WorkCover WA's
National Insurer Data Specification (NIDS)

Guidelines
Version 1.3
10 May 2024

Contents

This document

This document describes each National Insurer Data Specification (NIDS) data item, as defined and implemented by WorkCover WA. Licensed insurers and self-insurers (see Appendix A – List of Licensed Insurers and Self-insurers), collectively referred to as insurers in this document, are required to provide policy and claims data as specified in this document.

The following information is shown for each NIDS data item:

- **Title**   as per both NIDS version 8.0 and the XML Schema
- **Format**   as per both NIDS version 8.0 and the XML Schema
- **Length**   as per both NIDS version 8.0 and the XML Schema
- **XSD Location**   showing the element 'path'
- **Description**   as modified for WorkCover WA use
- **Rules**   as modified for WorkCover WA use.

Those already supplying NIDS-formatted data to other jurisdictions should ensure that they are conforming to the WorkCover WA-specific data item definitions and submission rules.

Version control

Version	Release date	Changes
1.3	10/5/2024	Updated to reflect the *Workers Compensation and Injury Management Act 2023*. Key changes affect the following: • C030 Worker Gender • C061 Claim Status Date • C062 Claim Status Code • C064 Common Law Outcome • C100 Payment Type Code • C101 Income Compensation Payment Code • C111 Provider Number • C112 Service Code • Validation errors. Deletions have been struck through and highlighted in grey. Additions are highlighted in yellow. Updated to change all references to ANZSIC to PRC, except in XML schemas, reflecting existing practice.

Background

WorkCover WA's policy and claims data requirements arise from its obligations to monitor and recommend changes to the Western Australian workers compensation scheme, to promote employment safety and injury management, ensure compliance with the *Workers Compensation and Injury Management Act 2023* (the Act), and to collect data that complies with Safe Work Australia's *National dataset for compensation-based statistics* (NDS).

Electronic collection of policy and claims data by WorkCover WA commenced in March 1990, with the issue of the first 'Specification for Magnetic Tape Return of Workers' Compensation Policy and Claims Details' document in March of that year. That document was progressively modified (as the 'E' series) over subsequent years, with the last substantial modification (to 'Edition E4') being made in September 1994. Two procedural updates were also made in mid and late 2000.

Over 1999/2000 a comprehensive review was carried out not only of the existing specification (edition E4), but also of all data supply arrangements between WorkCover WA and insurers, and of the various recommendations made by inquiries into the workers' compensation system itself. This resulted in the issue in September 2001, of 'Edition Q1', which was applicable from 1 January 2002. The last revision of 'Edition Q1' (Version 1.5.1b) was issued on 1 July 2010.

Over the next two years WorkCover WA collaborated with the Insurance Council of Australia and workers compensation regulators in Tasmania, the Australian Capital Territory and the Northern Territory (i.e. the risk states) to develop a common specification for workers compensation data supplied by insurers. The new National Insurer Data Specification (NIDS) was agreed in 2012 and specifies data items, formats and validation rules. NIDS is closely based on Western Australia's 'Edition Q1' specification but also includes data items specific to the individual jurisdictions while allowing for a common data extraction and supply process for insurers.

WorkCover WA decided in late 2012 to implement the NIDS in Western Australia from January 2014 with some modifications. Refer to Appendix B – WorkCover WA's changes to NIDS.

Version 1.3 of WorkCover WA's policy and claims data requirements has been updated to reflect the requirements of the Act. These changes are largely a result of the introduction of provisional payments, changes to settlements, miscellaneous expenses, and noise induced hearing loss and changes to the fee structure for medical and allied health services.

Insurer's obligations

Pursuant to section 500 of the Act insurers must provide data to WorkCover WA. Insurers are to conform to the requirements, standards and timeframes set out in this specification and associated schema files. Insurers are to correct notified errors and respond to other indications of non-conformity and requests for confirmation within the timeframe agreed as part of the insurer/self-insurer performance monitoring guidelines.

While the design of NIDS allows for data to be submitted daily, insurers must ensure data is complete, accurate and supplied to WorkCover WA within 14 days of the close of each calendar month, and data errors are corrected within 30 days of insurers being notified by WorkCover WA.

WorkCover WA's obligations

WorkCover WA processes submitted files as soon as practicable after receiving them.

Feedback concerning file-level issues is given immediately to the insurer, via the WorkCover WA Online portal, once the submission has been successfully received and processing attempted.

Notification of record-level issues is also made as soon as the processing of each file has been completed via the same means. Insurer representatives are alerted to the availability of this information on the WorkCover WA Online portal once processing of return has been completed.

WorkCover WA will not divulge information collected in accordance with this specification outside of the constraints of the Act.

Rules and formats

Rules

The following differing rule conventions have been adopted for the WorkCover WA implementation of the NIDS:

- **Mandatory** – A value must be provided for every notification of the relevant type
- **Conditional** – A value must be provided when applicable (e.g. a 'Date Claim Finalised' must be supplied when the claim is actually finalised). Conditional data items that are not applicable at the time should not be referenced at all in the XML data set or, if they are (by the use of XML tags), should be default-filled with the appropriate fill characters for the format type.
- **Optional** – A value is provided at the insurer's discretion. Optional data items that are not supplied should not be referenced at all in the XML data set or, if they are (by the use of XML tags), should be default-filled with the appropriate fill characters for the format type. These data items are not validated, apart from conformity with the schema if supplied.

Date formats

Date formats in the NIDS should comply with ISO 8601. This means that dates are defined using the XML 'xs:date' type, and should be in the format yyyy-mm-dd.

Where a time component is necessary, the XML 'xs:datetime' type is used. In these cases (i.e. Effective Date and Expiry Date in the Policy data only) the separator 'T' should be used,

and the time should be in the format HH:MM:SS, where HH uses a 24-hour scale. For example, '2024-06-30T15:00:00' represents 30 June 2024 at 3:00 pm.

Money formats

Currency-based values are expected in normal 'money' format (i.e. $$$$.cc) including the decimal point but excluding the literal '$' sign and formatting commas or spaces. Negative values (e.g. for recoveries, and journal entries where applicable) should include an embedded '-' (minus) sign.

All currency-based values in the NIDS are set as 'MoneyType', which is then defined in the XML schema as 'decimal', with a maximum size of 20 and level of precision of 4. If the above expectation is adhered to, this format allows for up to 18 numbers before the decimal point, and 2 after the decimal point. The decimal point and any applicable minus signs are not included in the character count.

SubmissionAction Attribute

Within the XML file, the data items C087 Work Status and C131 Medical Certificate use the SubmissionAction attribute with the values of 'insert', 'update', and 'delete'. If the SubmissionAction attribute is set to 'delete', this will prompt the system to delete the specified entry.

Policy data

Submission notes

A Policy node notification is required initially, when first notifying the policy/contract of insurance, and then only when any details of the Policy node content change. If there are more than one set of changes within a period covered by a file submission, only one notification is required for the period, setting out the details as at the end of the period. Equally, if there are no changes to the Policy node content over the file submission period (once a policy/contract of insurance is initially notified), no Policy node notification is expected for a policy/contract of insurance in the submission.

To monitor changes to an employer's details, WorkCover WA uses the notification of any changed details in a Policy node record as a 'trigger' for further investigation of the need to adjust its WCN records. Any change in the employer details as defined in this specification should cause the supply of a new Policy node notification.

It is in the above context that the terms 'Mandatory', Conditional', and 'Optional' have been applied to the policy data items.

For a more detailed description of the structure and content of the Policy node, and its submission rules, see Appendix E – Data supply procedures.

Policy data items

P001 Insurer Number

	WA NIDS	XML Schema
Title	Insurer Number	InsurerNumber
Format	Numeric	Integer
Length	4 digits	n/a
XSD Location	n/a – attribute of Submission node	
Description	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data.	
Rules	Mandatory. See Appendix A – List of Licensed Insurers and Self-insurers.	

P002 Employer ABN

	WA NIDS	XML Schema
Title	Employer ABN	ABN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Policies.Policy.Employer	
Description	A unique number allocated by the Australian Business Register. The ABN is used to assist in the identification of the insured entity (the 'employer' covered by the policy).	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'.	

P043   WorkCover Number

	WA NIDS	XML Schema
Title	WorkCover Number	WorkCoverNumber
Format	Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by WorkCover. The algorithm used to calculate the check digit is available on request.	String
Length	10 digits	Min=0, Max=n/a
XSD Location	Submission.Policies.Policy	
Description	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy and may therefore involve more than one legal entity (e.g. a partnership of individuals or companies) if they are covered by the one policy.	
Rules	Mandatory when supplying a Policy node 'record'.	

P044   Employer ACN

	WA NIDS	XML Schema
Title	Employer ACN	ACN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Policies.Policy.Employer	
Description	The Australian Company Number (ACN) of the employer. The ACN is used to assist in the identification of the insured entity (the 'employer' covered by the policy).	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'.	

P003　Policy Number

	WA NIDS	**XML Schema**
Title	Policy Number	PolicyNumber
Format	Alphanumeric	String
Length	Insurer dependent	Min=1, Max=255
XSD Location	Submission.Policies.Policy	
Description	The number which has been assigned to the policy or cover note by the insurer.	
Rules	Mandatory when supplying a Policy node 'record'.	

P004　Revised Policy Number

	WA NIDS	**XML Schema**
Title	Revised Policy Number	RevisedPolicyNumber
Format	Alphanumeric	String
Length	Insurer dependent	Min=0, Max=255
XSD Location	Submission.Policies.Policy	
Description	If an insurer revises a policy number, which was previously reported to WorkCover WA, this data item indicates the new policy number.	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'. Once a policy number has been revised, the Revised Policy Number must always be used as the Policy Number for future reporting, including when advising of claims against the policy. When supplied should not already exist on the WorkCover WA's database (i.e. should only be notified once as the Revised Policy Number, thereafter as the Policy Number).	

P005   Employer Legal Name

	WA NIDS	XML Schema
Title	Employer Name	LegalName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer	
Description	To identify the legal name of the employer.	
Rules	Mandatory when supplying a Policy node 'record'. Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA the legal name(s) of the employer covered by the policy.	

P006   Employer Other Name

	WA NIDS	XML Schema
Title	Employer Other Name	OtherName
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer	
Description	Identifies the first names of an individual when applicable.	
Rules	Optional when supplying a Policy node 'record'. Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA the legal name(s) of the employer covered by the policy.	

P050   Employer Surname

	WA NIDS	XML Schema
Title	Employer Surname	Surname
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer	
Description	Where the employing entity is not a company, the last name of the business owner or employer employing workers for whom workers compensation insurance is required.	
Rules	Optional when supplying a Policy node 'record'. Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA the legal name(s) of the employer covered by the policy.	

P007   Employer Trading Name

	WA NIDS	XML Schema
Title	Employer Trading Name	TradingName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=1024
XSD Location	Submission.Policies.Policy.Employer.TradingNames	
Description	The trading name of an employer.	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'. This data item is applicable if an employer operates with a name other than its legal entity name. For example, the legal entity name is ABC Pty Ltd but the trading name is Angelo's Ice-cream.	

P009   Employer Address Line 1

	WA NIDS	XML Schema
Title	Employer Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	Line 1 of the employer's primary work location.	
Rules	Mandatory when supplying a Policy node 'record'. 'Primary Work Location' refers to the employer's main place of business, preferably a local address, however an interstate head office address is acceptable if no local address is available.	

P010   Employer Address Line 2

	WA NIDS	XML Schema
Title	Employer Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	Line 2 of the employer's primary work location.	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'.	

P045   Employer Address Line 3

	WA NIDS	XML Schema
Title	Employer Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	Line 3 of the employer's primary work location.	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record'.	

P011   Employer Address Suburb

	WA NIDS	XML Schema
Title	Employer Address District	Suburb
Format	Alphabetic	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	The suburb or district of the employer's primary work location.	
Rules	Mandatory when supplying a Policy node 'record'.	

P012 Employer Address State/Territory

	WA NIDS	XML Schema
Title	Employer Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	The State/Territory of the employer's primary work location.	
Rules	Mandatory when supplying a Policy node 'record'. Codes are: ACT Australian Capital Territory NSW New South Wales NT Northern Territory QLD Queensland SA South Australia TAS Tasmania VIC Victoria WA Western Australia OTH Other (to be used when the employer's primary work location is not within Australia)	

P013   Employer Address Postcode

	WA NIDS	XML Schema
Title	Employer Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Policies.Policy.Employer.Address	
Description	Postcode of the employer's primary work location.	
Rules	Conditional – to be provided when supplying a Policy node 'record' unless the Employer Address State/Territory value supplied is 'OTH' (i.e. the employer's primary work location is not within Australia).	

P014   Employer Postal Address Line 1

	WA NIDS	XML Schema
Title	Employer Postal Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	Line 1 of the employer's postal address.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P051   Employer Postal Address Line 2

	WA NIDS	XML Schema
Title	Employer Postal Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	Line 2 of the employer's postal address.	
Rules	Optional – may be supplied (if applicable) when supplying a Policy node 'record'.	

P052   Employer Postal Address Line 3

	WA NIDS	XML Schema
Title	Employer Postal Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	Line 3 of the employer's postal address.	
Rules	Optional – may be supplied (if applicable) when supplying a Policy node 'record'.	

P015 Employer Postal Address Suburb

	WA NIDS	XML Schema
Title	Employer Postal Address Suburb	Suburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	The suburb or district of the employer's postal address.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P016 Employer Postal Address State/Territory

	WA NIDS	XML Schema
Title	Employer Postal Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	The State or Territory in Australia of the employer's postal address.	

Rules	Optional – may be supplied when supplying a Policy node 'record'.
	Codes are:
	    ACT Australian Capital Territory
	    NSW New South Wales
	    NT Northern Territory
	    QLD Queensland
	    SA South Australia
	    TAS Tasmania
	    VIC Victoria
	    WA Western Australia
	    OTH Other (to be used when the employer's postal address is not within Australia)	

P017   Employer Postal Address Postcode

	WA NIDS	XML Schema
Title	Employer Postal Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Policies.Policy.Employer.PostalAddress	
Description	Postcode of the Employer postal address.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P018   Employer Phone Number

	WA NIDS	XML Schema
Title	Employer Phone Number	Phone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Policies.Policy.Employer.ContactDetails	
Description	The phone number of the employer.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P019   Employer Mobile Phone Number

	WA NIDS	XML Schema
Title	Employer Mobile Phone Number	Mobile
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Policies.Policy.Employer.ContactDetails	
Description	The mobile telephone number of the Employer.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P020   Employer Email Address

	WA NIDS	XML Schema
Title	Employer Email Address	EmailAddress
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Policies.Policy.Employer.ContactDetails	
Description	The email address of the Employer.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P021   Broker ID

	WA NIDS	XML Schema
Title	Broker ID	BrokerID
Format	Numeric	String
Length	6 digits	Min=0, Max=n/a
XSD Location	Submission.Policies.Policy	
Description	The number allocated to the broker by the Australian Financial Services Licensing Register.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

P026   Injury Management Program Type

	WA NIDS	XML Schema
Title	Injury Management Program Type	InjuryManagementProgramType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Policies.Policy	
Description	Indicates whether the employer's responsibility to initiate a Return to Work Program has been delegated to the employer's Insurer for all claims under this Policy.	
Rules	Mandatory when supplying a Policy node 'record'. Codes are: 　　01　　Insurer 　　02　　Employer (default)	

P999   Team Number

	WA NIDS	**XML Schema**
Title	Team Number	TeamNumber
Format	Alphanumeric	String
Length	3 characters	Min=0, Max=3
XSD Location	Submission.Policies.Policy	
Description	Any set of codes the insurer uses to describe segments of their operation.	
Rules	Optional – may be supplied when supplying a Policy node 'record'.	

Coverage data items

P027   Lapse/Cancellation Reason Code

	WA NIDS	XML Schema
Title	Lapse/Cancellation Reason Code	LapseReasonCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Coverages.Coverage	
Description	The code for the reason why the policy was lapsed or cancelled.	
Rules	Mandatory. Codes are: 00 No Lapse/Cancellation Reason Code Required 01 Business Sold 02 Business Closed 03 Not Employing 04 Insured Elsewhere 05 Policy/Cover Note Replaced 06 Non-Payment of Premium 07 No Reply to Correspondence 08 Cancelled coverage – this code should only be used when it is not a valid coverage/policy, and has, or should be, voided in the WorkCover WA system. Expected only in conjunction with Coverage Type Code '06' (Adjustment Notification) 09 Other Reason This code should default to '00 – No Lapse/Cancellation Reason Code Required' unless the Coverage Type Code is '04 – Cancellation' or '05 – Lapsed' (or is being used to notify cancellation of a coverage).	

P028   Coverage ID

	WA NIDS	XML Schema
Title	Coverage ID	CoverageReference
Format	Alphanumeric	String
Length	Dependent on the format of the Coverage ID for the insurer	Min=0, Max=50
XSD Location	Submission.Coverages.Coverage	
Description	Unique reference number/ID allocated by insurer for each coverage period of a policy.	
Rules	Mandatory.	
	The Coverage ID is used to uniquely identify the coverage row. In the same way that any Primary Key is used to identify a data row in a relational database, in the jurisdiction's database, when a new coverage is created, it will get a new ID.	
	When an update to an existing coverage is performed, the update is performed to the coverage that is identified by the supplied Coverage ID.	
	When the coverage is updated, be that the effective date, expiry date or both, or any of the other meta data fields associated with the coverage, a new Coverage ID is not required. The original (and only) Coverage ID is required.	

P029   Coverage Type Code

	WA NIDS	XML Schema
Title	Coverage Type Code	CoverageNotificationType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Coverages.Coverage	
Description	The code to distinguish the type of coverage being notified.	
Rules	Mandatory. Codes are: 01 Cover Note Notification 02 New Policy Notification 03 Renewal Notification 04 Cancellation Notification 05 Lapsed Notification 06 Adjustment Notification 09 Any other notification type Codes 04, 05 & 06 would be expected to relate to an update of a previously reported coverage and therefore use an existing Coverage ID. Code 02 may also relate to an existing coverage record that was originally reported as a Cover Note.	

P031   Effective Date

	WA NIDS	**XML Schema**
Title	Effective Date	EffectiveDate
Format	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
Length		Min=n/a, Max=n/a
XSD Location	Submission.Coverages.Coverage	
Description	The commencement date of the period of cover referred to in the record.	
Rules	Mandatory. Note: This date should always refer to the commencement date of the period of cover referenced by the relevant Coverage ID – it should not be altered to reflect the 'Date of Effect' of an endorsement, as notified in an Adjustment Notification (Coverage Type Code = '06').	

P032   Expiry Date

	WA NIDS	**XML Schema**
Title	Expiry Date	ExpiryDate
Format	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
Length		Min=n/a, Max=n/a
XSD Location	Submission.Coverages.Coverage	
Description	The End Date of the Cover.	
Rules	Mandatory. For Cancellation notifications the Expiry Date must be set to the Cancellation Date recorded for that policy in the Insurer's system.	

P033   PRC 1993

	WA NIDS	XML Schema
Title	PRC 1993	ANZSIC93Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	Identifies the PRC 1993 for the period.	
Rules	Conditional – must be provided for policies with coverage date between 1 January 1993 and 30 June 2018. To be supplied as a 5-digit PRC. Please contact dataquality@workcover.wa.gov.au if assistance to determine PRC 1993 is required.	

P034   PRC 2006

	WA NIDS	XML Schema
Title	PRC 2006	ANZSIC06Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	Identifies the PRC 2006 for the period.	
Rules	Conditional – must be provided for policies with coverage date from 1 July 2018 onwards. To be supplied as a 5-digit PRC in accordance with the WorkCover WA Industry Classification Order.	

P035   Estimated Wages

	WA NIDS	XML Schema
Title	Estimated wages	Estimatedwages
Format	Numeric	Decimal
Length	12 digits	Min=n/a, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The wages declared by the employer for the policy period of cover for the PRC.	
Rules	Mandatory. Note: Does not raise an issue if a zero value is supplied for P039 Premium Collection Type codes '03 – Minimum Premium Policy – Domestic' and '04 – Minimum Premium Policy – Other (Nominal)'.	

P036   Estimated Number of Workers

	WA NIDS	XML Schema
Title	Estimated number of workers	EstimatedWorkers
Format	Numeric	Integer
Length	6 digits	Min=0, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The average number of workers covered by the Estimated Wages (P035) figure supplied for the period of cover for the PRC.	
Rules	Mandatory. Note: Does not raise an issue if a zero value is supplied P039 Premium Collection Type codes '03 – Minimum Premium Policy – Domestic' and '04 – Minimum Premium Policy – Other (Nominal)'.	

P037   Actual Wages

	WA NIDS	**XML Schema**
Title	Actual wages	ActualWages
Format	Numeric	Decimal
Length	12 digits	Min=n/a, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The wages actually paid for the period of cover for the PRC.	
Rules	Conditional – required when the actual wages are notified to the Insurer for a past period of cover.	

P038   Actual Number of Workers

	WA NIDS	**XML Schema**
Title	Actual Number of Workers	ActualWorkers
Format	Numeric	Integer
Length	6 digits	Min=0, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The average number of workers covered by the Actual Wages (P037) figure supplied for the period of cover for the PRC.	
Rules	Conditional – required when the actual number of workers is notified to the Insurer for a past period of cover.	

P039   Premium Collection Type

	WA NIDS	XML Schema
Title	Premium Collection Type	PremiumCollectionType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Coverages.Coverage	
Description	A code to indicate the type of policy for the period of cover being reported upon.	

Rules	Mandatory.
	Codes are:
	    01 'Normal' Policy
	    02 Burning Cost Policy
	    03 Minimum Premium Policy – Domestic
	    04 Minimum Premium Policy – Other (Nominal)
	    09 Other Policy Type	

P053   Initial Deposit Premium Charged

	WA NIDS	XML Schema
Title	Initial Deposit Premium Charged	InitialDepositPremium
Format	Numeric	Decimal
Length	8 digits	Min=n/a, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The initial premium charged for the specified period of cover for each premium rate classification for the policy, regardless of the type of policy.	
Rules	Mandatory.	

P041   Current Adjusted Premium Charged

	WA NIDS	XML Schema
Title	Current Adjusted Premium Charged	AdjustedPremium
Format	Numeric	Decimal
Length	8 digits	Min=n/a, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	The current adjusted premium charged for the specified period of cover for each PRC for the policy, regardless of the type of policy (including burning cost policies)	
Rules	Conditional – required whenever the actual premium charged is adjusted.	

P042   Actual Final Premium Charged

	WA NIDS	XML Schema
Title	Actual Final Premium Charged	FinalPremium
Format	Not Applicable	Decimal
Length	Not Applicable	Min=n/a, Max=20
XSD Location	Submission.Coverages.Coverage	
Description	Not Applicable for WA – use Current Adjusted Premium Charged (P041)	
Rules	Not required for WorkCover WA.	

Claims data items

Submission notes

The Claims Node:

- A *Claims node* notification is required <u>initially</u>, when first notifying the receipt of a Claim, and <u>then only when any details of</u> <u>the Claims node record content change</u>. If there are more than one set of changes within a period covered by a file submission, only one notification is required for the period, setting out the details as at the end of the period. Equally, if there are no changes to the Claims node record content over the file submission period (once a Claim is initially notified), no Claims Node record is expected in the submission.
- *Medical Certificate Updates* – details of <u>every</u> medical certificate received should be notified, regardless of the Medical Certificate Date.
- *Work Status Updates* – details of <u>every</u> Work Status change, including the first recorded, should be notified.

The Payments Node:

- *Payment* – expected if there has been a change in the Actual totals since the last file submission for the claim.
- *ClaimPayments* – expected if there is a change in the Total Payments Actual for the claim since the last Payment set of data was supplied for the Claim.

For a more detailed description of the content and relationships of the Claim data structures, and their related submission rules, see Appendix E – Data supply procedures.

Claim identification data items

C001   Insurer Number

	WA NIDS	XML Schema
Title	Insurer Number	InsurerNumber
Format	Numeric	Integer
Length	4 digits	Min=n/a, Max=n/a
XSD Location	n/a – attribute of Submission node	
Description	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data.	
Rules	Mandatory. See Appendix A – List of Licensed Insurers and Self-insurers.	

C002   Insurer Claim Number

	WA NIDS	XML Schema
Title	Insurer Claim Number	ClaimNumber
Format	Alphanumeric	String
Length	Insurer dependent	Min=1, Max=255
XSD Location	Submission.Claims.Claim	
Description	The number allocated to a claim by the insurer.	
Rules	Mandatory. If an Insurer Claim Number has been changed, the revised Insurer Claim Number must be noted by using the Revised Insurer Claim Number field. That revised number must then be used when reporting all future activity for that claim.	

C003 WorkCover Claim Number (WCCN)

	WA NIDS	XML Schema
Title	WorkCover Claim Number (WCCN)	WorkCoverClaimNumber
Format	Alphanumeric, in the format of nnnnnnnC, where 'C' is a check digit. The algorithm used to calculate the check digit is available on request from WorkCover WA.	String
Length	8 characters	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	The serial number supplied by WorkCover WA for each new claim notified. Used by WorkCover WA to uniquely identify the claim.	
Rules	Not required in NIDS submissions for WorkCover WA.	

C004 Start Date of Return Period

	WA NIDS	XML Schema
Title	Start Date of Return Period	ReturnPeriodStartDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim	
Description	Identifies the start date for the period for which the data are supplied.	
Rules	Not required for WorkCover WA.	

C005 End Date of Return Period

	WA NIDS	XML Schema
Title	End Date of Return Period	ReturnPeriodEndDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim	
Description	Identifies the end date for the period for which the data are supplied.	
Rules	Not required for WorkCover WA.	

C006 Policy Number

	WA NIDS	XML Schema
Title	Policy Number	PolicyNumber
Format	Alphanumeric	String
Length	Dependent on the format of the policy number of the insurer	Min=1, Max=255
XSD Location	Submission.Claims.Claim	
Description	The number of the policy to which the claim has been assigned by the insurer.	
Rules	Mandatory.	

C007   Coverage ID

	WA NIDS	XML Schema
Title	Coverage ID	CoverageReference
Format	Alphanumeric	String
Length	Dependent on the format of the Coverage ID for the insurer	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	The Coverage ID assigns the coverage period to the policy and to the subsequent claim submitted in that coverage period.	
Rules	Conditional – required if the claim is assigned to a policy coverage period with an effective date of 1 January 2014 onwards.	

C008   PRC 1993

	WA NIDS	XML Schema
Title	PRC 1993	ANZSIC93Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim	
Description	Identifies the PRC 1993 for the period to which the claim is charged	
Rules	Conditional – must be provided for policies with coverage date between 1 January 1993 and 30 June 2018. To be supplied as a 5-digit PRC. Please contact dataquality@workcover.wa.gov.au if assistance to determine PRC 1993 is required.	

C129   PRC 2006

	WA NIDS	XML Schema
Title	PRC 2006	ANZSIC06Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim	
Description	Identifies the PRC 2006 for the period to which the claim is charged.	
Rules	Conditional – must be provided for policies with coverage date from 1 July 2018 onwards.	
	To be supplied as a 5-digit PRC in accordance with the WorkCover WA Industry Classification Order.	

C009   Shared Claim Code

	WA NIDS	XML Schema
Title	Shared Claim Code	SharedClaimCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim	
Description	To be set if all or part of the costs of the claim are recoverable from any other party.	

Rules	Mandatory.
	Codes are:
	    00 Not Shared
	    01 Shared, responsible insurer
	    02 Shared, not responsible insurer
	
	Examples of a claim that would be considered 'Shared' are a claim which has been lodged as workers compensation but then determined to be under Compulsory Third Party insurance, or a claim which has been lodged with more than one insurer due to a dispute/uncertainty in where the liability falls. This includes claims which are lodged with an insurer and then passed on to the nominal insurer.
	If the insurer is determined to be liable, then the code 01 (Shared, responsible Insurer) should be used, if the insurer is determined not to be liable, then code 02 (Shared, not responsible insurer) applies.	

C010 Record Status Code

	WA NIDS	XML Schema
Title	Record Status Code	RecordStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim	
Description	Indicates if the Claim Details being supplied is notifying a new claim, or an update to a claim that has already been notified to the jurisdiction in a past return.	
Rules	Not required for WorkCover WA.	

C011 Revised Insurer Claim Number

	WA NIDS	XML Schema
Title	Revised Insurer Claim Number	RevisedClaimNumber
Format	Alphanumeric	String
Length	Dependent on the format of the insurer claim number of the insurer	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	If an insurer revises a claim number, which was previously reported to the jurisdiction, this data item indicates the new claim number.	
Rules	Conditional – to be supplied if an Insurer Claim Number is changed. The revised number must then be used when reporting all future activity for that claim.	

Worker data

C012   Worker Title

	WA NIDS	XML Schema
Title	Worker Title	Title
Format	Alphanumeric	String
Length	4 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker	
Description	The title of the worker.	
Rules	Mandatory. The Worker Title field is a text field, not a list of valid titles.	

C013   Worker Surname

	WA NIDS	XML Schema
Title	Worker Surname	Surname
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker	
Description	The surname of the worker.	
Rules	Mandatory.	

C014 Worker Given Name

	WA NIDS	XML Schema
Title	Worker Given Name	GivenNames
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker	
Description	The given names of the worker.	
Rules	Mandatory.	

C015 Worker Residential Address Line 1

	WA NIDS	XML Schema
Title	Worker Residential Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	The first line of the address of the worker's residential address.	
Rules	Mandatory.	

C016   Worker Residential Address Line 2

	WA NIDS	XML Schema
Title	Worker Residential Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	The second line of the address of the worker's residential address.	
Rules	Conditional – to be supplied if applicable.	

C120   Worker Residential Address Line 3

	WA NIDS	XML Schema
Title	Worker Residential Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	Third line of the address of the worker's residential address.	
Rules	Conditional – to be supplied if applicable.	

C017   Worker Residential Address Suburb

	WA NIDS	**XML Schema**
Title	Worker Residential Address Suburb	Suburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	The suburb or district of the Worker's residential address	
Rules	Mandatory. If C018 (Worker Residential Address State/Territory) is supplied as 'OTH' the suburb is not validated.	

C018   Worker Residential Address State/Territory

	WA NIDS	XML Schema
Title	Worker Residential Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	The suburb or district of the Worker's residential address.	

Rules	Mandatory.
	Codes are:
	    ACT Australian Capital Territory
	    NSW New South Wales
	    NT Northern Territory
	    QLD Queensland
	    SA South Australia
	    TAS Tasmania
	    VIC Victoria
	    WA Western Australia
	    OTH Other	

C019 Worker Residential Address Postcode

	WA NIDS	XML Schema
Title	Worker Residential Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.Worker.ResidentialAddress	
Description	The postcode of the worker's residential address.	
Rules	Optional.	

C020 Worker Postal Address Line 1

	WA NIDS	XML Schema
Title	Worker Postal Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The first line of the address of the worker's postal address.	
Rules	Optional.	

C021   Worker Postal Address Line 2

	WA NIDS	**XML Schema**
Title	Worker Postal Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The second line of the address of the worker's postal address.	
Rules	Optional.	

C121   Worker Postal Address Line 3

	WA NIDS	**XML Schema**
Title	Worker Postal Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The third line of the address of the worker's postal address.	
Rules	Optional.	

C022 Worker Postal Address Suburb

	WA NIDS	XML Schema
Title	Worker Postal Address Suburb	Suburb
Format	Alphanumeric	String
Length	30 characters Must match a postal suburb name in the Australia Post's suburb, postcode listing.	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The suburb or district of the worker's postal address.	
Rules	Optional.	

C023 Worker Postal Address State/Territory

	WA NIDS	XML Schema
Title	Worker Postal Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The suburb or district of the worker's postal address.	
Rules	Optional.	

C024　Worker Postal Address Postcode

	WA NIDS	XML Schema
Title	Worker Postal Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The postcode of the worker's postal address.	
Rules	Optional.	

C025　Worker Home Phone Number

	WA NIDS	XML Schema
Title	Worker Home Phone Number	PrivatePhone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The home telephone number of the worker.	
Rules	Optional. Note: At least one worker's contact detail (C025, C026, C027, or C028) is expected.	

C026   Worker Mobile Phone Number

	WA NIDS	XML Schema
Title	Worker Mobile Phone Number	Mobile
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The mobile telephone number of the worker.	
Rules	Optional. Note: At least one worker's contact detail (C025, C026, C027, or C028) is expected.	

C027   Worker Work Phone Number

	WA NIDS	XML Schema
Title	Worker Work Phone Number	Phone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The work telephone number of the worker	
Rules	Optional. Note: At least one worker's contact detail (C025, C026, C027, or C028) is expected.	

C028   Worker Email Address

	WA NIDS	XML Schema
Title	Worker Email Address	EmailAddress
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The email address of the worker.	
Rules	Optional. Note: At least one worker's contact detail (C025, C026, C027, or C028) is expected.	

C029   Worker Date of Birth

	WA NIDS	XML Schema
Title	Worker Date of Birth	DateOfBirth
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.Worker	
Description	The date of birth of the worker.	
Rules	Optional.	

C030   Worker Gender

	WA NIDS	XML Schema
Title	Worker Gender	Gender
Format	Alphabetic	String
Length	1 character	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker	
Description	The gender of the worker.	
Rules	Optional. Codes are: M Male F Female U Unspecified	

C031   Worker Preferred Language

	WA NIDS	XML Schema
Title	Worker Preferred Language	PreferredLanguageCode
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.Worker	
Description	The preferred language of the worker based on the Australian Standard Classification of Languages (ASCL). Note: WorkCover WA has used Table 1.3 to construct the reference list.	
Rules	Mandatory.	

C124 Worker Dependants

	WA NIDS	XML Schema
Title	Worker Dependants	NumberOfDependants
Format	Numeric	Integer
Length	2 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.Worker	
Description	The number of dependants of the worker, applies only to fatal claims.	
Rules	Conditional to be supplied for a fatal claim, if applicable.	

Employment details

C032   Duty Status Code

	WA NIDS	XML Schema
Title	Duty Status Code	DutyStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The duty status of the Worker at the time of injury or disease.	
Rules	Mandatory. Codes are: 01 At work – at normal workplace 02 At work – road traffic accident 03 At work – on break 04 Commuting/journey 05 Away from work during recess break 06 At work – working away from normal workplace 09 Other 11 Working at home Occupational diseases of long latency should be coded to Duty Status '01' by default unless sufficient information is available which will enable distinction between codes '01' and '06'. For occupational diseases of short latency (e.g. a needle stick injury leading to a hepatitis infection) the Duty Status at the time of the occurrence that led to the disease should be coded.	

C033 Employment Status Code

	WA NIDS	XML Schema
Title	Employment Status Code	EmploymentStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The employment status of the Worker at the time of the injury or disease.	
Rules	Mandatory. Codes are: 01 Direct worker 02 Working Director 03 Contractor 04 Worker of Contractor 05 Sub Contractor 06 Labour hire worker 07 Apprentice/Trainee 09 Other	

C034   Employment Type Code

	WA NIDS	XML Schema
Title	Employment Type Code	EmploymentTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The employment type of the Worker at the time of the injury or disease.	
Rules	Mandatory. Codes are: 01 Permanent 02 Temporary 03 Casual 04 Temporary Overseas Visa Worker 09 Other	

C035 Full/Part Time Code

	WA NIDS	XML Schema
Title	Full/Part Time Code	FullTimeOrPartTimeEmployment
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	To identify whether the Worker was employed full or part time at the time of the injury or disease.	
Rules	Mandatory Codes are: 01 Full time 02 Part time	

C036 Worker's Occupation Narrative

	WA NIDS	XML Schema
Title	Worker's Occupation Narrative	OccupationNarrative
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The occupation description of the worker and the main tasks or duties performed, for coding to the Australian and New Zealand Standard Classification of Occupations (ANZSCO).	
Rules	Mandatory.	

C037 Worker's Occupation Code

	WA NIDS	XML Schema
Title	Worker's Occupation Code	ANZSCOCode
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code for the worker's occupation at the time of the injury or reporting of the occupational disease.	
Rules	Optional.	

C038 Hours Worked Per Day

	WA NIDS	XML Schema
Title	Hours Worked Per Day	HoursWorkedPerDay
Format	Numeric	Integer
Length	4 digits, as HHMM	Min=0, Max=4
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The number of hours and minutes usually worked each day (including overtime) by the injured worker at the date of occurrence.	
Rules	Mandatory.	

C039 Hours Worked Per Week

	WA NIDS	XML Schema
Title	Hours Worked Per Week	HoursWorkedPerWeek
Format	Numeric	Integer
Length	5 digits, as HHHMM	Min=0, Max=5
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The number of hours and minutes usually worked each week by the injured worked at the date of occurrence.	
Rules	Mandatory.	

C040 Normal Weekly Earnings

	WA NIDS	XML Schema
Title	Normal Weekly Earnings	PreInjuryWeeklyEarnings
Format	Numeric	Decimal
Length	7digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The normal weekly earnings of the worker at the time of the injury or disease.	
Rules	Conditional – required only for Time Lost Claims.	

C041   Ordinary Time Rate of Pay Per Week

	WA NIDS	XML Schema
Title	Ordinary Time Rate of Pay Per Week	OrdinaryWeeklyPay
Format	Numeric	Decimal
Length	7 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The ordinary time rate of pay per week (gross) of the worker at the time of the injury or disease. This relates to the payment to the worker for the work in which, and the hours during which, the worker was engaged immediately before the period of incapacity.	
Rules	Optional.	

C042   Date Worker Started Employment

	WA NIDS	XML Schema
Title	Date worker started employment	EmploymentStartDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The date the Worker started employment with the employer against whom this claim is made.	
Rules	Optional.	

Employer data

C043 Employer ABN

	WA NIDS	**XML Schema**
Title	Employer ABN	ABN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	A number allocated by the Australian Business Register. The ABN is used to provide a unique number to an insured entity. It relates to the employer covered by the policy.	
Rules	Optional.	

C125 Employer ACN

	WA NIDS	**XML Schema**
Title	Employer ACN	ACN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The Australian Company Number (ACN) of the employer.	
Rules	Optional.	

C127   WorkCover Number

	WA NIDS	XML Schema
Title	WorkCover Number	WorkCoverNumber
Format	Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by the jurisdiction. The algorithm used to calculate the check digit is available on request.	String
Length	10 Digits	Min=0, Max=n/a
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	A unique number allocated by WorkCover WA to an insured entity. It relates to the employer covered by the policy, and may therefore involve more than one legal entity (e.g. a partnership of individuals or companies) if they are covered by the one policy.	
Rules	Mandatory.	

C044   Employer Trading Name

	WA NIDS	XML Schema
Title	Employer Trading Name	TradingName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=1024
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The trading name of an employer.	
Rules	Optional.	

C045   Employer Contact Name

	WA NIDS	XML Schema
Title	Employment Contact Name	ContactName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The contact name for the employer.	
Rules	Optional.	

C046   Employer Contact Position

	WA NIDS	XML Schema
Title	Employer Contact Position	ContactPosition
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The position of the employer contact.	
Rules	Optional.	

C047 Employer Contact Phone Number

	WA NIDS	XML Schema
Title	Employer Contact Phone Number	ContactDetails
Format	Numeric	String
Length	10 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The phone number of the employer contact.	
Rules	Optional.	

Claim management details

C048   Date of Occurrence

	WA NIDS	**XML Schema**
Title	Date of Occurrence	OccurrenceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date when the original injury occurred or, if unknown or indeterminate, the date it was reported to the employer (except for an industrial disease – see below).	
Rules	Mandatory. For a long onset condition (e.g. an Industrial Disease) use the date of last exposure for the worker during the insurer's period of risk for that employer, or the last day of the insurer's period of risk for that exposure for that employer, whichever is earlier. If the injury or disease re-occurs, supply the date of the original injury or disease, not the date of recurrence.	

C049 Date Insurer Notified of Injury

	WA NIDS	**XML Schema**
Title	Date Insurer Notified of Injury	InjuryNotificationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date for when the insurer was notified of the incident or potential claim.	
Rules	Mandatory.	

C050 Date Claim Received by Employer

	WA NIDS	**XML Schema**
Title	Date Claim Received by Employer	ClaimReceivedByEmployerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the claim form was first received by the employer.	
Rules	Mandatory.	

C051 Date Medical Certificate Received by Employer

	WA NIDS	XML Schema
Title	Date Medical Certificate Received by Employer	MedicalCertificateReceivedByEmployerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the first medical certificate was received by the employer.	
Rules	Optional.	

C052 Date Insurer Notified of Claim

	WA NIDS	XML Schema
Title	Date Insurer Notified of Claim	ClaimNotificationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date for when the insurer was notified of the claim.	
Rules	Mandatory.	

C053 Date Claim Received by Insurer

	WA NIDS	XML Schema
Title	Date Claim Received by Insurer	ClaimReceivedByInsurerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date for when the insurer first received the claim from the employer.	
Rules	Mandatory.	

C054 Injury Management Program Type

	WA NIDS	XML Schema
Title	Injury Management Program Type	InjuryManagementProgramType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Indicates whether the employer's responsibility to initiate a Return to Work Program has been delegated to the employer's insurer, either for this claim only, or for all claims under the policy to which this claim is charged.	

Rules	Mandatory.
	Codes are:
	    01 Insurer
	    02 Employer (default)	

C055   Extent of Incapacity Code

	WA NIDS	XML Schema
Title	Extent of Incapacity Code	IncapacityCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Indicates the outcome of the injury or disease as assessed by the insurer and the doctor.	

Rules	Mandatory.
	Codes are:
	    01 Death
	    02 Temporary Incapacity
	    03 Permanent Incapacity – Partial
	    04 Permanent Incapacity – Total
	    05 No Incapacity at any Time – Worker Not Injured
	    06 No Incapacity at any Time – Worker Injured
	
	The term 'incapacity' refers to capacity for any work, either in the worker's pre-injury duties or any other.
	Should be updated as the claim progresses if there is any change to the worker's condition, for example an injury that was initially considered a temporary incapacity may later become permanent.	

C056   Date of Death

	WA NIDS	XML Schema
Title	Date of Death	DeathDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date of death of the worker.	
Rules	Conditional – required for a fatal claim.	

C057   Date Claim Finalised

	WA NIDS	XML Schema
Title	Date Claim Finalised	ClaimFinalisedDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The latest date the claim was finalized.	
Rules	Conditional – required/updated when a claim is finalised. A claim is finalised when, in the judgment of the insurer, there will not be any further liability to pay compensation both pursuant to the Act and at common law. Must not be reset if the claim is reopened – it should be left as the last Date Claim Finalised (until re-finalised, when it will be updated).	

C058   Date of Recurrence

	WA NIDS	**XML Schema**
Title	Date of Recurrence	RecurrenceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date of the recurrence of the worker's injury or disease.	
Rules	Conditional – should be completed where the medical certificate indicates a recurrence or aggravation.	
	This date would generally be the date indicated in the 'stated cause' section of the medical certificate as the date the incident occurred on or the disease became evident. Is intended to capture recurrence information within the same claim record without replacing the original.	

C059   Date Reopened

	WA NIDS	**XML Schema**
Title	Date Reopened	ReopenedDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the claim was last reopened.	
Rules	Conditional – to be supplied/updated when a claim is reopened.	

C060   Weekly Benefit Rate

	WA NIDS	XML Schema
Title	Weekly Benefit Rate	WeeklyBenefitRate
Format	Numeric	Decimal
Length	7 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The weekly benefit rate paid to the worker.	
Rules	Conditional – to be supplied when a worker is paid weekly payments (C100 Payment Type Code '01').	

C061   Claim Status Date

	WA NIDS	XML Schema
Title	Claim Status Date	ClaimStatusDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a; Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The latest date the insurer accepted or rejected the claim, or otherwise recorded a change in the Claim Status Code.	
Rules	Mandatory. Conditional – required except for the initial (opening) pending status of the claim, when it should not be supplied. Note also that if a Claim is 're-pended' (e.g. for reconsideration), after having already been accepted or rejected, this date should be supplied.	

C062   Claim Status Code

	WA NIDS	XML Schema
Title	Claim Status Code	ClaimStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	To indicate the latest status of a claim.	
Rules	Mandatory. Whenever the status of a claim changes, an insurer/self-insurer must update the Claim Status Code. For example, if a decision on liability is made between receiving a claim and submitting the data return, the relevant Claim Status Code must be provided. Finalised claims must not have a 'Received' status. All claims, except those with the status of '05 – Invalid', may have incurred costs. Decision deferred claim Within 14 days of receiving a claim, a liability decision notice must be given. If a liability decision cannot be made, the injured worker must be given a deferred decision notice. Deemed accepted claim Claims are deemed accepted if: 1. within 14 days of the claim being received, no 'liability decision notice' and no 'deferred decision notice' has been given to the injured worker. 2. within 120 days of the claim being received, no 'liability decision notice' has been given to the injured worker. Codes are: 00 Received 01 Accepted 02 ~~Pending~~ 03 ~~Rejected~~ Not accepted 04 Withdrawn 05 Invalid	

	~~06 Paid Without Prejudice – WA Only – to be used, when relevant, instead of codes '01' and '03.~~ 07 Decision deferred 08 Deemed accepted 09 Liability decision in dispute	
	00 Received	Includes: Claims where a decision on liability has not been made by an insurer/self- insurer, prior to a liability decision notice being given. Excludes: Claims where a liability decision notice has been given (the status should be changed to reflect that decision).
	01 Accepted	Includes: Claims where a decision has been made by an insurer/self-insurer to accept liability. Claims where an Arbitrator has determined the insurer/self-insurer is liable. Claims where the original injury has been accepted and a secondary condition subsequently develops (for example psychological injury). Excludes: Claims that have been deemed as accepted. Use '08 Deemed accepted' instead.
	03 Not accepted	Includes: Claims where the insurer/self-insurer does not accept liability (previously defined as 'rejected'). Claims where an Arbitrator has determined the insurer/self-insurer is not liable. Excludes: Claims that have been deemed as accepted. Use '08 Deemed accepted' instead. Claims where a deferred decision notice has been given. Use '07 Decision deferred' instead.
	04 Withdrawn	Includes: Claims where an injured worker has formally withdrawn their claim.
	05 Invalid	Includes: Claims incorrectly raised and unable to be excluded from the data submission. Claims raised under the wrong policy. Claims incorrectly raised more than once. Excludes:

		Claims with incurred costs (a different code must be selected).
	07 Decision deferred	Includes: Claims where a deferred decision notice has been given. Excludes: Claims where a final determination of liability has been made either by the insurer/self-insurer or an Arbitrator (the claim status should be changed to reflect that decision).
	08 Deemed accepted	Includes: Claims that have been deemed accepted because a decision notice was not given in time. Excludes: Claims where a decision has been made by an insurer/self-insurer to accept or not accept liability. Claims where an Arbitrator has determined the insurer/self-insurer is or is not liable.
	09 Liability decision in dispute	This code is to be used only when claims are undergoing liability decision disputes. Includes: Claims with a liability decision dispute that has been accepted in Conciliation or Arbitration Services. Excludes: Claims where the dispute does not relate to a liability decision. Claims with a liability decision dispute where a dispute application has been lodged and a decision on acceptance has not been made by Conciliation or Arbitration Services. Claims with liability decision disputes not accepted for dispute by Conciliation or Arbitration Services.

C063   Common Law Involvement

	WA NIDS	XML Schema
Title	Common Law Involvement	CommonLawInvolvement
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The type of Common Law involvement in a claim with regard to potential or actual Common Law payment.	
Rules	Mandatory. Codes are: 00 No current/expected Common Law involvement 01 Common Law estimate raised by insurer 02 Writ Issued 03 Common Law finalised (settlement or judgement) A 'Common Law' claim is any claim for which an action for damages has been/was commenced after an election was registered with WorkCover WA. However, in the context of this data item, the value '01' would be expected if: • the type of injury/circumstances of the Claim indicates that there is a high likelihood of it proceeding to Common Law, • a Civil Proceedings application had been made and was not yet resolved, or was in dispute, or • an election had been made but the action had not yet commenced. The value '01' may be re-set to other, more appropriate, values if the situation changes over time, including to '00' if the insurer/self-insurer's subsequent assessment indicates that there is no longer any Common Law potential, or the Claim is settled without the above 'Common Law' criteria being fulfilled. If a Common Law action made by a worker fails or ceases for whatever reason (e.g. dismissed, withdrawn) this data item should not be re-set to '00', as its use indicates the 'origin' of the Common Law involvement of the claim.	

C064 Common Law Outcome

	WA NIDS	XML Schema
Title	Common Law Outcome	CommonLawOutcome
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The type of Common Law outcome of a claim identified as having Common Law involvement.	
Rules	Mandatory. Codes are: 00 Not Applicable 01 Pending 02 Settlement 03 Judgement 04 Withdrawn 05 Dismissed 06 Lapsed A 'Common Law claim' is any claim for which an action for damages was commenced after an election was registered with WorkCover WA. ~~Therefore, for example, this data item is not applicable to those Section 92(f) settlements for which these criteria were not fulfilled.~~ ~~It should be set to '00' if there is no Common Law involvement (as indicated by the data item Common Law Involvement being set to '00').~~ Where C063 Common Law Involvement is '00', C064 Common Law Outcome should be '00'. ==For claims where C063 Common Law Involvement is not '00', but has been settled then C064 Common Law Outcome should be '02'.== The value '01 – Pending' is to be used when there is Common Law Involvement indicated (the data item C063 Common Law Involvement being set to '01 – Common Law estimate raised by insurer' or '02 – Writ Issued') but the outcome has not yet been decided. The value '02 – Settlement' is to be used when the above criteria were met and the worker has been awarded an amount for damages by consent of the parties for negligence that is payable under the employer's indemnity insurance policy.

The value '03 – Judgement' is to be used when the above criteria were met and the worker has been awarded an amount for damages by the District Court for negligence that is payable under the employer's indemnity insurance policy.

The value '04 – Withdrawn' is to be used when the worker withdraws a Common Law action in the District Court. It is not to be used to indicate the withdrawal of a Civil Proceedings application for registration of the level of disability.

The value '05 – Dismissed' is to be used when the worker's Common Law action is dismissed by the District Court. It is not to be used to indicate the rejection of a Civil Proceedings application for registration of the level of disability.

The value '06 – Lapsed' is to be used when the worker's ability to initiate a Common Law action in the District Court lapses due to the passage of time.

Values '02' and '03' are to be used (when applicable) even if there is no net residual amount paid under the Settlement or Judgement due to adjustments for amounts already paid in workers' compensation payments.

C065   Common Law Provision

	WA NIDS	XML Schema
Title	Common Law Provision	CommonLawProvision
Format	Numeric	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The common law case estimate for the claim.	
Rules	Conditional – to be supplied when the Common Law Involvement is other than '00'.	
	Should be updated once the Common Law Outcome is known and supplied, together with a revision of the Estimated Total Payments, to reflect any change in perspective of the liability for the claim.	
	It is designed to be a component of the total estimate, irrespective of what has been paid, it should not be zeroed unless the claim is no longer a Common Law claim.	

Workplace details

C066 Workplace PRC 1993

	WA NIDS	XML Schema
Title	Workplace PRC 1993	WorkplaceIndustryANZSIC93Code
Format	Numeric	String
Length	5 Digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.WorkplaceDetails	
Description	Industry of workplace (PRC 1993). Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease.	
Rules	Optional.	

C128 Workplace PRC 2006

	WA NIDS	XML Schema
Title	Workplace PRC 2006	WorkplaceIndustryANZSIC06Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.WorkplaceDetails	
Description	Industry of workplace (PRC 2006). Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease.	
Rules	Optional.	

C067   Workplace Address Line 1

	WA NIDS	XML Schema
Title	Workplace Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The first line of the address of the location of incident occurrence.	
Rules	Optional.	

C068   Workplace Address Line 2

	WA NIDS	XML Schema
Title	Workplace Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The second line of the address of the location of incident occurrence	
Rules	Optional.	

C122   Workplace Address Line 3

	WA NIDS	XML Schema
Title	Workplace Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The third line of the address of the location of incident occurrence	
Rules	Optional.	

C069   Workplace Address Suburb

	WA NIDS	XML Schema
Title	Workplace Address Suburb	Surburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The suburb or district of the location of incident occurrence	
Rules	Mandatory. If C070 (Workplace Address State/Territory) is supplied as 'OFF' the Workplace Address Suburb will not be validated.	

C070   Workplace Address State/Territory

	WA NIDS	XML Schema
Title	Workplace Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The State or Territory of the location of incident occurrence.	
Rules	Optional. Codes are: ACT Australian Capital Territory NSW New South Wales NT Northern Territory QLD Queensland SA South Australia TAS Tasmania VIC Victoria WA Western Australia OFF Offshore/Migratory in airplane	

C071   Workplace Address Postcode

	WA NIDS	XML Schema
Title	Workplace Address Postcode	PostCode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The postcode of the location of incident occurrence.	
Rules	Optional.	

Injury details

C072   Incident Description Narrative

	WA NIDS	**XML Schema**
Title	Incident Description Narrative	EventDescription
Format	Alphanumeric	String
Length	225 characters	Min=0, Max=1000
XSD Location	Submission.Claims.Claim.InjuryDetails	
Description	The worker's description of what happened and what caused the occurrence. Including what action was involved (e.g. fall, caught between, struck by moving object).	
Rules	Mandatory. Include as much detail as possible to describe the circumstances of the incident/injury, avoid using abbreviations and brand names or models of machinery, specify the actual type of machinery or equipment involved.	

C073   Mechanism of Incident Code

	WA NIDS	**XML Schema**
Title	Mechanism of Incident Code	Mechanism
Format	Numeric	String
Length	2 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The *mechanism of incident* classification is intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease. Use Safe Work Australia *Type of Occurrence Classification* version 3.1.	
Rules	Optional.	

C074   Agency of Injury/Disease Code

	WA NIDS	**XML Schema**
Title	Agency of Injury/Disease Code	Agency
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease. Use Safe Work Australia *Type of Occurrence Classification* version 3.1.	
Rules	Optional.	

C075   Breakdown Agency Code

	WA NIDS	**XML Schema**
Title	Breakdown Agency Code	BreakdownAgency
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The breakdown agency of injury/disease is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease. Use Safe Work Australia *Type of Occurrence Classification* version 3.1.	
Rules	Optional.	

C076 Most Serious Injury/Disease Narrative

	WA NIDS	XML Schema
Title	Most Serious Injury/Disease Narrative	InjuryDescription
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=500
XSD Location	Submission.Claims.Claim.InjuryDetails.	
Description	The worker's description of the most serious injury or disease caused by the occurrence (e.g. fracture, burn, cut, abrasion).	
Rules	Mandatory.	

C077 Nature of Injury/Disease Code

	WA NIDS	XML Schema
Title	Nature of Injury/Disease Code	Nature
Format	Numeric	String
Length	3 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The nature of injury/disease is intended to identify the most serious injury or disease sustained or suffered by the worker. The injury or disease suffered is generally physical although the classification includes categories for mental illness. Use Safe Work Australia *Type of Occurrence Classification* version 3.1.	
Rules	Optional.	

C078   Bodily Location of Injury/Disease Narrative

	WA NIDS	XML Schema
Title	Bodily Location of Injury/Disease Narrative	BodilyLocationDescription
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryDetails.	
Description	The worker's description of the bodily location of the injury or disease (e.g. upper arm, ankle, eye).	
Rules	Mandatory.	

C079   Bodily Location of Injury/Disease Code

	WA NIDS	XML Schema
Title	Bodily Location of Injury/Disease Code	BodyLocation
Format	Numeric	String
Length	3 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease. Use Safe Work Australia *Type of Occurrence Classification* version 3.1.	
Rules	Optional.	

Injury management status

C082 Primary Provider Number

	WA NIDS	XML Schema
Title	Primary Provider Number	PrimaryPractionerProviderNumber
Format	Alphanumeric	String
Length	13 characters (up to)	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The primary treating medical practitioner is the medical provider chosen by an injured worker to participate in the injury management process. It is usually the injured worker's own general practitioner. It is preferable that the provider's AHPRA number be recorded but if this is not available then the unique number allocated by Medicare to the provider.	
Rules	Optional.	

C131 Medical Certificate ID

	WA NIDS	XML Schema
Title	Medical Certificate ID	MedicalCertificateReference
Format	Unique reference number/ID allocated by insurer for each Medical certificate	String
Length	Insurer dependent	Min=1, Max=255
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	Unique reference number/ID allocated by insurer for each medical certificate.	
Rules	Conditional – required when Medical Certificate details are supplied.	

C083   Date of Medical Certificate

	WA NIDS	XML Schema
Title	Date of Medical Certificate	MedicalCertificateDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	The Date of Examination shown on the Workers' Compensation medical certificate received for the worker (whether it is an Initial or Continuing/Final certificate).	
Rules	Conditional – required when Medical Certificate details are supplied.	

C084   Medical Certificate Provider Number

	WA NIDS	XML Schema
Title	Medical Certificate Provider Number	IssuerProviderNumber
Format	Alphanumeric	String
Length	13 characters	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	A unique number allocated by AHPRA to identify the provider supplying the medical certificate.	
Rules	Optional.	

C085   Capacity To Work At Medical Certificate

	WA NIDS	XML Schema
Title	Capacity To Work At Medical Certificate	CapacityToWorkCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	The capacity to work as shown on the workers' compensation medical certificate received for the worker (whether it is an initial or continuing/final certificate) or other indication of the worker's fitness for work (e.g. report).	
Rules	Conditional – required when medical certificate details are supplied. Codes are: 01 Fit for pre-injury duties, including fit but requiring further treatment. 02 Fit for restricted return to work or for alternative duties. 03 Unfit for work.	

C086   Date Work Status Changed

	WA NIDS	XML Schema
Title	Date Work Status Changed	ChangeDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	The date of the most recent change to the worker's C087 Work Status.	
Rules	Conditional – required when C087 Work Status details are supplied.	

C087   Work Status

	WA NIDS	XML Schema
Title	Work Status	WorkStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	The worker's last known work status.	
Rules	Conditional – required when work status is initially determined or is updated. Codes are: 01 Maintained at Work 02 Return to Work – Full Hours 03 Return to Work – Partial Hours 04 Not Working – Injury Related 05 Not Working – Other Reason 06 Unknown – Failure to Provide a Medical Certificate 09 Unknown – Other	

C130   Work Status Update ID

	WA NIDS	XML Schema
Title	Work Status Update ID	WorkStatusUpdateReference
Format	Unique reference number/ID allocated by insurer for each work status update.	String
Length	Insurer dependent	Min=1, Max=255
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	Insurer dependent	
Rules	Conditional – required when C087 Work Status details are supplied.	

C088   Return To Work Plan Status

	WA NIDS	XML Schema
Title	Return To Work Plan Status	ReturnToWorkProgramStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest status of the worker's Return to Work (RTW) plan.	
Rules	Mandatory. Codes are: 00 RTW Plan Not Applicable 01 RTW Plan Applicable but Not in Place 02 RTW Plan Agreed 03 Plan Commenced 04 RTW Plan Completed 05 RTW Plan Cancelled 09 RTW Plan Status Unknown/Not Yet Known	

C089 Return To Work Plan Goal/Outcome

	WA NIDS	XML Schema
Title	Return To Work Plan Goal/Outcome	ReturnToWorkPlanCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest goal, or final outcome, of the worker's Return to Work (RTW) Plan.	
Rules	Mandatory. Codes are: 00 RTW Plan Not Applicable 01 Same Employer – Same Job 02 Same Employer – Modified Job 03 Same Employer – New Job 04 New Employer – New Job 05 Not Resuming Work 09 RTW Plan Goal/Outcome Unknown	

C090   Injury Management Plan Status

	WA NIDS	XML Schema
Title	Injury Management Plan Status	InjuryManagementPlanStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest status of the worker's Injury Management (IM) plan.	

Rules	Optional.
	Codes are:
	    01 In place
	    02 Not in place	

C091   Whole Person Impairment Type

	WA NIDS	XML Schema
Title	Whole Person Impairment Type	WholePersonImpairmentType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The type of whole person impairment.	

Rules	Mandatory.
	Codes are:
	    00 Nil
	    01 Physical
	    02 Industrial Deafness
	    03 Psychological	

C092 Whole Person Impairment Percentage

	WA NIDS	XML Schema
Title	Whole Person Impairment Percentage	WholePersonImpairmentPercentage
Format	Numeric	Integer
Length	3 digits	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The percentage of whole person impairment.	
Rules	Conditional – required when a whole of person impairment percentage is determined or agreed, and when C063 Common Law Involvement is supplied as either '02' or '03'.	

C093 Date of Determination

	WA NIDS	XML Schema
Title	Date of Determination	DeterminationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The date of determination or agreement of whole person impairment.	
Rules	Conditional – required when a whole of person impairment percentage is determined or agreed.	

C094   Deafness Percentage

	WA NIDS	XML Schema
Title	Deafness Percentage	DeafnessPercentage
Format	Numeric	Integer
Length	3 digits	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The percentage of deafness for the whole person impairment.	
Rules	Conditional – required <mark>for Noise Induced Hearing Loss (NIHL) claims</mark>.	

C095   Total Payments Estimated

	WA NIDS	XML Schema
Title	Total Payments Estimated	TotalEstimatedPayments
Format	Numeric	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The insurers' latest case estimate of the total amount of compensation (e.g. income compensation payments lump sum payments, treatments) and non-compensation (e.g. legal costs transport) likely to be paid. Amount should be total estimate, regardless of any payments already made.	
Rules	Mandatory.	

C097 Total Time Lost Estimated

	WA NIDS	XML Schema
Title	Total Time Lost Estimated	TotalEstimatedTimeLost
Format	Numeric, HHHHHMM	Integer
Length	7 digits	Min=n/a, Max=7
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The total number of hours and minutes lost for which it is estimated any party will pay compensation.	
Rules	Mandatory.	

C999 Team Number

	WA NIDS	XML Schema
Title	Team Number	TeamNumber
Format	Alphanumeric	String
Length	3 characters	Min=0, Max=3
XSD Location	Submission.Claims.Claim	
Description	Any set of codes the insurer uses to describe segments of their operation.	
Rules	Optional.	

Claim payments

C096   Total Payments Actual

	WA NIDS	XML Schema
Title	Total Payments Actual	TotalActualPayments
Format	Numeric	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Payments.Payment.ClaimPayments	
Description	The total amount of all payments for this claim.	
Rules	Mandatory.	

C098   Total Time Lost Actual

	WA NIDS	XML Schema
Title	Total Time Lost Actual	TotalActualTimeLost
Format	Numeric, HHHHHMM	Integer
Length	7 digits	Min=n/a, Max=8
XSD Location	Submission.Payments.Payment.ClaimPayments	
Description	The total number of hours and minutes lost for which any party paid compensation for this claim.	
Rules	Conditional – required only when time is actually lost and re-imbursed.	

C099   Insurer Payment ID

	WA NIDS	XML Schema
Title	Insurer Payment ID	PaymentReference
Format	Alphanumeric	String
Length	X digits – As determined by the individual insurer	Min=1, Max=255
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The insurer's unique payment ID for the specific payment transaction.	
Rules	Mandatory.	

C100   Payment Type Code

	WA NIDS	XML Schema
Title	Payment Type Code	PaymentTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The payment category to which the payment belongs.	
Rules	Mandatory. Codes are: 01 Income compensation ~~Weekly payment~~ 02 Fatal income compensation ~~weekly payment~~ 03 Fatal lump sum 04 Fatal other 05 Medical practitioner or specialist expense 06 Hospital expense 07 Other payments not elsewhere classified ~~Other treatment or appliance~~ 08 Workplace ~~Vocational~~ rehabilitation expense 09 Allied health expense 10 Common law 11 ~~Permanent impairment~~ 12 ~~Redemption~~ 13 ~~Negotiated settlement~~ 14 Worker legal expense 15 Insurer legal expense 16 Investigation expense 17 Miscellaneous expense 18 Settlement 19 NIHL compensation 21 Provisional income compensation	

		25 Provisional medical practitioner or specialist expense
		26 Provisional hospital expense
		29 Provisional allied health expense

	01	**Income compensation** ~~Weekly payment~~
		
		• After the determination of liability, payments of compensation made to the worker whilst totally or partially incapacitated to cover lost earnings.
		• Payments made for absences from work for medical attendance.
		• Payments made for board and lodging.
		• Amounts should be reported as gross amounts.
		• Includes
		  o full payments, partial payments, make-up payments.
		• Excludes
		  o fatal income compensation ~~weekly~~ payments to spouse or dependents (report as '02 – Fatal income compensation ~~weekly~~').
		
		02 **Fatal income compensation** ~~weekly payment~~
		
		• The total paid, in the form of income compensation ~~weekly~~ payments to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.
		
		03 **Fatal lump sum**
		
		• The total paid, in the form of a lump sum to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.
		
		04 **Fatal other**
		
		• Funeral expenses and counselling services to deceased worker's family.
		
		05 **Medical practitioner or specialist expense**
		
		• After the determination of liability, costs of services (treatment and reports) rendered by registered medical practitioners and specialists, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors.
		• Includes:

- o Payments made to specialists to whom the medical/general practitioner refers the injured worker. It includes consultation and treatment expenses rendered by specialists.
  - o medical diagnostic imaging.
- Excludes:
  - o Costs incurred for the preparation of medical reports for the purposes of legal proceedings (code as '15 – Insurer legal expense')
  - o Costs incurred for the preparation of medical reports for the purposes of administration (code as '16 – Investigation expense').

06   Hospital expense
- After determination of liability, all costs related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.
- Includes:
  - o Cost of bed, operating theatre and other hospital facilities
  - o Outpatient charges billed by hospitals.
- Excludes:
  - o The cost of medical and like services provided in an outpatient environment and billed by a practitioner in private practice (code as '05 -Medical Practitioner or specialist payment' or code '09- Allied health')

07   Other payments not elsewhere classified ~~Other treatment or appliance~~
- Other services, treatment or appliances ~~benefits paid or goods~~ provided to an injured worker not reported elsewhere.
- Includes:
  - o Prescriptions, medical and surgical supplies
  - o Provision, maintenance, repair, adjustment or replacement of aids and appliances as a result of the injury
  - o Costs incurred on account of home help (e.g. cleaners)
  - o Home and vehicle modifications
  - o ~~Miscellaneous, Repair or replacement of damaged clothing~~
  - o Road accident rescue services (e.g. towing services).
- Excludes:
  - o Medical diagnostic imaging (report as '05 – Medical practitioner or specialist')

- o ==Repair or replacement of aids and appliances (including artificial limbs, eyes or teeth) damaged or destroyed in a work accident (report as '17 – Miscellaneous expense')==
- o ==Compensation for miscellaneous expenses as defined under Division 5 of the Act (report as '17 – Miscellaneous expense').==

08   Workplace ~~Vocational~~ rehabilitation expense

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

09   Allied health expense

- After determination of liability, payments relating to allied health services.
- Including but not limited to:
  - o Dentists
  - o Exercise physiologists
  - o Chiropractors
  - o Optometrists
  - o Osteopaths
  - o Psychologists
  - o Physiotherapists
  - o Podiatrists

- - - o Nursing services
    - o Paramedics
    - o Occupational therapists
    - o Mental health social workers
    - o ~~Ambulance~~.
  - Excludes
    - o treatments provided as workplace rehabilitation (report as '08 – Workplace rehabilitation expense').

10   Common law

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

11   ~~Permanent impairment~~

12   ~~Redemption~~

13   ~~Negotiated settlement~~

14   Worker legal expense

- Worker's legal costs paid by insurer.

15   Insurer legal expense

- Insurer's/employer's legal costs paid by insurer.
- Includes:
  - o Medical reviews for legal proceeding
  - o Investigations for legal proceedings
  - o Insurer's/employer's legal costs attributable to the claim.
- Excludes:
  - o Worker's legal costs paid by insurer.

16   Investigation expense

- Costs relating to investigation of a claim.

- Includes:
  - Investigation expenses for administration purposes (includes WorkCover WA Service Type Codes 'AS' and 'RT')
  - Independent medical reviews for administration purposes.
- Excludes:
  - Investigations for legal proceedings.

17   Miscellaneous expense

- ~~Other payments not elsewhere specified.~~
- Compensation for miscellaneous expenses as defined under Division 5 of the Act.
- Includes:
  - first aid and emergency transport for the worker to attend a hospital or other place for medical treatment
  - a wheelchair or similar appliance for the worker when the worker has suffered the loss, or paralysis, of both legs
  - a suitable surgical appliance or artificial limb
  - repair or replacement of clothing damaged or destroyed in the accident that results in the worker's injury
  - repair or replacement (including consultations, examinations or prescriptions rendered by medical practitioners, dentists or other qualified persons) of an artificial aid damaged or destroyed in a work incident
  - travel by the worker
  - assessment of degree of permanent impairment requested by the worker
  - ~~Travel or accommodation expenses incurred by worker to undertake medical treatment (at insurer's request)~~
  - ~~Worker's transport~~
  - ~~Interpreter services.~~

18   Settlement

- Compensation payment made to a worker by a settlement agreement registered with WorkCover WA Director.

19   NIHL compensation

- Noise induced hearing loss (NIHL) compensation payments.

21   Provisional income compensation

- Income compensation payments (see '01 – Income compensation') made prior to the determination of liability.

25   Provisional medical practitioner or specialist expense

- Payments made to medical practitioners or specialists (see '05 – Medical practitioner or specialist expense') prior to the determination of liability.

26   Provisional hospital expense

- Payments made in relation to hospital expenses (see '06 – Hospital expense') prior to the determination of liability.

29   Provisional allied health expense

- Payments made in relation to allied health services (see '09 – Allied health expense') made prior to the determination of liability.

C101   Income Compensation Payment Code

	WA NIDS	XML Schema
Title	Income Compensation ~~Weekly~~ Payment Code	WeeklyPaymentAdjustmentCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The replacement adjustment to previously advised income compensation payments relating to C100 Payment Type Code '01'.	
Rules	Conditional – required for time lost claims. Codes are: 01 Income compensation ~~Weekly payment~~ 02 Make up payment (included) 03 Other **01** Income compensation ~~Weekly payment~~ Should be used where the payment is PURELY TIME LOST, with NO other components (Time lost only). Refer to Division 3 of the Act for calculation of income compensation. ~~This code is applicable when the Weekly Payments amount equals the relevant compensation rate payable as per Schedule 1, clauses 11 – 16 of the Act (i.e. Make-up Pay is not being paid as well).~~ **02** **Make up payment** Income compensation ~~Weekly~~ + Make up Payment – Should be used where there is a COMBINED time lost and make up payment. Should be some time lost reported (Time lost plus makeup pay). **03** **Other** Should be used where payment is purely making up pay or other NON-TIME LOST payment (e.g. supernumerary or productivity payment). Should NOT have ANY TIME LOST reported (for this transaction). Not required, but may be supplied, for recoveries (i.e. C107 Transaction Type Code '02' or '03').	

C102 Time Lost

	WA NIDS	XML Schema
Title	Time Lost	TimeLost
Format	Numeric, HHHHHMM	Integer
Length	7 digits	Min=n/a, Max=8
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The total number of hours and minutes lost for which any party paid compensation for the individual payment.	
Rules	Conditional – required for time lost claims.	

C103 Date Paid From

	WA NIDS	XML Schema
Title	Date Paid From	PaidFromDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a; Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The start date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.	
Rules	Conditional – required when income compensation payments (C101 Income Compensation Payment Code '01') are paid. Not required for recoveries (i.e. C107 Transaction Type Code '02' or '03').	

C104   Date Paid To

	WA NIDS	XML Schema
Title	Date Paid To	PaidToDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The end date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.	
Rules	Conditional – required when income compensation payments (C101 Income Compensation Payment Code '01') are paid. Not required for recoveries (i.e. C107 Transaction Type Code '02' or '03').	

C105   Payment Amount

	WA NIDS	XML Schema
Title	Payment Amount	PaymentAmount
Format	Numeric	Decimal
Length	11 digits	Min=n/a, Max=20
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The amount of the individual payment transaction.	
Rules	Mandatory. Must be supplied as dollars and cents.	

C106   Transaction Date

	WA NIDS	**XML Schema**
Title	Transaction Date	TransactionDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The date of the payment transaction in the insurer/self-insurer's system.	
Rules	Mandatory.	

C107   Transaction Type Code

	WA NIDS	XML Schema
Title	Transaction Type Code	TransactionTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The type of transaction that was carried out.	
Rules	Mandatory. Codes are: 01 Payment 02 Recovery – CTP (Compulsory Third Party) 03 Recovery – Other (Excluding reinsurance recoveries) 04 Journal entry (Including adjustments made to adjust incorrect payment category, service code or provider number coding) 05 Cancelled Where a payment is reported as '02 – Recovery – CTP', '03 – Recovery – Other' or '05 – Cancelled', it is expected the transaction would have a negative payment amount (and negative time lost if appropriate). These transactions should be supplied in accordance with normal accounting principles (i.e. with their own Transaction Dates) and separate Payment IDs – original Payment IDs should not be re-used, as this will result in the overwriting of existing data with negative values, distorting total costs for the Claim. A journal may be a negative or positive amount depending on the nature of the correction/alteration being performed.	

C109   Payment Context

	WA NIDS	XML Schema
Title	Payment Context	PaymentContext
Format	Numeric	String
Length	2 digits	Min=0, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	Identifies payments made as part of negotiated settlements.	
Rules	Not required for WorkCover WA.	

C110   Payment Source

	WA NIDS	XML Schema
Title	Payment Source	PaymentSourceCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	For identifying above excess payments (Insurer or Employer).	
Rules	Mandatory. Codes are: 01 Insurer 02 Employer	

C111   Provider Number

	WA NIDS	XML Schema
Title	Provider Number	ProviderNumber
Format	Alphanumeric	String
Length	13 characters	Min=0, Max=20
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	A unique number allocated by WorkCover WA to identify the provider supplying the medical, allied health or workplace rehabilitation service.	
Rules	Conditional – required for payments to general practitioners, specialists, clinical psychologists, physiotherapists, chiropractors, occupational therapists, workplace rehabilitation providers and all others approved to provide treatment who have supplied medical, allied health or workplace rehabilitation services to the worker (i.e. C100 Payment Type Code '05', '07', '08', '09', '25', and '29'). May be supplied for Payment Type Code '16' if applicable. Not required, but may be supplied, for recoveries (i.e. C107 Transaction Type Code '02' or '03'). Note: The number to be used is the Provider Number as supplied by WorkCover WA in its Provider Number Reference File.	

C112   Service Code

	WA NIDS	XML Schema
Title	Service Code	ServiceCode
Format	Alphanumeric	String
Length	8 characters	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	A unique code allocated by WorkCover WA to identify the particular medical, allied health or workplace rehabilitation service supplied to the worker.	
Rules	Conditional – required for payments to general practitioners, specialists, clinical psychologists, physiotherapists, chiropractors, occupational therapists, workplace rehabilitation providers and all others approved to provide treatment who have supplied medical, allied health or workplace rehabilitation services to the worker (i.e. C100 Payment Type Code '05', '07', '08', '09', '25', and '29'). May be supplied for Payment Type Code '16' if applicable. Not required, but may be supplied, for recoveries (i.e. C107 Transaction Type Code '02' or '03'). Note: The code to be supplied is the Service Code as supplied by WorkCover WA in its Service Code Reference File.	

C113   Service Date

	WA NIDS	XML Schema
Title	Service Date	ServiceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	The date of the individual medical, allied health or workplace rehabilitation service supplied to the worker.	
Rules	Conditional – required when it is appropriate to supply a Service Code (see C112).	

Appendix A – List of Licensed Insurers and Self-insurers

The list below includes both Licensed Insurers and Self-insurers. It also includes insurers that have previously held approvals/licenses or permits and are still submitting data.

Insurer Name	Insurer ID
AAI LIMITED T/AS GIO	59
ALCOA OF AUSTRALIA LIMITED	125
ALLIANZ AUSTRALIA INSURANCE LTD	61
AMP GENERAL INSURANCE LTD	2
BHP GROUP LTD	141
BLUESCOPE STEEL LIMITED	168
BP AUSTRALIA GROUP PTY LTD	132
BRAMBLES LTD	155
BRICKWORKS LTD	157
CATHOLIC CHURCH INSURANCE LTD	13
CGU INSURANCE LTD	17
CGU VACC INSURANCE LTD	53
CIC INSURANCE LTD	18
COCKBURN CEMENT LTD	135
COLES GROUP LTD	177
COLES MYER LOGISTICS PTY LTD & OTHERS	161
COMPETITIVE FOODS AUSTRALIA PTY LTD	164
CSR LTD	138
FAI GENERAL INSURANCE COMPANY LTD	21
GUILD INSURANCE LTD	24
HEALIUS LTD	140
HIH INSURANCE	12
HOLCIM (AUSTRALIA) HOLDINGS PTY LTD	169
INFRABUILD TRADING PTY LTD	176
INGHAMS ENTERPRISES PTY LTD	158
INSURANCE AUST. LTD T/AS CGU WORKERS COMPENSATION AND WFI	46
INSURANCE COMMISSION OF WA	60
ISS FACILITY SERVICES AUSTRALIA LIMITED	159
MERCANTILE MUTUAL INSURANCE	30
METCASH TRADING LIMITED	154
MYER PTY LTD	171
NZI INSURANCE AUSTRALIA LTD	23

Insurer Name	Insurer ID
QBE INSURANCE AUSTRALIA LTD	42
SOUTH32 LTD	175
ST JOHN OF GOD HEALTH CARE INC	163
VERO INSURANCE LTD T/AS VERO WORKERS COMPENSATION	47
WESFARMERS LTD	172
WESTERN AUSTRALIAN LOCAL GOVERNMENT ASSOCIATION	152
WESTPAC BANKING CORPORATION	143
WFI INSURANCE LTD	56
WOODSIDE ENERGY LTD	144
WOOLWORTHS GROUP LIMITED (WOOLWORTHS GROUP)	146
ZURICH AUSTRALIAN INSURANCE LTD	22

Appendix B – WorkCover WA's changes to NIDS

NIDS as a standard

WorkCover WA is committed to the concept of the NIDS. However, WorkCover WA has made several changes to the NIDS version 8.0 documentation and XML schema to enable it to receive data compatible with that supplied over many years according to the 'Edition Q1' standard and its predecessors, and to offer two additional optional data items requested by Insurers.

WorkCover WA specific changes to NIDS

The WorkCover WA changes and additions to the NIDS and accompanying documentation are comprised of:

- Removal of the mandatory requirement for some of the data items that were specified as 'Mandatory (for WA only)'
- WA-specific data item definition modifications
- the offering of two additional data items
- specification of submission rules and timings
- amplification of descriptions and rules
- modifications and additions to the validation list
- publication of a completely 'backwards compatible' Version 8.1 XML schema to encompass the above as necessary.

The first three groups of changes are listed below.

Submission rules and timings are covered in Appendix E – Data supply procedures.

The description and rule amplifications, which are made for clarification purposes where the NIDS documentation is either silent or needs customisation for WA (e.g. the WA-only data items) do not intentionally modify any aspects of NIDS. They are not listed here but are incorporated within the individual data item descriptions.

Appendix C – Validation rules details the validations that the data file undergoes upon submission via WorkCover WA Online.

If experience with the data indicates the need for modification to any of these validations, or for any additional validations, these will be discussed and then notified prior to implementation.

A description of the new version of the XML schema is also included in Appendix E – Data supply procedures.

Removal of the mandatory requirement for some data items

There are a number of data items included in the NIDS version 8.0 documentation that were specified as 'Mandatory (for WA only)'. Some of these were already a part of the pre-NIDS, while others were added in the NIDS drafting process. As implementation of the NIDS in WA has progressed, it became apparent that some of these are no longer required. These are:

- P042 – Actual Final Premium Charged
- C003 – WorkCover Claim Number
- C004 – Start Date of Return Period
- C005 – End Date of Return Period
- C010 – Record Status Code

- C109 – Payment Context

These are considered 'optional' and, if supplied, are not validated and do not result in the rejection of files or records, either by their existence or absence.

WorkCover WA-specific data item definition modifications

ANZSIC and PRC codes

The Premium Rating methodology used within the WA jurisdiction is based on ANZSIC. To provide better actuarial outcomes a number of the 4-digit ANZSIC classes have been subdivided with the addition of a 5th digit (those not subdivided are filled with a zero as the 5th digit). This resulted in the creation of 'Premium Rating Classifications' (PRC). Please refer to WorkCover WA Industry Classification Order for more information.

These 5-digit classes are currently used by insurers operating within the WA jurisdiction, and supplied to WorkCover WA in the current NIDS dataset and the premium rates returns. In the WA implementation of the NIDS the following instances of ANZSIC are to be supplied as the WA 5-digit version:

- Policy – P033 (ANZSIC 1993) – as WorkCover WA 'PRC 1993'
- Policy – P034 (ANZSIC 2006) – as WorkCover WA 'PRC 2006'
- Claims – C008 (ANZSIC 1993) – as WorkCover WA 'PRC 1993'
- Claims – C129 (ANZSIC 2006) – as WorkCover WA 'PRC 2006'.

Cancellation coverage type codes

To allow the accurate marking of the cancellation of a policy, WorkCover WA requires the supply of the date the insurer marked the policy as cancelled in their system to be supplied as the Expiry Date in the Policy Coverage Node record used to notify the cancellation. This is instead of the Expiry Date of the Coverage period concerned. The Effective ('Inception') Date of the Coverage period in which the cancellation occurred should still be supplied as specified in the NIDS – this, in effect, notifies the 'shortening' of the period of cover from the original Effective Date to the cancellation date.

Note that it is not necessary to adopt the above substitution for Lapse notifications, as the Act specifies that the Effective Date of a Lapse is the Submission Date of the return plus 7 days – thus the Effective and Expiry Dates supplied in the NIDS Coverage Node record for a Lapse are ignored by WorkCover WA.

Additional Data Items

Team Number

As Insurer Team Number in both the policy and claim data have not been included in the NIDS but are still considered of benefit by the Insurers concerned, provision has been made for them to be supplied on a purely optional basis within the NIDS data. To facilitate this provision a WA-specific XML NIDS schema has been produced. This schema is identical to the NIDS 8.0 Submission.xsd and is completely 'backwardly compatible' with that version, apart from the addition of one extra optional element to each of the Policy and Claim nodes. These elements are specified as completely free form, with a limit of three characters, to be supplied completely at the discretion of the insurer (with whatever values have meaning in that insurer's context). If supplied, however, they must be tagged and positioned as indicated in the WA NIDS 8.1 Submission.xsd.

The submission file is not rejected if the Team Number is not supplied, but the values supplied are used to allow filtering of feedback such as issue summaries.

Appendix C – Validation rules

This appendix contains a list of the validation rules. They are a combination of applicable NIDS version 8.0 validations, and additional validations considered useful by WorkCover WA.

Users can download the latest list of validation rules on WorkCover WA Online.

Data item no.	Data item	Rule no.	Issue type	Error message
C002	Insurer Claim Number	C002.3	Error	Claim Number should not exceed 20 characters.
C002	Insurer Claim Number	C002.4	Error	Claim Number provided for a set of payments could not be found on WorkCover WA's database.
C002	Insurer Claim Number	C002.5	Error	Claim Number was not provided for a set of payments.
C002	Insurer Claim Number	C002.6	Confirmation	Another claim for the worker with the same WorkCover Number and Date of Occurrence already exists within WorkCover WA's database.
C002	Insurer Claim Number	C002.M	Error	A claim was submitted for policy without a Claim Number.
C006	Policy Number	C006.1	Error	Policy Number is recorded in WorkCover WA's database against a different WCN.
C006	Policy Number	C006.3	Error	Policy Number provided for the claim was not found in WorkCover WA's database.
C006	Policy Number	C006.4	Error	Policy Number and or Coverage ID provided for this claim differs from the Policy Number already recorded in WorkCover WA's database.
C007	Coverage ID	C007.1	Error	Coverage ID provided for the claim does not match the Coverage ID for the Policy Number and C048 Date of Occurrence.
C008	PRC 1993	C008.2	Error	PRC 1993 code is invalid.
C008	PRC 1993	C008.5	Error	PRC 1993 code was not provided.
C008	PRC 1993	C008.6	Confirmation	PRC 1993 code for the claim does not match the policy's PRC 1993.
C008	PRC 1993	C008.7	Confirmation	PRC 1993 code does not match the previous supplied PRC 1993 code for the claim.
C009	Shared Claim Code	C009.2	Error	Shared Claim Code provided is invalid.
C009	Shared Claim Code	C009.M	Error	Shared Claim Code was not provided.
C011	Revised Insurer Claim Number	C011.4	Confirmation	Revised Insurer Claim Number for the claim should be unique.
C011	Revised Insurer Claim Number	C011.5	Error	Revised Claim Number must not exceed 20 characters.

Data item no.	Data item	Rule no.	Issue type	Error message
C012	Worker Title	C012.M	Error	Worker Title was not provided.
C013	Worker Surname	C013.1	Error	Worker Surname should not exceed 30 characters.
C013	Worker Surname	C013.M	Error	Worker Surname was not provided.
C014	Worker Given Name	C014.1	Error	Worker Given Names should not exceed 30 characters.
C014	Worker Given Name	C014.M	Error	Worker Given Name was not provided.
C015	Worker Residential Address Line 1	C015.1	Error	Worker Residential Address Line 1 should not exceed 30 characters.
C015	Worker Residential Address Line 1	C015.M	Error	Worker Residential Address Line 1 was not provided.
C016	Worker Residential Address Line 2	C016.1	Error	Worker Residential Address Line 2 should not exceed 30 characters.
C017	Worker Residential Address Suburb	C017.3	Error	Worker Residential Address Suburb does not match a listed Australian Postal Suburb.
C017	Worker Residential Address Suburb	C017.M	Error	Worker Residential Address Suburb was not provided.
C018	Worker Residential Address State/Territory	C018.3	Error	Worker Residential State/Territory provided is invalid.
C018	Worker Residential Address State/Territory	C018.M	Error	Worker Residential Address State/Territory was not provided.
C025	Worker Home Phone Number	C025.1	Error	Worker contact detail was not provided.
C025	Worker Home Phone Number	C025.2	Error	Worker Home Phone Number must not exceed 30 characters.
C029	Worker Date of Birth	C029.2	Confirmation	Worker's age is outside the expected range of 15 to 80 years according to provided Date of Birth and C048 Date of Occurrence.
C029	Worker Date of Birth	C029.M	Confirmation	Worker Date of Birth was not provided.
C030	Worker Gender	C030.3	Error	Worker Gender code is invalid.
C031	Worker Preferred Language	C031.2	Error	Worker Preferred Language code is invalid.
C031	Worker Preferred Language	C031.M	Error	Worker Preferred Language was not provided.
C032	Duty Status Code	C032.1	Confirmation	Duty Status Code has been provided as '09 Other'.
C032	Duty Status Code	C032.3	Confirmation	Duty Status Code '04 – Journey' has been provided with an C048 Date of Occurrence after 24 December 1993.

Data item no.	Data item	Rule no.	Issue type	Error message
C032	Duty Status Code	C032.4	Error	Duty Status Code is invalid.
C032	Duty Status Code	C032.M	Error	Duty Status Code was not provided.
C033	Employment Status Code	C033.2	Confirmation	For Employment Status Code '02 – Working Director', Employment Type Code should not be '02 – Temporary', '03 – Casual' or '04 – Temporary Overseas Visa Worker'.
C033	Employment Status Code	C033.3	Error	Employment Status Code is invalid.
C033	Employment Status Code	C033.4	Confirmation	For Employment Status Code '03 – Contractor', C034 Employment Type Code should not be '03 – Casual' or '04 – Temporary Overseas Visa Worker'.
C033	Employment Status Code	C033.M	Error	Employment Status Code was not provided.
C034	Employment Type Code	C034.3	Error	Employment Type Code is invalid.
C034	Employment Type Code	C034.M	Error	Employment Type Code was not provided.
C035	Full/Part Time Code	C035.3	Error	Full/Part Time Code is invalid.
C035	Full/Part Time Code	C035.M	Error	Full/Part Time Code was not provided.
C036	Worker's Occupation Narrative	C036.M	Error	Worker Occupation Narrative was not provided.
C038	Hours Worked Per Day	C038.1	Confirmation	Hours Worked Per Day provided is not within the range expected by WorkCover WA (minimum: 2 hours/day; maximum: 12 hours/day).
C038	Hours Worked Per Day	C038.M	Error	Hours Worked Per Day was not provided or is invalid.
C039	Hours Worked Per Week	C039.2	Confirmation	Hours Worked Per Week provided is not within the full time range expected by WorkCover WA (greater than 30 hours/week; maximum 70 hours/week).
C039	Hours Worked Per Week	C039.4	Confirmation	Hours Worked Per Day provided is greater than Hours Worked Per Week.
C039	Hours Worked Per Week	C039.6	Confirmation	Hours Worked Per Week provided is not within the part time range expected by WorkCover (minimum 2 hours/week; maximum 30 hours/week).
C039	Hours Worked Per Week	C039.M	Error	Hours Worked Per Week was not provided or is invalid.
C040	Normal Weekly Earnings	C040.4	Confirmation	Normal Weekly Earnings was not provided but there is time lost.
C042	Date Worker Started Employment	C042.3	Error	Date Worker Started Employment provided is after C048 Date of Occurrence.
C048	Date of Occurrence	C048.4	Error	Date of Occurrence is not within the coverage period for the policy.
C048	Date of Occurrence	C048.5	Error	Date Claim Received by Insurer provided is prior to the Date of Occurrence.
C048	Date of Occurrence	C048.6	Error	Date of Occurrence cannot be in the future.

Data item no.	Data item	Rule no.	Issue type	Error message
C048	Date of Occurrence	C048.7	Error	Date of Occurrence supplied for the claim is different to what is recorded on WorkCover WA's database.
C048	Date of Occurrence	C048.M	Error	Date of Occurrence was not provided.
C049	Date Insurer Notified of Injury	C049.3	Error	Date Insurer Notified of Injury is prior to C048 Date of Occurrence.
C049	Date Insurer Notified of Injury	C049.4	Error	Date Insurer Notified of Injury cannot be in the future.
C049	Date Insurer Notified of Injury	C049.M	Error	Date Insurer Notified of Injury was not provided.
C050	Date Claim Received by Employer	C050.3	Error	Date Claim Received by Employer is prior to the C048 Date of Occurrence.
C050	Date Claim Received by Employer	C050.4	Error	Date Claim Received by Employer cannot be in the future.
C050	Date Claim Received by Employer	C050.M	Error	Date Claim Received by Employer was not provided.
C052	Date Insurer Notified of Claim	C052.3	Error	Date Insurer Notified of Claim is prior to the C049 Date Insurer Notified of Injury.
C052	Date Insurer Notified of Claim	C052.4	Error	Date Insurer Notified of Claim cannot be in the future.
C052	Date Insurer Notified of Claim	C052.M	Error	Date Insurer Notified of Claim was not provided.
C053	Date Claim Received by Insurer	C053.2	Confirmation	Date Claim Received by Insurer provided is different from that previously provided to WorkCover WA.
C053	Date Claim Received by Insurer	C053.3	Error	Date Claim Received by Insurer is prior to the C052 Date Insurer Notified of Claim.
C053	Date Claim Received by Insurer	C053.4	Error	Date Claim Received by Insurer cannot be in the future.
C053	Date Claim Received by Insurer	C053.M	Error	Date Claim Received by Insurer was not provided.
C054	Injury Management Program Type	C054.M	Error	Injury Management Program Type was not provided.
C055	Extent of Incapacity Code	C055.1	Confirmation	Extent of Incapacity indicates permanent incapacity but Actual Total Time Lost is zero.
C055	Extent of Incapacity Code	C055.2	Confirmation	Extent of Incapacity indicates '05 – No Incapacity at any time – Worker Not Injured' or '06 – No Incapacity at any time – Worker Injured' but Actual Total Time Lost has been provided.
C055	Extent of Incapacity Code	C055.3	Error	Extent of incapacity code is invalid.
C055	Extent of Incapacity Code	C055.4	Confirmation	Claim has been finalised and Extent of Incapacity Code indicates death but no Fatal Payment provided.
C055	Extent of Incapacity Code	C055.M	Error	Extent of Incapacity Code was not provided.
C056	Date of Death	C056.2	Error	Date of Death is prior to the C048 Date of Occurrence.

Data item no.	Data item	Rule no.	Issue type	Error message
C056	Date of Death	C056.3	Confirmation	Date of Death was not provided but Extent of Incapacity is '01 – Death'.
C056	Date of Death	C056.4	Error	Date of Death cannot be greater Current Date.
C057	Date Claim Finalised	C057.1	Error	Date Claim Finalised is prior to a previously provided Date Claim Finalised.
C057	Date Claim Finalised	C057.2	Error	Date Claim Finalised is prior to the Date Claim Received by Insurer.
C057	Date Claim Finalised	C057.3	Error	Date Claim Finalised cannot be in the future.
C058	Date of Recurrence	C058.2	Error	Date of Recurrence is prior to a previously provided Date of Recurrence.
C058	Date of Recurrence	C058.3	Error	Date of Recurrence is not after C048 Date of Occurrence.
C058	Date of Recurrence	C058.4	Error	Date of Recurrence cannot be in the future.
C059	Date Reopened	C059.2	Error	Claim reopened but not previously finalised.
C059	Date Reopened	C059.3	Confirmation	Date Reopened has not been provided but claim previously recorded with a Date Reopened.
C059	Date Reopened	C059.4	Confirmation	Date Reopened is prior to the Date of Recurrence.
C059	Date Reopened	C059.5	Error	Date Reopened cannot be in the future.
C060	Weekly Benefit Rate	C060.1	Confirmation	Weekly Benefit Rate is more that 20% greater than the Normal Weekly Earnings.
C060	Weekly Benefit Rate	C060.2	Confirmation	Weekly Benefit Rate is greater than the cap amount.
C060	Weekly Benefit Rate	C060.3	Confirmation	Weekly Benefit Rate is less than the minimum value expected by WorkCover WA.
C060	Weekly Benefit Rate	C060.4	Confirmation	Weekly Benefit Rate not provided but income compensations are present.
C061	Claim Status Date	C061.1	Error	Claim Status Date is prior to the Insurer Received Date.
C061	Claim Status Date	C061.2	Confirmation	~~Claim Status Date is inconsistent with the Claim Status Code. Date must be present if a claim has been re-pended and where the Claim Status Code is other than '02 – Pending'.~~ <mark>Claim Status Date must not be blank.</mark>
C061	Claim Status Date	C061.3	Error	Claim Status Date is prior to the Date of Occurrence.
C061	Claim Status Date	C061.4	Error	Claim Status Date is prior to the last recorded Claim Status Date.
C061	Claim Status Date	C061.5	Error	Claim Status Date cannot be in the future.
C062	Claim Status Code	C062.1	Error	Claim has been marked as invalid and cannot be updated.
~~C062~~	~~Claim Status Code~~	~~C062.2~~	~~Error~~	~~Claim has been marked as invalid. Payments cannot be updated.~~

Data item no.	Data item	Rule no.	Issue type	Error message
C062	Claim Status Code	C062.3	Error	Claim Status Code is invalid.
~~C062~~	~~Claim Status Code~~	~~C062.4~~	~~Confirmation~~	~~A Rejected Claim has payments exceeding $10,000.~~
C062	Claim Status Code	C062.5	Error	Claim cannot be marked as invalid when they are valid payment transactions on the claim.
C062	Claim Status Code	C062.6	Error	~~Claim with a Pended Status cannot be finalised.~~ Claims where there should be a date claim finalised has one.
C062	Claim Status Code	C062.7	Confirmation	Claim Status Code is still '00 – Received' even though Date Claim Received by Insurer is more than 14 days ago.
C062	Claim Status Code	C062.8	Confirmation	Claim has a '00 – Received' or '07 – Decision deferred' status, and Date Claim Received By Insurer is more than 120 days prior, but Claim Status Code is not '08 – Deemed accepted'.
C062	Claim Status Code	C062.9	Confirmation	Claim Status Code cannot be '09 – Liability decision in dispute' when a liability decision was not established previously.
C062	Claim Status Code	C062.M	Error	Claim Status Code has not been provided.
C063	Common Law Involvement	C063.1	Error	Common Law Involvement code is invalid.
C063	Common Law Involvement	C063.2	Confirmation	Common Law Provision has been provided but Common Law Involvement recorded as 00 – No Current/Expected Common Law Involvement.
C063	Common Law Involvement	C063.3	Confirmation	Common Law Outcome has been provided but the Common Law Involvement has been set to '00 – No Current/Expected Common Law Involvement'.
C063	Common Law Involvement	C063.4	Confirmation	Common Law Involvement has been provided as '01 – Common Law Estimate Raised by Insurer', however the Common Law Outcome is not '01 – Pending'.
C063	Common Law Involvement	C063.M	Confirmation	Common Law Involvement code has not been provided.
C064	Common Law Outcome	C064.1	Error	The Common Law Outcome code is invalid.
C064	Common Law Outcome	C064.2	Error	Common Law Outcome not indicated but claim is reported with Common Law Involvement.
C064	Common Law Outcome	C064.3	Confirmation	Common Law Payment has been provided but Common Law Outcome is not '02 – Settlement' or '03 – Judgement'.
C064	Common Law Outcome	C064.4	Confirmation	Common Law Outcome reported as '02 – Settlement' or '03 – Judgement but Common Law Payment not provided'.

Data item no.	Data item	Rule no.	Issue type	Error message
C064	Common Law Outcome	C064.5	Confirmation	Date Claim Finalised has been provided but Common Law Outcome is '01 – Pending'.
C064	Common Law Outcome	C064.6	Error	Common Law Outcome must not be '01 – Pending' or '03 -Judgement' when C100 Payment Type Code is ~~Common Law~~'18 – Settlement'.
C064	Common Law Outcome	C064.M	Error	Common Law Outcome was not provided.
C065	Common Law Provision	C065.2	Confirmation	Common Law Provision was not provided when a Common Law Involvement has been indicated.
C065	Common Law Provision	C065.3	Error	Common Law Provision is greater than the Estimated Total Payments (includes Common Law Provision).
C069	Workplace Address Suburb	C069.3	Error	Workplace Suburb does not match a listed Australian Postal Suburb.
C069	Workplace Address Suburb	C069.M	Error	Workplace Address Suburb was not provided.
C072	Incident Description Narrative	C072.M	Error	Incident Description Narrative was not provided.
C076	Most Serious Injury/Disease Narrative	C076.M	Error	Most Serious Injury/Disease Narrative was not provided.
C078	Bodily Location of Injury/Disease Narrative	C078.M	Error	Bodily Location of Injury/Disease Narrative was not provided.
C083	Date of Medical Certificate	C083.2	Error	Date of Medical Certificate was not provided but Medical Certificate ID has been provided.
C083	Date of Medical Certificate	C083.4	Error	Date of Medical Certificate for Medical Certificate Reference cannot be in the future.
C083	Date of Medical Certificate	C083.5	Error	Date of Medical Certificate for Medical Certificate Reference must be equal or greater than Date of Occurrence.
C085	Capacity To Work At Medical Certificate	C085.1	Error	Capacity to Work at Medical Certificate was not provided but a Medical Certificate ID has been provided.
C085	Capacity To Work At Medical Certificate	C085.2	Confirmation	The latest dated Capacity to Work for Medical Certificate Reference indicates that the worker is fit to work. However, the latest dated Work Status Code in Work Status Update ID indicates the worker has not returned to work.
C085	Capacity To Work At Medical Certificate	C085.4	Error	Capacity To Work At Medical Certificate Code is invalid for Medical Certificate Reference.
C086	Date Work Status Changed	C086.10	Error	Date Work Status Changed for C087 Work Status must be equal or greater than C048 Date of Occurrence.
C086	Date Work Status Changed	C086.8	Error	Date Work Status Changed was not provided but a Work Status Update ID has been

Data item no.	Data item	Rule no.	Issue type	Error message
				provided.
C086	Date Work Status Changed	C086.9	Error	Date Work Status Changed for Work Status Update Reference cannot be in the future.
C087	Work Status	C087.1	Error	Work Status was not provided but C130 Work Status Update ID has been provided.
C087	Work Status	C087.2	Confirmation	Work Status is '01' but Actual Time Lost was also provided.
C087	Work Status	C087.3	Error	Work Status code is invalid for reference.
C088	Return To Work Plan Status	C088.1	Confirmation	Return to Work Plan Status cannot be '04 – RTW Plan Completed' when Plan Goal/Outcome is '09 – RTW Plan goal/Outcome'.
C088	Return To Work Plan Status	C088.3	Error	Return to Work Program Status is invalid.
C088	Return To Work Plan Status	C088.4	Confirmation	For Self Insurers, Return to Work Plan Status should not be '09 –RTW Plan Goal/Outcome Unknown'.
C088	Return To Work Plan Status	C088.M	Error	Return to Work Plan Status was not provided.
C089	Return To Work Plan Goal/Outcome	C089.3	Error	Return To Work Plan Goal/Outcome is invalid.
C089	Return To Work Plan Goal/Outcome	C089.4	Confirmation	Return To Work Plan Status is inconsistent with Return To Work Plan Goal/Outcome – if one is '00' then the other should also be '00'.
C089	Return To Work Plan Goal/Outcome	C089.M	Error	Return To Work Plan Goal/Outcome was not provided.
C091	Whole Person Impairment Type	C091.3	Error	Whole Person Impairment Type provided is invalid.
C091	Whole Person Impairment Type	C091.M	Error	Whole Person Impairment Type was not provided.
C092	Whole Person Impairment Percentage	C092.2	Error	Whole Person Impairment Percentage was not provided, when Whole Person Impairment Type is other than '00 – Nil'.
C092	Whole Person Impairment Percentage	C092.3	Error	Whole Person Impairment Type is entered as '00 – Nil', therefore Whole person Impairment Percentage should be zero (0).
C092	Whole Person Impairment Percentage	C092.4	Error	Whole Person Impairment Percentage must be greater and equal than 15% when Common Law Involvement is '02 – Writ Issued' or '03 – Common Law Finalised'.
C093	Date of Determination	C093.2	Error	Whole Person Impairment Type is not equal to '00 – Nil' but a Date of Determination was not provided.
C093	Date of Determination	C093.3	Error	Date of Determination is prior to the Date of Occurrence.

Data item no.	Data item	Rule no.	Issue type	Error message
C093	Date of Determination	C093.4	Error	Date of Determination cannot be in the future.
C094	Deafness Percentage	C094.2	Error	Deafness Percentage was not provided when whole person impairment type is '02 – Industrial Deafness'.
C094	Deafness Percentage	C094.3	Error	Deafness Percentage must be greater than or equal to Whole Person Impairment Percentage.
C095	Total Payments Estimated	C095.1	Confirmation	Estimated Total Payments is less than the Actual Total Payments.
C095	Total Payments Estimated	C095.2	Confirmation	Estimated Total Payments supplied is greater than the maximum allowed prescribed amount.
C096	Total Payments Actual	C096.1	Confirmation	Total Actual Payments supplied is greater than the maximum allowed prescribed amount.
C097	Total Time Lost Estimated	C097.1	Confirmation	For a fatal claim, Estimated Total Time Lost cannot be greater than the Actual Total Time Lost.
C097	Total Time Lost Estimated	C097.2	Confirmation	Estimated Total Time Lost is less than Actual Total Time Lost.
C097	Total Time Lost Estimated	C097.3	Confirmation	Work Status for reference indicates Return to Work on Full or Partial hours, or Not Working due to Injury, but Total Estimated Time Lost was not provided.
C097	Total Time Lost Estimated	C097.4	Confirmation	The estimated total time lost value is greater than the upper validation threshold of 37,500 hours (e.g. 5,000 days lost).
C098	Total Time Lost Actual	C098.1	Confirmation	Work Status indicates Return to Work on Full or Partial hours, or Not Working due to Injury, but Total Actual Time Lost was not provided.
C098	Total Time Lost Actual	C098.4	Confirmation	Actual Total Time Lost has been provided but Extent of Incapacity indicates '01 – Death', '05 – No Incapacity at any Time – Worker Not Injured' or '06 – No Incapacity at any Time – Worker Injured'.
C098	Total Time Lost Actual	C098.5	Error	Actual Total Time Lost is greater than the number of calculated working hours since the C048 Date of Occurrence.
C099	Insurer Payment ID	C099.1	Error	Insurer Payment ID is associated with a different claim.
C099	Insurer Payment ID	C099.M	Error	Claim payment must have the Insurer Payment ID. Transaction Date and Payment Amount.
C100	Payment Type Code	C100.10	Confirmation	Fatal Payments provided but the Extent of Incapacity is not '1 – Death'.
~~C100~~	~~Payment Type Code~~	~~C100.13~~	~~Confirmation~~	~~Extent of Incapacity indicates Death but a Redemption Payment has been provided.~~
~~C100~~	~~Payment Type Code~~	~~C100.15~~	~~Confirmation~~	~~Extent of Incapacity indicates Death but a Permanent Impairment Payment has been~~

Data item no.	Data item	Rule no.	Issue type	Error message
				~~provided.~~
C100	Payment Type Code	C100.16	Confirmation	Common Law Payment ~~appears low~~ is below the minimum amount of $10,000.
C100	Payment Type Code	C100.17	Confirmation	Common Law Payment is more than double the Common Law Provision.
~~C100~~	~~Payment Type Code~~	~~C100.18~~	~~Confirmation~~	~~Negotiated Settlement Payment value is lower than expected.~~
~~C100~~	~~Payment Type Code~~	~~C100.19~~	~~Confirmation~~	~~The total amount of Weekly, Redemption, Permanent Impairment and Fatal Payments cannot exceed the Prescribed Amount.~~
~~C100~~	~~Payment Type Code~~	~~C100.2~~	~~Confirmation~~	~~Permanent Impairment Payment provided but the Extent of Incapacity does not indicate permanent incapacity.~~
C100	Payment Type Code	C100.20	Confirmation	The total amount Medical, Hospital, Other Treatment and Allied Health expenses cannot exceed the maximum scheduled prescribed medical amount.
C100	Payment Type Code	C100.21	Confirmation	The total amount Workplace Rehabilitation Payments cannot exceed the prescribed amount.
C100	Payment Type Code	C100.22	Confirmation	The total amount of 'Income compensation', 'Fatal income compensation', 'Fatal lump sum' and 'Fatal other' payments cannot exceed the general maximum amount.
C100	Payment Type Code	C100.23	Confirmation	Extent of Incapacity indicates permanent incapacity but there no Settlement payment provided.
C100	Payment Type Code	C100.24	Confirmation	Provisional payments cannot be made for claims with Claim Status Code of '05 – Invalid'.
C100	Payment Type Code	C100.3	Error	Payment Type Code provided is invalid.
C100	Payment Type Code	C100.5	Confirmation	Common Law Payments provided but the Extent of Incapacity does not indicate permanent incapacity.
~~C100~~	~~Payment Type Code~~	~~C100.6~~	~~Confirmation~~	~~Redemption Payments provided but the Extent of Incapacity does not indicate permanent incapacity.~~
C100	Payment Type Code	C100.9	Confirmation	A Common Law Payment has been provided but Whole Person Impairment Percentage is not 15% or more.
C100	Payment Type Code	C100.M	Error	Payment Type Code was not provided.
C101	Income Compensation ~~Weekly~~ Payment Code	C101.2	Error	Income Compensation Payment Code is missing or not valid with Payment Type Code '01 – Income compensation' or '21 – Provisional income compensation'.
C102	Time Lost	C102.2	Confirmation	Time Lost was not provided for a '01 – Income compensation' or '21 – Provisional income compensation'.

Data item no.	Data item	Rule no.	Issue type	Error message
C102	Time Lost	C102.3	Confirmation	C101 Income Compensation Payment Code provided as '03 – Other' but Time Lost has been provided.
C102	Time Lost	C102.6	Confirmation	Payment is not an income compensation payment but Time Lost has been provided.
C103	Date Paid From	C103.2	Error	Date Paid From provided is prior to Date of Occurrence.
C103	Date Paid From	C103.3	Error	Date Paid From was not provided for C100 Payment Type Code '01 – Income compensation' or '21 – Provisional income compensation'.
C103	Date Paid From	C103.4	Error	For a non-weekly income payment type Where C100 Payment Type Code is not '01 – Income compensation' or '21 – Provisional income compensation', Date Paid From must be Blank.
C103	Date Paid From	C103.5	Error	Date Paid From cannot be greater than 12 months in the future.
C104	Date Paid To	C104.2	Error	Date Paid To was not provided for C100 Payment Type Code '01 – Income compensation' or '21 – Provisional income compensation'.
C104	Date Paid To	C104.3	Error	Date Paid To is prior to Date Paid From.
C104	Date Paid To	C104.4	Error	Date Paid To is prior to Date of Occurrence.
C104	Date Paid To	C104.5	Error	For a non-weekly income payment type Where C100 Payment Type Code is not '01 – Income compensation' or '21 – Provisional income compensation', Date Paid To must be Blank.
C104	Date Paid To	C104.6	Error	Date Paid To cannot be greater than 12 months in the future
C105	Payment Amount	C105.4	Confirmation	Payment Amount varies significantly from the scheduled fee associated with this service code.
C105	Payment Amount	C105.M	Error	Payment Amount was not provided.
C106	Transaction Date	C106.3	Error	Transaction Date is prior to the Date of Occurrence.
C106	Transaction Date	C106.4	Error	Transaction Date cannot be in the future.
C106	Transaction Date	C106.M	Error	Claim Payment does not have a Transaction Date.
C107	Transaction Type Code	C107.2	Error	Transaction Type Code provided is invalid.
C107	Transaction Type Code	C107.M	Error	Transaction Type Code was not provided.
C110	Payment Source	C110.3	Error	Payment Source provided is invalid.
C110	Payment Source	C110.M	Error	Payment Source was not provided.

Data item no.	Data item	Rule no.	Issue type	Error message
C111	Provider Number	C111.1	Error	Service Code, Service Date and Provider Number must either all be supplied or all be blank for C100 Payment Type Code '16 – Investigation Expense'.
C111	Provider Number	C111.2	Error	Provider Number was not provided for Payment Types Code '05', '07', '08', '09', '25', or '29'.
C111	Provider Number	C111.3	Error	Provider Number has been supplied for a Payment Type Code other than '05', '07', '08', '09', '16', '25', and '29'.
C111	Provider Number	C111.4	Error	Provider Number relating to Service Date is not recorded in the WorkCover Database.
C112	Service Code	C112.2	Error	Service Code was not provided for Payment Type Code '05', '07', '08', '09', '25', or '29'. relating to Service Date.
C112	Service Code	C112.3	Error	Service Code provided for a Payment Type Code other than '05', '07', '08', '09' or '16', '25', and '29' relating to Service Date.
C112	Service Code	C112.4	Error	Service Code relating to Service Date is not recorded in the WorkCover Database.
C112	Service Code	C112.5	Confirmation	Service Type relating to Service Date is invalid for this Provider Type.
C112	Service Code	C112.6	Confirmation	Default Service Code relating to Service Date used. Please supply further details of the type of service provided.
C112	Service Code	C112.7	Error	For payments transacted from 1 November 2019, the Service Codes related to Exercise Physiology can only be provided by Exercise Therapists.
C112	Service Code	C112.8	Error	For an Investigation Expense, the Service Code must be of an 'Approved Medical Specialist Service' or 'Report – Third Party Referred' type.
C113	Service Date	C113.1	Error	Service Date is only required for Payment Type Code '05', '07', '08', '09','16', '25', and '29'.
C113	Service Date	C113.2	Error	Service Date was not provided for Payment Type Code '05', '07', '08', '09','16', '25', and '29'.
C113	Service Date	C113.3	Confirmation	Service Date outside the valid date range of the Service Code provided.
C113	Service Date	C113.6	Error	Service Date is prior to the Date of Occurrence for the claim.
C113	Service Date	C113.8	Confirmation	Transaction Date for the payment is prior to Service Date.
C113	Service Date	C113.9	Error	Service Date cannot be greater than 12 months into the future.
C127	WorkCover Number	C127.M	Error	WorkCover Number must be provided.
C129	PRC 2006	C129.1	Error	PRC 2006 code is invalid.

Data item no.	Data item	Rule no.	Issue type	Error message
C129	PRC 2006	C129.3	Error	Claim is linked to a policy/coverage with an effective date of 1 July 2013 or later but PRC 2006 code was not provided.
C129	PRC 2006	C129.4	Confirmation	PRC 2006 code provided for the claim does not match the policy's PRC 2006 for the Coverage ID.
C129	PRC 2006	C129.5	Confirmation	PRC 2006 code provided does not match the previous supplied PRC 2006 for the claim.
C130	Work Status Update ID	C130.1	Error	Work Status Update ID already exists for another claim.
C131	Medical Certificate ID	C131.1	Error	Medical Certificate ID already exists for another claim.
C500	Workers Compensation Claim Form	C500.1	Error	WorkCover WA has not received a Workers Compensation Claim Form for the claim.
C500	Workers Compensation Claim Form	C500.2	Error	Workers Compensation Claim Form provided is missing information.
F001	Submission File Name	F001	Error	File is not a valid NIDS file and was rejected.
P003	Policy Number	P003.1	Error	Policy Number must be provided for a coverage.
P003	Policy Number	P003.10	Error	An existing policy for coverage type Renewal could not be found.
P003	Policy Number	P003.11	Confirmation	Unless there is an impending claim/s there is no requirement to supply domestic policies to WorkCover WA.
P003	Policy Number	P003.2	Error	An existing policy could not be found for coverage type Renewal, Lapse or Cancellation.
P003	Policy Number	P003.3	Error	Policy has not been approved to be cancelled between given Effective Date and Approved Cancellation Date.
P003	Policy Number	P003.6	Confirmation	Policy was previously cancelled.
P003	Policy Number	P003.7	Error	Policy Number must not exceed 20 characters.
P003	Policy Number	P003.8	Error	This policy record was not supplied with any coverage information and the policy cannot be found in the WorkCover WA's database.
P003	Policy Number	P003.9	Error	The policy and coverage do not link to the same policy in WorkCover WA's database.
P004	Revised Policy Number	P004.1	Error	Revised Policy Number already exists in the WorkCover WA's database.
P004	Revised Policy Number	P004.2	Error	Revised Policy Number already exists in the WorkCover WA's database as a Revised Policy Number for a different business entity.
P004	Revised Policy Number	P004.7	Error	Revised Policy number must not exceed 20 characters.

Data item no.	Data item	Rule no.	Issue type	Error message
P005	Employer Legal Name	P005.M	Error	Employer Legal Name was not provided.
P009	Employer Address Line 1	P009.1	Confirmation	'Anywhere in Australia' is not a valid address.
P009	Employer Address Line 1	P009.M	Error	Employer Address Line 1 was not provided.
P010	Employer Address Line 2	P010.1	Confirmation	'Anywhere in Australia' is not a valid address.
P011	Employer Address Suburb	P011.M	Error	Employer Address Suburb was not provided.
P012	Employer Address State/Territory	P012.3	Confirmation	Employer State/Territory code entered is not valid.
P012	Employer Address State/Territory	P012.M	Error	Employer Address State/Territory code was not provided.
P026	Injury Management Program Type	P026.3	Error	Injury Management Program Code provided is invalid.
P026	Injury Management Program Type	P026.M	Error	Injury Management Program Code was not provided.
P027	Lapse/Cancellation Reason Code	P027.1	Confirmation	Coverage has been supplied with a Lapse Reason Code of '09 – Other'.
P027	Lapse/Cancellation Reason Code	P027.2	Error	Lapse Reason Code '08 – Cancelled coverage' is not valid with a Coverage Type Code other than '06 – Adjustment'.
P027	Lapse/Cancellation Reason Code	P027.3	Error	A valid Lapse/Cancellation Code must be provided for a policy that has been cancelled or lapsed.
P027	Lapse/Cancellation Reason Code	P027.4	Confirmation	Lapse/Cancellation Reason Code has been provided for Coverage Notification Type.
P028	Coverage ID	P028.10	Error	Coverage ID does not match the previously supplied Coverage ID for the coverage.
P028	Coverage ID	P028.11	Error	Effective Date submitted for the Coverage ID is different to what is already recorded with WorkCover WA.
P028	Coverage ID	P028.12	Error	Coverage Period for the Coverage ID cannot be changed when there is a claim attached to the adjusting period.
P028	Coverage ID	P028.4	Confirmation	Lapse Reason Code '08 – Cancelled coverage' has been provided.
P028	Coverage ID	P028.5	Error	New Coverage should have a matching policy record.
P028	Coverage ID	P028.8	Error	An existing policy to be adjusted could not be found.
P028	Coverage ID	P028.9	Error	An existing coverage to be adjusted could not be found.
P028	Coverage ID	P028.M	Error	Coverage ID must be provided
P029	Coverage Type Code	P029.2	Error	A lapse notification for the coverage period was previously supplied – an alternative Coverage Notification Type is expected.

Data item no.	Data item	Rule no.	Issue type	Error message
P029	Coverage Type Code	P029.3	Error	Coverage Notification Type is invalid or missing.
P029	Coverage Type Code	P029.4	Error	Coverage provided has P029 Coverage Type Code '09 – Any other notification type' – further information required.
P029	Coverage Type Code	P029.5	Error	Coverage Notification Type matches what has previously supplied.
P031	Effective Date	P031.2	Error	Effective Date is later than Expiry Date.
P031	Effective Date	P031.4	Confirmation	Confirm or amend the Effective Date as it is more than two months after the File Submission Date.
P031	Effective Date	P031.5	Error	Lapse notification received is within the latest on-event date range.
P031	Effective Date	P031.6	Confirmation	Effective Date for renewal is later than the last recorded Expiry Date.
P031	Effective Date	P031.7	Confirmation	Effective Date of this coverage is the same as a previously recorded event but with a different Expiry Date – confirm if amending the period of coverage.
P031	Effective Date	P031.M	Error	Effective Date was not provided for Coverage Type Cover Note, New or Renewal.
P032	Expiry Date	P032.3	Confirmation	Coverage Period – exceeds 18 months.
P032	Expiry Date	P032.4	Confirmation	Cover Note supplied has period of cover greater than 60 days from effective date to expiry date.
P032	Expiry Date	P032.5	Error	Policy has expired. To resolve this issue please submit P029 Coverage Type Code '03 – Renewal Notification' or '05 – Lapsed Notification'.
P032	Expiry Date	P032.M	Error	Expiry Date was not provided.
P033	PRC 1993	P033.1	Error	PRC 1993 code provided is invalid
P033	PRC 1993	P033.2	Error	PRC 1993 code was not provided.
P033	PRC 1993	P033.3	Error	PRC 1993 code provided is different from the existing PRC 1993 code that already has claims associated with it.
P034	PRC 2006	P034.3	Error	PRC 2006 provided is invalid.
P034	PRC 2006	P034.4	Error	PRC 2006 was not provided.
P034	PRC 2006	P034.5	Error	PRC 2006 code provided is different from the existing PRC 2006 code that already has claims associated with it.
P035	Estimated Wages	P035.5	Error	Estimated Workers must be consistent with Estimated Wages – if one is supplied then a value for the other is expected.

Data item no.	Data item	Rule no.	Issue type	Error message
P035	Estimated Wages	P035.M	Error	Estimated Wages was not provided.
P036	Estimated Number of Workers	P036.M	Error	Estimated Number of Workers was not provided.
P037	Actual Wages	P037.2	Error	Actual Workers must be consistent with Actual Wages – if one is supplied then a value for the other is expected.
P037	Actual Wages	P037.4	Error	Either P035 Estimated Wages or P037 Actual Wages must be provided.
P037	Actual Wages	P037.5	Confirmation	The coverage period related to this Effective Date has not expired, however, the Actual Wages and/or the Actual Number of Workers has been supplied.
P039	Premium Collection Type	P039.3	Error	Premium Collection Type provided is invalid.
P039	Premium Collection Type	P039.M	Error	Premium Collection Type was not provided.
P041	Current Adjusted Premium Charged	P041.1	Confirmation	Current Adjusted Premium Charged is expected to be greater than zero (0).
P041	Current Adjusted Premium Charged	P041.2	Confirmation	Current Adjusted Premium Charged amount provided for a Minimum Premium Policy is at least 20% less than the Recommended Minimum Premium.
P041	Current Adjusted Premium Charged	P041.3	Confirmation	Current Adjusted Premium Charged supplied for a Minimum Premium Policy is greater than expected.
P041	Current Adjusted Premium Charged	P041.4	Confirmation	Current Adjusted Premium Charged supplied for Coverage ID, has not changed and yet the Actual Wages or the Estimated Wages has changed since the last submission.
P043	WorkCover Number	P043.1	Error	WorkCover Number provided does not exist in WorkCover WA's database.
P043	WorkCover Number	P043.2	Error	WorkCover Number does not match existing WorkCover Number.
P043	WorkCover Number	P043.M	Error	WorkCover Number was not provided.
P053	Initial Deposit Premium Charged	P053.1	Confirmation	Initial Deposit Premium Charged is required when Adjusted Premium is not provided.
P053	Initial Deposit Premium Charged	P053.2	Confirmation	Initial Deposit Premium Charged amount provided for a Minimum Premium Policy is at least 20% less than the Recommended Minimum Premium.
P053	Initial Deposit Premium Charged	P053.4	Confirmation	Initial Deposit Premium Charged amount provided for a Minimum Premium Policy (Premium Collection Type '03' or '04') is at least 20% greater than the Recommended Minimum Premium.

Appendix E – Data supply procedures

File upload

WorkCover WA currently only supports file upload via WorkCover WA Online.

The file upload facility via WorkCover WA Online provides for the upload of XML files constructed in accordance with both the NIDS 8.0 Submission.xsd and the WA NIDS 8.1 Submission.xsd and conforming to the rules set out in this specification.

Supplying data for the first time

Supply should be negotiated, in the first instance, with the Manager Data and Analytics, Corporate Services. Test data should be sent prior to acceptance by WorkCover WA of data on a 'production' basis. This is to be done at least four weeks prior to lodgement of initial planned production data.

This is to allow time for:

- WorkCover WA to ensure that the data conforms to specifications
- the insurer or self-insurer to implement system changes and submit a further test set if the initial test set is rejected.

Test data should also be sent whenever system or software changes are made.

NIDSCheck facility

On WorkCover WA Online, insurers are able to test the acceptability of a file to WorkCover WA at the schema level only via the NIDSCheck facility. This facility does not store any data, so any file submitted does not count towards any legislative requirements – it is provided purely to allow checking of the acceptability of a file to WorkCover WA at the physical schema level only.

Sandbox

WorkCover WA has also made available a fully functioned 'Sandbox' version of WorkCover WA Online which allows the full testing of a submission file for record-level validity using a secure copy of its production database. This version provides the same results as a production submission, purely for testing purposes, without contributing to an Insurers or Self-Insurers legal obligations to supply returns. Please contact dataquality@workcover.wa.gov.au for details and to arrange a logon authorisation.

Submission rules

The term 'submission' used in this document refers to an individual file submitted to WorkCover WA. The term 'return' refers to the fulfilment of an insurer's policy or claim data supply obligation for any given month, via one or more file submissions.

Timing of data submissions

While the design of NIDS allows for data to be submitted daily, insurers must ensure data is complete, accurate and supplied to WorkCover WA within 14 days of the close of each calendar month, and data errors are corrected within 30 days of insurers and self-insurers being notified by WorkCover WA.

Contents

The NIDS file can contain one, two, three or all four of the data 'nodes' set out in the NIDS 'schema', the NIDS is not specific regarding a number of possible data submission scenarios,

leaving some room for interpretation by insurers and self-insurers. To ensure its data requirements are met, WorkCover WA has defined the following data submission rules, which become a part of the NIDS data requirements for the WA jurisdiction.

For a list of data items and their relationships, as defined in the document NIDS version 8.0.docx and the XML schema, see Appendix F – Data items in XML Schema.

Appendix F – Data items in XML Schema

Submission node (common)

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
P001	Insurer Number	InsurerNumber	integer	n/a	n/a	n/a – attribute of Submission node

Policy node

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
P002	Employer ABN	ABN	string	0	20	Submission.Policies.Policy.Employer
P043	WorkCover Number	WorkCoverNumber	string	0	n/a	Submission.Policies.Policy
P044	Employer ACN	ACN	string	0	20	Submission.Policies.Policy.Employer
P003	Policy Number	PolicyNumber	n/a	1	255	Submission.Policies.Policy
P004	Revised Policy Number	RevisedPolicyNumber	n/a	0	255	Submission.Policies.Policy
P005	Employer Legal Name	LegalName	string	0	200	Submission.Policies.Policy.Employer
P006	Employer Other Name	OtherName	string	0	200	Submission.Policies.Policy.Employer
P050	Employer Surname	Surname	string	0	200	Submission.Policies.Policy.Employer
P007	Employer Trading Name	TradingName	string	0	1024	Submission.Policies.Policy.Employer.TradingNames
P009	Employer Address Line 1	AddressLine1	string	0	100	Submission.Policies.Policy.Employer.Address
P010	Employer Address Line 2	AddressLine2	string	0	100	Submission.Policies.Policy.Employer.Address
P045	Employer Address Line 3	AddressLine3	string	0	100	Submission.Policies.Policy.Employer.Address
P011	Employer Address Suburb	Suburb	string	0	200	Submission.Policies.Policy.Employer.Address
P012	Employer Address State/Territory	State	string	0	n/a	Submission.Policies.Policy.Employer.Address
P013	Employer Address Postcode	Postcode	string	0	4	Submission.Policies.Policy.Employer.Address
P014	Employer Postal Address Line 1	AddressLine1	string	0	100	Submission.Policies.Policy.Employer.PostalAddress
P051	Employer Postal Address Line 2	AddressLine2	string	0	100	Submission.Policies.Policy.Employer.PostalAddress
P052	Employer Postal Address Line 3	AddressLine3	string	0	100	Submission.Policies.Policy.Employer.PostalAddress

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
P015	Employer Postal Address Suburb	Suburb	string	0	200	Submission.Policies.Policy.Employer.PostalAddress
P016	Employer Postal Address State/Territory	State	string	0	n/a	Submission.Policies.Policy.Employer.PostalAddress
P017	Employer Postal Address Postcode	Postcode	string	0	4	Submission.Policies.Policy.Employer.PostalAddress
P018	Employer Phone Number	Phone	string	0	50	Submission.Policies.Policy.Employer.ContactDetails
P019	Employer Mobile Phone Number	Mobile	string	0	50	Submission.Policies.Policy.Employer.ContactDetails
P020	Employer Email Address	EmailAddress	string	0	200	Submission.Policies.Policy.Employer.ContactDetails
P021	Broker ID	BrokerId	string	0	n/a	Submission.Policies.Policy
P026	Injury Management Program Type	InjuryManagementProgramType	string	0	50	Submission.Policies.Policy
P999	Team Number	TeamNumber	string	0	3	Submission.Policies.Policy

Coverage Node

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
P027	Lapse/Cancellation Reason Code	LapseReasonCode	string	0	50	Submission.Coverages.Coverage
P003	Policy Number	PolicyNumber	n/a	1	n/a	Submission.Coverages.Coverage
P028	Coverage ID	CoverageReference	string	0	50	Submission.Coverages.Coverage
P029	Coverage Type Code	CoverageNotificationType	string	0	50	Submission.Coverages.Coverage
P031	Effective Date	EffectiveDate	datetime	n/a	n/a	Submission.Coverages.Coverage
P032	Expiry Date	ExpiryDate	datetime	n/a	n/a	Submission.Coverages.Coverage
P033	PRC 1993	ANZSIC93Code	string	0	20	Submission.Coverages.Coverage
P034	PRC 2006	ANZSIC06Code	string	0	20	Submission.Coverages.Coverage
P035	Estimated Wages	EstimatedWages	decimal	n/a	20	Submission.Coverages.Coverage
P036	Estimated Number of Workers	EstimatedWorkers	integer	n/a	20	Submission.Coverages.Coverage
P037	Actual Wages	ActualWages	decimal	n/a	20	Submission.Coverages.Coverage

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
P038	Actual Number of Workers	ActualWorkers	integer	n/a	20	Submission.Coverages.Coverage
P039	Premium Collection Type	PremiumCollectionType	string	0	50	Submission.Coverages.Coverage
P053	Initial Deposit Premium Charged	InitialDepositPremium	decimal	n/a	20	Submission.Coverages.Coverage
P041	Current Adjusted Premium Charged	AdjustedPremium	decimal	n/a	20	Submission.Coverages.Coverage
P042	Actual Final Premium Charged	FinalPremium	decimal	n/a	20	Submission.Coverages.Coverage

Submission node (common)

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C001	Insurer Number	InsurerNumber	integer	n/a	n/a	n/a – attribute of Submission node

Claim node

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C002	Insurer Claim Number	ClaimNumber	string	1	255	Submission.Claims.Claim
C003	WorkCover Claim Number (WCCN)	WorkCoverClaimNumber	string	0	255	Submission.Claims.Claim
C004	Start Date of Return Period	ReturnPeriodStartDate	date	n/a	n/a	Submission.Claims.Claim
C005	End Date of Return Period	ReturnPeriodEndDate	date	n/a	n/a	Submission.Claims.Claim
C006	Policy Number	PolicyNumber	string	1	255	Submission.Claims.Claim
C007	Coverage ID	CoverageReference	string	1	255	Submission.Claims.Claim
C008	PRC 1993	ANZSIC93Code	string	0	20	Submission.Claims.Claim
C129	PRC 2006	ANZSIC06Code	string	0	20	Submission.Claims.Claim
C009	Shared Claim Code	SharedClaimCode	string	0	50	Submission.Claims.Claim
C010	Record Status Code	RecordStatusCode	string	0	50	Submission.Claims.Claim
C011	Revised Insurer Claim Number	RevisedClaimNumber	string	0	255	Submission.Claims.Claim
C012	Worker Title	Title	string	0	50	Submission.Claims.Claim.Worker

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C013	Worker Surname	Surname	string	0	200	Submission.Claims.Claim.Worker
C014	Worker Given Names	GivenNames	string	0	200	Submission.Claims.Claim.Worker
C015	Worker Residential Address Line 1	AddressLine1	string	0	100	Submission.Claims.Claim.Worker.ResidentialAddress
C016	Worker Residential Address Line 2	AddressLine2	string	0	100	Submission.Claims.Claim.Worker.ResidentialAddress
C120	Worker Residential Address Line 3	AddressLine3	string	0	100	Submission.Claims.Claim.Worker.ResidentialAddress
C017	Worker Residential Address Suburb	Suburb	string	0	200	Submission.Claims.Claim.Worker.ResidentialAddress
C018	Worker Residential Address State/Territory	State	string	0	n/a	Submission.Claims.Claim.Worker.ResidentialAddress
C019	Worker Residential Address Postcode	Postcode	string	0	4	Submission.Claims.Claim.Worker.ResidentialAddress
C020	Worker Postal Address Line 1	AddressLine1	string	0	100	Submission.Claims.Claim.Worker.PostalAddress
C021	Worker Postal Address Line 2	AddressLine2	string	0	100	Submission.Claims.Claim.Worker.PostalAddress
C121	Worker Postal Address Line 3	AddressLine3	string	0	100	Submission.Claims.Claim.Worker.PostalAddress
C022	Worker Postal Address Suburb	Suburb	string	0	200	Submission.Claims.Claim.Worker.PostalAddress
C023	Worker Postal Address State/Territory	State	string	0	n/a	Submission.Claims.Claim.Worker.PostalAddress
C024	Worker Postal Address Postcode	Postcode	string	0	4	Submission.Claims.Claim.Worker.PostalAddress
C025	Worker Home Phone Number	PrivatePhone	string	0	50	Submission.Claims.Claim.Worker.ContactDetails
C026	Worker Mobile Phone Number	Mobile	string	0	50	Submission.Claims.Claim.Worker.ContactDetails
C027	Worker Work Phone Number	Phone	string	0	50	Submission.Claims.Claim.Worker.ContactDetails
C028	Worker Email Address	EmailAddress	string	0	200	Submission.Claims.Claim.Worker.ContactDetails
C029	Worker Date of Birth	DateOfBirth	date	n/a	n/a	Submission.Claims.Claim.Worker
C030	Worker Gender	Gender	string	0	50	Submission.Claims.Claim.Worker
C031	Worker Preferred Language	PreferredLanguageCode	string	0	20	Submission.Claims.Claim.Worker
C124	Worker Dependants	NumberOfDependants	integer	n/a	n/a	Submission.Claims.Claim.Worker
C032	Duty Status Code	DutyStatusCode	string	0	50	Submission.Claims.Claim.EmploymentDetails
C033	Employment Status Code	EmploymentStatusCode	string	0	50	Submission.Claims.Claim.EmploymentDetails
C034	Employment Type Code	EmploymentTypeCode	string	0	50	Submission.Claims.Claim.EmploymentDetails

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C035	Full/Part Time Code	FullTimeOrPartTimeEmployment	string	0	50	Submission.Claims.Claim.EmploymentDetails
C036	Workers Occupation Narrative	OccupationNarrative	string	0	200	Submission.Claims.Claim.EmploymentDetails
C037	Workers Occupation Code	ANZSCOCode	string	0	20	Submission.Claims.Claim.EmploymentDetails
C038	Hours Worked Per Day	HoursWorkedPerDay	integer	n/a	4	Submission.Claims.Claim.EmploymentDetails
C039	Hours Worked Per Week	HoursWorkedPerWeek	integer	n/a	5	Submission.Claims.Claim.EmploymentDetails
C040	Normal Weekly Earnings	PreInjuryWeeklyEarnings	decimal	n/a	20	Submission.Claims.Claim.EmploymentDetails
C041	Ordinary Time Rate of Pay Per Week	OrdinaryWeeklyPay	decimal	n/a	20	Submission.Claims.Claim.EmploymentDetails
C042	Date Worker Started Employment	EmploymentStartDate	date	n/a	n/a	Submission.Claims.Claim.EmploymentDetails
C043	Employer ABN	ABN	string	0	20	Submission.Claims.Claim.EmployerDetails
C125	Employer ACN	ACN	string	0	20	Submission.Claims.Claim.EmployerDetails
C127	WorkCover Number	WorkCoverNumber	string	0	n/a	Submission.Claims.Claim.EmployerDetails
C044	Employer Trading Name	TradingName	string	0	1024	Submission.Claims.Claim.EmployerDetails
C045	Employer Contact Name	ContactName	string	0	200	Submission.Claims.Claim.EmployerDetails
C046	Employer Contact Position	ContactPosition	string	0	100	Submission.Claims.Claim.EmployerDetails
C047	Employer Contact Phone Number	ContactDetails	string	0	50	Submission.Claims.Claim.EmployerDetails
C048	Date of Occurrence	OccurrenceDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C049	Date Insurer Notified of Injury	InjuryNotificationDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C050	Date Claim Received by Employer	ClaimReceivedByEmployerDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C051	Date Medical Certificate Received by Employer	MedicalCertificateReceivedByEmployerDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C052	Date Insurer Notified of Claim	ClaimNotificationDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C053	Date Claim Received by Insurer	ClaimReceivedByInsurerDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C054	Injury Management Program Type	InjuryManagementProgramType	string	0	50	Submission.Claims.Claim.ClaimManagementDetails
C055	Extent of Incapacity Code	IncapacityCode	string	0	50	Submission.Claims.Claim.ClaimManagementDetails
C056	Date of Death	DeathDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C057	Date Claim Finalised	ClaimFinalisedDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C058	Date of Recurrence	RecurrenceDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C059	Date Reopened	ReopenedDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C060	Weekly Benefit Rate	WeeklyBenefitRate	decimal	n/a	20	Submission.Claims.Claim.ClaimManagementDetails
C061	Claim Status Date	ClaimStatusDate	date	n/a	n/a	Submission.Claims.Claim.ClaimManagementDetails
C062	Claim Status Code	ClaimStatusCode	string	0	50	Submission.Claims.Claim.ClaimManagementDetails
C063	Common Law Involvement	CommonLawInvolvement	string	0	50	Submission.Claims.Claim.ClaimManagementDetails
C064	Common Law Outcome	CommonLawOutcome	string	0	50	Submission.Claims.Claim.ClaimManagementDetails
C065	Common Law Provision	CommonLawProvision	decimal	n/a	20	Submission.Claims.Claim.ClaimManagementDetails
C066	Workplace PRC 1993	WorkplaceIndustryANZSIC93Code	string	0	20	Submission.Claims.Claim.WorkplaceDetails
C128	Workplace PRC 2006	WorkplaceIndustryANZSIC06Code	string	0	20	Submission.Claims.Claim.WorkplaceDetails
C067	Workplace Address Line 1	AddressLine1	string	0	100	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C068	Workplace Address Line 2	AddressLine2	string	0	100	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C122	Workplace Address Line 3	AddressLine3	string	0	100	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C069	Workplace Address Suburb	Suburb	string	0	200	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C070	Workplace Address State/Territory	State	string	0	n/a	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C071	Workplace Address Postcode	Postcode	string	0	4	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress
C072	Incident Description Narrative	EventDescription	string	0	1000	Submission.Claims.Claim.InjuryDetails
C073	Mechanism of Incident Code	Mechanism	string	0	20	Submission.Claims.Claim.InjuryDetails.TOOCS31
C074	Agency of Injury/Disease Code	Agency	string	0	20	Submission.Claims.Claim.InjuryDetails.TOOCS31
C075	Breakdown Agency Code	BreakdownAgency	string	0	20	Submission.Claims.Claim.InjuryDetails.TOOCS31
C076	Most Serious Injury/Disease Narrative	InjuryDescription	string	0	500	Submission.Claims.Claim.InjuryDetails
C077	Nature of Injury/Disease Code	Nature	string	0	20	Submission.Claims.Claim.InjuryDetails.TOOCS31
C078	Bodily Location of Injury/Disease Narrative	BodilyLocationDescription	string	0	100	Submission.Claims.Claim.InjuryDetails
C079	Bodily Location of Injury/Disease Code	BodyLocation	string	0	20	Submission.Claims.Claim.InjuryDetails.TOOCS31
C082	Primary Provider Number	PrimaryPractionerProviderNumber	string	0	20	Submission.Claims.Claim.InjuryManagementDetails
C131	Medical Certificate ID	MedicalCertificateReference	string	1	255	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail
C083	Date of Medical Certificate	MedicalCertificateDate	date	n/a	n/a	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C084	Medical Certificate Provider Number	IssuerProviderNumber	string	0	20	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail
C085	Capacity To Work At Medical Certificate	CapacityToWorkCode	string	0	50	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail
C086	Date Work Status Changed	ChangeDate	date	n/a	n/a	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail
C087	Work Status	WorkStatusCode	string	0	50	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail
C130	Work Status Update ID	WorkStatusUpdateReference	string	1	255	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail
C088	Return To Work Plan Status	ReturnToWorkProgramStatusCode	string	0	50	Submission.Claims.Claim.InjuryManagementDetails
C089	Return To Work Plan Goal/Outcome	ReturnToWorkPlanCode	string	0	50	Submission.Claims.Claim.InjuryManagementDetails
C090	Injury Management Plan Status	InjuryManagementPlanStatusCode	string	0	50	Submission.Claims.Claim.InjuryManagementDetails
C091	Whole Person Impairment Type	WholePersonImpairmentType	string	0	50	Submission.Claims.Claim.InjuryManagementDetails
C092	Whole Person Impairment Percentage	WholePersonImpairmentPercentage	integer	0	100	Submission.Claims.Claim.InjuryManagementDetails
C093	Date of Determination	DeterminationDate	date	n/a	n/a	Submission.Claims.Claim.InjuryManagementDetails
C094	Deafness Percentage	DeafnessPercentage	integer	0	100	Submission.Claims.Claim.InjuryManagementDetails
C095	Total Payments Estimated	TotalEstimatedPayments	decimal	n/a	20	Submission.Claims.Claim.InjuryManagementDetails
C097	Total Time Lost Estimated	TotalEstimatedTimeLost	integer	n/a	7	Submission.Claims.Claim.InjuryManagementDetails
C999	Team Number	TeamNumber	string	0	3	Submission.Claims.Claim

Payment node

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C002	Insurer Claim Number	ClaimNumber	string	1	255	Submission.Payments.Payment
C096	Total Payments Actual	TotalActualPayments	decimal	n/a	20	Submission.Payments.Payment.ClaimPayments
C098	Total Time Lost Actual	TotalActualTimeLost	integer	n/a	8	Submission.Payments.Payment.ClaimPayments

Data item no.	Data item name	XML name	XML type	Min length	Max length	Parent node
C099	Insurer Payment ID	PaymentReference	string	1	255	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C100	Payment Type Code	PaymentTypeCode	string	0	50	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C101	Income Compensation ~~Weekly~~ Payment Code	WeeklyPaymentAdjustmentCode	string	0	50	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C102	Time Lost	TimeLost	integer	n/a	8	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C103	Date Paid From	PaidFromDate	date	n/a	n/a	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C104	Date Paid To	PaidToDate	date	n/a	n/a	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C105	Payment Amount	PaymentAmount	decimal	n/a	20	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C106	Transaction Date	TransactionDate	date	n/a	n/a	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C107	Transaction Type Code	TransactionTypeCode	string	0	50	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C109	Payment Context	PaymentContext	string	0	n/a	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C110	Payment Source	PaymentSourceCode	string	0	50	Submission.Payments.Payment.ClaimPayments.ClaimPayment
C111	Provider Number	ProviderNumber	string	0	20	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service
C112	Service Code	ServiceCode	string	0	50	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service
C113	Service Date	ServiceDate	date	n/a	n/a	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service