



Australian Government
**Safety, Rehabilitation and
Compensation Commission**

Commission Data Specifications

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1 Introduction

In 2004, Comcare accepted an external review's recommendation to establish a data warehouse, with the primary purpose of this to fulfil the *National Data Set for Compensation-based Statistics* (NDS) reporting requirements of the Australian Government jurisdiction and performance indicator reporting for the Safety, Rehabilitation and Compensation Commission (the Commission). Given this, the scope of the data warehouse incorporates data from premium paying agencies within the jurisdiction as well as licensees under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

This document describes the requirements for licensees to submit data to the data warehouse. For the preparation of Licensee Key Performance Indicators (LKPIs) and NDS reporting, licensees will be required to supply some additional data outside of the data warehouse, for example, full time equivalent employee (FTE) numbers, which will be collected as required through alternative means.

2 Data supply procedures

2.1 Basis of reporting

Each data supply will encompass all claims lodged under the SRC Act that have incurred activity since 1 July 2000 inclusive, irrespective of the claim determination status (e.g. includes claims that are accepted, rejected, undetermined, withdrawn etc). This includes all new claims lodged under the SRC Act with the determining authority on or after 1 July 2000.

To avoid complex data extraction routines, licensees may choose to supply to the data warehouse all claims lodged under the SRC Act, irrespective of lodgement date or recent claim activity.

2.2 Data control table specification

Each data supply will be subject to a range of data integrity and validation procedures before it is processed into the data warehouse.

At the most basic level, control totals are required to confirm the data received by Comcare. Control totals are to be supplied in separate files (control files) to the actual data and each control file will include the record count for an individual data file as well as the summed total of an appropriate column from that file. Detailed control file specifications are provided in Section 3.3.

A range of validation routines will also be applied to the data to ensure these adhere to some basic rules. These routines will check that legitimate values/codes have been provided for all data fields and that the various combinations of codes are valid. Where applicable, the legitimate classifications from which each data field should be drawn, along with the related validation rules, are provided in Section 4.

Note that claims lodged with the determining authority prior to 1 July 2005 will not be subject to the full set of validation routines. Primarily, these claims will be checked to ensure the quality of the data, including the entry of legitimate values/codes in all data fields and logical date sequences (e.g. date of birth precedes date of injury). Validation routines to check that claims contain logical code combinations, particularly in relation to TOOCS coding, will not be implemented for these claims.

No individual determining authority's data will be processed into the data warehouse unless control totals match the supplied data files and the validation routines are passed. If either of these tests is failed the entire load from that determining authority will be rejected and a resubmission of the full data will be required following corrections to control totals and/or data by the determining authority.

2.3 Data supply medium

Data submissions are to be supplied to Comcare by secure file transfer. In this section *licensee* includes authorised claims manager where a licensee engages a claims manager for this purpose.

2.3.1 Secure file transfer

Licensees submitting data to Comcare via secure file transfer will need to contact the Data Operations and Products (DOP) unit at SchemeReportingandAnalysis@comcare.gov.au to gain access to the file transfer system.

Once an application for access to the system has been approved, DOP will provide licensees with information on how to access the system and complete secure file transfers.

To ensure that all support requests and communications (e.g. account creation, passphrase resets, scheduled/unscheduled outages, technical support, etc) are received in a timely fashion the licensee is to provide Comcare with up-to-date contact information for both a primary and secondary ICT contact.

2.3.2 Secure file attributes

a) File size

Multiple data and control files are required to be submitted as described in the following sections. Prior to uploading these files to the secure file facility, they should be compressed into one file using an industry standard compression 'zip' tool.

b) Password protection

It is advised for added security to apply a password to the compressed file. If a password is used, it should be forwarded via email to SchemeReportingandAnalysis@comcare.gov.au to ensure it can be uncompressed prior to processing by Comcare.

c) Secure file naming

The compressed files should use the following naming convention to avoid confusion.

Initial Submission	<Licensee name> - <Month> <Year> Submission <i>e.g. xyz pty ltd – March 2024 Submission</i>
Resubmission	<Licensee name> - <Month> <Year> Resubmission
Subsequent Resubmission(s)	<Licensee name> - <Month> <Year> Resubmission2 (3, 4, etc)

3 Data specifications

The data supplied each month will be contained within 26 files—13 data files and 13 control files. The data files contain the data to be loaded into the data warehouse and the control files will be used to confirm the data received by Comcare.

3.1 Data files

Each data file will contain zero or more records with each record relating to a claim, employee or employer. Each field within a record must be completed although null values may be entered where applicable (e.g. when the death due to claim field (B22) is set to no, a null value will be entered in the deceased date field (A3) in the Employee file).

Each data file will have a '.DAT' suffix. The whole filename will be in uppercase. Each file must be supplied in ASCII format with fixed width data fields and observing the data type formats described in **Table 1**. Each record will require a record terminator of either a CR or CR/LF.

An example of how the content of the Employee file might appear is shown below.

	Unique employee identifier	Residential postcode
	↓	↓
Employee record →	2002/03019237	1948022500000000M2217AU
	2002/0302244669	1927020420040605F0828AU
	2001/010126483	1973121400000000M0000NZ
	2003/0504675	1966070200000000M2600AU

Table 2 describes the data files required in each supply of data to the data warehouse.

Figure 1 illustrates the relationships between these files.

Table 1: Data types

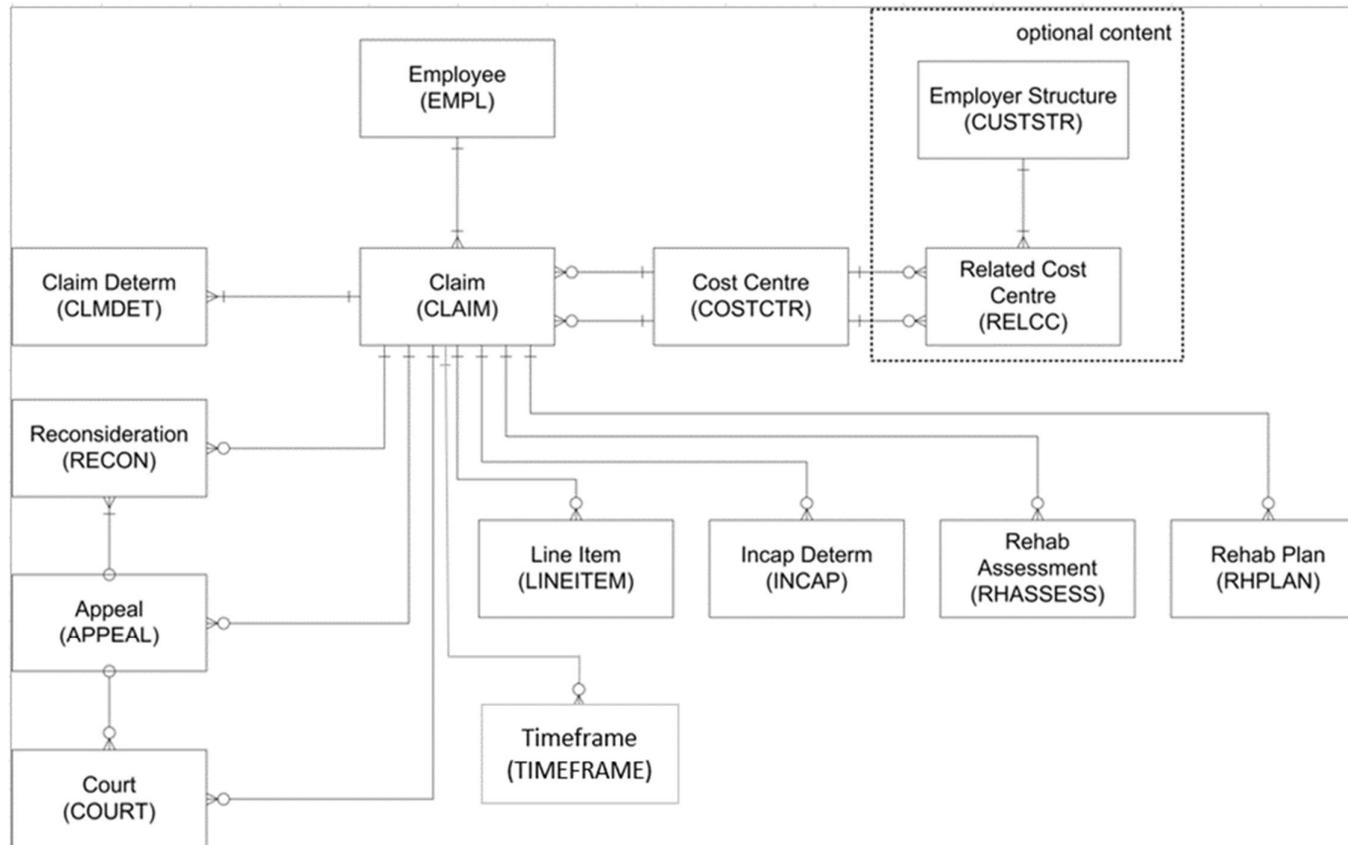
Data type	Description	Example	Null Value
Character (nn)	Alphanumeric field, left justified and space filled, where 'nn' is the total length of the field.	CANBERRA is represented in a Character (16) field as 'CANBERRA'	Space filled
Number (nn) or Number (nn.n)	Numeric field, with or without a specified number of decimal places implied, right justified and zero filled, where 'nn' is the total length of the field.	13,242 is represented in a Number (8) field as 00013242 7312.47 is represented in a Number (8.2) field as 00731247 \$570.00 is represented in a Number (8.2) field as 00057000	Zero filled unless otherwise specified
Number (Snn) or Number (Snn.n)	Numeric field as above, preceded by a sign to indicate a positive or negative value. For convenience, a 0 (zero) or ' ' (space) in place of the sign will also represent a positive value.	+1730.65 is represented in a Number (S8.2) field as +00173065 -12,692.00 is represented in a Number (S8.2) field as -01269200	Zero filled
Date	Numeric field of format yyyymmdd	14 June 2005 is represented as 20050614 7 November 2005 is represented as 20051107	Zero filled
Timestamp	Numeric field of format yyyymmddhhmissffff where fffff is the microseconds	3:24pm, 23 April 2005 is represented in as 20050423152400000000 06:24:32.68, 2 October 2005 is represented as 20051002062432680000 Midnight, 24 June 2005 is represented by 20050624000000000000	Zero filled

Table 2: Data file descriptions

Description	File name	Unique ID	Content
Employee	EMPL.DAT	empl_id	The current personal details for all employees who have made a claim that is reported to the data warehouse.
Claim	CLAIM.DAT	claim_id	Claim occurrence and process details for all claims that are within the scope of the data warehouse (see Section 2.1).
Claim determination	CLMDET.DAT	claim_id determ_chg_ts	Details of all changes in claim determination status over the life of a claim for all claims reported to the data warehouse.
Cost centre	COSTCTR.DAT	cust_id cost_centre_no	Cost centre details for all cost centres defined by the determining authority for data warehouse reporting.
Employer structure	CUSTSTR.DAT	cust_id structure_no	List of all cost centre structures defined by the determining authority for data warehouse reporting. This file is optional. That is, if the determining authority does not wish to view data for different cost centre structures through the data warehouse, this file may be empty. In this case, the corresponding control file will have a <i>Record count number</i> of zero.
Related cost centre	RELCC.DAT	cust_id structure_no cost_centre_no	The position in each cost centre structure for all cost centres and all cost centre structures defined by the determining authority for data warehouse reporting. This file is optional. That is, if the determining authority does not wish to view data for different cost centre structures through the data warehouse, this file may be empty. In this case, the corresponding control file will have a <i>Record count number</i> of zero.
Incapacity	INCAP.DAT	incap_det_id	Details of all incapacity determinations, including determinations of reduced earnings, made in relation to a claim for all claims reported to the data warehouse.
Reconsideration	RECON.DAT	recon_id	Details of all reconsideration requests received for all claims reported to the data warehouse.
Appeal	APPEAL.DAT	appeal_id	Details of all appeals to the Administrative Appeals Tribunal (AAT) for all claims reported to the data warehouse.

Description	File name	Unique ID	Content
Line item	LINEITEM.DAT	line_item_id	Details of all monetary determinations (payments and overpayment recoveries) made against a claim for all claims reported to the data warehouse. Incapacity payments must be included in this file in addition to other line item payments. Details of overpayment recoveries are included in this file as negative payments. Third party recoveries are reported in the Claim file as a total only and not included here.
Rehabilitation plan	RHPLAN.DAT	rhplan_id	Details each rehabilitation program determined under section 37 of the SRC Act over the life of a claim for all claims reported to the data warehouse.
Rehabilitation assessment	RHASSESS.DAT	rhasseess_id	Details each rehabilitation assessment under section 36 of the SRC Act over the life of a claim for all claims reported to the data warehouse.
Court proceedings	COURT.DAT	court_id	Details all court proceedings filed over the life of a claim for all claims reported to the data warehouse.
Timeframe	TIMEFRAME.DAT	Situation_id	Details situations where a period of claim determination timeframe is stopped.

Figure 1: Data file relationships



3.2 Data file specifications

This section details the structure of each data file. Data fields that are in bold represent the primary key (unique identifier or part thereof) of the file. Data type definitions are included in **Table 1**.

For clarity, field names include a two character suffix that identifies the type of data the field contains. The possible suffixes are:

Suffix	Description
id	An identifier (key) for either this file or another file
dt	Date
ts	Timestamp – represents a specific time on a specific date
fl	Flag – only values of Y or N may be entered in this field
am	Amount – field typically contains a monetary amount
cd	Code – field must contain a value taken from a list specific to the data item
no	Number
tx	Text – general text values may be entered in this field

Some data fields are specified as optional. Where a determining authority elects not to report an optional field, a null value must be submitted in its place.

3.2.1 Employee (EMPL) file

Field reference	Field	Data type	Optional	Description
A1	empl_id	Character (15)		Unique employee identifier
A2	birth_dt	Date		Birth date
A3	deceased_dt	Date		Deceased date
A4	sex_cd	Character (1)		Gender code
A5	reside_post_code_no	Number (4)		Residential postcode
A6	reside_country_cd	Character (2)		Country of residence code
A7	surname_tx	Character (30)	Y	Surname
A8	given_name_tx	Character (30)	Y	Given names
A9	title_tx	Character (15)	Y	Title
A10	potential_adverse_impact_fl	Character (1)	Y	Potential adverse impact flag
A11	potential_adverse_impact_dt	Date	Y	Potential adverse impact date
A12	home_phone_tx	Character (15)	Y	Home phone number
A13	mobile_phone_tx	Character (15)	Y	Mobile phone number
A14	interpreter_required_fl	Character (1)	Y	Interpreter required flag

Field reference	Field	Data type	Optional	Description
A15	language_preference_tx	Character (20)	Y	Preferred spoken language
A16	mail_country_cd	Character (2)	Y	Mailing address country code
A17	mail_post_code_no	Number (4)	Y	Mailing address post code
A18	mail_suburb_tx	Character (30)	Y	Mailing address suburb
A19	mail_line_1_tx	Character (30)	Y	Mailing address line 1
A20	mail_line_2_tx	Character (30)	Y	Mailing address line 2
A21	mail_line_3_tx	Character (30)	Y	Mailing address line 3

3.2.2 Claim (CLAIM) file

Field reference	Field	Data type	Optional	Description
B1	claim_id	Character (15)		Unique claim identifier
B2	empl_id	Character (15)		Employee identifier
B3	inj_dt	Date		Injury date
B4	nature_of_inj_cd	Number (3)		Nature of injury/disease code
B5	body_locn_inj_cd	Number (3)		Bodily location of injury/disease code
B6	mechanism_of_injury_cd	Number (2)		Mechanism of incident code
B7	agency_of_injury_cd	Number (4)		Agency of injury/disease code
B8	breakdown_agency_cd	Number (4)		Breakdown agency of injury/disease code
B9	occpn_cd	Number (6)		Occupation code
B10	duty_status_cd	Number (2)		Duty status code
B11	workplace_anzsic_cd	Number (4)		Workplace industry code
B12	workplace_incid_post_code_no	Number (4)		Workplace postcode
B13	incident_labour_hire_fl	Character (1)		Labour hire flag
B14	incident_app_train_fl	Character (1)		Apprentice/trainee flag
B15	latest_rtw_status_cd	Character (2)		RTW status code
B16	determ_cond_comm_tx	Character (160)	Y	Determined condition
B17	claim_status_cd	Character (1)	Y	Claim status code
B18	claim_status_dt	Date	Y	Claim status date
B19	claim_empl_signed_dt	Date	Y	Claimant signed date
B20	claim_cust_recv_dt	Date		Received by employer date
B21	claim_mgmt_recv_dt	Date		Received by claims processing date

B22	deceased_cause_fl	Character (1)		Death due to claim flag
B23	outstanding_case_est_am	Number (S10.2)	Y	Outstanding liability case estimate amount
B24	total_liability_case_est_am	Number (11.2)	Y	Total liability case estimate amount
B25	case_est_dt	Date	Y	Case estimate date
B26	std_wkly_hrs_no	Number (3)		Normal weekly hours
B27	std_wkly_mins_no	Number (2)		Normal weekly minutes
B28	nwe_first_total_am	Number (11.2)		Normal weekly earnings
B29	cust_id	Number (8)		Liable employer number
B30	cost_centre_no	Number (6)		Liable cost centre number
B31	payroll_cost_centre_no	Number (6)	Y	Payroll cost centre number
B32	tpr_total_recov_am	Number (11.2)		Third party recoveries amount
B33	takeover_claim_fl	Character (1)		Takeover claim flag
B34	adjustment_incap_wks_no	Number (10.8)		Incapacity adjustment weeks
B35	act_on_behalf_nm	Character (50)	Y	Nominated representative's name
B36	act_on_behalf_phone	Character (15)	Y	Nominated representative's phone number

3.2.3 Claim determination (CLMDET) file

Field reference	Field	Data type	Optional	Description
C1	claim_id	Character (15)		Claim identifier
C2	determ_chg_ts	Timestamp		Date/time of determination status change
C3	claim_determ_cd	Character (1)		Determination status code
C4	claim_determ_reason_cd	Number (4)		Claim determination reason code

3.2.4 Cost centre (COSTCTR) file

Field reference	Field	Data type	Optional	Description
D1	cust_id	Number (8)		Employer identifier
D2	cost_centre_no	Number (6)		Cost centre number
D3	cost_centre_name_tx	Character (50)		Cost centre name
D4	cost_centre_short_name_tx	Character (12)	Y	Cost centre short name
D5	active_fl	Character (1)		Cost centre active flag

3.2.5 Employer structure (CUSTSTR) file

Field reference	Field	Data type	Optional	Description
E1	cust_id	Number (8)		Employer identifier
E2	structure_no	Number (2)		Cost centre structure number
E3	structure_desc_tx	Character (40)		Cost centre structure name

NB Empty file permitted

3.2.6 Related cost centre (RELCC) file

Field reference	Field	Data type	Optional	Description
F1	cust_id	Number (8)		Employer identifier
F2	structure_no	Number (2)		Cost centre structure number
F3	cost_centre_no	Number (6)		Cost centre number
F4	level_no	Number (1)		Level in cost centre structure
F5	parent_cost_centre_no	Number (6)		Parent cost centre number

NB Empty file permitted

3.2.7 Incapacity (INCAP) file

Field reference	Field	Data type	Optional	Description
G1	incap_det_id	Character (15)		Unique incapacity determination identifier
G2	claim_id	Character (15)		Claim identifier
G3	act_reference_cd	Number (3)		Incapacity SRC Act reference code
G4	incap_determ_cd	Character (1)		Incapacity determination code
G5	incap_determ_dt	Date		Incapacity determination date
G6	total_liability_am	Number (11.2)		Total liability amount
G7	incap_durn_wks_no	Number (10.5)		Incapacity weeks
G8	original_decision_dt	Date		Original determination date
G9	incap_start_dt	Date		Incapacity start date
G10	incap_end_dt	Date		Incapacity end date
G11	full_shift_lost_fl	Character (1)		Full shift lost flag
G12	actual_lost_hrs_no	Number (5)		Actual lost hours
G13	actual_lost_mins_no	Number (2)		Actual lost minutes
G14	used_std_wkly_hrs_no	Number (3)		Determination normal weekly hours

Field reference	Field	Data type	Optional	Description
G15	used_std_wkly_mins_no	Number (2)		Determination normal weekly minutes
G16	actual_hrs_worked_cd	Character (1)	Y	Hours worked code
G17	incap_start_time_no	Number (4)	Y	Incapacity start time
G18	incap_end_time_no	Number (4)	Y	Incapacity end time

3.2.8 Reconsideration (RECON) file

Field reference	Field	Data type	Optional	Description
H1	recon_id	Character (15)		Unique reconsideration identifier
H2	claim_id	Character (15)		Claim identifier
H3	req_recv_dt	Date		Reconsideration request received date
H4	initiator_cd	Character (1)		Reconsideration initiator code
H5	issue_cd	Character (2)		Reconsideration issue code
H6	recon_decision_dt	Date		Reconsideration decision date
H7	recon_decision_cd	Character (1)		Reconsideration decision code
H8	appeal_id	Character (15)		Appeal identifier

3.2.9 Appeal (APPEAL) file

Field reference	Field	Data type	Optional	Description
I1	appeal_id	Character (15)		Unique appeal identifier
I2	claim_id	Character (15)		Claim identifier
I3	recv_s29_dt	Date		Appeal received date
I4	notice_s37_dt	Date	Y	Appeal notice date
I5	initiator_cd	Character (1)		Appeal initiator code
I6	issue_cd	Character (2)		Appeal issue code
I7	appeal_decision_dt	Date		Appeal decision date
I8	appeal_decision_cd	Character (1)		Appeal decision code
I9	appeal_method_cd	Character (1)		Appeal decision method code
I10	appeal_hearing_dt	Date		Appeal substantive hearing date
I11	scheme_significant_fl	Character (1)		Scheme significant flag
I12	aat_reference_tx	Character (15)		AAT reference

3.2.10 Line item (LINEITEM) file

Field reference	Field	Data type	Optional	Description
J1	line_item_id	Character (15)		Unique line item identifier
J2	claim_id	Character (15)		Claim identifier
J3	act_reference_cd	Number (3)		Line item SRC Act reference code
J4	payment_category_cd	Number (3)		Payment category code
J5	line_item_type_cd	Character (1)		Line item type code
J6	line_item_determ_cd	Character (1)		Line item determination code
J7	line_item_determ_dt	Date		Line item determination date
J8	line_item_excl_gst_am	Number (S11.2)		Line item net GST amount
J9	line_item_gst_am	Number (S11.2)		Line item GST amount
J10	line_item_serv_dt	Date		Line item service date

3.2.11 Rehabilitation plan (RHPLAN) file

Field reference	Field	Data type	Optional	Description
K1	rhplan_id	Character (15)		Unique rehabilitation plan identifier
K2	claim_id	Character (15)		Claim identifier
K3	plan_determined_dt	Date		Rehabilitation plan determination date
K4	plan_approval_status_cd	Character (1)		Rehabilitation plan approval status code
K5	plan_closure_dt	Date		Rehabilitation plan closure date
K6	plan_closure_reason_cd	Character (1)		Rehabilitation plan closure reason code
K7	final_outcome_employer_cd	Character (1)		Rehabilitation plan final outcome code – employer
K8	final_outcome_job_cd	Character (1)		Rehabilitation plan final outcome code – duties
K9	final_outcome_hours_cd	Character (1)		Rehabilitation plan final outcome code – hours
K10	final_outcome_dt	Date	Y	Rehabilitation plan final outcome date
K11	plan_actual_start_dt	Date	Y	Rehabilitation plan start date
K12	plan_actual_cost_am	Number (6)	Y	Rehabilitation plan cost-to-date
K13	plan_provider_cd	Number (11)	Y	Rehabilitation provider code

3.2.12 Rehabilitation assessment (RHASSESS) file

Field reference	Field	Data type	Optional	Description
L1	rhassess_id	Character (15)		Unique rehabilitation assessment identifier
L2	claim_id	Character (15)		Claim identifier
L3	s36_assessment_dt	Date		Rehabilitation assessment date

3.2.13 Court (COURT) file

Field reference	Field	Data type	Optional	Description
M1	court_id	Character (15)		Unique court identifier
M2	claim_id	Character (15)		Claim identifier
M3	appeal_id	Character (15)		Appeal identifier
M4	court_type_cd	Character (2)		Court type code
M5	filed_dt	Date		Filed date
M6	initiator_cd	Character (1)		Court initiator code
M7	court_hearing_dt	Date		Court substantive hearing date
M8	resolved_dt	Date		Resolved date
M9	court_decision_cd	Character (1)		Court decision code
M10	court_method_cd	Character (1)		Court decision method code
M11	court_reference_tx	Character (15)		Court reference

3.2.14 Timeframe (TIMEFRAME) file

Field reference	Field	Data type	Optional	Description
N1	situation_id	Character (15)		Unique situation identifier
N2	claim_id	Character (15)		Claim identifier
N3	situation_cd	Character (2)		Situation code
N4	situation_start_dt	Date		Start date for situation
N5	situation_end_dt	Date	Y	End date for situation

3.3 Control file specifications

For each data file there will be a corresponding control file. The name of each control file will be the same as the corresponding data file but will have a '.CT' suffix. The whole filename will be in uppercase.

All control files will have the same format. They will include a single record containing the date of extract, a count of the number of records in the file and a control total which sums a particular field in the corresponding data file.

The format for each control file is therefore:

Field	Data Type	Description
extract_dt	Date	Extract date
record_count_no	Number (8)	Record count number
control_total_am	Number (S18.2)	Control total amount

The fields to be summed into the *Control total amount* in the control file for each corresponding data file are:

Data file	Data field to sum
EMPL	reside_post_code_no
CLAIM	occpn_cd
CLMDDET	hhmiss portion of determ_chg_ts
COSTCTR	none
CUSTSTR	none
RELCC	none
INCAP	total_liability_am
RECON	req_recv_dt
APPEAL	recv_s29_dt
LINEITEM	line_item_excl_gst_am
RHPLAN	plan_determined_dt
RHASSESS	s36_assessment_dt
COURT	filed_dt
TIMEFRAME	situation_start_dt

The record length of each control file is 35 bytes. As there is only one record in each file the record terminator is optional.

4 Data field definitions

4.1 Employee file data fields

This file lists current personal details for all employees who have made a claim which is reported to the data warehouse.

A1 Unique employee identifier

Description	A reference that uniquely identifies each employee.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	<ol style="list-style-type: none"> 1. Must be unique for the file. 2. Should have at least one related record in the <i>CLAIM</i> file (based on <i>Employee identifier</i> (B2)). <i>Note: Future intent to reclassify this warning as an error when all licensees are able to comply.</i>

A2 Birth date

Description	The date of birth of the employee.
Purpose	Required for NDS reporting (Item C3).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099.

A3 Deceased date

Description	The date of death of the employee.
Purpose	Required for NDS reporting (Item E2).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. If the <i>Death due to claim flag</i> (B22) is 'Y' for any related compliant claim then must not be null. 2. If not null, then must be on or after the <i>Injury date</i> (B3) for any related accepted claim. 3. If not null, then must be between 1 January 1900 and 31 December 2099.

A4 Gender code

Description	The gender of the employee.
Purpose	Required for NDS reporting (Item C4).
Format	Character (1).
Classification	M – Male. F – Female. X – Gender unspecified.
Rules	1. Must match classification.

A5 Residential postcode

Description	The postcode of the employee’s residential address. The postcode of the employee’s mailing address may be substituted if the residential postcode is unavailable.
Purpose	Required for NDS reporting (Item C5).
Format	Number (4).
Rules	1. If the <i>Country of residence code</i> (A6) is ‘AU’ (Australia) then must be non-zero. 2. If the <i>Country of residence code</i> (A6) is not ‘AU’ (Australia) then must be null. 3. If not null, then should be a valid postcode.

A6 Country of residence code

Description	The country in which the employee resides.
Purpose	Required for cross validation with the <i>Residential postcode</i> (A5).
Format	Character (2).
Classification	ISO 3166-1-alpha-2 code elements. Refer to Appendix A.1 for details.
Rules	1. Must match classification.

A7 Surname

Description The surname of the employee.

Purpose Required for injured worker survey.

Format Character (30).

A8 Given names

Description The given name(s) of the employee.

Purpose Required for injured worker survey.

Format Character (30).

Rules

1. If the *Surname* (A7) is null, then must be null.
2. If the *Surname* (A7) is not null, then must not be null.

A9 Title

Description The preferred title of the employee (e.g. Mr, Mrs, Ms, Dr, Prof, etc).

Purpose Required for injured worker survey.

Format Character (15).

Rules

1. If the *Surname* (A7) is null, then must be null.

A10 Potential adverse impact flag

Description	Identifies whether the claim manager perceives that the employee's participation in the injured worker survey may be detrimental to their health or wellbeing or the health or wellbeing of others.
Purpose	Required for injured worker survey.
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	<ol style="list-style-type: none"> 1. If the <i>Surname</i> (A7) is null, then must be null. 2. If the <i>Surname</i> (A7) is not null, then must not be null. 3. If not null, then must match classification.

A11 Potential adverse impact date

Description	The date the claim manager made the decision that the employee's participation in the injured worker survey may be detrimental to their health or wellbeing or the health or wellbeing of others (refer <i>Potential adverse impact flag</i> (A10)).
Purpose	Required for injured worker survey.
Format	Date.
Rules	<ol style="list-style-type: none"> 1. If the <i>Potential adverse impact flag</i> (A10) is not 'Y', then must be null. 2. If the <i>Potential adverse impact flag</i> (A10) is 'Y', then must be not be null. 3. If not null, then must be between 1 January 1900 and 31 December 2099.

A12 Home phone number

- Description** Home phone number of the employee.
The home phone number should include the appropriate area code and may be provided in any generally recognised format (e.g. 0262345678, (02) 62345678, 02 6234 5678, etc).
If this information is not available “unknown” or similar may be entered.
- Purpose** Required for injured worker survey.
- Format** Character (15).
- Rules** 1. If *Surname* (A7) is null, then must be null.

A13 Mobile phone number

- Description** Mobile phone number of the employee.
The mobile phone number may be provided in any generally recognised format (e.g. 0412345678, 0412 345678, 0412 345 678, etc).
If this information is not available “unknown” or similar may be entered.
- Purpose** Required for injured worker survey.
- Format** Character (15).
- Rules** 1. If *Surname* (A7) is null, then must be null.
2. If *Surname* (A7) is not null and *Home phone number* (A12) is null, then must be not null.

A14 Interpreter required flag

Description	Identifies whether an interpreter is required to facilitate communication with the employee.
Purpose	Required for injured worker survey.
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	<ol style="list-style-type: none"> 1. If the <i>Surname</i> (A7) is null, then must be null. 2. If the <i>Surname</i> (A7) is not null, then must not be null. 3. If not null, then must match classification.

A15 Preferred spoken language

Description	Where an interpreter is required to facilitate communication with the employee (refer <i>Interpreter required flag</i> (A14)), the employee's preferred spoken language.
Purpose	Required for injured workers survey.
Format	Character (20).
Rules	<ol style="list-style-type: none"> 1. If <i>Interpreter required flag</i> (A14) is 'Y', then must not be null. 2. If <i>Interpreter required flag</i> (A14) is not 'Y', then must be null.

A16 Mailing address country code

Description	The country code of the employee's mailing address.
Purpose	Required for injured worker survey.
Format	Character (2).
Classification	ISO 3166-1-alpha-2 code elements. Refer to Appendix A.1 for details.
Rules	<ol style="list-style-type: none"> 1. If the <i>Surname</i> (A7) is null, then must be null. 2. If the <i>Surname</i> (A7) is not null, then must not be null. 3. If not null, then must match classification.

A17 Mailing address post code

Description	The post code of the employee's mailing address.
Purpose	Required for injured worker survey.
Format	Number (4).
Rules	<ol style="list-style-type: none">1. If the <i>Mailing address country code</i> (A16) is 'AU' (Australia), then must be non-zero.2. If the <i>Mailing address country code</i> (A16) is not 'AU' (Australia), then must be null.3. If not null, then should be a valid postcode.

A18 Mailing address suburb

Description	The suburb of the employee's mailing address.
Purpose	Required for injured workers survey.
Format	Character (30).
Rules	<ol style="list-style-type: none">1. If the <i>Mailing address country code</i> (A16) is null, then must be null.2. If the <i>Mailing address country code</i> (A16) is not null, then must not be null.

A19 Mailing address line 1

Description	The first address line of the employee's mailing address.
Purpose	Required for injured workers survey.
Format	Character (30).
Rules	<ol style="list-style-type: none">1. If the <i>Mailing address country code</i> (A16) is null, then must be null.2. If the <i>Mailing address country code</i> (A16) is not null, then must not be null.

A20 Mailing address line 2

Description	The second address line of the employee's mailing address.
Purpose	Required for injured worker survey.
Format	Character (30).
Rules	1. If the <i>Mailing address line 1</i> (A19) is null, then must be null.

A21 Mailing address line 3

Description	The third address line of the employee's mailing address.
Purpose	Required for injured worker survey.
Format	Character (30).
Rules	1. If the <i>Mailing address line 2</i> (A20) is null, then must be null.

4.2 Claim file data fields

This file lists claim occurrence and process details for all claims that are within the scope of the data warehouse (see Section 2.1).

B1 Unique claim identifier

Description	A reference that uniquely identifies each claim.
Purpose	Unique identifier for this record.
Format	Character.
Rules	<ol style="list-style-type: none"> 1. Must be unique for the file. 2. Should have at least one related record in the <i>CLMDET file</i> (based on <i>Claim identifier (C1)</i>). <i>Note: Future intent to reclassify this warning as an error when all licensees are able to comply.</i> 3. Where the latest related <i>Claim determination Code (C3)</i> (based on <i>Claim identifier (C1)</i>) (ordered by <i>Date/time of determination status change (C2)</i>) is 'U' (undetermined) there should not be a <i>Claim determination Code (C3)</i> for this claim of either 'A' (accepted) or 'R' (rejected)'.

B2 Employee identifier

Description	The <i>Unique employee identifier (A1)</i> that references the employee who made the claim.
Purpose	Relates claim to an individual employee.
Format	Character (15).
Rules	<ol style="list-style-type: none"> 1. Must reference a valid <i>Unique employee identifier (A1)</i>.

B3 Injury date

Description	The date of injury determined in relation to the claim.
Purpose	Required for NDS reporting (Item D1).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. For compliant claims, must be after the related <i>Birth date</i> (A2). 2. Must be between 1 January 1900 and 31 December 2099. 3. If claim is compliant the injured worker should be between 15 and 70 at time of injury (based on related <i>Birth date</i> (A2)).

B4 Nature of injury/disease code

Description	<p>The most serious injury or disease sustained or suffered by the employee.</p> <p>A null value may be provided for claims that have not yet been determined.</p> <p>Compliant claims received on or after 1 July 2008 must comply with NDVS3 as defined at Appendix A.10.</p>
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item D4).
Format	Number (3).
Classification	TOOCS (Nature of Injury/Disease classification) – refer to Appendix A.9.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. If claim is compliant, must comply with TOOCS version rules as defined at Appendix A.9. 3. Must be present if the claim is determined.

B5 Bodily location of injury/disease code

Description	The bodily location of the most serious injury or disease suffered by the employee. A null value may be provided for claims that have not yet been determined.
Purpose	Required for NDS reporting (Item D5).
Format	Number (3).
Classification	TOOCS (Bodily Location of Injury/Disease classification) – refer to Appendix A.9.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. Must be present if the claim is determined. 3. If claim is complaint, and the <i>Received by claims processing date</i> (B21) is on or after 1 July 2008, then must comply with the NDVS3 as defined at Appendix A.10. 4. If claim is compliant, then must comply with TOOCS version rules as defined at Appendix A.9.

B6 Mechanism of incident code

Description	The first preventable action, exposure or event that was involved in the circumstances that led to the most serious injury or disease suffered by the employee. A null value may be provided for claims that have not yet been determined.
Purpose	Required for scheme performance and NDS reporting (Item D6).
Format	Number (2).
Classification	TOOCS (Mechanism of Incident classification) – refer to Appendix A.9.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. Must be present if the claim is determined. 3. If claim is complaint, and the <i>Received by claims processing date</i> (B21) is on or after 1 July 2008, then must comply with the NDVS3 as defined at Appendix A.10. 4. If claim is compliant, then must comply with TOOCS version rules as defined at Appendix A.9.

B7 Agency of injury/disease code

Description	The object, substance or circumstance directly involved in inflicting the most serious injury or disease suffered by the employee. A null value may be provided for claims that have not yet been determined.
Purpose	Required for NDS reporting (Item D7).
Format	Number (4).
Classification	TOOCS (Agency of Injury/Disease classification) – refer to Appendix A.9.
Rules	<ol style="list-style-type: none">1. Must match classification.2. Must be present if the claim is determined.3. If claim is complaint, and the <i>Received by claims processing date</i> (B21) is on or after 1 July 2008, then must comply with the NDVS3 as defined at Appendix A.10 (validation not currently applied).4. If claim is compliant, then must comply with TOOCS version rules as defined at Appendix A.9.

B8 Breakdown agency of injury/disease code

- Description** 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 suffered by the employee.
- A null value may be provided for claims that have not yet been determined.
- Purpose** Required for NDS reporting (Item D8).
- Format** Number (4).
- Classification** TOOCS (Agency of Injury/Disease classification) – refer to Appendix A.9.
- Rules**
1. Must match classification.
 2. Must be present if the claim is determined.
 3. If claim is complaint and the *Received by claims processing date* (B21) is on or after 1 July 2008, then must comply with the NDVS3 as defined at A.9 (validation not currently applied).
 4. If claim is compliant, then must comply with TOOCS version rules as defined at Appendix A.9.

B9 Occupation code

Description	<p>The occupation of the employee at the time of injury or experiencing the exposure that resulted in the occupational disease.</p> <p>If the occupation at the time of the exposure that resulted in an occupational disease is not clear, the occupation at the time the disease was first reported to the employer may be provided.</p> <p>A null value may be provided for claims that have not yet been determined.</p> <p>Codes may be supplied at either the unit group level (4-digit level with two trailing zeros) or at the occupation group level (6-digit level).</p>
Purpose	Required for NDS reporting (Item C6).
Format	Number (6).
Classification	<i>Australian and New Zealand Standard Classification of Occupations</i> , First Edition, 2006 (ANZSCO) – ABS Cat. No. 1220.0.
Rules	<ol style="list-style-type: none">1. Must match classification.2. Must be present if the claim is determined.

B10 Duty status code

Description	<p>The duty status of the employee at the time of injury or experiencing the exposure that resulted in the occupational disease.</p> <p>If the duty status at the time of the exposure that resulted in an occupational disease is not clear, the duty status at the time the disease was first reported to the employer may be provided.</p> <p>A null value may be provided for claims that have not yet been determined.</p>
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item C7).
Format	Number (2)
Classification	Refer to Appendix A.2.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. Must be present if the claim is determined. 3. If the related <i>Determination status code</i> (C3) is 'A' (Accepted) then must not be '99' (Not applicable).

B11 Workplace industry code

Description	<p>The main activity of the establishment at which the injury occurred or at which the exposure resulting in the occupational disease was experienced.</p> <p>For incidents that occurred while the injured worker was travelling to or from work (i.e. <i>Duty status code</i> (B10) is '04') then the industry of the employer should be provided.</p> <p>A null value may be provided for claims that have not yet been determined.</p>
Purpose	Required for NDS reporting (Item D2).
Format	Number (4).
Classification	<i>Australian and New Zealand Standard Industrial Classification</i> (ANZSIC), 2006 – ABS Cat. No. 1292.0.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. Must be present if the claim is determined and the <i>Received by claims processing date</i> (B21) is on or after 1 July 2005.

B12 Workplace postcode

Description	The physical postcode of the workplace at which the employee was injured or experienced the exposure resulting in the occupational disease. For injuries or exposures occurring overseas or on any form of transport, this field should be null.
Purpose	Required for NDS reporting (Item D3).
Format	Number (4).
Rules	1. If not null then should be a valid Australian postcode.

B13 Labour hire flag

Description	Indicates whether the employee was working through a labour hire agency at the time of injury or experiencing the exposure that resulted in the occupational disease. A labour hire agency is a firm that receives commission from a client firm in return for supplying labour to that client for a limited period. A labour hire worker may also be referred to as a temp, on-hired worker or agency worker. If it is not clear whether the employee was working through a labour hire firm at the time of the exposure that resulted in an occupational disease, this field should be set to 'N' (No).
Purpose	Required for NDS reporting (Item C10).
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	1. Must match classification.

B14 Apprentice/trainee flag

Description	Indicates whether the employee was an apprentice or trainee at the time of injury or experiencing the exposure that resulted in the occupational disease. If it is not clear whether the employee was an apprentice or trainee at the time the exposure that resulted in an occupational disease, this field should be set to 'N' (No).
Purpose	Required for NDS reporting (Item C11).
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	1. Must match classification.

B15 RTW status code

Description	The latest RTW status of the employee. A null value may be provided for claims that have not yet been determined.
Purpose	Required for NDS reporting (Item B5).
Format	Character (2).
Classification	Refer to Appendix A.3.
Rules	1. Must match classification. 2. Must be present if the claim is determined and the <i>Received by claims processing date</i> (B21) is on or after 1 July 2005.

B16 Determined condition

Description	The condition(s) for which liability has been accepted or, in the case of claims for which liability has not been accepted, the condition(s) claimed by the employee.
Purpose	Assists conversion between TOOCS versions.
Format	Character (160).

B17 Claim status code

Description	The latest claim status.
Purpose	To be included in employer data reports.
Format	Character (1).
Classification	O – Open. C – Closed.
Rules	1. Must match classification.

B18 Claim status date

Description	The date the claim status was last changed.
Purpose	To be included in employer data reports.
Format	Date.
Rules	1. Must be between 1 January 1900 and 31 December 2099.

B19 Claimant signed date

Description	The date the claim form was signed by the claimant. A null value may be provided for claims that are not yet compliant.
Purpose	To be included in employer data reports. Assists data validation.
Format	Date.
Rules	1. Must be between 1 January 1900 and 31 December 2099. 2. If not null, if claim is compliant and <i>Received by claims processing date</i> (B21) is on or after 1 January 1997 then must be on or after the <i>Injury date</i> (B3).

B20 Received by employer date

Description	The date the claim was received by the employer.
Purpose	Required for scheme performance and NDS reporting (Item B3).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If claim is compliant and <i>Received by claims processing date</i> (B21) is on or after 1 January 1997 then must be on or after the <i>Injury date</i> (B3).

B21 Received by claims processing date

Description	The date the claim was received by the relevant claims processing body.
Purpose	Required for scheme performance and NDS reporting (Item B4).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If claim is compliant and this date is on or after 1 January 1997 then should be on or after the <i>Received by employer date</i> (B20).

B22 Death due to claim flag

Description	A flag that indicates whether the employee died as a result of the claimed injury/disease.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item E2).
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	<ol style="list-style-type: none"> 1. Must match classification.

B23 Outstanding liability case estimate amount

Description	Estimate of outstanding costs to be paid on the claim. To differentiate between zero dollar amounts and null values, null values are to be space filled.
Purpose	To be included in employer data reports.
Format	Number (S10.2).
Rules	1. May be a negative amount only when <i>Third party recoveries amount</i> (B32) is >zero.

B24 Total liability case estimate amount

Description	Estimate of the total costs to be paid on the claim (i.e. cost paid to date plus outstanding liability case estimate). To differentiate between zero dollar amounts and null values, null values are to be space filled.
Purpose	To be included in employer data reports.
Format	Number (11.2).

B25 Case estimate date

Description	The date on which the case estimate amounts at B23 and B24 were calculated.
Purpose	To be included in employer data reports.
Rules	1. Must be between 1 January 1900 and 31 December 2099. 2. Must be on or after the <i>Received by claims processing date</i> (B21).

B26 Normal weekly hours

- Description** The hours component of the total hours and minutes usually worked by the employee each week prior to injury. This includes overtime that is regular and required.
- For example, if the employee usually worked 37.5 hours each week this field would contain '037'.
- Purpose** Required for NDS reporting (Item C8).
- Format** Number (3).
- Rules** 1. Must be in the range 0 to 168 inclusive.

B27 Normal weekly minutes

- Description** The minutes component of the number of hours and minutes usually worked by the employee each week prior to injury. This includes overtime that is regular and required.
- For example, if the employee usually worked 37.5 hours each week this field would contain '30'.
- Purpose** Required for NDS reporting (Item C8).
- Format** Number (2).
- Rules** 1. Must be in the range 0 to 59 inclusive.

B28 Normal weekly earnings

- Description** The employee's initial normal weekly earnings calculated according to Section 8 of the SRC Act for the purpose of calculating weekly benefits.
- Where the normal weekly earnings is unavailable in relation to a claim this field should be set to zero.
- Purpose** Required for NDS reporting (Item C9).
- Format** Number (11.2).

B29 Liabile employer number

Description	A reference that identifies the employer liable for the claim.
Purpose	Relates claim to the liable employer. Required for LKPIs and NDS reporting (Items C1 and C2).
Format	Number (8).
Classification	This identifier will be supplied by Comcare.
Rules	<ol style="list-style-type: none"> 1. Must match the employer number allocated by Comcare. 2. Must be a valid Comcare employer number.

B30 Liabile cost centre number

Description	The Cost centre number (D2) that references the cost centre liable for the claim.
Purpose	Relates claim to the liable cost centre. To be included in employer data reports.
Format	Number (6).
Rules	<ol style="list-style-type: none"> 1. Must reference a valid <i>Cost centre number</i> (D2). 2. If claim is compliant then must be present.

B31 Payroll cost centre number

Description	The Cost centre number (D2) that references the cost centre paying the claim.
Purpose	Relates claim to the payroll cost centre. To be included in employer data reports.
Format	Number (6).
Rules	<ol style="list-style-type: none"> 1. Must reference a valid <i>Cost centre number</i> (D2).

B32 Third party recoveries amount

Description	The total amount of third party recoveries received in relation to the claim.
Purpose	Required for NDS reporting (claim payment details).
Format	Number (11.2).
Rules	1. Must be \geq zero.

B33 Takeover claim flag

Description	Indicates whether the determining authority has taken over liability for the claim from another body. This field may not be applicable to all licensees.
Purpose	Required for LKPIs, scheme performance and NDS reporting.
Format	Character (1).
Classification	Y – Yes. N – No.
Rules	1. Must match classification.

B34 Incapacity adjustment weeks

Description	The number of incapacity weeks determined in relation to the claim but not included in the related Incapacity file. For example, Comcare's current claims database records the total weeks' incapacity determined on each claim prior to the implementation of that database, rather than each individual incapacity determination. This total is reported to the data warehouse in this field and added to any subsequent records in relation to individual incapacity determinations, reported in the INCAP file, to determine the total weeks lost in relation to the claim. This field may not be applicable to all licensees.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item E1), if applicable to the determining authority.
Format	Number (10.8).

B35 Nominated representative's name

Description	If applicable, the name of the person nominated to act on behalf of the employee. For example a legal representative, friend or family member. This contact is not intended to be an employer representative.
Purpose	Required for injured worker survey.
Format	Character (50).

B36 Nominated representative's phone number

Description	<p>If applicable, the phone number of the person nominated to act on behalf of the employee.</p> <p>The phone number should include the appropriate area code, if applicable, and may be provided in any generally recognised format (e.g. 0262345678, (02) 6234 5678, 0412345678, 0412 345 678 etc).</p>
Purpose	Required for injured worker survey.
Format	Character (15).
Rules	<ol style="list-style-type: none">1. If <i>Nominated representative's name</i> (B35) is null, then must be null.2. If <i>Nominated representative's name</i> (B35) is not null, then must not be null.

4.3 Claim determination file data fields

This file details all changes in claim determination status over the life of a claim for all claims reported to the data warehouse.

For example, if a claim is rejected and a subsequent reconsideration upholds this decision, but the claim is accepted following an appeal to the AAT, the Claim determination file will include three records for this claim. The first of these records reports the claim as undetermined, the second record reports the rejected claim following the initial determination of liability and finally, the accepted claim following the AAT appeal is reported.

C1 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the determination applies.
Purpose	Unique identifier for this record in combination with the <i>Date/time of determination status change</i> (C2). Relates determination to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

C2 Date/time of determination status change

Description	The date and time at which the claim determination status was changed.
Purpose	Unique identifier for this record in combination with the <i>Claim identifier</i> (C1). Specifies the chronological sequence of determinations. Required for LKPIs, scheme performance and NDS reporting (Item B2).
Format	Timestamp.
Rules	1. Must be unique for the claim. 2. Must be on or after the related <i>Received by claims processing date</i> (B21).

C3 Determination status code

Description	The determination status of the claim.
Purpose	Required for LKPIs and NDS reporting (Item B1). Withdrawn (W) should only be used where the claim is yet to be determined and notification to withdraw the claim is received.
Format	Character (1).
Classification	A – Accepted. D – Deleted. N – Non-compliant. R – Rejected. U – Undetermined. W – Withdrawn.
Rules	1. Must match classification.

C4 Determination reason code

Description	The determination reason for claim acceptance / rejection for claims determined post 1 July 2017.
Purpose	Required for scheme analysis.
Format	Number (4).
Classification	Refer to Appendix A.8.
Rules	1. For <i>Date/time of determination status change</i> (C2) post 1 July 2017 and <i>Determination Status Code</i> (C3) is 'A' (Accepted) or 'R' (Rejected) then must match classification. 2. Must be space filled or left blank where not required to match classification.

4.4 Cost centre file data fields

This file contains details of each cost centre defined by the determining authority for data warehouse reporting (see Appendix B for further detail).

D1 Employer identifier

Description	A reference that identifies the employer to which the cost centre relates.
Purpose	Unique identifier for this record in combination with the <i>Cost centre number</i> (D2). Relates cost centre to an individual employer.
Format	Number (8).
Classification	This identifier will be supplied by Comcare.
Rules	<ol style="list-style-type: none"> 1. Must match the employer number allocated by Comcare. 2. Must be a valid Comcare employer number.

D2 Cost centre number

Description	A reference that uniquely identifies each cost centre within an employer.
Purpose	Unique identifier for this record in combination with the <i>Employer identifier</i> (D1).
Format	Number (6).
Rules	<ol style="list-style-type: none"> 1. Must be unique for the employer. 2. Must not be zero.

D3 Cost centre name

Description	The name of the cost centre.
Purpose	Identifies the cost centre in employer data reports.
Format	Character (50).

D4 Cost centre short name

Description	The abbreviated name of the cost centre.
Purpose	Identifies the cost centre in employer data reports.
Format	Character (12).

D5 Cost centre active flag

Description	A flag that indicates whether or not the cost centre is currently active.
Purpose	Identifies active cost centres for display in employer data reports.
Format	Character (1).
Classification	' – Yes. – No.
Rules	1. Must match classification.

4.5 Employer structure file data fields

This file lists each cost centre structure defined by the determining authority for data warehouse reporting. For example, a cost centre structure may group individual cost centres by geographical location or business function (see Appendix B for further detail).

If the determining authority does not wish to view data for different cost centre structures through the data warehouse, this file may be empty. In this case, the Related cost centre file must also be empty.

E1 Employer identifier

Description	A reference that identifies the employer to which the cost centre structure relates.
Purpose	Unique identifier for this record in combination with the <i>Cost centre structure number</i> (E2). Relates cost centre structure to an individual employer.
Format	Number (8).
Classification	This identifier will be supplied by Comcare.
Rules	<ol style="list-style-type: none"> 1. Must match the employer number allocated by Comcare. 2. Must be a valid Comcare employer number.

E2 Cost centre structure number

Description	A reference that uniquely identifies each cost centre structure within an employer.
Purpose	Unique identifier for this record in combination with the <i>Employer identifier</i> (E1).
Format	Number (2).
Rules	<ol style="list-style-type: none"> 1. Must be unique for the employer. 2. Must not be zero. 3. Must have at least one related record in the <i>RELCC file</i> (based on <i>Cost centre structure number</i> (F2)).

E3 Cost centre structure name

Description The name of the cost centre structure.

Purpose Identifies the cost centre structure in employer data reports.

Format Character (40)

4.6 Related cost centre file data fields

This file details the position in each cost centre structure for all cost centres within that structure and all cost centre structures defined by the determining authority for data warehouse reporting. A cost centre's position within a structure is specified by that cost centre's level within the structure and its parent cost centre (see Appendix B for further detail).

If the determining authority does not wish to view data for different cost centre structures through the data warehouse, this file may be empty. In this case, the Employer structure file must also be empty.

F1 Employer identifier

Description	A reference that identifies the employer for which the cost centre relationship is defined.
Purpose	Unique identifier for this record in combination with the <i>Cost centre structure number</i> (F2) and the <i>Cost centre number</i> (F3). Relates the cost centre relationship details to an individual employer.
Format	Number (8).
Classification	This identifier will be supplied by Comcare.
Rules	<ol style="list-style-type: none"> 1. Must match the employer number allocated by Comcare. 2. Must be a valid Comcare employer number.

F2 Cost centre structure number

Description	The Cost centre structure number (E2) that references the structure to which the cost centre relationship details apply.
Purpose	Unique identifier for this record in combination with the <i>Employer identifier</i> (F1) and the <i>Cost centre number</i> (F3). Relates the cost centre relationship details to a specific cost centre structure.
Format	Number (2).
Rules	<ol style="list-style-type: none"> 1. Must reference a valid <i>Cost centre structure number</i> (E2).

F3 Cost centre number

- Description** The *Cost centre number* (D2) that references the cost centre to which the cost centre relationship details apply.
- Purpose** Unique identifier for this record in combination with the Employer identifier (F1) and the *Cost centre structure number* (F2).
Relates the cost centre relationship details to a specific cost centre.
- Format** Number (6).
- Rules**
1. Must reference a valid *Cost centre number* (D2).
 2. Must be unique for the employer and structure number.

F4 Level in cost centre structure

- Description** The cost centre's level in the cost centre structure.
The top level of a cost centre structure is level 1. A cost centre structure may have up to 9 levels.
- Purpose** Together with the *Parent cost centre number* (F5) identifies the cost centre's position in the cost centre structure.
- Format** Number (1).
- Rules**
1. Must be in the range 1 to 9 inclusive.

F5 Parent cost centre number

- Description** The cost centre number as specified in the Cost centre file of the cost centre's parent in the cost centre structure.
- Purpose** Together with the *Level in structure* (F4) identifies the cost centre's position in the cost centre structure.
- Format** Number (6).
- Rules**
1. Must be null if *Level in structure* (F4) is 1.
 2. Must not be null if *Level in structure* (F4) is greater than 1.
 3. Must reference a valid *Cost centre number* (D2).

4.7 Incapacity file data fields

This file details all incapacity determinations over the life of a claim for all claims reported to the data warehouse.

A period of incapacity may be accepted and subsequently voided. This is viewed as a single incapacity determination with a current status of void and is therefore represented by a single record in the Incapacity file. It is expected that the *Incapacity determination code* (G4) for such a record would be updated from 'A' to 'V'; the *Incapacity determination date* (G5) would be updated to reflect the date the determination was voided; and the *Original determination date* (G8) would be entered to reflect the date the incapacity was originally accepted. Since this action updates the record that was generated when the incapacity was originally accepted, the *Unique incapacity determination identifier* (G1) does not change. The remainder of fields in the record also remain unchanged.

Please note that reinsurance reimbursements are not reportable to the CDW.

G1 Unique incapacity determination identifier

Description	A reference that uniquely identifies each incapacity determination.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

G2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the incapacity determination relates.
Purpose	Relates determination to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

G3 Incapacity SRC Act reference code

Description	Indicates the section, subsection and paragraph of the SRC Act under which the determination was made. A null value may be provided for periods of incapacity that have not been accepted.
Purpose	Required NDS reporting (claim payments).
Format	Number (3).
Classification	See Appendix A.4.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. If the related <i>Incapacity determination code</i> (G4) is 'A' (Accepted) or 'V' (Void) then must not be null.

G4 Incapacity determination code

Description	The outcome of the incapacity determination.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item E1). Withdrawn (W) should only be used where the period of incapacity is yet to be determined and notification to withdraw the period of incapacity is received.
Format	Character (1).
Classification	A – Accepted. D – Deleted. R – Rejected. U – Undetermined. V – Void. W – Withdrawn.
Rules	<ol style="list-style-type: none"> 1. Must match classification.

G5 Incapacity determination date

Description	The date the formal incapacity determination was made. Note: this date should match that on the formal incapacity determination notification sent to the injured worker.
Purpose	Required for LKPIs, scheme performance and NDS reporting (claim payments).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If the <i>Incapacity determination code</i> (G4) is 'A' (Accepted) and this date is on or after 1 January 1997, then must be on or after the related <i>Received by claims processing date</i> (B21). 3. If the <i>Incapacity determination code</i> (G4) is 'A' (Accepted), 'R' (Rejected) or 'V' (Voided), then must be present.

G6 Total liability amount

Description	The total amount to be paid in compensation in relation to the incapacity determination.
Purpose	Required for NDS reporting (claim payments).
Format	Number (11.2).
Rules	May be a negative amount only when <i>Third party recoveries amount</i> (B32) is >zero.

G7 Incapacity weeks

Description	<p>The total weeks the employee lost from work in relation to the incapacity determination.</p> <p>The incapacity weeks should be calculated relative to the employee's normal weekly hours. For example, if the employee normally works 20 hours per week and loses 30 hours of work during the determined incapacity period, then this field should report that the employee lost 1.5 weeks of work in the reporting period.</p> <p>This field should be null for dependant payments determined under section 17(5) of the SRC Act or garnished wages determined under section 113 of the SRC Act.</p>
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item E1).
Format	Number (10.5).

G8 Original determination date

Description	In the case of a voided incapacity determination, the date the original incapacity determination was made.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Item E1 and claim costs).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If the <i>Incapacity determination code</i> (G4) is not 'V' (Void) then must be null. 3. If the <i>Incapacity determination code</i> (G4) is 'V' (void) then must be present. 4. If present, then must be on or before the <i>Incapacity determination date</i> (G5). 5. If this date is on or after 1 January 1997, then must be on or after the related <i>Received by claims processing date</i> (B21).

G9 Incapacity start date

Description	The start date of the period to which the incapacity determination relates.
Purpose	Required to chronologically order incapacity determinations for the calculation of LKPIs, scheme performance and NDS reporting.
Format	Date.
Rules	<ol style="list-style-type: none">1. If the <i>Incapacity determination code</i> (G4) is 'A' (Accepted) then must be between 1 January 1900 and 31 December 2099.2. If the <i>Incapacity determination code</i> (G4) is 'A' (Accepted) and this date is on or after 1 January 1997, then must be on or after the related <i>Injury date</i> (B3).

G10 Incapacity end date

Description	The end date of the period to which the incapacity determination relates.
Purpose	Required to chronologically order incapacity determinations for the calculation of LKPIs, scheme performance and NDS reporting.
Format	Date.
Rules	<ol style="list-style-type: none">1. If the <i>Incapacity determination code</i> (G4) is 'A' (Accepted) then must be between 1 January 1900 and 31 December 2099.2. Must be on or after the <i>Incapacity start date</i> (G9).

G11 Full shift lost flag

Description	Indicates whether the incapacity period contains at least one full day or shift lost from work.
Purpose	Assists data validation.
Format	Character (1).
Classification	Y – Yes. N – No. Null if not applicable.
Rules	1. Must match classification.

G12 Actual lost hours

Description	The hours component of the total hours and minutes the employee lost from work in relation to the incapacity determination. For example, if the determination related to 22.5 hours lost from work, this field would contain '00022'.
Purpose	Required for NDS reporting (Item E1).
Format	Number (5).

G13 Actual lost minutes

Description	The minutes component of the total hours and minutes the employee lost from work in relation to the incapacity determination. For example, if the determination related to 22.5 hours lost from work, this field would contain '30'.
Purpose	Required for NDS reporting (Item E1).
Format	Number (2).
Rules	1. Must be in range 00 to 59 inclusive.

G14 Determination normal weekly hours

Description	The hours component of the normal weekly hours and minutes worked by the employee on which the incapacity determination is based. For example, if the determination related to 22.5 normal weekly hours, this field would contain '022'.
Purpose	Required for NDS reporting (Item E1).
Format	Number (3).

G15 Determination normal weekly minutes

Description	The minutes component of the normal weekly hours and minutes worked by the employee on which the incapacity determination is based. For example, if the determination related to 22.5 normal weekly hours, this field would contain '30'.
Purpose	Required for NDS reporting (Item E1).
Format	Number (2).
Rules	1. Must be in range 00 to 59 inclusive.

G16 Hours worked code

Description	Indicates the proportion of the employee's normal weekly hours that he/she is employed during the related incapacity period. This equates to the percentage that would be used to calculate an adjustment percentage for the calculation of compensation under section 19(3) of the SRC Act.
Purpose	Assists data validation.
Format	Character (1).
Classification	A – Zero hours worked. B – > zero and <= 25%. C – > 25% and <= 50%. D – > 50% and <=75%. E – > 75% and <100%. F – 100%. G – Not applicable.
Rules	1. Must match classification.

G17 Incapacity start time

Description	The start time of the period to which the incapacity determination relates.
Purpose	Assists data validation.
Format	Number (4).
Classification	HHMM (24 hour format).

G18 Incapacity end time

Description	The end time of the period to which the incapacity determination relates.
Purpose	Assists data validation.
Format	Number (4).
Classification	HHMM (24 hour format).

4.8 Reconsideration file data fields

This file details each reconsideration request over the life of a claim for all claims reported to the data warehouse.

H1 Unique reconsideration identifier

Description	A reference that uniquely identifies each request for reconsideration.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

H2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the reconsideration relates.
Purpose	Relates the reconsideration to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

H3 Reconsideration request received date

Description	The date the compliant request for reconsideration was received by claims management, irrespective of whether all necessary evidence is to hand.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Items L2 and L3).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If this date is on or after 1 January 1997, then must be on or after the related <i>Received by claims processing date</i> (B21).

H4 Reconsideration initiator code

Description	A code that identifies the party that initiated the reconsideration.
Purpose	Required for LKPIs, scheme performance and NDS reporting (Items L2 and L3).
Format	Character (1).
Classification	C – Claimant. E – Employer. S – Self (determining authority).
Rules	1. Must match classification.

H5 Reconsideration issue code

Description	A code that identifies the issue on which the reconsideration is requested. Where the reconsideration request encompasses more than one issue the primary issue should be reported. Prior to 1 July 2013, this was an optional field. Licensees are not required to retrospectively collect this data item for reconsiderations received prior to this date and a null value may be provided for earlier records where data is not available.
Purpose	To be included in employer data reports.
Format	Character (2).
Classification	Refer to Appendix A.5.
Rules	1. If not null, then must match classification. 2. If the <i>Reconsideration request received date</i> (H3) is on or after 1 July 2013, then must not be null.

H6 Reconsideration decision date

- Description** The date on which a decision in writing was made to affirm, vary or revoke the original determination or the date the reconsideration request was registered as withdrawn.
A null value should be provided for undecided reconsideration requests.
- Purpose** Required for LKPIs, scheme performance and NDS reporting (Item L3).
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. If not null, then must be on or after the *Reconsideration request received date* (H3).

H7 Reconsideration decision code

- Description** A code that identifies the outcome of the reconsideration.
A null value should be provided for undecided reconsideration requests.
Withdrawn (W) should only be used where the reconsideration is yet to be decided and notification to withdraw the request for reconsideration is received.
- Purpose** Required for LKPIs and scheme performance reporting.
- Format** Character (1).
- Classification** A – Affirm.
V – Vary.
R – Revoke.
W – Withdrawn.
- Rules**
1. Must match classification.
 2. If the *Reconsideration decision date* (H6) is null, then must be null.
 3. If the *Reconsideration decision date* (H6) is not null, then must not be null.

H8 Appeal identifier

- Description** Where the reconsideration outcome is subsequently appealed, the *Unique appeal identifier* (I1) that references this appeal.
- Purpose** Relates reconsideration to any subsequent appeal.
- Format** Character (15).
- Rules**
1. Must reference a valid *Unique appeal identifier* (I1).

4.9 Appeal file data fields

This file details each appeal to the AAT over the life of a claim for all claims reported to the data warehouse.

I1 Unique appeal identifier

- Description** A reference assigned by the claim manager that uniquely identifies each appeal to the AAT.
- Purpose** Unique identifier for this record.
- Format** Character (15).
- Rules**
1. Must be unique for the file.
 2. If *Appeal received date* (I3) is on or after 1 January 1997 then should be referenced in the *Reconsideration file* data field *Appeal identifier* (H8).

I2 Claim identifier

- Description** The *Unique claim identifier* (B1) that references the claim to which the reconsideration relates.
- Purpose** Relates the appeal to an individual claim.
- Format** Character (15).
- Rules**
1. Must reference a valid *Unique claim identifier* (B1).

I3 Appeal received date

- Description** The date an application for review of a decision is received by the AAT in accordance with section 29 of the AAT Act.
- Purpose** Required for scheme performance and NDS reporting (Item L3).
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. If this date is on or after 1 January 1997, then must be on or after any related *Reconsideration decision date* (H6).

I4 Appeal notice date

- Description** The date the decision maker is notified of the application to the AAT for review of a decision.
- Purpose** To be included in employer data reports.
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. Must be on or after the *Appeal received date* (I3).

I5 Appeal initiator code

- Description** A code that identifies the party that initiated the appeal.
- Purpose** Required for scheme performance and NDS reporting (Items L2 and L3).
- Format** Character (1).
- Classification**
- C – Claimant.
 - E – Employer.
 - S – Self (determining authority).
- Rules**
1. Must match classification.

I6 Appeal issue code

- Description** A code that identifies the issue under appeal.
Where the appeal encompasses more than one issue the primary issue should be reported.
Prior to 1 July 2013 this was an optional data field. Licensees are not required to retrospectively collect this data item for appeals decided prior to this date and a null value may be provided for earlier records where data is not available.
- Purpose** Required for Comcare Legal Team to monitor proceedings and facilitate communication among interested parties.
- Format** Character (2).
- Classification** Refer to Appendix A.5.
- Rules**
1. If not null, then must match classification.
 2. If the *Appeal decision date* (I7) is on or after 1 July 2013, then must not be null.

I7 Appeal decision date

- Description** The date on which a decision in writing is made to affirm, vary, set aside or dismiss the reviewable decision.
A null value should be provided for undecided appeals.
- Purpose** Required for scheme performance and NDS reporting (Item L3).
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. If not null, must be on or after the *Appeal received date* (I3).

I8 Appeal decision code

Description	A code that identifies the outcome of the appeal. A null value should be provided for undecided appeals.
Purpose	Required for scheme performance reporting.
Format	Character (1).
Classification	A – Affirm. V – Vary. S – Set aside. D – Dismiss.
Rules	<ol style="list-style-type: none">1. Must match classification.2. If the <i>Appeal decision date</i> (I7) is null, then must be null.3. If the <i>Appeal decision date</i> (I7) is not null, then must not be null.

19 Appeal decision method code

Description	<p>A code that identifies the way in which the matter was resolved.</p> <p>A null value should be provided for undecided appeals.</p> <p>This data field was implemented on 1 July 2013. Licensees are not required to retrospectively collect this data item for appeals decided prior to this date and a null value may be provided for earlier records where data is not available.</p>
Purpose	Required for Comcare Legal Team to monitor proceedings and facilitate communication among interested parties.
Format	Character (1).
Classification	<p>C – Decision by consent.</p> <p>H – Decision by Tribunal hearing.</p> <p>W – Withdrawn by applicant.</p> <p>O – Other.</p>
Rules	<ol style="list-style-type: none"> 1. If the <i>Appeal decision date</i> (I7) is null, then must be null. 2. If the <i>Appeal decision date</i> (I7) is on or after 1 July 2013, then must not be null. 3. If not null, then must match classification. 4. If not null, if the <i>Appeal decision code</i> (I8) is 'D' (Dismissed), then must be 'W' (Withdrawn by applicant) or 'O' (Other). 5. If not null, if the <i>Appeal decision code</i> (I8) is not 'D' (Dismissed), then must be 'C' (Decision by consent) or 'H' (Decision by Tribunal hearing).

I10 Appeal substantive hearing date

Description	<p>The date allocated by the AAT for substantive hearing of the appeal.</p> <p>A null value should be provided for appeals where a substantive hearing date has not been allocated.</p> <p>This data field was implemented on 1 July 2013. Licensees are not required to retrospectively collect this data item for appeals decided prior to this date and a null value may be provided for earlier records where data is not available.</p>
Purpose	Required for Comcare Legal Team to monitor proceedings and facilitate communication among interested parties.
Format	Date.
Rules	<ol style="list-style-type: none"> 1. If not null, then must be between 1 January 1900 and 31 December 2099. 2. If not null, then must be on or after the <i>Appeal received date</i> (I3).

I11 Scheme significant flag

Description	<p>Identifies potentially scheme significant AAT proceedings.</p> <p>This data field was implemented on 1 July 2013. Licensees are not required to retrospectively collect this data item for appeals decided prior to this date and a null value may be provided for earlier records where data is not available.</p>
Purpose	Required for Comcare Legal Team to monitor proceedings and facilitate communication among interested parties.
Format	Character (1).
Classification	<p>Y – Yes.</p> <p>N – No.</p>
Rules	<ol style="list-style-type: none"> 1. If the <i>Appeal decision date</i> (I7) is on or after 1 July 2013, then must not be null. 2. If not null, then must match classification.

I12 AAT reference

- Description** The reference assigned by the AAT to identify the appeal. There is no prescribed form for this field, however a clear and consistent approach should be used where possible (eg. 'yyyy-##.....' or 'AATyyyy/####...'). This data field was implemented on 1 July 2013. Licensees are not required to retrospectively collect this data item for appeals decided prior to this date and a null value may be provided for earlier records where data is not available.
- Purpose** Required for Comcare Legal Team to monitor proceedings and facilitate communication among interested parties.
- Format** Character (15).
- Rules**
1. If the *Appeal decision date* (I7) is on or after 1 July 2013, then must not be null.

4.10 Line item file data fields

This file details each line item determination, including incapacity payments, over the life of a claim for all claims reported to the data warehouse. Overpayment recoveries are included in this file as negative amounts.

J1 Unique line item identifier

Description	A reference that uniquely identifies each line item payment.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

J2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the line item relates.
Purpose	Relates line item to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

J3 Line item SRC Act reference code

Description	Indicates the section, subsection and paragraph of the SRC Act under which the determination was made. A null value may be provided for line item payments that are not 'A' (Accepted) or 'X' (Reversed/deleted - previously accepted).
Purpose	Required for NDS reporting (claim payment details).
Format	Number (3).
Classification	Refer to Appendix A.4.
Rules	1. Must match classification. 2. If <i>Line item determination code</i> (J6) is 'A' (Accepted) or 'X' (Reversed/deleted – previously accepted), then must not be null.

J4 Payment category code

Description	Indicates the type of payment or service provided, irrespective of the section of the Act under which the payment is determined. For example, travel costs may be determined under s 16(6) and section 36(6) of the SRC Act, but will be reported here as travel costs according to the relevant means of transport. For this example, travel costs related to section 16 determinations will be separately identified from those related to section 36 determinations by the section of the act reported at the <i>Line item SRC Act reference code</i> (J3). A null value may be provided for line item payments that are not 'A' (Accepted) or 'X' (Reversed/deleted - previously accepted).
Purpose	Required for NDS reporting (claim payment details).
Format	Number (3).
Classification	Refer to Appendix A.6.
Rules	<ol style="list-style-type: none"> 1. Must match classification. 2. If <i>Line item determination code</i> (J6) is 'A' (Accepted) or 'X' (Reversed/deleted (previously accepted)), then must not be null.

J5 Line item type code

Description	Indicates whether the line item relates to a payment or recovery of an overpayment.
Purpose	Required for NDS reporting (claim payment details).
Format	Character (1).
Classification	P – Payment. R – Recovery (overpayment).
Rules	<ol style="list-style-type: none"> 1. Must match classification.

J6 Line item determination code

Description	Indicates the outcome of the line item determination.
Purpose	Required for scheme performance and NDS reporting (claim payment details).
Format	Character (1).
Classification	A – Accepted. R – Rejected. U – Undetermined. X – Reversed/deleted (previously accepted).
Rules	1. Must match classification.

J7 Line item determination date

Description	The date of the formal determination in relation to the line item. A null value should be provided for line item payments that have not yet been determined.
Purpose	Required for scheme performance and NDS reporting (claim payment details).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If the <i>Line item determination code</i> (J6) is 'U' (Undetermined), then must be null. 3. If the <i>Line item determination code</i> (J6) is not 'U' (Undetermined), then must not be null. 4. If this date is on or after 1 January 1997, and <i>Line item determination code</i> (J6) is 'A' (Accepted), then should be on or after the related <i>Injury date</i> (B3).

J8 Line item net GST amount

Description	The line item amount net claimable GST.
Purpose	Required for scheme performance and NDS reporting (claim payment details).
Format	Number (S11.2).

J9 Line item GST amount

Description	The amount of claimable GST in relation to the line item.
Purpose	Required for scheme performance and NDS reporting (claim payment details).
Format	Number (S11.2).

J10 Line item service date

Description	<p>For medical and other services payments, the service date to which the line item relates.</p> <p>A null value should be provided for line item payments relating to incapacity and may also be provided for line item payments that have not yet been accepted.</p>
Purpose	Required for NDS reporting (claim payment details).
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If <i>Line item SRC Act reference code (J3)</i> indicates an incapacity payment, then should not be present. Refer Appendix A.4. 3. If <i>Line item SRC Act reference code (J3)</i> indicates a non-incapacity payment and <i>Line item determination code (J6)</i> is 'A' (Accepted) and <i>Line item determination date (J7)</i> is on or after 1 January 1997, then must be present.

4.11 Rehabilitation file data fields

This file details each rehabilitation plan determined under section 37 of the SRC Act over the life of a claim for all claims reported to the data warehouse.

Rehabilitation activity that was initiated prior to the acceptance of a claim may be reported where this is in accordance with an equivalent process to that which would be employed under section 37 of the SRC Act and otherwise meets the requirements of the section.

K1 Unique rehabilitation plan identifier

Description	A reference that uniquely identifies each section 37 rehabilitation plan.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

K2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the rehabilitation plan relates.
Purpose	Relates rehabilitation plan to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

K3 Rehabilitation plan determination date

Description	The date the rehabilitation authority made the determination under section 37 of the SRC Act that the employee should undertake the rehabilitation plan.
Purpose	To be included in employer data reports.
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If this date is on or after 1 January 1997, then must be on or after the related <i>Injury date</i> (B3). 3. If <i>Rehabilitation plan approval status code</i> (K4) is 'A' (Acknowledge), then must not be null.

K4 Rehabilitation plan approval status code

Description	Indicates the approval status of the rehabilitation plan. If this status code is not applicable to the determining authority (e.g. only valid plans are reported), then a status code of 'A' (Acknowledge) should be provided.
Purpose	To be included in employer data reports.
Format	Character (1).
Classification	A – Acknowledge. D – Delete. N – Non-compliant. Z – Rehabilitation not required.
Rules	1. Must match classification.

K5 Rehabilitation plan closure date

Description	The date the rehabilitation plan was closed. A null value should be provided for rehabilitation plans that have not yet been closed.
Purpose	To be included in employer data reports. For use in assessment of rehabilitation providers against the Rehabilitation provider outcome standards.
Format	Date.
Rules	1. Must be between 1 January 1900 and 31 December 2099. 2. If the <i>Rehabilitation plan determination date</i> (K3) is on or after 1 January 1997 and the <i>Rehabilitation plan approval status code</i> (K4) is 'A' (Acknowledge), then must be on or after the <i>Rehabilitation plan start date</i> (K11).

K6 Rehabilitation plan closure reason code

- Description** The reason the rehabilitation plan was closed.
A null value should be provided for rehabilitation plans that have not yet been closed.
- Purpose** To be included in employer data reports.
For use in assessment of rehabilitation providers against the Rehabilitation provider outcome standards.
- Format** Character (1).
- Classification** Refer to Appendix A.7.
- Rules**
1. Must match classification.
 2. If *Rehabilitation plan determination date* (K3) is on or after 1 January 1997 and *Rehabilitation plan approval status code* (K4) is 'A' (Acknowledge) and the *Rehabilitation plan closure date* (K5) is null, then must be null.
 3. If *Rehabilitation plan determination date* (K3) is on or after 1 January 1997 and *Rehabilitation plan approval status code* (K4) is 'A' (Acknowledge) and the *Rehabilitation plan closure date* (K5) is not null, then must not be null.

K7 Rehabilitation plan final outcome code – employer

- Description** The final outcome of the rehabilitation plan in relation to the injured worker's employer.
- Purpose** To be included in employer data reports.
- Format** Character (1).
- Classification** S – Same employer.
N – New employer.
Null if no return to work.
- Rules**
1. Must match classification.

K8 Rehabilitation plan final outcome code – duties

Description The final outcome of the rehabilitation plan in relation to the injured worker's duties.

Purpose To be included in employer data reports.

Format Character (1).

Classification S – Same duties.
M – Modified duties.
N – New duties.
Null if no return to work.

Rules 1. Must match classification.

K9 Rehabilitation plan final outcome code – hours

Description The final outcome of the rehabilitation plan in relation to the injured worker's hours worked each week.

Purpose To be included in employer data reports.

Format Character (1).

Classification S – Same hours.
R – Reduced hours.
Null if no return to work.

Rules 1. Must match classification.

K10 Rehabilitation plan final outcome date

- Description** The date the final outcome of the rehabilitation plan, as reported in the *Rehabilitation plan final outcome code – employer* (K7), *Rehabilitation plan final outcome code – duties* (K8) and *Rehabilitation plan final outcome – hours* (K9), was achieved.
- Purpose** To be included in employer data reports.
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. If *Rehabilitation plan determination date* (K3) is on or after 1 January 1997 then must be on or after the related *Injury date* (B3).

K11 Rehabilitation plan start date

- Description** The start date of the rehabilitation plan. This may be the earlier of the first service date or the first placement date in relation to the plan.
- Purpose** For use in assessment of rehabilitation providers against the Rehabilitation provider outcome standards.
- Format** Date.
- Rules**
1. Must be between 1 January 1900 and 31 December 2099.
 2. If *Rehabilitation plan approval status code* (K4) is 'A' (Acknowledge) and *Rehabilitation plan determined date* (K3) is on or after 1 January 1997, then must be on or after the related *Injury date* (B3).

K12 Rehabilitation plan cost-to-date

- Description** The total cost-to-date of the rehabilitation plan, paid under section 37 of the SRC Act.
This value should be rounded to the nearest whole dollar.
- Purpose** For use in assessment of rehabilitation providers against the Rehabilitation provider outcome standards.
- Format** Number (6).

K13 Rehabilitation provider code

Description	A reference that identifies the ABN of the rehabilitation provider in relation to the rehabilitation plan.
Purpose	For use in assessment of rehabilitation providers against the Rehabilitation provider outcome standards.
Format	Number (11).

4.12 Rehabilitation assessment file data fields

This file details each rehabilitation assessment under section 36 of the SRC Act over the life of a claim for all claims reported to the data warehouse.

Rehabilitation activity that was initiated prior to the acceptance of a claim may be reported where this is in accordance with an equivalent process to that which would be employed under section 36 of the SRC Act and otherwise meets the requirements of the section.

L1 Unique rehabilitation assessment identifier

Description	A reference that uniquely identifies each section 36 rehabilitation assessment.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

L2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim to which the rehabilitation assessment relates.
Purpose	Relates rehabilitation assessment to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

L3 Rehabilitation assessment date

Description	The first service date in relation to the section 36 rehabilitation assessment.
Purpose	To be included in employer data reports.
Format	Date.
Rules	<ol style="list-style-type: none"> 1. Must be between 1 January 1900 and 31 December 2099. 2. If this date is on or after 1 January 1997, then should be on or after the related <i>Injury date</i> (B3).

4.13 Court file data fields

This file details all court proceedings filed over the life of a claim for all claims reported to the data warehouse. This data assists licensees to meet their obligations under section 108C(8) of the SRC Act and will be used by Comcare to monitor court proceedings.

This file was first implemented on 1 July 2013. Licensees are not required to retrospectively collect the data within this file for court matters resolved prior to 1 July 2013.

M1 Unique court identifier

Description	A reference assigned by the claim manager that uniquely identifies each court matter.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

M2 Claim identifier

Description	The <i>Unique claim identifier</i> (B1) that references the claim associated with the court proceedings.
Purpose	Relates court proceedings to an individual claim.
Format	Character (15).
Rules	1. Must reference a valid <i>Unique claim identifier</i> (B1).

M3 Appeal Identifier

- Description** A reference that identifies the AAT appeal to which the court matter relates.
- If multiple appeals relate to this court matter, the most significant appeal should be reported.
- May only be left blank on the rare occasion where the court matter is not linked to any AAT appeal, for example, where a stand-alone application has been made under the *Administrative Decisions (Judicial Review) Act 1977* or a common law application has been made in a state court.
- Purpose** Relates court details to an individual AAT appeal.
- Format** Character (15).
- Rules**
1. If not null, must reference a valid *Unique appeal identifier* (11).
 2. Should be present - when null (only as stated in description above), a warning will be generated and followed-up with the licensee by Comcare for confirmation.

M4 Court type code

- Description** Identifies the court within which proceedings were filed.
- Purpose** Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.
- Format** Character (2).
- Classification**
- FM – Federal Magistrates Court.
 - FC – Federal Court.
 - FF – Full Federal Court.
 - HC – High Court.
 - SC – State Court.
- Rules**
1. Must match classification.

M5 Filed date

Description Date the initiating document was filed with the court registry.

Purpose Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.

Format Date.

Rules

1. Must be between 1 January 1900 and 31 December 2099.
2. Should be on or after the related *Appeal decision date* (I7).

M6 Court initiator code

Description A code that identifies the party that initiated the court matter.

Purpose Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.

Format Character (1).

Classification

- C – Claimant.
- E – Employer.
- S – Self (determining authority).

Rules

1. Must match classification.

M7 Court substantive hearing date

Description The date allocated by the court for substantive hearing of the matter.

A null value should be provided for matters where a substantive hearing date has not been allocated.

Purpose Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.

Format Date.

- Rules**
1. If not null, then must be between 1 January 1900 and 31 December 2099.
 2. If not null, then must be on or after the *Filed date* (M5).

M8 Resolved date

Description The date the matter is resolved by consent, withdrawal or Court decision.

A null value should be provided for unresolved matters.

Purpose Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.

Format Date.

- Rules**
1. If not null, then must be between 1 January 1900 and 31 December 2099.
 2. If not null, then must be on or after *Filed date* (M5).

M9 Court decision code

- Description** A code that identifies the outcome of the court matter.
A null value should be provided for unresolved matters.
- Purpose** Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.
- Format** Character (1).
- Classification** A – Affirm.
V – Vary.
S – Set aside.
D – Dismiss.
- Rules**
1. If the *Resolved date* (M8) is null, then must be null.
 2. If the *Resolved date* (M8) is not null, then must not be null.
 3. If not null, then must match classification.

M10 Court decision method code

Description	A code that identifies the way in which the matter was resolved. A null value should be provided for unresolved matters.
Purpose	Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.
Format	Character (1).
Classification	C – Decision by consent. H – Decision at hearing. W – Withdrawn by applicant. O – Other.
Rules	<ol style="list-style-type: none"> 1. If the <i>Resolved date</i> (M8) is null, then must be null. 2. If the <i>Resolved date</i> (M8) is not null, then must not be null. 3. If not null, then must match classification. 4. If not null and the <i>Court decision code</i> (M9) is 'D' (Dismissed) then must be 'W' (Withdrawn by applicant) or 'O' (Other). 5. If not null and the <i>Court decision code</i> (M9) is not 'D' (Dismissed) then must be 'C' (Decision by consent) or 'H' (Decision by Tribunal hearing).

M11 Court reference

Description	The reference assigned by the court to identify the matter. There is no prescribed form for this field, however a clear and consistent approach should be used were possible (eg. 'yyyy-##.....' or 'FCyyyy/#####....').
Purpose	Assists licensees to meet their obligations under section 108C(8) of the SRC Act and facilitates Comcare's monitoring of court proceedings.
Format	Character (15).

4.14 Timeframe file data fields

This file captures periods which should not be included when calculating the prescribed timeframes for decision making under the SRC Act in relation to initial claims for workers' compensation made under section 14 of the Act. These are situations in which a determining authority is seeking further information or material in relation to a claim. These periods are specified in the Regulations. These will be known as 'stop-clock' periods.

It will be possible for this file to capture any situation circumstances. Examples including:

- Multiple situations of the same type.
- Situations which overlap.

This covers all incidences over the life of a claim for all claims reported to the data warehouse that have a first compliance date on or after 1 April 2024.

N1 Situation identifier

Description	A reference that uniquely identifies each 'stop-clock' situation.
Purpose	Unique identifier for this record.
Format	Character (15).
Rules	1. Must be unique for the file.

N2 Claim identifier

Description	The Unique claim identifier (B1) that references the claim to which the situation relates.
Purpose	A valid claim against which a 'stop-clock' is being applied.
Format	Character (15).
Rules	1. Must reference a valid claim (B1). 2. Must have a first compliance date (C2) (determination status of 'U') (C3) on or after the legislated start date of 1 April 2024.

N3 Situation code

Description	The reason for the 'stop-clock' period.
Purpose	For reporting purposes.
Format	Character (2).
Classification	Refer to Appendix A.11
Rules	1. Must match classification.

N4 Situation start date

Description	The start date in relation to the 'stop-clock' period.
Purpose	For reporting purposes.
Format	Date
Rules	<ol style="list-style-type: none"> 1. Must be on or after 1 April 2024. 2. Must be on or after the related Injury date (B3). 3. Must be on or after the first compliance date (C2) (determination status of 'U') (C3) of the claim ID (N2). 4. Must be no first determination recorded on the claim (determination status of 'A' or 'R') (C3).

N5 Situation end date

Description	The end date in relation to the 'stop-clock' period.
Purpose	For reporting purposes.
Format	Date
Rules	<ol style="list-style-type: none"> 1. Must be on or after 1 April 2024. 2. Must be on or after the related Injury date (B3). 3. Must be on or after the situation start date/time (N4). 4. Must be on or after the first compliance date (C2) (determination status of 'U') (C3) of the claim ID (N2). 5. Must be on or before the first determination date on the claim (determination status of 'A' or 'R') (C3).

Appendix A Coding classifications

A.1 Country code classification

Code	Description	Code	Description
AD	Andorra	CU	Cuba
AE	United Arab Emirates	CV	Cape Verde
AF	Afghanistan	CX	Christmas Island
AG	Antigua and Barbuda	CY	Cyprus
AI	Anguilla	CZ	Czech Republic
AL	Albania	DE	Germany
AM	Armenia	DJ	Djibouti
AN	Netherlands Antilles	DK	Denmark
AO	Angola	DM	Dominica
AQ	Antarctica	DO	Dominican Republic
AR	Argentina	DZ	Algeria
AS	American Samoa	EC	Ecuador
AT	Austria	EE	Estonia
AU	Australia	EG	Egypt
AW	Aruba	EH	Western Sahara
AX	Aaland Islands	ER	Eritrea
AZ	Azerbaijan	ES	Spain
BA	Bosnia and Herzegovina	ET	Ethiopia
BB	Barbados	FI	Finland
BD	Bangladesh	FJ	Fiji
BE	Belgium	FK	Falkland Islands (Malvina Islands)
BF	Burkina Faso	FM	Micronesia, Federated States of
BG	Bulgaria	FO	Faroe Islands
BH	Bahrain	FR	France
BI	Burundi	GA	Gabon
BJ	Benin	GB	United Kingdom
BM	Bermuda	GD	Grenada
BN	Brunei Darussalam	GE	Georgia
BO	Bolivia	GF	French Guiana
BR	Brazil	GH	Ghana
BS	Bahamas	GI	Gibraltar
BT	Bhutan	GL	Greenland
BV	Bouvet Island	GM	Gambia
BW	Botswana	GN	Guinea
BY	Belarus	GP	Guadeloupe
BZ	Belize	GQ	Equatorial Guinea
CA	Canada	GR	Greece
CC	Cocos (Keeling) Islands	GS	South Georgia and The South Sandwich Islands
CD	Congo, The Democratic Republic of	GT	Guatemala
CF	Central African Republic	GU	Guam
CG	Congo	GW	Guinea-Bissau
CH	Switzerland	GY	Guyana
CI	Cote D'Ivoire	HK	Hong Kong
CK	Cook Islands	HM	Heard Island and McDonald Islands
CL	Chile	HN	Honduras
CM	Cameroon	HR	Croatia
CN	China	HT	Haiti

Code	Description	Code	Description
CO	Colombia	HU	Hungary
CR	Costa Rica	ID	Indonesia
CS	Serbia And Montenegro	IE	Ireland
IL	Israel	MX	Mexico
IN	India	MY	Malaysia
IO	British Indian Ocean Territory	MZ	Mozambique
IQ	Iraq	NA	Namibia
IR	Iran, Islamic Republic of	NC	New Caledonia
IS	Iceland	NE	Niger
IT	Italy	NF	Norfolk Island
JM	Jamaica	NG	Nigeria
JO	Jordan	NI	Nicaragua
JP	Japan	NL	Netherlands
KE	Kenya	NO	Norway
KG	Kyrgyzstan	NP	Nepal
KH	Cambodia	NR	Nauru
KI	Kiribati	NU	Niue
KM	Comoros	NZ	New Zealand
KN	Saint Kitts and Nevis	OM	Oman
KP	Korea, Democratic People's Republic of	PA	Panama
KR	Korea, Republic of	PE	Peru
KW	Kuwait	PF	French Polynesia
KY	Cayman Islands	PG	Papua New Guinea
KZ	Kazakhstan	PH	Philippines
LA	Lao People's Democratic Republic	PK	Pakistan
LB	Lebanon	PL	Poland
LC	Saint Lucia	PM	Saint Pierre and Miquelon
LI	Liechtenstein	PN	Pitcairn
LK	Sri Lanka	PR	Puerto Rico
LR	Liberia	PS	Palestinian Territory, Occupied
LS	Lesotho	PT	Portugal
LT	Lithuania	PW	Palau
LU	Luxembourg	PY	Paraguay
LV	Latvia	QA	Qatar
LY	Libyan Arab Jamahiriya	RE	Reunion
MA	Morocco	RO	Romania
MC	Monaco	RU	Russian Federation
MD	Moldova, Republic of	RW	Rwanda
MG	Madagascar	SA	Saudi Arabia
MH	Marshall Islands	SB	Solomon Islands
MK	Macedonia, The Former Yugoslav Republic of	SC	Seychelles
ML	Mali	SD	Sudan
MM	Myanmar	SE	Sweden
MN	Mongolia	SG	Singapore
MO	Macao	SH	Saint Helena
MP	Northern Mariana Islands	SI	Slovenia
MQ	Martinique	SJ	Svalbard and Jan Mayen
MR	Mauritania	SK	Slovakia
MS	Montserrat	SL	Sierra Leone
MT	Malta	SM	San Marino

Code	Description	Code	Description
MU	Mauritius	SN	Senegal
MV	Maldives	SO	Somalia
MW	Malawi	SR	Suriname
ST	Sao Tome and Principe	UG	Uganda
SV	El Salvador	UM	United States Minor Outlying Islands
SY	Syrian Arab Republic	US	United States
SZ	Swaziland	UY	Uruguay
TC	Turks and Caicos Islands	UZ	Uzbekistan
TD	Chad	VA	Holy See (Vatican City State)
TF	French Southern Territories	VC	Saint Vincent and The Grenadines
TG	Togo	VE	Venezuela
TH	Thailand	VG	Virgin Islands, British
TJ	Tajikistan	VI	Virgin Islands, U.S.
TK	Tokelau	VN	Viet Nam
TL	Timor-Leste	VU	Vanuatu
TM	Turkmenistan	WF	Wallis and Futuna
TN	Tunisia	WS	Samoa
TO	Tonga	YE	Yemen
TR	Turkey	YT	Mayotte
TT	Trinidad and Tobago	YU	Yugoslavia
TV	Tuvalu	ZA	South Africa
TW	Taiwan, Province of China	ZM	Zambia
TZ	Tanzania, United Republic of	ZW	Zimbabwe
UA	Ukraine		

A.2 Duty status code classification

Code	Description
01	<u>Working at usual workplace</u> : The injury or disease occurred while the employee was working at his/her usual workplace or base of operations.
02	<u>Transport accident while working</u> : The employee was injured while travelling as part of his/her work. This code should apply to any vehicle accident (e.g. car, train, plane) whether the case is a driver, passenger or pedestrian, but does not apply to commuting or any other prescribed journey claims nor to accidents occurring the employee is absent from the workplace during an authorised work break. This category will generally cover those employees involved in transport-related occupations.
03	<u>At work during recess period</u> : The employee was injured during a paid or unpaid period within the shift during which the worker had taken an authorised break from work.
04	<u>Travelling to or from work</u> : The employee was injured while travelling directly between home and the workplace or place of pick-up, or where the employee was travelling for work-related educational purposes or for treatment in relation to a compensable injury.
05	<u>Away from work during recess period</u> : The employee was injured away from work during an ordinary recess or authorised absence. This includes injuries resulting from vehicle accidents while away from work during a recess period.
06	<u>Working away from usual workplace</u> : The employee was injured while working at a location other than his/her usual workplace or base of operations.
99	<u>Not applicable</u> : The employee's injury is not work related as defined by the provisions of sections 6 and 7 of the SRC Act.

A.3 RTW status code classification

Code	Description
Codes for claims determined prior to 1 July 2017.	
00	<u>Less than 4 working weeks absence</u> : The employee was absent from work for less than 4 working weeks. Excludes cases where the employee has died as a result of the injury/disease.
01	<u>Full RTW</u> : The employee was absent from work for 4 working weeks or more and is currently working at least the same number of hours as prior to the injury/disease.
02	<u>Partial RTW</u> : The employee was absent from work for 4 working weeks or more and is currently working, but fewer hours than prior to the injury/disease.
03	<u>Not working – injury related</u> : Either: <ul style="list-style-type: none"> the employee was absent from work for 4 working weeks or more and is not working at all for reasons related to the compensated injury/disease; or the employee has died as a result of the compensated injury/disease, irrespective of the recorded time lost.
04	<u>Not working – other reason</u> : The employee was absent from work for 4 working weeks or more and is not working for reason unrelated to the compensated injury/disease. Includes redundancy, retrenchment, resignation, studying, seasonal worker or deceased where death is not as a result of the compensated injury/disease.
05	<u>Unknown – failure to provide medical certificate</u> : The employee was absent from work for 4 working weeks or more, has stopped providing medical certificates and his or her work status is unknown.
06	<u>Unknown – other</u> : The employee was absent from work for 4 working weeks or more, is no longer eligible for compensation and his or her work status is unknown. For example, employee has reached retirement age. Excludes employees who have received a redemption/commutation lump sum.
Codes for claims determined post 1 July 2017.	
21	<u>Working with no income maintenance – unknown employer</u> : Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is not receiving any income maintenance
22	<u>Working with no income maintenance – pre-injury employer</u> : Employee is currently working with the pre-injury employer and is not receiving any income maintenance

Code	Description
23	<u>Working with no income maintenance – different employer:</u> Employee is currently working with a different employer and is not receiving any income maintenance
24	<u>Working with income maintenance – unknown employer:</u> Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is receiving income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.
25	<u>Working with income maintenance pre-injury employer:</u> Employee is currently working with the pre-injury employer, but is receiving some income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.
26	<u>Working with income maintenance different employer:</u> Employee is currently working with a different employer but is receiving some income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.
27	<u>Working capacity unknown:</u> Employee is at work however it is unclear whether the worker is back at full or partial capacity, or is or is not receiving income maintenance.
28	<u>Not working with no income maintenance:</u> Employee is not working and is no longer receiving income maintenance. For example, redundancy, retrenchment, resigned, studying, seasonal worker.
29	<u>Not working with income maintenance:</u> Employee is not working at all and is receiving income maintenance.
30	<u>Deceased:</u> Employee is deceased. Includes deaths related to the compensated injury and death unrelated to the compensated injury.
31	<u>Unknown:</u> Employee is no longer eligible for compensation and his or her work status is unknown. For example, employee has reached retirement age, payment thresholds have been reached, or a redemption lump sum has been paid and the work status is unknown. (This code may be used as a default code where there is no work status for an individual).

A.4 Incapacity SRC Act reference code and Line item SRC Act reference code classification

Code	Act	Section	Incapacity Flag	Description
051	1971	37(1)		Medical expenses
067	1971	37(7)		Travel expenses
015	1971	39		Compensation for certain losses
017	1971	43		Death
021	1971	44		Funeral expenses
060	1971	49		Redemption of partial incapacity payments
050	1988	15(1)		Loss/damage to property (no injury)
065	1988	15(2)		Replacement or repair of property
052	1988	16(1)		Medical treatment
068	1988	16(6)		Travel for medical treatment
019	1988	17(3)		Death – lump sum; wholly dependent
018	1988	17(4)		Death – lump sum; partly dependent
020	1988	17(5)	Y	Death – weekly payments for children
022	1988	18(2)		Funeral expenses
024	1988	19(2)	Y	Incapacity – during first 45 weeks
042	1988	19(3)	Y	Incapacity – post 45 weeks
043	1988	19(3)(b)	Y	Incapacity – post 45 wks – 25% or less of NWH
044	1988	19(3)(c)	Y	Incapacity – post 45 wks – more than 25% to 50% of NWH
045	1988	19(3)(d)	Y	Incapacity – post 45 wks – more than 50% to 75% of NWH
046	1988	19(3)(e)	Y	Incapacity – post 45 wks – more than 75% to 99% of NWH
047	1988	19(3)(a)	Y	Incapacity – post 45 wks – not working
048	1988	19(3)(f)	Y	Incapacity – post 45 wks – working normal hours
041	1988	20	Y	Incapacity – ex-employee receiving superannuation pension
039	1988	21	Y	Incapacity – ex-employee receiving lump sum benefit
040	1988	21A	Y	Incapacity – ex-employee receiving superannuation and received lump sum benefit
025	1988	22(1)	Y	Incapacity – employee maintained in hospital
055	1988	24(4)		Permanent impairment – lump sum
054	1988	25(2)		Permanent impairment – interim compensation
053	1988	26(2)		Permanent impairment – interest on late payment
056	1988	27(2)		Permanent impairment – non-economic loss
023	1988	29(1)		Household services
011	1988	29(3)		Attendant care services
059	1988	30(2)	Y	Redemption of incapacity
049	1988	31(2)	Y	Incapacity – recurrent payments after redemption
061	1988	36(5)		Rehabilitation – assessment
062	1988	36(6)		Rehabilitation – assessment travel costs
064	1988	37(4)		Rehabilitation – provision of program
063	1988	37(5)	Y	Rehabilitation – incapacity payments during program
007	1988	39(1)(e)		Alterations/modifications – aids/appliances
008	1988	39(1)		Alterations/modifications – general

Code	Act	Section	Incapacity Flag	Description
009	1988	39(1)(c)		Alterations/modifications – home or work
010	1988	39(1)(d)		Alterations/modifications – vehicle
006	1988	45(4)		Action for damages (common law)
016	1988	48(3)		Damages recovered
013	1988	50(2)		Common law against 3rd party – legal costs
066	1988	57(3)		Required medical examination – costs
057	1988	62(4)		Reconsideration of determination
001	1988	67(1)		AAT – authority costs
003	1988	67(2)		AAT – costs to employee – favourable recon
004	1988	67(8)		AAT – costs to employee – favourable AAT decision
002	1988	67(9)		AAT – costs to employee – AAT remits to authority
005	1988	67		AAT costs of proceedings
012	1988	69		Comcare administration and finance functions
079	1988	70		General Comcare Powers
094	1988	108F		Powers of Licensee
014	1988	117		Compensation payable to locally engaged overseas employees
032	1988	131	Y	Part X - former employee <65 with super
034	1988	131(2)	Y	Part X - former employee <65 with super-combined benefit >95%
035	1988	131(3)	Y	Part X - former employee <65 with super-combined benefit 70%-95%
033	1988	131(4)	Y	Part X - former employee <65 with super-combined benefit < 70%
029	1988	132(2)	Y	Part X - former employee <65 no super-1971 amount >95%
030	1988	132(3)	Y	Part X - former employee <65 no super-1971 amount 70%-95%
028	1988	132(4)	Y	Part X - former employee <65 no super-1971 amount <70%
036	1988	132A(2)	Y	Part X - former employee <65 with Super-earning ability
031	1988	132A(3)	Y	Part X - former employee <65 with no Super-earning ability
026	1988	134	Y	Part X - former employee - reduction on reaching 65
038	1988	135	Y	Part X - former employee >65 with Super
037	1988	136	Y	Part X - former employee >65 no Super
058	1988	137(2)	Y	Part X - former employee – redemption

A.5 Reconsideration issue code and Appeal issue code classification

Code	Description	Code	Description
AB	Accepted benefit	MA	Medical assessment under s 57
AL	Accepted initial liability	PA	Permanent impairment assessment
AS	Accepted secondary condition	PD	Denied permanent impairment
CB	Ceased benefit	R6	Rehabilitation issues under s 36
DB	Denied benefit	R7	Rehabilitation issues under s 37
DL	Denied initial liability	RL	Revoked liability
DS	Denied secondary condition	SD	Suspended under s 36, s 37 or s 57
EA	Error amendment		

A.6 Payment category code classification

Code	Description	Code	Description
005	Acupuncture	003	AAT – claimant legal disbursement
008	Alexander technique	004	AAT – claimant legal fees
012	Audiology	092	AAT – claimant other legal costs
014	Chiropractor	088	AAT – other legal costs
023	Diet/Nutrition	101	Federal Court Costs (AAT)
024	Electrotherapy by physiotherapist	102	High Court Costs (AAT)
025	Feldenkrais	015	Common law – authority legal fees
030	Homeopathy	016	Common law – claimant legal fees
036	Hydrotherapy by physiotherapist	089	Common law – other legal costs
037	Hypnotherapy	093	Legal advice – general
044	Massage	099	Legal investigation & surveillance
050	Movement therapy	100	Legal medical reports and examinations (non s 57)
051	Naturopathy	059	Other non-compensation legal costs
052	Nursing care	070	Reconsideration – authority disbursement
053	Occupational therapy	071	Reconsideration – authority legal fees
054	Osteopathy	072	Reconsideration – facilitation costs
098	Osteotherapy	090	Reconsideration – other legal costs
055	Other allied health	073	Reconsideration – protocol costs
063	Physical therapy	078	Third party – authority legal disbursement
064	Physiotherapy	079	Third party – authority legal fees
065	Podiatrist	080	Third party costs
069	Psychologist	038	General investigation & surveillance
077	Speech therapy	047	Medical examination – s 57(3) costs – travel
083	Travel – ambulance	060	Other non-compensation other costs
017	Common law lump sum – economic	082	Travel – aeroplane
018	Common law lump sum – non-economic	084	Travel – other
019	Common law lump sum – other	085	Travel – private vehicle
020	Death payment	086	Travel – public transport
022	Dependant weekly payments	006	Aids & appliances/modifications
026	Funeral expenses	011	Attendant care services
056	Other death benefits	013	Child care payments
031	Hospital – other	010	Compensation assessment
032	Hospital – private	007	Counselling
033	Hospital – public	028	Health & fitness program
009	Anaesthetics	035	Household services
021	Dentists	057	Other goods and services
027	General practitioner	097	Pain management & education
029	HIC reimbursements	062	Pharmaceutical costs
034	Hospital emergency/casualty treatment	067	Property – personal

Code	Description	Code	Description
045	Medical examination (non s 57)	081	Translation services
046	Medical examination – s 57(3) costs – report	039	Lump sum – interest on late payment
048	Medical home assessment	040	Lump sum – non-economic loss
049	Medical imaging (x-rays etc)	041	Lump sum – other redemption/lump sum
058	Other medical	042	Lump sum – permanent impairment
061	Pathology	043	Lump sum – redemption
066	Private health insurance reimbursements	074	Rehabilitation – assessment
068	Psychiatrist	075	Rehabilitation – costs of program (provider)
076	Specialists, consulting physicians, surgeons	095	Rehabilitation – job placement
001	AAT – authority legal disbursement	094	Rehabilitation – retraining
002	AAT – authority legal fees	096	Rehabilitation – vocational counselling
091	AAT – authority other legal costs	087	Weekly compensation

A.7 Rehabilitation plan closure reason code classification

Code	Description
A	Deceased.
B	Back at work.
C	Rehabilitation authority (usually employer) cessation of program.
D	Deferred.
E	Employee withdrew from program or declined work.
P	Provider cessation of involvement.
R	Redundancy.
T	Totally and permanently incapacitated for work.
U	Partial incapacity—unable to place in suitable employment.
V	Voluntary retirement.
Z	Short term total incapacity.

A.8 Determination reason code classification

Code	Act Reference	Description	Notes
0537	5A	<i>Injury definition arising in or out the course of employment</i>	Valid for Accept /Reject status for injury claims
0538	5A(2)	<i>Reasonable Administration Action exclusion</i>	Valid for Reject status
0539	5B	<i>Disease definition significant contribution</i>	Valid for Accept /Reject status for disease claims
0318	6(1)(a)	<i>Act of violence</i>	Valid for Accept /Reject status for injury claims
0319	6(1)(b)	<i>A place of work including during an ordinary recess</i>	Valid for Accept /Reject status for injury claims
0533	6(1)(c)	<i>Temporarily absent from work undertaking an activity</i>	Valid for Accept /Reject status for injury claims
0322	6(1)(d)	<i>Travelling for the purpose of employment</i>	Valid for Accept /Reject status for injury claims
0324	6(1)(e)	<i>At a place of education</i>	Valid for Accept /Reject status for injury claims
0534	6(1)(f)	<i>At a prescribed place</i>	Valid for Accept /Reject status for injury claims
0535	6(1)(g)	<i>Travelling between place of work and a prescribed place</i>	Valid for Accept /Reject status for injury claims
0536	6(1C)	<i>Travel exclusion</i>	Valid for Reject status for injury claims
0329	6(3)	<i>Injury exclusion—Abnormal risk</i>	Valid for Reject status for injury claims
0330	7(1)	<i>Specified diseases and specified employment</i>	Valid for Accept /Reject status for disease claims
0331	7(2)	<i>Significantly greater incidence of contraction of disease</i>	Valid for Accept /Reject status for disease claims
0332	7(3)	<i>Greater incidence of aggravation of disease</i>	Valid for Accept /Reject status for disease claims
0337	7(7)	<i>False representation</i>	Valid for Reject status for disease claims
0530	7(8)	<i>Firefighters presumption</i>	Valid for Accept /Reject status for disease claims
0587	7(11)	<i>Post-traumatic stress disorder presumption</i>	Valid for Accept /Reject status for disease claims
0193	14(2)	<i>Self-inflicted exclusion</i>	Valid for Reject status
0194	14(3)	<i>Wilful misconduct exclusion</i>	Valid for Reject status

A.9 Type of Occurrence Classification System (TOOCS)

Description	TOOCS provides a system for coding the circumstances surrounding an injury/disease occurrence.
Versions	<p><u>TOOCS2.1</u> Type of Occurrence Classification System, Second Edition (Revision 1), May 2002.</p> <p><u>TOOCS3.0</u> Type of Occurrence Classification System, Third Edition, March 2004.</p> <p><u>TOOCS3.1</u> Type of Occurrence Classification System, Third Edition (Revision 1), May 2008.</p>
Rules	<ol style="list-style-type: none"> 1. TOOCS2.1 must not be used for claims with a <i>Received by claims processing date</i> (B21) on or after 1 July 2005. 2. TOOCS3.0 must not be used for claims with a <i>Received by claims processing date</i> (B21) on or after 1 July 2008. 3. TOOCS3.1 must be used for claims with a <i>Received by claims processing date</i> (B21) on or after 1 July 2008. 4. The latest version may be used for any claim irrespective of the <i>Received by claims processing date</i> (B21).

A.10 National Data Validation System, 3rd edition (NDVS3)

The NDVS3 comprises three validation levels, designed primarily to improve the quality and accuracy of the Type of Occurrence Classification System (TOOCS) coding. The NDVS3 ensures that only valid TOOCS codes and valid combinations of TOOCS codes are reported. Only Levels 1 and 2 of the NDVS3 are currently applied to data submitted to the Commission Data Warehouse.

Level 1: Minimum legality edits

This level of validation ensures that only valid codes, as defined by TOOCS are reported. Refer Appendix A.9 for details of applicable TOOCS versions and implementation dates.

Level 2: Minimum cross-validation edits

This level of validation ensures the internal accuracy of TOOCS coding by specifying valid combinations of codes, specifically:

1. Nature of injury/disease and Bodily location of injury/disease codes (currently comprises 33 rules defined at Table 3); and
2. Nature of injury/disease and Mechanism of incident codes (currently comprises four rules defined at Table 4).

For example, Level 2 of the NDVS3 specifies that the Nature of injury/disease code 781 (Asthma) must be coded in combination with Bodily location of injury/disease code 334 (Lung, trachea and bronchus) or 720 (Respiratory system in general). Nature of injury/disease code 781 (Asthma) with any other Bodily location of injury/disease code is considered invalid.

Conversely, TOOCS codes not specified within Level 2 of the NDVS3 may be coded in combination with any other valid TOOCS code, with consideration for the Coding Guidelines specified at Part B of the current TOOCS manual.

Each valid TOOCS coding combination is specified in explanatory notes associated with the relevant code, or group of codes in the current TOOCS manual.

Level 3: Detailed cross-validation edits

This level of validation ensures internal accuracy of TOOCS coding by specifying valid combinations of codes, not specified at Level 2:

1. Nature of injury/disease and Bodily location of injury/disease codes;
2. Nature of injury/disease and Agency of injury/disease codes; and
3. Mechanism of incident and Breakdown agency of injury/disease codes.

Data submitted to the Commission Data Warehouse is not currently validated against Level 3 of the NDVS3. Due to the volume of combinations that comprise Level 3 (approximately 84,000), these are not included in this Specification.

To obtain a copy of the Level 3 coding combinations, contact SRA on 1300 366 979 or email to SchemeReportingandAnalysis@comcare.gov.au.

Table 3: Minimum cross-validation edits (Level 2) -Nature of injury/disease and Bodily location of injury/disease codes

Nature of injury/disease		must code to Bodily location of injury/disease	
Code	Description	Code	Description
101	Brain injury	111	Brain
111	Fractured skull and facial bones	141	Tooth, <i>or</i>
		110	Cranium, <i>or</i>
		150	Nose, <i>or</i>
		160	Face, <i>nec, or</i>
		180	Head – multiple locations, <i>or</i>
		190	Head – unspecified locations
313	Heat stress/heat stroke	710	Circulatory system in general
702	Post-traumatic stress disorder	800	Psychological system in general
703	Anxiety/stress disorder	800	Psychological system in general
704	Depression	800	Psychological system in general
705	Anxiety/depression combined	800	Psychological system in general
706	Short term shock from exposure to disturbing circumstances	800	Psychological system in general

Nature of injury/disease		must code to Bodily location of injury/disease	
Code	Description	Code	Description
707	Reaction to stressors – other, multiple or not specified	800	Psychological system in general
718	Other mental diseases, not elsewhere classified	800	Psychological system in general
719	Mental diseases unspecified	800	Psychological system in general
721	Hernias	340 334	Abdominal muscles and tendons, or Lung, trachea and bronchus
781	Asthma	334 720	Lung, trachea and bronchus, or Respiratory system in general
782	Legionnaires' disease	334 720	Lung, trachea and bronchus, or Respiratory system in general
783	Asbestosis	334 720	Lung, trachea and bronchus, or Respiratory system in general
784	Silicosis	334 720	Lung, trachea and bronchus, or Respiratory system in general
785	Pneumoconiosis due to coal dust	334 720	Lung, trachea and bronchus, or Respiratory system in general
786	Pneumoconiosis excluding asbestosis, silicosis and coal workers' pneumoconiosis	334 720	Lung, trachea and bronchus, or Respiratory system in general
787	Other respiratory conditions due to substances	334 720	Lung, trachea and bronchus, or Respiratory system in general
788	Chronic bronchitis, emphysema and allied conditions	334 720	Lung, trachea and bronchus, or Respiratory system in general
798	Other diseases of the respiratory system, not elsewhere classified	211 334 720	Neck – internal organs and glands Lung, trachea and bronchus, or Respiratory system in general
799	Other diseases of the respiratory system, unspecified	334 720	Lung, trachea and bronchus, or Respiratory system in general
961	Damage to artificial aid(s)	900	Unspecified locations

Table 4: Minimum cross-validation edits (Level 2) - Nature of injury/disease and Mechanism of incident codes

Nature of injury/disease		must code to Mechanism of incident	
Code	Description	Code	Description
862	Malignant melanoma of skin	55	Exposure to non-ionising radiation
863	Other malignant neoplasm of skin	55	Exposure to non-ionising radiation
865	Carcinoma in situ of skin	55	Exposure to non-ionising radiation
867	Benign neoplasm of skin	55	Exposure to non-ionising radiation
821	Intestinal infectious diseases	71 72 79	Contact with, or exposure to, biological factors of non-human origin, or Contact with, or exposure to, biological factors of human origin, or Contact with, or exposure to, biological factors of unknown origin

A.11 Timeframe situation code classification

Periods in which calendar days are not counted toward the timeframe for determining liability for initial claims for workers' compensation under section 14 of the SRC Act. These 'stop-clock' provisions do not apply to reconsiderations.

Section 14 calendar days not counted in determination timeliness			
Code	Description of Situation	Start day	End day
01	<u>S57 – Medical exam for employee:</u> The determining authority has, under section 57 of the Act, required the claimant to undergo an examination by a legally qualified medical practitioner nominated by the determining authority	The day the determining authority gives the claimant written notice of the requirement	The day the determining authority receives the results of the examination
02	<u>S58 – Request for employee to provide info:</u> The determining authority has, under section 58 of the Act, requested the claimant to give information or a copy of a document	The day the determining authority gives the claimant written notice of the request	The earlier of the following days: (a) the day the determining authority receives the information or copy of the document; (b) the day the claimant advises the determining authority that the claimant does not have the information or document
03	<u>S71 – Request for employer to provide info:</u> The determining authority has, under section 71 of the Act, required a principal officer of an employer of the claimant to give information or documents	The day the determining authority gives the principal officer written notice of the requirement	The earlier of the following days: (a) the day the determining authority receives the information or documents; (b) the day the principal officer advises the determining authority that the employer does not have the information or document in the employer's possession, custody or control; (c) the day on which the determining authority reasonably believes the principal officer has failed to comply with the notice
04	<u>Employee supplying additional info:</u> The claimant has advised the determining authority that the claimant will provide further evidence	The day the claimant so advises the determining authority	The earlier of the following days: (a) the day the determining authority receives the further evidence; (b) the day the claimant advises the determining authority that no further evidence will be provided; (c) the day on which the determining authority reasonably believes the claimant will not provide any further evidence
05	<u>Medical report required:</u> The determining authority considers that it is reasonable and necessary to obtain further medical evidence by requiring a report from: (a) the claimant's legally qualified medical practitioner; or (b) a legally qualified medical practitioner (LQMP) nominated by the determining authority	The day the determining authority requests the further evidence	The day the determining authority receives the report

Appendix B Cost centres and cost centre structures

The cost centre facility allows reporting both summary and claim level data from the data warehouse back to licensees, grouped by cost centre and/or cost centre structure.

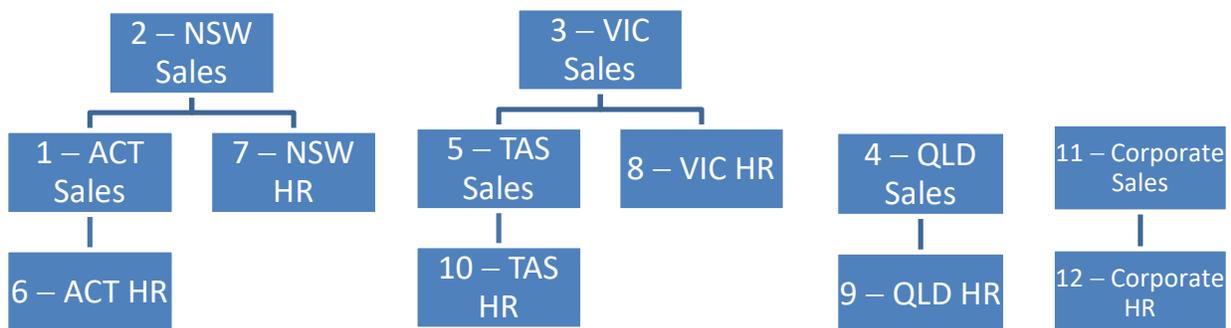
Cost centres and cost centre structures are defined by the determining authority. A cost centre structure may group individual cost centres by, for example, location or business function. The data warehouse allows for nine levels of cost centres within a cost centre structure. An example of how cost centres and cost centre structures might be defined is included below.

If a determining authority does not wish to utilise the cost centre reporting facility then only a single, whole-of-organisation cost centre need be defined. If only basic cost centre reporting is required, no cost centre structures need be defined.

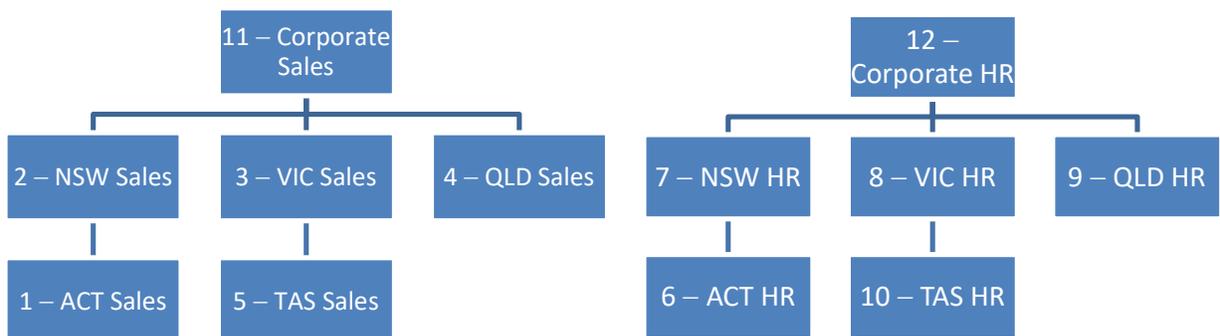
B.1 Cost centre structure example

Represented below is an organisation with a number of state offices and different departments within those offices. The cost centres can be grouped at in many ways, two of which are shown in the structure diagrams below.

Region Based Structure



Function Based Structure



The structures and cost centres represented diagrammatically above are now shown below in the relevant files for data warehouse reporting.

COSTCTR File Contents

cost_centre_no	cost_centre_name_tx	cost_centre_short_name_tx
1	ACT Sales	ACT-SAL
2	NSW Sales	NSW-SAL
3	VIC Sales	VIC-SAL
4	QLD Sales	QLD-SAL
5	TAS Sales	TAS-SAL
6	ACT HR	ACT-HR
7	NSW HR	NSW-HR
8	VIC HR	VIC-HR
9	QLD HR	QLD-HR
10	TAS HR	TAS-HR
11	Corporate Sales	COPR-SAL
12	Corporate HR	CORP-HR

CUSTSTR File Contents

structure_no	structure_desc_tx
1	Region
2	Function

RELCC File Contents

structure_no	cost_centre_no	level_no	parent_cost_centre_no
1	1	2	2
1	2	1	0
1	3	1	0
1	4	1	0
1	5	2	3
1	6	3	1
1	7	2	2
1	8	2	3
1	9	2	4
1	10	3	5
1	11	1	0
1	12	2	11
2	1	3	2
2	2	2	11
2	3	2	11
2	4	2	11
2	5	3	3
2	6	3	7
2	7	2	12
2	8	2	12
2	9	2	12
2	10	3	8
2	11	1	0
2	12	1	0

Glossary

AFDA	Administrative Functions Disposal Authority An AFDA authorises the disposal of records, in whatever format. The Authority is issued in accordance with Section 24 of the Archives Act 1983. www.naa.gov.au
LKPIs	Licensee Key Performance Indicators The Commission has set key performance indicators across a number of areas for licensees, as outlined in Section 7 of the Licence Compliance and Performance Model.
NDS	National Data Set for Compensation-based Statistics The NDS describes a common set of data items and definitions for inclusion in workers' compensation systems in Australia and New Zealand. Data according to NDS specifications are reported annually to Safe Work Australia (SWA) and incorporated in a variety of national statistical reports. The 3rd edition of the NDS (NDS3) came into effect from 1 July 2005. https://www.safeworkaustralia.gov.au/doc/national-dataset-compensation-based-statistics-3rd-edition-revision-1
NDVS	National Data Validation System The NDVS specifies valid TOOCS codes and coding combinations. A 3rd edition of the NDVS (NDVS3) was developed to align with NDS3. The NDVS3 is not currently available online. Copies of the NDVS3 may be obtained by contacting Safe Work Australia.
SRC Act	Safety, Rehabilitation and Compensation Act 1988
SWA	Safe Work Australia (formerly the Office of the Australian Safety and Compensation Council (OASCC)) www.safeworkaustralia.gov.au

TOOCS

Type of Occurrence Classification System

TOOCS provides a system for coding the circumstances surrounding an injury/disease occurrence. While integral to the NDS, TOOCS may also be employed for coding incidents that have not resulted in a compensation claim.

<http://www.safeworkaustralia.gov.au/sites/swa/aboutsafeworkaustralia/whatwedo/publications/pages/GM200805TOOCS3rdEditionRevision1.aspx>

Version control

Version Number	Date	Description
1	July 2006	Original version.
1.1	June 2007	<p>Summary of validations applied to each data field. Selected 'Rules' amended to only validate claims that are either:</p> <ul style="list-style-type: none"> • compliant and/or • determined and/or • on or after 1 January 1997. <p>Updated to reference revised Commission indicators. Additions to the coding classifications. Data supply alternative – electronic submission (email). Inclusion of occupation and industry classification changes as of 1 July 2008.</p>
1.2	October 2007	<p>Rule amendment – <i>Injury date</i> (B3): – Rule 3. Injured worker should be between 15 and 70 at time of injury (based on related <i>Birth date</i> (A2)).</p>
1.3	March 2008	<p>Amended document title. Inclusion of copyright and endorsement particulars. Updated section 2.3 Frequency and timing of data supply. Updated section 2.4 Data supply medium. Updated summary of validation rule applied to Third party recoveries amount (B32). Clarification of Withdrawn (W) classification in relation to:</p> <ul style="list-style-type: none"> • Determination status code (C3) • Incapacity determination code (G4) • Reconsideration decision code (H7). <p>Removed Commission indicator reporting requirement reference – Received by claims processing date (B21). Removed NDS reporting requirement reference – Appeal identifier (H8). Updated Glossary.</p>
1.4	July 2008	<p>Inclusion of Appendix A.108, new validations and amendments to facilitate the implementation of TOOCS3.1, in relation to:</p> <ul style="list-style-type: none"> • Nature of injury/disease code (B4) • Bodily location of injury/disease code (B5) • Mechanism of incident code (B6) • Agency of injury/disease code (B7) • Breakdown agency of injury/disease code (B8) • Determined condition (B16). <p>Removed Commission indicator RI.1 references. Removed ASCO2 and ANZSIC 1993 classification references. Updated Glossary.</p>
1.5	September 2008	<p>Description clarification – <i>Occupation code</i> (B9): Codes may be supplied at either the unit group level (4-digit level with two trailing zeros) or at the occupation group level (6-digit level).</p>
1.6	June 2009	<p>Inclusion of Appendix A.10, new validations and amendments to facilitate the implementation of NDVS3, in relation to:</p> <ul style="list-style-type: none"> • <i>Nature of injury/disease code</i> (B4) • <i>Bodily location of injury/disease code</i> (B5) • <i>Mechanism of incident code</i> (B6) • <i>Agency of injury/disease code</i> (B7) • <i>Breakdown agency of injury/disease code</i> (B8) <p>Formatting and layout changes.</p>

Version Number	Date	Description
		Updated Glossary.
2.0 (draft)	May 2012	<p>This version of the CDW specifications includes the following changes:</p> <ul style="list-style-type: none"> inclusion of new data fields to capture personal contact details for the purpose of surveying injured workers (see below for further detail); inclusion of new data fields and a new file structure to assist in the capture and identification of scheme significant appeals and court proceedings (see below for further detail); incorporation of six new data validation rules (see below for further detail); updated references to reflect relevant Determining Authority Key Performance Indicators (DAKPIs); updated <i>Data Supply Procedures</i> Section 2.4 to reflect new process for data submissions and changes in data retention legislation; and updated glossary. <p><i>New data validation rules</i></p> <p>A1 Unique employee identifier (Rule 2) B1 Unique claim identifier (Rule 2) E2 Cost centre structure number (Rule 3) H5 Reconsideration issue code (Rule 2) I6 Appeal issue code (Rule 2) K3 Rehabilitation plan determination date (Rule 3)</p> <p><i>New file structure</i></p> <p>An additional Court file has been added.</p> <p><i>New data fields</i></p> <p><u>Employee file</u> A6 renamed to Country of residence code A7 Surname A8 Given names A9 Title A10 Potential adverse impact flag A11 Potential adverse impact date A12 Home phone number A13 Mobile phone number A14 Interpreter required flag A15 Preferred spoken language A16 Mailing address country code A17 Mailing address post code A18 Mailing address suburb A19 Mailing address line 1 A20 Mailing address line 2 A21 Mailing address line 3</p> <p><u>Claim file</u> B35 Nominated representative's name B36 Nominated representative's phone number</p> <p><u>Appeal file</u> I9 Appeal decision method code I10 Appeal substantive hearing date</p>

Version Number	Date	Description
		<p>I11 Scheme significant flag I12 AAT reference</p> <p><u>Court file</u> M1 Unique court identifier M2 Claim identifier M3 Appeal identifier M4 Court type code M5 Filed date M6 Court initiator code M7 Court substantive hearing date M8 Resolved date M9 Court decision code M10 Court decision method code M11 Court reference</p>
2.0	September 2012	<p>The following changes have been made to the document following feedback received on the v2.0 draft and comprehensive system testing and specification refinement and clarification by Comcare.</p> <p>Rule amendments – ‘must’ has been replaced by ‘should’ in the following rules with intent to reverse again in future: <i>Unique employee identifier</i> (A1) rule 2 <i>Unique claim identifier</i> (B1) rule 2</p> <p>Rule amendment – <i>Deceased date</i> (A3) rule 1 – ‘any related claim’ has been replaced by ‘any related compliant claim’.</p> <p>Rule amendment – <i>Residential postcode</i> (A5) rules 1 and 2 – ‘Country code’ has been replaced with ‘Country of residence code’.</p> <p>Rule amendment – <i>Injury date</i> (B3) rule 3 – ‘If claim is compliant’ has been inserted.</p> <p>Rule deletion – <i>Nature of injury/disease code</i> (B4) rule 4 has been replaced by a notation under the field description.</p> <p>Rule amendment – <i>Breakdown agency of injury/disease code</i> (B8) rule 3 - reference to appendix ‘A.11’ has been replaced with ‘A.9’.</p> <p>Rule amendments – The following rules only apply if <i>Received by claims processing date</i> (B21) is on or after 1 January 1997: <i>Claimant signed date</i> (B19) rule 2 <i>Received by employer date</i> (B20) rule 2 <i>Received by claims processing date</i> (B21) rule 2.</p> <p>Rule amendment – <i>Incapacity start date</i> (G9) rule 2 - ‘If the <i>Incapacity determination code</i> (G4) is ‘A’ (Accepted)’ has been inserted.</p> <p>Rule amendment – <i>Unique appeal identifier</i> (I1) rule 2 only applies if <i>Appeal received date</i> (I3) is on or after 1 January 1997.</p> <p>Rule amendment – <i>Appeal decision method code</i> (I9) 4. If not null, if the <i>Appeal decision code</i> (I8) is ‘D’ (Dismissed), then must be ‘W’ (Withdrawn by applicant) or ‘O’ (Other).</p>

Version Number	Date	Description
		<p>5. If not null, if the <i>Appeal decision code</i> (I8) is not 'D' (Dismissed), then must be 'C' (Decision by consent) or 'H' (Decision by Tribunal hearing).</p> <p>Rule amendment – <i>Scheme significant flag</i> (I11) rule 1 – 'is null or' has been replaced with 'is'.</p> <p>Rule amendment – <i>AAT reference</i> (I12) rule 1 – 'is null or' has been replaced with 'is'.</p> <p>Description clarification – <i>AAT reference</i> (I12): There is no prescribed form for this field, however a clear and consistent approach should be used were possible (eg. 'yyyy-##.....' or 'AATyyyy/####...')</p> <p>Rule amendment – <i>Rehabilitation plan final outcome date</i> (K10) rule 2 – 'If <i>Rehabilitation plan determination date</i> (K3) is on or after 1 January 1997' has been inserted.</p> <p>Rule amendment – <i>Court decision method code</i> (M10)</p> <p>4. If not null and the <i>Court decision code</i> (M9) is 'D' (Dismissed) then must be 'W' (Withdrawn by applicant) or 'O' (Other).</p> <p>5. If not null and the <i>Court decision code</i> (M9) is not 'D' (Dismissed) then must be 'C' (Decision by consent) or 'H' (Decision by Tribunal hearing).</p> <p>Description clarification – <i>Court reference</i> (M11): There is no prescribed form for this field, however a clear and consistent approach should be used were possible (eg. 'yyyy-##.....' or 'FCyyyy/####...')</p>
2.1	January 2013	<p>The following amendments were made to the document during implementation of CDW v2.0.</p> <p>Updated to reference 1 July 2013 as the implementation date for v2.0.</p> <p>Removal of CDW v2.0 implementation date reference in Glossary.</p> <p>Description clarification – <i>Nominated Representatives Name</i> (B35): For example a legal representative, friend or family member. This contact is not intended to be an employer representative.</p> <p>Rule amendment – <i>Appeal Issue Code</i> (I6) rule 2 – 'is null or' has been replaced with 'is'.</p> <p>Rule and description amendment – <i>Appeal Identifier</i> (M3) rule 1 – relaxed to allow blanks only where the court matter is legitimately not linked to an AAT appeal.</p> <p>Description clarification – <i>Home phone number</i> (A12) and <i>Mobile phone number</i> (A13): If this information is not available "unknown" or similar may be entered.</p>
	August 2013	<p>Rule addition – <i>Unique claim identifier</i> (B1) rule 3 – Where the latest related <i>Claim determination Code</i> (C3) (based on <i>Claim identifier</i> (C1)) (ordered by <i>Date/time of determination status change</i> (C2)) is 'U' (undetermined) there should not be a <i>Claim</i></p>

Version Number	Date	Description
		<i>determination Code</i> (C3) for this claim of either 'A' (accepted) or 'R' (rejected).
	February 2014	<i>Appendix A, Table 3 – NDVS Minimum cross-validation edits (Level 2) -Nature of injury/disease and Bodily location of injury/disease codes</i> – addition of Bodily location of injury/disease 211 - Neck – internal organs and glands as valid against Nature of injury/disease 798 – Other diseases of the respiratory system, not elsewhere classified.
	March 2014	Rule amendment – <i>Court filed date</i> (M5) rule 2 – Should be on or after the related <i>Appeal decision date</i> (I7).
2.2	February 2017	Changes to the following fields <i>A4 Gender Code</i> – Addition of gender code 'X' <i>K13 Rehabilitation Provider Code</i> – Expand Rehab provider code to 11 digits, previously 4 <i>Appendix A3 RTW status code classification</i> – Updated to align with NDS reporting codes New field added: C4 Determination Reason Code Appendix A8 Determination reason code classification
	July 2017	Clarification to fields C4 and K13.
	September 2017	Minor updates across the document including section 2.3.1 and updated Appendix reference under field B15.
2.3	October 2020	Minor update to labelling of incapacity act reference descriptions in section A.4.
3.0	March 2024	The following changes have been made to the document to reflect the 2023 SRC Act legislation changes for the introduction of the Safety, Rehabilitation and Compensation Amendment (Period for Decision-making) Regulations 2023 : <u>New data table - Timeframe</u> <ul style="list-style-type: none"> Timeframe data file description added to Table 2 - data file descriptions Timeframe added to Figure 1 – Data file relationships 3.2.14 Timeframe file added to section 3.2 data file specifications Timeframe situation_start_dt added to 3.3 fields to be summed for <i>control total amount</i> 4.14 Claim determination timeframe data fields added to 4. Data field definitions Appendix A.11 new code table and reference – Timeframe situation code classification <u>Other</u> <ul style="list-style-type: none"> 2.3.2 Secure file attributes – CDW submission file compression, password security and naming convention Appendix A.5 – reconsideration and appeal issue code MA added for Medical assessment under s 57 Appendix A.8 – determination reason code 0587 added for post-traumatic stress disorder presumption. SRC Act reference 7(11)