

Workers Compensation Insurer Data Reporting Requirements

Part 6: Payment classification
reference

**State Insurance
Regulatory
Authority**
May 2019

General introduction

The Workers Compensation Insurer Data Reporting Requirements (Requirements) describes the rules and the process workers compensation insurers must follow to submit their workers compensation insurance data.

Purpose of the Requirements

The Requirements support delivery of the *Workplace Injury Management and Workers Compensation Act 1998* (the 1998 Act) and the *Workers Compensation Regulation 2016* by establishing clear processes and procedures around the submission of claims data to SIRA.

The accurate and timely collection of notification of injuries and claims data is essential to assist in the service delivery to injured people, affordability, and the effective management and sustainability of the system.

The data collected is used to ensure insurers comply with legislation and guidelines and to monitor their performance. The data is also used for the detection of fraud and the publication of reports.

For the purposes of these Requirements, a notification of injury and a claim are hereinafter referred to as a claim, unless otherwise specified.

Publication notes

These Requirements are published by the State Insurance Regulatory Authority (SIRA) and replaces the following document:

- Payment classification booklet – (published in 2013)

Part of the NSW Department of Finance, Services and Innovation, the Authority is constituted under the *State Insurance and Care Governance Act 2015* and is responsible for regulating workers compensation insurance, motor accidents compulsory third party (CTP) insurance and home building compensation insurance in NSW.

Replacement and transition

The following publications are repealed:

- Payment classification booklet – (published in 2013)
- The Payment Classification section within the old *Claims technical manual Nominal insurer* V 4.14
- The Payment Classification section within the old *Claims technical manual self and specialised insurers* V 5.10

and are replaced by these Requirements.

Legislative framework

The data described in these Requirements is collected under:

- the conditions of the insurer's licence and/or in accordance with Section 23(1)(m) and Section 40C of the 1998 Act and
- Section 40B of the 1998 Act

Requirement making power

These Requirements are made under Section 40C of the 1998 Act.

Interpretation of the Requirements

These Requirements should be interpreted in a manner that supports the achievement of the objectives and general functions of SIRA under the workers compensation legislation as described in section 22 of the 1998 Act.

In order of hierarchy, if there is any conflict between the claims technical manual, guidance specification and the relevant legislation, the legislation takes precedence.

Commencement of the Requirements

The Workers compensation payment classification reference (WCIDRR06) is published by SIRA on 1 August 2019.

These Requirements are effective from the publication date until SIRA amends, revokes or replaces them in whole or in part. These Requirements supersede the previous requirements which were in place until 31 May 2019.

Parts of the Requirements

The information described in this document will assist insurers to improve the quality and timeliness of their data:

The Requirements are divided into the following parts:

Claims

[Part 1](#): Claims technical manual: details the technical requirements for submitting workers compensation data

[Part 2](#): Claims data item guidance specification: helps to explain how the data needs to be reported to SIRA.

Reference Data

[Part 3](#): Claims technical manual claims state and events reference: details which data items are mandatory to report, which data items are optional to report, and when the data item must be reported.

[Part 4](#): Claims technical manual validations reference: provides a validation matrix which lists all validations, their severity and the data items impacted.

[Part 5](#): Claims technical manual code set reference: details all codes and code sets applicable to specific data items and provides a detailed description of each code and its use.

[Part 6](#): Claims technical manual payment classification reference: provides a simplified list of payment classifications that can be reported by insurers.

[Part 7](#): Claims technical manual payment classification and estimates reference, details:

- all payment classifications that can be reported by insurers
- the revised list of Medical services and fees published by the Australian Medical Association (AMA) payable to medical practitioners, providing medical or related treatment under the *Workers Compensation Act 1987*, and
- a list of all estimate types and their descriptions.

Policy

[Part 8](#): Workers compensation policy technical manual: details the technical requirements for submitting workers compensation data.

[Part 9](#): Workers compensation policy data item guidance specification: helps to explain how the data needs to be reported to SIRA.

[Part 10](#): Workers compensation policy technical manual validations reference: provides a validation matrix which lists all validations, their severity and the data items impacted.

[Part 11](#): Workers compensation policy technical manual code set reference: details all codes and code sets applicable to specific data items and provides a detailed description of each code and its use.

Compliance with the Requirements

SIRA will monitor and review compliance with the Requirements. Compliance and enforcement will be undertaken in accordance with SIRA's [Compliance and enforcement policy](#) (July 2017)

Penalties for not meeting reporting requirements

It is the responsibility of the insurer to ensure the accuracy, quality and timeliness of the data provided.

Failure to comply with these Requirements may result in regulatory sanctions being imposed including imposition of penalties, civil penalties or loss of licence if applicable.

Requirement identifiers

Each requirement component has been allocated a unique identifier (for example: WCIDRR06-01) to make it traceable. This will assist when:

- searching for a requirement
- linking requirements
- advising relevant stakeholders when a requirement has been revised, and
- to assist insurers when they request advice or suggest improvements.

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SIRA payment classification system

Background

- WCIDRR06-01 To assist SIRA and insurers to better manage and evaluate system performance including service providers and health professionals, insurers are required to report payments at a transactional level.
- WCIDRR06-02 Where a service provider issues an invoice for services conducted over a period of time, insurers are required to report each service as an individual item.

SIRA assistance

- WCIDRR06-03 For queries, suggested changes or enhancements about any aspect of these requirements, please contact the Data Quality and Exchange Team on ph: (02) 4321 5703 or email: data.information@sira.nsw.gov.au
- WCIDRR06-04 The classification system includes payment for all services and benefits made against the claim that will be reported by the insurers.
- The hierarchical classification system produces a 6-character code forming a unique identifier for each service/benefit type.

Weekly payments

WCIDRR06-05

Weekly payments – total incapacity

WPT001

Section 36 - weekly payments during total incapacity, first 26 weeks

The weekly payments of compensation to a worker in respect of any period of total incapacity for work, during the first twenty six weeks of incapacity.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Includes payments to Centrelink where a Notice of Charge has been issued.
- Includes payments to a garnishee such as a child support agency.
- Excludes weekly payments made to dependants of the deceased worker.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPT002

Section 37 - weekly payments during total incapacity, after 26 weeks

The weekly payment of compensation to a worker in respect of any period of total incapacity for work - (not being a period during the first 26 weeks of incapacity).

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Includes payments to Centrelink where a notice of Charge has been issued.
- Includes payments to a garnishee such as a child support agency. Excludes weekly payments made to dependants of the deceased worker.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPT003

Section 36 - Weekly payments for total incapacity, first 26 weeks court or commission award

The weekly payment of compensation for total incapacity to a worker where the payment is pursuant to an award from the Workers Compensation Commission or the Workers Compensation Court.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Excludes weekly payments made to dependants of the deceased worker.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPT004

Section 37 - Weekly payments for total incapacity - after 26 weeks Court or Commission Award

The weekly payment of compensation for total incapacity to a worker (not being a period during the first 26 weeks of incapacity) where the payment is pursuant to an award from the Workers Compensation Commission or the Workers Compensation Court.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Excludes weekly payments made to dependants of the deceased worker.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WCIDRR06-06 **Weekly payments – total incapacity (applicable to claims post 2012)**

WPT005 Section 36 - Weekly payments no current work capacity, first 13 weeks

The weekly payment of compensation to which, a worker who has no current work capacity is entitled during the first aggregate period (whether or not consecutive) of 13 weeks.

WPT006 Section 37 - Weekly payments no current work capacity, 14 - 130 weeks

The weekly payment of compensation to which, a worker who has no current work capacity is entitled during the second entitlement period (whether or not consecutive) of 117, after the expiry of the first entitlement period (13 weeks).

WPT007 Section 38 - Weekly payments no current work capacity, greater than 130 weeks

The weekly payment of compensation to which, a worker, who has no current work capacity, is entitled to after 130 weeks.

WCIDRR06-07 **Weekly payments – partial incapacity**

WPP001 Section 38 - payments for partially incapacitated workers not suitably employed and special initial payments while seeking employment

The payments of compensation to a worker in respect of any period where a worker is partially incapacitated for work as a result of injury and the worker is not suitably employed and seeking employment during any period of that partial incapacity for work.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Includes payments to Centrelink where a Notice of Charge has been issued.
- Includes payments to a garnishee such as a child support agency.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPP002

Section 40 - Weekly payments during partial incapacity - general

The weekly payments of compensation to a worker in respect of any period of partial incapacity.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Includes payments to Centrelink where a Notice of Charge has been issued.
- Includes payments to a garnishee such as child support agency.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPP003

Section 38 - payments for partially incapacitated workers not suitably employed - court or commission award

The weekly payment of compensation for partial incapacity to a worker where the payment is pursuant to an award from the Workers Compensation Commission or the Workers Compensation Court.

Inclusions/exclusions:

- Weekly payment amounts to be reported as single gross figure, before PAYG tax deducted.
- Excludes weekly payments made to dependants of the deceased worker.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act

WPP004

Section 40 - Weekly payments during partial incapacity - court or commission award

The weekly payments of compensation to a worker in respect of any period of partial incapacity pursuant to an award from the Workers Compensation Commission or the Workers Compensation Court.

Inclusions/exclusions:

- Weekly payment amounts to be reported as a single gross figure, before PAYG tax deducted.

Applies to exempt workers:

- Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre-1987 Act.

WPP005

Section 36 - Weekly Payments, first 13 weeks

The weekly payment of compensation to which a worker is entitled during the first aggregate period (whether or not consecutive) of 13 weeks.

WPP006

Section 37(2) - Weekly Payments, 14 - 130 weeks

The weekly payments of compensation to a worker for any period of partial incapacity.

WPP007

Section 37(1) & (3) - weekly payments, 14 - 130 weeks

The weekly payments of compensation to a worker in respect of any period of partial incapacity.

WPP008

Section 38 - Weekly payments, greater than 130 weeks

The weekly payments of compensation to a worker for any period of partial incapacity.

Medical services

WCIDRR06-08

AMA list of medical services and fees

WCIDRR06-09 The AMA list of medical service fees contains the AMA item number, medical category and sub category, description of the medical service, fee and Medical Benefits Schedule (MBS) item number, where applicable.

WCIDRR06-10 Electronic versions of the AMA list are available from the AMA.

WCIDRR06-11 SIRA also gazettes fees for specific workers compensation medical services.

WCIDRR06-12

Professional medical - SIRA specific medical services

WCIDRR06-13 Refer to the Workers compensation (medical practitioner, surgeons and orthopaedic surgeons fees) orders for service definitions.

WCO001 SIRA certificate of capacity (medical certificate)

WCO002 Report/case conference

WCO003 Instrument fee - for surgeons only

WCO004 Other medical items

WCO005 Providing copies of clinical notes and medical records

WCO006 Extended initial consultation and report

WCO007 Out of hours consultation

WCO008 Out of hours loading

WCO009 Opinion on file request

Pharmaceutical services

WCIDRR06-14

Pharmaceutical services

PHS001

Pharmaceutical services

Payments are only to be made for pharmaceutical services (medicines) given at the direction of a medical practitioner.

Inclusions/exclusions:

- Includes prescription medicines and non-prescription medicines such as analgesics and Chinese herbal medicine, as directed by a medical practitioner.

Allied health services

WCIDRR06-15

For the following payment classification numbers, please note the following specific rules.

WCIDRR06-16

Where the date of service (C: 2.5.18) is before 1 April 2014 and a reversal is submitted on payments with the PTX, OSX or CHX prefix, then the applicable validation rules still apply. Payment classification numbers with the PTX, OSX or CHX prefix were retired on/after 1 April 2014.

All SIRA-approved allied health practitioners must use an allied health recovery request form to seek prior approval for treatment and services.

To provide the initial allied health recovery request, use OAS003. All other allied health recovery request submissions do not attract a fee.

WCIDRR06-17

To provide copies of clinical notes and medical records, use WCO005.

WCIDRR06-18

Counselling Services

WCIDRR06-19

Refer to the Workers Compensation (Psychology and Counselling Fees) Order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA-approved counsellors

- Interstate counsellors
- Non-approved counsellors for exempt categories of workers

COU002 Initial Consultation

COU003 Standard Consultation

COU004 Report Writing

COU005 Case Conferencing

COU006 Travel

COU007 Group

WCIDRR06-20 Chiropractic services – SIRA-approved

WCIDRR06-21 Refer to the Workers compensation (physiotherapy, chiropractic and osteopathy fees) order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA approved chiropractors,
- interstate chiropractors,
- non-approved chiropractors for exempt categories of workers.

CHA001 Initial consultation and treatment

CHA002 Standard consultation

CHA031 Initial consultation and treatment of 2 distinct areas

CHA032 Standard consultation and treatment of 2 distinct areas

CHA033 Complex treatment

CHA004 Spine X-rays performed by the chiropractor

CHA010 Group/class intervention

CHA005 Home visit - initial consultation and treatment

CHA006 Home visit - standard consultation and treatment

CHA071	Home visit - initial consultation and treatment of 2 distinct areas
CHA072	Home visit - standard consultation and treatment of 2 distinct areas
CHA073	Home visit - complex treatment
CHA081	Case conference and report writing
CHA082	Work related activity assessment, consultation and treatment
CHA009	Travel
WCIDRR06-22	Chiropractic services – non-SIRA approved
WCIDRR06-23	These codes are only available for payments related to dates of service that precede 31 March 2016.
CHX001	Initial consultation and treatment that take place in consulting rooms
CHX002	Standard consultation
CHX031	Initial consultation and treatment of 2 distinct areas
CHX032	Standard consultation and treatment of 2 distinct areas
CHX033	Complex treatment
CHX010	Group/class visit
CHX004	Spine x-rays performed by the chiropractor
CHX005	Home visit - initial consultation and treatment
CHX006	Home visit - standard consultation and treatment
CHX071	Home visit - initial consultation and treatment of 2 distinct areas
CHX072	Home visit - standard consultation and treatment of 2 distinct areas
CHX073	Home visit - complex treatment
CHX081	Case conference and report writing
CHX082	Report writing
CHX009	Travel

**WCIDRR06-24 Accredited exercise physiologists
- SIRA-approved**

WCIDRR06-25 Refer to the Workers compensation accredited exercise physiologists order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA approved Exercise Physiologists,
- Interstate Exercise Physiologists,
- Non-approved Exercise Physiologists for exempt categories of workers

EPA001 Initial consultation and treatment

EPA002 Standard consultation and treatment

EPA003 Reduced supervision treatment

EPA004 Group rate

EPA005 Incidental expenses

Excludes

- External facility fees – should be coded as OTT007 external facilities fees

EPA006 Case conference

EPA007 Report writing

EPA008 Travel

WCIDRR06-26 Osteopathy services – SIRA-approved

WCIDRR06-27 Refer to the Workers compensation (physiotherapy, chiropractic and osteopathy fees) order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA approved Osteopaths,

- Interstate Osteopaths,
- Non-approved Osteopaths for exempt categories of workers

OSA001	Initial consultation and treatment
OSA002	Standard consultation and treatment
OSA003	Initial consultation and treatment of 2 distinct areas
OSA004	Standard consultation and treatment of 2 distinct areas
OSA005	Complex treatment
OSA006	Group/class intervention
OSA007	Home visit - initial consultation and treatment
OSA008	Home visit - standard consultation and treatment
OSA009	Home visit - initial consultation and treatment of 2 distinct areas
OSA010	Home visit - standard consultation and treatment of 2 distinct areas
OSA011	Home visit - complex treatment
OSA012	Case conference and report writing
OSA013	Work related activity assessment, consultation and treatment
OSA014	Travel

WCIDRR06-28 Osteopathy services – non-approved

WCIDRR06-29	These codes are only available for payments related to dates of service that precede 31 March 2016.
OSX001	Initial consultation and treatment
OSX002	Standard consultation and treatment
OSX003	Initial consultation and treatment of 2 distinct areas
OSX004	Standard consultation and treatment of 2 distinct areas
OSX005	Complex treatment
OSX006	Group/class service

OSX007	Home visit - initial consultation and treatment
OSX008	Home visit - standard consultation and treatment
OSX009	Home visit - initial consultation and treatment of 2 distinct areas
OSX010	Home visit - standard consultation and treatment of 2 distinct areas
OSX011	Home visit - complex treatment
OSX012	Case conference
OSX013	Report writing
OSX014	Travel

WCIDRR06-30 Physiotherapy services - approved

WCIDRR06-31 Refer to the Workers compensation (physiotherapy, chiropractic and osteopathy fees) order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA approved physiotherapists,
- interstate physiotherapists,
- non-approved physiotherapists for exempt categories of workers

PTA001	Initial consultation and treatment
PTA002	Standard consultation and treatment
PTA003	Initial consultation and treatment of 2 distinct areas
PTA004	Standard consultation and treatment of 2 distinct areas
PTA005	Complex treatment
PTA006	Group/class service
PTA007	Home visit - initial consultation and treatment
PTA008	Home visit - standard consultation and treatment

PTA009	Home visit - initial consultation and treatment of 2 distinct areas
PTA010	Home visit - standard consultation and treatment of 2 distinct areas
PTA011	Home visit - complex treatment
PTA012	Case conference and report writing
PTA013	Work related activity assessment, consultation and treatment
PTA014	Travel

WCIDRR06-32 Physiotherapy services – non-approved

WCIDRR06-33	These codes are only available for payments related to dates of service that precede 31 March 2016.
PTX001	Initial consultation and treatment
PTX002	Standard consultation and treatment
PTX003	Initial consultation and treatment of 2 distinct areas
PTX004	Standard consultation and treatment of 2 distinct areas
PTX005	Complex treatment
PTX006	Group/class service
PTX007	Home visit - initial consultation and treatment
PTX008	Home visit - standard consultation and treatment
PTX009	Home visit - initial consultation and treatment of 2 distinct areas
PTX010	Home visit - standard consultation and treatment of 2 distinct areas
PTX011	Home visit - complex treatment
PTX012	Case conference and report writing
PTX013	Report writing
PTX014	Travel

WCIDRR06-34 Psychological services

WCIDRR06-35 Refer to the Workers compensation (psychology and counselling fees) order for service definitions.

Inclusions/exclusions:

- Includes payments to:
- SIRA approved psychologists
- interstate psychologists.
- non-approved psychologists for exempt categories of workers

PSY001 Initial consultation

PSY002 Standard consultation

PSY003 Report writing

PSY004 Case conference

PSY005 Travel

PSY006 Group

PSY007 Trauma focused psychological treatment (for a worker who has been diagnosed with a work-related post-traumatic-stress disorder)

WCIDRR06-36 Remedial massage therapy

RMA001 Consultation and treatment (60 minutes in duration)

RMA002 Consultation and treatment (45 minutes in duration)

RMA003 Consultation and treatment (30 minutes in duration)

WCIDRR06-37 Other therapies and treatments

OTT001 Acupuncture

Payments for treatments provided by a registered medical practitioner or an acupuncture practitioner accredited with the Australian Traditional Chinese Medicine Practitioner Accreditation Board.

OTT002 Speech pathology

Payments for services provided by speech pathologists to assist with communication for workers with neurological conditions. For example an acquired brain injury.

OTT004

Assessment and management of persistent pain

Services provided to workers with, or at high risk of, persistent pain.

Services must be:

- multidisciplinary, including medical services such as neuromodulation and drug rationalisation and withdrawal, intensive physical and psychological therapies which focus on functional improvements and return to work
- incorporate a biopsychological approach
- based on a management plan.

OTT005

Case coordination services for catastrophic injuries and medically intensive

Payments for case management services provided to workers with catastrophic injuries or workers requiring monitoring whilst medically intensive

Catastrophic injury is defined in part 9.1 of the [Workers compensation guidelines](#)

OTT006

Other therapies or treatments that have not been classified elsewhere

Therapies and treatments not elsewhere classified.

Inclusions/exclusions:

Include reasonable necessary treatment services which are not elsewhere classified. For example, podiatry.

Exclude physiotherapy, chiropractic, osteopathy, psychology, counselling, exercise, physiology, remedial massage therapy, acupuncture, occupational therapy, nurse practitioners, dental services and speech pathology.

OTT007

External facilities fees

The fee for worker entry into an external facility such as a gymnasium or pool.

External facility fees only apply to the cost for the worker's entry.

No entry fee is payable where the facility is owned or operated by the treatment practitioner or the treatment practitioner contracts their services to the facility.

Fees payable for the entry of the practitioner are a business cost and cannot be charged to the insurer.

WCIDRR06-38 Allied services not elsewhere classified

OAS001 Nurse practitioners

Payments for services provided by a Nurse Practitioner as authorised by the Nurses Registration Board.

Inclusions/exclusions:

- Exclude nursing care at home services - code to NUR001.

OAS002 Occupational therapists

Payments for services provided by an Occupational Therapist. For example assessments for domestic assistance and home or vehicle modifications.

OAS003 Submission of an initial allied health recovery request (AHRR) only

An Allied Health Recovery Request is the form used by practitioners to request prior approval for treatment and services.

Inclusions/exclusions:

- Include only payments for the initial allied health recovery request which is the first allied health recovery request completed and submitted to the insurer.
- Exclude all other allied health recovery requests submitted.

Assistance at home

WCIDRR06-39 Personal care

PCA001 Personal care

Payments for services for personal care including:

- assistance with and/or supervision of transfers and mobility
- assistance with and/or supervision of showering, bathing, dressing, grooming, eating, drinking
- planning of daily activity such as planning/arranging outings
- assistance/supervision provided with community activities (for example, shopping, library)
- assisting with use of diary/calendar, correspondence, assisting with telephone calls
- preparing for and attending medical/therapy appointments.

WCIDRR06-40 Nursing care at home

NUR001

Nursing care at home

Payments for services provided by a registered nurse such as regulation/management of, and/or advice to carers regarding bowel/bladder care, skin care, wound care, chest care, medication, temperature, nutrition and blood pressure.

WCIDRR06-41 Domestic assistance

DOA001

Domestic assistance

Payments for domestic assistance such as household cleaning (internal and external), meal preparation, shopping, laundry, lawn or garden care, simple essential home maintenance.

DOA002

Domestic assistance (gratuitous assistance)

When care provided by family member and paid as gratuitous assistance in accordance with gazetted guidelines.

Aids and modifications

WCIDRR06-42 Hearing aids

AID002

Hearing aid assessments

This is the payment for the hearing needs assessment, fitting and maintenance of an aid by a Hearing Service Provider.

Hearing aid repairs, payable only if a copy of manufacturer's invoice for repairs is provided.

AID003

Hearing aids (including batteries)

This is for purchase of a hearing aid for a worker.

This covers the supply of a hearing aid (including remote control) and 12 months supply of hearing aid batteries.

WCIDRR06-43 Home and motor vehicle purchases and modifications

HVM001

Home modifications

Payments for modifications to the worker's place of residence and cost of reasonably necessary architectural and building fees.

HVM002

Motor vehicle modifications

Payments for reasonably necessary modifications to the worker's motor vehicle.

HVM003

Home purchase

Payments to purchase a home and associated payments for legal, building and architectural fees.

HVM004

Motor vehicle purchase

The repair or replacement costs of quad bike or motor vehicle.

WCIDRR06-44 Mobility aids

MOB001

Mobility aids excluding motor vehicles

The original purchase costs, repair or replacement costs of mobility aids such as wheelchair, crutches, walking frame, artificial limb, brace, or foot orthotics that have been provided as a result of a workplace injury.

Inclusions/exclusions:

- Exclude repair or replacement of mobility aids as part of a property damage claim under sections 74 or 75 (Refer to code PDO001).

WCIDRR06-45 Optometry & visual aid services

Inclusions/exclusions:

OPT001

Optometry services

Payments for services provided by optometrists registered with the NSW Optometrists Registration Board.

Inclusions/exclusions:

- Excludes Ophthalmologists (these are medical services - refer to AMA Codes).

OPT002

Spectacles

This is for the purchase, repair or replacement of spectacles or contact lenses, required as a result of the workplace injury.

- Exclude repair or replacement of spectacles as part of a property damage claim under sections 74 and 75 (Refer to code PDO001).

OPT003

Artificial eye

OPT004

Visual mobility aids / services

Guide dog, cane, sonar device, mobility training, and vision aids.

WCIDRR06-46 Aids not elsewhere classified

Refer to the Workers compensation (psychology and counselling fees) order for service definition of incidental expenses.

Refer to the Workers compensation (physiotherapy, chiropractic and osteopathy fees) order for service definition of incidental expenses

Refer to the Workers compensation (accredited exercise physiologist fees) order for service definition of incidental expenses

OAD001

Aids not elsewhere classified

The purchase or replacement costs of aids such as a back rest, strapping, tape, theraband, exercise putty, communication devices and aids not elsewhere classified, that are required as a result of the injury.

Transport

WCIDRR06-47 Ambulance and travel expenses

TRA001

Ambulance services

The amounts paid for paramedic service to a worker and the conveyance of a worker to or from a medical practitioner or hospital.

Inclusions/exclusions:

Excludes:

- treatment at the scene of the accident or transport for hospital admission for workers injured in a motor vehicle accident. These are to be paid by the Motor Accidents Insurance Regulation (MAIR) Bulk Billing arrangement.
- conveyance of a worker by taxis, public transport or private vehicle to or from a medical practitioner or hospital or from one public hospital to another.

TRA002

Injured worker related travel and accommodation expenses

The amounts paid for a worker to attend treatment initiated by the worker, excluding ambulance services.

Inclusions/exclusions:

- Includes:
- conveyance of a worker by taxis, public transport, private vehicle to or from a health practitioner or hospital
- conveyance of a worker for court hearings, etc not provided by an ambulance service
- accommodation where the worker is required to attend court hearings, etc. (including meals). Costs are reimbursed to the worker or paid to the accommodation provider.

TRA003

Injured worker time lost for attending independent medical examination

The amount paid to or on behalf of a worker for reimbursement of time lost where a worker attends a medical examination arranged by the insurer or the workers representative.

- Inclusions/exclusions:

Exclude payments for any conveyance of a worker by taxis, public transport or private vehicle, to or from treatment provided by a health practitioner or hospital.

Private hospital services

WCIDRR06-48 Private hospital treatment and service

WCIDRR06-51	Private hospitals generally adopt the Australian Private Hospital Association (APHA) procedure banding list. It outlines the categories of accommodation, procedures types and fees.
PTH001	<p>Advanced surgical patient</p> <p>Accommodation - overnight bed fees 1-14 days or more than 14 days.</p> <p>An advanced surgical patient upon admission to hospital is identified by the item number in the MBS which is rendered to the patient at that hospital.</p>
PTH002	<p>Surgical patient</p> <p>Accommodation - overnight bed fees 1-14 days or more than 14 days.</p> <p>A surgical patient upon admission to hospital is identified by the item number in the MBS which is rendered to the patient at that hospital.</p>
PTH003	<p>Psychiatric patient</p> <p>Accommodation - overnight bed fees 1-21 days, 22-65 days or more than 65 days</p> <p>A psychiatric patient is a patient in a hospital who is admitted for the purposes of undertaking specific psychiatric treatment program that is deemed by the insurer to be relevant and appropriate for the treatment of the patient's injury.</p>
PTH004	<p>Rehabilitation patient</p> <p>Accommodation - overnight bed fees 1-49 days or more than 49 days.</p> <p>A rehabilitation patient is a patient in a hospital who is admitted for the purposes of undertaking specific</p>

rehabilitation treatment program that is deemed by the insurer to be relevant and appropriate for the treatment of the patient's injury.

PTH005

Other patient (medical)

Accommodation - overnight bed fees 1-14 days or more than 14 days.

Other patient is a patient in a hospital who is receiving any treatment that involves part of an overnight stay, but who is not: an advanced surgical patient, a surgical patient, a psychiatric patient or a rehabilitation patient.

PTH006

Day patient - day accommodation - including accident and emergency attendance

For non band items, as per national procedure banding schedule, the following band levels apply depending on anaesthetic type and theatre time.

Band 1 - means services not requiring anaesthetic or theatre time.

Band 2 - means procedure (other than band 1) carried out under local anaesthetic with no sedation

Band 3 - means procedure (other than band 1) carried out under general or regional anaesthetic or intravenous sedation where the actual time in theatre is less than 1 hour. Electroconvulsive therapy is to be coded under this band with an additional Band 1 fee under PTH008.

Band 4 - means procedures (other than band 1) carried out under general or regional anaesthetic or intravenous sedation where theatre time is 1 hour or more.

Facility fees include allied health services except where the worker is a rehabilitation patient. For rehabilitation patients, the appropriate allied health fees Order is to be used. Facility fees include the cost of inpatient pharmaceutical items.

Refer to the NSW Ministry of Health for classifications of private hospitals in NSW.

Inclusions/exclusions:

- Group programs are billed under this code (PTH006) as detailed in the Workers Compensation (Private Hospital Rates) Order for the relevant year.

- Only pharmaceutical items provided on discharge can be billed separately and are to be coded to PHS001 Pharmaceutical Services.
- No additional fee is payable for a private room.

PTH007

Intensive care unit

Accommodation - overnight bed fees 1-5 days - level 1 or more than 5 days - level 2. Benefit provisions are contained in section 62 of the *Workers Compensation Act 1987*.

Note: rates are set for all hospital treatment in annual fee orders

PTH008

Theatre

Refer to the NSW Ministry of Health for the classification of private hospitals.

As per the national banding schedule the 13 bands refer to a theatre fee determined by the time taken for the service provided, and may include the cost of consumable and disposable items.

Only in exceptional circumstances will an additional fee be payable on justification from the private hospital.

A multiple procedure rule applies for theatre fees. 100% of the fee may be charged for the first procedure, 50% for the second procedure undertaken at the same time as the first, and 20% for the third and subsequent procedures undertaken at the same time as the first.

PTH009

Surgical prostheses

For surgically implanted prosthesis, use this payment classification code. A surgically implanted prosthesis is an item of equipment or device used by a medical practitioner, surgeon or treating specialist during a procedure.

Surgical prostheses are to be selected from the Department of Health Prostheses List (in accordance with the Private Health Insurance (Prostheses) Rules (Cth) rate current at the time of service) at the minimum benefit rate.

A prosthesis handling fee is payable at the maximum rate detailed in the Workers compensation (private hospital rates) order for the relevant year.

Public hospital services

WCIDRR06-49	Refer to the <u>Workers compensation (public hospital rates) order</u> for service definitions.
WCIDRR06-50	Brain injury rehabilitation
WCIDRR06-51	These codes apply to patients admitted to an inpatient Brain Injury Rehabilitation Program (BIRP) unit, a Transitional Living Unit or to Compensable non-inpatient services.
PBI001	Admitted patient services This includes admitted patient services under the following categories: Category A patients. That is a patient being assessed for or receiving active rehabilitation for an acquired brain injury. Category B patients. That is a patient receiving personal and nursing support who is resident in a brain injury rehabilitation program unit. Category X patients. That is a patient needing an extremely high level of support as a result of an acquired brain injury.
PBI002	Admitted patient transitional living unit bed Transitional living unit bed that is staffed 24 hours a day and is officially approved by NSW Health under the Brain Injury Rehabilitation Program for the accommodation of patients requiring transitional living care services following a brain injury
PBI003	Non-admitted patient services This includes allied health services provided to a non-admitted patient with an acquired brain injury. A non-admitted patient is a patient that has not undergone a formal admission process.
PBI004	Out-patient medical clinic appointments
PBI005	Group activities
WCIDRR06-52	Public hospital treatment
PUH001	Public hospital - acute, emergency department admitted and non-emergency department

PUH002	Public hospital – non-acute and sub-acute in-patient
	This incorporates the admission of a patient to a public hospital, psychiatric hospital or other public hospital (for example, residential aged care facility), for sub-acute and non-acute services. It also incorporates dialysis treatment.
PUH003	Public hospital out-patient occasion of services and emergency department patient services small rural hospital
	This incorporates outpatient by a public hospital, public psychiatric hospital, or other public hospital (for example, residential aged care facility). An outpatient is a patient who does not undergo a formal admission process.
	Rates chargeable for physiotherapy, psychological and exercise physiology outpatient services are in accordance with SIRA's Fees orders relating to each allied health discipline.
WCIDRR06-53	Public hospital medical reports and health records
PHR001	Public hospital medical reports
	This includes the preparation of a report by a treating medical practitioner or health professional appointed or employed by the health institution /hospital supplied in response to a request. Where examination of the patient is required in order to prepare the report, the cost of the examination is included in the fee.
PHR002	Public hospital health records
	Health records include summary of injuries or copies of clinical notes or medical records supplied in response to a request that is accompanied by a written consent of the injured person.
	The charges for health records and medical reports are in accordance with rates set out by NSW Health. refer to www.health.nsw.gov.au for more information if required.
WCIDRR06-54	Spinal injury rehabilitation
	These codes exclusively apply to spinal injury rehabilitation services provided at the Royal Rehabilitation Centre Sydney.
PSI001	In-patient spinal injury rehabilitation services

This includes services provided to a patient with a spinal injury at the Royal Rehabilitation Centre, Sydney who has undergone a formal admission process.

PSI002

Out-patient/outreach services

This includes services provided to a patient with a spinal injury at the Royal Rehabilitation Centre, Sydney who has not undergone a formal admission process.

Dental services

WCIDRR06-55 Dental related services

DEN001

Dental and dental prosthetist services

Payments for services provided by a dental practitioner registered with the Australian Health Practitioner Regulation Agency.

DEN002

Teeth and dental

Repair or replacement costs of teeth or other dental equipment.

Practitioner peer review

WCIDRR06-56 Injury management consultants

WCIDRR06-57

Refer to the Workers compensation (injury management consultants fees) order for service definitions.

IIN105

Injury management consultants

Fees paid for the provision of services by an Injury Management Consultant (IMC) in respect of the provision of any report prepared after a file review and/or examination and discussion for use in connection with a claim for compensation. It also includes the appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation or injury damages.

Inclusions/exclusions:

- Include only Injury Management Consultants approved pursuant to Section 45A, of the Workplace Injury Management and Workers Compensation Act 1998.

- Include only payments for services instigated by the insurer.
- Exclude payments for services instigated by the worker or their solicitor.

IIN107 Injury management consultant - cancellation with less than 2 days' notice or non-attendance at scheduled appointment or unreasonably late attendance

IIN108 Injury management consultation with interpreter
The interpreter will invoice separately using code INT001

IIN109 Injury management consultants - travel for assessment/consultation outside consulting rooms.
Exclude expenses incurred by the worker or their solicitor.

WCIDRR06-58 Independent consultants

WCIDRR06-59 Refer to the Workers compensation (independent consultants fees) order for service definitions.

IIN110 Independent consultation where referral initiated by a party other than the treating practitioner

IIN111 Independent consultation where referral initiated by the treating practitioner

IIN112 Independent consultation cancellation with 2 working days or less notice, non-attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted

IIN113 Independent consultation travel for assessment/ consultation outside of consulting rooms

WCIDRR06-60 Insurer medical services panel

IIN201 Standard file review
Fees for a standard file review and recommendation on a claim undertaken by a medical specialist as part of a medical panel, where the review and provision of the recommendation is less than 1 hour.

Inclusions/exclusions:

- Includes services provided by a medical panel medical specialist only.

- Exclude any administrative costs associated with the function of a medical panel.

IIN202

Complex file review

Fees for a standard file review and recommendation on a claim undertaken by a medical specialist as part of a medical panel, where the review and provision of the recommendation takes 1 hour or longer.

Inclusions/exclusions:

- Includes services provided by a medical panel medical specialist only.
- Exclude any administrative costs associated with the function of a medical panel.

Workplace rehabilitation services

WCIDRR06-61 Workplace rehabilitation services

WCIDRR06-62

Refer to the NSW Supplement to the Nationally Consistent Approval Framework for Workplace Rehabilitation providers for service definitions.

OR01

Single rehabilitation service

OR02

Return to work same employer services

OR03

Return to work different employer services

OR04

Travel

Inclusions/exclusions:

- Travel costs of the worker are not included within this payment code.

SIRA-funded vocational programs to support recovery at work

WCIDRR06-63	Refer to the guidance material for SIRA funded vocational programs to support recovery at work
WCIDRR06-64	Recover at Work Assist for Small Business
RAW001	Employer assistance payment of up to \$400 per week for a combined total of up to 6 weeks
WCIDRR06-65	Work trial
VWT001	Equipment
VWT002	Travel expenses
	Inclusions:
	<ul style="list-style-type: none">• Include travel costs provided in connection with the Return to work assist program for micro employers.
WCIDRR06-66	Training
VRE001	Course costs
VRE002	Stationery allowance
VRE003	Travel expenses
VRE004	Accommodation
WCIDRR06-67	Equipment
VEQ001	Equipment
WCIDRR06-68	Transition to work
VTP001	Transition to work expenses tier 2 - suitable employment
VTP002	Transition to work tier 1 - job seeking preparation
WCIDRR06-69	Job cover placement program
VJC002	Employer incentive payment 1
VJC003	Employer incentive payment 2
VJC004	Employer incentive payment 3

WCIDRR06-70 Community Connect Program

VCC001 Community connect

Return to work assistance

WCIDRR06-71 Eligible workers may be able to claim two benefits under return to work assistance to provide them with financial assistance for costs and services associated with return to work in accordance with section 64 of the Workers Compensation Act 1987.

WCIDRR06-72 New employment assistance

NEA001 New employment assistance payment

Note: Not applicable for exempt categories or workers (police officers, Paramedics, Firefighters or Coal Workers as per exempt classes in the 2012 Legislative Reform or pre 1987 Act.

WCIDRR06-73 Education or training assistance

WCIDRR06-74 Note: Not applicable for exempt categories of workers (police officers, paramedics, firefighters or coal workers as per exempt classes in the 2012 Legislative Reform or pre 1987 Act.

ERA001 Education or training assistance course costs payment

ERA002 Education or training assistance stationery and/ or book costs payment

ERA003 Education or training assistance travel costs payment

ERA004 Education or training assistance other costs payment

Property damage

WCIDRR06-75 Property damage not elsewhere classified

PDO001 Damage to property - section 74 & 75

The amounts paid for the repair to or the replacement of property including, clothing, spectacles, artificial limbs or existing mobility aids.

Lump sum benefits

WCIDRR06-76

The following dates may be relevant to a workers compensation claim for weekly benefits or lump sum compensation including permanent impairment:

- 19 June 2012

New provisions applied for claims for permanent impairment, lump sum compensation and damages for nervous shock. (See payment codes PAS001 and PAS002).

- 17 September 2012

New weekly payment provisions commenced for seriously injured workers.

- 1 October 2012

New weekly payment provisions commenced for claims made on or after 1 October 2012. (see payment codes WPT005 - WPT007 and WPP005 - WPP008)

- 1 January 2013

New weekly payment provisions commenced for claims made by workers (other than seriously injured workers) who made a claim prior to 1 October 2012. (See transitional arrangements documentation).

WCIDRR06-77

Permanent impairment

WPI001

Section 66 - Permanent impairment

The amounts paid to a worker for permanent impairment.

Inclusions/exclusions:

- Include only payment amounts for permanent impairment pursuant to Section 66, Workers Compensation Act 1987 No. 70 and as provided by the 'Table of Disabilities' or whole person impairment (WPI) and 'Ready-reckoner of Benefits Payable'.

WPI002

Section 66 - Permanent impairment - interest

The amount of interest awarded by the Workers Compensation Commission (WCC) as part of a permanent impairment settlement.

Inclusions/exclusions:

- Include only interest amounts calculated on compensation awarded for permanent impairment pursuant to Section 66, Workers Compensation Act 1987 No. 70.

WCIDRR06-78 Pain and suffering

PAS001

Section 67 - Pain and suffering

The amounts paid for pain and suffering of a worker who has permanent impairment of 10 per cent or more.

Note: Only applicable to police officers, paramedics, firefighters or coal workers as per exempt classes in the 2012 Legislative Reform or pre 1987 Act

PAS002

Section 67 - Pain and suffering - interest

The amount of interest awarded by the Workers Compensation Commission (WCC) as part of a pain and suffering settlement.

Note: Only applicable to police officers, paramedics, firefighters or coal workers as per exempt classes in the 2012 Legislative Reform or pre 1987 Act.

Commutations

WCIDRR06-79 Commutation

COM001

Commutation lump sum

The gross amount of commutation awarded or agreed upon. This refers to compensation payments where a commutation between the worker and the insurer has been agreed.

Inclusions/exclusions:

- If weekly payments have been overpaid, they must not be deducted from the commutation amount but should be shown as recoveries.
- If a Centrelink payback is to be taken out of the commutation, then the total amount of the commutation must still be shown.

Work injury damages

WCIDRR06-80 Common law payments

CLP001

Common law lump sum payment to the worker

The total common law lump sum paid for damages.

Inclusions/exclusions:

- Excludes common law legal expenses incurred by the worker or insurers or their agents.

Payments in the event of death

WCIDRR06-81 Payments in the event of death

DEC001

Lump sum payment to dependants of the deceased worker

The lump sum payments paid to the dependants of the the deceased worker.

Inclusions/exclusions:

- Excludes weekly payments to dependants and funeral expenses and expenses related to the transportation of deceased worker's body.

DEC003

Weekly payment to child/children of the deceased worker

The weekly payments of compensation to the dependent child or children of the deceased worker.

Note: Only applicable to police officers, paramedics, firefighters or coal miners as per exempt classes in the 2012 Legislative Reform or pre 1987 Act

DEC004

Transportation of deceased worker's body

The expenses equal to the reasonable cost of transporting the body of the worker to (a) what would, in the circumstances, be an appropriate place for its preparation for burial or cremation; or (b) the usual place of residence, whichever is the lesser cost.

DEC005

Funeral expenses

The amounts paid for the funeral expenses of the deceased worker.

Legal services

- WCIDRR06-82 Schedule 6 to the Workers Compensation Amendment (Transitional) Regulation 2012 provides a schedule of costs and upper limits for use by lawyers when providing legal services to both workers and the SIRA Insurer. This regulation is to be used for legal services relating to compensation matters.
- WCIDRR06-83 Payments for legal services are to be reported using codes from the following tables that detail the payment classification codes. The codes are listed in two tables:
- Insurer Legal Codes
 - Worker Legal Codes
- WCIDRR06-84 If the services have been provided for the insurer, payments for legal services are to be reported from the Insurer Legal Codes that are prefixed with IN. If the services have been provided on behalf of the worker the Worker Legal Codes that are prefixed with WK are to be reported.
- WCIDRR06-85 The codes have been developed using the descriptions for legal services in schedule 6 of the Workers Compensation Amendment (Costs) Regulation 2006 and the (Transitional) Regulation 2012. Refer to the regulations, schedule of codes and the easy reference guide to ensure the correct fees are being applied.
- WCIDRR06-86 The invoice submitted by the legal representative providing the service is to contain the relevant code for each service provided.

WCIDRR06-87 Schedule 6 – Insurer Legal Codes

Code	Detailed description
INS6000	Legal expenses incurred on a claim where a dispute was lodged prior to 1 November 2006. Date of injury must be on or before 31 October 2006. This includes any matter lodged with the Compensation Court
IN0220	Section 67 only - A - resolved before application accepted by WCC
IN0222	Section 67 only - B - Resolved after application accepted by WCC
IN0224	Section 67 only - B - Resolved after application accepted by WCC - where Part 1 cl 6 variation applies

Code	Detailed description
IN0526	Lump sum permanent impairment compensation (liability in issue) dispute - a decision notice issued or referred to arbitrator by Registrar - C - After decision notice issued before matter accepted by WCC or before death claim application accepted by WC
IN0528	Lump sum permanent impairment compensation (liability in issue) dispute - a decision notice issued or referred to arbitrator by Registrar - D - Up to initial teleconference, including consequential settlement
IN0530	Lump sum permanent impairment compensation (liability in issue) dispute - a decision notice issued or referred to arbitrator by Registrar - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN0532	Lump sum permanent impairment compensation (liability in issue) dispute - a decision notice issued or referred to arbitrator by Registrar - F - Following conciliation conference up to & including arbitration hearing
IN0625	Weekly payment compensation - up to & including 12 weeks excluding Interim Payment Direction - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN0627	Weekly payment compensation - up to & including 12 weeks excluding Interim Payment Direction D - Up to initial teleconference, including consequential settlement attendances
IN0629	Weekly payment compensation - up to & including 12 weeks excluding Interim Payment Direction E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN0631	Weekly payment compensation - up to & including 12 weeks excluding Interim Payment Direction F - Following conciliation conference up to & including arbitration hearing
IN0726	Weekly payment compensation - exceeding 12 weeks excluding Interim Payment Direction C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN0728	Weekly payment compensation - exceeding 12 weeks excluding Interim Payment Direction D - Up to initial

Code	Detailed description
	teleconference, including consequential settlement attendances
IN0730	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN0732	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction - F - Following conciliation conference up to & including arbitration hearing
IN0826	Application for termination or reduction of weekly payments compensation – section 55 review - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN0828	Application for termination or reduction of weekly payments compensation – section 55 review-D - Up to initial teleconference, including consequential settlement attendances
IN0830	Application for termination or reduction of weekly payments compensation – section 55 review - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN0832	Application for termination or reduction of weekly payments compensation – section 55 review - F - Following conciliation conference up to & including arbitration hearing
IN1126	Application for increase in weekly payments compensation – section 55 review - C – After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN1128	Application for increase in weekly payments compensation – section 55 review - D - Up to initial teleconference, including consequential settlement attendances
IN1130	Application for increase in weekly payments compensation – section 55 review - E – After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN1132	Application for increase in weekly payments compensation – section 55 review - F – Following

Code	Detailed description
	conciliation conference up to & including arbitration hearing
IN1225	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN1227	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) D - Up to initial teleconference, including consequential settlement attendances
IN1229	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN1231	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) F - Following conciliation conference up to & including arbitration hearing
IN1326	Medical expenses compensation exceeding \$7,500 - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN1328	Medical expenses compensation exceeding \$7,500 D - Up to initial teleconference, including consequential settlement attendances
IN1330	Medical expenses compensation exceeding \$7,500 E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN1332	Medical expenses compensation exceeding \$7,500 - F - Following conciliation conference up to & including arbitration hearing
IN1425	Compensation re death of a worker - liability admitted & no dispute re dependency - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
IN1526	Compensation re death of a worker - liability and/or dependency disputed - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC

Code	Detailed description
IN1528	Compensation re death of a worker – liability and/or dependency disputed - D - Up to initial teleconference, including consequential settlement attendances
IN1530	Compensation re death of a worker – liability and/or dependency disputed - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN1532	Compensation re death of a worker – liability and/or dependency disputed - F – Following conciliation conference up to & including arbitration hearing
IN1627	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - D - Up to initial teleconference, including consequential settlement attendances
IN1629	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
IN1631	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - F - Following conciliation conference up to & including arbitration hearing
IN1733	Special Resolution - A1 - IPD dispute resolved after claimant application accepted by WCC
IN1734	Special Resolution - A2 - Further IPD dispute about the same claim resolved after claimant application accepted by WCC
IN1735	Special Resolution - B1 - WIM dispute resolved after claimant application accepted by WCC
IN1736	Special Resolution B1 - WIM dispute resolved after insurer application accepted by WCC
IN1737	Special Resolution - B2 - Further WIM dispute about the same claim resolved after claimant application accepted by WCC
IN1738	Special Resolution B2 - Further WIM dispute about the same claim resolved after insurer application accepted by WCC

Code	Detailed description
IN1739	Special Resolution - C1 - Resolution of other claimant initiated proceedings commenced by the claimant - as ordered or certified by the WCC
IN1740	Special Resolution - C1 - Resolution of other insurer initiated proceedings - as ordered or certified by the WCC
IN1741	Special Resolution - D1 - Commutation agreement approved by SIRA Authority and registered by WCC - application by claimant
IN1742	Special Resolution - D1 - Commutation agreement approved by SIRA Authority and registered by WCC - application by insurer
IN1744	Special Resolution - F1 - Written advice requested by insurer before the issue of a decision notice and costs not recoverable under Table 1 (subject to Part A cl. 7)
IN7100	Disbursements - Country/interstate loadings (incl travel-accommodation)
IN7200	Disbursements - Conduct money re notice for the production of documents
IN7300	Disbursements - Conduct money re direction for production of documents
IN7400	Disbursements - Treating health service provider's report (whether resolved before or after proceedings commenced)
IN7600	Disbursements - Treating health service provider's clinical notes and records
IN7700	Disbursements - Fee for the provision of independent financial advice by a qualified financial adviser for a commutation by agreement that is approved by the Authority and registered with the Commission
IN7800	Disbursements - Reports obtained pursuant to clause 96-
IN7900	Disbursements - Interpreter or translation services
IN8000	Disbursements - Fees imposed by a court or the WCC
IN8001	Dust Diseases Tribunal - All insurer / scheme agent matters in the Dust Diseases Tribunal

Code	Detailed description
IN8002	<p>District Court - Residual Jurisdiction and Special Statutory Compensation Lists - All matters related to the following:</p> <p>(a) Police Regulation (Superannuation) Act 1906, s 21</p> <p>(b) Police Act 1990, s 216A</p> <p>(c) Sporting Injuries Insurance Act 1978, s 29</p> <p>(d) Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987, ss 16 and 30</p> <p>(e) Workers Compensation (Dust Diseases) Act 1942, s 81.</p> <p>(f) The Mining List</p>
IN8003	<p>Legal costs for recovery matters - All insurer / scheme agent matters where action has been commenced in an appropriate jurisdiction for recovery of damages from a third party. Legal costs associated with the reimbursement of amounts contained in a notice under S145 of the 1987 Act.</p>
IN8004	<p>Legal cost associated with an appeal to a higher court - All insurer / scheme agent matters involving an appeal where not otherwise identified as payable under schedule 6 or schedule 7 of the Workers Compensation Regulation 2010.</p>
IN8005	<p>Legal costs associated with a legal action from other jurisdictions - All insurer /scheme agent matters where they have become involved and where the matter is not about the provision of NSW Workers Compensation System benefits i.e. provision of benefits or damages from another jurisdiction e.g. MAA, civil liability, cross claim, interstate jurisdictional arguments.</p> <p>That is, legal costs where not otherwise identified as payable under schedule 6 or schedule 7 of the Workers Compensation Regulation 2010.</p>
IN8100	<p>Disbursements - Travel costs and expense of claimant pursuant to clause 96</p>
IN8200	<p>Disbursements - Witness expenses pursuant to clause 96</p>
IN8300	<p>Disbursements - Part A clause 17 charges for documents from certain public authorities</p>
IN5100	<p>Additional legal services or other factors - 1 Claimant's appeal against an arbitral decision resolved by Presidential member's decision</p>

Code	Detailed description
IN5105	Additional legal services or other factors -1 Insurer's appeal against an arbitral decision resolved by Presidential member's decision
IN5200	Additional legal services or other factors - 2 Claimant's question of law application - resolved by Presidential member's decision
IN5205	Additional legal services or other factors - 2 Insurer's question of law application - resolved by Presidential member's decision
IN5300	Additional legal services or other factors - 3 Claimant's medical assessment appeal - resolved by Appeal Panel's decision
IN5305	Additional legal services or other factors - 3 Insurer's medical assessment appeal - resolved by Appeal Panel's decision
IN5400	Additional legal services or other factors - 4 Dispute resolved after proceedings commenced - WCC certifies matter as complex and neither multiple respondent nor lead scheme agent loading applies - Commenced by claimant
IN5405	Additional legal services or other factors - 4 Dispute resolved after proceedings commenced and WCC certifies matter as complex & either multiple respondent or lead scheme agent loading applies - Commenced by Insurer
IN5500	Additional legal services or other factors - 5 Dispute resolved after proceedings commenced and WCC certifies matter as complex & either multiple respondent or lead scheme agent loading applies
IN5700	Acting for lead scheme agent if resolved on behalf of multiple scheme agents - not where the above complex matter loading applies (lead scheme agent only - other agents; no costs recoverable)

Code	Detailed description
WRK6000	Legal expenses incurred on a claim where a dispute was lodged prior to 1 November 2006. Date of injury must be on or before 31 October 2006. This includes any matter lodged with the Compensation Court
WK0120	Section 66 only - extent of impairment is the only issue or decision noticeddecision notice not issued - A - resolved before application accepted by WCC
WK0122	Section 66 only - extent of impairment is the only issue or decision noticeddecision notice not issued - B - resolved after application accepted by WCC
WK0220	Section 67 only - A - resolved before application accepted by WCC
WK0222	Section 67 only - B - resolved after application accepted by WCC
WK0320	Section 16 of the 1926 Act - extent of impairment is the only issue or decision noticeddecision notice not issued - A - resolved before application accepted by WCC
WK0322	Section 16 of the 1926 Act - extent of impairment is the only issue or decision noticeddecision notice not issued - B - resolved after application accepted by WCC
WK0421	Section 66 & 67 - extent of impairment and pain & suffering only at issue or decision noticeddecision notice not issued A - resolved before application accepted by WCC
WK0423	Section 66 & 67 - extent of impairment and pain & suffering only at issue or decision noticeddecision notice not issued B - resolved after application accepted by WCC
WK0424	Section 66 & 67 - extent of impairment and pain & suffering only at issue or decision noticeddecision notice not issued B - resolved after application accepted by WCC - where part A cl 6 variation applies
WK0526	Lump sum permanent impairment compensation (liability in issue) dispute – a decision noticeddecision notice issued or referred to arbitrator by Registrar - C - After decision noticeddecision notice issued

Code	Detailed description
	before matter accepted by WCC or before death claim application accepted by WCC
WK0528	Lump sum permanent impairment compensation (liability in issue) dispute – a decision noticeddecision notice issued or referred to arbitrator by Registrar - D - Up to initial teleconference, including consequential settlement attendances
WK0530	Lump sum permanent impairment compensation (liability in issue) dispute – a decision noticeddecision notice issued or referred to arbitrator by Registrar - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK0532	Lump sum permanent impairment compensation (liability in issue) dispute – a decision noticeddecision notice issued or referred to arbitrator by Registrar - F - Following conciliation conference up to & including arbitration hearing
WK0625	Weekly payment compensation – up to & including 12 weeks excluding Interim Payment Direction - C - After decision noticeddecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK0627	Weekly payment compensation – up to & including 12 weeks excluding Interim Payment Direction D - Up to initial teleconference, including consequential settlement attendances
WK0629	Weekly payment compensation – up to & including 12 weeks excluding Interim Payment Direction E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK0631	Weekly payment compensation – up to & including 12 weeks excluding Interim Payment Direction F - Following conciliation conference up to & including arbitration hearing
WK0726	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction C - After decision noticeddecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK0728	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction D - Up

Code	Detailed description
	to initial teleconference, including consequential settlement attendances
WK0730	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK0732	Weekly payment compensation – exceeding 12 weeks excluding Interim Payment Direction - F - Following conciliation conference up to & including arbitration hearing
WK0926	Application for termination or reduction of weekly payments compensation – section 55 review - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK0928	Application for termination or reduction of weekly payments compensation – section 55 review - D - Up to initial teleconference, including consequential settlement attendances
WK0930	Application for termination or reduction of weekly payments compensation – section 55 review - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK0932	Application for termination or reduction of weekly payments compensation – section 55 review - F - Following conciliation conference up to & including arbitration hearing
WK1026	Application for increase in weekly payments compensation – section 55 review - C - After decision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK1028	Application for increase in weekly payments compensation – section 55 review - D - Up to initial teleconference, including consequential settlement attendances
WK1030	Application for increase in weekly payments compensation – section 55 review - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances

Code	Detailed description
WK1032	Application for increase in weekly payments compensation – section 55 review - F - Following conciliation conference up to & including arbitration hearing
WK1225	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) C - After decision noticeddecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK1227	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) D - Up to initial teleconference, including consequential settlement attendances
WK1229	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK1231	Medical expenses compensation not exceeding \$7,500 (excluding Interim Payment Directions) F - Following conciliation conference up to & including arbitration hearing
WK1326	Medical expenses compensation exceeding \$7,500 - C - After decision noticeddecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK1328	Medical expenses compensation exceeding \$7,500 D - Up to initial teleconference, including consequential settlement attendances
WK1330	Medical expenses compensation exceeding \$7,500 E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK1332	Medical expenses compensation exceeding \$7,500 - F - Following conciliation conference up to & including arbitration hearing
WK1425	Compensation re death of a worker – liability admitted & no dispute re dependency - C - After decision noticeddecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK1526	Compensation re death of a worker – liability and/or dependency disputed - C - After decision

Code	Detailed description
	noticedecision notice issued and before matter accepted by WCC or before death claim application accepted by WCC
WK1528	Compensation re death of a worker – liability and/or dependency disputed - D - Up to initial teleconference, including consequential settlement attendances
WK1530	Compensation re death of a worker – liability and/or dependency disputed - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK1532	Compensation re death of a worker – liability and/or dependency disputed - F - Following conciliation conference up to & including arbitration hearing
WK1627	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - D - Up to initial teleconference, including consequential settlement attendances
WK1629	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - E - After initial teleconference, up to & including conciliation conference including consequential settlement attendances
WK1631	Reduction in uninsured employer’s liability to reimburse SIRA Authority Fund/Insurance Fund under section 145 by WCC determination or agreement after referral - F - Following conciliation conference up to & including arbitration hearing
WK1733	Special Resolution - A1 - IPD dispute resolved after claimant application accepted by WCC
WK1734	Special Resolution - A2 - Further IPD dispute about the same claim resolved after claimant application accepted by WCC
WK1735	Special Resolution B1 - WIM dispute resolved after claimant application accepted by WCC
WK1736	Special Resolution B1 - WIM dispute resolved after insurer application accepted by WCC

Code	Detailed description
WK1737	Special Resolution B2 - Further WIM dispute about the same claim resolved after claimant application accepted by WCC
WK1738	Special Resolution B2 - Further WIM dispute about the same claim resolved after insurer application accepted by WCC
WK1739	Special Resolution - C1 - Resolution of other claimant initiated proceedings commenced by the claimant - as ordered or certified by the WCC
WK1740	Special Resolution - C1 - Resolution of other insurer initiated proceedings - as ordered or certified by the WCC
WK1741	Special Resolution - D1 - Commutation agreement approved by SIRA Authority and registered by WCC - application by claimant
WK1742	Special Resolution - D1 - Commutation agreement approved by SIRA Authority and registered by WCC - application by insurer
WK1743	Special Resolution - E1 - Legal service to claimant before decision notice where insurers decision on existing entitlement to weekly payments is varied to the workers benefit by an increase of 5% or more in weekly payments as a consequence of a legal service
WK1745	Special Resolution G1 - Providing independent legal advice to a claimant re a complying agreement proposed by an insurer (subject to Part A cl.7)
WK7100	Disbursements - Country/interstate loadings (incl travel-accommodation)
WK7200	Disbursements - Conduct money re notice for the production of documents
WK7300	Disbursements - Conduct money re direction for production of documents
WK7400	Disbursements - Treating health service provider's report (whether resolved before or after proceedings commenced)
WK7600	Disbursements - Treating health service provider's clinical notes and records
WK7700	Disbursements - Fee for the provision of independent financial advice by a qualified financial adviser for a commutation by agreement that is

Code	Detailed description
	approved by the Authority and registered with the Commission
WK7800	Disbursements - Reports obtained pursuant to clause 82
WK7900	Disbursements - Interpreter or translation services
WK8000	Disbursements - Fees imposed by a court or the WCC
WK8001	Dust Disease Tribunal - Other party costs where the insurer/scheme agent is required to pay for matters in the Dust Diseases Tribunal.
WK8002	<p>District Court - Residual Jurisdiction List - Other party costs where the scheme insurer is required to pay for all matters related to the following:</p> <ul style="list-style-type: none"> (a) Police Regulation (Superannuation) Act 1906, s 21 (b) Police Act 1990, s 216A (c) Sporting Injuries Insurance Act 1978, s 29 (d) Workers Compensation (Bush Fire), Emergency and Rescue Services) Act 1987, ss 16 and 30 (e) Workers Compensation (Dust Diseases) Act 1942, s 81. (f) The Mining List
WK8003	<p>Legal costs for recovery matters - Other party costs where the scheme insurer is required to pay for all matters related to the following:</p> <p>All insurer/scheme agent matters where action has been commenced in an appropriate jurisdiction for recovery of damages from a third party.</p> <p>Legal costs associated with the reimbursement of amounts contained in a notice under S145 of the 1987 Act</p>
WK8004	Legal cost associated with an appeal to a higher court - Other party costs for all matters related to an appeal where not otherwise identified as payable under schedule 6 or schedule 7 of the Workers Compensation Regulation 2010 and where the scheme insurer is required to pay.
WK8005	Legal costs associated with a legal action from other jurisdictions - Other party costs for all matters, where the matter is not about the provision of NSW Workers Compensation System benefits i.e. provision of benefits or damages from another

Code	Detailed description
	jurisdiction e.g. MAA, public liability, cross claim, interstate jurisdictional arguments etc. and where the scheme insurer is required to pay. That is, legal costs where not otherwise identified as payable under schedule 6 or schedule 7 of the Workers Compensation Regulation 2010.
WK8100	Disbursements - Travel costs and expense of claimant pursuant to clause 96
WK8200	Disbursements - Witness expenses pursuant to clause 96
WK8300	Disbursements - Part A clause 17 charges for documents from certain public authorities
WK5100	Additional legal services or other factors - 1 Claimant's appeal against an arbitral decision resolved by Presidential member's decision
WK5105	Additional legal services or other factors - 1 Insurer's appeal against an arbitral decision resolved by Presidential member's decision
WK5200	Additional legal services or other factors - 2 Claimant's question of law application - resolved by Presidential member's decision
WK5205	Additional legal services or other factors - 2 Insurer's question of law application - resolved by Presidential member's decision
WK5300	Additional legal services or other factors - 3 Claimant's medical assessment appeal - resolved by Appeal Panel's decision
WK5305	Additional legal services or other factors - 3 Insurer's medical assessment appeal - resolved by Appeal Panel's decision
WK5400	Additional legal services or other factors - 4 Dispute resolved after proceedings commenced - WCC certifies matter as complex and neither multiple respondent nor lead scheme agent loading applies - Commenced by Claimant
WK5405	Additional legal services or other factors - 4 Dispute resolved after proceedings commenced and WCC certifies matter as complex & either multiple respondent or lead scheme agent loading applies - Commenced by Insurer
WK5500	Additional legal services or other factors - 5 Dispute resolved after proceedings commenced and WCC

Code	Detailed description
	certifies matter as complex & either multiple respondent or lead scheme agent loading applies
WK5600	Additional legal services or other factors - 6 Multiple respondent case resolved with apportionment - not where the above complex matter loading applies.
WK5800	Additional legal services or other factors - 8(a.1) Worker's lawyer to review file and advise on WCD and on Internal Review.
WK5801	Additional legal services or other factors - 8(a.2) Prepare and submit Internal Review application
WK5802	Additional legal services or other factors - 8(a.3) Review and advise on Internal Review decision from insurer/agent
WK5805	Additional legal services or other factors - 8(b.1) Prepare and submit Merit Review application
WK5806	Additional legal services or other factors - 8(b.2) Review Merit Review Decision and advise worker/claimant of outcome.

WCIDRR06-89

Schedule 7 legal services

WCIDRR06-90	Schedule 7 to the Workers Compensation Regulation 2010 provides a schedule of codes and definitions for use by lawyers when providing legal services to both workers and SIRA Insurers. This regulation is to be used for legal services relating to work injury damages matters.
WCIDRR06-91	Before a worker is entitled to claim for work injury damages the degree of permanent impairment must have been assessed to be at least 15 percent and the permanent impairment benefit must have been paid. The assessment of permanent impairment must have been made in accordance with the SIRA Guidelines for the Evaluation of Permanent Impairment.
WCIDRR06-92	From 19 June 2012, only one claim can be made under the 1987 Act for permanent impairment compensation that results from an injury.
WCIDRR06-93	Payments for legal services are to be reported using codes from the following tables that detail the payment classification codes. The codes are listed in two tables: <ul style="list-style-type: none">• Insurer Legal Codes• Worker Legal Codes.
WCIDRR06-94	If the services have been provided for the insurer, payments for legal services are to be reported from the Insurer Legal Codes that are prefixed with INS. If the services have been provided on behalf of the worker the Worker Legal Codes that are prefixed with WRK are to be reported.
WCIDRR06-95	The codes have been developed using the descriptions for legal services in schedule 7 of the Workers Compensation Regulation 2010. For more detail on each individual code, refer to the Workers Compensation Regulation 2010.
WCIDRR06-96	The invoice submitted by the legal representative providing the service is to contain the relevant code for each service provided.

Code	Table	Stage	Column 1	Column 2	Fee
INS7000			<p>Legal expenses incurred on a claim where a dispute lodged prior to 1st April 2002.</p> <p>Date of injury must be on or before 31 March 2002.</p> <p>This includes Common Law matters only (refer to C: 2.2.22 Common Law Action Date)</p>		
INS7101A	A	1	From the acceptance of the retainer to the preparation and service of a claim under section 260 of the 1998 Act (including the provision of all relevant particulars under 281 of that Act)	(a) in the case of a legal practitioner acting for a claimant—\$200	\$200
INS7102A	A	1	From the acceptance of the retainer to the preparation and service of a claim under section 260 of the 1998 Act (including the provision of all relevant particulars under 281 of that Act)	(b) in the case of a legal practitioner acting for an insurer—nil	
INS7201A	A	2	From service of the claim under section 260 of the 1998 Act to the preparation and service of the prefiling statement of claim under section 315 of that Act	(a) in the case of a legal practitioner acting for a claimant—\$300	\$300
INS7202A	A	2	From service of the claim under section 260 of the 1998 Act to the preparation and service of the prefiling statement of claim under section 315 of that Act	(b) in the case of a legal practitioner acting for an insurer—nil	
INS7301A	A	3	(a) the matter is referred to mediation and settlement occurs after	(a) if the settlement amount is \$20,000 or less and the	

Code	Table	Stage	Column 1	Column 2	Fee
			<p>the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p> <p>—from service of the pre-filing statement to finalisation of the matter</p>	insurer wholly admitted liability for the claim—\$500	
INS7302A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the</p>	<p>(b) if the settlement amount is \$20,000 or less and the insurer wholly or partly denied liability for the claim—</p> <p>10% of the settlement amount</p>	

Code	Table	Stage	Column 1	Column 2	Fee
			commencement of court proceedings		
INS7303A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	(c) if the settlement amount is more than \$20,000 but less than \$50,001 and the insurer wholly admitted liability for the claim—\$500 plus 12% of the settlement amount over \$20,000	
INS7304A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing</p>	(d) if the settlement amount is more than \$20,000 but less than \$50,001 and the insurer wholly or partly denied liability for the claim— \$2,000 plus 12% of the settlement amount over \$20,000	

Code	Table	Stage	Column 1	Column 2	Fee
			statement of claim and settlement occurs without the commencement of court proceedings		
INS7305A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	(e) if the settlement amount is \$50,001 or more but less than \$100,001 and the insurer wholly admitted liability for the claim— \$4,100 plus 10% of the settlement amount over \$50,000	
INS7306A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the</p>	(f) if the settlement amount is \$50,001 or more but less than \$100,001 and the insurer wholly or partly denied liability for the claim—\$5,600 plus 10% of the settlement amount over \$50,000	

Code	Table	Stage	Column 1	Column 2	Fee
			<p>commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>		
INS7307A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	<p>(g) if the settlement amount is \$100,001 or more and the insurer wholly admitted liability for the claim—\$9,100 plus 2% of the settlement amount over \$100,000</p>	
INS7308A	A	3	<p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs</p>	<p>(h) if the settlement amount is \$100,001 or more and the insurer wholly or partly denied liability for the claim— \$10,600 plus 2% of the settlement amount over \$100,000</p>	

Code	Table	Stage	Column 1	Column 2	Fee
			without the commencement of court proceedings, or (c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings		
INS7401A	A	4	If the matter is referred to mediation and settlement occurs after the issue of a certificate as to the mediation under section 318B of the 1998 Act but without the commencement of court proceedings— from service of the pre-filing statement to finalisation of the matter.	(a) an amount determined, in accordance with stage 3, by reference to the amount of the settlement,	
INS7402A	A	4	If the matter is referred to mediation and settlement occurs after the issue of a certificate as to the mediation under section 318B of the 1998 Act but without the commencement of court proceedings— from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement	
No new code as no payment applicable	A	4A	4A If the matter is referred to mediation and the claim is withdrawn by the claimant after the issue of a certificate as to the mediation under section 318B of the 1998 Act but before the commencement of court proceedings—from service of the pre-filing statement to finalization of the matter.	(a) in the case of a legal practitioner acting for a claimant—nil	

Code	Table	Stage	Column 1	Column 2	Fee
INS7403A	A	4A	4A If the matter is referred to mediation and the claim is withdrawn by the claimant after the issue of a certificate as to the mediation under section 318B of the 1998 Act but before the commencement of court proceedings—from service of the pre-filing statement to finalization of the matter.	(b) in the case of a legal practitioner acting for an insurer—\$12,500	
INS7501A	A	5	If the matter is referred to mediation and is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	The total of the following: (a) an amount determined in accordance with stage 4, by reference to the amount of the settlement or award as if that amount were the amount of the settlement referred to in stage 4,	
INS7502A	A	5	If the matter is referred to mediation and is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement or award	
INS7601A	A	6	If the matter is not referred to mediation and the matter is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-	The total of the following: (a) an amount determined in accordance with stage 3, by reference to the amount of the settlement or award as if that amount	

Code	Table	Stage	Column 1	Column 2	Fee
			filing statement to finalisation of the matter.	were the amount of the settlement referred to in stage 3	
INS7602A	A	6	If the matter is not referred to mediation and the matter is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement or award	
No new code as no payment applicable	A	6A	If the matter is finalised after the commencement of court proceedings other than by settlement or an award of damages—from service of the pre-filing statement to finalisation of the matter.		
INS7603A	A	6A	If the matter is finalised after the commencement of court proceedings other than by settlement or an award of damages—from service of the pre-filing statement to finalisation of the matter.		
INS7101B	B	1	Advice on the certificate as to mediation (if the matter is referred to mediation).	\$250	
INS7201B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (a) if the settlement amount or award is \$20,000 or less—nil	

Code	Table	Stage	Column 1	Column 2	Fee
INS7202B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (b) if the settlement amount or award is more than \$20,000 but less than \$50,001— 10% of the settlement amount or award over \$20,000	
INS7203B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (c) if the settlement amount or award is \$50,001 or more but less than \$100,001— \$3,000 plus 8% of the settlement amount or award over \$50,000	
INS7204B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (d) if the settlement amount or award is \$100,001 or more— \$7,000 plus 2% of the settlement amount or award over \$100,000	
No new code as no payment applicable	B	3	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter other than by settlement or an award of damages.	(a) in the case of a legal practitioner acting for a claimant—nil	

Code	Table	Stage	Column 1	Column 2	Fee
INS7303B	B	3	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter other than by settlement or an award of damages.	(b) in the case of a legal practitioner acting for an insurer—in addition to the \$250 specified for stage 1 (if chargeable)—\$12,500	
INS7301B	Other	1	Costs associated with a dispute under Part 6 of Chapter 7 of the 1998 Act as to whether the degree of permanent impairment of a worker is sufficient for an award of damages (including costs associated with referring the dispute for assessment by an approved medical specialist under Part 7 of that Chapter).		
INS7401B	Other	2	Costs associated with a dispute under section 317 of the 1998 Act as to whether a pre-filing statement is defective.		
INS7501B	Other	3	Cost of representation at a mediation under section 318A of the 1998 Act: (a) flat fee	(a)	\$400
INS7502B	Other	3	Cost of representation at a mediation under section 318A of the 1998 Act: (b) additional amount, at the mediator's discretion, if the conference exceeds 2 hours	(b)	
INS7601B	Other	4	If the matter was referred to mediation and counsel advised	(a)	\$500

Code	Table	Stage	Column 1	Column 2	Fee
			before mediation about settlement: (a) counsel's fee for advice about settlement		
INS7602B	Other	4	If the matter was referred to mediation and counsel advised before mediation about settlement: (b) cost of representation in court, per day, for advocate other than senior counsel	(b)	\$1,500
INS7603B	Other	4	If the matter was referred to mediation and counsel advised before mediation about settlement: (c) cost of representation in court, per day, for senior counsel	(c)	\$2,200
INS7701B	Other	4	If the matter was not referred to mediation: (a) cost of representation in court, per day, for advocate other than senior counsel	(a)	\$1,500
INS7702B	Other	4	If the matter was not referred to mediation: (b) cost of representation in court, per day, for senior counsel	(b)	\$2,200

WCIDRR06-98

Schedule 7 – Worker legal code

Code	Table	Stage	Column 1	Column 2	Fee
WRK7000			Legal expenses incurred on a claim where a dispute was lodged prior to 1 April 2002. Date of injury must be on or before 31 March		

Code	Table	Stage	Column 1	Column 2	Fee
			2002. This includes Common Law matters only		
WRK7101A	A	1	From the acceptance of the retainer to the preparation and service of a claim under section 260 of the 1998 Act (including the provision of all relevant particulars under 281 of that Act).	(a) in the case of a legal practitioner acting for a claimant—\$200	\$200
WRK7102A	A	1	From the acceptance of the retainer to the preparation and service of a claim under section 260 of the 1998 Act (including the provision of all relevant particulars under 281 of that Act).	(b) in the case of a legal practitioner acting for an insurer—nil	
WRK7201A	A	2	From service of the claim under section 260 of the 1998 Act to the preparation and service of the pre-filing statement of claim under section 315 of that Act.	(a) in the case of a legal practitioner acting for a claimant—\$300	\$300
WRK7202A	A	2	From service of the claim under section 260 of the 1998 Act to the preparation and service of the pre-filing statement of claim under section 315 of that Act.	(b) in the case of a legal practitioner acting for an insurer—nil	
WRK7301A	A	3	(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or	(a) if the settlement amount is \$20,000 or less and the insurer wholly admitted liability for the claim—\$500	

Code	Table	Stage	Column 1	Column 2	Fee
			<p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings — from service of the pre-filing statement to finalisation of the matter</p>		
WRK7302A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	(b) if the settlement amount is \$20,000 or less and the insurer wholly or partly denied liability for the claim— 10% of the settlement amount	
WRK7303A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs</p>	(c) if the settlement amount is more than \$20,000 but less	

Code	Table	Stage	Column 1	Column 2	Fee
			<p>after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	<p>than \$50,001 and the insurer wholly admitted liability for the claim— \$500 plus 12% of the settlement amount over \$20,000</p>	
WRK7304A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	<p>(d) if the settlement amount is more than \$20,000 but less than \$50,001 and the insurer wholly or partly denied liability for the claim— \$2,000 plus 12% of the settlement amount over \$20,000</p>	
WRK7305A	A	3	<p>If:</p>	<p>(e) if the settlement amount</p>	

Code	Table	Stage	Column 1	Column 2	Fee
			<p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	<p>is \$50,001 or more but less than \$100,001 and the insurer wholly admitted liability for the claim—\$4,100 plus 10% of the settlement amount over \$50,000</p>	
WRK7306A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the</p>	<p>(f) if the settlement amount is \$50,001 or more but less than \$100,001 and the insurer wholly or partly denied liability for the claim—\$5,600 plus 10% of the settlement amount over \$50,000</p>	

Code	Table	Stage	Column 1	Column 2	Fee
			commencement of court proceedings		
WRK7307A	A	3	<p>If:</p> <p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs without the commencement of court proceedings</p>	(g) if the settlement amount is \$100,001 or more and the insurer wholly admitted liability for the claim— \$9,100 plus 2% of the settlement amount over \$100,000	
WRK7308A	A	3	<p>(a) the matter is referred to mediation and settlement occurs after the service of the pre-filing statement of claim without the issue of a certificate as to mediation under section 318B of the 1998 Act, or</p> <p>(b) the matter is not referred to mediation (because the insurer denies liability) and settlement occurs without the commencement of court proceedings, or</p> <p>(c) the insurer does not respond to the pre-filing statement of claim and settlement occurs</p>	(h) if the settlement amount is \$100,001 or more and the insurer wholly or partly denied liability for the claim— \$10,600 plus 2% of the settlement amount over \$100,000	

Code	Table	Stage	Column 1	Column 2	Fee
			without the commencement of court proceedings		
WRK7401A	A	4	If the matter is referred to mediation and settlement occurs after the issue of a certificate as to the mediation under section 318B of the 1998 Act but without the commencement of court proceedings— from service of the pre-filing statement to finalisation of the matter.	(a) an amount determined, in accordance with stage 3, by reference to the amount of the settlement,	
WRK7402A	A	4	If the matter is referred to mediation and settlement occurs after the issue of a certificate as to the mediation under section 318B of the 1998 Act but without the commencement of court proceedings— from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement	
No new code as no payment applicable	A	4A	4A If the matter is referred to mediation and the claim is withdrawn by the claimant after the issue of a certificate as to the mediation under section 318B of the 1998 Act but before the commencement of court proceedings— from service of the pre-filing statement to finalization of the matter.	(a) in the case of a legal practitioner acting for a claimant—nil	
WRK7403A	A	4A	4A If the matter is referred to mediation	(b) in the case of a legal practitioner	

Code	Table	Stage	Column 1	Column 2	Fee
			and the claim is withdrawn by the claimant after the issue of a certificate as to the mediation under section 318B of the 1998 Act but before the commencement of court proceedings— from service of the pre-filing statement to finalization of the matter.	acting for an insurer—\$12,500	
WRK7501A	A	5	If the matter is referred to mediation and is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	The total of the following: (a) an amount determined in accordance with stage 4, by reference to the amount of the settlement or award as if that amount were the amount of the settlement referred to in stage 4	
WRK7502A	A	5	If the matter is referred to mediation and is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement or award	
WRK7601A	A	6	If the matter is not referred to mediation and the matter is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing	The total of the following: (a) an amount determined in accordance with stage 3, by reference to the amount of the settlement or	

Code	Table	Stage	Column 1	Column 2	Fee
			statement to finalisation of the matter.	award as if that amount were the amount of the settlement referred to in stage 3,	
WRK7602A	A	6	If the matter is not referred to mediation and the matter is finalised after the commencement of court proceedings (whether by way of settlement or an award of damages)—from service of the pre-filing statement to finalisation of the matter.	(b) 2% of the amount of the settlement or award	
No new code as no payment applicable	A	6A	If the matter is finalised after the commencement of court proceedings other than by settlement or an award of damages— from service of the pre-filing statement to finalisation of the matter.	(a) in the case of a legal practitioner acting for a claimant—nil	
WRK7603A	A	6A	If the matter is finalised after the commencement of court proceedings other than by settlement or an award of damages— from service of the pre-filing statement to finalisation of the matter.	(b) in the case of a legal practitioner acting for an insurer—\$20,600	
WRK7101B	B	1	Advice on the certificate as to mediation (if the matter is referred to mediation).	\$250	
WRK7201B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to	In addition to the \$250 specified for stage 1 (if chargeable):	

Code	Table	Stage	Column 1	Column 2	Fee
			mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	(a) if the settlement amount or award is \$20,000 or less—nil	
WRK7202B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (b) if the settlement amount or award is more than \$20,000 but less than \$50,001—10% of the settlement amount or award over \$20,000	
WRK7203B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (c) if the settlement amount or award is \$50,001 or more but less than \$100,001—\$3,000 plus 8% of the settlement amount or award over \$50,000	
WRK7204B	B	2	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter by settlement or award of damages.	In addition to the \$250 specified for stage 1 (if chargeable): (d) if the settlement amount or award is \$100,001 or more—\$7,000 plus 2% of the settlement amount or award over \$100,000	

Code	Table	Stage	Column 1	Column 2	Fee
No new code as no payment applicable	B	3	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter other than by settlement or an award of damages.	(a) in the case of a legal practitioner acting for a claimant—nil	
WRK7303B	B	3	From the giving of advice on the certificate of mediation (or, if the matter is not referred to mediation, from acceptance of the retainer) to finalisation of the matter other than by settlement or an award of damages.	(b) in the case of a legal practitioner acting for an insurer—in addition to the \$250 specified for stage 1 (if chargeable)—\$12,500	
WRK7301B	Other	1	Costs associated with a dispute under Part 6 of Chapter 7 of the 1998 Act as to whether the degree of permanent impairment of a worker is sufficient for an award of damages (including costs associated with referring the dispute for assessment by an approved medical specialist under Part 7 of that Chapter)		\$500
WRK7401B	Other	2	Costs associated with a dispute under section 317 of the 1998 Act as to whether a pre-filing statement is defective		\$200
WRK7501B	Other	3	Cost of representation at a mediation under section 318A of the 1998 Act: (a) flat fee	(a)	\$400

Code	Table	Stage	Column 1	Column 2	Fee
WRK7502B	Other	3	Cost of representation at a mediation under section 318A of the 1998 Act: (b) additional amount, at the mediator's discretion, if the conference exceeds 2 hours	(b)	
WRK7601B	Other	4	If the matter was referred to mediation and counsel advised before mediation about settlement:(a) counsel's fee for advice about settlement	(a)	\$500
WRK7602B	Other	4	If the matter was referred to mediation and counsel advised before mediation about settlement: (b) cost of representation in court, per day, for advocate other than senior counsel	(b)	\$1,500
WRK7603B	Other	4	If the matter was referred to mediation and counsel advised before mediation about settlement: (c) cost of representation in court, per day, for senior counsel	(c)	\$2,200
WRK7701B	Other	4	If the matter was not referred to mediation: (a) cost of representation in court, per day, for advocate other than senior counsel	(a)	\$1,500
WRK7702B	Other	4	If the matter was not referred to mediation:	(b)	\$2,2001

Code	Table	Stage	Column 1	Column 2	Fee
			(b) cost of representation in court, per day, for senior counsel		

Interpreter services

WCIDRR06-99 Interpreter services

INT001 Interpreter services

The amounts paid to an approved interpreter service for services provided to the claimant for English language assistance or deaf sign interpreter services.

Medical investigation services

WCIDRR06-100 If the services have been provided on behalf of the worker, payments for medical investigation services are to be reported from the worker medical investigation service codes that are prefixed with WIG/WIS.

WCIDRR06-101 If the services have been provided for the insurer, payments for medical investigation services are to be reported from the insurer medical investigation service codes that are prefixed with IMG/IMS.

WCIDRR06-102 For providing copies of clinical notes and medical records use WCO005.

WCIDRR06-103 Worker initiated medical investigations

WCIDRR06-104 Where services requested by the worker or worker representative

WCIDRR06-105 Independent medical examiners - general practitioners

WCIDRR06-106 Payment for an examination by a general practitioner who is treating the worker when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker..

WCIDRR06-107	Refer to the Workers Compensation (Medical Examinations and Reports Fees) Order for service definitions.
WIG001	Examination and report- standard
WIG002	Examination and report- standard with interpreter The interpreter is to invoice separately using code INT001.
WIG003	Examination and report- complex
WIG004	Examination and report- complex with interpreter The interpreter is to invoice separately using code INT001
WIG005	Cancellation with 2 working days' notice or less
WIG006	File review and report
WIG007	Supplementary report
WIG008	Update examination and report- update
WIG009	Travel

**WCIDRR06-108 Independent medical examiners
- medical specialists**

WCIDRR06-109	Payment for an examination by a medical specialist who provides an impartial medical assessment of a worker to assist decisions such as the acceptance of a claim, ongoing liability and the worker's capacity for work, .
WCIDRR06-110	Refer to the Workers Compensation (Medical Examinations and Reports Fees) Order for service definitions.
WIS001	Examination and report- standard
WIS002	Examination and report- standard with interpreter The interpreter is to invoice separately using code INT001.
WIS003	Ear nose and throat - examination and report
WIS031	Ear nose and throat - examination and report with interpreter The interpreter is to invoice separately using code INT001.
WIS004	Examination and report- moderately complex
WIS005	Examination and report- moderately complex interpreter

	The interpreter is to invoice separately using code INT001.
WIS006	Examination and report- complex
WIS007	Examination and report- complex with interpreter
	The interpreter is to invoice separately using code INT001.
WIS008	Examination and report- psychiatric
WIS081	Examination and report- psychiatric with interpreter
	The interpreter is to invoice separately using code INT001
WIS092	Cancellation with 2 working days' notice or less
WIS010	File review and report
WIS011	Supplementary report
WIS012	Update examination and report
WIS013	Travel
WIS014	Consolidation of assessments - lead assessor
WCIDRR06-111	Insurer initiated medical investigations
WCIDRR06-112	Where services are requested by the insurer
WCIDRR06-113	Independent medical examiners - general practitioners
WCIDRR06-114	Payment for an examination by a general practitioner who is treating the worker when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker,
WCIDRR06-115	Refer to the Workers Compensation (Medical Examinations and Reports Fees) Order for service definitions.
IMG001	Examination and report - standard
IMG002	Examination and report- standard with interpreter
	The interpreter is to invoice separately using code INT001.
IMG003	Examination and report- complex
IMG004	Examination and report- complex with interpreter

The interpreter is to invoice separately using code INT001.

IMG005 Cancellation with 2 working days' notice or less

IMG006 File review and report

IMG007 Supplementary report

IMG008 Update examination and report-

IMG009 Travel

WCIDRR06-116 Independent medical examiners - medical specialists

WCIDRR06-117 Payment for an examination by a medical specialist who provides an impartial medical assessment of a worker to assist decisions such as the acceptance of a claim, ongoing liability and the worker's capacity for work,

WCIDRR06-118 Refer to Workers Compensation (Medical Examinations and Reports Fees) Order for service definitions.

IMS001 Examination and report- standard

IMS002 Examination and report- standard with interpreter

The interpreter is to invoice separately using code INT001.

IMS003 Ear nose and throat - examination and report

IMS031 Ear nose and throat - examination and report with interpreter

The interpreter is to invoice separately using code INT001.

IMS004 Examination and report - moderately complex

IMS005 Examination and report- moderately complex with interpreter

The interpreter is to invoice separately using code INT001.

IMS006 Examination and report - complex

IMS007 Examination and report - complex with interpreter

IMS008 Examination and report- psychiatric

IMS081 Examination and report - psychiatric with interpreter

The interpreter is to invoice separately using code INT001.

IMS092	Cancellation with 2 working days' notice or less
IMS010	File review and report
IMS011	Supplementary report
IMS012	Update examination and report
IMS013	Travel
IMS014	Consolidation of assessments – lead assessor

WCIDRR06-119 Other insurer investigation services

IIN103	Assessment of work capacity and ability to earn
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This is the payment for services supplied to an insurer for the purpose of a work capacity assessment under Section 44A of the Workers Compensation Act 1987. This also includes payment for the assessment of a worker's ability to earn in suitable employment for the purpose of Section 40 of the Workers Compensation Act 1987 for workers excluded from the legislative reforms (police officers, paramedics, fire fighters, volunteer bush fire fighters, emergency and rescue service volunteers and people with a dust disease claim).

Inclusions/exclusions:

- Include assessments conducted by Workplace Rehabilitation Provider, medical practitioner or other health care professional (for example, neuropsychologist, occupational therapist, etc where an insurer has requested this service for the purposes mentioned above).
- Excludes other assessments undertaken as part of workplace rehabilitation.

IIN104	Psychological assessment
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Psychological assessment conducted to determine whether employment is the substantial contributing factor to the injury. This also includes the assessment to determine whether a psychological injury was caused by reasonable actions of the employer.

Inclusions/exclusions:

- Include only psychological assessments pursuant to Sections 9A and 11A of the Workers Compensation Act 1987.

Non-medical investigation services

WCIDRR06-120 Worker investigation services

WIE001 Worker - non-medical investigation expenses

The amounts paid for technical assessment, site investigation, and gathering of facts relating to an incident.

WCIDRR06-121 Insurer investigation expenses

IIN102 Insurer - investigation

The investigation expenses incurred by the insurer

Inclusions/exclusions:

Include factual and surveillance reports, evidence gathering undertaken by the insurer, legal opinions on liability and recovery potential.

IIN120 Insurer - independent pharmacy review

This is payment of services provided by a registered pharmacist for an independent review of worker medication.

Inclusions/exclusions:

May include a file review of worker medication in accordance with clinical guidelines, recommendations for future pharmacological management, liaison with health practitioners engaged in a worker's injury management, assistance with establishing a pharmacy management plan.

Excludes payments for dispensing of pharmacy medication.

IIN301 Insurer - surveillance related non-medical investigation expenses

Surveillance investigations expenses incurred by the insurer

Inclusions/exclusions:

The amounts paid for surveillance activity and related reported authorised by the insurer.

IIN302 Insurer - factual and non-medical investigation expenses

The investigation expenses incurred by the insurer, excluding surveillance related activity.

Inclusions/exclusions:

Include the amounts paid for non-medical investigations authorised by the insurer. (factual reports, evidence gathering undertaken by the insurers, legal opinions on liability and recovery potential)

Exclude surveillance activity and related reports.

Shared claim and other insurer-to-insurer payments

WCIDRR06-122 Shared claim payments

SCP001

Shared claim payments - insurer not responsible for administering claim

The amounts paid to another workers compensation Insurer in respect of the agreed portion of liability for a shared claim. Only those insurers not responsible for the administration of the claim are to use this item.

SCP002

Shared claim payments - non-managed fund insurer

The amounts paid to another non-managed fund insurer in respect of the agreed portion of liability for a shared claim. Only those insurers not responsible for the administration of the claim are to use this item.

SCP003

Shared claim payments - compulsory third-party insurer only

The amounts paid to other compulsory third party insurers in respect of the agreed portion of liability for a shared claim.

SCP004

Shared claim payments - to other insurer excluding compulsory third party insurer

The amounts paid to other insurers excluding compulsory third party insurer in respect of the agreed portion of liability for a shared claim.

Recoveries

WCIDRR06-123 Recoveries of prescribed excess from employer

RPE001 Recoveries of prescribed excess from employer

Recovery of prescribed excess amount from the employer, in respect of weekly compensation payments made to a worker for any period of total or partial incapacity at work.

Inclusions/exclusions:

- Include only recoveries pursuant to Section 160, Workers Compensation Act 1987 No 70.
- Exclude weekly compensation made in respect of a worker who receives an injury on a journey claim made before the 19 June 2012.

WCIDRR06-124 Recoveries - common law

RCL001 Recoveries - common law

The recovery of weekly payments, the amount awarded for any permanent impairment, pain and suffering or death payments when a person recovers damages in respect of an injury.

Inclusions/exclusions:

- Include only recoveries pursuant to Section 151A, Workers Compensation Act 1987 No 70.

WCIDRR06-125 Recoveries - shared claim

RSC001 Recoveries - shared claim from nominal insurer

The recovery of compensation paid by an insurer when the nominal insurer has accepted liability to pay compensation to the worker in respect of the injury concerned.

Inclusions/exclusions:

- Applicable legislation: Section 74, Insurance Contracts Act 1984

- Include only recoveries of compensation paid pursuant to Section 272, Workplace Injury Management and Workers Compensation Act 1998, No 86.

RSC002

Recoveries - shared claim from another insurer

The recovery of compensation paid by an insurer when, another insurer has accepted liability to pay compensation to the worker in respect of the injury concerned.

Inclusions/exclusions:

- Applicable Legislation: Section 74, Insurance Contracts Act 1984. Include only recoveries of compensation paid pursuant to section 272, Workplace Injury Management and Workers Compensation Act 1988 No86.

WCIDRR06-126 Recoveries - against both employer and stranger, section 151Z

RES001

Recoveries - against both employer and stranger, section 151Z
- from compulsory third party insurer only

Recoveries received from compulsory third party insurer when an injury was caused under circumstances creating liability for some person other than the workers' employer to pay damages.

Inclusions/exclusions:

- Include only recoveries for Compulsory Third Party insurers pursuant to Section 151Z, Workers Compensation Act 1987 No 70.
- This Payment/Recovery type is for Recoveries received from Compulsory Third Party Insurers only. Compulsory Third Party Insurance covers personal injury costs for people injured in motor vehicle accidents, including drivers, passengers and pedestrians.

Notes: This recovery type is for recovery payments made by a Compulsory Third Party insurer. The worker must have been injured in a motor vehicle accident as a driver, passenger, pedestrian, cyclist or motorbike rider where another driver or owner of a motor vehicle who is not the claimant was partially or completely at fault.

RES002

Recoveries - against both employer and stranger, section 151Z
- excluding compulsory third party insurer

Recoveries received when an injury was caused under circumstances creating liability for some person other than

the workers' employer to pay damages excluding recoveries from Compulsory third Party.

Inclusions/exclusions:

- Include only recoveries for that are not Compulsory Third Party pursuant to Section 151Z, Workers Compensation Act 1987 No 70.
- This Payment/Recovery type is for recoveries received from S151Z excluding Compulsory Third Party Insurers and excluding recoveries from Common Law.
- Some examples of recovery payments included in this code:
 - Labour Hire Firms
 - Injuries occurring at premises not owned/occupied by employer
 - Injuries occurring during lunch break
 - Injuries caused by slip or trip
 - Injuries involving train, boat or aeroplane
 - Injuries occurring in a public place
 - Injuries occurring during the use of machinery or equipment
 - Injuries caused by act or omission of a third party not being the employer or fellow employee
 - Injuries caused by a deliberate act of fellow employee.

WCIDRR06-127 Recoveries - over payments

ROP001

Recoveries - over payments due to fraud or false claims

The recoveries of over-payments made to a person, purportedly made to an obligation arising under the Act and only after an Order has been made by SIRA.

Inclusions/exclusions:

- Include only recoveries of over-payments pursuant to Section 235D, Workplace Injury Management and Workers Compensation Act 1998 No 86.
- This recovery payment type does not refer to Section 235 of the Workers Compensation Act 1987 No 70.

Refund payments

WCIDRR06-128 Refund payment

RFD003

Medical refund to Medicare Australia or health fund

Payment to Medicare Australia when a settlement for a worker occurs and a valid Notice of Past Benefits has been received or a Notice of Charge has been issued.

Payment for medical expenses that are payable under the workers claim to a Health Fund.

Payment to a worker where Medicare Australia has deducted a portion or the whole amount of the 10% paid to them in advance of a Notice of Past Benefit or Notice of Charge being issued. The amount paid to the worker is the amount deducted by Medicare Australia.

Inclusions/exclusions:

- Includes payments to health funds for medical expenses payable under a claim and payments to Medicare Australia where a Notice of Past Benefits has been received or a Notice of Charge has been issued
- Includes a payment to a worker following deduction of money owed to Medicare Australia from an advanced payment.
- Excludes payment to Medicare Australia where 10% of the workers settlement amount is paid in the absence of a valid Notice of Past Benefits or Notice of Charge.

Appendix

Retired or replaced payment codes

WCIDRR06-129 List of retired payment classification codes

Code	Payment Type	Description	Date retired
RMX001	Remedial Massage Therapy - Non SIRA approved	Consultation and treatment of any time duration	1/1/2009
DEC002	Death Payment	Lump Sum Payment to Dependants of the Deceased worker	1/1/2010
IN7500	Legal Services - Insurer	Disbursement	1/1/2010
WK7500	Legal Services - Worker	Disbursement	1/1/2010
COU001	Counselling Services	Counselling Services	1/7/2011
OTT003	Other Therapies and Treatments	Work Related Activity /Work Conditioning Program	1/7/2011
VJC001	JobCover Placement Program	Wage Subsidy	1/7/2012
RFD001	Refunds to Other Agencies	Medicare Advanced payments	1/7/2012
RFD002	Refunds to Other Agencies	Centrelink	1/7/2012
WPT005	Section 36 weekly payments has no current work capacity first 13 weeks	The weekly payment of compensation to which, an injured worker who has no current work capacity is entitled during the first aggregate period (whether or not consecutive) of 13 weeks.	01/01/2015

Code	Payment Type	Description	Date retired
WPT006	Section 37 weekly payments has no current work capacity first 14-130 weeks	The weekly payment of compensation to which, an injured worker who has no current work capacity is entitled during the second entitlement period (whether or not consecutive) of 117, after the expiry of the first entitlement period (13 weeks).	01/01/2015
WPT007	Section 38 weekly payments has no current work capacity greater than 130 weeks	The weekly payment of compensation to which, an injured worker who has no current work capacity is entitled after week 130. That is when the worker is likely to continue indefinitely to have no current work capacity.	01/01/2015
AID001	Hearing AID Assessments	This is the payment for the hearing needs assessment by an Audiologist or the hearing needs assessment by an Audiometrist.	9/9/2014

Code	Payment Type	Description	Date retired
WIS091	Cancellation with 2 days notice	A medical specialist (examiner) may charge a cancellation fee equivalent to half of their gazetted hourly rate in the situation where a worker cancels with less than 2 days notice of cancellation.	31/12/2015
IIN101	Insurer – Allied Health Practitioner Investigation Expenses	Fees paid by an insurer for the provision of services provided by a SIRA Approved Allied Health Independent Consultant (IC) in respect of the provision of any assessment, interview, examination, file review, discussions and/or report, in accordance with the Workplace Injury Management and Workers Compensation (Independent Consultants) Fees Order.	31/12/2015
IIN106	Injury management consultants – cancellation with 2 working days notice	An Injury Management Consultant may charge a cancellation fee equivalent to half of their gazetted hourly rate in the situation where a worker provides 2 days notice of cancellation.	31/12/2015

Code	Payment Type	Description	Date retired
IMS091	Cancellation with 2 working days notice	A medical specialist (examiner) may charge a cancellation fee equivalent to half of their gazetted hourly rate in the situation where a worker cancels with less than 2 days notice of cancellation.	31/12/2015
WPP015	Section 36 - Weekly payments, first 13 weeks - Return to work assist program for micro-employers	The weekly payments of compensation to a worker who is eligible for the program. As the program must take place within 13 weeks from the date of injury, a worker's entitlement will be the lesser of 95 per cent of their pre-injury average weekly earnings or the maximum weekly compensation.	01/07/2019

WCIDRR06-130 List of replaced payment classification codes
(new definitions exist)

Code	Payment Type	Description	Date retired
OR01	Occupational Rehabilitation and Return to Work Services	Initial Rehabilitation Assessment	1/7/2008
OR02	Occupational Rehabilitation and Return to Work Services	Functional Assessment	1/7/2008
OR03	Occupational Rehabilitation and Return to Work Services	Workplace Assessment	1/7/2008
OR04	Occupational Rehabilitation and Return to Work Services	Job Analysis	1/7/2008

WCIDRR06-131 List of removed payment classification codes (no definition exists)

Code	Payment Type	Description	Date retired
OR05	Occupational Rehabilitation and Return to Work Services	Advice Concerning Job Modification	1/7/2008
OR06	Occupational Rehabilitation and Return to Work Services	Rehabilitation Counselling	1/7/2008
OR07	Occupational Rehabilitation and Return to Work Services	Vocational Assessment and Counselling	1/7/2008
OR08	Occupational Rehabilitation and Return to Work Services	Advice or Assistance Concerning Job Seeking	1/7/2008
OR09	Occupational Rehabilitation and Return to Work Services	Advice or Assistance in Arranging Vocational Retraining	1/7/2008
OR10	Occupational Rehabilitation and Return to Work Services	Preparation of Rehabilitation Reports	1/7/2008
OR13	Occupational Rehabilitation and Return to Work Services	Monitoring return to work	1/7/2008
OR14	Occupational Rehabilitation and Return to Work Services	Aids and Equipment	1/7/2008
OR15	Occupational Rehabilitation and Return to Work Services	Travel	1/7/2008

Disclaimer

This publication may contain information that relates to the regulation of workers compensation insurance, motor accident third party (CTP) insurance and home building compensation in NSW. It may include details of some of your obligations under the various schemes that the State Insurance Regulatory Authority (SIRA) administers.

However, to ensure you comply with your legal obligations you must refer to the appropriate legislation as currently in force. Up to date legislation can be found at the NSW Legislation website legislation.nsw.gov.au

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