



# **INSURER/SELF-INSURER ELECTRONIC DATA SPECIFICATION**

**Edition Q2**

**Version 1.2.1**

**(14 December 2020)**

## **Part 2**

### **NIDS Data Item Definitions**

Q2-Part 2 Version 1.2.1 - NIDS Data Item Definitions

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## This Document

This is Part 2 of a 2-part specification, describing each NIDS data item individually, as defined and implemented by WorkCover WA.

It should be considered together with Part 1 of the specification, which covers the following aspects of WorkCover WA's transition to and implementation of the NIDS:

- Comparison with the Q1 edition of the specification
- WorkCover WA's modifications to the NIDS
- Data submission regime
- Processing, validation and issue resolution arrangements

The following information is shown for each NIDS data item:

- Title as per both [NIDS V 8.0.docx](#) and the XML Schema
- Format as per both [NIDS V 8.0.docx](#) and the XML Schema
- Length as per both [NIDS V 8.0.docx](#) and the XML Schema
- XSD Location showing the element 'path'
- Description as modified for WorkCover WA use
- Rules as modified for WorkCover WA use (see also [Rules](#))

It describes each data item, relates it to its description and position in the NIDS XML schema, and shows how it differs from the NIDS v. 8.0 description.

Version 1.2.1 updates version 1.2 to include descriptions for Claim Status Codes (C062).

## 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, “2011-06-30T15:00:00” represents June 30, 2011 at 3:00pm.

## Money Formats

Unlike Edition Q1 all currency-based values are expected in normal ‘money’ format, i.e., ‘\$\$\$\$.cc’, including the decimal point but excluding the literal ‘\$’ sign and formatting comas 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 therefore allows for up to 18 numbers before the decimal point, and 2 after. The decimal point and any applicable minus sign are not included in the character count.

## Conventions

The following conventions have been adopted in the list:

- Data item the same as NIDS V 8.0.docx – title in **green**
- Data item modified from NIDS V 8.0.docx – title and changed component shown in **orange**
- Data item modified from Insurer/Self-Insurer Electronic Data Specification Edition Q2 Version 1.1 – title and/or changed component shown in **yellow**



## POLICY DATA

### Policy Data Items

#### 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.

Note that the Policy Amendment record type defined in the Q1 specification is not included in the NIDS. Therefore, to monitor changes to an employer's details, WorkCover WA utilises the notification of any changed details in a Policies 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 Policies 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 Submission Rules in Part 1 of this document.

## Policy Data Items

### P001 Insurer Number

	WA NIDS	XML Schema
<b>Title</b>	Insurer Number	InsurerNumber
<b>Format</b>	Numeric	Integer
<b>Length</b>	4 digits	n/a
<b>XSD Location</b>	n/a –attribute of Submission node	
<b>Description</b>	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data	
<b>Rules</b>	Mandatory See <a href="#">Appendix 1 - Insurer Numbers – Approved and Self-Insurers</a>	

### P002 Employer ABN

	WA NIDS	XML Schema
<b>Title</b>	Employer ABN	ABN
<b>Format</b>	Alphanumeric	String
<b>Length</b>	11 digits	Min=0, Max=20
<b>XSD Location</b>	Submission Policies Policy Employer	
<b>Description</b>	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).	
<b>Rules</b>	Conditional – to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P043 WorkCover Number**

	WA NIDS	XML Schema
<b>Title</b>	WorkCover Number	WorkCoverNumber
<b>Format</b>	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
<b>Length</b>	10 digits	Min=0, Max=n/a
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy..	
<b>Rules</b>	Mandatory when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P044 Employer ACN**

	WA NIDS	XML Schema
<b>Title</b>	Employer ACN	ACN
<b>Format</b>	Alphanumeric	String
<b>Length</b>	11 digits	Min=0, Max=20
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	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).	
<b>Rules</b>	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P003 Policy Number**

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

**P004 Revised Policy Number**

	WA NIDS	XML Schema
<b>Title</b>	Revised Policy Number	RevisedPolicyNumber
<b>Format</b>	Alphanumeric.	String
<b>Length</b>	Insurer dependent	Min=0, Max=255
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	If an insurer revises a policy number, which was previously reported to WorkCover, This data item indicates the new policy number.	
<b>Rules</b>	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). 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 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
<b>Title</b>	Employer Name	LegalName
<b>Format</b>	Alphanumeric.	String
<b>Length</b>	100 characters.	Min=0, Max=200
<b>XSD Location</b>	Submission Policies Policy Employer	
<b>Description</b>	To identify the legal name of the employer.	
<b>Rules</b>	Mandatory (see <a href="#">Note</a> below) when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). <u>Note:</u> 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
<b>Title</b>	Employer Other Name	OtherName
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters.	Min=0, Max=200
<b>XSD Location</b>	Submission Policies Policy Employer	
<b>Description</b>	Identifies the first names of an individual when applicable.	
<b>Rules</b>	Optional (see <a href="#">Note</a> below) when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). <u>Note:</u> 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
<b>Title</b>	Employer Surname	Surname
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=200
<b>XSD Location</b>	Submission Policies Policy Employer	
<b>Description</b>	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.	
<b>Rules</b>	Optional (see <a href="#">Note</a> below) when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). <u>Note:</u> 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
<b>Title</b>	Employer Trading Name	TradingName
<b>Format</b>	Alphanumeric	String
<b>Length</b>	100 characters	Min=0, Max=1024
<b>XSD Location</b>	Submission Policies Policy Employer TradingNames	
<b>Description</b>	The trading name of an employer.	
<b>Rules</b>	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). 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
<b>Title</b>	Employer Address Line 1	AddressLine1
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=100
<b>XSD Location</b>	Submission Policies Policy Employer Address	
<b>Description</b>	Line 1 of the employer's primary work location	
<b>Rules</b>	Mandatory when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ). 'Primary Work Location' refers to the employers main place of business, preferably a local address, however an interstate head office address is acceptable if no local address is available.	

**P010 Employer Address Line 2**

	WA NIDS	XML Schema
<b>Title</b>	Employer Address Line 2	AddressLine2
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=100
<b>XSD Location</b>	Submission Policies Policy Employer Address	
<b>Description</b>	Line 2 of the employer's primary work location	
<b>Rules</b>	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P045 Employer Address Line 3**

	WA NIDS	XML Schema
<b>Title</b>	Employer Address Line 3	AddressLine3
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=100
<b>XSD Location</b>	Submission Policies Policy Employer Address	
<b>Description</b>	Line 3 of the employer's primary work location	
<b>Rules</b>	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P011 Employer Address Suburb**

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



**P012 Employer Address State/Territory**

	WA NIDS	XML Schema
<b>Title</b>	Employer Address State/Territory	State
<b>Format</b>	Alphabetic	String
<b>Length</b>	3 characters	Min=0, Max = n/a (validated as below)
<b>XSD Location</b>	Submission Policies Policy Employer Address	
<b>Description</b>	<p>The State/Territory of the employer's primary work location.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>ACT Australian Capital Territory</li> <li>NSW New South Wales</li> <li>NT Northern Territory</li> <li>QLD Queensland</li> <li>SA South Australia</li> <li>TAS Tasmania</li> <li>VIC Victoria</li> <li>WA Western Australia</li> <li>OTH Other (to be used when the employer's primary work location is not within Australia)</li> </ul>	
<b>Rules</b>	Mandatory when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P013 Employer Address Postcode**

	WA NIDS	XML Schema
<b>Title</b>	Employer Address Postcode	Postcode
<b>Format</b>	Numeric	String
<b>Length</b>	4 characters	Min=0, Max=4
<b>XSD Location</b>	Submission Policies Policy Employer Address	
<b>Description</b>	Postcode of the employer's primary work location	
<b>Rules</b>	Conditional – to be provided when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ), <u>unless</u> 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
<b>Title</b>	Employer Postal Address Line 1	AddressLine1
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=100
<b>XSD Location</b>	Submission Policies Policy Employer Address PostalAddress	
<b>Description</b>	Line 1 of the employer's postal address	
<b>Rules</b>	Optional – may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P051 Employer Postal Address Line 2**

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

**P052 Employer Postal Address Line 3**

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

**P015 Employer Postal Address Suburb**

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

**P016 Employer Postal Address State/Territory**

	WA NIDS	XML Schema
<b>Title</b>	Employer Postal Address State/Territory	State
<b>Format</b>	Alphabetic	String
<b>Length</b>	3 characters	Min=0, Max = n/a (validated as below)
<b>XSD Location</b>	Submission Policies Policy Employer Address PostalAddress	
<b>Description</b>	<p>The State or Territory in Australia of the employer's postal address.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>ACT Australian Capital Territory</li> <li>NSW New South Wales</li> <li>NT Northern Territory</li> <li>QLD Queensland</li> <li>SA South Australia</li> <li>TAS Tasmania</li> <li>VIC Victoria</li> <li>WA Western Australia</li> <li>OTH Other (to be used when the employer's postal address is not within Australia)</li> </ul>	
<b>Rules</b>	Optional – may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P017 Employer Postal Address Postcode**

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

**P018 Employer Phone Number**

	WA NIDS	XML Schema
<b>Title</b>	Employer Phone Number	Phone
<b>Format</b>	Numeric	String
<b>Length</b>	10 characters	Min=0, Max=50
<b>XSD Location</b>	Submission Policies Policy Employer Address ContactDetails	
<b>Description</b>	The phone number of the employer	
<b>Rules</b>	Optional – may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P019 Employer Mobile Phone Number**

	WA NIDS	XML Schema
<b>Title</b>	Employer Mobile Phone Number	Mobile
<b>Format</b>	Numeric	String
<b>Length</b>	10 characters	Min=0, Max=50
<b>XSD Location</b>	Submission Policies Policy Employer Address ContactDetails	
<b>Description</b>	The mobile telephone number of the Employer	
<b>Rules</b>	Optional – may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P020 Employer Email Address**

	WA NIDS	XML Schema
<b>Title</b>	Employer Email Address	EmailAddress
<b>Format</b>	Alphanumeric	String
<b>Length</b>	100 character	Min=0, Max=200
<b>XSD Location</b>	Submission Policies Policy Employer Address ContactDetails	
<b>Description</b>	The email address of the Employer	
<b>Rules</b>	Optional – may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P021 Broker ID**

	WA NIDS	XML Schema
<b>Title</b>	Broker ID	BrokerId
<b>Format</b>	Numeric	String
<b>Length</b>	6 digits	Min=0, Max=n/a
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	The number allocated to the broker by the Australian Financial Services Licensing Register.	
<b>Rules</b>	Optional - may be supplied when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).	

**P026 Injury Management Program Type**

	WA NIDS	XML Schema
<b>Title</b>	Injury Management Program Type	InjuryManagementProgramType
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	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.	
<b>Rules</b>	Mandatory when supplying a Policy node 'record' (see <a href="#">Submission Notes</a> ).  Codes are: 01 Insurer 02 Employer (default)	



**P999 Team Number**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Team Number	TeamNumber
<b>Format</b>	Alphanumeric	String
<b>Length</b>	3 characters	Min=0, Max=3
<b>XSD Location</b>	Submission Policies Policy	
<b>Description</b>	Any set of codes the insurer uses to describe segments of their operation. Can be used to filter and sort feedback.	
<b>Rules</b>	Optional– may be supplied when supplying a Policy node ‘record’ (see <a href="#">Submission Notes</a> ).	

## Coverage Data Items

### P027 Lapse/Cancellation Reason Code

	WA NIDS	XML Schema
<b>Title</b>	Lapse/Cancellation Reason Code	LapseReasonCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	<p>The code for the reason why the policy was lapsed or cancelled.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>00 No Lapse/Cancellation Reason Code Required</li> <li>01 Business Sold</li> <li>02 Business Closed</li> <li>03 Not Employing</li> <li>04 Insured Elsewhere</li> <li>05 Policy/Cover Note Replaced</li> <li>06 Non-Payment of Premium</li> <li>07 No Reply to Correspondence</li> <li>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).</li> <li>09 Other Reason</li> </ul>	
<b>Rules</b>	<p><b>Mandatory</b></p> <p>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)</p>	

## P028 Coverage ID

	WA NIDS	XML Schema
<b>Title</b>	Coverage ID	CoverageReference
<b>Format</b>	Alphanumeric	String
<b>Length</b>	Dependent on the format of the Coverage ID for the insurer	Min=0, Max=50
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	Unique reference number/ID allocated by insurer for each coverage period of a policy	
<b>Rules</b>	<p>Mandatory</p> <p>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.</p> <p>When an update to an existing coverage is performed, the update is performed to the coverage that is identified by the supplied Coverage ID.</p> <p>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.</p> <p>See <u>Coverage ID</u> in the Coverages Node section of Part 1 of this document for a more definitive description of the Coverage ID concept.</p>	

**P029 Coverage Type Code**

	WA NIDS	XML Schema
<b>Title</b>	Coverage Type Code	CoverageNotificationType
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	<p>The code to distinguish the type of coverage being notified.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Cover Note Notification</li> <li>02 New Policy Notification</li> <li>03 Renewal Notification</li> <li>04 Cancellation Notification</li> <li>05 Lapsed Notification</li> <li>06 Adjustment Notification</li> <li>09 Any other notification type</li> </ul>	
<b>Rules</b>	<p>Mandatory</p> <p>Codes 04, 05 &amp; 06 would be expected to relate to an update of a previously reported coverage and therefore use an existing Coverage ID.</p> <p>Code 02 may also relate to an existing coverage record that was originally reported as a Cover Note.</p>	

## P031 Effective Date

	WA NIDS	XML Schema
<b>Title</b>	Effective Date	EffectiveDate
<b>Format</b>	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
<b>Length</b>		Min=n/a, Max=n/a
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The commencement date of the period of cover referred to in the record.	
<b>Rules</b>	Mandatory <b>Note:</b> This date should always refer to the commencement date of the period of cover referenced by the relevant Coverage ID – it should <u>not</u> 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
<b>Title</b>	Expiry Date	ExpiryDate
<b>Format</b>	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
<b>Length</b>		Min=n/a, Max=n/a
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The End Date of the Cover	
<b>Rules</b>	Mandatory <b>For Cancellation notifications the Expiry Date must be set to the Cancellation Date recorded for that policy in the Insurer's system.</b>	

## P033 PRC 1993

	WA NIDS	XML Schema
<b>Title</b>	PRC 1993	ANZSIC93Code
<b>Format</b>	Numeric.	String
<b>Length</b>	5 digits.	Min=0, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	Identifies the ANZSIC 1993-based item number of the risk for the period.	
<b>Rules</b>	Conditional To be supplied as a 5-digit Premium Rate Classification as per the relevant WA Government gazette, in accordance with the rules set out in the document <a href="#">NIDS - ANZSIC - WA Supply Guide.docx</a> .	

## P034 PRC 2006

	WA NIDS	XML Schema
<b>Title</b>	PRC 2006	ANZSIC06Code
<b>Format</b>	Numeric.	String
<b>Length</b>	5 digits.	Min=0, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	Identifies the ANZSIC 2006-based item number of the risk for the period.	
<b>Rules</b>	Conditional - to be supplied as a 5 digit Premium Rate Classification as per the document <a href="#">WA-Specific PRC 06 codes for WA Workers' Compensation Scheme</a> (on the WorkCover WA website), in accordance with the rules set out in the document <a href="#">NIDS - ANZSIC - WA Supply Guide.docx</a>	

**P035 Estimated Wages**

	WA NIDS	XML Schema
<b>Title</b>	Estimated wages	Estimatedwages
<b>Format</b>	Numeric.	Decimal
<b>Length</b>	12 digits.	Min=n/a, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The wages declared by the employer for the policy period of cover for the Premium Rate Classification	
<b>Rules</b>	Mandatory <u>Note:</u> Does not raise an issue if a zero value is supplied for 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
<b>Title</b>	Estimated number of workers	EstimatedWorkers
<b>Format</b>	Numeric.	Integer
<b>Length</b>	6 digits	Min=0, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The average number of workers covered by the Estimated Wages (P035) figure supplied for the period of cover for the Premium Rate Classification	
<b>Rules</b>	Mandatory <u>Note:</u> Does not raise an issue if a zero value is supplied for Premium Collection Type codes '03' [Minimum Premium Policy - Domestic] and '04' [Minimum Premium Policy - Other (Nominal)].	

**P037 Actual Wages**

	WA NIDS	XML Schema
<b>Title</b>	Actual wages	ActualWages
<b>Format</b>	Numeric.	Decimal
<b>Length</b>	12 digits	Min=n/a, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The wages actually paid for the period of cover for the Premium Rate Classification.	
<b>Rules</b>	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
<b>Title</b>	Actual Number Of Workers	ActualWorkers
<b>Format</b>	Numeric.	Integer
<b>Length</b>	6 digits	Min=0, Max=20
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	The average number of workers covered by the Actual Wages (P037) figure supplied for the period of cover for the Premium Rate Classification.	
<b>Rules</b>	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
<b>Title</b>	Premium Collection Type	PremiumCollectionType
<b>Format</b>	Numeric.	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission Coverages Coverage	
<b>Description</b>	<p>A code to indicate the type of policy for the period of cover being reported upon.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 'Normal' Policy</li> <li>02 Burning Cost Policy</li> <li>03 Minimum Premium Policy – Domestic</li> <li>04 Minimum Premium Policy – Other (Nominal)</li> <li>09 Other Policy Type</li> </ul>	
<b>Rules</b>	Mandatory	

**P053 Initial Deposit Premium Charged**

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

**P041 Current Adjusted Premium Charged**

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

**P042 Actual Final Premium Charged**

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

## CLAIM DATA

### Claim Data Items

#### Submission Notes

##### The Claims Node:

- A *Claims node* notification is required initially, when first notifying the receipt of a Claim, and then only when any details of the Claims node record 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 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 every medical certificate received should be notified, regardless of the Medical Certificate Date.
- *Work Status Updates* - details of every 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 Submission Rules in Part 1 of this document.

## Claim Identification Data Items

### C001 Insurer Number

	WA NIDS	XML Schema
<b>Title</b>	Insurer Number	InsurerNumber
<b>Format</b>	Numeric	Integer
<b>Length</b>	4 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	n/a- attribute of Submission.node	
<b>Description</b>	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data	
<b>Rules</b>	Mandatory See <a href="#">Appendix 1 - Insurer Numbers – Approved and Self-Insurers</a>	

## C002 Insurer Claim Number

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

**C003 WorkCover Claim Number (WCCN)**

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

**C004 Start Date Of Return Period**

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

**C005 End Date Of Return Period**

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

**C006 Policy Number**

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



**C007 Coverage ID**

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

**C008 PRC 1993**

	WA NIDS	XML Schema
<b>Title</b>	PRC 1993	ANZSIC93Code
<b>Format</b>	Numeric.	String
<b>Length</b>	5 digits.	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim	
<b>Description</b>	Identifies the ANZSIC 1993-based item number of the risk for the period to which the claim is charged	
<b>Rules</b>	Conditional - to be supplied as a 5-digit Premium Rate Classification as per the relevant WA Government gazette, in accordance with the rules set out in the document <a href="#">NIDS - ANZSIC - WA Supply Guide.docx</a> .	

## C129 PRC 2006

	WA NIDS	XML Schema
<b>Title</b>	PRC 2006	ANZSIC06Code
<b>Format</b>	Numeric	String
<b>Length</b>	5 digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim	
<b>Description</b>	Identifies the ANZSIC 2006-based item number of the risk for the period to which the claim is charged.	
<b>Rules</b>	Conditional - to be supplied as a 5 digit Premium Rate Classification as per the document <a href="#">WA-Specific PRC 06 codes for WA Workers' Compensation Scheme</a> (on the WorkCover WA website), in accordance with the rules set out in the document <a href="#">NIDS - ANZSIC - WA Supply Guide.docx</a> .	

## C009 Shared Claim Code

	WA NIDS	XML Schema
<b>Title</b>	Shared Claim Code	SharedClaimCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim	
<b>Description</b>	To be set if all or part of the costs of the claim are recoverable from any other party	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <p>00 Not Shared</p> <p>01 Shared, responsible insurer</p> <p>02 Shared, not responsible insurer</p> <p>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.</p> <p>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.</p>	

**C010 Record Status Code**

	WA NIDS	XML Schema
<b>Title</b>	Record Status Code	RecordStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim	
<b>Description</b>	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.	
<b>Rules</b>	<b>Not required for WorkCover WA.</b>	

**C011 Revised Insurer Claim Number**

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

## Worker Data

### C012 Worker Title

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

### C013 Worker Surname

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

**C014 Worker Given Name**

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

**C015 Worker Residential Address Line 1**

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

**C016 Worker Residential Address Line 2**

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

**C120 Worker Residential Address Line 3**

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

**C017 Worker Residential Address Suburb**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Worker Residential Address Suburb	Suburb
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=200
<b>XSD Location</b>	Submission.Claims.Claim.Worker Address	
<b>Description</b>	The suburb or district of the Worker's residential address	
<b>Rules</b>	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
<b>Title</b>	Worker Residential Address State/Territory	State
<b>Format</b>	Alphabetic	String
<b>Length</b>	3 characters	Min=0, Max = n/a (validated as below)
<b>XSD Location</b>	Submission.Claims.Claim.Worker Address	
<b>Description</b>	The suburb or district of the Worker's residential address	
<b>Rules</b>	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
<b>Title</b>	Worker Residential Address Postcode	Postcode
<b>Format</b>	Numeric	String
<b>Length</b>	4 characters	Min=0, Max=4
<b>XSD Location</b>	Submission.Claims.Claim.Worker Address	
<b>Description</b>	The Postcode of the Worker's residential address	
<b>Rules</b>	Optional	

**C020 Worker Postal Address Line 1**

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

**C021 Worker Postal Address Line 2**

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

**C121 Worker Postal Address Line 3**

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

**C022 Worker Postal Address Suburb**

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

**C023 Worker Postal Address State/Territory**

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

**C024 Worker Postal Address Postcode**

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

**C025 - Worker Home Phone Number**

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

**C026 Worker Mobile Phone Number**

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

**C027 Worker Work Phone Number**

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

**C028 Worker Email Address**

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

**C029 Worker Date Of Birth**

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

**C030 Worker Gender**

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

**C031 Worker Preferred Language**

	WA NIDS	XML Schema
<b>Title</b>	Worker Preferred Language	PreferredLanguageCode
<b>Format</b>	Numeric	String
<b>Length</b>	4 digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.Worker	
<b>Description</b>	The preferred language of the worker (coded using the Australian Standard Classification of Languages (ASCL) <u>Note: WorkCover WA has used both Table 1.3 and Table 2 of this ABS Standard document to construct its reference list.</u>	
<b>Rules</b>	Mandatory	



**C124 Worker Dependants**

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

## Employment details

### C032 Duty Status Code

	WA NIDS	XML Schema
<b>Title</b>	Duty Status Code	DutyStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.EmploymentDetails	
<b>Description</b>	The duty status of the Worker at the time of injury or disease.	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 At Work – at Normal Workplace</li> <li>02 At Work - Road Traffic Accident</li> <li>03 At work - on break</li> <li>04 Commuting/journey</li> <li>05 Away from work during recess break</li> <li>06 At work – working away from normal workplace</li> <li>09 Other</li> <li>11 Working at home</li> </ul> <p>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.</p>	

## C033 Employment Status Code

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

**C036 Worker's Occupation Narrative**

	WA NIDS	XML Schema
<b>Title</b>	Worker's Occupation Narrative	OccupationNarrative
<b>Format</b>	Alphanumeric	String
<b>Length</b>	50 characters	Min=0, Max=200
<b>XSD Location</b>	Submission.Claims.Claim.EmploymentDetails	
<b>Description</b>	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)	
<b>Rules</b>	Mandatory	

**C037 Worker's Occupation Code**

	WA NIDS	XML Schema
<b>Title</b>	Worker's Occupation Code	ANZSCOCODE
<b>Format</b>	Numeric	String
<b>Length</b>	4 digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.EmploymentDetails	
<b>Description</b>	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	
<b>Rules</b>	Optional	

**C038 Hours Worked Per Day**

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

**C039 Hours Worked Per Week**

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

**C040 Normal Weekly Earnings**

	WA NIDS	XML Schema
<b>Title</b>	Normal Weekly Earnings	PreInjuryWeeklyEarnings
<b>Format</b>	Numeric	Decimal
<b>Length</b>	7digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.EmploymentDetails	
<b>Description</b>	The normal weekly earnings of the worker at the time of the injury or disease. Equals Amount A, if the worker's earnings were prescribed by an industrial award or enterprise bargaining agreement when the disability occurred, or Amount B if Amount A does not apply, as set out in Schedule 1 of the Act.	
<b>Rules</b>	Conditional – required only for Time Lost Claims	

**C041 Ordinary Time Rate Of Pay Per Week**

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

**C042 Date Worker Started Employment**

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



## Employer Data

### C043 Employer ABN

	WA NIDS	XML Schema
<b>Title</b>	Employer ABN	ABN
<b>Format</b>	Alphanumeric	String
<b>Length</b>	11 digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.EmployerDetails	
<b>Description</b>	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.	
<b>Rules</b>	Optional	

### C125 Employer ACN

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

**C127 WorkCover Number**

	WA NIDS	XML Schema
<b>Title</b>	WorkCover Number	WorkcoverNumber
<b>Format</b>	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
<b>Length</b>	10 Digits	Min=0, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.EmployerDetails	
<b>Description</b>	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy.	
<b>Rules</b>	Mandatory	

**C044 Employer Trading Name**

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

**C045 Employer Contact Name**

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

**C046 Employer Contact Position**

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

**C047 Employer Contact Phone Number**

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

## Claim Management Details

### C048 Date Of Occurrence

	WA NIDS	XML Schema
<b>Title</b>	Date Of Occurrence	OccurrenceDate
<b>Format</b>	Date, YYYY-MM-DD	Date
<b>Length</b>	10 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	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).	
<b>Rules</b>	<p>Mandatory</p> <p>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.</p> <p>Note that this definition differs from that used for a Memorandum of Agreement, which requires the Determination Date as the "Date of Accident".</p> <p>If the injury or disease re-occurs, supply the date of the original injury or disease, not the date of recurrence.</p>	

**C049 Date Insurer Notified Of Injury**

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

**C050 Date Claim Received By Employer**

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

**C051 Date Medical Certificate Received By Employer**

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

**C052 Date Insurer Notified Of Claim**

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

**C053 Date Claim Received By Insurer**

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



**C054 Injury Management Program Type**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Injury Management Program Type	InjuryManagementProgramType
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	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.	
<b>Rules</b>	Mandatory  Codes are: 01 Insurer 02 Employer (default)	

**C055      Extent of Incapacity Code**

	WA NIDS	XML Schema
<b>Title</b>	Extent of Incapacity Code	IncapacityCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	Indicates the outcome of the injury or disease as assessed by the insurer and the doctor.	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01    Death</li> <li>02    Temporary Incapacity</li> <li>03    Permanent Incapacity - Partial</li> <li>04    Permanent Incapacity – Total</li> <li>05    No Incapacity at any Time – Worker Not Injured</li> <li>06    No Incapacity at any Time – Worker Injured</li> </ul> <p>The term “incapacity” refers to capacity for any work, either in the worker’s pre-injury duties or any other.</p> <p>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.</p>	

**C056 Date Of Death**

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

**C057 Date Claim Finalised**

	WA NIDS	XML Schema
<b>Title</b>	Date Claim Finalised	ClaimFinalisedDate
<b>Format</b>	Date, YYYY-MM-DD	Date
<b>Length</b>	10 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The latest date the claim was finalised	
<b>Rules</b>	<p>Conditional – required/updated when a claim is finalised.</p> <p>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.</p> <p>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)</p>	

**C058 Date Of Recurrence**

	WA NIDS	XML Schema
<b>Title</b>	Date Of Recurrence	RecurrenceDate
<b>Format</b>	Date, YYYY-MM-DD	Date
<b>Length</b>	10 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The date of the recurrence of the worker's injury or disease	
<b>Rules</b>	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
<b>Title</b>	Date Reopened	ReopenedDate
<b>Format</b>	Date, YYYY-MM-DD	Date
<b>Length</b>	10 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The date the claim was last reopened.	
<b>Rules</b>	Conditional – to be supplied/updated when a claim is reopened.	

**C060 Weekly Benefit Rate**

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

**C061 Claim Status Date**

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

## C062 Claim Status Code

	WA NIDS	XML Schema
<b>Title</b>	Claim Status Code	ClaimStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	To indicate the latest status of a claim	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Accepted</li> <li>02 Pending</li> <li>03 Rejected</li> <li>04 Withdrawn</li> <li>05 Invalid Claim</li> <li>06 Paid Without Prejudice – WA Only – to be used, <u>when relevant</u>, instead of codes '01' and '03'.</li> </ul> <p>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 "Pending" status. All claims, except "Invalid Claims" (05), may have incurred costs.</p>	

	01 Accepted	<p>Includes:</p> <ul style="list-style-type: none"> <li>- Claims where a decision has been made by an insurer/self-insurer to accept liability.</li> <li>- Claims where an Arbitrator has determined the insurer or self-insurer is liable.</li> <li>- Claims where the original injury has been accepted and a secondary condition subsequently develops (for example psychological injury).</li> </ul>
	02 Pending	<p>Includes:</p> <ul style="list-style-type: none"> <li>- New and existing claims where a decision on liability has not been made by an insurer/self-insurer.</li> </ul> <p>Excludes:</p> <ul style="list-style-type: none"> <li>- Claims where a final determination of liability has been made (the status should be changed to reflect that decision).</li> <li>- Claims that have been finalised.</li> </ul>
	03 Rejected	<p>Includes:</p> <ul style="list-style-type: none"> <li>- Claims where liability has been declined.</li> <li>- Claims where an Arbitrator has determined the insurer or self-insurer is not liable.</li> </ul>
	04 Withdrawn	<p>Includes:</p> <ul style="list-style-type: none"> <li>- Claims where an injured worker has formally withdrawn their claim.</li> </ul>

	05 Invalid Claim	<p>Includes:</p> <ul style="list-style-type: none"> <li>- Claims incorrectly raised and unable to be excluded from the data return.</li> <li>- Claims raised under the wrong policy.</li> <li>- Claims incorrectly raised twice.</li> </ul> <p>Excludes:</p> <ul style="list-style-type: none"> <li>- Claims with incurred costs (a different code must be selected).</li> </ul>
	06 Paid Without Prejudice	<p>Includes:</p> <ul style="list-style-type: none"> <li>- Claims where no liability decision has been made but a decision has been made by an insurer/self-insurer (including by Internal Dispute Resolution Process) to partially or wholly pay a claim on a “without prejudice” basis.</li> </ul> <p>Excludes:</p> <ul style="list-style-type: none"> <li>- Claims where a decision is made to make payments in anticipation of liability being accepted, but before a claim status has been formally established (see “Pending”).</li> <li>- Claims where the original injury is accepted and a secondary condition subsequently develops (for example psychological injury). In this instance the claim status should remain “Accepted”.</li> </ul>



## C063 Common Law Involvement

	WA NIDS	XML Schema
<b>Title</b>	Common Law Involvement	CommonLawInvolvement
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The type of Common Law involvement in a claim with regard to potential or actual Common Law payment.	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>00 No current/expected Common Law involvement</li> <li>01 Common Law estimate raised by insurer</li> <li>02 Writ Issued</li> <li>03 Common Law finalised (settlement or judgement)</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• the type of injury/circumstances of the Claim indicates that there is a high likelihood of it proceeding to Common Law,</li> <li>• a Civil Proceedings application had been made and was not yet resolved, or was in dispute, or</li> <li>• an election had been made but the action had not yet commenced.</li> </ul> <p>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 under section 92(f) without the above 'Common Law' criteria being fulfilled. If a Common Law action made by a worker fails or ceases for whatever reason (dismissed, withdrawn, etc) this data item should <u>not</u> be re-set to '00', as its use indicates the 'origin' of the Common Law involvement of the claim.</p>	

**C064 Common Law Outcome**

	WA NIDS	XML Schema
<b>Title</b>	Common Law Outcome	CommonLawOutcome
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The type of Common Law outcome of a claim identified as having Common Law involvement.	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>00 Not Applicable</li> <li>01 Pending</li> <li>02 Settlement</li> <li>03 Judgement</li> <li>04 Withdrawn</li> <li>05 Dismissed</li> <li>06 Lapsed</li> </ul> <p>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.</p> <p>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').</p> <p>The value "01" (Pending) is to be used when there is Common Law Involvement indicated (the data item 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.</p>	

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. Includes applicable Section 92(f) settlements.

The value "03" (Judgement) is to be used when 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
<b>Title</b>	Common Law Provision	CommonLawProvision
<b>Format</b>	Numeric	Decimal
<b>Length</b>	10 digits	Min=n/a, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.ClaimManagementDetails	
<b>Description</b>	The common law case estimate for the claim.	
<b>Rules</b>	<p><b>Conditional – to be supplied when the Common Law Involvement code is other than '00'.</b></p> <p>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.</p> <p>It is designed to be a component of the total estimate, irrespective of what has been paid, it should <u>not</u> be zeroed unless the claim is no longer a Common Law claim.</p>	

## Workplace Details

### C066 Workplace ANZSIC 1993

	WA NIDS	XML Schema
<b>Title</b>	Workplace ANZSIC 1993	WorkplaceIndustryANZSIC93Code
<b>Format</b>	Numeric	String
<b>Length</b>	5 Digits	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.WorkplaceDetails	
<b>Description</b>	Industry of workplace (ANZSIC Classification 93)  Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease	
<b>Rules</b>	Optional	

**C128 Workplace ANZSIC 2006**

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

**C067 Workplace Address Line 1**

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

**C068 Workplace Address Line 2**

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

**C122 Workplace Address Line 3**

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

**C069 Workplace Address Suburb**

	WA NIDS	XML Schema
<b>Title</b>	Workplace Address Suburb	Suburb
<b>Format</b>	Alphanumeric	String
<b>Length</b>	30 characters	Min=0, Max=200
<b>XSD Location</b>	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
<b>Description</b>	The suburb or district of the location of incident occurrence	
<b>Rules</b>	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
<b>Title</b>	Workplace Address State/Territory	State
<b>Format</b>	Alphabetic	String
<b>Length</b>	3 characters	Min=0, Max = n/a (validated as below)
<b>XSD Location</b>	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
<b>Description</b>	The State or Territory of the location of incident occurrence	
<b>Rules</b>	<p><b>Optional</b></p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>ACT Australian Capital Territory</li> <li>NSW New South Wales</li> <li>NT Northern Territory</li> <li>QLD Queensland</li> <li>SA South Australia</li> <li>TAS Tasmania</li> <li>VIC Victoria</li> <li>WA Western Australia</li> <li>OFF Offshore/Migratory in airplane</li> </ul>	

**C071 Workplace Address Postcode**

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

## Injury Details

### C072 Incident Description Narrative

	WA NIDS	XML Schema
<b>Title</b>	Incident Description Narrative	EventDescription
<b>Format</b>	Alphanumeric	String
<b>Length</b>	225 characters	Min=0, Max=1000
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails	
<b>Description</b>	The worker's description of what actually happened and what caused the occurrence. Including what action was involved eg. – Fall, caught between, struck by moving object.	
<b>Rules</b>	<p>Mandatory</p> <p>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</p>	

**C073 Mechanism Of Incident Code**

	WA NIDS	XML Schema
<b>Title</b>	Mechanism Of Incident Code	Mechanism
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits TOOCS 3.1	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails.TOOCS31	
<b>Description</b>	The <i>mechanism of incident</i> 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.	
<b>Rules</b>	Optional	

**C074 Agency Of Injury/Disease Code**

	WA NIDS	XML Schema
<b>Title</b>	Agency Of Injury/Disease Code	Agency
<b>Format</b>	Numeric	String
<b>Length</b>	4 digits TOOCS 3.1	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails.TOOCS31	
<b>Description</b>	The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease.	
<b>Rules</b>	Optional	

**C075 Breakdown Agency Code**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Breakdown Agency Code	BreakdownAgency
<b>Format</b>	Numeric	String
<b>Length</b>	4 digits TOOCS 3.1	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails.TOOCS31	
<b>Description</b>	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.	
<b>Rules</b>	Optional	

**C076 Most Serious Injury/Disease Narrative**

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

**C077 Nature Of Injury/Disease Code**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Nature Of Injury/Disease Code	Nature
<b>Format</b>	Numeric	String
<b>Length</b>	3 digits TOOCS 3.1	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails.TOOCS31	
<b>Description</b>	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.	
<b>Rules</b>	Optional	

**C078 Bodily Location Of Injury/Disease Narrative**

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

**C079 Bodily Location Of Injury/Disease Code**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Bodily Location Of Injury/Disease Code	BodyLocation
<b>Format</b>	Numeric	String
<b>Length</b>	3 digits TOOCS 3.1	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryDetails.TOOCS31	
<b>Description</b>	The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease.	
<b>Rules</b>	Optional	

## Injury Management Status

### C082 Primary Provider Number

	WA NIDS	XML Schema
<b>Title</b>	Primary Provider Number	PrimaryPractitionerProviderNumber
<b>Format</b>	Alphanumeric	String
<b>Length</b>	13 characters (up to)	Min=0, Max=20
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	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.	
<b>Rules</b>	Optional	

### C131 Medical Certificate ID

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



**C083 Date Of Medical Certificate**

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

**C084 Medical Certificate Provider Number**

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

**C085 Capacity To Work At Medical Certificate**

	WA NIDS	XML Schema
<b>Title</b>	Capacity To Work At Medical Certificate	CapacityToWorkCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
<b>Description</b>	The capacity to work as shown on the Workers' Compensation medical certificate received for the worker (whether it is a Initial or Continuing/Final certificate) or other indication of the worker's fitness for work (e.g., report).	
<b>Rules</b>	<p><b>Conditional - required when Medical Certificate details are supplied.</b></p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Fit for pre-injury duties, including fit but requiring further treatment.</li> <li>02 Fit for restricted return to work or for alternative duties.</li> <li>03 Unfit for work.</li> </ul>	

**C086 Date Work Status Changed**

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

## C087 Work Status

	WA NIDS	XML Schema
<b>Title</b>	Work Status	WorkStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
<b>Description</b>	The worker's last known work status.	
<b>Rules</b>	<p><b>Conditional – required when Work Status is initially determined or is updated.</b></p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Maintained at Work</li> <li>02 Return to Work – Full Hours</li> <li>03 Return to Work – Partial Hours</li> <li>04 Not Working – Injury Related</li> <li>05 Not Working – Other Reason</li> <li>06 Unknown – Failure to Provide a Medical Certificate</li> <li>09 Unknown – Other</li> </ul>	

**C130 Work Status Update ID**

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

**C088 Return To Work Plan Status**

	WA NIDS	XML Schema
<b>Title</b>	Return To Work Plan Status	ReturnToWorkProgramStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The latest status of the worker's Return to Work (RTW) plan	
<b>Rules</b>	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**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Return To Work Plan Goal/Outcome	ReturnToWorkPlanCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The latest goal, or final outcome, of the worker's Return to Work (RTW) Plan.	
<b>Rules</b>	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**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Injury Management Plan Status	InjuryManagementPlanStatusCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The latest status of the worker's Injury Management (IM) plan	
<b>Rules</b>	<p><b>Optional</b></p> <p>Codes are:</p> <p>01 In place</p> <p>02 Not in place</p>	



**C091 Whole Person Impairment Type**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Whole Person Impairment Type	WholePersonImpairmentType
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The type of whole person impairment	
<b>Rules</b>	Mandatory  Codes are: 00 Nil 01 Physical 02 Industrial Deafness 03 Psychological	

**C092 Whole Person Impairment Percentage**

	WA NIDS	XML Schema
<b>Title</b>	Whole Person Impairment Percentage	WholePersonImpairmentPercentage
<b>Format</b>	Numeric	Integer
<b>Length</b>	3 digits	Min=0, Max=100
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The percentage of whole person impairment	
<b>Rules</b>	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
<b>Title</b>	Date Of Determination	DeterminationDate
<b>Format</b>	Date, YYYY-MM-DD	Date
<b>Length</b>	10 digits	Min=n/a, Max=n/a
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The date of determination or agreement of whole person impairment	
<b>Rules</b>	Conditional – required when a whole of person impairment percentage is determined or agreed.	

**C094 Deafness Percentage**

	WA NIDS	XML Schema
<b>Title</b>	Deafness Percentage	DeafnessPercentage
<b>Format</b>	Numeric	Integer
<b>Length</b>	3 digits	Min=0, Max=100
<b>XSD Location</b>	Submission.Claims.Claim.InjuryManagementDetails	
<b>Description</b>	The % of deafness for the whole person impairment	
<b>Rules</b>	Conditional – required when appropriate.	

**C095 Total Payments Estimated**

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

**C097 Total Time Lost Estimated**

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

**C999 Team Number**

	WA NIDS	XML Schema
<b>Title</b>	Team Number	TeamNumber
<b>Format</b>	Alphanumeric	String
<b>Length</b>	3 characters	Min=0, Max=3
<b>XSD Location</b>	Submission Claims Claim	
<b>Description</b>	Any set of codes the insurer uses to describe segments of their operation. Can be used to filter and sort feedback.	
<b>Rules</b>	Optional	

## Claim Payments

### C096 Total Payments Actual

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

### C098 Total Time Lost Actual

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

**C099 Insurer Payment ID**

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

**C100 Payment Type Code**

	<b>WA NIDS</b>	<b>XML Schema</b>
<b>Title</b>	Payment Type Code	PaymentTypeCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
<b>Description</b>	The payment category to which the payment belongs	

<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Weekly Payment</li> <li>02 Fatal Weekly Payment</li> <li>03 Fatal Lump Sum Payment</li> <li>04 Fatal Other Payment</li> <li>05 Medical Practitioner or Specialist Payment</li> <li>06 Hospital Expense Payment</li> <li>07 Other Treatment or Appliance Payment</li> <li>08 Vocational Rehabilitation Payment</li> <li>09 Allied Health Payment</li> <li>10 Common Law Payment</li> <li>11 Permanent Impairment Payment</li> <li>12 Redemption Payment</li> <li>13 Negotiated Settlement Payment</li> <li>14 Worker Legal Expense Payment</li> <li>15 Insurer Legal Expense Payment</li> <li>16 Investigation Expense Payment</li> <li>17 Miscellaneous Payment</li> </ul> <p>NOTES (in the WA context):</p> <p><b>01 - Weekly Payment</b></p> <ul style="list-style-type: none"> <li>• Weekly payment of compensation made to the worker whilst totally or partially incapacitated in the form of weekly earnings under clauses 11, 12, 13, 14 and 16, payments made for absences from work for</li> </ul>
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	<p>medical attendance under clause 10, and payments made for board and lodging under clause 15 of Schedule 1 of the Act.</p> <ul style="list-style-type: none"><li>• Also includes weekly payments of the supplementary amount made under Schedule 5 clause 2 of the Act.</li><li>• Amounts should be reported as gross amounts.</li></ul> <p><u>Includes</u> - full payments, partial payments, make-up payments <u>Excludes</u> - fatal weekly payments to spouse or dependants (code as 02 - Fatal Weekly Payment)</p> <p><b>02 – Fatal Weekly Payment</b></p> <ul style="list-style-type: none"><li>• The total paid, in the form of weekly payments to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.</li></ul> <p><b>03 - Fatal Lump Sum Payment</b></p> <ul style="list-style-type: none"><li>• 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.</li></ul> <p><b>04 - Fatal Payment Other</b></p> <ul style="list-style-type: none"><li>• Funeral expenses and counselling services to deceased worker’s family.</li></ul> <p><b>05 – Medical Practitioner or Specialist</b></p> <ul style="list-style-type: none"><li>• Costs of services (treatment &amp; reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors. Registered medical practitioners are defined as:<ul style="list-style-type: none"><li>• General practitioners</li><li>• Psychiatrists</li><li>• Surgeons</li><li>• Radiologists</li></ul></li></ul>
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*Includes:*

- Payments made to Specialists (eg: orthopaedic surgeons, dentists, psychiatrists) to whom the Medical/General Practitioner refers the injured worker. It includes consultation and treatment expenses rendered by Specialists.
- **Payments to Rheumatologists.**

*Excludes:*

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

**06 – Hospital Expense**

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

*Includes:*

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

*Excludes:*

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

**07 – Other treatment or appliance payment**

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

*Includes:*

- Prescriptions, medical and surgical supplies
- Provision, maintenance, repair, adjustment or replacement of aids and appliances (including artificial limbs, eyes or teeth)
- Costs incurred on account of home help, for example cleaners

- Home and vehicle modifications
- Miscellaneous, repair or replacement of damaged clothing
- Road accident rescue services

#### **08 – Vocational Rehabilitation**

- All costs relating to workplace rehabilitation services made under Clause 17(1a) of Schedule 1 of the *Workers' Compensation and Injury Management Act 1981* in relation to workers who have suffered a disability under the Act.

*Includes:*

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

#### **09 – Allied Health Payment**

- Payments relating to medical services.

*Including but not limited to:*

- Dentists
- Chiropractors
- Optometrists
- Osteopaths
- Psychologists
- Physiotherapists

- Podiatrists
- Nursing services
- Paramedics
- Ambulance
- Occupational therapists

*Excludes* - treatments provided as vocational rehabilitation.

#### **10 – Common Law**

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

*Excludes* – payments of lump sums where the claim is settled by an agreement under Section 92(f) of the *Workers' Compensation and Injury Management Act 1981* (which should be coded to Payment Type Code 13 – Negotiated Lump Sum Settlement) – regardless of whether made as a Common Law settlement or not.

#### **11 – Permanent Impairment Payment**

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

*Includes:*

- Payment paid to a worker as a result of an injury that has lead to a permanent loss of the use of part of the body mentioned in the 'Table of Compensation Payable' (i.e. Schedule 2 of the *Workers' Compensation and Injury Management Act 1981*).

#### **12 - Redemption**

- Payments relating to the commutation of statutory benefits included in Schedule 1 of the *Workers' Compensation and Injury Management Act 1981*

**13 - Negotiated Lump Sum Settlement**

- All payments of lump sums where the claim is settled by an agreement under Section 92(f) of the *Workers' Compensation and Injury Management Act 1981* – regardless of whether made as a Common Law settlement or not.

**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:*

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

*Excludes:*

- Worker's legal costs paid by insurer

**16 - Investigation Expenses**

- 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**

- Other payments not elsewhere specified

*Includes:*

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

## C101 Weekly Payment Code

	WA NIDS	XML Schema
<b>Title</b>	Weekly Payment Code	WeeklyPaymentAdjustmentCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
<b>Description</b>	The replacement adjustment to previously advised weekly payments relating to Payment Type Code 01	
<b>Rules</b>	<p>Conditional – required when appropriate.</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Weekly Payment</li> <li>02 Make up Payment (included)</li> <li>03 Other</li> </ul> <p>01 - Weekly Payment Should be used where the payment is PURELY TIME LOST, with NO other components (Time lost only). 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.</p> <p>02 - Make up Payment Weekly + Make up Payment – Should be used where there is a COMBINED time lost and make up payment. Should be some time lost reported (Time lost plus makeup pay)</p> <p>03 - Other Should be used where payment is purely making up pay or other NON-TIME LOST payment eg Supernumerary or productivity payment. Should NOT have ANY TIME LOST reported (for this transaction).</p>	

	Not required, but may be supplied, for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.
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**C102 Time Lost**

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

**C103 Date Paid From**

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



**C104 Date Paid To**

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

**C105 Payment Amount**

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

**C106 Transaction Date**

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

## C107 Transaction Type Code

	WA NIDS	XML Schema
<b>Title</b>	Transaction Type Code	TransactionTypeCode
<b>Format</b>	Numeric	String
<b>Length</b>	2 digits	Min=0, Max=50
<b>XSD Location</b>	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
<b>Description</b>	The type of transaction that was carried out	
<b>Rules</b>	<p>Mandatory</p> <p>Codes are:</p> <ul style="list-style-type: none"> <li>01 Payment</li> <li>02 Recovery – CTP (Compulsory Third Party)</li> <li>03 Recovery – Other (Excluding reinsurance recoveries)</li> <li>04 Journal entry (Including adjustments made to adjust incorrect payment category, service code or provider number coding)</li> <li>05 Cancelled</li> </ul> <p>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.</p> <p>A journal may be a negative or positive amount depending on the nature of the correction/alteration being performed</p>	

## C109 Payment Context

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

## C110 Payment Source

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

## C111 Provider Number

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

## C112 Service Code

C112	WA NIDS	XML Schema
<b>Title</b>	Service Code	ServiceCode
<b>Format</b>	Alphanumeric	String
<b>Length</b>	8 characters	Min=0, Max=50
<b>XSD Location</b>	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
<b>Description</b>	A unique code allocated by WorkCover WA to identify the particular medical, allied health or vocational rehabilitation service supplied to the worker	
<b>Rules</b>	<p>Conditional – required for payments to general practitioners, specialists, clinical psychologists, physiotherapists, chiropractors, occupational therapists, vocational rehabilitation providers and all others approved to provide treatment who have supplied medical, allied health or vocational rehabilitation services to the worker i.e., C100 (Payment Type Code) codes '05', '07', '08' and '09'. May be supplied for Payment Type Code '16' if applicable.</p> <p>Not required, but may be supplied, for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.</p> <p><b>Note: The code to be supplied is the Service Code as supplied by WorkCover WA in its Service Code Reference File.</b></p>	

**C113 Service Date**

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

# **APPENDIX 1**

## **List of Approved and Self Insurer Numbers**



## WorkCover WA

## List of Approved and Self Insurer Numbers

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

It also includes:

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

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

## WorkCover WA

## List of Approved and Self Insurer Numbers

200	COLONIAL MUTUAL LIFE ASS
201	COMMONWEALTH BANK OF AUSTRALIA
164	COMPETITIVE FOODS AUSTRALIA PTY LTD
138	CSR LTD
110	DEFAULT INSURANCE FUND
203	EMU BAY RAILWAY COMPANY
005	FAI GENERAL INSURANCE
006	FAI TRADERS
202	FAL RUN OFF
165	FLETCHER BUILDING AUSTRALIA LTD
175	FORESTRY TASMANIA
059	GIO GENERAL LTD
024	GUILD INSURANCE LTD
184	GUNNS FOREST PRODUCTS PTY LTD
014	HIH INSURANCE
169	HOLCIM (AUSTRALIA) HOLDINGS PTY LTD
204	HYDRO ELECTRIC COMMISSION
140	IDAMENEO LTD
158	INGHAMS ENTERPRISES PTY LTD
046	INSURANCE AUST. LTD T/AS CGU WORKERS COMPENSATION
060	INSURANCE COMMISSION OF WA
159	ISS FACILITY SERVICES AUSTRALIA LIMITED
205	JOHN LYSAGHT INDUSTRIES (BHP STEEL)
185	KRAFT FOODS AUSTRALIA PTY LTD
152	LGIS WORKCARE
206	MACMAHON UNDERGROUND
009	MERCANTILE MUTUAL INSURANCE
154	METCASH TRADING LIMITED
186	MMG AUSTRALIA LIMITED
207	MOBIL OIL AUSTRALIA
208	MOUNT LYELL
156	MRS MACS PTY LTD
171	MYER HOLDINGS LTD
209	NATIONAL AUSTRALIA BANK
210	NATIONAL FOOD MILK TAS

## WorkCover WA

## List of Approved and Self Insurer Numbers

010	NORWICH WINTERTHUR
167	NYRSTAR HOBART PTY LTD
015	NZI INSURANCE
160	ONESTEEL LTD
192	PAPERLINX
211	PORT WARATAH STEVEDORING
042	QBE INSURANCE AUSTRALIA LTD
212	RENISON
187	RINKER GROUP LIMITED
190	RIO TINTO ALUMINIUM BELL BAY LIMITED
(a)	SOUTH 32
163	ST JOHN OF GOD HEALTH CARE INC
012	SWITZERLAND
179	TASMANIA STATE SERVICE
182	TASMANIAN ELECTRO METALLURGICAL CO PTY LTD
075	TGIO LIMITED
166	THE SMITHS SNACKFOOD COMPANY LTD
213	UNION SHIPPING
189	UNIVERSITY OF NEW SOUTH WALES
115	VACC INSURANCE LIMITED
016	VERO INSURANCE LTD
047	VERO INSURANCE LTD T/AS VERO WORKERS COMPENSATION
214	WESFARMERS BUNNINGS LTD
215	WESFARMERS CSBP LTD
172	WESFARMERS LTD
056	WESFARMERS GENERAL INSURANCE LTD
143	WESTPAC BANKING CORPORATION
144	WOODSIDE ENERGY LTD
146	WOOLWORTHS LIMITED
216	ZINIFEX AUSTRALIA LTD (ROSEBERY)
022	ZURICH AUSTRALIAN INSURANCE LTD

(a) WA Self-Insurer South 32 has been allocated WA Insurer Number 175