Registering a new claim

Registration

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Introduction

Claim registration is the process of manually entering information into Pracsys. Once completed, this results in the claims being registered.

This page provides information and the associated procedure for registering new claims for compensation.

For information and procedures about registering permanent impairment claims, refer to the Registering a permanent impairment claim page. For reconsiderations, refer to the Reconsiderations page.

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Registration responsibilities

To reflect the different types of claims and claims management arrangements, there are different responsibilities for registering claims. The following table sets out who registers which type of claims.

Categories of Claims	Registration responsibility
Comcare Managed claims (Premium / Pre-Premium)	Claims Administration and Income Support
Sensitive/Sensitive NV1	Specialised Claims Team Claims Administration and Income Support
Secure claims	Specialised Claims Team
Comcare Staff	EML
Externally Managed claims	EML Gallagher Bassett
Asbestos including *Asbestos-related Claims (Management of Commonwealth Liabilities) Act 2005* claims	Claims Administration and Income Support (using Specialised Claims Team for support)
Work-related death	Claims Administration and Income Support

Parliamentary Injury Compensation Scheme claims	Specialised Claims Team
Members of Parliament (Staff) Act 1984 claims	Claims Administration and Income Support

Claims Manager responsibilities

Most processes involved in registering claims are completed by Claims Administration and Support (CAIS) or the Specialised Claims Team (SCT). Claims Managers are responsible for:

- withdrawing or reinstating a withdrawn claim
- communicating with the employee, for example to provide required evidence. CAIS may contact a Claims Manager to assist with this task throughout the registration process
- ensuring that once the claim is registered as compliant, determinations for initial liability under section 14 of the SRC Act are made within the prescribed timeframes.

See Withdrawal of a claim and Procedure to withdraw an undetermined claim for more information.

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Procedure to register a new claim

This is a Claims Administration and Income Support (CAIS) or Specialised Claims Team (SCT) responsibility. Refer to the Registration responsibilities section for information on who registers different claims.

Note: This process does not apply to claims for permanent impairment. For further guidance on that process, refer to the Registering a permanent impairment claim page.

If it is a claim for work-related death, please do not follow this procedure. Follow the procedure in the following document in HPE: *Record DOC6142006: Claim registration procedure manual.*

To register a new claim for workers' compensation, follow the steps below:

Step 1: Transfer the new claim notification to your personal in-tray

Go to *'Manage Notifications for a Workgroup'* (MDNW) function in Pracsys and

- search for the two *'Unregistered claims'* trays, select the oldest document to register first and select the required document notification
- click *'Send Notification(s) to Personal In-tray'* icon (**Note:** you will receive a message advising *'the selected notifications will be removed from your in-tray'*)
- click *'Ok'*
- select *'refresh'* and continue.

Step 2: Label the claim file documents

In your personal in-tray click on the *'Launch'* button and reclassify and label the documents.

You should keep the claim form and medical evidence open to assist with registration.

For further guidance on classifying and labelling correctly, refer to the Metadata Quickstart Guide.

Step 3: Search for an existing employee file

Search Pracsys using any former names the employee has provided or their current name.

If a previous claim is located:

- check the claim is not a duplicate injury
- if there is a duplicate claim, CAIS must first confirm with the team Assistant Director and Claims Manager before sending any documents back to the sender. Documents should not be returned to the sender unless there has been a discussion or contact via email with the relevant team.
- select the most recent claim record
- cross-reference the date of birth (DOB) and address details to confirm it is the same employee
- click the 'next' button to begin registering the new claim
- where relevant, update the employee's details to reflect their current information.
- click 'amend' to save the updated information. **Note:** if the claim has come via the online portal, CAIS can update name details. However, if the claim has been submitted as hard copy (paper claim), an Assistant Director is required to update name details.

If no existing employee file is located, click the 'New' button to create a new claim.

Step 4: Complete any outstanding mandatory fields

This step only applies to claims received in **hard copy**. These fields are auto-populated if an employee lodges their claim using the online claim form.

- fill in the employee's information into the associated field
- if all correspondence is to be sent to an employee's representative, enter their name and mailing address into the 'Mail Address' field.

Step 5: Enter details on the injury/illness sustained in Pracsys

For claims submitted via hard copy (paper claim): go to the 'Injury/Illness' tab and complete relevant fields using the information provided.

For claims submitted via online form: go to the 'Injury/Illness' tab and review the information provided in the fields to ensure they look correct. Enter the 'Medical Certificate date' and 'Provider No' fields.

You will need to check that the document uploaded is a compliant medical certificate. If it is not, remove the document from the medical certificate field, so that when registration is complete it will save as 'non-compliant.' Once the claim is allocated,

the Claims Manager will follow up with the employee and treating health practitioner to obtain the medical information that is needed.

See Medical certificates/other medical information required to lodge a claim for information on what medical evidence is required for a claim to be compliant.

IMPORTANT: Currently there is no way to change the compliance status of a claim in Pracsys once the claim has been made compliant.

Due to the new prescribed timeframes that are effective on and from 1 April 2024, it is better for a claim to be registered as non-compliant if there are any concerns that the medical certificate from the legally qualified medical practitioner (LQMP) is non-compliant as the prescribed timeframes do not apply to non-compliant claims.

In these instances, the Claims Manager will follow up on any concerns about the medical certificate with the employee and the LQMP.

Check or complete the following fields:

- 1-10 *'Precise Diagnosis'* and *'Injury description'* fields:
  - enter the diagnosis of the condition as stated on the medical certificate or the claim form. **Note:** If there is a significant difference between the medical certificate and the diagnosis provided on the claim form, then discuss with your Assistant Director.
- 1-13 *'Medical Certificate date'* and *'Provider No'* fields:
  - Ensure free text fields reflect the precise diagnosis as per medical evidence and edit the injury description field to ensure it is concise and legible.
  - For death claims, the death certificate details should be entered in the medical certificate field. However, a death certificate should not be registered if it does not provide a cause of death. That is, the claim should remain *'Non-compliant'*. Please check with Specialised Claims Team regarding what should be recorded.
  - For claims for loss or damage to property used by an employee: enter the details provided on the invoice, receipt or any other documentation submitted with the claim form. Documentation can be provided from a legally qualified medical practitioner (LQMP), dentist or other qualified person. It may be for a consultation, examination, prescription or other service reasonably rendered in connection with the replacement or repair.

Step 6: Enter details of National Data Set (NDS)/Third Party (TP)/Journey in Pracsys

Go to the *'NDS/TP/Journey'* tab. Click on each binocular button to search for the relevant code for each field (**Note:** to search for relevant codes, you can refer to the Type of Occurrence Classification System (TOOCS). For further guidance, refer to the Entering TOOCS codes page and the TOOCS book.

Use the following guidance for these specific circumstances:

Exposure prior to 1 December 1988: If the claim is for a disease where exposure occurred prior to 1 December 1988, then you must tick 'Yes' in the *'Injury Caused By pre-01-Dec-1988 Exposure'* field.

Firefighters claiming for cancer: For firefighters claiming for cancer that has been caused as a result of their employment, you must enter the following codes under:
- *'Nature of Injury'*, select – '16866'
- *'Occupation'*, select – '441212 (Firefighter)'.

Third party/common law action claims: The CAIS Officer may be able to identify this at the time of registration. Or they may need support from their Assistant Director, or the Assistant Director of the Specialised Claims Team.

If it is a third party/common law claim, the CAIS Officer needs to indicate *'Yes'* this is a *'Third Party Liability'* claim. This is required even if the employee has not indicated that someone else was responsible for their injury. Examples of circumstances where the default to this question should be amended to *'Yes'* can include but are not limited to:

- motor vehicle accidents where the other party may be at fault. For example, an employee is travelling at the direction of their employer and collides with another vehicle due to the other vehicle running a red light
- occupier's liability. For example, an employee slips on a supermarket floor during an ordinary recess
- injuries caused by animals. For example, an employee is badly mauled by a dog during or in the course of employment
- negligence. For example, an employee is on approved study and sustains injuries at that place of study
- product liability. For example, an employee is injured as a result of a machine malfunction
- medical negligence. For example, an employee's compensable condition is worsened as a result of medical treatment for that compensable condition
- criminal injuries compensation. For example, an employee is injured through a criminal act.

Note: You will need to tick '*Taking Third Party Action*' if the employee has indicated on their claim form that he or she intends to take-action against any other third party for their injury.

Step 7: Check if the form has been signed and dated

Review the form to ensure the employee or person claiming compensation has signed and dated the employee's authority and declaration section of the claim form.

- If **yes**, continue to Step 8.
- If **no**, continue with registering the claim and discuss with the Assistant Director in Claims Operations whether the claim is compliant/non-compliant (Step 14).

Note: you need to contact the Claims Manager (for example, via a comment in the claim) and advise them to ask the employee (in their initial contact telephone call) to provide a signed authority and declaration section of the claim form.

Step 8: Update Pracsys with details on the employee's return to work status and actions

Go to the '*Status/RTW*' tab. Complete the relevant fields based on the information provided in the claim form on the employee's return to work status and actions.

Important: When the claim form is submitted directly to Comcare and Part 2 of the claim form has not been completed, you should enter the current date into the '*Employer Received Date*' field. This is a mandatory field and needs to be completed to register the claim. If Part 2 is not received by the time of registration, insert the date Part 1 has been submitted to Comcare. If a hard copy of the claim form was submitted, the Claims Manager will need to contact the employer to request Part 2 be completed. When Part 2 is received, CAIS will update the field.

Go to the '*RTW actions*' tab. Check relevant boxes based on the information provided in the claim form.

Step 9: Update details about the employer in Pracsys

Go to the '*Agency*' tab. Complete the relevant fields based on the information provided in the claim form.

For 2-13 'Liable Customer' and 2-17 'Payroll Customer/Cost Centre' fields which are mandatory fields in Pracsys:

- if a liable/payroll customer number has not been provided and it is evident who the employer is:
    - click on the binoculars in Pracsys in the 'Customer' field and type the employer's name in the 'Name' field. Then you can search for the 'Customer Number' for an employer.
- if the cost centres have not been provided by an employer:
    - enter the 'New claims' cost centre in Pracsys. This has been specifically created to assist with registering a new claim when Part 2 of the claim form has not been completed. **Note:** Only larger agencies have 'New claims' cost centre entered in Pracsys. If 'New claims' is not available, select any placeholder cost centre.
    - click on the binoculars. Search under 'New Claims' and select the codes.

Important: CAIS will update the cost centre codes once Part 2 of the claim form is received.

Nominated employer has ceased to exist in the Australian Public Service (APS): If this has happened because of machinery of government changes (MOG), you need to establish which employer the responsibility for workers' compensation was transferred to. You need to make contact with the Assistant Director of the team you believe the claim will be allocated to before allocating the claim to the employer (via AD). The CIS Helpdesk can assist with the process of working out which agency the claim belongs to.

Step 10: Enter the Rehabilitation Case Manager details in Pracsys

Go to the 'Agency' tab and enter the Rehabilitation Case Manager's (RCM) details:

- click on the binoculars at 2-18 field to search for the RCM's name
- search by entering the employer's name under the 'Agency' field and/or the RCM's name.

The below provides guidance on what information to enter for the following scenarios:

- Employers may have nominated an RCM for their agency. The RCM is the first point of contact for a claim when it has been submitted directly to Comcare and Part 2 has not been completed. Refer to the 'Agency alignment' spreadsheet in Content Manager at 2019/7047.
- If more than one RCM is listed in Part 2 of the claim form, select the first RCM's name.

- If no RCM is listed on the claim form: Enter the nominated RCM's name for the employer (from the spreadsheet mentioned above) or leave it as blank (this is not a mandatory field).
- if an RCM is listed on a claim form but is not found in Pracsys, find an RCM in the same state that the employee resides/works or leave blank (using view case manager function in Pracsys).
- If the claim is registered without Part 2 of the claim form, CAIS will update the RCM once Part 2 is received.

Step 11: Enter your details in Pracsys in the 'Comcare' tab

Enter the name of the Claims Operation and Injury Management Assistant Directors that you are allocating the claim to in the *Claims Manager* and *Primary Injury Manager* fields. Allocate the claim using the *Agency alignment* spreadsheet found in Content Manager in 2019/7047.

Possible 'sensitive' claim: If you have identified that this may be a 'sensitive' claim, contact the Assistant Director of the Specialised Claims team (SCT). Discuss with them and allocate to the SCT. Complete the *sensitive* field in the *Comcare details* tab, using the *Amend Claim Registration* (ACLM) function in Pracsys. Click *Create*.

An employee may have nominated a person to act on their behalf in respect of their claim. If so, ensure that the details of this person are entered into the *Authority to Discuss Claim* field. Include the contact number and the date of birth (DOB) of the person. If the employee has nominated a *Partner* and has not provided their DOB, do NOT enter the *Authority to Dicsuss.* Flag with the Claims Manager that they should contact the person to obtain it.

Important: For a takeover claim, you must tick the *Takeover Claim* box and enter the *Compense No* field (if one can be located in Compense). Consult with the Claims Manager or AD if needed.

Step 12: Check if the claim was created successfully

If you have not completed any of the mandatory fields, the claim will not save, and an error message will appear. The mandatory fields that are missing information will be highlighted for you to complete. Once you have entered the relevant information, you will be able to create the record.

Step 13: Send the employee the registration email

For work-related death claims: No registration email is sent by CAIS. SCT will acknowledge receipt of the claim after review. Acknowledgement will include a request for any documents not provided with the claim, such as evidence of dependency.

For all other claims including PI: Email the employee (or their representative) from Pracsys using standard text from the Registration email to employee template ('*Contacts*' section of Pracsys, '*Claim Registration*' option).

Important: If the employee has not provided an email address, you will not be able to send the acknowledge registration email. A copy of the registration email is converted into a letter and posted by the Claims Operations team. The Claims Manager will follow up with the employee to obtain an email address for future correspondence. If an employee has specifically requested written communication, discuss this with the Assistant Director.

Step 14: Notify the Claims Operations team of the new claim

Send a notification to the Assistant Director (identified in the *'Agency alignment'* spreadsheet (DOC6333950) located in Content Manager at 2019/7047) or send to the Assistant Director of SCT.

From the '*Register Claim'* (RCLM) function in Pracsys, select the '*Workers' Compensation Claim'* form from the bottom of the screen and click the '*Notify*' button. Select the '*workgroups*' binocular button to search for the team the claim is allocated to. Then select the appropriate line and click '*Ok*' to notify the Claims Operations team of the new claim.

Advise the Assistant Director of any information that you are aware of that needs to be followed up.

Claim numbers

Claim numbers are automatically generated and assigned by Pracsys once the claim is registered on the system.

The employee number is the first part of a claim number and is unique to an employee, distinguishing that employee from others. Irrespective of the number of claims an employee may have, his or her employee number will always be the same.

The claim suffix is the second part of a claim number. It is unique to a particular claim, distinguishing that claim from other claims that an employee may have. As new claims are registered on Pracsys, claim suffix numbers are sequentially assigned.

Online claim form – auto population of data into Pracsys

When a new claim is submitted online, most of the fields are auto-populated into Pracsys, except the following:

- *'Medical Certificate date'*, *'Provider No'* fields
- National Data Set (NDS) and Type of Occurrence Classification System Coding (TOOCS)
- *'Comcare Details'* tab, where you allocate the claim.

This only applies to new claims and not subsequent claims. If a subsequent claim is lodged, the information that is already in Pracsys is used. The Claims Administration and Income Support (CAIS) team amends the details if there are any differences between what is in Pracsys and what has been lodged via the online portal.

Mandatory fields to be completed in Pracsys

Mandatory fields are fields in Pracsys that must be completed to successfully register a new claim. If a mandatory field is not entered, Pracsys will highlight the field, and an error message will appear at the bottom of the screen. The claim cannot be created until the mandatory field/s is/are completed in Pracsys.

The following sections within the '*Register Claim*' (RCLM) function in Pracsys need to be completed, and the mandatory fields within each page are listed below:

- **employee** - given names, surname, birth date, actual address and mail address
- **injury/Illness** – injury description, injury date, prior claim same injury (tick box), workplace postcode and Comcare received date
- **NDS/TP/Journey** – nature of injury, body location, mechanism, breakdown agency, agency of injury and occupation
- **status/RTW** – employer received date, time off work and return to work
- **agency** – employer statement, liable customer and payroll customer and cost centre.

Claim compliance

The claim can be created if the mandatory fields in Pracsys are completed. But the claim will only be marked as *'Compliant'* once a medical certificate or other supporting medical evidence is received. For further information refer to the section Claims without sufficient information and the Lodging a claim with Comcare page.

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464/03	Not Relevant Authority	For when Comcare is not the relevant authority for claims administration
518/01	Australia Post Corporation	For when a claim is received and the employer is Australia Post and the condition is for a gradual onset disease, such as hearing loss (excluding asbestos related diseases)
519/01	Telstra Corporation	For when a claim is received and the employer is Telstra and the condition is for a gradual onset disease, such as hearing loss (excluding asbestos related diseases)

Claims without sufficient information

A claim can be received which does not have sufficient information for it to be considered compliant with section 54 of the SRC Act. Usually, this is because there is insufficient medical information to proceed with assessing the claim.

Example:

Medical certificates that include no diagnosis, or a diagnosis of 'medical condition', 'stress' or 'pain' and/or do not include information about the causation of the injury/disease would be considered non-compliant as they do not provide the information required to proceed with assessing the compensation claim.

Where there is insufficient medical information to proceed with assessing a compensation claim, the claim will still be registered but with have a status of '*N/C*' (non-compliant) in the category field in Pracsys.

For further information, refer to the [Refusing to deal with a claim](#) page.

Once the relevant information has been received, the relevant fields in Pracsys are updated.

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Procedure to update required information in a non-compliant claim

Step 1: Go to 'Amend Claim Registration' (ACLM)

- select the '*Injury/illness*' tab
- enter the date of medical evidence in the '*Medical Certificate Date*' field
- click on the folder icon and select the compliant medical certificate
- enter the provider number in the '*Provider No*' field
- click '*Amend*' (you will receive a message stating that the claim has been made compliant and a risk type has been allocated to the claim)
- click '*OK*'.

Step 2: Proceed to [Claims Triage](#)

If attempts to get the relevant information have failed, the claim will be closed. For further guidance refer to the [Closing a claim](#) page.

Withdrawal of a claim

After a claim has been lodged, the process of determination begins. During this time, before a decision is made, an employee (or their representative) may decide that they no longer wish to pursue the claim. They may request that the claim is withdrawn.

At this stage, the claim is being managed by a Claims Manager and so withdrawal of a claim is a Claims Manager responsibility.

A request to withdraw the claim does not mean that the employee cannot make a claim at a later date. If the employee decides to pursue their claim at a later date, then they are entitled to do so.

An employee (or their representative) must ask to withdraw their claim in writing. The written confirmation must state that the employee wishes to withdraw their claim.

You should only action requests which have come from the employee (or their representative).

If you receive a request from an employer, do not action it until you have received written confirmation from the employee that they wish to withdraw the claim.

If you receive a request for withdrawal, you must discuss it with your Assistant Director.

Procedure to withdraw an undetermined claim

This is a Claims Manager responsibility.

Where there is a request from an employee (or their representative) to withdraw an undetermined claim, follow the steps below:

Step 1: Is the written request to withdraw the claim recorded in Pracsys?

- If yes, continue
- If no, ask the employee to send their request to Comcare in writing. Return to this procedure when a written request is received.

Step 2: Contact the employee

Telephone the employee and advise that the request to withdraw their claim has been received and the claim withdrawn. Explain to them that if they decide to pursue their claim at a later date, then they are entitled to do so.

Step 3: Add a comment in Pracsys

- Go to the Manage Comment (MCOM) function and record your discussion with the employee
- Close any tasks in the MILA function. For further guidance, refer to the Pracsys User Guide.

Step 4: Withdraw the claim

To withdraw the claim go to the '*Amend Claim Determination (ADET)*' function:

- Click '*Amend*'

- Select '*withdrawn*' from the '*Determination Status*' drop down menu
- Click '*OK*'

The procedure is complete.