NATIONAL INSURER DATA SPECIFICATIONS (NIDS)

Version 8.1

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INTRODUCTION

The purpose of this document is to set out WorkSafe Tasmania's rules for the implementation of NIDS version 8.1, which covers the collection of Policy and Claims data from approved insurers and exempt employers (self-insurers) operating within the Tasmanian jurisdiction.

This specification covers the following aspects of WorkSafe Tasmania's implementation of the NIDS:

- Describes each NIDS data item individually
- WorkSafe Tasmania's modifications to version 8.0 of the NIDS
- Data submission regime
- Processing, validation and issue resolution arrangements

Copies of this document can be obtained from the WorkSafe Tasmania website, WorkCover Information Management System (WIMS) .

Version history

NIDS version 8.1 was issued 1 July 2024 and approved by the Director of Compensation Schemes at WorkSafe Tasmania. This version is applicable from 1 January 2025 and replaces NIDS version 8.0. Insurers may provide information according to the version 8.1 from 1 July 2024 and MUST provide information in line with version 8.1 on 1 January 2025

Version	Effective from:	Effective to:
8.0	01 July 2012	31 December 2024
8.1	01 January 2025	Present

Updates/Changes (NIDS 8.1)

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Various	Various	Various	Various	**Various**	Various	All fields referencing external jurisdictions (outside Tasmania) have been removed.
Claims	C025	WORKER PHONE NUMBER	Injured worker's contact information.	**Mandatory**		A single contact number is to be collected i.e. only C025 will be required. C025 is now a mandatory field, see rule C025.1. The field name has also been updated from 'WORKER HOME PHONE NUMBER' to 'WORKER PHONE NUMBER'
Claims	C026	WORKER MOBILE PHONE NUMBER	Injured worker's contact information.	**Conditional**		No longer collected, see C025
Claims	C027	WORKER WORK PHONE NUMBER	Injured worker's contact information.	**Conditional**		No longer collected, see C025

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C030	WORKER GENDER	The provided gender of the injured worker.	**Mandatory**	M Man or male F Woman or Female X Non-binary T Uses a different term Z Prefer not to answer 9 - Not stated or inadequately described	Field is now mandatory. Reference items have been added and or modified. Additions of reference items X, T, Z and 9 which following ABS National standard on Gender.
Claims	C032	DUTY STATUS CODE	The duty status of the Worker at the time of injury or disease.	**Mandatory**	01 Working at normal workplace 02 Road traffic accident while working 03 On break at work 04 Travelling to or from work 05 On break away from work 06 Working at different workplace 11 Working from home 09 Other	Reference item wording has been modified for easier interpretation by users and brings language in line with new Workers Compensation Claim Form.
Claims	C033	EMPLOYMENT STATUS CODE	The employment status of the Worker at the time of the injury or disease	**Mandatory**	01 Direct employee 02 Working Director 03 Contractor 04 Employee of Contractor 05 Sub Contractor 06 Labour hire worker 07 Apprentice/Trainee 08 Volunteer 09 Other 10 Visa worker	Reference items have been added and or modified to meet the requirements of a recommendation from the 2018 Carey Triffitt Report. New reference items: ‘08’ and ’10’.

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C034	EMPLOYMENT TYPE CODE	The employment type of the Worker at the time of the injury or disease.	**Mandatory**	01 Permanent 02 Temporary 03 Casual 09 Other	Reference item '04 Temporary Overseas Visa Worker' has been removed and value will appear as an option in "033 - Employment Type" as "*10 Visa worker*".
Claims	C058	DATE OF RECURRENCE	The date of the recurrence of the worker's injury or disease.	**Mandatory**		NIDS explanatory note updated to bring language in line with new Certificate of Capacity Form.
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 an Initial or Continuing/Final certificate) or other indication of the worker's fitness for work (e.g., report).	**Conditional**	01 Fit for pre-injury work 02 Capacity for pre-injury work with restrictions 03 No current capacity for work 04 Capacity for alternative work	Reference items have been added and or modified to meet the requirements of a recommendation from the 2018 Carey Triffitt Report. New reference item: '04'

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C132	SECONDARY INJURY ID	Unique reference number/ID allocated by insurer for Secondary Injury (SI).	**Conditional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.
Claims	C133	DATE OF SECONDARY DIAGNOSIS	The Date of Secondary Diagnosis will use the 'Consultation Date' shown on the Workers' Compensation medical certificate received for the worker.	**Conditional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.
Claims	C134	MOST SERIOUS SECONDARY INJURY/DISEASE NARRATIVE	The description of the most serious SI caused by the occurrence e.g., Fracture, burn, cut, abrasion.	**Optional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C135	NATURE OF SECONDARY INJURY/DISEASE CODE	The nature of SI is intended to identify the most serious SI sustained or suffered by the worker. The SI suffered is generally physical although the classification includes categories for mental illness.	**Conditional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.
Claims	C136	BODILY LOCATION OF SECONDARY INJURY/DISEASE NARRATIVE	The description of the bodily location of the SI e.g., Upper arm, ankle, eye.	**Optional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.
Claims	C137	BODILY LOCATION OF SECONDARY INJURY/DISEASE CODE	The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease.	**Conditional**		New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.
Claims	C138	SECONDARY INJURY LIABILITY STATUS CODE	To indicate the latest liability status of a SI	**Conditional**	01 Accepted 02 Pending 03 Rejected 04 Withdrawn 05 Invalid Claim	New field to enable the collection of SI information in order to meet the data collection recommendation from the 2018 Carey Triffitt Report.

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C083	DATE OF MEDICAL CERTIFICATE	The consultation date shown on the Workers' Compensation medical certificate received for the worker (whether it is an Initial or Continuing/Final certificate).	**Conditional**		NIDS Explanatory note updated to bring language in line with new Certificate of Capacity Form.
Claims	C087	WORK STATUS	The worker's last known work status	**Mandatory**	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	Condition changed to Mandatory to improve visibility of case management.
Claims	C111	PROVIDER NUMBER	A unique number allocated by Medicare or the jurisdiction to identify the provider supplying the medical or vocational rehabilitation service.	**Conditional**		Condition changed to Conditional. The condition is that when Payment Type Code is '08 Provider', C111 must not be 'null'. Provider numbers are allocated to Rehab Providers. Providers will need to include their numbers on invoices to insurers and Insurers have been directed to supply the numbers against their payment data.

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Claims	C089	C089 RETURN TO WORK OUTCOME	The final outcome of the worker's Return to Work (RTW) journey.	**Conditional**	01 Same employer / same tasks and same hours 02 Same employer / different tasks or hours 03 Different employer / same tasks and same hours 04 Different employer / different tasks or hours 05 Fit for work – no job 06 Fit for work – did not return 07 Not fit for work 08 Alternative outcome (inc. Death)	Modification to field and reference items to enable visibility of RTW outcomes. Conditional - When Date Claim Finalised is not null, C089 must be a valid code. Full definition of the field codes have been provided in the NIDS V8.1 document.
Claims	C100	PAYMENT TYPE CODE	The payment category to which the payment belongs	**Mandatory**	Add Payment Type Code: C100, 18 Independent Medical Review (Edit definition of Payment Type Codes 15 and 16 to remove reference to independent medical reviews)	Additional monitoring of scheme sustainability.

PCCP Item	Data Element	Field Name	Description	Condition	Codes	Comments re-update
Payments	**C100**	PAYMENT TYPE CODE	For a Vocational Rehabilitation Payment type Service Code	**Mandatory**	If the Payment Type code is 08 (Vocational Rehabilitation Payment), then the Service Code (C112) must contain an approved WRP service code. Please contact WorkSafe Tasmania for the current approved listing.	Amended in WIMS v4.1.2 (25/5/25)

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 another document:

- NIDS XSD 8.1 and associated schema

Background

The original NIDS document and supporting material was created over ten years ago through collaboration efforts of three jurisdictions, Australian Capital Territory (ACT), Western Australia (WA), and Tasmania (TAS).

The NIDS documentation has played a pivotal role in standardising the way claims are processed and reporting requirements are met. However, the dynamic nature of the insurance industry and changes to business models within sectors that operate in the Tasmanian jurisdiction have necessitated adaptations to the existing framework and the following changes are required.

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.

This document also contains definitions that are for reporting purposes only. They should not be used to provide guidance on interpreting the Workers Rehabilitation and Compensation Act 1988 or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

Terminology

Term	Meaning
Cardinality	1 = The value will be overwritten by any updates M = The previous value will not be overwritten, all values will be kept as an historical record to allow for reporting on the progression, timelines or number of over the life of the claim, coverage.
Mandatory	The data item must be supplied.
Conditional	The data item will be required under certain conditions, for example entry of another relevant field.
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. The rejected record will be displayed in the list of rejected data or in the downloadable rejected data file. The data item does not enter the production database of WIMS and the record must be resolved in the insurers data and resubmitted in a subsequent xml submission.
Amber/Flag	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. The data item enters the production (and consequently, reporting) database of WIMS and is included in reporting, but remains 'flagged' with the data issue until such time as it is correctly resubmitted or deleted.
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.

POLICY DATA

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

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 the WorkSafe Tasmania website for a list of Licensed and Self Insurer numbers.

P002 EMPLOYER ABN

DESCRIPTION A unique number allocated by the Australian Business Register. The ABN will be used to provide a unique number to an insured entity. It relates to the 'employer' covered by the policy.

FORMAT Alphanumeric

LENGTH 11 digit

CARDINALITY 1

CONDITION Optional

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 – e.g. 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 – e.g. MCDONALDS FARM rather than just MCDONALDS,

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 – e.g. 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 – e.g. MCDONALDS FARM rather than just MCDONALDS,
- If the business is a franchise, then adding the location to the trading name would be useful. e.g. 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 employer's 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 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 July 2012.

FORMAT Numeric

LENGTH 4 digits

CARDINALITY 1

CONDITION Mandatory

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

P034 ANZSIC 2006

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

FORMAT Numeric

LENGTH 4 digits

CARDINALITY 1

CONDITION Conditional

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

P035 ESTIMATED WAGES

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

FORMAT Numeric

LENGTH 12 digit

CARDINALITY 1

CONDITION Mandatory

P036 ESTIMATED NUMBER OF WORKERS

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

FORMAT Numeric

LENGTH 6 digit

CARDINALITY 1

CONDITION Mandatory

P037 ACTUAL WAGES

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

FORMAT Numeric

LENGTH 12 digit

CARDINALITY 1

CONDITION Conditional

P038 ACTUAL NUMBER OF WORKERS

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

FORMAT Numeric

LENGTH 6 digit

CARDINALITY 1

CONDITION Conditional

P039 PREMIUM COLLECTION TYPE

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

FORMAT Numeric

LENGTH 2 digits

CARDINALITY 1

CONDITION Mandatory

Codes are:

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

P053 INITIAL DEPOSIT PREMIUM CHARGED

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

FORMAT Numeric

LENGTH 8 digit

CARDINALITY 1

CONDITION Mandatory

NOTE

See Notes on Premium, Wages and Workers

P041 CURRENT ADJUSTED PREMIUM CHARGED

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

FORMAT Numeric

LENGTH 8 digit

CARDINALITY 1

CONDITION Conditional

NOTE

See Notes on Premium, Wages and Workers.

CLAIM DETAILS

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

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 the WorkSafe Tasmania website for a list of Licensed and Self Insurer Numbers.

C002 INSURER CLAIM NUMBER

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

NOTE

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

C006 POLICY NUMBER

DESCRIPTION The number of the policy to which the claim has been assigned by the insurer.
FORMAT Alphanumeric
LENGTH Dependent on the format of the policy number of the insurer
CARDINALITY 1
CONDITION Mandatory

C007 COVERAGE ID

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

FORMAT Alphanumeric

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

CARDINALITY 1

CONDITION Mandatory

NOTE

See P028 - Coverage ID

C008 ANZSIC 1993

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

FORMAT Numeric

LENGTH 4 digits

CARDINALITY 1

CONDITION Mandatory

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

C129 ANZSIC 2006

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

FORMAT Numeric

LENGTH 4 digits

CARDINALITY 1

CONDITION Conditional

NOTE

See ANZSIC 1993 and 2006 – Explanation of coding

C009 SHARED CLAIM CODE

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

FORMAT Numeric

LENGTH 2 digits

CARDINALITY 1

CONDITION Mandatory

Codes are:

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

NOTE

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

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

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 PHONE NUMBER

DESCRIPTION The 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 Mandatory

Codes are:

M Man or male
F Woman or Female
X Non-binary
T Uses a different term
Z Prefer not to answer
9 - Not stated or inadequately described

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 Working at normal workplace
02 Road traffic accident while working
03 On break at work
04 Travelling to or from work
05 On break away from work
06 Working at different workplace
11 Working from home
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 employee
02	Working Director
03	Contractor
04	Employee of Contractor
05	Sub Contractor
06	Labour hire worker
07	Apprentice/Trainee
08	Volunteer
09	Other
10	Visa worker

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
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.

FORMAT Numeric

LENGTH 7 digits

CARDINALITY 1

CONDITION Optional

Notes

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.

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

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 – e.g. 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 – e.g. MCDONALDS FARM rather than just MCDONALDS,

If the business is a franchise then adding the location to the trading name would be useful. e.g. 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

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 Certificate of Capacity (medical certificate) indicates a recurrence or aggravation. This date should be indicated in the Injury Details and Assessment section of the certificate as the date the injury occurred or when symptoms first affected work. It 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 e.g. – 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 e.g. 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 e.g. 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

C132 SECONDARY INJURY ID

DESCRIPTION Unique reference number/ID allocated by insurer for SI.

FORMAT Numeric

LENGTH Insurer dependant

CARDINALITY M

CONDITION Conditional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C133 DATE OF SECONDARY DIAGNOSIS

DESCRIPTION The Date of Secondary Diagnosis will use the 'Consultation Date' shown on the Workers' Compensation medical certificate received for the worker.

FORMAT Date, YYYY-MM-DD

LENGTH

CARDINALITY M

CONDITION Conditional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C134 MOST SERIOUS SECONDARY INJURY/DISEASE NARRATIVE

DESCRIPTION The description of the most serious SI caused by the occurrence e.g. Fracture, burn, cut, abrasion.

FORMAT Alphanumeric

LENGTH 100 characters

CARDINALITY M

CONDITION Optional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C135 NATURE OF SECONDARY INJURY/DISEASE CODE

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

FORMAT Numeric

LENGTH 3 digits

TOOCS 3.1

CARDINALITY M

CONDITION Conditional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C136 BODILY LOCATION OF SECONDARY INJURY/DISEASE NARRATIVE

DESCRIPTION The description of the bodily location of the SI e.g. Upper arm, ankle, eye.
FORMAT Alphanumeric
LENGTH 50 characters
CARDINALITY **M**
CONDITION Optional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C137 BODILY LOCATION OF SECONDARY 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 **M**
CONDITION Conditional

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

C138 SECONDARY INJURY LIABILITY STATUS CODE

DESCRIPTION To indicate the latest liability status of a SI
FORMAT Numeric
LENGTH 2 digits
CARDINALITY **M**
CONDITION Conditional

Codes are:

01 Accepted
02 Pending
03 Rejected
04 Withdrawn
05 Invalid Claim

NOTE:

This field relates to a definition that is for reporting purposes only. It should not be used to provide guidance on interpreting the Act or any other applicable legislation and should not be used to determine liability for any workers compensation claims.

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 consultation date 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 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.

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

Codes are:

01	Fit for pre-injury work
02	Capacity for pre-injury work with restrictions
03	No current capacity for work
04	Capacity for alternative work

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

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 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 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/Not Yet Known

C089 RETURN TO WORK OUTCOME

DESCRIPTION The final outcome of the worker's return to work journey.
FORMAT Numeric
LENGTH 2 digits
CARDINALITY 1
CONDITION Conditional

Codes are:

01 Same employer / same tasks and same hours
02 Same employer / different tasks or hours
03 Different employer / same tasks and same hours
04 Different employer / different tasks or hours
05 Fit for work – no job
06 Fit for work – did not return
07 Not fit for work
08 Alternative outcome (inc. Death)

NOTES:

01 Same employer / same tasks and same hours

The worker has returned to their pre-injury employer, performing pre-injury tasks and working pre-injury hours.

02 Same employer / different tasks or hours

The worker has returned to their pre-injury employer, performing different tasks and/or hours.

03 Different employer / same tasks and same hours

The worker is working with a different employer, performing the same tasks and working the same hours as pre-injury.

04 Different employer / different tasks or hours

The worker is working with a different employer, performing different tasks and/or different hours as pre-injury.

05 Fit for work – no job

The worker is fit for work but is unable to return to work because there is no job available, examples include termination of employment, redundancy, seasonal employment, no suitable alternative work could be found.

06 Fit for work – did not return

The worker is fit for work but has decided not to return to work. Examples include resignation, abandonment of employment, extended leave, retirement.

07 Not fit for work

The worker is not fit for work when entitlement to compensation expires or is terminated

08 Alternative outcome (inc. Death)

The injured worker has died (either as result of the injury, or other unrelated causes)

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 for individual field rules or refer to the latest version of the National Insurer Data Specification (NIDS) spreadsheet or XSD.

C096 TOTAL PAYMENTS ACTUAL

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

C098 TOTAL TIME LOST ACTUAL

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

C099 INSURER PAYMENT ID

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

C100 PAYMENT TYPE CODE

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

Codes are:

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

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
- 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 the following:

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

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

18 - Independent Medical Review

Cost of services (assessments and reports) rendered by a medical professional for the purpose of conducting an independent medical review under Section 90(A).

Excludes:

Costs incurred for treatment of the injury and associated reports rendered by medical practitioners (Code to 05 Medical Practitioner or Specialist)

C101 WEEKLY PAYMENT CODE

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

FORMAT Numeric

LENGTH 2 digits

CARDINALITY Many

CONDITION Conditional

Codes are:

01	Weekly Payment
02	Make up Payment
03	Other

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

C102 TIME LOST

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

FORMAT Numeric

LENGTH 7 digits – HHHHHMM

CARDINALITY Many

CONDITION Conditional

C103 DATE PAID FROM

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

FORMAT Date, YYYY-MM-DD

LENGTH

CARDINALITY Many

CONDITION Conditional

C104 DATE PAID TO

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

FORMAT Date, YYYY-MM-DD

LENGTH

CARDINALITY Many

CONDITION Conditional

C105 PAYMENT AMOUNT

DESCRIPTION The amount of the individual payment transaction.

FORMAT Numeric,

LENGTH 11 digits

CARDINALITY Many

CONDITION Mandatory

C106 TRANSACTION DATE

DESCRIPTION The date of the payment transaction in the insurer/self-insurer's system.
FORMAT Date, YYYY-MM-DD
LENGTH
CARDINALITY Many
CONDITION Mandatory

C107 TRANSACTION TYPE CODE

DESCRIPTION The type of transaction that was carried out.
FORMAT Numeric
LENGTH 2 digits
CARDINALITY Many
CONDITION Mandatory

Codes are:

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

NOTE

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

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

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 Conditional

NOTE:

When Payment Type Code = 08 Provider number must not be null. For an approved list of Workplace Rehabilitation Providers (WRPs) and their provider numbers, also known as 'Approval Number', see the WorkSafe Tasmania website list of accredited WRPs.

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

This section contains the rules and validations under which Insurers and Self Insurers are to provide information to WorkSafe Tasmania. The rules and validations have been grouped by the following topics using the PCCP model. Each table within each section has been ordered by the 'Data element' column for ease of use as well as all the rules have been grouped together which includes mandatory, conditional etc. rules.

PCCP Rules and Validations sections:

- Policy data (Blue Table)
- Coverage data (Red Table)
- Claim data (Green table)
- Payments data (Black table)

The following table contains the column headings and interpretations for information presented in the sections below.

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

Policy Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	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
P003	P003.M	POLICY NUMBER	Mandatory	Mandatory field	**REJECT**	POLICY NUMBER is a mandatory field
P004	P004.3	REVISED POLICY NUMBER	Conditional	Must be unique for the Insurer	**REJECT**	Policy Number is not unique
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
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

Coverage Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
P027	P027.2	LAPSE/ CANCELLATION REASON CODE	Mandatory	Must be a valid code	**REJECT**	Lapse/Cancellation Reason Code entered is invalid
P027	P027.3	LAPSE/ CANCELLATION REASON CODE	Mandatory	If Coverage Type Code (P029) is equal to 04 Policy Cancellation Notification or 05 Policy Lapsed Notification 07 Not a valid policy then a Lapse Cancellation code cannot be 00	**REJECT**	If Coverage Type Code is equal to 04 Policy Cancellation Notification or 05 Policy Lapsed Notification 07 Not a valid policy but the Lapse Cancellation code is 00 No Lapse/cancellation
P028	P028.M	COVERAGE ID	Mandatory	Mandatory field	REJECT	COVERAGE ID is a mandatory field
P029	P029.3	COVERAGE TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Coverage type code entered is invalid
P029	P029.M	COVERAGE TYPE CODE	Mandatory	Mandatory field	REJECT	COVERAGE TYPE CODE is a mandatory field
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
P031	P031.M	EFFECTIVE DATE	Mandatory	Mandatory field	REJECT	EFFECTIVE DATE is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
P032	P032.M	EXPIRY DATE	Mandatory	Mandatory field	REJECT	EXPIRY DATE is a mandatory field
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
P035	P035.M	ESTIMATED WAGES	Mandatory	Mandatory field	REJECT	ESTIMATED WAGES is a mandatory field
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
P036	P036.M	ESTIMATED NUMBER OF WORKERS	Mandatory	Mandatory field	REJECT	ESTIMATED NUMBER OF WORKERS is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
P039	P039.M	PREMIUM COLLECTION TYPE	Mandatory	Mandatory field	REJECT	PREMIUM COLLECTION TYPE is a mandatory field
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
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
P053	P053.M	INITIAL DEPOSIT PREMIUM CHARGED	Mandatory	Mandatory field	REJECT	INITIAL DEPOSIT PREMIUM CHARGED is a mandatory field

Revalidation

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	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	

Claim Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	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.
C002	C002.M	INSURER CLAIM NUMBER	Mandatory	Mandatory field	**REJECT**	INSURER CLAIM NUMBER is a mandatory field
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
C009	C009.2	SHARED CLAIM CODE	Mandatory	Must be a valid code	**REJECT**	Shared claim code invalid.

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C009	C009.M	SHARED CLAIM CODE	Mandatory	Mandatory field	**REJECT**	SHARED CLAIM CODE is a mandatory field
C011	C011.4	REVISED INSURER CLAIM NUMBER	Optional	Must be a unique number for that insurer	**REJECT**	Claim number already exists
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
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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 PHONE NUMBER	Mandatory	Mandatory field	**REJECT**	WORKER PHONE NUMBER is a mandatory field
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	Mandatory	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
C031	C031.M	WORKER PREFERRED LANGUAGE	Mandatory	Mandatory field	**REJECT**	WORKER PREFERRED LANGUAGE is a mandatory field
C032	C032.4	DUTY STATUS CODE	Mandatory	Must be a valid code	**REJECT**	Duty status code entered is not valid
C032	C032.M	DUTY STATUS CODE	Mandatory	Mandatory field	**REJECT**	DUTY STATUS CODE is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C033	C033.3	EMPLOYMENT STATUS CODE	Mandatory	Must be a valid code	**REJECT**	Employment status code entered is not valid
C033	C033.M	EMPLOYMENT STATUS CODE	Mandatory	Mandatory field	**REJECT**	EMPLOYMENT STATUS CODE is a mandatory field
C034	C034.3	EMPLOYMENT TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Employment type code entered is not valid
C034	C034.M	EMPLOYMENT TYPE CODE	Mandatory	Mandatory field	**REJECT**	EMPLOYMENT TYPE CODE is a mandatory field
C035	C035.3	FULL/PART TIME CODE	Mandatory	Must be a valid code	**REJECT**	Full/part time code entered is not valid
C035	C035.M	FULL/PART TIME CODE	Mandatory	Mandatory field	**REJECT**	FULL/PART TIME CODE is a mandatory field
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
C038	C038.M	HOURS WORKED PER DAY	Mandatory	Mandatory field	**REJECT**	HOURS WORKED PER DAY is a mandatory field
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C039	C039.M	HOURS WORKED PER WEEK	Mandatory	Mandatory field	**REJECT**	HOURS WORKED PER WEEK is a mandatory field
C040	C040.3	NORMAL WEEKLY EARNINGS	Mandatory	If below a minimum(x) or above a maximum figure (y)	**FLAG**	Normal weekly earnings are outside threshold values
C040	C040.M	NORMAL WEEKLY EARNINGS	Mandatory	Mandatory field	**REJECT**	NORMAL WEEKLY EARNINGS is a mandatory field
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
C042	C042.M	DATE WORKER STARTED EMPLOYMENT	Mandatory	Mandatory field	**REJECT**	DATE WORKER STARTED EMPLOYMENT is a mandatory field
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
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
C048	C048.M	DATE OF OCCURRENCE	Mandatory	Mandatory field	**REJECT**	DATE OF OCCURRENCE is a mandatory field
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
C049	C049.M	DATE INSURER NOTIFIED OF INJURY	Mandatory	Mandatory field	**REJECT**	DATE INSURER NOTIFIED OF INJURY is a mandatory field
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
C050	C050.M	DATE CLAIM RECEIVED BY EMPLOYER	Mandatory	Mandatory field	**REJECT**	DATE CLAIM RECEIVED BY EMPLOYER is a mandatory field
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
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C052	C052.3	DATE INSURER NOTIFIED OF CLAIM	Mandatory	Must be greater than or equal to the date insurer notified of injury (C049)	**REJECT**	Date insurer notified of claim must be greater than or equal to the date insurer notified of injury
C052	C052.M	DATE INSURER NOTIFIED OF CLAIM	Mandatory	Mandatory field	**REJECT**	DATE INSURER NOTIFIED OF CLAIM is a mandatory field
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
C053	C053.M	DATE CLAIM RECEIVED BY INSURER	Mandatory	Mandatory field	**REJECT**	DATE CLAIM RECEIVED BY INSURER is a mandatory field
C055	C055.3	EXTENT OF INCAPACITY CODE	Mandatory	Must be a valid code	**REJECT**	Extent of incapacity code entered is not valid
C055	C055.M	EXTENT OF INCAPACITY CODE	Mandatory	Mandatory field	**REJECT**	EXTENT OF INCAPACITY CODE is a mandatory field
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
						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 recurrence 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
C061	C061.M	CLAIM STATUS DATE	Mandatory	Mandatory field	**REJECT**	CLAIM STATUS DATE is a mandatory field
C062	C062.3	CLAIM STATUS CODE	Mandatory	Must be a valid code	**REJECT**	The Claim status code entered is not valid
C062	C062.M	CLAIM STATUS CODE	Mandatory	Mandatory field	**REJECT**	CLAIM STATUS CODE is a mandatory field
C063	C063.1	COMMON LAW INVOLVEMENT	Mandatory	Must be a valid code	**REJECT**	Common law involvement code entered is not valid
C063	C063.M	COMMON LAW INVOLVEMENT	Mandatory	Mandatory field	**REJECT**	COMMON LAW INVOLVEMENT is a mandatory field
C064	C064.1	COMMON LAW OUTCOME	Mandatory	Must be a valid code	**REJECT**	Common law outcome code entered is not valid

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C064	C064.M	COMMON LAW OUTCOME	Mandatory	Mandatory field	**REJECT**	COMMON LAW OUTCOME is a mandatory field
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
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
C072	C072.M	INCIDENT DESRCIPTION NARRATIVE	Mandatory	Mandatory field	**REJECT**	INCIDENT DESRCIPTION NARRATIVE is a mandatory field
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 Mechanism 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	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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
		INJURY/DISEASE CODE				
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
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
C087	C087.M	WORK STATUS	Mandatory	Mandatory field	**REJECT**	WORK STATUS is a mandatory field
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.
C088	C088.M	RETURN TO WORK PROGRAM STATUS	Mandatory	Mandatory field	**REJECT**	RETURN TO WORK PROGRAM STATUS is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C089	C089.4	RETURN TO WORK OUTCOME	Mandatory	If C057 CLAIM FINALISED DATE is not 'null', then C089 RETURN TO WORK OUTCOME is required	**REJECT**	C089 RETURN TO WORK OUTCOME is required
C089	C089.3	RETURN TO WORK OUTCOME	Conditional	Must be a valid code	**REJECT**	RETURN TO WORK OUTCOME code entered is not valid
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
C091	C091.M	WHOLE PERSON IMPAIRMENT TYPE	Mandatory	Mandatory field	**REJECT**	WHOLE PERSON IMPAIRMENT TYPE is a mandatory field
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 Whole Person 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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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 I must 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"
C095	C095.M	TOTAL PAYMENTS ESTIMATED	Mandatory	Mandatory field	**REJECT**	TOTAL PAYMENTS ESTIMATED is a mandatory field
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
C097	C097.M	TOTAL TIME LOST ESTIMATED	Mandatory	Mandatory field	**REJECT**	TOTAL TIME LOST ESTIMATED is a mandatory field
C111	C111.1	PROVIDER NUMBER	Conditional	When Payment Type Code = 08 Provider number must not be null.	**REJECT**	PAYMENT TYPE CODE '08' selected, Vocational Rehabilitation Provider number must not be null.

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
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
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
C130	C130.1	WORK STATUS UPDATE ID	Conditional	Must be unique for each Insurer	**REJECT**	Work Status Update ID is not unique
C131	C131.1	MEDICAL CERTIFICATE ID	Conditional	Must be unique for each Insurer	**REJECT**	Medical Certificate ID is not unique

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C133	C133.1	Date Of Secondary Diagnosis	Conditional	Must be greater than or equal to the C048 DATE OF OCCURRENCE	**FLAG**	Date of Secondary Injury is prior to a previously recorded Date of Occurrence
C135	C135.1	Nature of secondary injury/disease code	Conditional	Must be a valid Nature of injury/disease code	**REJECT**	Nature of injury/ disease code entered is not a valid code
C137	C137.1	Bodily location of secondary injury/disease code	Conditional	Must be a valid Bodily location of injury/disease code	**REJECT**	Bodily location of injury/disease code entered is not a valid code
C137	C137.2	Bodily location of secondary injury/disease code	Conditional	Where the Nature Of Secondary Injury Code (C137) 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
C138	C138.1	Secondary Injury Liability Status Code	Conditional	Must be a valid Claim Status Code (C062)	**REJECT**	Secondary Injury Liability Status Code entered is not a valid code

Payment Rules and Validations

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	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
C099	C099.M	INSURER PAYMENT ID	Mandatory	Mandatory field	**REJECT**	INSURER PAYMENT ID is a mandatory field
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
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
C100	C100.16	PAYMENT TYPE CODE	Mandatory	If the Payment Type code is 08 (Vocational Rehabilitation Payment), then the Service Code (C112) must contain an approved WRP service code. Please contact WorkSafe Tasmania for the current approved listing.	**REJECT**	For a Vocational Rehabilitation Payment type Service Code must contain an approved WRP service code.

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C100	C100.M	PAYMENT TYPE CODE	Mandatory	Mandatory field	**REJECT**	PAYMENT TYPE CODE is a mandatory field
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

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
						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
C105	C105.M	PAYMENT AMOUNT	Mandatory	Mandatory field	**REJECT**	PAYMENT AMOUNT is a mandatory field
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
C106	C106.M	TRANSACTION DATE	Mandatory	Mandatory field	**REJECT**	TRANSACTION DATE is a mandatory field

Data Element	Rule No	Field Name	Condition	Rule	Failed Record State	Error Message
C107	C107.2	TRANSACTION TYPE CODE	Mandatory	Must be a valid code	**REJECT**	Transaction type code is required - default to PT for Payment
C107	C107.M	TRANSACTION TYPE CODE	Mandatory	Mandatory field	**REJECT**	TRANSACTION TYPE CODE is a mandatory field
C110	C110.3	PAYMENT SOURCE	Mandatory	Must be a valid code	**REJECT**	Payment source code entered is not valid
C110	C110.M	PAYMENT SOURCE	Mandatory	Mandatory field	**REJECT**	PAYMENT SOURCE is a mandatory field
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

INSURER NUMBERS

List of Licensed and Self Insurers

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

It also includes:

- Insurers that have previously held licenses or permits and are still submitting data.
- Insurers that are required for data migration purposes and therefore an insurer may be listed more than once.

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

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

NO	NAME
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 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006	-
	2014-2015	-	ANZSIC 2006	ANZSIC 2006
Adjustments policies and renewals	2012-2013 and prior	ANZSIC 1993	ANZSIC 1993	ANZSIC 1993
	2013-2014	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	ANZSIC 2006	ANZSIC 2006
New claims data and adjustments to claims data – industry of employer	2012-2013 and prior	ANZSIC 1993	ANZSIC 1993	ANZSIC 1993
	2013-2014	-	ANZSIC 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	-	ANZSIC 2006

		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 1993 ANZSIC 2006	ANZSIC 1993 ANZSIC 2006
	2014-2015	-	-	ANZSIC 2006

Examples:

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

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.

2. **What will this be used for?**

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

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

Medical Certificate ID

1. **Why is this needed?**

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

2. **What will this be used for?**

   Determine the number of medical certificates and which medical provider is issuing the certificates. It is Mandatory - must be a unique number.

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

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

Work Status Update ID

1. **Why is this needed?**

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

2. **What will this be used for?**

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

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

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

Payment ID

1. **Why is this needed?**

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

2. **What will this be used for?**

   To allow the identification of a specific payment transaction

Secondary Injury ID

1. **Why is this needed?**

   The insurer's unique injury ID for the specific type of injury.

2. **What will this be used for?**

   To allow the identification of specific injuries to claims

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

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

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

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

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 8.1

The XML schema definition (XSD) file for the NIDS 8.1 data submissions may be downloaded from the WorkSafe website. Go to https://worksafe.tas.gov.au and search for 'xsd'. If you require assistance with obtaining the file, please email workcover.tasmania@justice.tas.gov.au