Self-insured Employer EDI Technical Specification –
V15.0

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# INTRODUCTION

This Self-Insured Employer EDI Technical Specification (Technical Specification) describes the electronic transfer of data required to be transmitted to ReturnToWorkSA (RTWSA) under Schedule 3 of the Return to Work Act Regulations 2015.

Data requirements within the Technical Specification not specifically contained in Schedule 3 of the ReturnToWorkSA Regulations 2015 are considered information reasonably required by ReturnToWorkSA for the effective and efficient administration of the Scheme.

An obligation of a self-insured employer under the Code of conduct for self-insured employers (the Code) is compliance with the current version of the Technical Specification.

The purpose of this specification is to define:

* Transmission file and record definitions;
* Attributes that make up those definitions; and
* Data required to populate those attributes.

Only those claims whose details (either claim or payment) have changed since the last updated transmission are to be reported (i.e. claims whose details have not been modified, and have had no payments made since the last updated transmission, are not to be extracted and transmitted, unless requested by RTWSA).

Claim payment details are required to be reported using the financial grouping as identified within section 6: Attribute definitions, of this document.

Certain fields are required as mandatory for reporting to RTWSA (refer section 6: Attribute definitions). These fields are also mandatory for data entry on the self-insured employer’s data base.

The following additional requirements are also required by this process:

For RTWSA purposes, a self-insured employer can either register,

* all physical locations, or
* choose to register a “lead” location that represents each South Australian Industry Classification (SAIC). In this instance, each member of the self-insured group must be registered as a location.

The RTWSA employer registration and location number (as notified by RTWSA), for each registered work site or SAIC, is to be matched and stored to the appropriate self-insured employer work site number and used when referring to that location in any communications with RTWSA. When claim creation occurs, this location number must be provided to RTWSA to identify the work site or industry involved in the incident.

The self-insured employer must notify the Insurer Performance Analyst, Insurer Regulation via email at Self-Insured@rtwsa.com of any changes by their software provider which may result in issues with the provision of data. Any issues resulting from a technical change must be rectified to RTWSA’s satisfaction within **one month** of the change.

The self-insured employer must ensure that they have obtained the latest version of the Technical Specification from RTWSA before commencing any changes.

# BASIS FOR REPORTING SELF-INSURED EMPLOYERS CLAIMS

If the claim falls into the following categories:

* the claim was lodged on or after 1/7/1995,
* the claim was lodged prior to 1/7/1995 and has had 5 or more days lost time,
* the claim was lodged prior to 1/7/1995 and is an open claim at transition,
* the claim is a death claim;

Then full claim details should be sent to RTWSA.

**Note:** If a Lump Sum (i.e. Redemption of Income, Redemption of Medical, Non-Economic Loss, Economic Loss, Economic Loss Election Payment, Death, etc.) is paid or a WPI assessment is made on a claim after the date of the application of this specification, and that claim was lodged prior to 1/7/1995, that claim must be reported to RTWSA.

## Transitional claims

Transitional claims are the claims incurred prior to becoming self-insured for which a self-insured employer has taken over responsibility.

These claims must be reported on if they are open at the time of take-over, or when the self-insured employer makes any payment against the claim. Upon transition to self-insurance, any open claim/s at RTWSA’s agent will be re-created as a self-insured record on RTWSA’s database and will be issued a new RTWSA claim number along with a SI CLAIM NO.

As these claims are outside the self-insured employer’s registration period, they will be provided as part of the claims data supplied after commencement of self-insurance. These claims must be loaded onto the self-insured employer’s claims database and used for future reporting. The registration and location number associated with these claims is required to be added to the self-insured employer’s database for reporting of the transitioned claims and any Incurred But Not Reported (IBNR) claims that eventuate from that registration period.

Claims that are closed upon transition to self-insurance and re-opened at a later date, are to be reported in the reporting file, and will be treated as new claims at RTWSA.

Important notes on Transitioned claims:

Once the employer has been granted self-insurance status by RTWSA a claims data file will be sent to the newly self-insured employer, this is the list the software supplier is to work from.

The timing on the release of the data file (post self-insurance) is dependent on certain factors the main being the self-insured employer finalising their reconciliation of remuneration for levy purposes.

Reconciliation also allows ReturnToWorkSA to finalise the new self-insured employer registration.

This does not occur until after the commencement date of self-insurance.

RTWSA needs to know of any payments the self-insured employer makes on these claims. RTWSA is to have **only the costs paid by self-insured employer reported electronically**. If the self-insured employer wishes to have the total claims costs loaded onto their database, then some way of excluding the RTWSA payments is to be sought.

# SYSTEM CONCEPTS

## Days lost

Lost time is counted as the number of working days, or shifts, that the worker is absent from his/her job. The time lost does not have to be in one block. Intermittent periods or parts of a shift should be accumulated. Calculated Days Lost with a decimal value between .1-.4 are rounded down; values .5-.9 are rounded up. The following are some examples of how time lost should be counted:

**Full-time workers**

E.g. Working day is 8 hour shift and worker is certified totally unfit and receiving income support for
 4 days.

 4 x full shift = 4 working days lost is to be reported to RTWSA

E.g. Working day is 8 hour shift and worker is on duty for 3 hours and certified unfit and receiving income support for 5 hours for 4 days.

 4 x 0.63\* of shift (5 hrs) = 2.5 Rounded up = 3 working days lost is to be reported to RTWSA

E.g. Working day is 12 hour shift and worker is on duty for 8 hours and certified unfit and receiving income support for 4 hours for 4 days.

 4 x 0.33\* of shift (4 hours) = 1.3 Rounded down = 1 working day is lost is to be reported to RTWSA

**Part-time workers**

E.g. Working day is 4 hour shift and worker is certified totally unfit and receiving income support for
 4 days.

 4 x full shift = 4 working days lost is to be reported to RTWSA

E.g. Working day is 4 hour shift and worker is on duty for 3 hours and certified totally unfit and receiving income support for 1 hour for 4 days

 4 x 0.25\* of shift (1 hr) = 1 working day lost is to be reported to RTWSA

E.g. Working day is a 5 hour shift and worker is on duty for 2 hours and certified totally unfit and receiving income support for 3 hours for 4 days

 4 x 0.60\* of shift (3 hours) = 2.4 Rounded down = 2 working days lost is to be reported to RTWSA

\*Denotes the decimal amount of the shift lost, e.g. 5 hours lost out of an 8 hour shift is 5/8 which is .625, which we have rounded to .63.

## Payments not made under the Return to Work Act

Payments made to a worker that are not related to an expense incurred under and in accordance with the Act are to be excluded from the costs reported to RTWSA.

## Claim Coding

Coding is not required when first advising an open claim (that is successfully processed), but in all subsequent updates the claim will need to be coded.

**Note:** Closed claims do not have to be coded where RTWSA has already coded the claim – in general (but not always); if you hold the RTWSA Claim Number due to previous EDI processes it is likely, RTWSA has the claim coded. If not, an error will be generated and you will have to code the claim and include it in another transmission.

# TRANSMISSION PROCEDURES

This procedure describes the steps required to allow electronic reporting of the current state of self-insured claims that have undergone changes to reportable data since the last transmission (this includes new claims, ongoing, claims closures, or claims being reopened).

The claim reporting cycle is performed electronically via an internet interface which is accessible from RTWSA’s website, [www.rtwsa.com](http://www.rtwsa.com). This internet application is secured, so new users will need to complete a *Secure Site User Registration Form* which is downloadable from the website.

Once completed, send this form to Self-Insured@rtwsa.com in order for a new user name (ID) and password to be issued.

Self-insured employers are required (unless advised otherwise by RTWSA) to transmit data monthly.

For the purpose of this requirement, it is expected that transmissions will be a regular pattern each month.

Claims under the RTWSA jurisdiction that have had any action on the self-insured employer’s database must be transmitted to RTWSA in the reporting file.

The self-insured employer’s database must ensure there is an automated system which identifies and transmits such claims.

Claims that are updated by the self-insured employer but not transmitted to RTWSA may place the self-insured employer in breach of Schedule 3 of the ReturnToWorkSA Regulations 2015 or the Code of conduct for self-insured employers.

## Claim reporting

When a claim is made by an employee, the claim details will be entered into the self-insured employer’s case management database. Each claim that is entered must be flagged/prompted (by a method dependent upon each system), to ensure that it is sent to RTWSA in the reporting file.

If the claim falls into the following categories:

* the claim was lodged on or after 1/7/1995,
* the claim was lodged prior to 1/7/1995 and has had five or more days lost time,
* the claim was lodged prior to 1/7/1995 and is a (re-)open claim at transition,
* the claim is a death claim,

Then full claim details must be sent to RTWSA.

**Note:** If a Lump Sum (i.e. Redemption of Income, Redemption of Medical, Non-Economic Loss, Economic Loss, Economic Loss Election Payment, Death, etc.) is paid or a WPI assessment is made on a claim after the date of the application of this specification, and that claim was lodged prior to 1/7/1995, that claim must be reported to RTWSA.

Every claim to be reported in a period is represented by a single record in the file sent to RTWSA, and that record definition holds are the possible reportable attributes for the claim.

For instance, new claims and updated claims that must be advised to RTWSA will be flagged for sending in the next transmission, to allow the claim to be created or updated in the RTWSA’s database.

RTWSA depends on the continuity of the provided self-insured’s systems unique claim number to be able to locate and apply updates; otherwise, new claims will be created unintentionally. The number need only be unique within the Employer registration number that the claim is associated with. This continuity applies to any claims already reported to RTWSA.

**Note:** A self-insured employer must not change a claim number once it has been transmitted to RTWSA. If a claim number is changed in error and transmitted, a new claim is created. Your system must not allow for a change of claim number once a claim has been transmitted.

Details for every claim to be reported include (but not limited to), worker postcode, self-insured employer received date, industry of workplace and workplace postcode are mandatory for the claim to be created. These fields are set to the appropriate values as at the date of injury and should not change after the claim is created as they reflect the worker’s situation on the injury date. Refer to items marked ‘Mandatory’ in section 6 Attribute Definitions.

Claims should not be saved on the self-insured employer’s database if they have any missing mandatory data. Self-insured employers who transmit claims to RTWSA that have missing mandatory data, risk being in breach of the Code of conduct. In these instances, the entire claim record will be rejected.

The worker and claim information sent to RTWSA will be processed overnight.

For new claims (i.e. first successful reporting to RTWSA), the person’s details will be matched against a list of all workers on RTWSA’s database to locate that worker’s unique identification number.

If a match is found, a new claim will be created and assigned to the worker’s unique identification number existing within RTWSA’s database. If the worker does not already exist on RTWSA’s database, a new worker, unique identification number and RTWSA claim number will be created (along with retaining the employer’s own unique claim reference).

**Note:** Lump sum search processes are reliant on accurate worker matching at claim creation. A self-insured employer must ensure worker details are accurately recorded in its claims management system.

Once the uploaded file has been processed successfully, a result file will be returned to the self-insured employer’s secure site page “Retrieve a File” link.

**Note:** RTWSA will NOT confirm in the result file that we have successfully created a new claim in our system. This can be assumed by the absence of errors listed in the result file.

At times, a list of all open claims listed on the RTWSA database can be returned to the self-insured employer on request (via a RTWSA “Tableau” report). A self-insured employer will be advised when the list is being sent and will then need to reconcile the list against the claims in their database. Any claim anomalies, such as closed at the self-insured employer and open at RTWSA will require the claim to be flagged/prompted and re-sent by the self-insured employer so that RTWSA has the correct status and information recorded on the claim.

## Claim updates (including payments)

As with a new claim, every claim record in the file should advise the current state of the claim (i.e. open or closed), payment details and other attributes required by RTWSA that are available or mandatory, this includes the first time a claim is reported, and any subsequent changes in reportable data.

Updates continue on a regular basis to all changed, open claims for the life of the claim.

RTWSA will NOT confirm in the result file that we have successfully updated the claim in our system. This can be assumed by the absence of errors listed in the result file for the claim.

It is recommended that the self-insured system has a mechanism of tracking successful transmission of claims to RTWSA.

An audit report should be generated and retained in the self-insured employer database that searches for any claims with a lodge date on or after 1/7/95 that have not been successfully advised to RTWSA. Previously to this version of the Technical Specification, the absence of the RTWSA Claim Number would indicate a possibility that the claim has not been transmitted (it may also indicate that the ERN batch per the prior Technical Specification solution was not imported). It would be useful for this report to be able to count the number of claims made within a given period.

## Claim closure

The self-insured employer will close the claim on their database and this should flag/prompt the claim to send a final full claim record in the next file transmitted to RTWSA.

**Note:** If the claim is indicated as closed, then certain fields must be supplied otherwise the record will be rejected.

If payments are later added to a closed claim without the claim being re-opened, the claim should still be flagged to be included in the next file (with complete details).

RTWSA will NOT confirm in the result file that we have successfully closed the claim in our system. This can be assumed by the absence of errors listed in the result file for the claim.

If between file transmissions a claim that may have been previously closed, and then reopened for activity and closed again, can simply report its state as closed at the time of the next file extract (all reportable data must be supplied, not just alterations). Separating the re-opening and closure into separate files is not possible.

## Claim re-open

If an existing closed claim is re-opened (for example further payments are made after finalisation, or a recovery or adjustment is made) then the claim should be flagged/prompted to indicate that it must be sent to RTWSA again.

The CLAIM CLOSED DATE will state to RTWSA that the claim is closed when a date is present, or open when the date is all zeros. If a claim is re-opened for a payment and closed in the same reporting period, then the claim is fully reported with the latest information, status, and closure date.

RTWSA will NOT confirm in the result file that we have successfully reopened the claim in our system. This can be assumed by the absence of errors listed in the result file for the claim.

As noted earlier, a situation where a claim is re-opened, adjusted, and closed within the one transmitting period, then (as in all scenarios) *only one record for the Claim must occur in the file*, and have all its reportable data as at the time of extract.

## Errors from submitted files

If RTWSA receives a file where the trailer counts do not match the value of the detail records, the complete file will be rejected and an error notification record will be returned to the self-insured employer the following day in the result file

If errors are found in detail records within a file during processing, an error notification record with appropriate error message(s) will be returned in the Result File to the self-insured employer’s secure site page “Retrieve a file” link.

Where the file contained no errors, a message will be returned in the Result File stating that the “file was successful and no errors were found”.

On receipt of an error notification file, it must be processed by the self-insured employer and presented as either a printed report or screen display that allows the errors to be perused. It is then the responsibility of the self-insured employer to resolve any errors identified before the next transmission. Refer to APPENDIX B *Common Error Messages* for examples.

Self-Insured employers must keep a record of error notifications returned from RTWSA.

The Code of conduct for self-insured employers requires any data errors identified in the transmission to be corrected within **one month** of transmission. A self-insured employer may wish to re-submit a further file with the corrected data immediately after any corrections have been made on their database.

## File type summary

Claims File (“FFS”) -- from self-insured employer to RTWSA – claims being reported.

Result File (“RES”) -- from RTWSA to self-insured employer, *processing results including errors and warnings or full success* for one claims file.

RTWSA processes each supplied file separately and returns a matching result file for the submitted file. Transmission files **to and from self-insured employers** must not and will not have multiple “files’ within them.

Each submitted file is made up of three record types – a single header, which identifies the submitting entity; a record per claim being reported and a single trailer. There are totals in the trailer record which are derived from a count of the claim records. The count is used as a check sum.

Each result file is also made up of three record types – a single header, which identifies the submitting entity and submitted file, one or more result records and a single trailer. There are totals in the trailer record which are derived from a count of the result records returned to the self-insured employer. These counts should be used as a check sum.

## Sample file layout

A header, detail, and trailer is equal to one file.

Header record – File submitted 10/10/2018

Claim record

Claim record

Claim record

Trailer record - File submitted 10/10/2018

It is advisable to keep a record of all data transmitted to RTWSA for audit purposes, should there be any queries regarding the data sent. The ability to resend a given claim, or complete file is required.

## Data flow diagram

This illustrates the flow of data to and from RTWSA via the internet interface.



# TRANSMISSION FILE DEFINITIONS

## File structure concepts

All records are fixed length and are terminated by a carriage return/line feed pair.

All CHARACTER fields are to be left justified and space filled to the right, to the maximum field length.

All DECIMAL fields are to be right justified and zero filled to the left.

The file sent to RTWSA can have any name.

The self-insured employer’s online services page on rtwsa.com does not have to be read each day, but should be read no more than **five days** after each transmission is sent (to collect error messages).

File size is limited to 2MB per transmission. If the overall size of your transmission is greater than 2MB, you will need to split it into files of less than 2MB.

## Online validations

A number of validation checks are performed by the internet application to ensure that a valid file is sent.

The following will result in an error message from the internet application advising that the file cannot be submitted:

* Each file must have a valid header record and only one.
* Each file must have a valid trailer record and only one.
* Fixed details on the header must match the corresponding trailer.
* Decimal fields must only contain numeric data (0 to 9) (for exceptions see warnings below), this includes the fact that all decimals are unsigned.
* Number of detail records sent must match the number in the trailer.
* If any errors are encountered, then the process stops validating. A maximum of 50 error messages will be displayed.

The internet application for transferring files supports most platform and browser combinations.

In the event that an error or warning is produced when a file is submitted on RTWSA’s secure site page “Submit a File” the self-insured employer must correct the data, with the assistance of their software provider, if required, and then re-submit a correct file.

## Overnight validations

A complete file will be rejected at overnight processing if:

* trailer records sent count does not equal the quantity received

If a file is rejected you will receive back the result file:

* a header record (based on what RTWSA received)
* one detail record with an appropriate error message and description
* a trailer record (one record sent)

If a file is accepted and there are no errors found, a header, one detail record with an appropriate confirmation message, and a trailer record will be returned to the self-insured employer’s secure site as confirmation.

It is strongly recommended that the self-insured system utilise the optional file header field SUPPLIER FILE REFERENCE to make it unique for each file, to support matching of the result files to a supplied file, and for problem solving support (it can simply be a date and time for instance, or a continuation of the previous batch number feature on the prior EDI specification). RTWSA will not validate this field.

## The Claim file

While a significant amount of claim information is required, it is all represented in one record for each claim. A claim must only be reported once in a file.

All data that can be reported when a claim record is produced must be output to the record, as RTWSA will treat every supply of the claim record as the current state of the claim. This means that data supplied earlier and then removed on a subsequent reporting of that claim, will be considered as having been removed from that claim and altered data will be treated as replacement data.

The claim record is used to (a) provide worker and claim details to allow RTWSA to electronically create a worker and claim upon first presentation in its reporting database, (b) record additional data known at claim creation (such as any payment totals), and (c) other data required to be supplied over the duration of the claim.

A self-insured employer may have more than one RTWSA registration (EMP NO) and each claim should have the relevant registration number recorded against it. The file will therefore need to accommodate multiple EMP NO’s.

**Note:** The registered number (TRANS EMP NO) does not change.

### Header record – Type 1 - (one record per file)

Fixed record length of 47 characters including CR/LF record delimiter:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Position** | **Values** |
| EDI DOC TYP TCDE | char(3) | 0001 - 0003 | FFS |
| EDI REC TYPE IND | char(1) | 0004 - 0004 | Zero (0) |
| FILE CREATE DTE | decimal(8.0) | 0005 - 0012 | yyyymmdd |
| FILE CREATE TIME | decimal(6.0) | 0013 - 0018 | hhmmss |
| TRANS EMP NO | decimal(8.0) | 0019 - 0026 |  |
| SUPPLIER FILE REF | char(16) | 0027 - 0042 |  |
| FILE VERSION NO | decimal(3.0) | 0043 - 0045 | Eleven (011) |
| CARRIAGE RETURN | char(1) | 0046 - 0046 | Constant |
| LINE FEED | char(1) | 0047 - 0047 | Constant |

### Claim record - Type 1 - Worker and all claim details

Fixed record length of 1441 characters including CR/LF record delimiter:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Position | Values |
|  | EDI DOC TYP TCDE | char(3) | 0001 - 0003 | Table 2 |
|  | EDI REC TYPE IND | char(1) | 0004 - 0004 | Table 6 |
|  | SI CLAIM NO | char(20) | 0005 - 0024 |  |
|  | EMP NO | decimal(8.0) | 0025 - 0032 |  |
|  | EMP LOCN NO | decimal(4.0) | 0033 - 0036 |  |
| Worker details | BIRTH DTE | decimal(8.0) | 0037 - 0044 |  |
| DECEASED DTE | decimal(8.0) | 0045 - 0052 |  |
| LANGUAGE TCDE | char(4) | 0053 - 0056 | Appendix C |
| GENDER IND | char(1) | 0057 - 0057 | Table 4 |
| WORKER GIVEN NME | char(25) | 0058 - 0082 |  |
| WORKER MIDDLE NME | Char (25) | 0083 - 0107 |  |
| WORKER SUR NME | char(25) | 0108 - 0132 |  |
| WORKER PRIOR SUR NME 1 | char(25) | 0133 - 0157 |  |
| WORKER PRIOR SUR NME 2 | char(25) | 0158 - 0182 |  |
| WORKER PRIOR SUR NME 3 | char(25) | 0183 - 0207 |  |
| WORKER POSTCODE | decimal(4.0) | 0208 - 0211 |  |
| Claim Summary details | INJ DTE | decimal(8.0) | 0212 - 0219 |  |
| CC NOTICE FROM WORKER DTE | decimal(8.0) | 0220 - 0227 |  |
| DETERM STATUS FLG | char(1) | 0228 - 0228 | Table 1  |
| DETERM STATUS CHG DTE | decimal(8.0) | 0229 - 0236 |  |
| CLAIM CLOSED DTE | decimal(8.0) | 0237 - 0244 |  |
| DECEASED CAUSE FLG | char(1) | 0245 - 0245 |  |
| DUTY STATUS IND | char(1) | 0246 - 0246 | Table 7 |
| APPRENTICE FLG | char(1) | 0247 - 0247 |  |
| NORMAL HRS PER WK QTY | decimal(5.2) | 0248 - 0252 |  |
| WORK DUTIES IND | char(1) | 0253 - 0253 | Table 5 |
| INDUSTRY OF WORKPLACE | decimal(6.0) | 0254 - 0259 |  |
| WORKPLACE POSTCODE | decimal(4.0) | 0260 - 0263 |  |
| DAYS LOST QTY | decimal(4.0) | 0264 - 0267 |  |
| NOTIONAL WEEKLY EARNING AMT  | decimal(5.0) | 0268 - 0272 |  |
| COMMON LAW COMMENCED FLG  | char(1) | 0273 - 0273 |  |
| NIIS FLG | char(1) | 0274 - 0274 |  |
| FUTURE MEDICAL FLG | char(1) | 0275 - 0275 |  |
| Claim coding | OCCUPATION CODE | decimal(6.0) | 0276 - 0281 |  |
| ACCIDENT AND INJURIES DESC | char(250) | 0282 - 0531 |  |
| NATURE OF INJURY CODE | decimal(3.0) | 0532 - 0534 |  |
| BODILY LOCATION CODE | decimal(3.0) | 0535 - 0537 |  |
| MECHANISM OF INCIDENT CODE | decimal(2.0) | 0538 - 0539 |  |
| AGENCY OF INJURY CODE | decimal(4.0) | 0540 - 0543 |  |
| AGENCY OF ACCIDENT CODE | decimal(4.0) | 0544 - 0547 |  |
| Claim costs | TOT COMMON LAW AMT | decimal(10.0) | 0548 - 0557 |  |
| TOT DEATH AMT | decimal(10.0) | 0558 - 0567 |  |
| TOT DEED OF RELEASE AMT | decimal(10.0) | 0568 - 0577 |  |
| TOT HOSP INPATIENT AMT | decimal(10.0) | 0578 - 0587 |  |
| TOT HOSP OUTPATIENT AMT | decimal(10.0) | 0588 - 0597 |  |
| TOT INC SUPP AMT | decimal(10.0) | 0598 - 0607 |  |
| TOT INVESTIGATION AMT  | decimal(10.0) | 0608 - 0617 |  |
| TOT LEGAL AMT | decimal(10.0) | 0618 - 0627 |  |
| TOT LS ECO LOSS AMT | decimal(10.0) | 0628 - 0637 |  |
| TOT LS ECO LOSS ELECTION AMT | decimal(10,0) | 1430 - 1439 |  |
| TOT LS NON ECO LOSS AMT | decimal(10.0) | 0638 - 0647 |  |
| TOT MED ALLIED HEALTH AMT | decimal(10.0) | 0648 - 0657 |  |
| TOT MED OTH GOODS AND SERV AMT | decimal(10.0) | 0658 - 0667 |  |
| TOT MED SERV AMT | decimal(10.0) | 0668 - 0677 |  |
| TOT OTH GDS SVCS NON MED AMT | decimal(10.0) | 0678 - 0687 |  |
| TOT OTH NON COMP AMT | decimal(10.0) | 0688 - 0697 |  |
| TOT PROPERTY AMT | decimal(10.0) | 0698 - 0707 |  |
| TOT RECOVERED AMT | decimal(10.0) | 0708 - 0717 |  |
| TOT REDEM INC SUPP AMT | decimal(10.0) | 0718 - 0727 |  |
| TOT REDEM MED EXP AMT | decimal(10.0) | 0728 - 0737 |  |
| TOT REHAB AMT | decimal(10.0) | 0738 - 0747 |  |
| TOT TRAVEL AMT | decimal(10.0) | 0748 - 0757 |  |
| NEL & Econ Loss | TOTAL WPI PERCENTAGE | decimal(3.0) | 0758 - 0760 |  |
| SERIOUS INJ ASSESSMENT DTE | decimal(8.0) | 0761 - 0768 |  |
| SERIOUS INJURY FLG | char(1) | 0769 - 0769 | Table 8  |
| NUMBER OF S56 PAYMENTS | decimal(3,0) | 1411 - 1413 |  |
| Lump Sum Econ Loss Election Payment  | LS ECO LOSS ELECTION DTE | decimal(8.0) | 1414 - 1421 |  |
| LS ECO LOSS ELECTION PMT DTE  | decimal(8.0) | 1422 – 1429  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body Systems (whole person impairment) | BS CARDIOVASCULAR FLG | char(1) | 0770 - 0770 |  |
| BS CARDIOVASCULAR PERC | decimal(3.0) | 0771 - 0773 |  |
| FILLER | char(1) | 0774 - 0774 |  |
| FILLER | decimal(3.0) | 0775 - 0777 |  |
| BS DIGESTIVE FLG | char(1) | 0778 - 0778 |  |
| BS DIGESTIVE PERC | decimal(3.0) | 0779 - 0781 |  |
| BS DIGESTIVE PARTS | char(50) | 0782 - 0831 |  |
| BS EAR NOSE THROAT FLG | char(1) | 0832 - 0832 |  |
| BS EAR NOSE THROAT PERC | decimal(3.0) | 0833 - 0835 |  |
| BS EAR NOSE THROAT PARTS | char(50) | 0836 - 0885 |  |
| BS ENDOCRINE FLG | char(1) | 0886 - 0886 |  |
| BS ENDOCRINE PERC | decimal(3.0) | 0887 - 0889 |  |
| BS ENDOCRINE PARTS | char(50) | 0890 - 0939 |  |
| BS HEMAT BLOOD FLG | char(1) | 0940 - 0940 |  |
| BS HEMAT BLOOD PERC | decimal(3.0) | 0941 - 0943 |  |
| BS HEMAT BLOOD PARTS | char(50) | 0944 - 0993 |  |
| BS LOWER EXTREMITY FLG | char(1) | 0994 - 0994 |  |
| BS LOWER EXTREMITY PERC | decimal(3.0) | 0995 - 0997 |  |
| BS LOWER EXTREMITY PARTS | char(50) | 0998 - 1047 | L,R,B |
| BS NERVOUS SYS FLG | char(1) | 1048 - 1048 |  |
| BS NERVOUS SYS PERC | decimal(3.0) | 1049 - 1051 |  |
| BS NERVOUS SYS PARTS | char(50) | 1052 - 1101 |  |
| BS NIHL FLG | char(1) | 1102 - 1102 |  |
| BS NIHL PERC | decimal(3.0) | 1103 - 1105 |  |
| BS PSYCH INJ PMH FLG | char(1) | 1106 - 1106 |  |
| BS PSYCH INJ PMH PERC | decimal(3.0) | 1107 - 1109 |  |
| BS RESPIRATORY FLG | char(1) | 1110 - 1110 |  |
| BS RESPIRATORY PERC | decimal(3.0) | 1111 - 1113 |  |
| BS SKIN FLG | char(1) | 1114 - 1114 |  |
| BS SKIN PERC | decimal(3.0) | 1115 - 1117 |  |
| FILLER | char(1) | 1118 - 1118 |  |
| FILLER | decimal(3.0) | 1119 - 1121 |  |
| BS SPINE FLG | char(1) | 1122 - 1122 |  |
| BS SPINE PERC | decimal(3.0) | 1123 - 1125 |  |
| BS SPINE PARTS | char(50) | 1126 - 1175 |  |
| BS UPPER EXTREMITY FLG | char(1) | 1176 - 1176 |  |
| BS UPPER EXTREMITY PERC | decimal(3.0) | 1177 - 1179 |  |
| BS UPPER EXTREMITY PARTS | char(50) | 1180 - 1229 |  |
| BS URINARY AND REPR FLG | char(1) | 1230 - 1230 |  |
| BS URINARY AND REPR PERC | decimal(3.0) | 1231 - 1233 |  |
| BS URINARY AND REPR PARTS | char(50) | 1234 - 1283 |  |
| BS VISUAL SYS FLG | char(1) | 1284 - 1284 |  |
| BS VISUAL SYS PERC | decimal(3.0) | 1285 - 1287 |  |
|  | BS VISUAL SYS PARTS | char(50) | 1288 - 1337 |  |
| Deed of Release | DEED OF RELEASE DISCHARGE DTE | decimal(8.0) | 1338 - 1345 |  |
| NWE AT DOR AMT | decimal(8.2) | 1346 - 1353 |  |
| DOR WKLY PMTS AMT  | decimal(8.2) | 1354 - 1361 |  |
| Redemption of Income Support | INC SUPP LIABILITY DISCH DTE | decimal(8.0) | 1362 - 1369  |  |
| SERIOUSLY INJURED AT REDEM FLG | char(1) | 1370 - 1370  |  |
| FUTURE CLAIM END DTE | decimal(8.0) | 1371 - 1378  |  |
| REDEEMED WKLY PMTS AMT  | decimal(8.2) | 1379 - 1386  |  |
| NWE AT REDEMPTION AMT | decimal(8.2) | 1387 - 1394  |  |
| FIRST INCAPACITY DTE | decimal(8.0) | 1395 - 1402  |  |
| Medical | MEDICAL LIABILITY DISCH DTE | decimal(8.0) | 1403 - 1410 |  |
|  | CARRIAGE RETURN  | char(1) | 1440 - 1440 | Constant |
|  | LINE FEED | char(1) | 1441 - 1441 | Constant |

### Trailer record – Type 9 - (one per file)

Fixed record length of 48 characters including CR/LF record delimiter:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Position | Values |
| EDI DOC TYP TCDE | char(3) | 0001 - 0003 | FFS |
| EDI REC TYPE IND | char(1) | 0004 - 0004 | Nine (9) |
| FILE CREATE DTE | decimal(8.0) | 0005 - 0012 | yyyymmdd |
| FILE CREATE TIME | decimal(6.0) | 0013 - 0018 | hhmmss |
| TRANS EMP NO | decimal(8.0) | 0019 - 0026 | Constant |
| SUPPLIER FILE REF | char(16) | 0027 - 0042 |  |
| TOTAL TXN SENT QTY | decimal(4.0) | 0043 - 0046 |  |
| CARRIAGE RETURN | char(1) | 0047 - 0047 | Constant |
| LINE FEED | char(1) | 0048 - 0048 | Constant |

## File submission results

The RES file type is used to return file processing results, including “fatal” errors and warnings.

**Header record** (one record per file)

Fixed record length of 52 characters including CR/LF record delimiter:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Position | Values |
| EDI DOC TYP TCDE | char(3) | 0001 - 0003 | RES |
| EDI REC TYPE IND | char(1) | 0004 - 0004 | Zero (0) |
| FILE CREATE DTE | decimal(8.0) | 0005 - 0012 | yyyymmdd |
| FILE CREATE TIME | decimal(6.0) | 0013 - 0018 | hhmmss |
| TRANS EMP NO | decimal(8.0) | 0019 - 0026 |  |
| SUPPLIER FILE REF | char(16) | 0027 - 0042 |  |
| REGULATOR RECEIVED DTE | decimal(8.0) | 0043 - 0050 | yyyymmdd |
| CARRIAGE RETURN | char(1) | 0051 - 0051 | Constant |
| LINE FEED | char(1) | 0052 - 0052 | Constant |

**Detail record** (one per error, many per claim)

Fixed record length of 202 characters including CR/LF record delimiter:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Position | Values |
| EDI DOC TYP TCDE | char(3) | 0001 - 0003 | RES |
| EDI REC TYPE IND | char(1) | 0004 - 0004 | One (1) |
| SI CLAIM NO | char(20) | 0005 - 0024 |  |
| EMP NO\* | decimal(8.0) | 0025 - 0032 |  |
| EMP LOCN NO | decimal(4.0) | 0033 - 0036 |  |
| MSG NO | decimal(4.0) | 0037 - 0040 |  |
| MSG VAL | char(160) | 0041 - 0200 | Table 3 |
| CARRIAGE RETURN | char(1) | 0201 - 0201 | Constant |
| LINE FEED | char(1) | 0202 - 0202 | Constant |

**Trailer record** (one per file)

Fixed record length of 56 characters including CR/LF record delimiter:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Position | Values |
| EDI DOC TYP TCDE | char(3) | 0001 - 0003 | RES |
| EDI REC TYPE IND | char(1) | 0004 - 0004 | Nine (9) |
| FILE CREATE DTE | decimal(8.0) | 0005 - 0012 | yyyymmdd |
| FILE CREATE TIME | decimal(6.0) | 0013- 0018 | hhmmss |
| TRANS EMP NO | decimal(8.0) | 0019 - 0026 | Constant |
| SUPPLIER FILE REF | char(16) | 0027 - 0042 |  |
| REGULATOR RECEIVED DTE | decimal(8.0) | 0043 - 0050 | yyyymmdd |
| TOTAL TXN SENT QTY | decimal(4.0) | 0051 - 0054 |  |
| CARRIAGE RETURN | char(1) | 0055 - 0055 | Constant |
| LINE FEED | char(1) | 0056- 0056 | Constant |

*\* Is not normally populated.*

# ATTRIBUTE DEFINITIONS

If an attribute is defined as optional, then the related claim record will still be processed if the data for those attributes are left blank for character fields (or zeroes for decimal/numeric fields). However, if the information can be provided from the self-insured employer’s database and the attribute isoptional, then RTWSA prefers to receive the data (as it is useful for statistical analysis). Optional data may be upgraded to mandatory in future and Regulations may be changed accordingly. Note that optional data supplied for a claim and then later not supplied when the claim details are sent again will be treated as no longer applicable to the claim.

At every file transmission where a claim is included, the claim record must include the current totals for each payment type, and with zero as the default. Payment amounts are now reported in **whole dollars only (cents rounded to the nearest dollar).**

It is recommended that the cross reference grouping of self-insured employer accounts to RTWSA reporting groups be set up in such a way as to allow flexible and easy maintenance.

ACCIDENT AND INJURIES DESC Char (250)

 **Mandatory**

 A free form, word description from all relevant sections of the worker’s claim form on how the accident occurred, body parts injured and injuries sustained by the worker.

 Must be provided for the claim to be created.

AGENCY OF INJURY CODE Decimal (4.0)

 **Mandatory** (i.e. non-zero) for new claims created under V14 of the technical specification.

 The agency of injury or disease classification per Section G of TOOCS 3.1. The Agency of Injury identifies the object, substance, or circumstance which was the direct cause of the most serious injury or disease.

AGENCY OF ACCIDENT CODE Decimal (4.0)

 **Mandatory** (i.e. non-zero) for new claims created under V14 of the technical specification.

The *breakdown agency* classification per Section G of TOOCS 3.1. The agency of accident is intended to identify the object, substance, or circumstance that was principally involved in, or most closely associated with the breakdown event.

APPRENTICE FLG Char (1)

 Optional

 Indicates if the injured worker is an apprentice/trainee.

 Must be Y = Yes or N = No.

BIRTH DTE Decimal (8.0)

 **Mandatory**

 Birth date of worker.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 On existing claims, must equal current value of BIRTH DTE.

 If an update to a date of birth is required, this will need to be a manual change performed by RTWSA prior to submitting your updated record. Please contact Self-Insured@rtwsa.com to amend.

BODILY LOCATION CODE Decimal (3.0)

 **Mandatory** (i.e. non-zero) for new claims created under V14 of the technical specification.

 The *bodily location of injury/disease* classification per section E of TOOCS 3.1. This is intended to identify the part of the body affected by the most serious injury or disease.

 Supply zeros by default until claim update is reported.

**BODY SYSTEMS (BS) ASSESSED FOR WHOLE PERSON IMPAIRMENT (s58, s56, s56A)**

|  |
| --- |
| When a payment is made for non-economic loss (s58), economic loss (s56), and economic loss election payment (s.56A) the TOTAL WPI PERCENTAGE must be supplied and whole person impairment assessment results supplied for all the body systems assessed. For each of the 16 body systems the claim record has a flag, a percentage, and where there are body parts within the system a text field for body part & side information (such as “left wrist tendonitis”). Definitions for the Body Systems are contained with the “Return To Work Scheme – Impairment Assessment Guidelines”.For example**BS UPPER EXTREMITY FLG** Char(1) **Optional**. Indicate with Y if the system or its body part(s) where assessed, else N or space.**BS UPPER EXTREMITY PERC** Decimal(3.0) **Optional** The percentage assessed for the body system Upper Extremity. **BS UPPER EXTREMITY PARTS** Char(50) **Optional, but Mandatory when the body system has been assessed.** The side and body parts assessed for body system Upper Extremity. Free form text describing each body part and side assessedThe flag should have a Y if the body system was assessed, even if the body system was assessed between zero and four percent, else space or N. Ensure the corresponding percentage is supplied when assessed, even when zero and it is mandatory to provide details of the body part(s) assessed. If a non-zero percentage is supplied, then ensure the corresponding flag is set to Y and body part details supplied if the system is broken into body parts. Percentages are in whole numbers from 000 to 100. Where a body system has not been assessed (as would be situation for the majority of claims) then report the flag as N or space, the percentage as zero, and the Parts text as spaces. |

**BS CARDIOVASCULAR** FLG/PERCCardiovascular system

**BS DIGESTIVE FLG** FLG/PERC/PARTSDigestive

**BS EAR NOSE THROAT** FLG/PERC/PARTSEar, Nose and Throat

**BS ENDOCRINE** FLG/PERC/PARTSEndocrine

**BS HEMAT BLOOD** FLG/PERC/PARTSHematopoietic (Blood)

**BS LOWER EXTREMITY** FLG/PERC/PARTSLower Extremity

**BS NERVOUS SYS** FLG/PERC/PARTSNervous System

**BS NIHL** FLG/PERCNoise induced hearing loss

**BS PSYCH INJ PMH** FLG/PERCPsychiatric injury (pure mental harm)

**BS RESPIRATORY** FLG/PERCRespiratory

**BS SKIN** FLG/PERCSkin

**BS SPINE** FLG/PERC/PARTSSpine

**BS UPPER EXTREMITY** FLG/PERC/PARTSUpper Extremity

**BS URINARY AND REPR** FLG/PERC/PARTSUrinary and Reproductive

**BS VISUAL SYS** FLG/PERC/PARTSVisual System

CARRIAGE RETURN Char (1)

 **Mandatory**

 On the end of each record sent, regardless of the record type, a carriage return/line feed pair is used to delimit the end of record.

CC NOTICE FROM WORKER DTE Decimal (8.0)

 **Mandatory**

 The date the claim is received by the claims area of the self-insured employer.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be on or after INJ DTE.

 Must be provided for the claim to be created.

 A claim occurs when a completed claim form is received.

CHARACTER All char fields

 Definition of all character fields.

 Fields are to be left justified and space filled to the right to the maximum field length.

 Example for a worker with a surname of ‘Smith’ set WORKER SUR NME to ‘Smith’.

CLAIM CLOSED DTE Decimal (8.0)

 **Mandatory** when the claim is closed

 The date the claim is closed by the self-insured employer.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be on or after INJ DTE.

COMMON LAW COMMENCED FLG Char (1)

 **Optional**

 Must be Y if COMMON LAW TOTAL AMT is greater than zero, for claims with INJ DTE on or after 1/7/2015.

 Otherwise:

 Indicates if common law proceedings have commenced in relation to the claim.

 Valid Values are:

 Y = Yes (worker commenced common law proceedings),

 N = No (worker has not commenced common law proceedings),

 Space = worker has not commenced common law proceedings.

DAYS LOST QTY Decimal (4.0)

 **Mandatory**

 Number of working days lost due to injury.

 Must be numeric.

 Must be greater than or equal to most recent DAYS LOST QTY value provided by the self-insured employer.

 Must be greater than or equal to zero (not negative).

 Refer to Section 3.1 - Days lost for calculations.

DECEASED CAUSE FLG Char (1)

 **Mandatory** if worker deceased (DECEASED DTE entered)

 Indicates if a deceased worker died due to their work injuries

 Valid Values are:

 Y = Yes (worker deceased from claim related injury/disease),

 N = No (worker deceased from other causes - not claim related),

 Space = not deceased,

 If the worker is deceased then the value must be Y or N,

 If the worker is not deceased then the value must be spaces.

DECEASED DTE Decimal (8.0)

 **Mandatory** if DECEASED CAUSE FLG entered as ‘Y’ or ‘N’ AND/OR if TOT DEATH AMT is greater than zero.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must equal the day on which the worker died.

 Set to zero if the worker is not deceased.

 Must be on or after the INJ DTE.

DECIMAL All decimal fields

 Definition of all numeric fields.

 As an example, decimal (8.2) has a total length of 8 bytes, of which 2 are decimal places.

 Do not embed a decimal point, it is implied.

 Do not include a sign, as all amounts are positive dollars (including recovery amounts).

 To clarify, the definition of decimal fields the following examples are supplied for a field defined as decimal (8.2):

 To send The field should contain

 $12.34 00001234

 $12 00001200

 $12.30 00001230

 Zero 00000000

DEED OF RELEASE DISCHARGE DTE Decimal (8.0)

 **Mandatory** if TOT DEED OF RELEASE AMT is greater than zero **and Deed of Release has been paid under** V14 of the technical specification

 The date on which the Deed of Release amount was paid.

DETERM STATUS CHG DTE Decimal (8.0)

 **Mandatory** (only for claims with INJ DTE on or after 1/7/2005).

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be on or after the CC NOTICE FROM WORKER DTE.

 For undetermined claims, this will be the date the claim was created. Otherwise, it will reflect the date the self-insured employer accepted or denied liability for the claim.

 If the determination of liability is changed, this data item should reflect the date the most recent liability determination was made. For example, if liability for a claim was originally denied but this decision is later overturned and liability is accepted, this data item should reflect the date the liability was accepted.

 Must be provided before the claim can be created.

 **Note:** The original acceptance date must continue to be reported. The date of any change regarding medical only or income support is still a determination of acceptance and must not override the original acceptance date.

DETERM STATUS FLG Char (1)

 **Mandatory**

 Self-insured employer’s determination of claim.

 Must be in UPPER CASE.

 Must be one of the valid values shown in Table 1 – DETERM STATUS FLG Values.

DOR WKLY PMTS AMT Decimal (8.0)

The amount of weekly payments the injured party is taken to be receiving for the purpose of section 49(3).

**Mandatory** if TOT DEED OF RELEASE AMT is greater than zero **and Deed of Release has been paid under** V14 of the technical specification

DUTY STATUS IND Char (1)

 **Mandatory**

 Indicates if the worker was performing their normal role at work when the injury occurred or if the injury occurred doing a task outside their normal duties.

 Must be one of the valid values from Table 7 – DUTY STATUS IND.

 Must be provided before the claim can be created.

EDI DOC TYP TCDE Char (3)

 **Mandatory**

 Code to indicate type of EDI file on page 51.

 Must be one of the valid values from Table 2 – EDI DOC TYP TCDE.

EDI REC TYPE IND Char (1)

 **Mandatory**

 Code to indicate type of record (header, detail, or trailer).

 Must be one of the valid values from Table 6 – EDI REC TYPE IND.

EDI TRANS DTE Decimal (8.0)

 **Mandatory**

 The date the transmission was sent from the self-insured employer to RTWSA, or vice-versa.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be less than or equal to current date.

EMP LOCN NO Decimal (4.0)

 **Mandatory**

 Location number at which injury occurred. Value provided by RTWSA on registration of the location. Must be a valid location number for the selected registration (EMP NO). The date of injury must be within the dates the location was operational.

 Must be numeric.

 Must exist on RTWSA database for EMPLOYER NO specified.

 Must be provided before the claim can be created.

EMP NO Decimal (8.0)

 **Mandatory**

 Registration number. Value provided by RTWSA on registration of the self-insured employer. The date of injury must be within the dates the location/s of this registration is operational.

 NB: A self-insured employer may have more than one RTWSA registration (EMP NO) and each claim should have the relevant registration number recorded against it.

 Must be numeric.

 Must exist on RTWSA database.

 Must be provided before the claim can be created.

 **Note:** The EMP NO must not be changed after claim creation.

FILE CREATE DTE Decimal (8.0)

 **Mandatory**Correct population of Date and Time attributes will ensure RTWSA processes files in the order they are produced by the supplier, rather than the order they may be uploaded.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must equal the day on which the file was created.

FILE CREATE TIME Decimal (6.0)

 **Mandatory**

 Must be numeric.

 Must be in date format of HHMMSS.

 Must equal the time of day in 24 hour format on which the file was created.

FILE VERSION NO Decimal (3.0)

 **Mandatory**

 Must be numeric.

 For all files submitted using the file format described in version 14 of this document, this must be set to ‘010’.

FILLER **Mandatory**

 Unused field/s for redundant or future expansion of attributes.

 Set to zero if a ‘Decimal’ type e.g. 00000000 for Decimal (8.0).

 Set to spaces if a ‘Char’ type.

FIRST INCAPACITY DTE Decimal (6.0)

The date of first accepted incapacity.

 **Mandatory** if TOT REDEM INC SUPP AMT is greater than zero **and Redemption of Income has been paid under** V14 of the technical specification

 Must be numeric.

 Must be in date format of YYYYMMDD.

FUTURE CLAIM END DTE Decimal (8.0)

 The date on which the workers entitlement to income support is to cease under section 39(3) (i.e. 104 weeks) if not for the redemption of weekly payments under section 54

 **Mandatory** if TOT REDEM INC SUPP AMT is greater than zero **and Redemption of Income has been paid under** V14 of the technical specification

Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be provided before the claim can be created.

FUTURE MEDICAL FLG Char (1)

 Optional

 Y/N/blank – indicates if a future entitlement to medical expenses under section 33(21) (ii) (iii) or (iv) has been approved. Blank and N have the same meaning.

GENDER IND Char (1)

 **Mandatory**

 Gender of worker.

 Must be one of the valid values from Table 4 – GENDER IND Values.

 Must be provided before the claim can be created.

INC SUPP LIABILITY DISCH DTE Decimal (6.0)

 **Mandatory (where redemption of income has been paid under** V14 of the technical specification**)**

 The date of the redemption agreement.

 Must be numeric.

 Must be in date format of YYYYMMDD.

INDUSTRY OF WORKPLACE Decimal (6.0)

 **Mandatory** (only for claims with INJ DTE on or after 1/7/2005.)

 Must be numeric.

 The INDUSTRY OF WORKPLACE is known as the SAIC. For each location or group of locations, the SAIC is set by RTWSA.

 Industry of workplace relates to the main activity of the establishment at which the worker was injured, or experienced the exposure resulting in disease.

 The SAIC code is validated against the date of injury. The SAIC code needs to match the SAIC assigned to the location at the time of the injury. Different SAIC codes exist for different periods of the EMP LOC NO life. Each self-insurer needs to ensure their SAIC history is retained for the life of the location.

 The SAIC code for the industry of workplace should be recorded in relation to the establishment at which the worker was injured or experienced the exposure resulting in disease, irrespective of the industry of the self-insured employer.

 Must be provided before the claim can be created for claims with INJ DTE on or after 1/7/2005.

INJ DTE Decimal (8.0)

 **Mandatory**

 Date of injury.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be greater than BIRTH DTE.

 Must be less than or equal to current date.

 INJ DTE must be on/after EMP LOCN NO business commenced date.

 If EMP LOCN NO involved is cancelled, then the INJ DTE must be prior or equal to cancellation date.

 Must be provided before claim can be created.

LANGUAGE TCDE Char (4)

 Optional

 Code that represents the language spoken at home by the worker.

 Must be one of the valid values from Table 12 – Language Tcde Values.

LINE FEED Char (1)

 **Mandatory**

 On the end of each record sent, regardless of the record type, a carriage return/line feed pair is used to delimit the end of record. (ASCII 10).

LS ECO LOSS ELECTION DTE Decimal (8.0)

 **Mandatory** If LS ECO LOSS ELECTION PMT DTE entered

 The date the serious injured worker elected for an economic loss lump sum payment instead of their ongoing income support payments – s.56A.

Only applicable for claims where INJ DTE >= 1/7/2015

and SERIOUS INJURY FLG = ‘S’.

 Must be numeric.

 Must be in date format of YYYYMMDD.

LS ECO LOSS ELECTION PMT DTE Decimal (8.0)

 **Mandatory** If TOT LS ECO LOSS ELECTION AMT entered

 The transaction date of the economic loss lump sum election payment for the serious injured worker (instead of their ongoing income support payments) – s.56A.

There can only be one s.56A payment made.

Only applicable for claims where INJ DTE >= 1/7/2015

and SERIOUS INJURY FLG = ‘S’.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be greater than or equal to LS ECO LOSS ELECTION DTE.

MECHANISM OF INCIDENT CODE Decimal (2.0)

 **Mandatory** (i.e. non-zero) for new claims created under V14 of the technical specification.

 The *mechanism of incident* classification per section F of TOOCS 3.1. This is s intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.

MEDICAL LIABILITY DISCH DTE Decimal (6.0)

 The date of the redemption agreement.

 Must be numeric.

 Must be in date format of YYYYMMDD.

MSG VAL Char (160)

 **Mandatory** for any error specified

 Error message text.

 APPENDIX B contains examples of the most common messages.

 This field will contain a description of the field(s) in error with embedded error values.

NATURE OF INJURY CODE Decimal (3.0)

 **Mandatory** (i.e. non-zero) for new claims created under V14 of the technical specification.

 The *nature of injury/disease* classification per section D of TOOCS 3.1. The nature of injury/disease classification is intended to identify the most serious injury or disease sustained or suffered by the worker.

NIIS FLG Char (1)

 Optional.

 Indicates if the worker is a member of the National Injury insurance Scheme.

 Valid Values are:

 Y = Yes (member),

 N = No (non-member),

 Space = not determined if member.

NOTIONAL WEEKLY EARNING AMT Decimal (5.0)

 **Mandatory** if TOT INC SUPPORT AMT is greater than zero, for claims with INJ DTE on or after 1/7/2005.

 This represents the initial notional weekly earnings (NWE) that are used as the basis for the calculation of weekly benefits.

 If an adjusted NWE figure is needed for income support calculations (i.e. after CPI increases or yearly reviews) then the self-insured employer’s database must be provided with a separate field for the adjusted figure. The adjusted figure is not to be reported to RTWSA.

 Must be numeric and rounded to the nearest dollar.

NORMAL HRS PER WK QTY Decimal (5.2)

 **Mandatory**

 The number of hours and minutes usually worked each week by the injured worker (including overtime).

 Example 37.5 hours equates to 37 hours 30 minutes.

 If minutes are not known, the MM should be zero.

 Must be in time format of HHHMM.

NUMBER OF S56 PAYMENTS Decimal (3.0)

 **Mandatory**

 The number other Economic Loss payments the seriously injured worker has received for loss of future earning capacity – s.56

Excludes s.56A payments.

 Must be numeric.

Must be greater than or equal to zero.

NWE AT DOR AMT Decimal (4.2)

 The workers Notional Weekly Earning rate at the time of the deed of release under section 66 of the Act.

 **Mandatory** if TOT DEED OF RELEASE AMT is greater than zero **and Deed of Release has been paid under** V14 of the technical specification

NWE AT REDEMPTION AMT Decimal (4.2)

 The workers Notional Weekly Earning rate at the time of the redemption of income support agreement.

 **Mandatory** if TOT REDEM INC SUPP AMT is greater than zero **and Redemption of Income has been paid under** V14 of the technical specification

OCCUPATION CODE Decimal (6)

 **Mandatory** (i.e. non-zero) if the claim is being updated and RTWSA does not have a value recorded.

To be coded as per ANZSCO -- Australian and New Zealand Standard Classification of Occupations, 2013, Version 1.2.

REDEEMED WKLY PMTS AMT Decimal (8.2)

The rate of weekly payments that the worker is taken to be receiving on redemption of that liability for the purposes of section 49(2).

 **Mandatory** if TOT REDEM INC SUPP AMT is greater than zero **and Redemption of Income has been paid under** V14 of the technical specification

REGULATOR RECEIVED DTE Decimal (8.0)

 **Mandatory**

 Part of the return file. The date the file was processed by RTWSA.

RESULT FILE A single file returned for a claim file successfully accepted by the internet upload process.

SERIOUSLY INJURED AT REDEM FLG Char (1)

 Indicates if the worker is seriously injured at the time of redemption of income support entitlements. This includes an interim assessment.

 Valid Values are:

 Y = Yes (worker determined as seriously injured at time of redemption),

 N = No (worker not determined as seriously injured at the time of redemption),

 Space = not determined as seriously injured.

SERIOUS INJURY ASSESSMENT DTE Decimal (8.0)

 **Mandatory** if SERIOUS INJURY FLG entered as ‘S’

 The date the worker was determined as seriously injured under the Act.

 Must be numeric.

 Must be in date format of YYYYMMDD.

 Must be on or after the INJ DTE.

SERIOUS INJURY FLG Char (1)

 **Mandatory**

 Indicates if the worker is seriously injured. This includes an interim assessment.

 Valid Values are:

 S = Serious Injured (worker determined as seriously injured),

 I = Interim (worker determined as interim seriously injured),

 N = not determined as seriously injured.

SI CLAIM NO Char (20)

 **Mandatory**

 The unique self-insured employer’s claim reference number allocated to a claim by the self-insured employer’s database.

 It must be unique for the self-insured employer EMP NO.

 On new claims it cannot already exist in the RTWSA database for the self-insured employer’s other claims.

 On existing claims, the SI CLAIM NO must already be recorded on the RTWSA database.

 Must be provided for the claim to be created.

 Must be at least four characters.

 The combination of the EMP NO and SI CLAIM NO must only be present once in a submitted file.

 **Note:** The SI CLAIM NO must not be changed after claim creation.

SUPPLIER FILE REF Char (10.0)

 **Optional**

 For use by the supplier. This value will be returned on the header record of the results file. It is strongly recommended that the self-insured system utilise this to make it unique for each file, to support matching of the result files to a supplied file, and for problem solving support (it can simply be a date and time for instance, or a continuation of the previous batch number feature on the prior EDI specification).

 No validation is performed on this.

TOT COMMON LAW AMT **COMMON LAW TOTAL (CLA)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Negligence of the worker’s employer - s.71

(Historic payments made prior to 31/12/1992 under the WRCA 1986 continue to be reported in this category)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT DEATH AMT **DEATH TOTAL** **(LSD)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Lump sum payable on death – s.61

Funeral benefits – s.62

Counselling services– s.63

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

 Must have a DECEASED CAUSE FLG and DECEASED DTE if greater than zero.

**Note:** Previously included in the LSU payment type.

TOT DEED OF RELEASE AMT **DEED OF RELEASE TOTAL (DOR)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Rights of action and recovery against third parties s.66

Enter full amount agreed in the Deed of Release.

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT HOSP INPATIENT AMT **HOSPITAL – INPATIENT TOTAL** **(HSP)**Decimal (10.0).

 **Mandatory**.

 Total cumulative amount paid to date against:

* Inpatient expenses – accommodation (bed), theatre

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT HOSP OUTPATIENT AMT **HOSPITAL – OUTPATIENT TOTAL (HSO)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

* Accident & Emergency
* Outpatient services (not paid to a provider in private practice)

Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT INC SUPP AMT **INCOME SUPPORT TOTAL (IMT)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Back pay and interest on pay

Income reimbursement – Social Security

Income reimbursement – Australian Taxation Office

Make-up/top-up pay

Other employer income payments

Weekly payments to dependants

Incentive employee scheme

LOEC (paid under the WRCA 1986)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

 Must have NOTIONAL WEEKLY EARNING AMT if greater than zero and INJ DTE is on/after 01/07/2005

TOT INVESTIGATION AMT **INVESTIGATION TOTAL (IVS)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Fraud investigation expenses

Investigation expenses

Loss adjustor fees

Surveillance

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT LEGAL AMT **LEGAL TOTAL (LEV)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Representation self-insured employer

Representation worker

Solicitor’s fees

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT LS ECO LOSS AMT **LUMP SUM – ECONOMIC LOSS TOTAL (LEL)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Loss of future earning capacity – s.56

 Excludes s.56A amount paid (TOT LS ECO LOSS ELECTION AMT)

Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

 Must have a corresponding payment in TOTLS NON ECO LOSS AMT (LSU)

TOT LS ECO LOSS ELECTION AMT **LUMP SUM – ECONOMIC LOSS ELECTION TOTAL (LELEP)**

Decimal (10.0)

 **Mandatory.**

 The economic loss lump sum amount the serious injured worker was paid (instead of their ongoing income support payments) – S56A.

 Only applicable for claims where INJ DTE >= 1/7/2015

and SERIOUS INJURY FLG = ‘S’.

Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

Must have LS ECO LOSS ELECTION PMT DTE if

greater than zero.

TOT LS NON ECO LOSS AMT **LUMP SUM – NON-ECONOMIC LOSS TOTAL (LSU)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Lump sum compensation payments – s.58

***Must exclude*** *Lump sum payable on death – s.61* & Funeral expenses – s.62

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

 Must have a WPI % if the Claim is first reported on or after 01/04/2018

TOT MED ALLIED HEALTH AMT **MEDICAL – ALLIED EALTH TOTAL** **(MAH)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Acupuncture (not performed by a LQMP)

Ambulance

Audiologist

Chiropractor

Dietician

Ergonomist

Hypnotherapy (not perform by LQMP)

Massage

Naturopathy

Nursing/Domiciliary care

Occupational therapist (includes functional capacity evaluation)

Optometrist/Optician

Orthoptist

Osteopath

Physiotherapy

Podiatrist

Psychologist

Social worker

Speech therapist

Remedial therapy

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT MED OTH GOODS AND SERV AMT **MEDICAL – OTHER GOODS AND SERVICES TOTAL (MOS)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Chemist expenses (all)

Curative/therapeutic appliances & apparatus

Gymnasium membership or casual visit (not delivered by a medical expert)

Hydrotherapy membership or casual visit (not delivered by a medical expert)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT MED SERV AMT **MEDICAL SERVICES TOTAL (MED)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Dentist

Legally qualified medical practitioner including:

General practitioner

Occupational or rehabilitation medicine

Pathologist

Physician (Rheumatologist, etc.)

Psychiatrist

Radiologist (includes x-ray and diagnostic testing)

Radiotherapist

Specialists (e.g. Surgeon, Anaesthetist, Dermatologist.)

Office-based day surgery

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT OTH GDS SVCS NON MED AMT **OTHER GOODS AND SERVICES – NON MEDICAL TOTAL (OTH)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Child care

Clothing (excluding property damage e.g. special shoes, etc.)

Furniture

Home assistance

Housing – modifications

Maintenance or rental of capital items

Motor vehicles – purchase, modification

Removalist expenses

Redemption advice (financial and professional)

Other non-medical expenses

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT OTH NON COMP AMT **OTHER – NON-COMPENSATION TOTAL (OTN)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Administrative reports – coroner, police, etc.

Case conference

Independent medical examination

Interpreter services

Medical reports – treating doctor, chiropractor, physiotherapist, psychologist, etc.

Prescribed medical certificate

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT PROPERTY AMT **PROPERTY DAMAGE TOTAL (PRY)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Clothing damage

Personal effects damage

Therapeutic appliance damage

Tools of trade (replacement)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT RECOVERED AMT **RECOVERED AMOUNTS TOTAL (REC)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Payments recovered from an outside source e.g. third party insurance

**Excludes** ‘excess of loss’ payments (not to be included in Schedule 3 reporting)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT REDEM INC SUPP AMT **REDEMPTION/COMMUTATION OF INCOME SUPPORT TOTAL (RDI)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Redemption of income – s.53

Commutation of income – s.53

Commutation of income to dependents (death claims) – s.59

 Must be numeric.

 Must be greater than or equal to zero (cannot be negative).

TOT REDEM MED EXP AMT **REDEMPTION OF MEDICAL EXPENSES TOTAL (RDM)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Redemption of medical expenses – s.54

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT REHAB AMT **REHABILITATION TOTAL (REH)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Rehabilitation provider expenses

Rehabilitation and return to work services delivered by a medical expert

Vocational assessment (not delivered by a LQMP)

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOT TRAVEL AMT **TRAVEL TOTAL (TRV)**

 Decimal (10.0)

 **Mandatory**.

 Total cumulative amount paid to date against:

Worker travelling expenses – kilometres

Worker travelling expenses – accommodation/meals

Transportation by air

 Must be numeric and in whole dollars (no cents).

 Must be greater than or equal to zero (cannot be negative).

TOTAL TXN SENT QTY Decimal (4.0)

 **Mandatory**

 Count of the total number of claim records sent for the current file, as calculated by the self-insured employer’s program (used as a check sum).

 Must be numeric.

TOTAL WPI PERCENTAGE Decimal (3.0)

 **Optional**

 **Mandatory** if TOT LS ECO LOSS AMT, TOT LS NON ECO LOSS AMT or TOT LS ECO LOSS ELECTION AMT is greater than zero and the Claim is first reported on or after 01/04/2018.

 **Mandatory** if BODY SYSTEMS (BS) FOR WHOLE PERSON IMPAIRMENT is greater than zero and the Claim is first reported on or after 01/04/2018.

 The total assessed whole person impairment percentage

 **Note:** Refer to BODY SYSTEMS (BS) FOR WHOLE PERSON IMPAIRMENT

 Must be numeric.

TRANS EMP NO Decimal (8.0)

 **Mandatory**

 Self-insured employer secure site number (provided by RTWSA) that the transmission file was sent from or will be sent to.

 NB: The TRANS EMP NO is a constant and will not change regardless of the registration numbers contained in the file.

 Must be numeric.

 Must exist on RTWSA’s database, and employer must be self-insured.

 In most cases this is the self-insured employer registration number.

WORK DUTIES IND Char (1)

 **Mandatory** for all claims with INJ DTE on or after 1/7/2005 otherwise optional

 Represents the most recent return to work (RTW) status, regardless of whether the worker has actually returned to work.

 Must be one of the valid values from Table 5 – WORK DUTIES IND Values.

WORKER GIVEN NME Char (25)

 **Mandatory**

 Worker's legal given name.

 Must contain the current full legal given name (case insensitive), regardless of what is listed on the claim form.

 **Note:** Failure to provide the full legal name will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

 Must be provided for claim to be created.

 Must be consistent on all claims on the self-insured employer’s database.

WORKER MIDDLE NME Char (25)

 **Mandatory** where the Self-Insured employer is aware of the worker middle name.

 Worker's legal middle name(s).

 Must contain the current full legal middle name(s) (case insensitive), regardless of what is listed on the claim form.

 **Note:** Failure to provide the full legal name will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

 Must be provided for claim to be created.

 Must be consistent on all claims on the self-insured employer’s database.

WORKER POSTCODE Decimal (4.0)

 **Mandatory** (for claims with INJ DTE on or after 1/7/2005)

 The postcode of the worker’s residential address. This will represent the most up-to-date postcode for the worker that corresponds to the data being supplied.

 Must be numeric.

 Must be provided before the claim can be created for claims with INJ DTE on or after 1/7/2005).

WORKER PRIOR SUR NME 1 Char (25)

 **Mandatory** where the Self-Insured employer is aware of any prior known surnames. Allows up to three known prior surnames. Assists RTWSA with claim creation and lump sum search results.

Worker's legal prior surname.

 **Note:** Failure to provide the full legal name history will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

WORKER PRIOR SUR NME 2 Char (25)

 **Mandatory** where the Self-Insured employer is aware of any prior known surnames. Allows up to three known prior surnames. Assists RTWSA with claim creation and lump sum search results.

Worker's legal prior surname.

 **Note:** Failure to provide the full legal name history will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

WORKER PRIOR SUR NME 3 Char (25)

 **Mandatory** where the Self-Insured employer is aware of any prior known surnames. Allows up to three known prior surnames. Assists RTWSA with claim creation and lump sum search results.

 Worker's legal prior surname.

 **Note:** Failure to provide the full legal name history will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

WORKER SUR NME Char (25)

 **Mandatory**

 Worker's legal surname.

 Must list the current legal surname (case insensitive), regardless of what is listed on the claim form.

 Note: Failure to provide the full legal name will reduce the self-insurer’s ability to obtain the correct previous lump sum history.

 Must be provided for the claim to be created.

 Must be consistent on all claims on the self-insured employer’s database.

WORKPLACE POSTCODE Decimal (4.0)

 **Mandatory** (for claims with INJ DTE on or after 1/7/2005)

 The postcode of the workplace at which the worker was injured or experienced the exposure resulting in disease.

 For injuries or exposures occurring on any form of transport, or while the worker was working overseas, the postcode should be entered as 9999.

 Must be provided before the claim can be created for claims with INJ DTE on or after 1/7/2005).

# VALID VALUES TABLES

These table values may be reviewed by RTWSA at a later date to allow improved recording and statistical analysis of self-insured employer claims data. It is recommended that any of these values that are derived from the existing self-insured employer’s database via a cross reference table, have the built-in flexibility to allow the cross reference table to be easily maintained.

## Table 1 – DETERM STATUS FLG Values

*DETERM STATUS FLG Description*

A Accepted

R Rejected

U Undetermined

W Withdrawn

## Table 2 – EDI DOC TYP TCDE

*EDI DOC TYP TCDE Description*

FFS Claim summary data from self-insured employer to RTWSA in the flat file structure format.

RES Result file from RTWSA to self-insured employer

## Table 3 – Reply message values

Our error messages are designed to assist the self-insured employer understand what action/s they must undertake. An error message will be displayed with either an E, W or N at the beginning of the message. These messages are defined by three principles:

1. E: = Error – All data in the claim is stopped and the claim is not updated at RTWSA. The fields in error must be fixed by the self-insured employer and then the claim resent to RTWSA.
2. W: = Warning – The data in the claim is allowed, except for the field/s noted in the message. The fields noted with the preceding W must be fixed by the self-insured employer and the claim resent to RTWSA.
3. N: = Note – All data in the claim is allowed. If the self-insured employer believes the data identified in the message is not correct, then they need to fix the field/s in question and resend the claim to RTWSA. If the self-insured employer believes the field/s in question are correct, then no action is required.

Listed in Appendix B are some of the common error messages. This list includes what actions the self-insured employer is required to undertake to address the error/s.

## Table 4 – GENDER IND Values

 *GENDER IND Description*

F Female

M Male

O Other/Unspecified

## Table 5 – WORK DUTIES IND Values

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **WORK DUTIES IND** | **Effective From (DOI)** | **Effective To (DOI)** |
| Working with **no** income support - pre-injury employer | I | 30/09/1987 | - |
| Not working with income support | J | 30/09/1987 | - |
| Working with income support - pre-injury employer | K | 30/09/1987 | - |
| Not working with **no** income support | L | 30/09/1987 | - |
| Deceased | M | 30/09/1987 | - |
| Working - capacity unknown | O | 30/09/1987 | - |
| Working with **no** income support - different employer | P | 30/09/1987 | - |
| Working with income support - different employer | Q | 30/09/1987 | - |
| Working with **no** income support - unknown employer | R | 30/09/1987 | - |
| Working with income support - unknown employer | S | 30/09/1987 | - |
| Unknown | T | 30/09/1987 | - |

Please note that this indicator is not static, it may change over the course of a claim and should reflect the latest return to work status.

Refer to Appendix D for the full code table of Work Duty Indicators, including the active dates.

I *Working - Working with no income support – pre-injury employer* - Employee is currently working with the pre-injury employer and is not receiving any income support.

J *Not Working - Not working with income support* - Employee is not working at all and is receiving income support.

K *Working - Working with income support – pre-injury employer* - Employee is currently working with the pre-injury employer, but is receiving some income support. Income support payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.

L *Not Working - Not working with no income support* - Employee is not working and is no longer receiving income support. For example, redundancy, retrenchment, resigned, studying, seasonal worker.

M *Not Working - Deceased* - Employee is deceased. Includes deaths related to the compensated injury and death unrelated to the compensated injury.

O *Working - Working – capacity unknown* - Employee is at work however, it is unclear whether the worker is back at full or partial capacity, or is or is not receiving income support.

P *Working - Working with no income support – different employer* - Employee is currently working with a different employer and is not receiving any income support.

Q *Working - Working with income support – different employer* - Employee is currently working with a different employer, but is receiving some income support. Income support payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.

R *Working - Working with no income support -unknown employer* - Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is not receiving any income support.

S *Working - Working with income support -unknown employer* - Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is receiving income support. Income support payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.

T *Unknown* - Employee is no longer eligible for compensation and his or her work status is unknown. For example, employee has reached retirement age, payment thresholds have been reached, or a redemption lump sum has been paid and the work status is unknown (This code may be used as a default code where there is no work status for an individual).

## Table 6 – EDI REC TYPE IND

*EDI REC TYPE IND Description*

0 (zero) Header

1 Detail – used in combination with EDI DOC TYP TCDE values.

9 Trailer

## Table 7 – DUTY STATUS IND

*DUTY STATUS IND Description*

1 On duty – Usual workplace

2 On duty –Traffic

3 During authorised break

4 Commuting injury

5 While attending an approved course of study

6 On duty – Not usual workplace

7 Other

## Table 8 – SERIOUS INJURY FLG

*SERIOUS INJURY FLG Description*

S Seriously injured

I Interim

N Not seriously injured

## TESTING AND IMPLEMENTATION PROCEDURES

The self-insured employer and/or their software provider can contact RTWSA at Self-Insured@rtwsa.com for testing requirements.

## RTWSA EDI processing flow chart – Steps for the self-insured employer



SUMMARY OF CHANGES

# VERSION 14 CHANGE SUMMARY

Self-Insured employers are expected to ensure their system meets the data attributes and data definitions described within this document.

A summary of the significant changes to the EDI process under the new specification are noted here**:**

* One file type and record layout for all reporting covering new claims, updated, closed, reopened claims. The previous batch types of ERF, ECU, ECC, ECR, ERN etc. have been decommissioned.
* One file type for receiving results for printing or importing into your system.
* A claim is represented entirely on one record in the file, and that record will contain all the information that can be reported for that claim to RTWSA at the time of reporting, from the data supplied. RTWSA will infer whether it is a new claim, what is being updated, and the claim’s open/closed status.
* RTWSA will not supply its own claim number back to the self-insured. It is recommended that the self-insured system retain the values previously supplied as this may assist problem solving. *As occurs now, the employer must ensure their system supplies a unique employer claim reference (SI CLAIM NO) that is unique within the self-insured employer’s registration number.*  In some cases that number was given to the self-insured employer as part of transition of claim management to the self-insurer.
* Batch numbering fields have been removed – a supplier file identification field (SUPPLIER FILE REFERENCE) has been defined instead, solely for use by the self-insured employer as it suits them. This will be returned in the result file to enable the result file to be matched to the submitted file, should the self-insurer so wish to do so. It is strongly recommended this feature is utilised as it can assist problem solving and tracking submitted files.
* New data to be supplied, includes (but not limited to)
	+ TOOCS 3.1 Injury Coding
		- Nature of injury code
		- Bodily location code
		- Mechanism of injury code
		- Agency of injury code
		- Agency of accident code
	+ ANZSCO Occupation Coding
	+ Data to allow the Notice of Lump Sum Return document to be decommissioned from use – that is EDI data will include additional information about lump sum payments for redemptions, non-economic & economic loss, and deed of release.
		- DEED OF RELEASE DISCHARGE DTE
		- NWE AT DOR AMT
		- DOR REDEEMED WKLY PMTS AMT
		- INC SUPP LIABILITY DISCH DTE
		- SERIOUSLY INJURED AT REDEM FLG
		- FUTURE CLAIM END DTE
		- REDEEMED WKLY PMTS AMT
		- NWE AT REDEMPTION AMT
		- FIRST INCAPACITY DTE
		- MEDICAL LIABILITY DISCH DTE
		- TOTAL WPI PERCENTAGE
		- SERIOUS INJ LAST REV DTE
		- SERIOUS INJURY FLG
		- Body systems for WPI - various
	+ TOT DEATH AMT
	+ FILE CREATE TIME
	+ SUPPLIER FILE REF
	+ DATE RECEIVED BY REGULATOR

Payment Type Combinations

New entries:

**LSD DEATH TOTAL**

Lump sum payable on death – s.61

Amended entries:

**LSU now excludes -** Lump sum payable on death – s.61

Table 12 – Language Tcde Values

No changes made.

Data Flow Diagram

Revised diagram

EDI Processing Flowchart

Revised flowchart

Transmission Procedures

Refer to section 4 for more information. Changes have been made to the entire process.

# VERSION 15 CHANGE SUMMARY

Self-Insured employers are expected to ensure their system meets the data attributes and data definitions described within this document.

A summary of the significant changes to the EDI process under the new specification are noted here**:**

* **Section 2 and 4.1** – Note regarding Lump Sum – Include references to Economic Loss, and Economic Loss Election Payment
* **Section 3.1** Days lost - Calculated Days Lost examples with a decimal value between .1-.4 are rounded down; values .5-.9 are rounded up.
* **Section 5.2** - Claim file Header record – Type 1: FILE VERSION NO value changed to eleven (11);
* **Section 6 Attribute Definitions**
	+ New data fields relating to the serious injured worker elected for an economic loss lump sum payment instead of their ongoing income support payments – s.56A.
		- LS ECO LOSS ELECTION DTE
		- LS ECO LOSS ELECTION PMT DTE
		- TOT LS ECO LOSS ELECTION AMT
	+ New NUMBER OF S56 PAYMENTS field
	+ SERIOUS INJURY ASSESSMENT DTE (existing field) – change logic to match new value for SERIOUSLY INJURY FLG; description changed to the date the worker was determined as seriously injured ‘under the Act’
	+ SERIOUSLY INJURY FLG (existing field) – now Mandatory; Change accepted values –

'S' = seriously injured; 'I' = interim ; ‘N’ = non-seriously injured

The latest code sets (S, N or I only) would have to be adhered to once transmitting V11 files (as has been done in the past). That includes any claim updates when transmitting V11.

Below is the translation between old and new codes

|  |  |
| --- | --- |
| **Old Code** | **New Code** |
| Y | S |
| N | N |
| ‘space’ | ‘Space’ is not allowed based on the Mandatory field rule for v11. The claim will need to be determined first before creating or updating existing claims to be sent to RTWSA. Then they will be either S, N or I only.  |

* + TOTAL WPI PERCENTAGE (existing field) - add TOT LS ECO LOSS ELECTION AMT to criteria
	+ Include economic loss election payment lump sum payment (S.56A) to BODY SYSTEMS (BS) ASSESSED FOR WHOLE PERSON IMPAIRMENTsection heading and description text.
* **Section 7 Valid Table Values -** Add Table 8 for SERIOUS INJURY FLG
* **Section 7 Valid Table Values -** Add Table 8 for SERIOUS INJURY FLG
* **New Payment Type**

**LELEP** ECONOMIC LOSS ELECTION PAYMENT

Lump sum payable when a serious injured worker elected for an economic loss lump sum payment instead of their ongoing income support payments – s.56A

COMMON ERROR MESSAGES

Listed below are some of the most common error messages that occur from transmissions. We have endeavoured to list the step/s that are required to remedy the error/s.

*E: DOI is prior to location start date. Fix and resubmit claim (new)*

Either the DOI or the registration/location number used is incorrect. The DOI is outside the dates that the location selected was operational. Correct the DOI or the registration/location number assigned and re-send the claim to RTWSA. If you do not have the details on the start and end dates for each registration/location, contact RTWSA for guidance.

*E: Location XXXX unknown. Enter valid location number & resubmit claim (new)*

The location number (xxxx) is not registered in the EDI portal. Is the location number valid for the registration selected? If it is a new location, have you advised RTWSA of this location? You may need to clarify this with RTWSA or if the wrong location number was used, correct the location name/number on your database and include/flag the claim in the next claim (EDI) file.

*E: (your claim number) already exists at RTWSA and resubmit or advise RTWSA*

RTWSA already has a claim with this self-insured employer claim number (shown) on our database. Check your previously downloaded files for the RTWSA claim number and ensure it is loaded into your database against the claim. Once the RTWSA claim number is loaded against the claim, include/flag the claim in the next EDI file.

*E: Determination status not A, R, U, W. (Correct & resubmit claim)*

The wrong determination code has been entered or it has not been assigned to the claim. Correct the determination (accepted, rejected, undetermined, or withdrawn) and include/flag the claim in the next claim (EDI) file.

*E: IMT paid but NWE field is blank. Enter NWE & resubmit*

Enter the NWE amount and include/flag the claim in the next EDI file.

*E: (payment type) $XXXX has decreased from $XXXX. Advise RTWSA correct amount*

The payment dollars for the category stated (payment type) have decreased since the last transmission. You will need to advise RTWSA as to why there was a decrease (or confirm the decrease if it was requested). An error will only occur if the income support, lump sum, redemption of income or redemption of medical payments has decreased. If the error is invalid, correct the data and include/reflag the claim in the next EDI file.

*N: (payment type) $XXXX decreased from $XXXX. Fix & resubmit*

The payment dollars for the category stated (payment type) have decreased since the last transmission. If you do not believe the amount transmitted is correct, amend the details on your database and include/flag the claim in the next (EDI) file. A note (N:) will only occur if the payment groups **other than** income support, lump sum, redemption of income or redemption of medical payments have decreased.

*N: Claim (XXXXXXXX/XX) is not open. Advise RTWSA if claim is to be re-opened.*

RTWSA has the claim closed on our database. The claim will remain closed at RTWSA. You should firstly re-open the claim and re-send it. The data will continue to be updated on this claim even though it is closed.

*N: Time lost days has decreased. Change/correct days lost and resubmit claim*

The number of days lost on the claim has decreased from the last transmission. You will need to verify that the current days lost are correct. If they are not correct, amend the details on your database and include/flag the claim in the next (EDI) file.

*N: Days lost has gone up by IMT $ has not. Fix & resubmit*

The number of days lost has increased, but the amount paid in income support has not changed.
If the number of days lost is not correct, amend the details on your database and include/flag the claim in the next (EDI) file.

*E: Residential Postcode is missing. Enter postcode & resubmit claim OR*

*E: Residential Postcode (XXXX) invalid. Correct & resubmit*

A valid postcode is required. The worker’s postcode is wrong (or missing), correct the worker’s postcode on your database, and include the claim in the next claim (EDI) file

Keys:

SI = Self-insured employer

RTWSA = ReturnToWorkSA

SWP = Software provider

W = Worker

DOI = Date of injury

DOD = Date of death

LANGUAGE TCDE values

***LANGUAGE Description***

***TCDE***

1102 Gaelic (Irish)

1103 Gaelic (Scottish)

1104 Welsh

1201 English

1300 German

1302 Yiddish

1401 Dutch

1501 Danish

1503 Norwegian

1504 Swedish

2101 French

2201 Greek

2302 Portuguese

2303 Spanish

2401 Italian

2501 Maltese

3101 Latvian

3102 Lithuanian

3201 Estonian

3202 Finnish

3301 Hungarian

3402 Russian

3403 Ukrainian

3500 Slavic (Yugoslavian)

3502 Bulgarian

3503 Croatian

3504 Macedonian

3505 Serbian

3506 Slovene

3601 Czech

3602 Polish

3603 Slovak

3901 Albanian

3902 Armenian

***LANGUAGE Description***

***TCDE***

3904 Romanian

3999 Eastern European (Including Romany)

4101 Persian (Farsi)

4202 Arabic

4301 Turkish

5103 Tamil

5201 Bengali

5203 Hindi

5209 Sinhalese

5210 Urdu

6000 South East Asian

6101 Burmese

6301 Khmer

6302 Vietnamese

6401 Lao

6402 Thai

6501 Bahsa Indonesia

6504 Filipino Languages

6507 Tagaloq

6508 Tetum

7100 Chinese

7101 Cantonese

7104 Mandarin

7201 Japanese

7301 Korean

8000 Oceanic Languages

8100 Australian Aboriginal

8301 Fijian

8303 Maori (Cook Island)

8304 Maori (New Zealand)

8309 Tongan

9200 African Languages

9201 Afrikaans

9501 Sign Language (AUSLAN)

ADDITIONAL TABLES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Curam Code** | **Safe Work Code** | **WCSA Description** | **Introduced** | **Effective From (DOI)** | **Effective To (DOI)** |
| A | n/a | On Alternate Duties | legacy | 30/09/1987 | 30/06/2005 |
| B | 00 | Less than 4 Worker Weeks Absence | legacy | 30/09/1987 | 30/06/2013 |
| C | 02 | Partial RTW | legacy | 30/09/1987 | 30/06/2013 |
| D | 03 | Not Working (Injury Related) | legacy | 30/09/1987 | 30/06/2013 |
| E | 04 | Not Working (Other Reason) | legacy | 30/09/1987 | 30/06/2013 |
| F | 05 | Unknown (Failure to Provide Medical Certificate) | legacy | 30/09/1987 | 30/06/2013 |
| G | 06 | Unknown (Other) | legacy | 30/09/1987 | 30/06/2013 |
| H | 01 | Full RTW | legacy | 30/09/1987 | 30/06/2013 |
| I | 02 | Working with **no** income support - pre-injury employer | 2013 | 30/09/1987 | - |
| J | 09 | Not working with income support | 2013 | 30/09/1987 | - |
| K | 05 | Working with income support - pre-injury employer | 2013 | 30/09/1987 | - |
| L | 08 | Not working with **no** income support | 2013 | 30/09/1987 | - |
| M | 10 | Deceased | 2013 | 30/09/1987 | - |
| N | n/a | Not on Alternate Duties | legacy | 30/09/1987 | 30/06/2005 |
| O | 07 | Working - capacity unknown | 2013 | 30/09/1987 | - |
| P | 03 | Working with **no** income support - different employer | 2013 | 30/09/1987 | - |
| Q | 06 | Working with income support - different employer | 2013 | 30/09/1987 | - |
| R | 01 | Working with **no** income support - unknown employer | 2013 | 30/09/1987 | - |
| S | 04 | Working with income support - unknown employer | 2013 | 30/09/1987 | - |
| T | 11 | Unknown | 2013 | 30/09/1987 | - |

**Revision History (Hidden text)**

Version 4 -  C Osborne

Version 5 - Feb 1996 D Avery

Version 6 - Mar 1999 K Hobson / L Flavell / M Watt

Version 7 – Oct 2004 NDS3 Project Team

Version 8 – June 2006 D Priest

Version 9 – June 2010 D Priest / L A Kearney / J Chomos

Version 9.1– September 2010 L Kearney/ J Chomos

Version 10.0 – Dec2011-12-02 L Kearney / J Chomos / J Russell

Version 11.0 – March 2013 L Kearney / J Chomos / I Hatzidavid

Version 12.0

Version 13 – September-Nov 2017 - M Watt / /

Version 14 – 24 May 2019 – Irene Wong

Version 15 – 15 November 2022 – John Miliado

| **Date** | **Version** | **Initials** | **Comments** |
| --- | --- | --- | --- |
| 11/8/2004 | 6.0b | PH | Initial ‘Draft’ Version created from ‘Tech60b.doc’ which provided complete details for NDS2 requirements. |
| 24/8/2004 | 6.1 | PH | Changes to ERF, ECU, CUE and ECC file formats and inclusion of new fields and/or removal of existing fields. New Attribute definitions for Determ Status Change Dte, Worker Postcode, Notional Weekly Earnings, Industry of Workplace and Workplace Postcode.Change to Table 9. |
| 26/8/2004 | 6.2 | PH |      Addition of one language code and two new country codes to Tables 12 and 13 respectively.     Creation of new Appendix A which will contain Rules associated with the structure of each of the file types.     Summary of Enhancements for NDS3 is now Appendix B. |
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| 14/9/2004 | 6.2 | PH | Version sent out for Review. |
| 16/9/2004 | 6.3 | PH |      Amend CUE file to remove error detail recurring 10 times.  Removed PAYMENT ERROR SUB from file and also added EMP NO and EMP LOCN NO to file. Detail Record length is now 122.     Removed reference to PAYMENT ERROR SUB  and ERROR DETAIL TABLE in the Attribute Definitions section     Removed reference to PAYMENT ERROR SUB at the end of Table 7.     Updated Appendix B accordingly. |
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| 27/9/2004 | 6.3 | PH |      Move the Claim Re-Open sub-sections within the Transmission Procedures and Transmission Document Definitions sections so they are after the Claim Close sub-sections.     Fix the recurring Payment Details ‘position’ values for ECU and ECC     Changed the location of the PAYMENT DETAILS COUNT and EDI TOTAL TXN PAYMENT AMT fields in the ECU and ECC to be immediately above the recurring Payment Details fields.     Amended the rules for populating the values in the second detail rows of the ECU and ECC. |
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| 9/9/2006 |   |   | Update with new NCM items and definitions. Mandatory items on SI data base |
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| 01/09/2018 | 13.0 | Mal Watt | To many changes to describe, so I wont. Main change is rediing different btach types, ERN batch, and going to a flat file. Including claim coding fields, and lots of fields to replace the Notice of Lump Sum Determination return form.* 21/09/2017 MW – Added FILE CREATE TIME
 |
| 24/05/2019 | 14.0 | Irene Wong | Changes associated with A claim is represented entirely on one record in the file – refer to appendix A – version 14 for details |
| 11/10/2022 | 15.0 | John Miliado | **PRJ0019600 - Legislation Amendment - Seriously Injured Worker Changes****STRY0018542 -** Introduce the following data changes to the data sent by Self Insured employers to RTWSA:* Section 2 and 3.4 – Note regarding Lump Sum – Include references to Economic Loss, and Economic Loss Election Payment Lump Sum (ELEPLS) payment
* Section 3.1 Days Lost - Calculated Days Lost examples with a decimal value between .1-.4 are rounded down; values .5-.9 are rounded up.
* Section 4.2 - Claim file Header record – Type 1: FILE VERSION NO value changed to eleven (11)
* Section 5 Attribute Definitions
	+ New data fields relating to the serious injured worker elected for an economic loss lump sum payment instead of their ongoing income support payments – s.56A.
		- ELEPLS ELECTION DTE (ELEPLS = economic loss election payment lump sum)
		- ELEPLS PAYMENT DTE
		- ELEPLS PAYMENT AMT
	+ New NUMBER OF S56 PAYMENTS field
* Remove references to V14 of the specification in descriptions
* SERIOUS INJURY ASSESSMENT DTE (existing field) – change logic to match new value for SERIOUSLY INJURY FLG
* SERIOUSLY INJURY FLG (existing field) – now Mandatory; Change accepted values – 'S' = seriously injured; 'I' = interim ; ‘N’ = non-seriously injured
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* New Payment Type
* LELEP = ECONOMIC LOSS ELECTION PAYMENT

Lump sum payable when a serious injured worker elected for an economic loss lump sum payment instead of their ongoing income support payments – s.56A  |
| 15/11/2022 | 15.0 | John Miliado | **Amendments from feedback:** **Section 2, 3.4** – removal of ‘Lump Sum (ELEPLS)’ references**Section 4** – Reinstate section 4 numbering for Transmission Procedures **Section 5.2** - The Claim file – Claim recordRename attributes for consistency: * Rename ELEPLS PAYMENT AMT to TOT LS ECO LOSS ELECTION AMT
* Rename section to Lump Sum Econ Loss Election Payment to remove ELEPLS reference
* Rename ELEPLS ELECTION DTE To LS ECO LOSS ELECTION DTE
* Rename ELEPLS PAYMENT DTE To LS ECO LOSS ELECTION PMT DTE
* ‘Redemption of income support’ section – renumber invalid character positions from 1362 to 1402.
* Values column - Remove section references for Tables

**Section 6 attribute definitions** * Various definitions (e.g. agency of injury code) re–instate references to ‘…V14 of the technical specification’ in the attribute description
* LS ECO LOSS ELECTION DTE – additional criteria for clarity
* LS ECO LOSS ELECTION PMT DTE – description changes to refer to transaction date for clarity. Only one s.56 payment allowed.
* SERIOUS INJURY ASSESSMENT DTE – to refer to legislation, description changed to the date the worker was determined as seriously injured ‘under the Act’.
* TOT LS ECO LOSS AMT – clarifying that it excludes s.56A paid amount
* TOT LS ECO LOSS ELECTION AMT - change criteria so similar to other ‘total’ amounts. Clarify that it is the amount paid.
* TOTAL WPI PERCENTAGE – change description to refer to TOT LS ECO LOSS ELECTION AMT
* NUMBER of S56 PAYMENTS – remove conditional criteria on Mandatory field

**Section 7 valid table values*** Add Table 8 for SERIOUS INJURY FLG

**Appendix A** * Summary of V14 changes
	+ Reinstate summary of changes
	+ Remove Table 6 reference from section A1
* Summary of Version 15 changes
	+ Incorporate attribute name changes
	+ Add section regarding translation between old and new codes for SERIOUS INJURY FLG

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The following free information support services are available:

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA on 13 18 55 through the National Relay Service (NRS) www.relayservice.gov.au.

For languages other than English call the Interpreting and Translating Centre on 1800 280 203 and ask for an interpreter to call ReturnToWorkSA on 13 18 55.

For braille, audio or e-text of the information in this brochure call 13 18 55.

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