

8 February 2022

Ref: 00008/22

Ms Tina Higgins
Director Committees
Upper House Committees, Legislative Council
Parliament of NSW
Law@parliament.nsw.gov.au

Dear Ms Higgins,

Please find attached additional information submitted by icare in response to questions taken during a hearing on 2 February 2022, for the Portfolio Committee No. 1 - Premier and Finance inquiry into the *Workers Compensation Amendment Bill 2021*.

I also note that there are no changes to the hearing transcript.

Yours sincerely

Clemency Morony
Head of Ministerial and Parliamentary Support
icare

Encl

Further icare submission

Portfolio Committee No. 1 - Premier and Finance inquiry into the *Workers Compensation Amendment Bill 2021*

Issue	Discussion at hearing	Response
<p>Cost of a contested/disputed workers compensation claim – COVID related claims and other claims</p>	<p>Mr DAVID SHOEBRIDGE: Mr Harding, what is the average cost to the system of the lawyers and the doctors, and the dispute handling costs of a contested workers' compensation claim?</p> <p>Richard HARDING: I am sorry, Mr Shoebridge, I do not have that number with me.</p> <p>Mr DAVID SHOEBRIDGE: Just a ballpark figure.</p> <p>Richard HARDING: We do not have it at hand. Happy to provide it afterwards if you like, but we do not have that at hand.</p> <p>Mr DAVID SHOEBRIDGE: We do not have a capacity to provide matters on notice, given how tight it is.</p> <p>Richard HARDING: I am sorry, I do not have it on hand.</p> <p>Mr DAVID SHOEBRIDGE: If you are looking at the benefits and demerits of 19B I would have thought one of the obvious things to look at is how much it has reduced disputation costs. Has SIRA or icare looked at whether or not it has had a significant reduction in disputation costs and claims determination costs?</p>	<p>There is a total of 18 (NI 12; TMF 6) COVID-19 diagnosis claims been disputed as at 04 February 2022.</p> <p>The average legal cost for a disputed Nominal Insurer (NI) claim made in in 2020 and 2021 is \$1,969 (to date). Due to limited data, it is unreliable to obtain meaningful averages for the purposes of future costing or design for COVID-19 related claims. Of the 18 disputed claims, the total legal cost is approximately \$93,000 to date.</p> <p>The average investigation cost for an investigated Nominal Insurer (NI) claim made in in 2020 and 2021 is \$2,027 (to date). Due to limited data, it is unreliable to obtain meaningful averages for the purposes of future costing or design for COVID-19 related claims. To date, the average investigation cost of an investigated COVID-19 claim is around \$2,000. (i.e. similar to the claims made in 2020 and 2021).</p> <p>icare has approved the recruitment of additional staff to assist the management of the claims, and these are being finalised with our Claims Service Providers (CSPs).</p>

	<p>I will start with you, Mr Dent, then go to you, Mr Harding.</p> <p>Adam DENT: Again, I do not think we are far enough in, in terms of seeing the numbers of claims that we have been able to predict that number I understand in any detail. I imagine in the EY modelling there would have been some consideration for what that might have been, but for the very reason we have discussed I do not think that would be helpful.</p> <p>Mr DAVID SHOEBRIDGE: Mr Harding, you must have, surely?</p> <p>Richard HARDING: We have not seen a significant level of disputes as a result of the COVID claims coming through. I repeat the same language as Mr Dent.</p> <p>Mr DAVID SHOEBRIDGE: Is that because there is a presumption, it reduces the dispute costs, the transaction costs, if I can put it?</p> <p>Richard HARDING: Regardless of the presumption, we still need to go through a process to ensure we follow the legislative path, which is about creating that causal link to the workplace. The presumption obviously reduces the hurdle from significant to main, but we still have to go through that process. It is probably quite a marginal difference in the actual claims assessing process between a presumptive and a non-presumptive claim.</p> <p>Mr DAVID SHOEBRIDGE: It changes fundamentally the evidence that an injured worker has to put before you, does it not, if they are relying upon the</p>	
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presumption? It changes fundamentally that upfront cost for injured workers and I would have thought in doing that it changes fundamentally the costs of responding to a case by an insurer.

Richard HARDING: In terms of the administrative cost, I do not know that it changes it that significantly. Again, to tell you the truth, we are talking about things we do not have facts in front of us on, so I am talking about my intuition more than I am talking about my understanding.

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Mr DAVID SHOEBRIDGE: Thank you. Mr Harding, would you be able to put in the average costs of dealing with a disputed claim and any data you have about dealing with COVID-19 claims? I see Ms Maini nodding, so that is a good sign.

Richard HARDING: I am certainly happy to try, Mr Shoebridge. I cannot guarantee by Monday what we can deliver but we are certainly happy to try and find what we can to get some information to help.

Mr DAVID SHOEBRIDGE: I am assuming you know what it costs to assess claims on average, but if you also have got it looking at COVID that would be great too.

Richard HARDING: Yes, but it is splitting out COVID that is going to be the test. Leave it with us, we understand that you would like that information and we are happy to try and help in whatever way we can.

<p>Training materials for claim managers</p>	<p>The Hon. SCOTT FARLOW: Following up from some of the earlier questions with respect to the burden of proof required if 19B were to go, I guess there is an assessment that you can make now that there are those that are covered by the presumption and then there are those that are not. What would be the burden of proof required for those not covered by the presumption at the moment? I think this probably is best directed at icare rather than SIRA.</p> <p>Richard HARDING: I might ask Ms Maini to answer this question, if you are comfortable with that? She has a lot more detail than I have of the process.</p> <p>Mary MAINI: Happy to. Thank you, Mr Harding. I am happy to also provide the Committee if they like just the training material and everything that we have put together in terms of managing the claims and also the notifications that we have received to date. What we do is with every notification we receive we actually call them a workers' hug call. We try and make sure that, we run a script that we ask the following questions, and those questions are directed at, "Have you tested positive to COVID? Was it contracted at work?" If the answer is no then we have another conversation. If the answer is yes then we ask, "What was the date that you last worked? Was your employer alerted that there was a positive COVID case in your workplace? Did you work with a colleague who was positive?" We ask this sort of series of questions to make sure that we manage the claim</p>	<ul style="list-style-type: none"> • Knowledge Articles assisting with the management of claims • FAQs regularly updated • Additional training material (Tab A) • Decision Making Guidelines (currently being updated and refreshed) • Monthly forums to address new concerns or issues
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as efficiently as possible without putting undue or any additional investigation processes in place. We keep going. If no, "Were any of your family or friends tested positive? What date did they test positive? When did you start experiencing symptoms?"

We try and ask questions around, "Have you sought any medical treatment? If so, what treatment and the duration of frequency? What was the method of testing, RAT or PCR?" And if I could just pause there in terms of RAT or PCR, we are trying to make sure that we do everything we can to expedite these claims and take that pragmatic approach, especially whilst we were going through that phase where people were unable to obtain a PCR. We continue; if PCR we request a screen shot, if it is a RAT then we ask for confirmation that the test has been registered with Service NSW, if not we ask it to be registered so it could have that material and then ask for that to be processed. Then we talk about the current New South Wales isolation requirements, take them through that, ask whether there were any expenses incurred, ask for receipts to come through and try and make sure we get as much information so we can make that determination, especially on provisional liability, early.

Then we make sure that we contact the employer and ask the employer a series of questions. They are, "Were you notified by your employee of the positive test? When was the last date that they worked? Were you alerted?"

	<p>Have you alerted NSW Health? Are you aware of any other staff members testing positive?" They are the sort of questions that we run through. I am more than happy, as I said, provide more detail and our training material that supports all of those questions for the Committee. What we are trying to do is make sure that we get enough information so we can address the causal link, ensure that we comply with the legislative requirements and also process these claims as quickly as we can.</p>																																																
<p>Percentage of NI/TMF COVID related claims that fall under presumptive legislation</p>	<p>The Hon. SCOTT FARLOW: With respect to the 9,000 figure and the 4,000 figure, or thereabouts I should say, do you have any breakdown in terms of how many of those attract the presumption, how many of those do not attract the presumption?</p> <p>Adam DENT: I will not be specific, Mr Farlow, but of the 12,972 confirmed diagnoses of COVID cases we believe around 90 per cent are likely to fall to presumptive employees, just on the basis of which insurers those have come from. There are some for whom all of the members of those schemes would be presumed.</p> <p>The Hon. SCOTT FARLOW: Ms Maini, any view from icare?</p> <p>Richard HARDING: In relation to the Nominal Insurer I cannot give you a percentage as Mr Dent has but what I can tell you is the majority have come from presumptive industries, such as retail, the aged-care sector, transport, grocery, cinemas, manufacturing.</p>	<p>The table below includes claims only relating to workers who have contracted COVID-19</p> <table><tr><th colspan="4">COVID-19 Diagnosis Claims as at 4th February 2022</th></tr><tr><th></th><th>Presumptive Industries</th><th>Non-Presumptive</th><th>Total</th></tr><tr><td>Nominal Insurer</td><td>1,905 (74.3%)</td><td>659 (25.7%)</td><td>2,564</td></tr><tr><td>TMF</td><td>1,161 (99%)</td><td>12 (1%)*</td><td>1,173</td></tr><tr><td>Total</td><td>3,066 (82%)</td><td>671 (18%)</td><td>3,737</td></tr></table> <p>* includes 13 claims where industry and occupation are unknown as recent notifications, but icare expects these to fall under presumption</p> <p>Breakdown of presumptive claims by industry NI</p> <table><tr><th>Industry</th><th>No. Claims</th><th>% of Total</th></tr><tr><td>Health Care And Social Assistance</td><td>683</td><td>35.9%</td></tr><tr><td>Accommodation And Food Services</td><td>446</td><td>23.4%</td></tr><tr><td>Retail Trade</td><td>381</td><td>20.0%</td></tr><tr><td>Construction</td><td>169</td><td>8.9%</td></tr><tr><td>Transport, Postal And Warehousing</td><td>110</td><td>5.8%</td></tr><tr><td>Education And Training</td><td>80</td><td>4.2%</td></tr><tr><td>Arts And Recreation Services</td><td>36</td><td>1.9%</td></tr><tr><td>Grand Total</td><td>1905</td><td></td></tr></table>	COVID-19 Diagnosis Claims as at 4th February 2022					Presumptive Industries	Non-Presumptive	Total	Nominal Insurer	1,905 (74.3%)	659 (25.7%)	2,564	TMF	1,161 (99%)	12 (1%)*	1,173	Total	3,066 (82%)	671 (18%)	3,737	Industry	No. Claims	% of Total	Health Care And Social Assistance	683	35.9%	Accommodation And Food Services	446	23.4%	Retail Trade	381	20.0%	Construction	169	8.9%	Transport, Postal And Warehousing	110	5.8%	Education And Training	80	4.2%	Arts And Recreation Services	36	1.9%	Grand Total	1905	
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Obviously in the TMF, the majority are from health services and some of the emergency services.

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The Hon. DANIEL MOOKHEY: I want to concentrate on the Nominal Insurer here, because that is the one that obviously businesses and workers are most anxious about because it is by far the largest. Mr Dent, the Nominal Insurer sees on average 65,000 claims per year?

Adam DENT: I will ask Mr Harding to answer that.

Richard HARDING: On average, Mr Mookhey, it is about 63, rounded up.

The Hon. DANIEL MOOKHEY: Sure. In the two years that the Nominal Insurer has presumably had 126,000 claims, thereabouts?

Richard HARDING: Yes, roughly.

The Hon. DANIEL MOOKHEY: Again, it is not complicated mathematics. It had 2,500 claims as a proportion of 126,000 claims, that is 1.98 per cent of all claims to the Nominal Insurer COVID-related, is that fair?

Richard HARDING: At this point in time, that is clearly the case.

The Hon. DANIEL MOOKHEY: And of that do you have any specific—Mr Harding or Ms Maini—information as to how any of those 2,500 claims over two years the NI has received are from presumed categories?

Breakdown of presumptive claims by Government agency in TMF

Industry	No. Claims	% of Total
NSW Police	383	31%
NSW Health	257	21%
Department of Education	3	0%
Department of Communities and Justice	476	39%
NSW State Emergency Service	1	0%
Transport for NSW	26	2%
Fire & Rescue NSW	78	6%
Parks and Wildlife	1	0%
Grand Total	1225	

	<p>Richard HARDING: I do not have any specific data. I can tell you that the majority of them arise from industries including manufacturing, transporting, grocery, retailing, aged care and cinemas. I cannot give you specific number on that, unfortunately. That is the general themes that we have seen.</p> <p>The Hon. DANIEL MOOKHEY: It is a smaller amount of the 1.98 per cent. Even if it is 1.7 or 1.5, that is fair for us to assume?</p> <p>Richard HARDING: Sure. I am conscious that really this is an industry-wide issue. This is not a Nominal Insurer-related issue, because clearly the majority of claims are not falling to the Nominal Insurer at this point in time. I take your points, but that is the nature of how currently claims are falling under the presumption to self-insurers and specialised insurers. They are not all coming to icare, which is just the nature of where things are arising.</p>	
Rejected claims – COVID related claims versus other claims	<p>The Hon. SCOTT FARLOW: That is very helpful for the Committee. Thank you very much, Mr Harding, on that point as well. Do you keep any level of rejection comparison between presumptive employees and those who do not attract the presumption? Either SIRA or icare?</p> <p>Adam DENT: I do not have that information at hand, unfortunately not. Again, as you suggested, we can perhaps provide some of that in a subsequent submission.</p>	<p>The total number of COVID-19 diagnosis claims that have been denied is 18, which represents less than one per cent of all COVID-19 diagnosis claims. For all COVID-19 related claims (including vaccine related and psychological injury), the declinature rate is two per cent for the NI, and six per cent for the TMF. Across the whole portfolio, the current average decline rate is three per cent in both the NI and TMF.</p> <p><i>Nominal Insurer</i></p> <p>Six of the twelve denied claims sat within a presumptive definition. However, through the claim process it was identified that either medical evidence was not available, or evidence indicated that the contraction of the disease did not occur through the course of employment.</p>

TMF:

Five of the six denied claims sat within a presumptive definition. However, through the claim process it was identified that either medical evidence was not available, or evidence indicated that the contraction of the disease did not occur through the course of employment.

For all COVID-19 claims, to determine liability the following points are confirmed:

- The workers' status as a worker
- The connection with employment
- Medical evidence to support the claim

RTW rates for COVID related claims

The Hon. DANIEL MOOKHEY: I do. A couple of questions arise from some of the interesting points that were made by Mr Harding. Firstly, do you have data on what the typical return to work rate is for a person who has a COVID claim in the NI?

Richard HARDING: I will just check with Ms Maini. I do not have it with me on hand but it is possibly something that we could include in the submission again, yes.

The Hon. DANIEL MOOKHEY: Ms Maini, do you have that figure?

Mary MAINI: I do not have that but we could provide that to you, I think we would say on Monday.

The Hon. DANIEL MOOKHEY: That would be great. Mr Dent, do you maintain such figures as to what the average return to work rate is at four weeks for a COVID patient?

Adam DENT: Because of the lag on that final claims data coming through to us, we would not have anything that reflected the last few months with any degree of accuracy and I think,

- NI Scheme– 12m rolling based on Date Entered Insurer System

NI RTW Comparisons- 12m rolling

	All claims	COVID-19 claims	Non-COVID Claims
4 Week Rate	62.86%	82.09%	62.70%
13 Week Rate	77.47%	81.90%	77.46%

IfNSW RTW Comparisons - 12m rolling

	All claims	COVID-19 claims	Non-COVID Claims
4 Week Rate	62.24%	60.52%	62.33%
13 Week Rate	76.92%	80.42%	76.80%

Note that 26 and 52-week rates are not available as they are underdeveloped given the small number of COVID claims in those cohorts. Due to limited data, it is unreliable to obtain meaningful averages for the purposes of future costing or design for COVID-19 related claims.

particularly given the shift over the last couple of months, it would be more material. Given that our most recent all claims data from insurers is at November, we have not really got anything that would be useful at this point. We would expect over time to have that.

The Hon. DANIEL MOOKHEY: To be fair, you would have that figure for the Delta wave. That is very useful, given Delta seems to be more severe in terms of health impact than Omicron.

Adam DENT: Yes, and from what I understand, I do not have it to hand, Mr Mookhey, I am sorry, the four week return to work rate for COVID claims was certainly higher than the average, as you might expect. I think there is still far too much development in any of those claims to get to any reasonable position.

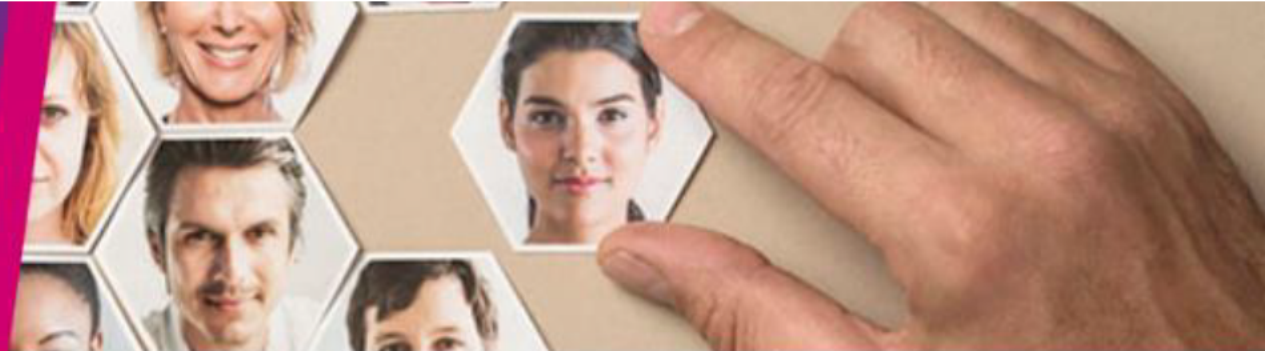
The Hon. DANIEL MOOKHEY: Sure, but we are two years in and so far the data suggests that a person with COVID is getting back to work quicker than a person with a non-COVID claim, at least as of November last year.

Adam DENT: Yes, looking at a note I saw with a very basic point on it, yes. We would have data and we could produce that sort of information.

The Hon. DANIEL MOOKHEY: That would be good, because it is a key question as to how long is a person off and how long is the scheme supporting a person with COVID relative to a non-COVID claim. I really would appreciate that, Mr Dent.

	<p>Adam DENT: It certainly would not include at this point in time any of the recent wave.</p> <p>The Hon. DANIEL MOOKHEY: Sure. With that caveat, it is still very useful information, so that would be great.</p>	
<p>Scheme financial position – analysis of impact of RTW rates</p>	<p>The Hon. DANIEL MOOKHEY: Mr Harding, you earlier made the point that you are expecting to have to reserve or you expect your actuaries will tell you to reserve or put aside an increase to the reserves as a result of COVID. Did you mean for the NI, the TMF or both?</p> <p>Richard HARDING: I expect for both. At the time I made the comment I was talking about the NI in particular, but clearly it is both.</p> <p>The Hon. DANIEL MOOKHEY: How does it compare to the reservation you are going to have to make as a result of, as we have explored in estimates and law and justice, the slow down in the return to work rates?</p> <p>Richard HARDING: As I mentioned, we currently have some draft reports. They are still being worked through. I do not have the final data in front of me, so I cannot give you that information. There is a process that we need to go through there but that will be public when we finalise it, Mr Mookhey.</p> <p>The Hon. DANIEL MOOKHEY: You made the point, and it is a good point, the scheme's finances are in a precarious state and you made the point that this could add pressure to it, but I am wanting to understand what is the size and scope of that pressure</p>	<p>As discussed, the 31 December 2021 Valuation is currently under consideration. A summary will be provided on icare's website once completed.</p>

	<p>relative to the faltering rates of return to work performance in the NI and the TMF relative to each other. If in your additional submission you could provide us any analysis on that point it would be really useful.</p> <p>Richard HARDING: I think they are two very—and with the greatest of respect I understand the point you are trying to make—but I think they are two very different issues here. Really, as it relates to the ongoing nature of the repair program that we have to bring the Nominal Insurer back to where we all like it to be, that is a long-term program of work. What we are talking about now is a different issue, which is highly uncertain.</p>	
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COVID-19

Practical tips for actioning positive diagnosis notifications

Note: This material describes the current process as at 3 February 2022. The process is subject to change noting possible amendments to or repeal of the presumptive legislation.

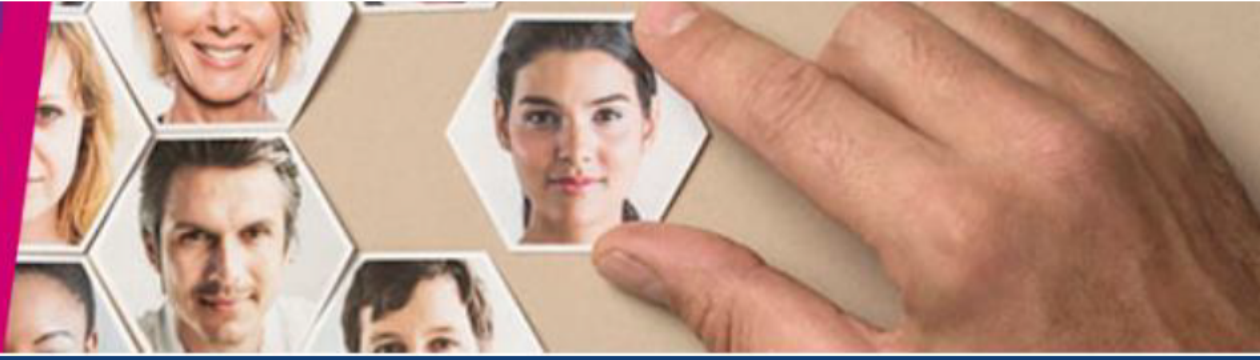


What's the purpose of this pack?

Give you an overview of:

- What is expected when assessing provisional and full liability for confirmed cases of COVID-19.
- How diagnosis of the virus confirmed by RAT registered with Service NSW can be used to provide short term support.
- How you can gain the evidence needed to assess ongoing support
- What is needed to correctly code notifications for reporting purposes.
- Where you can find supporting resources.





**The approach to be
taken when
assessing liability**



The general principles

The claimant must demonstrate

1. He or she has suffered an injury
2. Their employment was either a substantial contributing factor [personal injury] ; or a main contributing factor [disease injury] to the injury

*** (sections 9A and 4(b) of the Workers Compensation Act 1987)*

Go to icare's Decision Making Principles [COVID-19] and SIRA's Standard of Practice 32 for guidance on how to assess provisional and full liability step by step for confirmed cases of COVID-19.

Provisional payments (weekly and medical) should start without delay if there is evidence on notification that employment contributed to the contraction of the virus.

If there is a reasonable excuse for not starting provisional weekly payments, the information that is needed from the worker, the employer and the information you are gathering to start them must be clearly explained.

If more information (factual and medical) is required to extend provisional payments or make a full liability decision this needs to be promptly actioned.

** For exempt workers, such as police officers, paramedics and firefighters, normally employment must be the substantial contributing factor pursuant to section 9A of the Act. However these workers are covered by the presumptive legislation and as such are not required to satisfy section 9A with respect to COVID-19 cases.



What evidence is needed to start provisional payments

To demonstrate an injury

Diagnosis of the virus should be confirmed by PCR.

If PCR results are not available by day 7, diagnosis of the virus confirmed by RAT registered with Service NSW can be used to provide capped provisional payments only** while the PCR results or other information like a certificate of capacity to confirm diagnosis is gathered.

** The caps are for time lost of no more than 7 days and medical or treatment related expenses up to \$2,000 based on current claims experience.



To demonstrate employment contribution

If the worker is in 'prescribed employment' contribution is presumed unless the employer produces evidence to indicate otherwise.

If the worker is not in 'prescribed employment' you will need evidence that indicates the only likely exposure to the virus was at or because of their work.

Note: NI ClaimCenter users can refer to Letter Templates KA to access specific PL letter for claims that have had diagnosis of the virus confirmed by RAT.



What evidence is needed to extend capped provisional payments or accept full liability

**To demonstrate
an injury**

PCR results if the worker is in 'prescribed employment'.

PCR results or other information like a certificate of capacity to confirm diagnosis if the worker is not in 'prescribed employment'.



**To demonstrate
employment
contribution**

If the worker is in 'prescribed employment' contribution is presumed unless the employer produces evidence to indicate otherwise.

If the worker is not in 'prescribed employment' you will need evidence that indicates the only likely exposure to the virus was at or because of their work.

When full liability should be disputed

There is not enough evidence to demonstrate an injury



There is not enough evidence to demonstrate employment contribution

PCR results or other information like a certificate of capacity to confirm diagnosis are not available.

If the worker is in 'prescribed employment' but the employer or your investigations has produced evidence to indicate exposure to the virus was not at or because of their work.

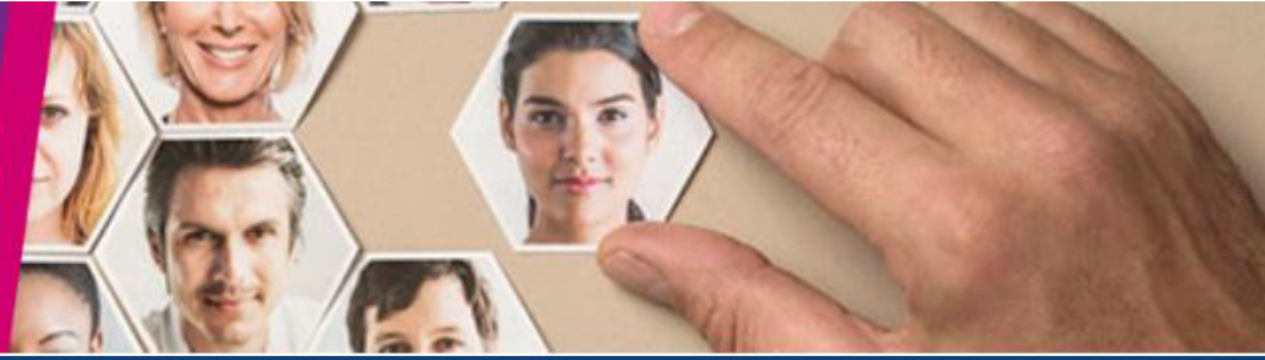
If the worker is not in 'prescribed employment' and the evidence does not indicate exposure to the virus was only likely at or because of their work.

Note: All decisions disputing liability for a COVID-19 diagnosis or COVID-19 work related claim must be reported separately to icare as a significant legal matter.



Prescribed employment means employment in the following:

- the retail industry (excluding purely online businesses)
- the health care sector, including public health employees
- police and emergency services
- firefighters (including rural fire services)
- ambulance officers
- educational institutions, including pre-schools, schools and tertiary institutions (other than establishments providing only online teaching)
- the cleaning industry
- the construction industry
- restaurants, clubs and hotels
- disability and aged care facilities
- refuges, halfway houses and shelters
- passenger transport services
- courts and tribunals
- correctional and detention centres
- places of public entertainment or instruction (including cinemas, museums, galleries, cultural institutions, libraries and casinos)
- cafes
- supermarkets
- funeral homes
- childcare facilities



Practical tips for gathering the evidence needed to make payments

Initial Contacts

Use the call to identify what level of provisional support you can provide within the first 7 days

Identify or confirm what evidence the worker has to demonstrate they have **tested positive** to COVID-19 and that the virus was contracted at or because of their work and any evidence the employer has to support or⁺ indicate otherwise.

Identify if the worker has lost wages for time off work or incurred medical or related treatment expenses because of the virus that needs to be reimbursed.

Confirm what evidence of incapacity will be needed to support provisional weekly payments beyond 7 days and what evidence you will need to properly calculate the amount of weekly payments to be made.

If a RAT result registered with Service NSW is the only available evidence to support diagnosis, explain clearly that a PCR, or where the presumption does not apply a COC, or other medical report confirming COVID-19, will need to be submitted to claim provisional support for time lost beyond 7 days and/or \$2,000 for medical or related treatment.

What will you need to make provisional payments



- A copy of positive PCR test results or a screenshot of SMS or any other correspondence received from NSW Health confirming the worker has COVID-19
- A screenshot of registration of a positive RAT result with Service NSW for short term provisional support if PCR test results are not available by the time provisional payments must commence

Register a positive result





Certificates of Capacity

1

While ordinarily you would need a valid Certificate of Capacity (COC) from a treating doctor to support a claim for weekly payments for any period, an initial COC might not always be available on notification because the worker has been diagnosed via PCR or RAT and is isolating.

If evidence of positive diagnosis is available, a COC is not required to make initial provisional payments for 7 days.

2

If the worker returns to work after isolating for 7 days in line with current NSW Health Guidelines without attending an appointment or obtaining a COC from their doctor, they are to be identified as fit for pre-injury duties.

3

ClaimCenter users (NI only) can enter dummy certificate data to make initial provisional payments for 7 days and to confirm the worker is fit for pre-injury duties.

4

If the worker is still experiencing symptoms after isolating for 7 days, you will need to clearly explain that they will need to make an appointment with their doctor and send a valid COC and if not already provided, their PCR result to you for more provisional payments to be made.



Calculating PIAWE



To calculate accurately the correct amount of weekly payments to be made, you will need to first calculate PIAWE. Some Employers have been impacted by COVID-19 and providing complete PIAWE information might be difficult.

In line with the PIAWE Service Expectations:

- We need to make reasonable attempts to gather the required information for an accurate PIAWE calculation.
- Our PIAWE decision needs to be made based on the available information and must not disadvantage the worker.

If you cannot obtain all the information needed to fully calculate PIAWE, an interim calculation can be relied on to start provisional weekly payments without delay while you gather the information necessary to do a full calculation.

Information that supports an interim PIAWE calculation can include:

- verbal confirmation (with supporting file notes) from the worker and/or employer, the hourly rate and average hours worked, or hours worked over last pay period before the injury;
- at least some payslips from the pay periods prior to the date of injury
- reviewing Industry Award details

NOTE: If an interim PIAWE is applied at day 7, **reasonable** follow up attempts must be made to facilitate the completion of a PIAWE calculation as soon as possible.

Be sure that you file note the attempts made to gather PIAWE information and the reasons why the information is not available.

Investigations

Consider as soon as you know longer term support, hospitalisation or long-COVID treatment is likely to be claimed

Go to Knowledge Article - Claims Investigations - Factual and Surveillance (#3227) when looking at referring for a factual investigation.

Go to Knowledge Article - Independent Medical Examination (IME) (#3022) when considering whether referral to an IME is required.

The MSP can also provide guidance.

See Knowledge Article - Medical Support Panel (MSP) (#3482)



Claim coding scenarios for **COVID-19 claims**

Typical COVID-19 Claim Coding Scenarios

1

A worker contracts COVID-19 through work activity and makes a workers' compensation claim.



2

A worker is suspected of having contracted COVID-19, but ultimately tests negative to the virus.



3

A worker makes a mental stress claim due to circumstances related to COVID-19.
(Note: This type of claim should be lodged and managed as a psychological claim)



4

A worker is vaccinated against COVID-19 and experiences an adverse reaction to the vaccine.



Typical COVID-19 Claim Coding Scenarios

1

A worker contracts COVID-19 through work activity and makes a workers' compensation claim.



Mechanism of incident:	72	Contact with, or exposure to, biological factors of human origin
Nature of injury/disease:	855	Novel coronavirus COVID-19
Breakdown Agency and Agency of Injury:	8599	Biological agencies
Bodily location:	720	Respiratory system in general

Typical COVID-19 Claim Coding Scenarios

2

A worker is suspected of having contracted COVID-19, but ultimately tests negative to the virus.



Mechanism of incident:	72	Contact with, or exposure to, biological factors of human origin
Nature of injury/disease:	952	Exposure to substances and ultimately tested for Novel Coronavirus (COVID-19) without disease apparent
Breakdown Agency and Agency of Injury:	9989	Agency not apparent
Bodily location:	900	Unspecified locations

Typical COVID-19 Claim Coding Scenarios

3

A worker makes a mental stress claim due to circumstances related to COVID-19.

(Note: This type of claim should be lodged and managed as a psychological claim)



Mechanism of incident:	89	Mental stress related to Novel Coronavirus (COVID-19)
Nature of injury/disease:	702 703 704 705 706 707 718 719	Post-traumatic stress disorder Anxiety/stress disorder Depression Anxiety/depression combined Short term shock from exposure to disturbing circumstances Reaction to stressors - other, multiple or not specified Other mental diseases, not elsewhere classified Mental diseases unspecified
Code to the relevant mental health condition existing codes:		
Breakdown Agency and Agency of Injury:	9199	Non-physical agencies
Bodily location:	800	Psychological system

Typical COVID-19 Claim Coding Scenarios

4

A worker is vaccinated against COVID-19 and experiences an adverse reaction to the vaccine.



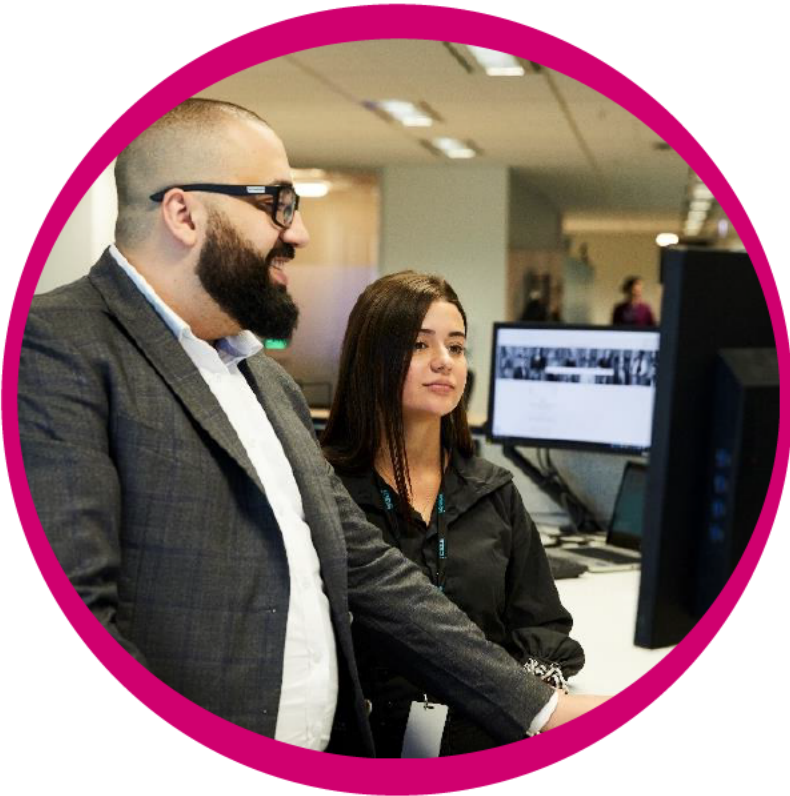
Mechanism of incident:	61	Single contact with chemical or substance
Nature of injury/disease:	945	Adverse reaction to receiving vaccination
Breakdown Agency and Agency of Injury:	5401	COVID-19 vaccine
Bodily location:	<p>Use codes that best describe what is detailed in the claim</p>	<ul style="list-style-type: none"> • If the claim specifies one bodily location affected by the vaccine, code to that location. For example: pain at injection site could be coded as 420 Upper arm. • If the vaccine has caused a reaction to multiple specified parts of the body, code to 680 Other specified multiple locations. • If specific multiple locations have not been provided and it is not possible to deduce a more specific code, code to 690 Unspecified multiple locations. • If the claim form reports a systemic complaint i.e. fever, code to 780 Other and multiple systemic conditions.



ICD codes for COVID-19 Claims

ICD Code	ICD Description
U07.1	COVID-19
J99	Respiratory Disorders in diseases classified elsewhere
B34.2	Coronavirus infection - unspecified
T50.Z95	Adverse reaction to vaccine

Further Resources



Expand your skills, capability & experience with additional resources:

Knowledge

- [#3158 - Coronavirus \(COVID-19\) FAQ's](#)
- [#2908 – Claims management during the COVID-19 Pandemic](#)
- [#4166 – COVID-19 Collateral & Resources 2021](#)

Learning Packs

- COVID Claims Management Guidance Material

icare Website

- [Icare-coronavirus-information](#)
- [COVID 19 factsheets](#)

SIRA Resources

- [S32. Managing claims during the COVID-19 pandemic](#)
- [GN 2.2A Disease injury](#)