	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be dual coded as ANZSIC 1993 and ANZSIC 2006.
2015-16 onwards	The Industry of Employer data for policies with an effective date in this period (and claims linked to such policies) must be coded as ANZSIC 2006.

Industry of Workplace code

The Industry of Workplace is to be coded based on the *date of occurrence* recorded for the claim.

Year	Business Process
2013-14	For claims with a date of occurrence in this period code the Industry of Workplace as ANZSIC 1993 plus optional supply of ANZSIC 2006.
2014-15	For claims with a date of occurrence in this period dual code the Industry of Workplace as ANZSIC 1993 and ANZSIC 2006.
2015-16 onwards	For claims with a date of occurrence in this period code the Industry of Workplace as ANZSIC 2006.

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Description in more detail:

Data being submitted	Coverage period effective from	Being submitted in period		
		2013-14	**2014-15**	**2015-2016**
New policies and renewals	2013-14	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)-	
	2014-15	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006
	2015-16	-	ANZSIC 2006	ANZSIC 2006
Adjustments policies and renewals	2013-14 and prior	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)
	2014-15	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006
	2015-16	ANZSIC 2006	ANZSIC 2006	ANZSIC 2006
New claims data and adjustments to claims data – industry of employer	2013-14 and prior	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)
	2014-15	-	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006
	2015-16	-	ANZSIC 2006	ANZSIC 2006
New claims data and adjustments to claims data – industry of workplace	2013-14 and prior	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)	ANZSIC 1993 (mandatory) ANZSIC 2006 (optional)
	2014-15	-	ANZSIC 1993 and ANZSIC 2006	ANZSIC 1993 and ANZSIC 2006
	2015-16	-	-	ANZSIC 2006

Examples:

1. A new policy with an effective date of 1 October 2013 being submitted in the 2013-14 year would need to have the Industry of Employer submitted in ANZSIC 1993 (orange cell).
2. A new claim with a date of occurrence of 25 July 2014 being submitted on the 3 October 2014 but linked to a policy with a coverage that was effective from 1 September 2013 would need to be have the Industry of Employer data submitted in ANZSIC 1993 (pink cell) and the Industry of Workplace data submitted in ANZSIC 1993 and ANZSIC 2006 (yellow cell).