

Glossary

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There are many terms that are used in our business. This page sets out the most common terms and their definitions.

**A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |
U | V | W | X | Y | Z**

^ **A**

1912 Act

The Commonwealth Workmen's Compensation Act 1912.

1930 Act

The Commonwealth Employees' Compensation Act 1930.

1971 Act

The Compensation (Commonwealth Government Employees) Act 1971.

1988 Act

The Safety, Rehabilitation and Compensation Act 1988 (the SRC Act).

Administrative Review Tribunal (ART)

The Administrative Review Tribunal (ART) is an external body which reviews decisions made by Comcare. Comcare must 'reconsider' a decision prior to any potential ART involvement.

Ability to earn

The ability to earn is the greater of the following amounts:

- the amount per week (if any) that the employee is able to earn in suitable employment
- the amount per week (if any) that the employee earns from any employment (including self employment) that is undertaken by the employee during that week.

ABN

See: **Australian Business Number**

Acceleration

An Acceleration is an underlying or pre-existing condition which may be accelerated by a specific incident or sequence of events. Acceleration of the natural progression of an underlying or pre-existing condition means that the condition has progressed at a much faster rate than it otherwise would have as a result of a specific incident or sequence of events.

Accepted condition

An accepted condition is the injury or disease for which liability to pay compensation has been determined under the SRC Act.

Activities of daily living

Activities of daily living are activities which an individual needs to perform to live. They include:

- Ability to receive and respond to incoming stimuli
- Standing
- Moving
- Feeding (includes eating but not the preparation of food)
- Control of bladder and bowel
- Self care (bathing, dressing etc).

Actual earnings

Actual earnings are the amount per week (if any) that the employee earns from any employment (including self employment) that is undertaken by the employee during that week.

Advocate

The ordinary meaning of advocate is used as being one who supports or speaks in favour of another person.

Aetiology

Aetiology is the cause, set of causes, or manner of causation of a medical condition.

Agency

An Agency is the Commonwealth department, statutory authority or body corporate. Also referred to as an 'employer'.

Agency of injury/disease

Agency of injury/disease Identifies the object, substance or circumstance directly involved in inflicting the most serious injury or disease.

Aggravation

An aggravation is a worsening, acceleration or recurrence of a pre-existing condition by employment. 'Aggravation' may include the increase, intensification or recurrence of the experience (including pain or symptoms) of the pre-existing condition. A pre-existing condition which causes pain whether or not the worker is at work will not be an aggravation; but there may be an aggravation of a pre-existing

condition where activities at work cause the worker to suffer pain or to suffer pain more intensely. There is no requirement that the pre-existing condition be compensable.

Aggravation - temporary

A temporary aggravation of a condition is temporary or self-limited. The injury is likely to cause only a transient increase in symptoms without any persistent effects and usually involves a limited period of impairment, medical treatment and/or time off work after which the employee returns to his or her pre-injury state.

An underlying or pre-existing condition may worsen over time without any intervening stimulus. The cause of any claimed aggravation must be identified in order for an aggravation to be appropriately diagnosed. If the cause of the aggravation cannot be identified, the symptoms being experienced may represent the natural progression of the condition.

Aggravation - permanent

A permanent aggravation occurs when an underlying or pre-existing condition is worsened causing a permanent structural change to the employee's physiology. A permanent aggravation alters the natural course of the underlying or pre-existing condition, accelerating or worsening the condition to the point where it may never return to the pre-injury state.

Aids and appliances

The ordinary meaning of aids or appliances is applied and refers to items to help or assist to overcome difficulties that an individual may experience with daily tasks, as a result of their compensable condition.

Alterations

The ordinary meaning of alterations is applied and refers to changes to the structure, layout or fittings of an employee's residence or place of work.

AMA

Australian Medical Association.

Appraisal

An appraisal is the estimate of the value of a certain property by a qualified, independent individual.

Article

Whilst there is no definition of an article under the SRC Act, it may be considered to be anything that is not a medical aid or appliance that requires modification and is reasonably required in relation to an employee's impairment at a reasonable cost.

Attendant care services

As per section 4 of the SRC Act

Average weekly ordinary time earnings of full-time adults (AWOTEFA)

A figure determined by the Australian Bureau of Statistics, based on the average weekly earnings of workers in Australia.

Australian Business Number (ABN)

An ABN is a unique 11-digit identifier that makes it easier for businesses and all levels of government to interact.

Businesses or individuals (suppliers) are required to have an ABN if they are:

- carrying on or starting an enterprise in Australia
- making supplies connected with Australia's indirect tax zone
- a Corporations Act company
- required to register for the Goods and Services Tax with the Australian Taxation Office.

Businesses or individuals who supply goods and services are required to quote their ABN on their invoices or some other document that relates to the goods and services they provide.

If a service provider does not provide its ABN to Comcare, we are required to withhold an amount from the total payment for that supply.

However, there may be instances where the service provider is not entitled to apply for an ABN and is therefore not required to quote their ABN on their invoices.

In these instances, Comcare requires the service provider to complete a *Statement by a supplier* form before we will register the service provider in Pracsys or process their invoices.

Businesses or individuals who do not have an ABN or whose ABN does not include a current GST registration cannot charge the GST for their services, even if the goods and services that they provide would normally attract the GST component.

A service provider's details including their ABN and GST details can be viewed via the View Service Provider (VSP) function in Pracsys.

Comcare regularly updates the ABN details of service providers registered in Pracsys with data extracted from the Australian Business Register (ABR).

If the service provider charges the GST component on their invoices but does not have an ABN or the ABN does not include a current GST registration, Pracsys will not allow the GST component to be paid.

It is the responsibility of the service provider to ensure that their ABN and GST registrations are kept up to date.

If the service provider is entitled to collect the GST or has recently been granted a GST registration, they will need to ensure that their details on the ABR website are correct and if not, their details will need to be updated before the GST component can be paid.

Once the service provider's details including their GST registration have been updated on the ABR website, only invoices from that date forward will have the GST component paid. Previously paid invoices will not be re-processed to include the GST component, **unless** Comcare made an error when processing the original invoice or payment.

You can also check the service provider's ABN and GST registrations via the [Australian Business Register \(ABR\)](#) website.

[Return to top of page](#) | [Return to top of section](#)

^ B

Balance of probabilities

Under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act), the basis for decisions is established on the 'balance of probabilities'. This means claims managers must decide that more likely than not, the fact or facts relied upon existed at the relevant time.

Breakdown agency

Breakdown agency describes 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.

Business Objects

Business objects refer to Comcare's internal reporting system.

You can access it here: [Business objects](#)

[Return to top of page](#) | [Return to top of section](#)

^ C

Capital gain

Capital gain is the amount by which the selling price of an asset exceeds the purchase price, the gain is realised when the asset is sold.

Catastrophic injury

Catastrophic injury is defined in subsection 4(1) of the SRC Act to mean an injury where the conditions specified in the *Safety, Rehabilitation and Compensation (Catastrophic Injury) Rules 2018* are met.

On and after 25 August 2015 where the compensable injury meets the definition of 'catastrophic injury', subject to section 29A of the SRC Act, there is no monetary cap of weekly compensation payable for household help or attendant care services and household help services are payable in the first 28 days after the date of injury.

To claim household help or attendant care services, the employee must still reasonably require and obtain the household help and attendant care services because of their compensable catastrophic injury. Claims Managers should follow the guidance on the relevant considerations for determining compensation for household help and attendant care services when determining liability for these services.

A claim that meets the definition of catastrophic injury will most likely be tagged in Pracsys as such during the initial claim determination process. If for some reason, the claim has not been tagged as a catastrophic injury but the employee's injuries meet the definition of catastrophic injury, you will need to go to the Amend Claim Determination function in Pracsys and select the catastrophic injury tag.

Catastrophic claims are managed by the Specialised Claims Team.

The following table outlines the injuries that are considered catastrophic:

Injury	Definition
Spinal cord injury	<p>An injury is a <i>catastrophic spinal cord injury</i> if it is a lesion of the spinal cord or cauda equine which results in one or more of the following:</p> <ul style="list-style-type: none"> • sensory deficit • motor deficit • bladder dysfunction • bowel dysfunction
Brain injury	<p>An injury is a <i>catastrophic brain injury</i> if it is a brain injury which results in:</p> <ul style="list-style-type: none"> • impairment of cognitive, physical or psychosocial function, and • impairment assessed at a score of 5 or less on any of the items on the Functional Independence Measure (FIM) score sheet, and • one or both of the following: <ul style="list-style-type: none"> ◦ a period of post-traumatic amnesia of at least 7 days, or ◦ a significant brain imaging abnormality.
Amputation injury	<p>Single injury:</p> <p>An injury is a <i>catastrophic amputation injury</i> if the injury results in at least one of the following:</p> <ul style="list-style-type: none"> • a forequarter amputation • a shoulder disarticulation • if the injury is a brachial plexus avulsion injury - no residual functioning in the upper extremity • a hind quarter amputation • a hip disarticulation • if the injury is a lumbar plexus avulsion injury - no residual functioning in the lower extremity • an amputation involving the loss of 65% or more of the length of the femur. <p>or</p> <p>The injury results in at least two of the following:</p> <ul style="list-style-type: none"> • loss of 50% or more of the length of the tibia of the left leg • loss of 50% or more of the length of the tibia of the right leg • loss of the thumb of the left hand at or above the first metacarpophalangeal joint • loss of the thumb of the right hand at or above the first metacarpophalangeal joint <p>Multiple injuries:</p>

Injury	Definition
	<p>An injury is <i>catastrophic amputation injury</i> if:</p> <ul style="list-style-type: none"> • the injury results in any one of the losses specified in the second list of dot points above; and <ul style="list-style-type: none"> ◦ prior to the employee suffering the injury, the employee suffered an injury to a different limb or limbs (earlier injury); and • the earlier injury: <ul style="list-style-type: none"> ◦ satisfies the conditions for a catastrophic amputation injury; or ◦ results in any one of the losses specified in the second list of dot points. <p>Note: An earlier injury is not a catastrophic amputation injury unless it satisfies the conditions for a <i>catastrophic amputation injury</i> outlined above.</p>
Burn injury	<p>An injury is a <i>catastrophic burn injury</i> if it results in impairment assessed at a score of 5 or less on any of the terms on the FIM score sheet and the injury is one or both of the following:</p> <ul style="list-style-type: none"> • full thickness burns: <ul style="list-style-type: none"> ◦ for an employee aged 16 years or above at the time of the injury - greater than 40% of the total body surface area ◦ for an employee aged under 16 years at the time of the injury - greater than 30% of the total body surface area ◦ to the hands, face or genital area • Inhalation burns resulting in vital capacity or forced expiratory volume in one second which is less than 50% of that predicted for the employee's age, height and ethnicity.
Blindness Injury	<p>An injury is a <i>catastrophic blindness injury</i> if it results in one or more of the following:</p> <ul style="list-style-type: none"> • visual acuity after correction by suitable lenses of less than 6/60 in both eyes • constriction to within 10 degrees of fixation in the better eye irrespective of corrected visual acuity • a combination of visual defects resulting in the same degree of visual impairment as that specified in the two points above. <p>Note: An employee would have visual acuity of 6/60 if the employee is only able to see at a distance of 6 metres a symbol which a person with vision could see at a distance of 60 metres.</p>

Centrelink Recoveries

Centrelink is an Australian Government's primary agency for delivering social security payments and services to residents of Australia through Services Australia. Social security payments include the Job Seeker payment, the Disability Support Pension, the Age Pension and other financial assistance and support.

In some cases, an employee may need to apply to Centrelink for financial assistance. However, an employee is not entitled to both compensation and Centrelink benefits for the same period and the same condition, as this is called 'double dipping'. When this occurs, Centrelink can recover the benefits that they have paid to the employee from Comcare or if the employee is not receiving income support payments directly from Comcare, from the employee's employer.

Notices issued by Centrelink include:

- Preliminary notice
- Recovery notice
- Compensation release notice

The Income Support team in CAIS are responsible for managing Centrelink recoveries. Please contact the CAIS Assurance Team if you have any questions about Centrelink recoveries.

See: Centrelink recoveries or Process to claim incapacity or Procedure to manage incapacity payments for ART implementation for further information.

Claimant

A claimant is the person making a claim for compensation or if after the death of the claimant, their legal personal representative.

Clinical notes

Clinical notes are a medical practitioner's record of their patient's medical history.

Common law

Common Law is court made law developed by judicial precedence, interpretation, expansion and modification. A common law claim is made against someone who has committed a wrongful act, such as a tort of breach of duty.

Commonwealth authority

1. a body corporate that is incorporated for a public purpose by a law of the Commonwealth, other than a body declared by the Minister, to be a body corporate to which this Act does not apply; or
2. a body corporate that is incorporated for a public purpose by a law of a Territory and is declared by the Minister, to be a body corporate to which this Act applies; or
3. a body corporate that is incorporated under a law of the Commonwealth or a law in force in a State or Territory in which:
 4. the Commonwealth has a controlling or substantial interest; or
 - a Territory or a body corporate referred to in paragraph (a) or (b) has a controlling interest; and that is declared by the Minister, to be a body corporate to which this Act applies; or
 5. a body corporate:
 - in which a body corporate declared under paragraph (c) has a controlling interest; and that is declared by the Minister, to be a body corporate to which this Act applies; or
 6. if a declaration is in force under section 4A, the Australian Capital Territory.

Compensation leave

Compensation leave refers to any period during which an employee is absent from their workplace due to their compensable condition. This includes both partial and total incapacity and for periods of

incapacity of full time redeployed employees.

Compensable condition

The compensable condition refers to the injury or disease for which liability to pay compensation has been determined under the SRC Act.

Compense

Compense is the electronic claims management system used by Comcare prior to the introduction of Pracsys.

Constitutional condition

In medical terms, a constitutional condition is one to which an employee is predisposed on the background of genetic and hereditary factors .

Content Manager

Content manager is one of Comcare's administrative record keeping systems. Formerly known as '*TRIM*' or '*HPE Content Manager*'.

Cost centre

Cost centres were created to ensure that reimbursements and charges for claims are directed to the correct location and that a claims liability is recorded against the correct business area for an employer. Cost centres identify where an employer would like their reimbursements for incapacity to be linked or sent to, and where premium costs are to be charged to for accounting purposes.

Current employee

A current employee is an employee who continues to be employed by the Commonwealth.

Customer

A *customer* refers to a Commonwealth department, statutory authority or body corporate. Also known as an 'employer' or 'agency.'

[Return to top of page](#) | [Return to top of section](#)

^ D

Damages

Damages are any amount paid under a compromise or settlement of a claim for damages, whether or not legal proceedings have been instituted. It does not include an amount paid in respect of costs incurred in connection with legal proceedings.

Delegate

A *delegate* is a person who has been delegated powers and functions under the SRC Act to determine and decide on compensation matters.

Dependant

Per section 4 of the SRC Act

Dependent

Per section 4 of the SRC Act

Determination

Per section 60 of the SRC Act

Diagnostic indicators

Diagnostic indicators are symptoms or a distinguishing feature serving as supporting evidence in a medical diagnosis.

Diary

A *diary* refers to electronic reminder notifications, created in Pracsys to record, monitor and remind users of specific actions that are required to be taken in the course of managing a claim.

Disease (pre-SRCOLA amendments 13 April 2007)

An ailment suffered by an employee; or
An aggravation of such an ailment; that was contributed to in a material degree by the employee's employment by the Commonwealth or a licensed corporation.

Disease (post-SRCOLA amendments 13 April 2007)

Per section 5B of the SRC Act

[Return to top of page](#) | [Return to top of section](#)

^ E

Electronic Funds Transfer (EFT)

Method of reimbursement which provides direct payment of medical costs into a provider or employee's bank account.

Employee

An employee is the injured worker who was/is employed by the Commonwealth. Will sometimes be referred to as the 'claimant.' Employee also includes an ex-employee.

Employer

An employer is sometimes referred to as 'agency.' A Commonwealth department, statutory authority or body corporate. Also known as a 'customer.'

Exacerbation

An exacerbation refers to a temporary worsening of an underlying or pre-existing condition without persistent effect, see also: temporary aggravation.

Executor of estate

An executor of state is a person charged with protecting a deceased person's property until all debts and taxes have been paid and ensuring that what remains is directed to who has a legal entitlement to it.

Ex-employee

An ex-employee is an employee who has separated from Commonwealth (or a prescribed agency) employment.

Exit agency

An exit agency refers to an agency that has ceased to be a Commonwealth department, due to privatisation, closure or being granted a licence.

[Return to top of page](#) | [Return to top of section](#)

^ F

Fitness for Continued Duty Report (FCDR)

Is a report obtained under the Public Service Act 1999 generally in relation to non-compensable issues. Commonly referred to as a Fitness For Duty report (FFD).

Flare up

A flare up is a sudden appearance or worsening of the symptoms of a disease or condition. A flare up may fall within the definition of an aggravation, temporary aggravation or recurrence. If a flare up has a known cause, which is distinct from the original injury, it should be considered an aggravation, likely of a temporary nature. Alternatively, if a flare up is considered to be a continuation of an original injury it may be best described as a recurrence.

Former employee

Refers to someone who immediately before the commencement of the SRC Act (1 December 1988) was receiving weekly incapacity payments under the 1971 Act and had ceased employment before or

FTE

Full time equivalent.

Functional capacity

Functional capacity refers to the capability of performing tasks and activities that people would find necessary or desirable in their lives.

Functional Independence Measure (FIM)

The Functional Independence Measure (FIM) score sheet is a standardised assessment tool used by healthcare professionals to evaluate a patient's functional abilities, particularly during rehabilitation for conditions like stroke, spinal cord injury, brain injury and cancers.

A copy of the FIM score sheet can be found in the *Safety, Rehabilitation and Compensation (Catastrophic Injury) Rules 2018*.

See: *Catastrophic Injury* for further information on the definition of a catastrophic injury.

[Return to top of page](#) | [Return to top of section](#)



G

Goods and Services Tax (GST)

In Australia, GST refers to a value added tax of 10% on most goods, services and other items sold or consumed in Australia.

The GST is collected on behalf of the Australian Taxation Office (ATO) by businesses or enterprises that have a GST turnover of \$75,000 or more per year. In order to charge the GST component for their goods and services, these businesses or enterprises need to:

- apply for an Australian Business Number (ABN)
- register for GST
- issue tax invoices for their taxable sales
- account for the GST that they have collected and any GST credits that they are eligible to claim for
- lodge business activity statements (BAS) including the GST
- pay the GST that the business or enterprise has collected to the ATO (or if eligible, receive a GST refund)

However, not all goods, services or items include the GST component.

Services that do not include the GST

Medical services are usually GST-free, providing they are either one of the following:

- a service for which a Medicare benefit is payable
- any other service supplied by or on behalf of a medical practitioner or pathologist that is generally accepted in the medical profession as being necessary for the appropriate treatment of the recipient of the supply i.e. the employee.

Health services that are not defined as medical services, are GST-free if all of the following apply:

- it is a listed health service
- the service is performed by a recognised health professional in that listed health service or, under certain circumstances, their assistant
- the service is generally accepted in the listed health profession as being necessary for the appropriate treatment of the recipient of the supply.

For a health service to be GST-free, it must be one of the following:

<ul style="list-style-type: none">• an Aboriginal or Torres Strait Islander health service• acupuncture• audiology or audiometry• chiropody• chiropractic• dental• dietary• herbal medicine (including traditional Chinese herbal medicine)• naturopathy• nursing	<ul style="list-style-type: none">• occupational therapy• osteopathy• paramedical• pharmacy e.g. prescribed medications or medical aids and appliances• psychology• physiotherapy• podiatry• speech pathology• speech therapy• social work
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The sale of medical aids and appliances is GST- free if they meet all 3 of the following:

- listed in schedule 3 of the GST Act or in the GST regulations
- specifically designed for people with an illness or disability e.g. hearing aids or prescription spectacle lenses
- not widely used by people without an illness or a disability e.g. wheelchairs.

If the medical aid or appliance is GST-free, then the hire, repairs and spare parts may also be GST-free.

Services that attract the GST

Services or treatment where the GST is payable include:

- aids and appliances (not listed in schedule 3 of the GST Act or in the GST regulations)
- case conferences
- certificate costs
- cosmetic surgery including tattoo removals
- counselling services
- exercise physiology
- household help, child care and attendant care services
- massage therapy
- pharmacy items e.g. over-the-counter medications or items not considered medical aids or appliances

Medical reports/Clinical notes: Medical reports and clinical notes requested by Comcare attract the GST component as Comcare has **engaged** the services of the treating practitioner and the **recipient** of the supply is Comcare and not the employee. This is usually the only time Comcare becomes a third party in relation to medical and other health services.

Note: The GST component for services or treatment that attract the GST, is only payable if the service provider has an **active Australian Business Number (ABN) that includes a current GST registration.**

Service providers who do not have an ABN or have an active ABN without a current GST registration should not include the GST component on their invoices. If they do, the invoice will be processed without the GST component as Pracsys will not allow the GST to be paid if the service provider does not have a current GST registration.

If the service provider does not have an Australian Business Number (ABN), please refer to Statement by a supplier form information.

Graduated return to work (GRTW)

A GRTW is a situation which arises when an employee returns to specified duties on reduced hours with the objective of increasing those hours incrementally.

Gross Amount

Gross amount refers to an amount prior to any deductions being made. E.g. Tax deductions.

[Return to top of page](#) | [Return to top of section](#)

^ H

Higher duties allowance (HDA)

HDA is paid when an employee is performing work duties at a classification level above their substantive position.

Hospice

A hospice is a place where patients receive accommodation, meals and nursing and personal care, but do not attend or reside specifically in order to receive medical treatment.

Hospital

A hospital is a place, including a hospice, where patients are provided with medical treatment and also receive accommodation, meals and nursing and personal care.

Household services

Household services in relation to an employee, refers to services of a domestic nature (including cooking, house cleaning, laundry and gardening services) that are required for the proper running and maintenance of the employee's household.

Hybrid file

A hybrid file is a compensation file which is a combination of paper and electronic documents.

[Return to top of page](#) | [Return to top of section](#)

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Impairment

Per section 4 of the SRC Act

Inactive claim

An inactive claim is a claim where no claims activity is occurring. This means there are no outstanding:

- diaries
- treatment plans
- rehabilitation programs
- claims requiring determination
- invoices requiring payment
- ongoing reconsiderations or AAT cases, or
- over-payments

Incapacity for work

Incapacity for work is considered to be an incapacity suffered by an employee as a result of an injury, being:

- an incapacity to engage in any work (total incapacity), or
- an incapacity to engage in work at the same level as that immediately prior to the injury happening (partial incapacity).

Incapacity payments

Incapacity payments refer to financial compensation for employees who have sustained a loss of earnings as a result of their compensable condition.

Increment

An increment is an increase of some amount, either fixed or variable.

Independent medical examiner

An independent medical examiner is an LQMP undertaking a medical examination and providing a report under Sections 57 or 36 of the SRC Act, who has relevant qualifications in relation to the claim/condition, but who has not been treating the employee.

Initial needs assessment

An initial needs assessment identifies barriers to a return to work (physical, psychosocial or workplace) and outlines the most appropriate course of action to achieve maintenance at or the earliest possible safe and sustainable return to work.

Injury (pre-SRCOLA amendments 13 April 2007)

A disease suffered by an employee; or

An injury (other than a disease) suffered by an employee, that is a physical or mental injury arising out of, or in the course of, the employee's employment; or

An aggravation of a physical or mental injury (other than a disease) suffered by an employee (whether or not that injury arose out of, or in the course of, the employee's employment), that is an aggravation that arose out of, or in the course of, that employment;

but does not include a disease, injury or aggravation suffered as a result of reasonable disciplinary action taken against the employee or failure by the employee to obtain a promotion, transfer or benefit in connection with his or her employment.

Injury (post-SRCOLA amendments 13 April 2007)

Per section 5A of the SRC Act

Intent

An information letter that is sent to notify of Comcare's 'intention' to issue a determination, usually a 'No present liability' determination. It allows 28 days to provide further medical/suitable evidence to support the claim.

Invalidity retirement

An invalidity retirement is when a person is retired from the workforce due to a medical condition which is likely to stop them from being able to work again.

[Return to top of page](#) | [Return to top of section](#)

^ J

^ K

^ L

Labour market assessment

A labour market assessment identifies current national, state, regional and local employment and occupation trends for specific occupations and employment characteristics.

Legally qualified medical practitioner (LQMP)

A LQMP is a general practitioner or specialist registered to practice with the Australian Health Practitioner Regulation Agency (AHPRA).

An indication of a medical practitioner's qualifications can be identified by the letters appearing after their name. For example:

- MB.BS = Bachelor of Medicine and Bachelor of Surgery
- FRACP = Fellow of the Royal Australasian College of Physicians
- FRACS = Fellow of the Royal Australasian College of Surgeons
- FRANZCP = Fellow of the Royal Australasian College of Psychiatrists

Legal Professional Privilege (LPP)

Legal Professional Privilege (LPP) may be broadly described as confidential communications passing between a client and legal adviser, that may not be given in evidence or otherwise disclosed without the client's consent.

Liability

Liability refers to an obligation to pay compensation in accordance with the SRC Act.

Liable agency

Refers to the employer with financial responsibility for a compensation claim.

Licensed authority

A Commonwealth authority that is the holder of a licence that is in force.

Licensees

Licensees are national employers who have been granted a self-insurance licence for workers' compensation by the Safety, Rehabilitation and Compensation Commission, e.g., Australia Post and John Holland.

Loss

In relation to property used by an employee, includes the destruction of that property.

[Return to top of page](#) | [Return to top of section](#)

^ M

Malingering

Pretending to be ill or otherwise incapacitated in order to avoid work.

Medical aids

Section 4(1) of the SRC Act includes, in defining what constitutes medical treatment, the supply, replacement or repair of medical aids.

Medical aids are considered to be a medical/surgical supply, curative apparatus, or artificial limb or other similar aid or appliance that directly assist employees with their physical or bodily functioning. Medical aids would include:

- hearing aids
- surgical footwear
- crutches
- prosthetic devices and
- consultations and fittings.

Medically fit

An employee will generally be considered to be medically fit to perform particular work if they do not have any impairment of bodily functions or medical restrictions that would prevent them from performing that work, or endanger their health and safety if they did perform that work. This is a test to be determined by the CSO, with regard to all the available medical evidence. Further medical evidence may need to be sought from the employee's LMQP or an independent specialist in this regard.

Medical Certificate

A medical certificate is a legal document issued by a medical practitioner to certify a patient's illness, work capacity or recovery from a medical condition.

Medical report

A medical report is a document, composed by a LQMP or treating practitioner, that discusses an employee's claimed condition in detail and normally addresses a set of questions.

Medical treatment

Per section 4 of the SRC Act

Metadata

Metadata is data used to manage, find and categorise unstructured information.

Modifications

The ordinary meaning of modifications is applied and refers to enhancements to existing items, which will allow an employee to continue to use that item, taking into account their compensable condition.

[Return to top of page](#) | [Return to top of section](#)

Natural Justice

There are two primary rules of natural justice:

the '*hearing rule*' is that people who will be affected by a proposed decision must be given an opportunity to express their views to the decision maker, and

the '*bias rule*' is that the decision maker must be impartial and must have no personal stake in the matter to be decided.

NDS codes

National data set codes list a standard set of data items, concepts and definitions for inclusion in workers' compensation systems operating in Australia.

Negligence

Negligence refers to a failure to exercise the care that a reasonably prudent person would exercise in like circumstances.

Net

Net refers to the residual amount after all deductions have been made.

New condition

A new condition is a condition with distinct causation factors or an identifiable trigger.

Newly reported condition

A claim which has been lodged for a condition which has developed subsequently to an existing compensable condition. Also referred to as a 'Secondary Condition'.

Non-compliant claim

A non-compliant claim is submitted without medical evidence from a legally qualified medical practitioner (LQMP). Also known as a claim without sufficient medical information.

Non-economic loss (NEL)

Per section 4 of the SRC Act

Notice of Rights

Notice of rights refers to information on the appeal rights available to employees and employers when Comcare makes a determination under the SRC Act.

Normal Weekly Earnings (NWE)

Per section 4 of the SRC Act

Normal Weekly Hours (NWH)

Per section 4 of the SRC Act



Obstruction of medical examination (s57)

Obstructing a medical examination is where an employee refuses or does not participate fully in any part of the examination, intentionally withholds information from the doctor or where the employee's escort/companion tries to interfere with the examination process.

Occupational rehabilitation

Occupational rehabilitation refers to the process of returning an injured employee to the workplace.

Occupational Therapist

An occupational therapist is a service provider that can assist an injured employee in developing a rehabilitation plan to return them to the workplace and/or provide recommendations.

Off-budget

Off-budget refers to employers that are either totally or largely self-funded and do not rely on the Department of Finance for their budget.

Overpayment

Is an amount of money paid in excess of the legal entitlement.

[Return to top of page](#) | [Return to top of section](#)



Palliative (care)

Palliative (care) provides non-curative treatment or care that alleviates but not cures a condition.

Partial incapacity

Partially incapacity refers to when an employee is partially unable to work, e.g. unable to work the same hours, duties, shifts, or overtime.

Partial invalidity retirement

An employee's salary is permanently reduced due to a medical condition. This may mean that the employee is no longer able to work the same hours or perform the same type of duties that they were previously hired to do. Employees who are receiving workers compensation are not eligible to

apply for invalidity retirement as they still have a capacity to earn income and therefore any entitlements to incapacity would continue to be paid under section 19 of the SRC Act.

Part-time employment

Part-time employment is not defined by the SRC Act. For the purposes of section 8(3) the ordinary meaning of part-time employment is work that is casual, permanent or temporary.

Permanent

Per section 4 of the SRC Act

Permanent impairment (PI)

An impairment will be regarded as permanent when the recovery process has been completed, i.e. When the full and final effect of convalescence, the natural healing process and active (as opposed to palliative) medical treatment has been achieved.

Place of residence

Per section 4 of the SRC Act

Place of work

Per section 4 of the SRC Act

Pracsys

Pracsys is Comcare's prevention, rehabilitation and compensation computer system. Pracsys is the information storage system used for compensation claim management.

Premium

Premiums are money charged by Comcare for the cost of managing the compensation claims of an employer. Premiums represent the expected liability of a customer, based on the claims received in previous financial years.

The SRC Act also has a definition in section 4

Premium claims

Premium claims are claims with a date of injury after 1 July 1989 where Comcare charges a premium to customers for the expected liability of that claim.

Pre-premium claims

Pre-premium claims are claims with a date of injury before 1 July 1989 for the Australian and ACT Governments, excluding the Australian Defence Force and licensed self-insurers.

Prescribed child

Per section 4 of the SRC Act

Prescribed persons for the purposes of forms of medical treatment

For the purposes of paragraph (i) of the medical treatment definition in subsection 4 (1), therapeutic treatment by, or the supervision of any of the following persons is prescribed:

- occupational therapist
- optometrist
- podiatrist
- psychologist
- speech therapist
- and registered under the State or Territory providing for persons of that kind, or where there is no such law, a member of the relevant professional association.

Primary condition

Primary condition is where an employee has a claim for several injuries, the primary condition is considered to be the most debilitating injury.

Productivity benefit

The productivity benefit is a payment made by your employer to your superannuation.

Pro-rata

In proportion to some factor that can be exactly calculated.

[Return to top of page](#) | [Return to top of section](#)

^ Q

^ R

Reasonable administrative action (post-SRCOLA 2007)

Per section 5A(2) of the SRC Act

Reasonably required

To determine whether alterations etc. are reasonably required by an employee, the Claims Manager must base their decision on the facts of each case, including whether the employee has difficulties with independence, including:

mobility;

grooming;

dressing;

eating; and
personal hygiene

The CSO must ensure evidence already available on the claim file (such as the initial rehabilitation assessment) is considered before seeking additional information.

If there is insufficient information to help the delegate determine what is reasonably required they should ask the rehabilitation provider to provide a written report

Reconsideration

If an employee or employer is dissatisfied with a determination made by Comcare they may ask for a reconsideration. The determination will be reconsidered by a delegate with no involvement in the original decision.

Recovery (of money)

Recovery of money is the process of retrieving money from a debtor when they have been overpaid.

Recurrence

A Recurrence is where the symptoms of a previous condition or injury re-emerge either spontaneously or because of the ordinary stresses and strains of daily living and working. This differs from an aggravation where the symptoms of an underlying or pre-existing condition are worsened and precipitated by a new incident.

Redeployment

Redeployment is a durable placement of an injured employee into a new job.

Redemption

A redemption payment refers to the payment of a lump sum amount in lieu of an employee's ongoing weekly payments.

Redemption ceiling

Redemption ceiling is a statutory rate which is updated on 1 July each year.

Redundancy

A redundancy is the termination of an employee's employment on the ground that the employer does not have work for the employee.

Regular (overtime)

Overtime will be considered regular if there is a regular requirement to work overtime. It is not the performance of overtime that must be regular but the requirement to work it.

Rehabilitation

Aims to assist an injured employee to return to their pre-injury duties as soon as possible following a workplace injury. Occupational rehabilitation is a managed process involving early intervention with appropriate, adequate and timely services based on an assessment of what the employee needs to return safely to the workplace.

Rehabilitation aids

Rehabilitation aids are considered to be items that assist an injured employee to perform basic home or work functions such as:

- grooming, dressing, personal hygiene
- eating, food preparation
- communication
- mobility
- maintaining correct posture, and may include items such as: backrests, specialised chairs, tap turners.

Rehabilitation Authority

Per section 4 of the SRC Act

Rehabilitation Case Manager (RCM)

RCMs coordinate and manage the rehabilitation and return to work of employees with an injury or illness, on behalf of the employer.

Rehabilitation program

Per section 4 of the SRC Act

Relevant authority

Per section 4 of the SRC Act

Rehabilitation provider

A person/organisation suitably qualified to provide rehabilitation services.

Relevant period

Per section 9 of the SRC Act

Required (overtime)

Required overtime is taken to mean the existence of an obligation, authorisation or the right to call an employee to work overtime by the employer. Where there is an employer expectation an employee will work or will be needed to work overtime and the employee works the overtime, then overtime is required.

Retirement Savings Account

A retirement savings account (RSA) is an account offered by banks, building societies, credit unions, life insurance companies and prescribed financial institutions (RSA providers). It is used for retirement savings and is similar to a superannuation fund.

RSAs are capital guaranteed. This means that contributions and interest on the account can only be reduced by fees and charges. RSAs are fully portable which means the balance of the account can be transferred to another RSA or superannuation provider at request.

Return to Work Plan (RTWP)

A RTWP is included in the rehabilitation program. It only includes rehabilitation relevant to returning the employee to employment such as occupational therapy and/or vocational training.

Reviewable decision

A reviewable decision means a decision made under subsection 38 (4) or section 62 of the SRC Act.

[Return to top of page](#) | [Return to top of section](#)



S

Secondary condition

A secondary condition may arise from any one of the following circumstances:

- more than one condition that arose out of the same incident
- a condition with a causal link to an existing compensable condition
- a condition that has arisen from compensable medical treatment, or
- a condition that has arisen from certain compensable incidents specified under the SRC Act.

Secure Claims

Secure claims are those that are managed within the following strict restrictions:

- They can only be accessed in the secure room
- They are paper based files
- They are managed by staff with NV1 clearance and security briefing
- They are managed in a different version of Pracsys
- There is no ability to send emails.

Sensitive claims

A 'sensitive' claim can include:

- Claims for agencies that require CMs with a Negative Vetting 1 (NV1) security clearance (Sensitive NV1 claims)
- Comcare staff claims

- Other claims where it is determined that a sensitive rating is required.

Sequela, sequelae (plural)

A sequela is a condition that occurs as a result of a generally accepted pathological sequence following an existing disease, disorder or treatment of a disease or a disorder. This means it is a further condition that is different to, but a consequence of, the first condition.

Settlement

A settlement refers to the terms of any agreement reached in relation to a dispute or claim decided at the AAT or through mediation.

Significant degree

Per section 5B(3) of the SRC Act

Spouse

Per section 4 of the SRC Act

SRCOLA 2007

Safety, Rehabilitation and Compensation and Other Legislation Amendment Act 2007.

Statement by a supplier form

In Australia, businesses and individuals are required to apply for an Australian Business Number (ABN) if they are:

- carrying on or starting an enterprise in Australia
- making supplies connected with Australia's indirect tax zone
- a Corporations Act company
- required to register for the Goods and Services Tax with the Australian Taxation Office (ATO).

Businesses and individuals are also required to quote their ABN on their invoices or other documents that relate to the goods and services they provide.

If a service provider does not quote their ABN on their invoices or other documents when required to do so, Comcare is required to withhold 47% of the total payment for that supply.

In certain circumstances, the service provider may not be eligible to apply for an ABN and is therefore not required to quote an ABN on their invoices.

For example, a family member providing attendant care or household help services to an employee may not be eligible to apply for an ABN as they are not carrying on an enterprise.

In these cases, Comcare needs to be satisfied that the service provider is not eligible to apply for an ABN and the service provider will need to submit a completed *Statement by a supplier* form or a written statement to Comcare to justify why they do not need to quote an ABN on their invoices.

The statement should contain the:

- service provider's details e.g. name and address

- reason/s for not quoting an ABN
- service provider's signature and daytime telephone number

CAIS cannot create service providers in Pracsys or process a service provider's invoices until a valid ABN or *Statement by a supplier* form/written statement from the service provider has been received by Comcare.

Service providers who are not eligible or required to have an ABN cannot charge the GST component on their invoices even if the goods or services would normally attract the GST component.

The *Statement by a supplier* form can be found on the ATO's website.

Statutory declaration

A statutory declaration is a written statement declared to be true in the presence of an authorised witness and is less than an affidavit.

Statutory rate

Statutory rates are rates specified in the SRC Act.

They indicate the maximum amount of compensation which can be paid for specific benefits under the SRC Act and are reviewed and updated as appropriate.

Suitable employment

Per section 4 of the SRC Act

Superannuation

Superannuation is an established plan or arrangement which provides for the provision of benefits to a person or their dependants, in the form of a pension, lump sum or some other form. The benefit can only be paid to a person who retires due to age or medical reasons.

Superannuation scheme

Per section 4 of the SRC Act

[Return to top of page](#) | [Return to top of section](#)



Table of Maims

Table of maims is a table included in the 1971 Act (subsection 39(4)) used to specify the nature of impairment and the maximum percentage payable for that impairment.

Takeover claim

A takeover claim is a claim for compensation for which liability has already been accepted by a relevant Commonwealth Authority prior to the SRC Act and Comcare being established.

Temporarily absent from place of work

The employee must be temporarily absent. This envisages the employee leaving the workplace and intending to return to resume the day's work. Situations where the employee has flexed off for the afternoon and is injured at some point after leaving the place of work cannot be considered within this provision. Depending on the time of injury, the travelling provisions may be considered.

Therapeutic treatment

Per section 4 of the SRC Act

Third party

A third party is where there are more than two parties involved in an incident for which damages are claimed or awarded.

Third party medical services and GST

Medical and other health services are sometimes provided under multi-party arrangements, where the service for a patient is organised and paid for by a third party.

If a service provided to the patient is GST-free, it will also be GST-free if the service provider is contracting with:

- an insurer
- an operator of a statutory compensation scheme
- an operator of a compulsory third party scheme
- an Australian Government agency.

Medical and other health services supplied to any other third party are not GST-free.

Even though Comcare is an operator of a statutory compensation scheme, we are normally not considered a third party when the employee receives medical or other health services that are considered to be GST-free.

This is because Comcare does not engage the service provider to provide medical or health services to the employee. Our role is to approve reasonable medical treatment. Once approval has been given, the onus is on the employee to **engage** the services of an appropriately qualified service provider to provide the approved medical treatment.

Even if the service provider bills Comcare directly for the medical or health service that the employee has received, we are not a third party as the employee was the recipient of the service and Comcare is paying the service provider on **behalf of** the employee.

However, if Comcare requests medical reports or clinical notes from a service provider, then the GST is payable, as we have **engaged** the services of the provider and we are a recipient of that service, not the employee.

There may be instances where there is a third party issue in relation to a particular medical treatment. For example, if an employee requires dentures as part of their compensable injury, the dentist may engage the services of another provider or supplier to make or repair the dentures. In this instance, the GST may be payable on the supply or repair of the dentures as the direct recipient of the service is not the employee but the dentist.

Further information regarding the GST and medical services can be found [here](#) or on the ATO website.

TOOCS

Type of Occurrence Classification System codes. It consists of a series of hierarchical classifications for nature, bodily location, mechanism, breakdown agency and agency of injury or disease in relation to the claimed condition.

Total incapacity

Total incapacity refers to being totally unable to work.

Transitional employees

Transitional employees are employees with a date of injury prior to 1 December 1988.

Treating LQMP

Refers to an employee's treating medical practitioner and may include the employee's general practitioner and/or any specialists the employee might be seeing.

Treating practitioner

1. a medical practitioner: or
2. other health professional who is primarily responsible for the clinical management of the employee's injury.

Medical practitioner is further defined to mean:

a person who is registered with the Australian Health Practitioner Regulation Agency (APHRA) as a medical practitioner and is to be interpreted consistently with the term '*legally qualified medical practitioner*' in the SRC Act.

Other health professional is defined to mean:

a person, other than a medical practitioner, who is:

- (a) qualified by their training or registration under the law of a State or Territory providing for the registration for a specific profession; and
- (b) registered with the Australian Health Practitioner Regulation Agency or a member of the relevant professional association.

An '**Other health professional**' could be but not limited to the following:

- a Chiropractor
- Psychologist
- a Dentist
- an Optometrist, or
- Physiotherapist or Massage therapist

Treatment plan (Pracsys)

A treatment plan is a record of all the medical treatment that has been approved or rejected for a particular claim including the nature, frequency and duration of treatment.

Triage

Triage occurs when:

- a new claim is assigned to an Assistant Director in a Claims Operations team

- an existing claim requires further decision/s not included in the current claim plan
- a reconsideration is requested, or
- an Administrative Appeals Tribunal decision on a claim is made.

In this stage, the claim is quickly reviewed, the employee and employer are contacted, and a path is agreed to gather the information needed to determine liability on the claim.

Information is gathered as quickly as possible, and conversations begin with the employee and employer to support return to health and return to work.

[Return to top of page](#) | [Return to top of section](#)

^ U

Underpayment

Is a lesser amount of money paid than the legal entitlement.

^ V

Visual analogue pain scale (VAPS)

The visual analogue pain scale is referenced in the Pain table contained within section 1.1 of the Non-Economic Loss Questionnaire, with 0 being no pain, and 10 being the worst pain ever experienced.

[Return to top of page](#) | [Return to top of section](#)

^ W

Waiver

A waiver refers to the decision not to recover an overpayment, which effectively ceases the overpayment.

Warranty

A warranty is a written guarantee that defective parts will be replaced within a specified period of time.

Whole person impairment (WPI)

Evaluation of WPI is a medical appraisal of the nature and extent of the effect of an injury or disease on a person's functional capacity and on the activities of daily living.

By assembling detailed descriptions of impairments into groups according to body system and expressing the extent of each impairment as a percentage value of the functional capacity of a normal healthy person, a percentage value can be assigned to an employee's impairment.

Workplace Rehabilitation Provider (WRP)

A Workplace Rehabilitation Provider is a person or organisation approved under section 34 of the SRC Act to provide services related to a Return-to-Work plan or to facilitate a Return to Work.

Write-off

A write-off defers the recovery of an overpayment until a later date.

[Return to top of page](#) | [Return to top of section](#)

^ X

Xpay

XPAY is the system that Comcare uses to pay an employee with a compensable condition who no longer works for the Commonwealth, or a dependant of a deceased employee (Xpayee). Used to be known as Dirpay (direct payee).

Xpayee

Xpayee is an employee receiving compensation paid directly by Comcare, rather than via the employer. Xpayees are usually persons who are no longer employed by the Commonwealth, or dependants of deceased employees.

[Return to top of page](#) | [Return to top of section](#)

^ Y

^ Z

[Return to top of page](#)



Frequently Asked Questions (FAQ's)

This page has been created for you to find quick answers to commonly asked questions and direct you to the right sections in the claims manual for further information. This page includes a series of questions that are commonly asked and covers topics including incapacity calculation and payments, permanent impairment, initial liability, and medical treatment and support.



Incapacity calculation and payment



Permanent Impairment



Liability



Medical treatment and other support

^ Incapacity calculation and payment

General:

- **What incapacity entitlements does an employee have post pension age?**
Once an employee reaches pension age, incapacity benefits are no longer payable in accordance with section 23 of the SRC Act. However, if an employee is injured after the age that is two years before pension age, they are entitled to incapacity payments for a maximum of 104 weeks (section 23(1A) of the SRC Act). For further information and an example, please refer to the relevant page in the [Claims manual](#).

- Can employees utilise **sick and annual leave entitlements** instead of incapacity payments?
An employee cannot be paid annual leave or personal leave for the same hours as they are paid compensation leave. An employee is not obliged to claim incapacity payments and may choose to apply for other forms of leave as an alternative. Note, approval of other leave is an employer decision. For further information please refer to the relevant section in the [claims manual](#).
- Is an employee entitled to Incapacity payments when **residing overseas**?
Employees may leave Australia (whether on a short-term or long-term basis) and claim compensation entitlements under the SRC Act whilst they are overseas. The usual compensation benefits apply to employees residing overseas, just the same as if they were still a resident in Australia. However, there are some practical differences in managing claims for employees who reside overseas. For further information please refer to the relevant section of the [claims manual](#).
- Are employees entitled to the adjustment percentage for **volunteer/unpaid work**?
An employee is considered to be undertaking work if they are in paid employment. Employees may be considered 'in employment' for the hours spent in formal study, an unpaid work trial or volunteer work for the purpose of applying the formula under subsection 19(3) of the SRC Act. However, the formal study, unpaid work trial or volunteer work must be part of an approved rehabilitation program under section 37 of the SRC Act. Please refer to the relevant section in the [claims manual](#).
- How do I calculate incapacity entitlements for employees who are **self-employed**?
Where an employee is self-employed, their AE should be determined based on their:
 - ability to earn in suitable employment (often referred to as 'determined AE'), or
 - actual earnings in any employment.
 For further information, please refer to the [claims manual](#).

Deeming:

- When does the '**Separation process**' apply?
The separation process is triggered when you become aware an employee has separated or is soon to separate from Commonwealth employment. When this occurs, Pracsys must be updated to reflect the separation. For further information and a list of the 'types' of separations, please refer to the relevant section of the [claims manual](#).
- When an employee separates from employment, do I deem an **Ability to Earn (AE)**?
An employee may choose to voluntarily separate from Commonwealth employment, i.e. resign or take a voluntary redundancy. Where an employee separates by choice and not due to their compensable condition, the employee may be considered to have unreasonably failed to accept, engage, or continue in suitable employment. You should consider determining the employee's AE figure based on the hours they were working prior to their separation from the Commonwealth, provided the necessary criteria at section 19(4) has been met. For further information, please refer to the relevant section of the [claims manual](#).

- How does **indexation** effect NWE for ex-employees?
Following the application of indexation to a former or an ex-employee's NWE, a comparison calculation will be carried out by the Income Support team in terms of subsection 8(10)(b)(i) and (ii) of the SRC Act (see above for the comparison that should be undertaken). If the newly indexed NWE recorded in Pracsys exceeds the 'cap' amount, the NWE must be reduced by the amount of that excess so that the employee is paid at no more than the capped rate. If the newly indexed NWE does not exceed the 'cap' amount, no action is required, and the employee will be entitled to the newly indexed amount. For further information, please refer to the [claims manual](#).
 - Can **NWE's increase or decrease**? If so, how do I calculate this?
An employee's normal weekly earnings (NWE) may increase after the date of injury as a result of changing circumstances. An employee's NWE may also decrease after the date of their injury if the NWE no longer accurately reflects what they would have been earning if they had not been injured and incapacitated for work. For further information, please refer to the relevant page of the [claims manual](#).
 - If an employee receives an annual **leave payout**, how does this affect ongoing entitlements/compensation?
Leave credits paid out, for example on separation or as part of a redundancy package, are not taken into account as actual earnings. For further information, please refer to the [claims manual](#).
 - How do I calculate an NWE when an employee on **reduced earnings** under an existing claim, submits a new claim?
Where the employee is on reduced earnings, a GRTW or is incapacitated, the 'relevant period' prior to the employee's first claim should be used. Section 9(3) and 9(4) of the SRC Act provides that any period of reduced earnings, for whatever reason, is disregarded when calculating an employee's NWE. The result of this will be that the old claim and the claim will have the same NWE; which reflects the amount the employee would be earning had they not suffered an injury.
-

Super:

- How does an **invalidity retirement** affect Superannuation?
An application for invalidity retirement can be made by the employee or their employer to the employee's superannuation fund. Once an employee is granted a successful application for invalidity retirement, the rules governing how an employee can access their superannuation are managed by the relevant superannuation scheme. If the employee requires more information as to which option their superannuation fund offers, they will need to contact their superannuation fund directly. For further information, please refer to the relevant page in the [claims manual](#).
- Which part of **superannuation** payments affect incapacity payments?
When calculating an employee's incapacity payments under the superannuation provisions of the SRC Act, Comcare only takes into account the employer-financed component of the superannuation benefit. Section 4(1) of the SRC Act defines 'superannuation amount'. Personal or employee-financed contributions are not taken into account. For further information, please refer to the relevant page of the [claims manual](#).

- How does **early access to superannuation** affect compensation?

For incapacity purposes, if an employee accesses their superannuation benefit prior to reaching preservation age, Comcare would need to consider whether the employee was:

- retired
- receiving superannuation, and
- in receipt of superannuation as a result of that retirement.

In most circumstances, early superannuation access is unlikely to meet all the criteria outlined above. Please refer to the [claims manual](#) for further information.

^ Permanent Impairment

General:

- When do I use the **combined values chart**?

If an employee has multiple impairments, you must determine if those impairments arose from a single injury or from multiple injuries. Such cases need to be discussed in triage prior to making a determination on combining value. If a single injury to an employee result in two or more impairments, the degree of whole person impairment (WPI) of the employee resulting from that injury (expressed as a percentage) is to be ascertained in accordance with the combined values chart set out in the approved Guide. For further information, please refer to the relevant page of the [claims manual](#). You can also find the combined values chart [here](#).

- What evidence/documentation do I need to **conduct/initiate a PI assessment**?

When lodging a claim for permanent impairment (PI), Comcare prefers that employees complete a [Compensation Claim for Permanent Impairment and Non-Economic Loss form](#). While it is preferred that the employee provide the completed claim form for PI, you can also accept a letter from the employee or the employee's representative requesting a PI as a notification to register a claim. However, the employee will be required to complete the formal application for a PI and non-economic loss (NEL) form to address both PI and NEL components. For further information, please refer to the relevant page of the [claims manual](#).

- How do I complete the **MPIC screens** for PI?

Please refer to the procedure in the [claims manual](#).

- What process do I follow when there is a **reconsideration for a PI claim**?

You will need to forward the reconsideration request to 'Reconsideration and appeals team' via [email](#) or a notification on Pracsys. For further information please refer to the relevant page of the [claims manual](#).

- Where do I locate the **PI calculator**?

The PI calculator is located on the Comcare website. Click [here](#) to access the PI Calculator.

Evidence:

- Where do I locate **examples of questions** for medical reports?
The PI IME questions along with other categories of IME questions can be found in the [claims manual](#).
 - What are the steps in the **PI process**?
Please refer to the relevant page in the [claims manual](#) for information on the PI process.
-

PI guide:

- Where do I locate the **PI guide**?
The latest PI guide version 3.0 can be found [here](#). The latest version of the PI guide can also be found in several content pages within the claims manual.
 - Can you **combine hearing loss and tinnitus scores** when hearing loss is below the PI threshold?
 - If an employee only suffers from monaural hearing loss (hearing loss in one ear), the hearing test needs to be performed on both ears to be able to determine the percentage of binaural hearing loss (hearing loss in both ears).
 - Tinnitus tables can only be accessed once hearing loss reaches the minimum compensable PI threshold. If hearing loss is below the relevant threshold, it cannot be combined with a Tinnitus rating in order to reach the minimum threshold.
 - Any impairment rating found for tinnitus should be combined with the percentage of hearing loss impairment under Table 7.1 *using the combined values chart*. Further information can be found [here](#).
 - Please refer to the relevant page in the [claims manual](#) for information on the Assessing hearing loss claims for permanent impairment
-

NEL:

- How to assess **NEL scores**?
When assessing and determining NEL, you must carefully consider the scores, in conjunction with any explanations or additional comments provided by the employee, the treating practitioner and the LQMP appointed by Comcare. For further information, please refer to the relevant page of the [claims manual](#) and the [PI guide](#).

^ Liability

Compliance:

- How do I ensure that a claim is **compliant**?
There are instances where a claim will be received without sufficient information for it to be considered compliant with Section 54 of the SRC Act. Usually, this is because there is not sufficient [medical information](#). For further information refer to relevant page/s in the [claims manual](#). Where there is not sufficient medical information, a claim will be registered, and the claim will have a status of 'N/C' (non-compliant) in the category field in Pracsys. For information on what is required

to lodge a claim with Comcare, please refer to the relevant page in the [claims manual](#).

- How do I make payments on a **non-compliant** claim?

Payments cannot be made until the claim has been determined. Payments can possibly be made on undetermined claims for items/services that Comcare has requested, such as treater reports, IME's and rehabilitation costs.

Disease:

- How would I go about **drafting/writing** a determination letter?

Please follow the process as outlined in the [claims manual](#).

- What steps do I follow if there is an **undetermined disease claim**?

Please follow the following procedure listed in the claims manual.

- What constitutes an **aggravation**?

Aggravation under the SRC Act includes acceleration and recurrence. You can locate full definitions of the terms '[Acceleration](#)' and '[Recurrence](#)' in the [Glossary](#) page. For further information regarding an 'Aggravation', including examples, please refer to the relevant page of the claims manual.

Injury:

- What constitutes a **boundary claim**?

- Boundary claims are claims for injuries which have been sustained while an employee is entering or exiting a place of work. Boundary claims may also arise where an employee is taking a short break (other than an ordinary recess) away from their place of work, during an overall period of work. Determining liability for a boundary claim requires consideration of the circumstances surrounding the injury, to assess whether the injury arose out of, or in the course of, the employee's employment.

- For more information on what constitutes a boundary claim, please refer to the relevant page of the [claims manual](#). You can also refer to the scheme guidance regarding [boundary claims](#).

- What constitutes a **disease vs injury claim**?

- Characterising a claim as an injury or a disease under the SRC Act is a vital step in determining what path an investigation will need to take when assessing the employment relationship.

- An injury is usually characterised by a distinct physiological change for the worse. It is often 'sudden or dramatic', for example, a broken wrist resulting from a fall.

- An illness will usually have a gradual onset and can progressively worsen over time.

Information regarding disease and injury claims can be located on this page in the [claims manual](#).

Process:

- What is the process to **withdraw a claim**?

If you receive a request from an employee (or their representative) stating that the employee wishes to withdraw the claim, you must obtain confirmation in writing from the employee.

Requests should only be actioned when they have come from the employee (or their representative). Should you receive a request from an employer, this should not be actioned unless/until you have received a written request from the employee confirming they wish to withdraw the claim. If you receive such a request, you must discuss this with your Assistant Director. For further information, please refer to the relevant page of the [claims manual](#).

- How do I record a **secondary condition** in Pracsys?

The procedure for recording a secondary claim in Pracsys can be located in the following section of the [claims manual](#).

- How do I assess initial liability in iClaim?

Please follow the following procedure listed in the [claims manual](#).

No Present Liability (NPL):

- How do I record an **NPL in Pracsys**?

Please refer to the 'Procedure for determining NPL' in the [claims manual](#) which includes instructions on how to update Pracsys.

^ Medical treatment and other support

General:

- Can Comcare accept liability for an employee's **travel for medical treatment**? If so, how?

An employee may be required to travel to obtain medical treatment or attend an examination arranged by Comcare under section 57 of the SRC Act. Comcare may reimburse an employee's reasonably incurred costs associated with making the necessary journey or remaining at a place because of the journey. For further information on reimbursement of travel for medical reasons, please refer to the relevant page in the [claims manual](#).

- How do I reimburse **overseas medical providers**?

Please refer to this section of the [claims manual](#).

- What do I do if I receive a request from an employee for **medicinal cannabis**?

Medicinal cannabis is regarded by Comcare as a new or emerging treatment. All requests for medicinal cannabis must be referred to the Clinical Panel for review, to assist with appropriate and consistent decision making. For further guidance see the page [Clinical panel review](#) (note: when reviewing requests for medicinal cannabis, the Clinical Panel applies the guidance recommended by the Department of Health and Therapeutic Goods Administration).

- What is the process to **reject medical treatment**?

Please follow the procedure listed in the [claims manual](#) to determine liability for medical treatment.

- Where can I locate the **medical services claim form**?

The medical services claim form can be found on the [Comcare external website](#).

- **How do I book accommodation for medical treatment?**

Comcare uses [QBT \('CMT'\)](#) online booking tool for work-related travel, accommodation, flights, and car hire. The portal allows users to book air travel and accommodation and is the preferred booking method as it is the most efficient way to book and manage travel. For further information on accessing the portal and approval criteria for travel, please refer to the relevant page in the [claims manual](#).

- **Where do I locate allied health service rates?**

Allied health service rates are located on [Comcare's external website](#). For information on 'Appropriate costs' please refer to the relevant page in the [claims manual](#).

- **Where can I find a copy of the AMA rates?**

A copy of the current Australian Medical Association's List of Medical Services and Fees can be found on the Rates page on Claims HQ.

If you require copies of or information from previous editions of the AMA List of Medical Services and Fees, please contact the Claims Governance team.

Please note: The AMA List of Medical Services and Fees is for the use of Comcare staff only. Please do not share the AMA list with external stakeholders including medical service providers.

- **What is the Clinical Panel review process?**

The Clinical Panel provides advice to Claims and Injury Managers by conducting clinical reviews to help ensure employees receive the most appropriate treatment for their injury or illness. For information on the Clinical Panel review process and procedure to refer a claim to the Clinical Panel, please refer to the [claims manual](#).

- **What is the difference between hourly and weekly rates for home help?**

The rate for the maximum statutory weekly limit is updated on 1 July each year and displayed on Comcare's website [here](#).

Comcare's current recommended hourly rate for household services can found in the *Section 29 – household help – 756 letter* or under the 'View Service Item' in Pracsys, which is updated each year. However, the recommended hourly rate is not a set limit or a statutory rate. It is an indicative rate which represents the average hourly rate for services, factoring in the weekly statutory limits and market conditions. Comcare can approve invoices above the hourly rate, provided they amount to less than the statutory weekly limit, and provided that we find the proposed rate to be 'reasonable'. You need to discuss any changes to the recommended hourly rate with your Assistant Director before approving them.

- **Can Comcare pay for psychology treatment for a physical injury claim?**

To accept liability for medical treatment, you need to be satisfied that the treatment is:

- i. medical treatment as defined in the SRC Act
 - a. evidence based
 - b. meets the parameters of the Clinical Framework
- ii. obtained in relation to the compensable condition
- iii. reasonable for the employee to obtain in the circumstances, and
- iv. appropriate in cost.

If the medical evidence shows that there is a secondary psychological condition following a physical injury, you can support the employee to make a claim for a secondary condition and if you accept liability for that condition, you can then assess liability for psychological treatment.

See [What is medical treatment](#), [What is reasonable medical treatment](#), [What are reasonable costs](#) and [Newly reported conditions](#) for detailed information on assessing claims for medical treatment and claims for psychological services.

- **What is HICAPS?**

HICAPS stands for Health Industry Claims and Payment Service. It is the system which allows medical practitioners to process a patient's health insurance claim at the time the patient pays for their medical service. An employee may go to a doctor, dentist or other medical treatment and pay for medical treatment for an injury before their claim for compensation is accepted by Comcare. Part of the cost of this medical treatment may be paid for by their health insurance, and this amount will be processed through the HICAPS system at the time they pay their bill for medical treatment. The employee may later claim to have the remaining costs reimbursed by Comcare, once their claim is accepted.

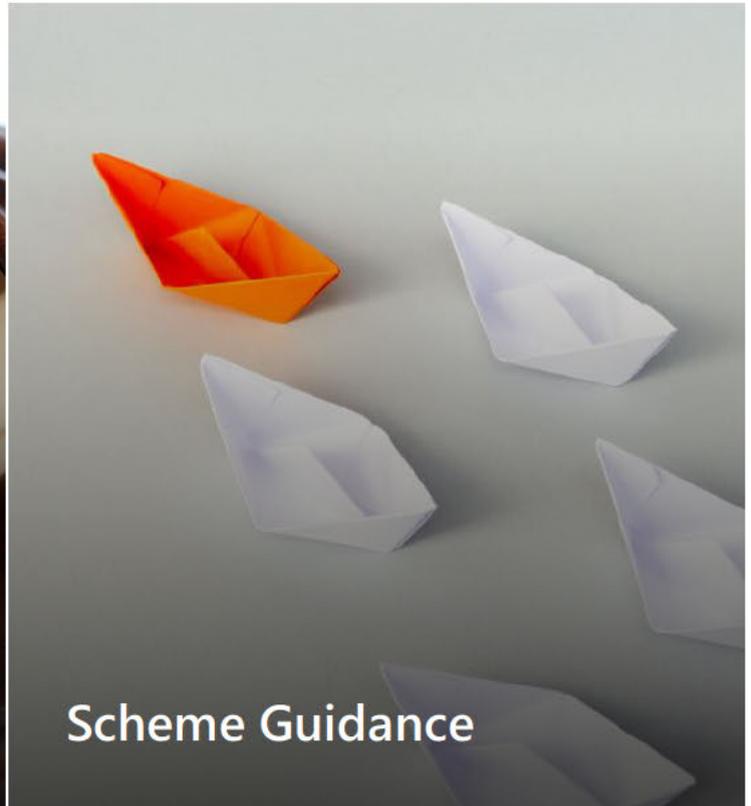
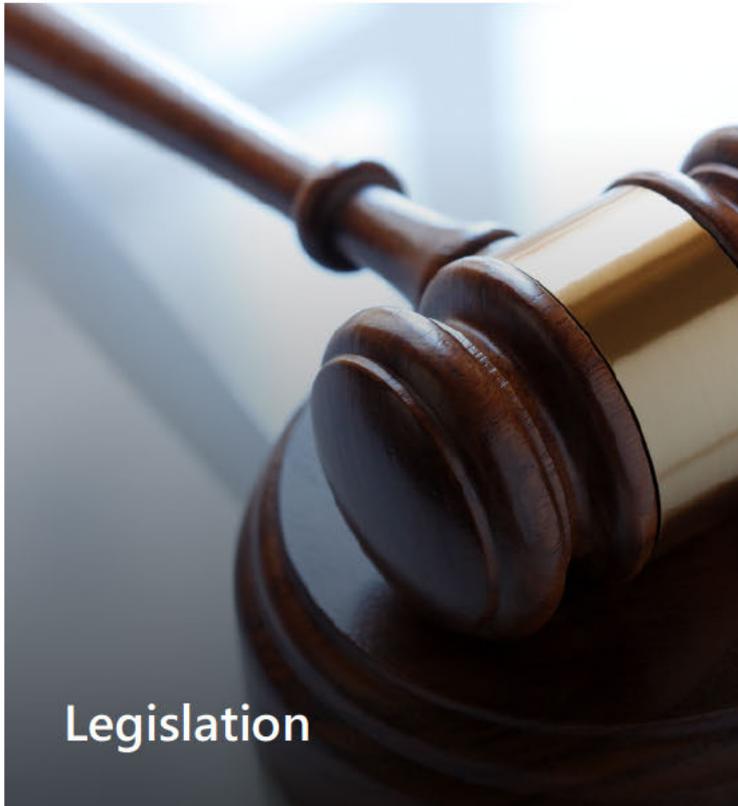
Comcare payments are not made through HICAPS. An employee needs to submit a claim for medical treatment directly to Comcare and Comcare will reimburse any accepted amounts directly.

Legislation and Scheme Guidance

Introduction

This page provides information on legislation relevant to claims management, including how to read and break down legislation during the course of your assessments and determinations.

It also provides information on Scheme guidance, including where to find all available Scheme guidance.



Legislation

This section discusses:

- what legislation is
- legislation and Comcare
- health, safety, rehabilitation and compensation legislation
- legislation relevant to Comcare's operations
- historical legislation
- how to read and break down legislation
- an example of breaking down legislation to assess a claim, and
- further resources on legislation.



What is legislation?



Legislation and Comcare



Health, safety, rehabilitation and compensation legislation



Legislation relevant to Comcare's operations



Historical legislation



How to read and break down legislation



Breaking down the legislation example



Further resources on legislation

What is legislation?

Legislation consists of Acts of Parliament and the secondary legislation made under them. An Act is a statute or law passed by both Houses of Parliament that has received Royal Assent.

The [Federal Register of Legislation](#) (the Legislation Register) is the authorised whole of government website for Commonwealth legislation and related documents.

All links below go to the individual Commonwealth legislation's 'series page' where the most current version can be accessed by selecting the version marked 'Latest' at the top of the list. Additionally, if you set up alerts on your Federal Register of Legislation account, you can be informed when new versions are published.

[Return to top of page](#) | [Return to top of section](#)

Legislation and Comcare

The *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) establishes Comcare and the Safety, Rehabilitation and Compensation Commission (SRCC) and sets out the functions and powers of these

bodies.

Comcare provides secretariat support to the SRCC in exercising its functions and powers. Broadly, the SRCC's functions and powers relate to regulation under the SRC Act and the *Work Health and Safety Act 2011* (WHS Act) and associated Regulations.

Comcare also provides secretariat, policy and legislative support for the Seacare Scheme by supporting the Seafarers Safety, Rehabilitation and Compensation Authority with its functions under:

- the *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act)
- the *Occupational Health and Safety (Maritime Industry) Act 1993* (OHS(MI) Act)
- the *Seafarers Rehabilitation and Compensation Levy Act 1992* (Levy Act)
- the *Seafarers Rehabilitation and Compensation Levy Collection Act 1992* (Levy Collection Act).

Comcare operates under the portfolio of the Minister for Employment and Workplace Relations.

[Return to top of page](#) | [Return to top of section](#)

Health, safety, rehabilitation, and compensation legislation

Comcare has functions under the following legislation related to health, safety, rehabilitation and compensation:

Safety, Rehabilitation and Compensation Act 1988

This is the current Act for workers compensation for Commonwealth employees.

The SRC Act establishes a fully funded premium based system and a licensed self-insurance-based system of compensation and rehabilitation for employees who are injured as a result of, or in the course of, their employment. The SRC Act establishes Comcare as the workers' compensation provider for all Commonwealth departments and most Commonwealth authorities.

Part III requires employees as rehabilitation authorities to provide for the rehabilitation of their employees. It also provides employers with a duty to provide suitable employment to their employees and provide safety, rehabilitation, and compensation services to their employees.

The SRC Act commenced on 1 December 1988, the 1971 Act ceasing from that date. Under section 128 of the SRC Act, any Commonwealth liabilities under the 1912 Act, 1930 Act or 1971 Act that had not been discharged on the commencing day of the SRC Act are taken to have been incurred by the relevant authority on the commencing day under the corresponding provision of the SRC Act.

Asbestos Related Claims (Management of Commonwealth Liabilities) Act 2005

An Act to assign responsibility for the management of certain liabilities in asbestos-related claims, and for related purposes.

Parliamentary Injury Compensation Scheme Instrument 2016

The Parliamentary Injury Compensation Scheme (PICS) provides injury compensation coverage for Australian Government parliamentarians and the Prime Minister's spouse.

Seafarers Rehabilitation and Compensation Act 1992

The Seafarers Act is part of a Commonwealth legislative scheme covering occupational health, workers' compensation and rehabilitation for certain seafarers. The Seafarers Act is concerned with workers' compensation and rehabilitation. It applies to seafarers or trainees employed on 'prescribed ships' engaging in intra-territorial, interstate or overseas trade or commerce.

Work Health and Safety Act 2011

The WHS Act provides a framework to protect the health, safety and welfare of all workers at work. It also protects the health and safety of all other people who might be affected by the work. Comcare is the regulator under the WHS Act.

[Return to top of page](#) | [Return to top of section](#)

Legislation relevant to Comcare's operations

Other legislation relevant to Comcare's operations include:

Administrative Appeals Tribunal Act 1975

The *Administrative Appeals Tribunal Act 1975* (the AAT Act) enables the review of decisions made under certain legislation, including the SRC Act, by the AAT.

Administrative Decisions (Judicial Review) Act 1977

The *Administrative Decisions (Judicial Review) Act 1977* (the AD(JR) Act) allows for a review of administrative decisions made under the SRC Act and other Acts by a person who has been aggrieved by the decision to which the Act applies.

Administrative Review Tribunal Act 2024

Administrative Review Tribunal Act 2024

Freedom of Information Act 1982

The *Freedom of Information Act 1982* (the FOI Act) is intended to give members of the public rights of access to official documents of the Government of the Commonwealth and of its agencies. The FOI Act explains that government operations should be transparent and allows people to access documents held by government agencies. It enables individuals to request access to documents held by Comcare. Comcare must give access to the documents unless an exemption applies.

Health and Other Services (Compensation) Act 1995

The *Health and Other Services (Compensation) Act 1995* (the HOSC Act) pertains to the consequences of certain compensation payments and related purposes. Medicare Australia (Medicare) may issue Comcare with a 'Notice of Past Benefits' which identifies benefits paid by Medicare to a claimant. Upon receipt of a valid Notice of Past Benefits, Comcare is required to reimburse Medicare.

Privacy Act 1988

This Act enshrines the right of people to have their personal information protected by entities covered by the Privacy Act, including government agencies. It tells Comcare on what basis and how it can collect personal information, as well as dictating the principles for storing, using and disclosing personal information. The Privacy Act serves to protect the privacy of an individual in relation to any Commonwealth record maintained in relation to that individual.

Public Governance, Performance and Accountability Act 2013

The Public Governance, Performance and Accountability Act 2013 (PGPA Act) establishes a coherent system of governance and accountability for public resources, with an emphasis on planning, performance and reporting. Comcare is a Corporate Commonwealth entity under the PGPA Act. Comcare and other entities under the Act are required to meet high standards of governance, performance and accountability, to provide meaningful information to the Parliament and the public and to use and manage public resources properly. Comcare is also required to work cooperatively with others to achieve common objectives where practicable.

Public Service Act 1999

The purpose of the *Public Service Act 1999* (the PS Act) is to establish an apolitical public service that is efficient and effective in serving the Government, the parliament and the Australian public. The Act provides a legal framework for the effective and fair employment, management and leadership of Australian Public Service (APS) employees and to establish the rights and obligations of APS employees.

Superannuation Act 1976

The 1976 Act makes provision for and in relation to an occupational superannuation scheme, known as the Commonwealth Superannuation Scheme (CSS), for people employed by the Commonwealth and for certain other people. Established in 1976 and closed to new members on 1 July 1990. This Act commenced on 1 July 1976.

Superannuation Act 1990

The Superannuation Act 1990 makes provision for and in relation to an occupational Public Sector Superannuation Scheme (PSS) for persons employed by the Commonwealth and for certain other persons.

Established 1990 and closed to new members on 1 July 2005. The majority of provisions in this Act commenced on 1 July 1990.

Superannuation Act 2005

This Act established the Public Sector Superannuation Accumulation Plan (PSSAP), a superannuation scheme for a number of Commonwealth employees. Established in 2005 and currently open to new members. This Act commenced on 29 June 2005.

Other relevant legislation:

- *Auditor-General Act 1977*
- *Competition and Consumer Act 2010*
- *Crimes Act 1914*
- *Criminal Code Act 1995*

- *Cybercrime Act 2001*
- *Disability Discrimination Act 1992*
- *Fair Work Act 2009*
- *Fair Work Regulations 2009*
- *Ombudsman Act 1976*
- *Public Interest Disclosure Act 2013*
- *Public Service Act 1999*
- *Racial Discrimination Act 1984*
- *Sex Discrimination Act 1984*
- *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2019*
- *Workplace Gender Equality Act 2012*

[Return to top of page](#) | [Return to top of section](#)

Historical legislation

Commonwealth Workmen's Compensation Act 1912

As Prime Minister, Andrew Fisher secured the passage of the first Commonwealth Workmen's Compensation Act in 1912 (the 1912 Act). It provided for compulsory accident insurance and compensation for federal and territory employees.

Commonwealth Employees' Compensation Act 1930-1970

The Commonwealth Employees' Compensation Act 1930 - 1970 (the 1930 Act) commenced on 10 November 1930 and provided compensation for employees of the Commonwealth for injuries suffered in the course of their employment.

On enactment of this Act the Commonwealth Workmen's Compensation Act of 1912 was repealed.

Compensation (Commonwealth Government Employees) Act 1971

This Act commenced on 1 September 1971 to make provision for compensation in respect of employees of the Commonwealth and certain other persons by reason of injury or disease, or loss or destruction of, or damage to certain property, occurring in circumstances connected with their employment.

The 'modified' Compensation (Commonwealth Government Employees) Act 1971

This Act was a composition of parts 1, 2, 4 - 9, excluding Part 3 and section 98 of the 1971 Act as amended and Parts 2, 4 and 8 of the South Australian Workers Compensation Act 1971 as amended.

This Act was repealed by the South Australian *Workers Rehabilitation and Compensation Act 1986*.

Occupational Health and Safety Act 1991

The OHS Act was intended to be preventative in nature and involved securing the health, safety and welfare at work of Commonwealth employees and employees of Commonwealth authorities.

This Act was repealed on 1 January 2012 by schedule 1 of the *Work Health and Safety (Transitional and Consequential Provisions) Act 2011*

How to read and break down legislation

You are required to correctly apply the legislative provisions under the SRC Act and other relevant acts that are relevant to the determination. It is your responsibility to know the legislation being relied on and to keep abreast of any amendments. You should review the legislation rather than relying on templates or summaries. The Claims Manual provides links to relevant legislation throughout.

What is equally important is that you understand the provisions under which you are making your decision to avoid potential errors of law. An error of law is made where legislation is misinterpreted and then applied to the facts. A decision based on an error of law is reviewable.

Reading legislation

When reading a section of the SRC Act, you are required to:

- look for the definitions contained in the SRC Act
- note the use of the word 'or'
- note the use of the word 'and'
- identify the key words and phrases
- note the words defined or used in a particular way
- give ordinary words their plain dictionary meaning
- note the use of the words 'must' and 'may'
- note where there are mandatory considerations or conditions before exercising a power.

Read the legislative provision in its whole and in the context of the legislation. Careful attention must be paid to the meaning and use of the words contained in the SRC Act and other relevant acts. You should have regard to the Acts Interpretation Act 1901 if there is uncertainty. The table below provides examples of different types of language and their meanings.

Meanings	Use of words
Definitions	<p>General definitions are contained under section 4 of the SRC Act, with additional definitions in sections 5, 5A and 5B. Other sections of the Act also include definitions which apply to a specific section. Check all relevant definitions.</p> <p>If a term is not defined under the SRC Act and cannot be given an ordinary meaning, weight is placed on court and tribunal interpretations which set legal precedent.</p>
Context	Can extend or limit a word's meaning. Use of words in a particular way such as, 'means', 'includes', 'does not include'.
Deeming phrases	Use of 'shall be deemed', 'shall be read', 'as if'.
Discretionary phrases	Use of 'may', 'is satisfied that', 'in the opinion of', 'as is reasonable', 'any other relevant matter'.
Mandatory phrases	Use of 'shall' and 'must'.

Connecting phrases	Paragraphs and subparagraphs connected by 'and', 'or'. Such phrases will indicate if one or more criterion must be satisfied to make a decision.
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Break down the legislation

When reading a section of any legislation, break the provision down into its composite parts, i.e. its elements. Each element must be considered, as they are the criteria which must be demonstrated before a decision can be made.

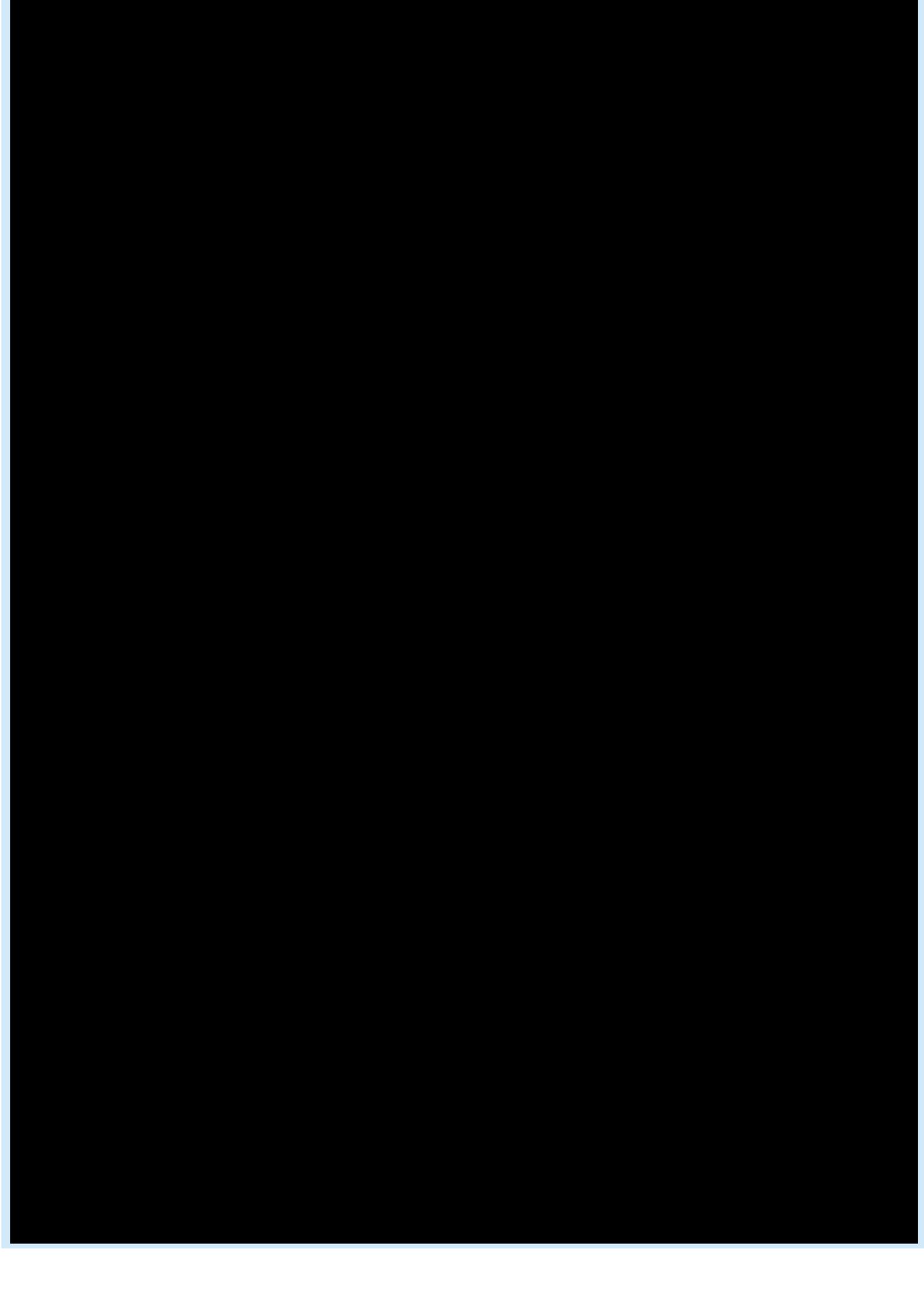
As a provision is broken down, it is important to familiarise yourself with legal definitions as you encounter them. These definitions may also need to be broken down into their elements.

You should check off each of the elements as you go. It may also help to consider any other guidance material in this process (e.g. Claims Manual, Scheme Guidance, SRC Annotated Act, i.e. relevant case law).

After you have broken the relevant provision down into its elements, you will need to consider the evidence and apply the legislation to the facts of the case.

[Return to top of page](#) | [Return to top of section](#)





Further resources on legislation

The Annotated SRC Act (This is updated three times a year. Find the latest Annotated Act via this link)

Instruments and notices under the SRC Act (This is a Comcare-produced web page from Scheme)

Amendments to the SRC Act and SRC Regulations (This is a Comcare-produced web page from Scheme)

Federal Register of Legislation help and resources (External link)

Decision making and information gathering – A three-part online course in ComLearn consisting of:

- SRC Act and Comcare scheme overview
- Decision making under the SRC Act
- Information gathering under the SRC Act.

[Return to top of page](#) | [Return to top of section](#)

Scheme Guidance



Scheme Management Group and Scheme Guidance



Scheme Policy Register

Scheme Management Group and Scheme Guidance

Comcare's Scheme Management Group works with scheme participants to achieve sustainable and better practice national schemes. The Scheme Policy and Design team in Scheme Management Group has responsibility for SRC Act scheme-related issues across the Comcare scheme. They work with various stakeholders to develop and communicate policy positions and guidance to support legislative interpretation and change.

Scheme Management Group produces 'Scheme Guidance'. These documents are published on the Comcare website so they can be accessed by all scheme participants and the general public.

- [Guidance on Applying the SRC Act \(Overview and Guidance by topic - Comcare website\)](#)
- [List of Guidance on the SRC Act \(Complete list in alphabetical order, can also be filtered by key word - Comcare website\)](#)

Scheme Guidance also includes downloadable resources and Scheme e-guidance that can be accessed via ComLearn.

Importantly, Scheme Guidance provides high level guidance on the provisions of the SRC Act to help decision-makers in the Comcare scheme to understand and apply the provisions of the SRC Act. The Claims Manual provides Claims Managers with additional information and procedures to support the interpretation and application of the SRC Act at an operational level.

The Claims Governance team makes every effort to ensure that the Claims Manual is up to date, and its guidance is in accordance with the Scheme Guidance. However, it is important to pay attention to any new Scheme Guidance that is produced, so that you are following the most up-to-date advice, as the Claims Manual may take a short while longer to be updated.

Scheme Policy Register

The Scheme Policy Register (the Register) provides a single-source reference point on Comcare's current policy positions on the interpretation and application of specific provisions within the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Claims Managers should refer to the Claims Manual as their primary source of information on how to interpret and apply the SRC Act when investigating and determining liability on claims. When in doubt, Claims Managers should discuss the issue with their Senior Claims Manager, Technical Capability Officer, Assistant Director or Director in the first instance. The Assistant Director or Director can escalate to the Legal Group if necessary.

The Register is an internal document which aims to:

- provide a single source of information on scheme policy positions in relation to identified issues
- promote a consistent understanding and response to issues
- promote a consistency in approach and decision-making
- increase transparency and collaboration amongst internal stakeholders
- support prompt decision-making in relation to issues of current interest
- support the management of scheme significant litigation.

The Register is available on Content Manager: [Record DOC6521419: Scheme Policy Register](#).

Please note: the Register is for **internal use only** and is not to be shared with stakeholders external to Comcare.

[Return to top of page](#) | [Return to top of section](#)

Claim Management Lifecycle

Claim Management Lifecycle

The claims management lifecycle is the overarching framework we use to describe the life of a workers compensation claim.

The claims management lifecycle details the end-to-end process of how a claim moves from initial lodgement, through to closure. The lifecycle helps us to understand and manage claims consistently across our team.

The lifecycle contains eight stages. Some stages, such as 'Registration', have a small number of steps and processes. Other stages are more significant and many possible processes may apply, such as the 'Claim Management' stage.

Lodgement

The first stage of the lifecycle is where an employee (or their representative) lodges an initial claim with Comcare. This stage covers new SRC Act workers compensation claims. For information about other claim types such as permanent impairment, work related death or secondary claims, refer to the following pages:

- Permanent impairment
- Work related death
- New or changed conditions



Lodgement

Registration

Once the claim has been lodged then steps are taken to register the claim in Pracsys. This stage covers new SRC Act workers compensation claims. For further guidance about registering permanent impairment, refer to the Permanent impairment page.



Registration

Triage

In this stage, the claim is quickly reviewed, the employee and employer are contacted, and a path is agreed to gather the information needed to determine liability on the claim. Conversations begin with the employee and employer to support return to health and return to work.



Triage, information gathering and support

Liability assessment and decision making

Liability for the claim is assessed based on the information gathered. Here we make a determination of liability, including advising the employee, and employer, of the decision.



Liability assessment and decision making

Claim management

Following acceptance of liability, we set a claim plan and manage all aspects of the claim according to that claim plan, including regular reviews. Our focus remains supporting the employee to return to health and, where possible, work.



Claim management

Reconsiderations

An employee or an employer requests a reconsideration of a decision made by us or a review of a decision made by the rehabilitation authority. Occasionally, we may decide to reconsider a decision we have made, for example when more evidence comes in or we identify that we have made an error. These reconsiderations are known as 'reconsiderations of own motion'.



Reconsiderations

Appeals

A decision (most commonly a reconsideration decision) Comcare has made is reviewed by the Administrative Review Tribunal, or it is appealed to a higher court.



Appeals

Closure

Once the employee has returned to health and, where possible, work, and once we have completed all actions on a claim, we administratively close a claim.



Closure