NATIONAL INSURER DATA SPECIFICATIONS (NIDS)

Version 8.0

Date 9 April 2013

Document Acceptance and Release Notice

This document is Version 8.0, Date1 November 2012, of National Insurers Data Specification (NIDS) Version 8.0.

The document is a managed document. For identification of amendments each page contains a release number and a page number. Changes will only be issued as a complete replacement document. Recipients should remove superseded versions from circulation.

This document is authorised for release once all signatures have been obtained

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| Version | Date | Approved | Determination Number | Date of Issue |
| 8.0 | 1 November 2012 |  |  |  |
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Updates/Changes

| **PCCP Item** | **Data Element** | **Field Name** | **Description** | **Condition**  | **Codes** | **Comments re update** |
| --- | --- | --- | --- | --- | --- | --- |
| Coverage | P033 | ANZSIC 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 **2014** | Conditional |   | Change date from pre July 2012 t0 pre July 2014 - due to dual coding - an ANZSIC 93 code must be supplied until 30 Jun 2014 inclusive. |
| Coverage | P034 | ANZSIC 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.** | Conditional |   | Change date from pre July 2012 t0 post July 2013 - due to dual coding - an ANZSIC 06 code must be supplied from 1 July 2013 inclusive. |
| Claims | C008 | ANZSIC 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 **2014** | Conditional |   | Change date from pre July 2012 t0 pre July 2014 - due to dual coding - an ANZSIC 93 code must be supplied until 30 Jun 2014 inclusive. |
| Claims | C129 | ANZSIC 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.** | Conditional |   | Change date from pre July 2012 t0 post July 2013 - due to dual coding - an ANZSIC 06 code must be supplied from 1 July 2013 inclusive. |
| Claims | C066 | WORKPLACE ANZSIC 1993 | 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 for all claims pre 1 Jul **2014** | Conditional |   |  See C008 |
| Claims | C128 | WORKPLACE ANZSIC 2006 | 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 for all claims post 1 Jul **2013** | Conditional |   |  See C129 |
| Claims | C131 | MEDICAL CERTIFICATE ID | Unique reference number/ID allocated by insurer for each medical certificate. | **Conditional** |   | For a new claim this field is mandatory, for an update to a claim if any of the fields C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional |
| Claims | C083 | DATE OF MEDICAL CERTIFICATE | The Date of Examination shown on the latest Workers’ Compensation medical certificate received for the worker (whether it is an Initial or Continuing/Final certificate). | **Conditional** |   | For a new claim this field is mandatory, for an update to a claim if any of the fields C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional |
| Claims | C084 | MEDICAL CERTIFICATE PROVIDER NUMBER | A unique number allocated by Medicare to identify the provider supplying the medical certificate. | Optional |   | For a new claim this feld is mandatory, for an update to a claim if any of the fields C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional |
| Claims | C085 | CAPACITY TO WORK AT MEDICAL CERTIFICATE | The capacity to work as shown on the Workers’ Compensation medical certificate received for the worker (whether it is a First, Progress or Final certificate) or other indication of the worker’s fitness for work (e.g., report). | **Conditional** | 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. | For a new claim this feld is mandatory, for an update to a claim if any of the fields C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional |
| Claims | C086 | DATE WORK STATUS CHANGED | The date the Worker returned to work in any capacity. | **Conditional** |   | For a new claim this field is mandatory, for an update to a claim if any of the data items - C086, C130 and C087 are populated to indicate a change in work status, then all three fields are mandatory  |
| Claims | C130 | WORK STATUS UPDATE ID | Unique reference number/ID allocated by insurer for each work status update. | **Conditional** |   | For a new claim this field is mandatory, for an update to a claim if any of the data items - C086, C130 and C087 are populated to indicate a change in work status, then all three fields are mandatory  |
| Claims | C087 | WORK STATUS | The worker’s last known work status. | **Conditional** | 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 | For a new claim this field is mandatory, for an update to a claim if any of the data items - C086, C130 and C087 are populated to indicate a change in work status, then all three fields are mandatory  |

Table of Contents

Who Should Use This Specification? 8

Background 8

Conditions 8

Updating of documentation 8

Terminology 8

Copies of NIDS documentation 9

Version 9

1 POLICY DATA 10

1.1 Policy Data Items 10

P001 INSURER NUMBER 10

P002 EMPLOYER ABN 10

P043 WORKCOVER NUMBER 10

P044 EMPLOYER ACN 11

P003 POLICY NUMBER 11

P004 REVISED POLICY NUMBER 11

P005 EMPLOYER LEGAL NAME 12

P006 EMPLOYER OTHER NAME 12

P050 EMPLOYER SURNAME 12

P007 EMPLOYER TRADING NAME 13

P009 EMPLOYER ADDRESS LINE 1 13

P010 EMPLOYER ADDRESS LINE 2 13

P045 EMPLOYER ADDRESS LINE 3 14

P011 EMPLOYER ADDRESS SUBURB 14

P012 EMPLOYER ADDRESS STATE/TERRITORY 14

P013 EMPLOYER ADDRESS POSTCODE 15

P014 EMPLOYER POSTAL ADDRESS LINE 1 15

P051 EMPLOYER POSTAL ADDRESS LINE 2 15

P052 EMPLOYER POSTAL ADDRESS LINE 3 15

P015 EMPLOYER POSTAL ADDRESS SUBURB 16

P016 EMPLOYER POSTAL ADDRESS STATE/TERRITORY 16

P017 EMPLOYER POSTAL ADDRESS POSTCODE 17

P018 EMPLOYER PHONE NUMBER 17

P019 EMPLOYER MOBILE PHONE NUMBER 17

P020 EMPLOYER EMAIL ADDRESS 18

P021 BROKER ID 18

P026 INJURY MANAGEMENT PROGRAM TYPE 18

1.2 Coverage Data Items 19

P027 LAPSE/CANCELLATION REASON CODE 19

P028 COVERAGE ID 20

P029 COVERAGE TYPE CODE 20

P031 EFFECTIVE DATE 21

P032 EXPIRY DATE 21

P033 ANZSIC 1993 21

P034 ANZSIC 2006 22

P035 ESTIMATED WAGES 22

P036 ESTIMATED NUMBER OF WORKERS 22

P037 ACTUAL WAGES 22

P038 ACTUAL NUMBER OF WORKERS 23

P039 PREMIUM COLLECTION TYPE 23

P053 INITIAL DEPOSIT PREMIUM CHARGED 23

P041 CURRENT ADJUSTED PREMIUM CHARGED 24

P042 ACTUAL FINAL PREMIUM CHARGED 24

2 CLAIM DETAILS 25

2.1 Claim Identification Data 25

C001 INSURER NUMBER 25

C002 INSURER CLAIM NUMBER 25

C003 WORKCOVER CLAIM NUMBER (WCCN) 25

C004 START DATE OF RETURN PERIOD 26

C005 END DATE OF RETURN PERIOD 26

C006 POLICY NUMBER 26

C007 COVERAGE ID 26

C008 ANZSIC 1993 27

C129 ANZSIC 2006 27

C009 SHARED CLAIM CODE 28

C010 RECORD STATUS CODE 28

C011 REVISED INSURER CLAIM NUMBER 29

2.2 Worker Data 29

C012 WORKER TITLE 29

C013 WORKER SURNAME 29

C014 WORKER GIVEN NAMES 29

C015 WORKER RESIDENTIAL ADDRESS LINE 1 30

C016 WORKER RESIDENTIAL ADDRESS LINE 2 30

C120 WORKER RESIDENTIAL ADDRESS LINE 3 30

C017 WORKER RESIDENTIAL ADDRESS SUBURB 30

C018 WORKER RESIDENTIAL ADDRESS STATE/TERRITORY 31

C019 WORKER RESIDENTIAL ADDRESS POSTCODE 31

C020 WORKER POSTAL ADDRESS LINE 1 31

C021 WORKER POSTAL ADDRESS LINE 2 32

C121 WORKER POSTAL ADDRESS LINE 3 32

C022 WORKER POSTAL ADDRESS SUBURB 32

C023 WORKER POSTAL ADDRESS STATE/TERRITORY 33

C024 WORKER POSTAL ADDRESS POSTCODE 33

C025 WORKER HOME PHONE NUMBER 33

C026 WORKER MOBILE PHONE NUMBER 34

C027 WORKER WORK PHONE NUMBER 34

C028 WORKER EMAIL ADDRESS 34

C029 WORKER DATE OF BIRTH 34

C030 WORKER GENDER 35

C031 WORKER PREFERRED LANGUAGE 35

C124 WORKER DEPENDANTS 35

2.3 Employment Details 36

C032 DUTY STATUS CODE 36

C033 EMPLOYMENT STATUS CODE 36

C034 EMPLOYMENT TYPE CODE 37

C035 FULL/PART TIME CODE 37

C036 WORKERS OCCUPATION NARRATIVE 37

C037 WORKERS OCCUPATION CODE 38

C038 HOURS WORKED PER DAY 38

C039 HOURS WORKED PER WEEK 38

C040 NORMAL WEEKLY EARNINGS 38

C041 ORDINARY TIME RATE OF PAY PER WEEK 39

C042 DATE WORKER STARTED EMPLOYMENT 39

2.4 Employer Data 39

C043 EMPLOYER ABN 39

C125 EMPLOYER ACN 39

C127 WORKCOVER NUMBER 40

C044 EMPLOYER TRADING NAME 40

C045 EMPLOYER CONTACT NAME 40

C046 EMPLOYER CONTACT POSITION 41

C047 EMPLOYER CONTACT PHONE NUMBER 41

2.5 Claim Management Details 42

C048 DATE OF OCCURRENCE 42

C049 DATE INSURER NOTIFIED OF INJURY 42

C050 DATE CLAIM RECEIVED BY EMPLOYER 42

C051 DATE MEDICAL CERTIFICATE RECEIVED BY EMPLOYER 42

C052 DATE INSURER NOTIFIED OF CLAIM 43

C053 DATE CLAIM RECEIVED BY INSURER 43

C054 INJURY MANAGEMENT PROGRAM TYPE 43

C055 EXTENT OF INCAPACITY CODE 44

C056 DATE OF DEATH 44

C057 DATE CLAIM FINALISED 44

C058 DATE OF RECURRENCE 45

C059 DATE REOPENED 45

C060 WEEKLY BENEFIT RATE 45

C061 CLAIM STATUS DATE 45

C062 CLAIM STATUS CODE 46

C063 COMMON LAW INVOLVEMENT 46

C064 COMMON LAW OUTCOME 47

C065 COMMON LAW PROVISION 47

2.6 Workplace Details 48

C066 WORKPLACE ANZSIC 1993 48

C128 WORKPLACE ANZSIC 2006 48

2.7 Workplace (Incident Location) Address Fields 49

C067 WORKPLACE ADDRESS LINE 1 49

C068 WORKPLACE ADDRESS LINE 2 49

C122 WORKPLACE ADDRESS LINE 3 49

C069 WORKPLACE ADDRESS SUBURB 50

C070 WORKPLACE ADDRESS STATE/TERRITORY 50

C071 WORKPLACE ADDRESS POSTCODE 50

2.8 Injury Details 51

C072 INCIDENT DESCRIPTION NARRATIVE 51

C073 MECHANISM OF INJURY/DISEASE CODE 51

C074 AGENCY OF INJURY/DISEASE CODE 51

C075 BREAKDOWN AGENCY CODE 52

C076 MOST SERIOUS INJURY/DISEASE NARRATIVE 52

C077 NATURE OF INJURY/DISEASE CODE 52

C078 BODILY LOCATION OF INJURY/DISEASE NARRATIVE 52

C079 BODILY LOCATION OF INJURY/DISEASE CODE 53

2.9 Injury Management Status 53

C082 PRIMARY PROVIDER NUMBER 53

C131 MEDICAL CERTIFICATE ID 53

C083 DATE OF MEDICAL CERTIFICATE 53

C084 MEDICAL CERTIFICATE PROVIDER NUMBER 54

C085 CAPACITY TO WORK AT MEDICAL CERTIFICATE 54

C086 DATE WORK STATUS CHANGED 54

C087 WORK STATUS 55

C130 WORK STATUS UPDATE ID 55

C088 RETURN TO WORK plan STATUS 56

C089 RETURN TO WORK PLAN GOAL/OUTCOME 56

C090 INJURY MANAGEMENT PLAN STATUS 57

C091 WHOLE PERSON IMPAIRMENT TYPE 57

C092 WHOLE PERSON IMPAIRMENT PERCENTAGE 57

C093 DATE OF DETERMINATION 57

C094 DEAFNESS PERCENTAGE 58

C095 TOTAL PAYMENTS ESTIMATED 58

C097 TOTAL TIME LOST ESTIMATED 58

2.10 Claim Payments 59

C096 TOTAL PAYMENTS ACTUAL 59

C098 TOTAL TIME LOST ACTUAL 59

C099 INSURER PAYMENT ID 59

C100 PAYMENT TYPE CODE 60

C101 WEEKLY PAYMENT CODE 65

C102 TIME LOST 66

C103 DATE PAID FROM 66

C104 DATE PAID TO 66

C105 PAYMENT AMOUNT 66

C106 TRANSACTION DATE 67

C107 TRANSACTION TYPE CODE 67

C109 PAYMENT CONTEXT 68

C110 PAYMENT SOURCE 68

2.11 Claim Services 68

C111 PROVIDER NUMBER 68

C112 SERVICE CODE 69

C113 SERVICE DATE 69

3 Rules and Validations 70

3.1 Policy Rules and Validations 71

3.1.1 Policy Mandatory Rules 72

3.2 Coverage Rules and Validations 73

3.2.1 Revalidation 75

3.2.2 Mandatory Rules 76

3.3 Claim Rules and Validations 76

3.3.1 Claims Mandatory Rules 86

3.4 Payment Rules and Validations 88

3.4.1 Payment Mandatory Rules 92

4 Insurer Numbers 93

5 ANZSIC 1993 and 2006 – Explanation of coding 96

5.1 Introduction 96

5.2 Coding the Industry of Employer and Industry of Workplace 96

5.3 Dual coding approach 96

5.4 Industry of Employer code and Industry of the Workplace to be coded separately 97

5.4.1 Industry of Employer code 97

5.4.2 Industry of Workplace code 97

5.5 Description in more detail: 97

5.5.1 Migration of Data 97

5.5.2 Submission of data by insurers in the 2012 – 2013 period 98

5.5.3 Submission of data by insurers in the 2013 – 2014 period 98

5.5.4 Submission of data by insurers in the 2014 – 2015 period and onwards 99

5.6 Submission of ANZSIC codes summary 100

6 ID fields 102

6.1 Coverage ID 102

6.2 Medical Certificate ID 102

6.3 Work Status Update ID 102

6.4 Payment ID 102

7 Premium, Wages and Workers 103

7.1 Premium Fields 103

7.1.1 Initial Deposit Premium Charged (P053) 103

7.1.2 Current Adjusted Premium Charged (P041) 103

7.2 Wages and Workers 103

7.2.1 Estimated Wages (P035) 103

7.2.2 Estimated Number of Workers (P036) 103

7.2.3 Actual Wages (P037) 103

7.2.4 Actual Number of Workers (P038) 103

7.3 Example Scenarios 104

8 GST 108

8.1 Premium 108

8.2 Payments (Actual and Estimated) 108

9 XSD 8.0 109

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 WorkCover Tasmania.

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 updatesM = 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 is supplied according to the insurer’s discretion |
| Optional | The data item only has to be supplied when applicable |
| 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. |
| 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](http://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

# POLICY DATA

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

## 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](#_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

## Coverage Data Items

See Rules and Validations - [Coverage Rules and Validations](#_Coverage_Rules_and) 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](#_ANZSIC_1993_and_2006 – Explanation )

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](#_ANZSIC_1993_and_2006 – Explanation )

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)

# CLAIM DETAILS

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

## 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](#_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](#CoverageID)

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](#_ANZSIC_1993_and_2006 – Explanation )

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](#_ANZSIC_1993_and_2006 – Explanation )

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.

## 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 Conditional

C026 WORKER MOBILE PHONE NUMBER

DESCRIPTION The mobile telephone number of the worker

FORMAT Numeric

LENGTH 10 characters

CARDINALITY 1

CONDITION Conditonal

C027 WORKER WORK PHONE NUMBER

DESCRIPTION The work telephone number of the worker

FORMAT Numeric

LENGTH 10 characters

CARDINALITY 1

CONDITION Conditional

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

## 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

## 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 Optional

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

## 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 not be zeroed unless the claim is no longer a Common Law claim

## 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.

## 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

## 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

## 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

Note:

For a new claim this must be supplied, for an update to a claim if C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional

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 Conditonal

Note:

For a new claim this must be supplied, for an update to a claim if C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional

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

Note:

For a new claim this must be supplied, for an update to a claim if C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is 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 Conditional

Note:

For a new claim this must be supplied, for an update to a claim if C131, C083, C084 are populated to indicate a new medical certificate, then all three fields are mandatory and C084 is optional

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 Conditional

Note:

For a new claim this must be supplied, for an update to a claim if either C086, C087, and C130 are populated to indicate a change in the work status, then all three fields are mandatory

C087 WORK STATUS

DESCRIPTION The worker’s last known work status.

FORMAT Numeric

LENGTH 2 digits

CARDINALITY M

CONDITION Conditional

Note:

For a new claim this must be supplied, for an update to a claim if either C086, C087, and C130 are populated to indicate a change in the work status, then all three fields are 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

Note:

For a new claim this must be supplied, for an update to a claim if either C086, C087, and C130 are populated to indicate a change in the work status, then all three fields are mandatory

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

## Claim Payments

See Rules and Validations - [Payment Rules and Validations](#_Payment_Rules_and) 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:

01Weekly Payment

02Fatal Weekly Payment

03 Fatal Lump Sum Payment

04 Fatal Other Payment

05Medical Practitioner or Specialist Payment

06Hospital Expense Payment

07Other Treatment or Appliance Payment

08Vocational Rehabilitation Payment

09Allied Health Payment

10Common Law Payment

11Permanent Impairment Payment

12Redemption Payment

13Negotiated Settlement Payment

14Worker Legal Expense Payment

15Insurer Legal Expense Payment

16Investigation Expense Payment

17Miscellaneous 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](https://mail.portal.keane.com/owa/?ae=PreFormAction&a=ReplyAll&t=IPM.Note&id=RgAAAABMD4BIx0oBTo1pvRGP2TQCBwAOc7r94RqzQ6piMQA38P%2fUAFaOA8aAAACho9woghW6TJ444OlX2nCwAABDZUfZAAAJ&pspid=_1331241866528_824008621#C1022)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](https://mail.portal.keane.com/owa/?ae=PreFormAction&a=ReplyAll&t=IPM.Note&id=RgAAAABMD4BIx0oBTo1pvRGP2TQCBwAOc7r94RqzQ6piMQA38P%2fUAFaOA8aAAACho9woghW6TJ444OlX2nCwAABDZUfZAAAJ&pspid=_1331241866528_824008621#C1023)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)

NOTE:

If supplied then the codes must be correct

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

## 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

# 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 submissionConditional – the element must be supplied if it fits within the conditional rulesOptional – the element can be supplied at the discretion of the insurer, if supplied it must adhere to any rulesRevalidation – 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 rejectedFLAG – 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 |

## 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 |
| 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 |

### 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 |

## 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 Notification07 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 Notification07 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 |
| 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 |
| 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 |

### 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 |  |

### 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 |

## 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. |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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. |
| 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 |
| 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 |

### 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 |
| 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 |
| 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 |

## 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 |
| 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 |
| 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 |
| 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. |
| C105 | C105.4 | PAYMENT AMOUNT | Mandatory | If Transaction Type Code (C107) is equal to "02" or "03" then payment amount must be less than 0 | **REJECT** | Recoveries should be entered as a negative amount |
| 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 |
| 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 |

### 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 |

# 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 |
| 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 |
| 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 |

# ANZSIC 1993 and 2006 – Explanation of coding

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

## 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.

## 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.

## 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  |

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

### 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. |

### 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. |

## Description in more detail:

### 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.

### 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.

### 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.

### 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.

## Submission of ANZSIC codes summary

|  |
| --- |
| Being submitted in period |
| Data being submitted | Coverage period effective from | 2012-2013 | 2013-2014 | 2014-2015 |
| New policies and renewals  | 2012-2013 | ANZSIC 1993 | - | - |
| 2013-2014 | ANZSIC 1993ANZSIC 2006 | ANZSIC 1993ANZSIC 2006 | - |
| 2014-2015 | - | ANZSIC 2006 | ANZSIC 2006 |
| Adjustments policies and renewals | 2012-2013 and prior | ANZSIC 1993 | ANZSIC 1993 | ANZSIC 1993 |
| 2013-2014 | ANZSIC 1993ANZSIC 2006 | ANZSIC 1993ANZSIC 2006 | ANZSIC 1993ANZSIC 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 1993ANZSIC 2006 | ANZSIC 1993ANZSIC 2006 |
| 2014-2015 | - | - | ANZSIC 2006 |

|  |
| --- |
| Being submitted in period |
| Data being submitted | Date of Occurrence | 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 1993ANZSIC 2006 | ANZSIC 1993ANZSIC 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).

# ID fields

## 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.

1. 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.

## Medical Certificate ID

1. Why is this needed?

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

1. 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

1. 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

## Work Status Update ID

1. Why is this needed?

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

1. 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

1. 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.

## Payment ID

1. Why is this needed?

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

1. What will this be used for?

To allow the identification of a specific payment transaction

# 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)

## Premium Fields

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

### Initial Deposit Premium Charged (P053)

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

### 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.

## Wages and Workers

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

### 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.

### 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.

### Actual Wages (P037)

* Used for reporting the actual wages once known (usually at the end of the policy period / at the next renewal). Leave NULL if not known.

### 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). Leave NULL if not known.

## 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 |
| 1. **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 |
| 1. **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
 | $1,000Coverage 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 | $1,500Coverage Type Code = 06 (Policy Adjustment Notification) | Yes |  |
| 1. **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 | $1500Coverage Type Code = 06 (Policy Adjustment Notification) | Yes |  |
| 1. **Initial Cover Note**
 | Yes |  | Yes |  |
| 1. **Lapsed Cover Note**
 | As previously reported | = 0 | As previously reported | = 0 |
| 1. **Lapsed renewal**
 | As previously reported | = 0 | As previously reported | = 0 |
| 1. **Policy cancelled from inception**
 | As previously reported | =0  | As previously reported | = 0 |
| 1. **Policy cancelled mid-term**
 | As previously reported | Adjusted | As previously reported | Adjusted |
| 1. **Mid-term update of estimated wages**
 | As previously reported | Adjusted | Adjusted |  |
| 1. **Wage audit**
 | As previously reported | Adjusted | Adjusted |  |

# GST

## 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.

## 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.

# XSD 8.0

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<!-- edited with XMLSpy v2009 sp1 (http://www.altova.com) by Department of Justice (Department of Justice) -->

<!--Created with Liquid XML Studio 2012 Designer Edition 10.1.2.4113 (http://www.liquid-technologies.com)-->

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