



National Data Set for Compensation-based Statistics Edition 3.2

Data specification

JULY 2025

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Contact information

Safe Work Australia | <mailto:info@swa.gov.au> | www.swa.gov.au

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1. Purpose

Safe Work Australia (SWA) is responsible for the annual compilation of the National Data Set for Compensation-based Statistics (NDS), using workers compensation claims data submitted by the various work health and safety (WHS) and workers compensation regulatory authorities in Australia.

This document provides guidance to the jurisdictions contributing to the NDS on the required variables and formatting in the submission of unit record data.

Further, this document provides transparency with regard to the work health and safety statistics made available through the NDS.

2. Glossary

Term/Abbreviation	Definition
ABS	Australian Bureau of Statistics
Alphanumeric	A data format that is made up of a combination of characters and numbers and stored as a string.
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ANZSIC	Australian and New Zealand Standard Industrial Classification
DQQ	Data Quality Questionnaire
FTE	Full time equivalent staff is a measurement of the workload of employees. It is calculated by dividing the employee's hours worked by the number of hours in a full-time work week.
ISO	ISO format, or ISO 8601, is an internationally recognized standard for representing dates and times.
NDS	National Data Set for Compensation-based Statistics
NFD	Not further defined.
Numeric	A data format made up of numbers. This format is broken up into two different types – integers (whole numbers), and decimals.
RSE	Relative Standard Error. The RSE is the Standard Error (SE) expressed as a proportion of the estimate value (the SE is the square root of the variance).
RTW	Return to work
SWA	Safe Work Australia
TOOCS	Type of Occurrence Classification System - A suite of four classifications to code the way an injury occurred, comprising: the Nature, Bodily location, Mechanism, and the Agency of injury/disease classification.
WHS	Work Health & Safety

3. Concepts and methods

3.1 Scope

The NDS scope is defined as all new claims for workers compensation reported across the reference year, regardless of whether liability was accepted or rejected, or a decision on liability is pending.

Claims that were subsequently withdrawn by the claimant or disallowed on the basis of not being within the scope of the scheme are excluded.

3.2 Unit of Enumeration

Every claim is complex and multiple claims for the same incident should only be counted once. The details of the injury are recorded as the main injury, although costs may be associated with all injuries.

3.3 Period of Enumeration

The period of enumeration for the collection is the financial year ending 30 June (i.e. the reference year). Each year includes new cases lodged to the insurer (including self-insurers) within the reference year.

3.4 Date of Extraction

Regulatory authorities are to extract data from their claims database as at 30 November (i.e. five months after the end of the reference year).

3.5 Updating of Cases

Jurisdictions are to supply to Safe Work Australia unit record files containing updated NDS data for the five financial years prior to the reference year (NDS update period) at the same time as the reference year unit record file is supplied.

These resubmitted files will overwrite the original submission and should include any updates to claim record details. Cases reopened within five years of the original claim would need to be linked to the original case so updating can occur. Claim IDs of updated records must be consistent across the NDS update period.

4. Data submission requirements

4.1 File type

All unit record file submissions must be made in .csv (comma-separated values) format.

4.2 File naming conventions

File naming should follow the format of the regulatory authorities 'abbreviated jurisdiction name', 'data year', 'reference year'. These values should be separated by underscores.

- Abbreviated jurisdiction names for each regulatory authority are outlined in Table 1 below.
- The 'data year' represents the financial year submission with which the data were provided to SWA.
- The 'reference year' is the financial year the data in the file represent (i.e. per the claims date of lodgement).

For example, a unit record file submitted by the State Insurance Regulatory Authority (SIRA) NSW for the 2022-23 NDS compilation providing updated records for the 2021-22 year of lodgement should be named:

- NSW_2022-23_2021-22.csv

Table 1: Abbreviated jurisdiction names for file submission

Regulatory authorities	Abbreviated jurisdiction name
State Insurance Regulatory Authority (SIRA) NSW	NSW
WorkSafe VIC	VIC
WorkCover QLD	QLD
Return to Work SA	SA
WorkCover WA	WA
WorkCover TAS	TAS
NT WorkSafe	NT
WorkSafe ACT	ACTPrivate
Comcare	ACTGov
Comcare	Comcare
Seacare Authority	Seacare

4.3 Data submission overview

The definitions and formatting required of each of the 138 data items to be included in the unit record file submissions is set out in detail in section 5 '*Data item definitions and formatting*'.

- All record values must be coded in line with this specification.
- Any data item that is not being supplied for a given claim must be left blank for that field.

Additionally, a data quality questionnaire (DQQ) will be distributed alongside annual requests for NDS submissions that regulatory authorities must complete. This questionnaire will seek information such as total submitted claims counts, allowing SWA to ensure accurate processing of claims.

5. Data item definitions and formatting

5.1 Data items detailed

A. Record Identifier

A1 Unique record identifier

Column:	1
Description:	Uniquely identifies each record
Purpose:	Enables identification and updating of records from year to year.
Format:	Alphanumeric
Coding:	Two or three letter string identifying jurisdiction (per table 2) followed by 22 or 23 alphanumeric characters uniquely identifying the record.

Table 2: Unit record identifier (A1) jurisdiction prefix

Regulatory authorities	Abbreviated jurisdiction name	ID string
State Insurance Regulatory Authority	NSW	NSW
WorkSafe VIC	VIC	VIC
WorkCover QLD	QLD	QLD
Return to Work SA	SA	SA
WorkCover WA	WA	WA
WorkCover TAS	TAS	TAS
NT WorkSafe	NT	NT
WorkSafe ACT	ACTPrivate	ACT
Comcare	ACTGov	AGT
Comcare	Comcare	CC
Seacare Authority	Seacare	SEA

B. Claim Process Details

B1 *Claim status*

Column:	2
Description:	Current claim status
Purpose:	To enable the identification of claims currently within the NDS scope.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 3.
Comment:	Refers to acceptance or denial of liability by the insurer. 'Pending' (2) should be used for those claims for which liability has not yet been determined. Where the employer is the sole arbiter of liability, this refers to the acceptance or denial of liability by the employer.

Table 3: Claim status codes and descriptions

Code	Description
1	Accepted
2	Pending
3	Rejected

B2 *Date determined*

Column:	3
Description:	The date the insurer accepted or denied liability for the claim.
Purpose:	To enable analysis of the time taken to determine liability of the claim from the date of lodgement.
Format:	Data (ISO format)
Coding:	Date values should be specified as YYYY-MM-DD.
Comment:	This item should be left blank for claims on which a determination of liability is pending. If the determination of liability is changed, this data item should reflect the date the most recent liability determination was made. For example, if liability for a claim was originally denied but this decision is later overturned and liability is accepted, this data item should reflect the date the acceptance of liability was determined. Where the employer is the sole arbiter of liability, this is the date the employer accepted or denied liability for the claim.

B3 Date of report to employer

Column:	4
Description:	The date the claim was reported to the employer.
Purpose:	To enable analysis of the time taken between the date of injury and the date the claim was reported to the employer.
Format:	Data (ISO format)
Coding:	Date values should be specified as YYYY-MM-DD.

B4 Date of notification/lodgement of claim

Column:	5
Description:	The earlier of the date the employer notified the insurer of the claim and the date the claim was lodged with the insurer.
Purpose:	To enable the identification of cases to be included in a year's statistics and to enable analysis of time taken between lodgement and determination of liability as outlined under date determined.
Format:	Data (ISO format)
Coding:	Date values should be specified as YYYY-MM-DD.
Comment:	Where the employer is the sole arbiter of liability, this is the date on which a claim for compensation was notified/lodged with the employer.

B5 Work status

Column:	6
Description:	The claimant's last known status in terms of whether the claimant is working or not, in addition to whether they are receiving compensation.
Purpose:	To enable the analysis of return-to-work (RTW) outcomes.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 4.

Table 4: Work status codes and detailed definitions

Code	Status	Description	Definition
1	Working	Working with no income maintenance - unknown employer	Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is not receiving any income maintenance.
2	Working	Working with no income maintenance - pre-injury employer	Employee is currently working with the pre-injury employer and is not receiving any income maintenance.
3	Working	Working with no income maintenance - different employer	Employee is currently working with a different employer and is not receiving any income maintenance
4	Working	Working with income maintenance - unknown employer	Employee is currently working and it is unknown whether work is with pre-injury employer or different employer and is receiving income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.
5	Working	Working with income maintenance - pre-injury employer	Employee is currently working with the pre-injury employer, but is receiving some income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments.
6	Working	Working with income maintenance - different employer	Employee is currently working with a different employer, but is receiving some income maintenance. Income maintenance payments may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration and is receiving top-up payments
7	Working	Working - capacity unknown	Employee is at work however it is unclear whether the worker is back at full or partial capacity, or is or is not receiving income maintenance.
8	Not working	Not working with no income maintenance	Employee is not working and is no longer receiving income maintenance. For example, redundancy, retrenchment, resigned, studying, seasonal worker.
9	Not working	Not working with income maintenance	Employee is not working at all and is receiving income maintenance.
10	Not working	Deceased	Employee is deceased. Includes deaths related to the compensated injury and death unrelated to the compensated injury.

11	Unknown	Unknown	Employee is no longer eligible for compensation and his or her work status is unknown. For example, employee has reached retirement age, payment thresholds have been reached, or a redemption lump sum has been paid and the work status is unknown. This code may be used as a default code where there is no work status for an individual.
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B6 Date of first day off work (in any capacity)

Column: 7

Description: The date of the claimant's first full or partial day off work.

Purpose: To enable the analysis of return-to-work (RTW) outcomes. In particular, this item will assist in the calculation of duration of absence.

Format: Data (ISO format)

Coding: Date values should be specified as YYYY-MM-DD.

B7 Date of first day back at work (in any capacity)

Column: 8

Description: The date of the claimant's first day back at work (in any capacity).

Purpose: To enable the analysis of return-to-work (RTW) outcomes. In particular, this item will assist in the calculation of duration of absence. It will also assist in the examining the proportion of claimants who had returned to work at set intervals (e.g. 3 months after injury).

Format: Date (ISO format)

Coding: Date values should be specified as YYYY-MM-DD.

B8 Date of the most recent return to work (in any capacity)

Column: 9

Description: The date of the claimant's most recent return to work (in any capacity).

Purpose: To enable the analysis of return-to-work (RTW) outcomes.

Format: Data (ISO format)

Coding: Date values should be specified as YYYY-MM-DD.

B9 End date of the last pay period for which weekly benefits were paid

Column: 10

Description: The date of the claimant's end date of the last pay period for which weekly benefits were paid.

Purpose: To enable the analysis of return-to-work (RTW) outcomes. In particular, this item will assist in calculating a national 'Stay at work' rate.

Format: Data (ISO format)

Coding: Date values should be specified as YYYY-MM-DD.

C. Claimant Details

C1 *Industry of employer*

Column:	11
Description:	Industry of employer relates to the main activity of the establishment at which the worker was employed at the time of reporting the occupational injury or disease.
Purpose:	To enable between-industry and within-industry comparisons of occupational injury/disease experience.
Format:	Alphanumeric (categorical)
Coding:	Industry Class (4-digit) level of detail code per the Australian and New Zealand Standard Industrial Classification (ANZSIC, 2006 revision 2.0)
Comment:	The industry of employer should be recorded in relation to the establishment at which the worker was employed, irrespective of where the injury/disease event occurred. The industry of the workplace at which the injury/disease event occurred should be coded at data item D2 'Industry of workplace'. For example, a worker employed by a labour hire firm but working in the Coal mining industry would have their industry of employer recorded as 7212 'Labour supply services', and their industry of workplace recorded as 0600 'Coal mining'. If the industry cannot be coded to the full four-digit level, it should be coded to the next most detailed level possible and padded to the right with zeroes. For example, a kiwi fruit growing business should be coded to 0132. However, if the industry was not fully known, this record could be coded to 0130 'Fruit and tree nut growing, nfd', 0100 'Agriculture, nfd', or A000 'Agriculture, forestry and fishing, nfd'.

C2 *Size of employer*

Column:	12
Description:	The number of full time equivalent (FTE) workers employed by the enterprise for which the claimant works.
Purpose:	To enable investigation of size of business factors on occupational injury/disease experience.
Format:	Numeric (integer)
Coding:	The total number of FTE workers employed by the enterprise rounded to the nearest whole number.
Comment:	If the number of FTE workers is not known, this figure can be imputed. The methodology for calculation involves dividing remuneration of the employer by the average yearly earnings for that industry. The remuneration figure used in the calculation should be that provided by the employer for the purpose of premium calculation. The average yearly earnings should be derived by taking the average weekly earnings for the industry division level (available as a special request from the ABS

survey of Average Weekly Earnings (AWE), Cat. no. 1291.0) and multiplying by 52 weeks.

Employer size should be recorded at the enterprise rather than the establishment level. That is, this data item records the size of the entire legal entity including operations, locations and subsidiaries (as opposed to a single physical location). This is because it is assumed that WHS policies are set at the enterprise level rather than at the establishment level.

C3 *Date of birth*

Column: 13

Description: The date of birth of the worker making the claim for an injury or disease.

Purpose: To facilitate analysis of occupational injury/disease experience by age of worker.

Format: Data (ISO format)

Coding: Date values should be specified as YYYY-MM-DD.

Comment: Age will be derived from the date of birth and the date of occurrence/report.

C4 *Sex*

Column: 14

Description: The sex of the worker.

Purpose: To facilitate analysis of occupational injury/disease experience by sex of worker.

Format: Numeric (categorical)

Coding: To be recorded using the following classification given in Table 5.

Table 5: Sex codes and descriptions

Code	Description
0	Unknown/Blank
1	Male
2	Female
3	Intersex
4	Prefer not to say/Other

C5 *Postcode of residence*

Column:	15
Description:	The postcode of the worker's residential address.
Purpose:	To enable analysis of return-to-work rates by location to determine the effect, if any, of reduced access to medical and rehabilitation services.
Format:	Numeric (categorical)
Coding:	Australian postcode

C6 *Occupation*

Column:	16
Description:	The worker's occupation at the time of the injury or reporting of the occupational disease.
Purpose:	To enable between-occupation and within-occupation analysis of occupational injury/disease experience.
Format:	Alphanumeric (categorical)
Coding:	Occupation unit group (4-digit) level of detail code per the Australian and New Zealand Standard Classification of Occupations (ANZSCO, 2013, Version 1.3).
Comment:	Occupation data should not be confused with activity at the time of the incident or report. The activity at that time may have been entirely unrelated to the worker's occupation.

If the occupation cannot be coded to the full four-digit level, it should be coded to the next most detailed level possible and padded to the right with zeroes. For example, a worker employed to provide general household assistance to an aged or disabled person in their own home should be coded as 4231 'Aged and disabled carers'. However, if the worker's occupation details are not fully known, this record could be coded as 4230 'Personal carers and assistants, nfd', 4200 'Carers and aides, nfd', or '4000' 'Community and personal service workers, nfd'.

C7 *Duty status*

Column:	17
Description:	The worker's duty status at the time of the injury or disease.
Purpose:	To enable separate analysis of injuries according to the activity of the employee at the time of injury or disease.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 6.
Comment:	For occupational diseases that are the result of a single traumatic event (for example, a needle stick injury leading to a hepatitis infection), the duty status at the time of the occurrence that led to the disease should be coded.

Claims should be coded to the first applicable duty status when codes are sorted alphabetically by the 'Sort' column per Table 6. For example, if a worker's typical workplace is to work from home and they are working from home when the incident occurs, the duty status should be coded to 11 rather than 1 per the sort order of duty status assessment.

Table 6: Duty status codes and detailed definitions

Code	Sort	Description	Definition
0	K	Unknown	If the location or status of the worker is unknown at the time of occurrence of exposure, this code should be used.
1	I	At work - working at normal workplace	The injury or disease occurred while the worker was working at their normal workplace or base of operations.
2	D	At work - road traffic accident	The worker is at work and sustains an injury or disease that occurred as a result of an accident involving a motor vehicle, bicycle or other vehicle on a public road as defined under relevant motor accidents legislation. For example, a truck driver's vehicle is involved in a road traffic accident while moving a load from one location to another on a public road. This code applies whether the case is a driver, passenger or pedestrian but does not apply to commuting or any other prescribed journey claims nor to accidents occurring where the worker is absent from the workplace during an authorised work break.
3	C	At work - on break	Refers to the paid or unpaid period within the shift during which the worker has taken an authorised break from work and is still covered for compensation.
4	J	Commuting/ journey	Injury or disease that occurred while the worker is travelling directly between home and workplace or place of pick-up. This code may also apply to situations where the worker is travelling for work-related educational purposes or for treatment in relation to a compensable injury (legislation may vary across jurisdictions).
5	A	Away from work during recess period	Injury or disease - including vehicle accidents - that occurred where the claimant has gone to work, but is temporarily absent from the workplace, during an ordinary recess or authorised absence.
6	F	At work - working away from normal workplace	Injury or disease that occurred while the worker is working at a location other than the worker's normal workplace or base of operations. This code should not be used if the injury or disease occurred whilst the worker was working from home.
7	B	Work-related activity	Attending a work related activity but not performing work. For example, a work social event, a medical appointment or visiting an educational institution.
9	E	At work - no normal workplace	Worker has no regular workplace that they regularly perform work. For example a builder who visits various building sites.
10	H	Long-term Exposure	Where the worker has been exposed to a hazard that may lead to an injury or disease but there is no specific date of occurrence of injury.
11	G	At work - working from home	Injury disease occurs while the worker is working from home irrespective of how much the worker ordinarily works from home.

C8 *Number of hours usually worked each week*

Column:	18
Description:	The number of hours usually worked each week by the injured worker.
Purpose:	To enable the consistent treatment of injuries sustained by workers engaged in non-standard employment arrangements.
Format:	Numeric (decimal)
Coding:	The number of hours usually worked each week (including overtime) by the injured worker rounded to 2 decimal places.
Comment:	Recorded as the number of hours worked per week rounded to 2 decimal places in decimal hours format. For example, for a worker who normally works 37 hours and 30 minutes per week this value should be recorded as 37.50. Overtime (defined as work undertaken which is outside, or in addition to, ordinary working hours of the employee in their main job, whether paid or unpaid) which is usually worked each week should be included in the calculation of number of hours usually worked.

C9 *Normal weekly earnings*

Column:	19
Description:	Normal weekly earnings as defined by the scheme and that are used as the basis for the calculation of weekly benefits.
Purpose:	To enable comparison between the level of benefits paid to the claimant and the claimant's pre-injury earnings to assess the cost of the injury/disease to the claimant.
Format:	Numeric (integer)
Coding:	Gross weekly earnings rounded to nearest whole dollar value.
Comment:	Normal weekly earnings will be adjusted to represent pre-injury earnings for the calculation of level of benefits indicators.

C10 *Labour hire indicator*

Column:	20
Description:	Indicates employees working through a labour hire firm.
Purpose:	To enable investigation of occupational injury/disease experience for employees working through labour hire firms.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 7.
Comment:	Employees working through labour hire firms are defined as any person who is paid by, and/or listed on the books of, one employer but is hired out, often on a short-term basis, to other employers.

Table 7: Labour hire codes and definitions

Code	Description
0	Not known
1	Employee working through labour hire firm
2	All other employment arrangements

C11 *Apprentice/trainee indicator*

Column:	21
Description:	Indicates whether the injured worker is an apprentice/trainee.
Purpose:	To enable investigation of occupational injury/disease experience for apprentices/trainees.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 8.
Comment:	An 'Apprentice or trainee' is defined as any person undertaking training through an apprenticeship or traineeship, where the training is regulated by law or custom and combines on-the-job training and work experience while in paid employment, with formal off-the-job training. Such an arrangement usually involves a contract of training or training agreement between employer and employee, which imposes mutual obligations on both parties.

Table 8: Apprentice/Trainee codes and definitions

Code	Description
0	Not known
1	Apprentice or trainee
2	Other

C12 Self-insurance indicator

Column:	22
Description:	Relates to the type of arrangement the employer of the worker uses to insure their risk for workers' compensation.
Purpose:	To enable investigation of occupational injury/disease experience by insured/self-insured sectors.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 9.
Comment:	Recorded should be coded to 1 'Self-insured' where the injured worker's employer operates under a self-insurance arrangement for workers' compensation (i.e. is exempt from paying premiums). Recorded should be coded to 2 'Insured' where the injured worker's employer has insured their workers' compensation risk with a government or private insurance company.

Table 9: Self-insurance codes and definitions

Code	Description
0	Not known
1	Self-insured
2	Insured

C13 Date of death

Column:	23
Description:	The date of death of the worker resulting from an injury or disease if applicable.
Purpose:	To enable analysis of the severity of the impact of work-related injury or disease on a worker.
Format:	Data (ISO format)
Coding:	Date values should be specified as YYYY-MM-DD.
Comment:	This data item should be left blank for any claims where data item E2 'Severity indicator' is not coded as 1 'Fatal'.

D. Occurrence Details

D1 *Date of occurrence/report*

Column:	24
Description:	The date on which the injury occurred or the occupational disease was first reported to the employer.
Purpose:	To enable provision of time series data and provide a basis of investigation of any seasonal variation of occurrences. To investigate the effect delays between the date of occurrence/report and the date of determination have on the overall cost of the claim.
Format:	Data (ISO format)
Coding:	Date values should be specified as YYYY-MM-DD.

D2 *Industry of workplace*

Column:	25
Description:	Industry of workplace relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease.
Purpose:	To enable analysis of the industry directly involved in the occurrence of the injury/disease.
Format:	Alphanumeric (categorical)
Coding:	Industry Class (4-digit) level of detail code per the Australian and New Zealand Standard Industrial Classification (ANZSIC, 2006 revision 2.0)
Comment:	If the industry cannot be coded to the full four-digit level, it should be coded to the next most detailed level possible and padded to the right with zeroes. For example, a kiwi fruit growing business should be coded to 0132. However, if the industry was not fully known, this record could be coded to 0130 'Fruit and tree nut growing, nfd', 0100 'Agriculture, nfd', or A000 'Agriculture, forestry and fishing, nfd'.

D3 *Postcode of workplace*

Column:	26
Description:	The postcode of the workplace at which the worker was injured or experienced the exposure resulting in disease.
Purpose:	To enable analysis of injury/disease rates by location, for example, comparison of WHS statistics by remoteness.
Format:	Numeric (categorical)
Coding:	Australian postcode
Comment:	For injuries or exposures occurring on any form of transport, the postcode should be left blank. The same rule should be used for workers injured overseas.

D4 Nature of injury/disease

Column:	27
Description:	Nature refers to the most serious injury or disease sustained or suffered by the worker.
Purpose:	To enable the analysis of the distribution of types of injury or disease and to relate specific types of injury or disease to the processes leading to them.
Format:	Numeric (categorical)
Coding:	Nature minor group (3-digit) level of detail code per the Type of Occurrence Classification System (TOOCS 2025, edition 3.2)

D5 Bodily location of injury/disease

Column:	28
Description:	Bodily location refers to the part of the body affected by the most serious injury or disease.
Purpose:	To enable analysis of work-related injuries or diseases affecting specific bodily locations to assist in the development of prevention programs (for example, prevent eye injuries via an eye protection program). To enable more detailed analysis of the injury or disease event.
Format:	Numeric (categorical)
Coding:	Bodily location minor group (3-digit) level of detail code per the Type of Occurrence Classification System (TOOCS 2025, edition 3.2)

D6 Mechanism of incident

Column:	29
Description:	Mechanism identifies the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.
Purpose:	To facilitate analysis of the circumstances and events leading to the work-related injury or disease enabling the identification of hazardous work practices or environments and development of suitable prevention strategies.
Format:	Numeric (categorical)
Coding:	Mechanism sub major group (2-digit) level of detail code per the Type of Occurrence Classification System (TOOCS 2025, edition 3.2)

D7 Agency of injury/disease

Column:	30
Description:	The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease.
Purpose:	To facilitate analysis of the circumstances and events leading to the work-related injury or disease enabling the identification of hazardous work practices or environments and, ultimately, the development of suitable prevention strategies.
Format:	Numeric (categorical)
Coding:	Agency sub minor group (4-digit) level of detail code per the Type of Occurrence Classification System (TOOCS 2025, edition 3.2)
Comment:	Note the TOOCS Agency hierarchical structure is used to code both data items D7 'Agency of injury/disease and D8 'Breakdown agency of injury/disease'.

D8 Breakdown agency of injury/disease

Column:	31
Description:	The breakdown agency of injury/disease is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease.
Purpose:	To facilitate analysis of the circumstances and events leading to the work-related injury or disease, enabling the identification of hazardous work practices or environments and, ultimately, the development of suitable prevention strategies.
Format:	Numeric (categorical)
Coding:	Agency sub minor group (4-digit) level of detail code per the Type of Occurrence Classification System (TOOCS 2025, edition 3.2)
Comment:	Note the TOOCS Agency hierarchical structure is used to code both data items D7 'Agency of injury/disease and D8 'Breakdown agency of injury/disease'.

E. Outcome of Occurrence

E1 Time lost

Column:	32
Description:	The number of hours lost for which compensation was paid by any party (e.g. employer, insurer, workers' compensation authority).
Purpose:	To provide an indication of the severity of injury or disease and to identify records meeting the publication scope.
Format:	Numeric (decimal)
Coding:	The number of hours lost for which compensation was paid rounded to 2 decimal places.
Comment:	Recorded as the number of hours worked per week rounded to 2 decimal places in decimal hours format. For example, for a worker who normally works 37 hours and 30 minutes per week this value should be recorded as 37.50. Cases not finalised at the end of the reporting period will not require an estimate of future time lost to be included. However, time lost should be updated each year until the case is finalised. For claims involving no compensated time lost this item should be zero filled.

E2 Severity indicator

Column:	33
Description:	The severity indicator for categorisation of cases.
Purpose:	To provide indicators of the severity of work-related injury or disease.
Format:	Numeric (categorical)
Coding:	To be recorded using the following classification described in Table 10.
Comments:	All compensated fatalities, including situations where the worker subsequently dies from injuries or diseases sustained (including complications) in the incident or exposure to which the claim relates should be recorded as 1 'Fatal'. Coding to 2 'Total or partial permanent incapacity' is as defined by the submitting jurisdiction.

Table 10: Severity indicator codes and definitions

Code	Definitions
1	Fatal
2	Total or partial permanent incapacity (as described by jurisdictions)
3	Temporary incapacity

F. Compensation Payments

Common features across all 'Compensation Payments' data items:

Description:	All payments made to the worker or worker's family in compensation for the injury or disease as at the reporting date. This includes payments made below any non-compensable excess operated by workers compensation authorities.
Purpose:	To provide an indicator of the economic cost of employment injuries and provide a basis for evaluation of planned prevention strategies. To enable the calculation of the level of benefits payable for particular injury or disease types and across jurisdictions.
Format:	Numeric (integer)
Coding:	Total amount of benefits paid as at the reporting date rounded to nearest whole dollar value.
Comment:	Claims not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the claim is finalised. These data items will be used in conjunction with the pre-injury earnings to determine the direct cost of workplace injury or disease to the claimant. This is not the total cost of workplace injury or disease as other indirect costs may apply, for example, loss of future earnings. Payments in the financial year are to be identified separately to allow indexing of payments for level of benefits indicators. Year X is the development year in which the payment was made, where X is defined in Table 11.

Table 11: Recording payments for claims over future financial years

Year X	Description of relationship between payment year and claim lodgement year
0	Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2010-11.
1	Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2011-12.
2	Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2012-13.
3	Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2013-14.
4	Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2014-15.
5	Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2010-11, this category records payments made in 2015-16.
6+	Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

F1 Weekly benefits year 0

Column: 34

Description: The total amount of weekly benefits (full and partial) paid in development year 0.

F2 Weekly benefits year 1

Column: 35

Description: The total amount of weekly benefits (full and partial) paid in development year 1.

F3 Weekly benefits year 2

Column: 36

Description: The total amount of weekly benefits (full and partial) paid in development year 2.

F4 Weekly benefits year 3

Column: 37

Description: The total amount of weekly benefits (full and partial) paid in development year 3.

F5 Weekly benefits year 4

Column: 38

Description: The total amount of weekly benefits (full and partial) paid in development year 4.

F6 Weekly benefits year 5

Column: 39

Description: The total amount of weekly benefits (full and partial) paid in development year 5.

F7 Weekly benefits year 6+

Column: 40

Description: The total amount of weekly benefits (full and partial) paid in development year 6 or more.

F8 Death benefit lump sum year 0

Column: 41

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 0. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F9 Death benefit lump sum year 1

Column: 42

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 1. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F10 Death benefit lump sum year 2

Column: 43

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 2. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F11 Death benefit lump sum year 3

Column: 44

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 3. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F12 Death benefit lump sum year 4

Column: 45

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 4. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F13 Death benefit lump sum year 5

Column: 46

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 5. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F14 Death benefit lump sum year 6+

Column: 47

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 6 or more. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

F15 Redemption/commutation lump sum year 0

Column: 48

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 0.

F16 Redemption/commutation lump sum year 1

Column: 49

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 1.

F17 Redemption/commutation lump sum year 2

Column: 50

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 2.

F18 Redemption/commutation lump sum year 3

Column: 51

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 3.

F19 Redemption/commutation lump sum year 4

Column: 52

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 4.

F20 Redemption/commutation lump sum year 5

Column: 53

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 5.

F21 Redemption/commutation lump sum year 6+

Column: 54

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 6 or more.

F22 Impairment/non-economic lump sum year 0

Column: 55

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 0. Includes any additional payments such as severe injury payments and gratuitous care.

F23 Impairment/non-economic lump sum year 1

Column: 56

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 1. Includes any additional payments such as severe injury payments and gratuitous care.

F24 Impairment/non-economic lump sum year 2

Column: 57

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 2. Includes any additional payments such as severe injury payments and gratuitous care.

F25 Impairment/non-economic lump sum year 3

Column: 58

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 3. Includes any additional payments such as severe injury payments and gratuitous care.

F26 Impairment/non-economic lump sum year 4

Column: 59

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 4. Includes any additional payments such as severe injury payments and gratuitous care.

F27 Impairment/non-economic lump sum year 5

Column: 60

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 5. Includes any additional payments such as severe injury payments and gratuitous care.

F28 Impairment/non-economic lump sum year 6+

Column: 61

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 6 or more. Includes any additional payments such as severe injury payments and gratuitous care.

F29 Total statutory lump sum (excluding death lump sum) year 0

Column: 62

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F15 and F22.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F30 Total statutory lump sum (excluding death lump sum) year 1

Column: 63

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F16 and F23.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F31 Total statutory lump sum (excluding death lump sum) year 2

Column: 64

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F17 and F24.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F32 Total statutory lump sum (excluding death lump sum) year 3

Column: 65

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F18 and F25.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F33 Total statutory lump sum (excluding death lump sum) year 4

Column: 66

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F19 and F26.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F34 Total statutory lump sum (excluding death lump sum) year 5

Column: 67

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F20 and F27.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F35 Total statutory lump sum (excluding death lump sum) year 6+

Column: 68

Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F21 and F28.

Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

F36 Common law lump sum – economic year 0

Column: 69

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 0.

F37 Common law lump sum – economic year 1

Column: 70

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 1.

F38 Common law lump sum – economic year 2

Column: 71

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 2.

F39 Common law lump sum – economic year 3

Column: 72

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 3.

F40 Common law lump sum – economic year 4

Column: 73

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 4.

F41 Common law lump sum – economic year 5

Column: 74

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 5.

F42 Common law lump sum – economic year 6+

Column: 75

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 6 or more.

F43 Common law lump sum – non-economic year 0

Column: 76

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 0. Excludes insurer's and worker's legal costs.

F44 Common law lump sum – non-economic year 1

Column: 77

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 1. Excludes insurer's and worker's legal costs.

F45 Common law lump sum – non-economic year 2

Column: 78

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 2. Excludes insurer's and worker's legal costs.

F46 Common law lump sum – non-economic year 3

Column: 79

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 3. Excludes insurer's and worker's legal costs.

F47 Common law lump sum – non-economic year 4

Column: 80

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 4. Excludes insurer's and worker's legal costs.

F48 Common law lump sum – non-economic year 5

Column: 81

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 5. Excludes insurer's and worker's legal costs.

F49 Common law lump sum – non-economic year 6+

Column: 82

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 6 or more. Excludes insurer's and worker's legal costs.

F50 Common law lump sum – total year 0

Column:	83
Description:	The total common law lump sum including all benefits payable at items F36 and F43.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F51 Common law lump sum – total year 1

Column:	84
Description:	The total common law lump sum including all benefits payable at items F37 and F44.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F52 Common law lump sum – total year 2

Column:	85
Description:	The total common law lump sum including all benefits payable at items F38 and F45.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F53 Common law lump sum – total year 3

Column:	86
Description:	The total common law lump sum including all benefits payable at items F39 and F46.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F54 Common law lump sum – total year 4

Column:	87
Description:	The total common law lump sum including all benefits payable at items F40 and F47.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F55 Common law lump sum – total year 5

Column:	88
Description:	The total common law lump sum including all benefits payable at items F41 and F48.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

F56 Common law lump sum – total year 6+

Column:	89
Description:	The total common law lump sum including all benefits payable at items F42 and F49.
Comment:	This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

G. Payments for Goods and Services

Common features across all 'Payments for Goods And Services' data items:

Format:	Numeric (integer)
Coding:	Total amount paid as at the reporting date rounded to nearest whole dollar value.
Comments:	Claims not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the claim is finalised. Payments in the financial year are to be identified separately to allow indexing of payments for level of benefits indicators according to Table 11.

Common features across data items G1 to G7 (Payments for medical services)

Description:	Costs of services (treatment & reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors.
Purpose:	To contribute to the understanding of the cost of the treatment of work-related injury/disease.
Comments:	Registered medical practitioners are defined as General practitioners, Psychiatrists, Radiologists, Surgeons and Dentists. Costs incurred for the preparation of medical reports for the purposes of legal proceedings or administration are excluded and should be placed under Item H Non-compensation payments.

G1 Payments for medical services year 0

Column:	90
Description:	The total cost relating to medical services paid in development year 0.

G2 Payments for medical services year 1

Column:	91
Description:	The total cost relating to medical services paid in development year 1.

G3 Payments for medical services year 2

Column:	92
Description:	The total cost relating to medical services paid in development year 2.

G4 Payments for medical services year 3

Column: 93

Description: The total cost relating to medical services paid in development year 3.

G5 Payments for medical services year 4

Column: 94

Description: The total cost relating to medical services paid in development year 4.

G6 Payments for medical services year 5

Column: 95

Description: The total cost relating to medical services paid in development year 5.

G7 Payments for medical services year 6+

Column: 96

Description: The total cost relating to medical services paid in development year 6 or more.

Common features across data items G8 to G14 (Payments for hospital services)

Description: The sum of all costs related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

Comment: Includes cost of bed, operating theatre and other hospital facilities. All outpatient charges billed by hospitals are to be included here. However, the cost of medical and like services provided in an outpatient environment by a practitioner in private practice is to be included under Item G1 to Item G7 Payments for medical services or Item G15 to G21 Payments for allied health services.

G8 Payments for hospital services year 0

Column: 97

Description: The total cost relating to hospital services paid in development year 0.

G9 Payments for hospital services year 1

Column: 98

Description: The total cost relating to hospital services paid in development year 1.

G10 Payments for hospital services year 2

Column: 99

Description: The total cost relating to hospital services paid in development year 2.

G11 Payments for hospital services year 3

Column: 100

Description: The total cost relating to hospital services paid in development year 3.

G12 Payments for hospital services year 4

Column: 101

Description: The total cost relating to hospital services paid in development year 4

G13 Payments for hospital services year 5

Column: 102

Description: The total cost relating to hospital services paid in development year 5.

G14 Payments for hospital services year 6+

Column: 103

Description: The total cost relating to hospital services paid in development year 6 or more.

Common features across data item G15 to G21 (Payments for allied health services)

Description: Includes service costs related to the treatment of work-related injury/disease, other than treatments provided by registered medical practitioners (as listed at Item G1 to Item G7 Payments for medical services); or treatments provided as part of vocational rehabilitation.

Purpose: To contribute to the understanding of the cost of the treatment of work-related

Comment: Includes outpatient charges for allied health professionals.

The types of service providers in this category include but are not limited to:

- chiropractors;
- physiotherapists;
- psychologists;
- occupational therapists;
- masseurs/masseuses;
- aromatherapists;
- nurses;

- paramedics;
- ambulance; and
- acupuncturists.

Costs incurred for the preparation of medical reports for the purpose of either administration or legal proceedings are to be placed under Item H 'Non-compensation payments'.

Payments to service providers that were primarily for the purpose of vocational rehabilitation should be included at Item G22 to Item G28 'Payments for vocational rehabilitation services'.

G15 Payments for allied health services year 0

Column: 104

Description: The total cost relating to allied health services paid in development year 0.

G16 Payments for allied health services year 1

Column: 105

Description: The total cost relating to allied health services paid in development year 1.

G17 Payments for allied health services year 2

Column: 106

Description: The total cost relating to allied health services paid in development year 2.

G18 Payments for allied health services year 3

Column: 107

Description: The total cost relating to allied health services paid in development year 3.

G19 Payments for allied health services year 4

Column: 108

Description: The total cost relating to allied health services paid in development year 4.

G20 Payments for allied health services year 5

Column: 109

Description: The total cost relating to allied health services paid in development year 5.

G21 Payments for allied health services year 6+

Column: 110

Description: The total cost relating to allied health services paid in development year 6 or more.

Common features across data items G22 to Item G28 (Payments for vocational rehabilitation services)

Description: Includes service costs provided as part of vocational rehabilitation, other than those treatments provided by registered medical practitioners (as listed at Item G1 to Item G7 Payments for medical services).

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

Comment: The list of services includes but is not limited to:

- retraining;
- job placement; and
- workplace assessment.

Payments to service providers that were primarily for the treatment of the injury/disease should be included at Item G15 to Item G21 Payments for allied health services.

G22 Payments for vocational rehabilitation services year 0

Column: 111

Description: The total cost relating to vocational rehabilitation services paid in development year 0.

G23 Payments for vocational rehabilitation services year 1

Column: 112

Description: The total cost relating to vocational rehabilitation services paid in development year 1.

G24 Payments for vocational rehabilitation services year 2

Column: 113

Description: The total cost relating to vocational rehabilitation services paid in development year 2.

G25 Payments for vocational rehabilitation services year 3

Column: 114

Description: The total cost relating to vocational rehabilitation services paid in development year 3.

G26 Payments for vocational rehabilitation services year 4

Column: 115

Description: The total cost relating to vocational rehabilitation services paid in development year 4.

G27 Payments for vocational rehabilitation services year 5

Column: 116

Description: The total cost relating to vocational rehabilitation services paid in development year 5.

G28 Payments for vocational rehabilitation services year 6+

Column: 117

Description: The total cost relating to vocational rehabilitation services paid in development year 6 or more.

Common features across data items G29 to G35 (Payments for other goods and services)

Description: Any other benefits paid or goods provided to claimant not reported above.

Purpose: To enable the collection of those costs not included in the above categories in providing an indicator of the cost of the treatment of work-related injuries.

Comment: Includes:

- prescriptions, medical and surgical supplies;
- provision, maintenance, repair, adjustment or replacement of aids and appliances;
- costs incurred on account of home help, for example cleaners;
- workplace, home and vehicle modifications;
- miscellaneous, repair or replacement of damaged clothing, road accident rescue services; and
- any other goods or service not already covered above.

G29 Payments for other goods and services year 0

Column: 118

Description: The total cost relating to other goods and services paid in development year 0.

G30 Payments for other goods and services year 1

Column: 119

Description: The total cost relating to other goods and services paid in development year 1.

G31 Payments for other goods and services year 2

Column: 120

Description: The total cost relating to other goods and services paid in development year 2.

G32 Payments for other goods and services year 3

Column: 121

Description: The total cost relating to other goods and services paid in development year 3.

G33 Payments for other goods and services year 4

Column: 122

Description: The total cost relating to other goods and services paid in development year 4.

G34 Payments for other goods and services year 5

Column: 123

Description: The total cost relating to other goods and services paid in development year 5.

G35 Payments for other goods and services year 6+

Column: 124

Description: The total cost relating to other goods and services paid in development year 6 or more.

H. Non-Compensation Payments

Common features across all 'Non-compensation Payments' data items:

Format:	Numeric (integer)
Coding:	Total amount paid as at the reporting date rounded to nearest whole dollar value.
Comments:	Claims not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the claim is finalised. Payments in the financial year are to be identified separately to allow indexing of payments for level of benefits indicators according to Table 11.

Common features across data items H1 to H7 (Non-compensation Payments – Legal)

Description:	Total of all legal costs incurred as a result of the claim that are not paid to, or on behalf of, the worker.
Comment:	Includes: • investigation expenses and medical reports for the purposes of legal proceedings; • worker's legal costs paid by insurer; and • insurer's/employer's legal costs attributable to the claim. Costs related to investigation and medical reports for administration should be recorded at Item H8 to Item H14 'Non-compensation payments – other'.

H1 Non-compensation payments – legal year 0

Column:	125
Description:	The total non-compensation costs paid in development year 0.

H2 Non-compensation payments - legal year 1

Column:	126
Description:	The total non-compensation costs paid in development year 1.

H3 Non-compensation payments - legal year 2

Column:	127
Description:	The total non-compensation costs paid in development year 2.

H4 Non-compensation payments - legal year 3

Column: 128

Description: The total non-compensation costs paid in development year 3.

H5 Non-compensation payments - legal year 4

Column: 129

Description: The total non-compensation costs paid in development year 4.

H6 Non-compensation payments - legal year 5

Column: 130

Description: The total non-compensation costs paid in development year 5.

H7 Non-compensation payments - legal year 6+

Column: 131

Description: The total non-compensation costs paid in development year 6 or more.

Common features across data items H8 to H14 (Non-compensation payments – other)

Description: Total of all other non-compensation costs incurred as a result of the claim that are not paid to or on behalf of the worker.

Comment: Includes:

- investigation expenses and medical reports for administration;
- all transport (other than ambulance) and accommodation expenses; and
- interpreter services.

Legal costs and costs related to investigation and medical reports for legal proceedings should be excluded here and recorded at Items H1 to Item H7 'Non-compensation payments – legal'.

H8 Non-compensation payments - other year 0

Column: 132

Description: The total non-compensation costs paid in development year 0.

H9 Non-compensation payments - other year 1

Column: 133

Description: The total non-compensation costs paid in development year 1.

H10 Non-compensation payments - other year 2

Column: 134

Description: The total non-compensation costs paid in development year 2.

H11 Non-compensation payments - other year 3

Column: 135

Description: The total non-compensation costs paid in development year 3.

H12 Non-compensation payments - other year 4

Column: 136

Description: The total non-compensation costs paid in development year 4.

H13 Non-compensation payments - other year 5

Column: 137

Description: The total non-compensation costs paid in development year 5.

H14 Non-compensation payments - other year 6+

Column: 138

Description: The total non-compensation costs paid in development year 6 or more.

6. Data item summary table

Data Item	Position	Format	Classification
A. RECORD IDENTIFIER			
A1 Unique record identifier	1	Alphanumeric	Zero filled, first 2/3 characters jurisdiction identifier
B. CLAIM PROCESS DETAILS			
B1 Claim status	2	Numeric (categorical)	1 - Accepted 2 - Pending 3 - Rejected
B2 Date determined	3	Date	YYYY-MM-DD
B3 Date of report to employer	4	Date	YYYY-MM-DD
B4 Date of notification/lodgement of claim	5	Date	YYYY-MM-DD
B5 Work status	6	Numeric (categorical)	1 - Working with no income maintenance – unknown employer 2 - Working with no income maintenance – pre-injury employer 3 - Working with no income maintenance – different employer 4 - Working with income maintenance – unknown employer 5 - Working with income maintenance – pre-injury employer 6 - Working with income maintenance – different employer 7 - Working – capacity unknown 8 - Not working with no income maintenance 9 - Not working with income maintenance 10 - Deceased 11 - Unknown
B6 Date of first day off work (in any capacity)	7	Date	YYYY-MM-DD
B7 Date of first day back at work (in any capacity)	8	Date	YYYY-MM-DD
B8 Date of the most recent return to work (in any capacity)	9	Date	YYYY-MM-DD
B9 End date of the last pay period for which weekly benefits were paid	10	Date	YYYY-MM-DD
C. CLAIMANT DETAILS			
C1 Industry of employer	11	Numeric (categorical)	ANZSIC (2006 Revision 2.0) 4-digit code
C2 Size of employer	12	Numeric (integer)	Total number of FTE workers employed by the enterprise
C3 Date of birth	13	Date	YYYY-MM-DD
C4 Sex	14	Numeric (categorical)	0 - Unknown/Blank 1 - Male 2 - Female 3 - Intersex 4 - Prefer not to say/Other
C5 Postcode of residence	15	Numeric (categorical)	Australian postcode
C6 Occupation	16	Numeric (categorical)	ANZSCO (2013 v1.3) 4-digit code
C7 Duty status	17	Numeric (categorical)	0 - Unknown 1 - At work – working at normal workplace 2 - At work – road traffic accident 3 - At work – on break 4 - Commuting/journey 5 - Away from work during recess period

			6 - At work – working away from normal workplace 7 - Work-related activity: attending a work related activity but not performing work. 9 - At work – no normal workplace 10 - Long-term Exposure 11 - At work – working from home
C8 Number of hours usually worked each week	18	Numeric (decimal)	Decimal hours format rounded to 2dp
C9 Normal weekly earnings	19	Numeric (integer)	Whole dollars
C10 Labour hire indicator	20	Numeric (categorical)	0 - Not known 1 - Employee working through labour hire firm 2 - All other employment arrangements
C11 Apprentice/trainee indicator	21	Numeric (categorical)	0 - Not known 1 - Apprentice or trainee 2 - Other
C12 Self-insurance flag	22	Numeric (categorical)	0 - Not known 1 - Self-insured 2 - Insured
C13 Date of death	23	Date	YYYY-MM-DD
D. OCCURRENCE DETAILS			
D1 Date of occurrence/report	24	Date	YYYY-MM-DD
D2 Industry of workplace	25	Numeric (categorical)	ANZSIC (2006 Revision 2.0) 4-digit code
D3 Postcode of workplace	26	Numeric (categorical)	Australian postcode
D4 Nature of injury/disease	27	Numeric (categorical)	TOOCS (2025 Edition 3.2) 3-digit code
D5 Bodily location of injury/disease	28	Numeric (categorical)	TOOCS (2025 Edition 3.2) 3-digit code
D6 Mechanism of injury/disease	29	Numeric (categorical)	TOOCS (2025 Edition 3.2) 2-digit code
D7 Agency of injury/disease	30	Numeric (categorical)	TOOCS (2025 Edition 3.2) 4-digit code
D8 Breakdown agency of injury/disease	31	Numeric (categorical)	TOOCS (2025 Edition 3.2) 4-digit code
E. OUTCOME OF Occurrence			
E1 Time lost	32	Numeric (decimal)	Decimal hours format rounded to 2dp
E2 Severity indicator	33	Numeric (categorical)	1 - Fatal 2 - Total or partial incapacity 3 - Temporary incapacity
F. COMPENSATION PAYMENTS			
F1 Weekly benefits – year 0	34	Numeric (integer)	Whole dollars
F2 Weekly benefits – year 1	35	Numeric (integer)	Whole dollars
F3 Weekly benefits – year 2	36	Numeric (integer)	Whole dollars
F4 Weekly benefits – year 3	37	Numeric (integer)	Whole dollars
F5 Weekly benefits – year 4	38	Numeric (integer)	Whole dollars
F6 Weekly benefits – year 5	39	Numeric (integer)	Whole dollars
F7 Weekly benefits – year 6+	40	Numeric (integer)	Whole dollars
F8 Death benefit lump sum – year 0	41	Numeric (integer)	Whole dollars
F9 Death benefit lump sum – year 1	42	Numeric (integer)	Whole dollars
F10 Death benefit lump sum – year 2	43	Numeric (integer)	Whole dollars
F11 Death benefit lump sum – year 3	44	Numeric (integer)	Whole dollars
F12 Death benefit lump sum – year 4	45	Numeric (integer)	Whole dollars
F13 Death benefit lump sum – year 5	46	Numeric (integer)	Whole dollars
F14 Death benefit lump sum – year 6+	47	Numeric (integer)	Whole dollars
F15 Redemption/commutation lump sum – year 0	48	Numeric (integer)	Whole dollars
F16 Redemption/commutation lump sum – year 1	49	Numeric (integer)	Whole dollars
F17 Redemption/commutation lump sum – year 2	50	Numeric (integer)	Whole dollars

Data Specification

F18 Redemption/commutation lump sum – year 3	51	Numeric (integer)	Whole dollars
F19 Redemption/commutation lump sum – year 4	52	Numeric (integer)	Whole dollars
F20 Redemption/commutation lump sum – year 5	53	Numeric (integer)	Whole dollars
F21 Redemption/commutation lump sum – year 6+	54	Numeric (integer)	Whole dollars
F22 Impairment/non-economic lump sum – year 0	55	Numeric (integer)	Whole dollars
F23 Impairment/non-economic lump sum – year 1	56	Numeric (integer)	Whole dollars
F24 Impairment/non-economic lump sum – year 2	57	Numeric (integer)	Whole dollars
F25 Impairment/non-economic lump sum – year 3	58	Numeric (integer)	Whole dollars
F26 Impairment/non-economic lump sum – year 4	59	Numeric (integer)	Whole dollars
F27 Impairment/non-economic lump sum – year 5	60	Numeric (integer)	Whole dollars
F28 Impairment/non-economic lump sum – year 6+	61	Numeric (integer)	Whole dollars
F29 Total statutory lump sum (excluding death lump sum) – year 0	62	Numeric (integer)	Whole dollars
F30 Total statutory lump sum (excluding death lump sum) – year 1	63	Numeric (integer)	Whole dollars
F31. Total statutory lump sum (excluding death lump sum) – year 2	64	Numeric (integer)	Whole dollars
F32 Total statutory lump sum (excluding death lump sum) – year 3	65	Numeric (integer)	Whole dollars
F33 Total statutory lump sum (excluding death lump sum) – year 4	66	Numeric (integer)	Whole dollars
F34 Total statutory lump sum (excluding death lump sum) – year 5	67	Numeric (integer)	Whole dollars
F35 Total statutory lump sum (excluding death lump sum) – year 6+	68	Numeric (integer)	Whole dollars
F36 Common law lump sum – economic – year 0	69	Numeric (integer)	Whole dollars
F37 Common law lump sum – economic – year 1	70	Numeric (integer)	Whole dollars
F38 Common law lump sum – economic – year 2	71	Numeric (integer)	Whole dollars
F39 Common law lump sum – economic – year 3	72	Numeric (integer)	Whole dollars
F40 Common law lump sum – economic – year 4	73	Numeric (integer)	Whole dollars
F41 Common law lump sum – economic – year 5	74	Numeric (integer)	Whole dollars
F42 Common law lump sum – economic – year 6+	75	Numeric (integer)	Whole dollars
F43 Common law lump sum – non-economic – year 0	76	Numeric (integer)	Whole dollars
F44 Common law lump sum – non-economic – year 1	77	Numeric (integer)	Whole dollars
F45 Common law lump sum – non-economic – year 2	78	Numeric (integer)	Whole dollars
F46 Common law lump sum – non-economic – year 3	79	Numeric (integer)	Whole dollars
F47 Common law lump sum – non-economic – year 4	80	Numeric (integer)	Whole dollars
F48 Common law lump sum – non-economic – year 5	81	Numeric (integer)	Whole dollars
F49 Common law lump sum – non-economic – year 6+	82	Numeric (integer)	Whole dollars

Data Specification

F50 Common law lump sum – total – year 0	83	Numeric (integer)	Whole dollars
F51 Common law lump sum – total – year 1	84	Numeric (integer)	Whole dollars
F52 Common law lump sum – total – year 2	85	Numeric (integer)	Whole dollars
F53 Common law lump sum – total – year 3	86	Numeric (integer)	Whole dollars
F54 Common law lump sum – total – year 4	87	Numeric (integer)	Whole dollars
F55 Common law lump sum – total – year 5	88	Numeric (integer)	Whole dollars
F56 Common law lump sum – total – year 6+	89	Numeric (integer)	Whole dollars
G. PAYMENTS FOR GOODS AND SERVICES			
G1 Payments for medical services – year 0	90	Numeric (integer)	Whole dollars
G2 Payments for medical services – year 1	91	Numeric (integer)	Whole dollars
G3 Payments for medical services – year 2	92	Numeric (integer)	Whole dollars
G4 Payments for medical services – year 3	93	Numeric (integer)	Whole dollars
G5 Payments for medical services – year 4	94	Numeric (integer)	Whole dollars
G6 Payments for medical services – year 5	95	Numeric (integer)	Whole dollars
G7 Payments for medical services – year 6+	96	Numeric (integer)	Whole dollars
G8 Payments for hospital services – year 0	97	Numeric (integer)	Whole dollars
G9 Payments for hospital services – year 1	98	Numeric (integer)	Whole dollars
G10 Payments for hospital services – year 2	99	Numeric (integer)	Whole dollars
G11 Payments for hospital services – year 3	100	Numeric (integer)	Whole dollars
G12 Payments for hospital services – year 4	101	Numeric (integer)	Whole dollars
G13 Payments for hospital services – year 5	102	Numeric (integer)	Whole dollars
G14 Payments for hospital services – year 6+	103	Numeric (integer)	Whole dollars
G15 Payments for allied health services – year 0	104	Numeric (integer)	Whole dollars
G16 Payments for allied health services – year 1	105	Numeric (integer)	Whole dollars
G17 Payments for allied health services – year 2	106	Numeric (integer)	Whole dollars
G18 Payments for allied health services – year 3	107	Numeric (integer)	Whole dollars
G19 Payments for allied health services – year 4	108	Numeric (integer)	Whole dollars
G20 Payments for allied health services – year 5	109	Numeric (integer)	Whole dollars
G21 Payments for allied health services – year 6+	110	Numeric (integer)	Whole dollars
G22 Payments for vocational rehabilitation services – year 0	111	Numeric (integer)	Whole dollars
G23 Payments for vocational rehabilitation services – year 1	112	Numeric (integer)	Whole dollars
G24 Payments for vocational rehabilitation services – year 2	113	Numeric (integer)	Whole dollars
G25 Payments for vocational rehabilitation services – year 3	114	Numeric (integer)	Whole dollars

Data Specification

G26 Payments for vocational rehabilitation services – year 4	115	Numeric (integer)	Whole dollars
G27 Payments for vocational rehabilitation services – year 5	116	Numeric (integer)	Whole dollars
G28 Payments for vocational rehabilitation services – year 6+	117	Numeric (integer)	Whole dollars
G29 Payments for other goods and services – year 0	118	Numeric (integer)	Whole dollars
G30 Payments for other goods and services – year 1	119	Numeric (integer)	Whole dollars
G31 Payments for other goods and services – year 2	120	Numeric (integer)	Whole dollars
G32 Payments for other goods and services – year 3	121	Numeric (integer)	Whole dollars
G33 Payments for other goods and services – year 4	122	Numeric (integer)	Whole dollars
G34 Payments for other goods and services – year 5	123	Numeric (integer)	Whole dollars
G35 Payments for other goods and services – year 6+	124	Numeric (integer)	Whole dollars
H. NON-COMPENSATION PAYMENTS			
H1 Non-compensation payment – legal – year 0	125	Numeric (integer)	Whole dollars
H2 Non-compensation payment – legal – year 1	126	Numeric (integer)	Whole dollars
H3 Non-compensation payment – legal – year 2	127	Numeric (integer)	Whole dollars
H4 Non-compensation payment – legal – year 3	128	Numeric (integer)	Whole dollars
H5 Non-compensation payment – legal – year 4	129	Numeric (integer)	Whole dollars
H6 Non-compensation payment – legal – year 5	130	Numeric (integer)	Whole dollars
H7 Non-compensation payment – legal – year 6+	131	Numeric (integer)	Whole dollars
H8 Non-compensation payment – other – year 0	132	Numeric (integer)	Whole dollars
H9 Non-compensation payment – other – year 1	133	Numeric (integer)	Whole dollars
H10 Non-compensation payment – other – year 2	134	Numeric (integer)	Whole dollars
H11 Non-compensation payment – other – year 3	135	Numeric (integer)	Whole dollars
H12 Non-compensation payment – other – year 4	136	Numeric (integer)	Whole dollars
H13 Non-compensation payment – other – year 5	137	Numeric (integer)	Whole dollars
H14 Non-compensation payment – other – year 6+	138	Numeric (integer)	Whole dollars