

Assessing and determining a permanent impairment claim

Claim management

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Introduction

Claims for permanent impairment (PI) are registered by the Claims Administration and Income Support (CAIS) team (refer to the [Registering a claim for permanent impairment](#) page). Then the Claims Manager is responsible for assessing and determining the claim.

A new PI claim should be [triaged](#) within 7 days of PI claim receipt. At this time, a PI claim should be assessed, and the PI [claim plan](#) completed. The claim plan will help assess whether a determination can be made without an independent medical examination (IME), taking into account whether:

- there is enough medical evidence available to determine liability
- the employee has undertaken all reasonable rehabilitative treatment for the impairment
- the employee's condition has stabilised
- the employee has received a PI for the same injury previously
- the employee has elected to sue the Commonwealth previously for the same injury (refer to [Electing to sue the Government](#) for more information)

and taking into consideration:

- the duration of the impairment

- the likelihood of improvement in the employee's condition
- any other relevant matters.

Timeframes

Comcare aims to determine 90% of permanent impairment claims within 90 days of receipt. Each claim is considered on its own merits and delays can occur due to:

- the complexity of the claim
- unavailability of specialists
- rescheduling of appointments.

Any predicted delays should be discussed with your Assistant Director.

Relevant sections of SRC Act

The following sections of the SRC Act are relevant to claims for permanent impairment:

- section 23A – Repayment of salary, wages or pay, and re-crediting of paid leave, where compensation claim successful
- section 24 – Compensation for injuries resulting in permanent impairment
- section 25 – Interim payment of compensation
- section 26 – Payment of compensation
- section 27 – Compensation for non-economic loss
- section 28 – Approved Guide
- section 45 – Actions for damages – election by employees

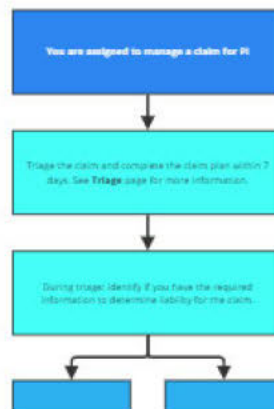
Hearing loss permanent impairment claims

Please review the information in the [Assessing hearing loss claims for permanent impairment](#) page for more specific guidance on assessing hearing loss and factors to consider.

Managing a claim for permanent impairment - flowchart

Refer to this process flowchart to help you progress through the management of a PI claim. Click on the image or click on [Flowchart: assessing and determining a PI claim](#) for a pop-out version you can zoom on.

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Arranging an independent permanent impairment assessment

Claims for permanent impairment may require an independent medical examination (IME) to gather necessary medical evidence. See [Independent medical examinations](#) for more information. A decision on whether an independent permanent impairment (PI) assessment is needed should be confirmed in [triage](#).

Before arranging an independent permanent impairment assessment

Before arranging a PI assessment, you should consider the following:

- does the employee have a treating *specialist*, i.e. not a general practitioner (GP), who can determine the degree of PI?
- is further information required from the treating specialist (a legally qualified medical practitioner (LQMP))?
- You may rely on a treating specialist's opinion regarding the degree of PI without arranging an independent assessment:
 - if the specialist is qualified in the field of medicine which most closely relates to the employee's condition.
 - You may rely on a treating practitioner's specialist opinion regarding the degree of PI without arranging an independent assessment where the specialist has reasoned grounds for the degree of PI, with reference to the relevant tables and the application of the correct criteria in the [Guide to the Assessment of the Degree of Permanent Impairment Edition 3.0](#) (Approved Guide).

It would be rare to rely solely on the opinion of the employee's treating general practitioner (GP) when determining a claim for PI.

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Non-economic loss

Compensation for permanent impairment falls under section 24 of the SRC Act. Where compensation under section 24 has been accepted, the employee may also be entitled to additional compensation for any non-economic loss (NEL) suffered. This falls under section 27 of the SRC Act.

The [claim form for permanent impairment](#) includes a section where the employee can claim for non-economic loss. The form explains the scoring system and criteria which the employee and medical practitioner must complete.

A NEL payment is designed to compensate the employee for the effect an impairment has had on the employee's life (pain and suffering). It also measures the employee's mobility, and enjoyment of and participation in:

- social relationships,
- recreation and
- leisure activities.

An employee must be **aware** of the losses suffered as a result of an impairment to claim compensation for NEL. Therefore, for example, an employee in a coma is not entitled to compensation for NEL.

The NEL is assessed in accordance with the [Guide to the Assessment of the Degree of PI - Edition 3.0](#). The Claims Manager determines the final scores according to the presented evidence (see [Non-economic loss questionnaire](#) below).

Note: [Transitional employees](#) are not entitled to NEL under section 27(3) of the SRC Act regardless of the legislation under which the PI payment is calculated.

Interim payments and non-economic loss

An employee may be offered (or may request) an interim payment while their claim for permanent impairment compensation is being progressed.

Interim payments are only payable when:

- the employee has provided a written request for the interim payment
- the impairment has reached a degree of impairment of 10% and is not yet stable, and
- the condition is not likely to improve.

An employee may receive an interim payment for permanent impairment under section 25 of the SRC Act. However, they are not entitled to a non-economic loss (NEL) payment until a determination is made under section 24 of the SRC Act.

See [Procedure to offer an interim payment](#) for information on how to identify applicable claims and discuss interim payments with the employee.

See [Procedure to action an interim payment request](#) for how to update the claim following a written request for an interim payment by the employee.

Non-economic loss questionnaire

The non-economic loss (NEL) questionnaire is divided into the following sections:

- pain and suffering
- loss of amenities
- other loss

- treating practitioner's section and
- legally qualified medical practitioner's (LQMP's) section. This section is only for cases where there is both a treating practitioner and an independent medical examiner appointed by Comcare.

You, as the Claims Manager, need to use the non-economic loss (NEL) calculation tables to determine the percentage of NEL an employee is suffering. Scores from these tables are used to calculate a percentage of NEL.

When assessing and determining NEL, you must carefully consider and select the appropriate scores based on the overall evidence of the claim, in conjunction with any explanations or additional comments provided by:

- the employee
- the treating practitioner and
- the LQMP/examiner appointed by Comcare (if applicable).

The employee's scores may be different from those of the treating practitioner or LQMP/examiner. In such cases, Comcare is likely to accept the NEL score obtained from the treating practitioner or the LQMP/examiner. However, any decision should be supported by medical evidence. Reference should be given to the employee's comments as well.

Non-economic loss previously paid

When determining NEL scores, the Claims Manager needs to consider whether the employee has ever received NEL payments previously. If so, you need to consider if the previous payments were for the same 'lifestyle' change that they are currently claiming for. If they are, Comcare can only pay an additional NEL payment if the suffering rating has increased since the first time Comcare paid the employee. That is, if the employee had a Suffering score of 3 last time and a score of 4 this time, Comcare would calculate the new payment so as to only pay them a score of 1 to account for the difference.

For further information, refer to the [PI Guide](#).

Procedure to gather required information to determine a PI claim

When you do not have enough information to determine a permanent impairment (PI) claim, please follow the steps below:

Step 1: Phone the employee (or their representative)

Your conversation should advise:

- - of the next steps to be taken on the claim
 - of the Medicare notification requirements outlined below, and
 - that a letter confirming this information will be sent to them.

Medicare notification requirements:

- - Under the *Health and Other Services (Compensation) Act 1995* (HOSC Act), Comcare must inform Medicare of any accepted PI claim over \$5,000, even if the employee has not claimed any Medicare benefits related to treatment of the injury.
 - Comcare is required to deduct any amount payable to Medicare from the employee's compensation payment (being the PI payment).
 - Advise the employee (or their legal representative) that you will request that Medicare issue a Medicare History Statement to the employee
 - Medicare will issue a History Statement to the employee to be completed and returned to Medicare. The employee is required to indicate which benefits in the statement relate to their compensable condition, (if any).
 - To avoid any delay in determination or payment of a PI entitlement, the employee should respond promptly to any requests from Medicare or Comcare.

Step 2: Phone the employer

Advise of conversation with the employee.

Step 3: Send letter to the employee (or their representative)

Use letter template 'Section 24: Acknowledge PI Claim'.

Ensure that you send copy of the letter to the employer.

Step 4: Lodge Medicare History Statement Request form to Medicare

Complete and send [Medicare History Statement Request form](#) (the email address for Medicare is on the form - **do not** send notification to Centrelink rather than Medicare as this may lead to unnecessary delays).

Step 5: Update Pracsys

Create a comment in the '*Manage Permanent Impairment*' (MPIC) screen in Pracsys. Record your conversation. Your comment should also include that the PI claim has been acknowledged and that a Medicare History Statement Request form has been lodged with Medicare.

Go to '*Manage Action Plan*' (MAP). Create an action plan diary to follow up with the employee and Medicare whether a History Statement has been issued to the employee. Enter the due date for the reminder (14 calendar days).

The procedure ends here.

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Procedure to determine liability for permanent impairment

This procedure explains how to determine liability for permanent impairment (PI) under the SRC Act.

Important: Before proceeding with this procedure, you must ensure that the claim has been brought to triage. For further guidance, refer to the [Triage](#) page.

Step 1: Review PI forms, reports and medical evidence

You should consider in your review:

- the degree of PI calculated for each separate injury the employee is claiming for and
- that the correct tables and percentages were applied.

Independent medical examination report

If an independent medical examination (IME) has been completed, review the IME report and ensure:

- the report has been signed by the examiner/legally qualified medical practitioner (LQMP) (an electronic signature of the examiner - not the office manager - is acceptable)
- the report provides the degree of the employee's PI as a percentage and that the rating complies with the Approved Guide
- the examiner/LQMP or specialist has completed the non-economic loss section (Part C) of the claim form
- the report substantially addresses your questions (if necessary send a copy of the original letter and ask them to respond to the specific questions outlined there - first consult with your Injury Manager).

Correspond with the examiner/LQMP to make sure these issues are addressed. Maintain a record of all conversations in MPIC.

Authorise payment for IME report

Authorise payment for the medical report in Pracsys (see [Invoice receipt and processing](#)).

Update Pracsys with IME report receipt date

In 'Manage Permanent Impairment' (MPIC):

- select the claim for PI
- select 'Next'
- using the information provided on the PI claim form, complete the following fields:
 - Assessment Status - change to 'PI assessment'
 - Specialist Report Requested - change to 'Yes'
 - Specialist Report Date - insert date of report.
- select 'Amend'.

Review all medical evidence

Consider if you have enough information to determine the claim.

If no, a further PI assessment may be required, but consider the following first:

- whether discrepancies or uncertainties in evidence between the employee's treating practitioner and the examiner/LQMP who undertook the PI assessment can be resolved by asking further questions from one or both of the practitioners
- whether the opinion of one of the practitioners is preferred over the opinion of the other. For example, a specialist's opinion or a practitioner's experience with assessing claims under the Approved Guide might provide more compelling evidence
- whether a further opinion from a new examiner/LQMP will resolve any differences between the available evidence.

Note: Decisions on whether a further PI examination is required, should be made within 7 working days of receiving the report from the first examiner/LQMP. Discuss with your Assistant Director and Injury Manager whether a second examination is required.

Step 2: Based on the medical evidence, determine if there is an impairment and if it is related to the employee's compensable condition

- If yes, continue.
- If no, refer to [Rejecting a claim for permanent impairment](#).

You must consider the impairments for each separate injury claimed. The PI cannot be determined until the injury has been accepted as compensable.

Step 3: Determine if the impairment is permanent

- If yes, continue.
- If no, refer to [Rejecting a claim for permanent impairment](#).

The [MDGuidelines Tool](#) is a useful resource to find information on the expected duration of an injury. However, it should not be relied upon to determine whether a condition is permanent. Use all medical evidence available to you and consult with your Injury Manager and Assistant Director as necessary.

Step 4: Based on the medical evidence, determine if the employee's impairment is likely to deteriorate further

- If yes, consider whether an interim payment should be offered. If so, refer to the [Procedure to offer an interim payment](#).
- If no, continue.

There is no required minimum increase in the degree of PI for a further payment to be made following an interim payment.

Step 5: Do you agree with the percentage given according to the tables used in the Approved Guide?

- If yes, continue.

- If no, discuss with your Assistant Director and Injury Manager before continuing. Undertake any agreed actions and return to this procedure when you have more information.

Step 6: Calculate the PI payment percentage

Refer to [Calculating permanent impairment payments](#). Follow the [Procedure to calculate a permanent impairment payment](#).

Step 7: Determine if the degree of permanent impairment meets the requirement

The degree of PI must meet the 10% (or 5% for binaural hearing loss) requirement for compensation to be payable.

The exceptions are:

- loss of, or loss of the use of, fingers and toes – there is no minimum requirement for the degree of permanent impairment, and
- loss of the sense of taste or smell – there is no minimum requirement for the degree of permanent impairment. See section 24(8) of the SRC Act.
- If yes, continue.
- If no, refer to [Rejecting a claim for permanent impairment](#).

Step 8: Determine if the employee has received a previous PI payment (not including an interim payment)

- If yes, consider whether the employee has reached a further ten per cent (or five per cent for binaural hearing loss) above the original percentage to qualify for another PI payment. If a subsequent PI doesn't meet this threshold, refer to [Rejecting a claim for permanent impairment](#).
- If no, continue.

Note: There is no required minimum increase in the degree of PI for a further payment to be made following a previous interim payment.

Step 9: Draft the determination for quality assurance and approval.

The following steps are required:

- Discuss the claim at triage.
- Draft the determination and save it to Content Manager.
- Send the link to the Content Manager determination file to your Assistant Director for Quality Assurance (QA). If additional actions are identified during the QA and approval process, complete all required steps and return for QA.
- Your AD forwards the draft determination to your Director for approval.

Once the determination has been approved, continue to the Procedure to accept liability for permanent impairment.

Procedure to accept liability for permanent impairment

Step 1: Are you progressing an interim payment for the employee?

- If yes, refer to the Procedure to offer an interim payment and the Procedure to action an interim payment request. Return to this procedure after you have completed the interim payment request procedure.
- If no, continue.

Step 2: Have you completed the determining liability procedure?

- If yes, continue.
- If no, refer to the [Procedure to determine liability for permanent impairment](#).

Step 3: Draft a determination letter to the employee providing a clear and concise explanation of your determination

Determine if there is a current Notice of Past Benefits (NOPB) issued by Medicare on the claim file. A NOPB is valid for 6 months from date of issue.

- If yes, prepare a letter to the employee using letter template '*Section 24: PI Accept: Valid NOPB*'. Do not send the letter yet.
- If no, prepare a letter to the employee using letter template '*Section 24: PI Accept: No Valid NOPB*'. **Note:** Ensure that a Section 23A Statement is enclosed with your letter and use the Advance Payment Calculator to assist with working out the advance payment. Refer to Step 1 in the [Procedure to gather required information to determine a PI claim](#) for more information – the Medicare notification requirements mentioned there must be completed for Medicare to issue a NOPB. Do not send the letter yet.

Amounts under \$5000: Ensure that you delete the options the letter asks you to delete if the total of the permanent impairment/non-economic loss (PI/NEL) amount is under \$5000.

Hearing loss: For Hearing Loss accepted prior to 1988 use the most relevant template from:

- '*Section 24: PI Accept Hearing Loss < 88: Valid NOPB*', or
- '*Section 24: PI Accept Hearing Loss < 88: No Valid NOPB*'

Do not send the letter yet.

Overpayments: Before proceeding, please check the View Overpayment Recovery (VORA) function in Pracsys to see if there are any employee outstanding recoveries. If there are any employee outstanding recoveries, please discuss these with your Assistant Director.

Step 4: Have your draft determination quality assured by your Assistant Director and Director

Your draft determination must be quality assured by an Assistant Director and Director before the determination is finalised and the employee notified. See Step 9 in the [Procedure to determine liability for permanent impairment](#).

Step 5: Phone the employee (or their representative)

After your determination has been approved by the Assistant Director and the Director, you may contact the employee.

Your conversation should include:

- the breakdown of the lump sum payment
- your reasons for the non-economic loss (NEL) scores
- how you came to your decision and the evidence considered
- notification that if the employee elects to sue the Commonwealth under section 45 of the SRC Act, Comcare must be notified within 14 days of the PI determination being made. See [Electing to sue the Commonwealth](#) for more information.

For payments over \$5000 only:

Ensure that you also advise the employee (or their legal representative) of the following:

- Prior to releasing the PI payment, Comcare must notify Medicare of the accepted claim even if the employee has not claimed any benefits from Medicare.
- Comcare is required to complete a [Notice of Judgment and Settlement \(NOJS\) form](#) for Medicare. **Note:** Ask the employee to provide you with their Medicare number as you need to include it when completing the NOJS form.
- If there is a valid Notice of Prior Benefits (NOPB) on the file, advise that you will lodge the NOJS form to notify Medicare that the claim has been accepted and you will then release the permanent impairment payment.
- If there is no valid NOPB on the file, advise the employee to read the letter carefully as it will advise them of what they need to do before the PI payment can be made.

Step 6: Phone the Rehabilitation Case Manager (RCM)

Advise of your conversation with the employee.

Your conversation should include:

- the breakdown of the lump sum payment
- your reasons for the NEL scores
- how you came to your decision and the evidence considered
- notification that if the employee elects to sue the Commonwealth under section 45 of the SRC Act, Comcare must be notified within 14 days of the PI determination being made.

Step 7: Send letter to the employee (or their representative)

- Send your prepared letter template (from the options in Step 3, including your drafted determination).

Ensure that you include copies of any evidence or reports used in your determination, including a section 23A Statement (if applicable).

- Send a copy of the letter and all attached evidence or reports to the employer.

Important: Create an action plan diary in PRACSYS for 14 days to check if the employee has elected to sue the Commonwealth under section 45 (refer to [Electing to sue the Commonwealth](#) page for more information).

Step 8: Update Pracsys

Create a file note and save it in Pracsys. The file note should detail the reasons for the determination and refer to the evidence used to accept liability.

Note: The file note should detail the reasons and refer to the evidence used to accept liability.

Go to '*Manage Permanent Impairment*' (MPIC):

- select the relevant claim for PI
- click '*Next*'
- click '*Next*' again
- highlight the line you need to access, and
- click '*Next*'.
- Select the '*Impairments*' tab:
- select '*Primary Decision*' from the '*Decision Type*' field
- click '*New*'. This will open the '*Creating Permanent Impairment Item*' screen. Enter the following details:
 - '*Act Applied*': this will be based on which Act is appropriate for the PI (i.e. SRC Act or 1971 Act etc)
 - '*Guide used*': which PI Guide was used to assess the %WPI
 - '*Table used*': what table number was used to assess the PI
 - '*Impairment Status*': select the appropriate option from the drop-down box
 - '*Permanent Impairment Date*': the date the impairment became permanent. **Note:** Depending on the circumstances, this could be the date of injury, date of determination, date of surgery (if surgery made the impairment permanent) or date of last exposure (for hearing loss) claims. This date should be established prior to or during a triage discussion.
 - '*% of Bodily Impairment*': enter the %WPI being claimed by the employee
 - '*Nature of Impairment*': use the binoculars to search for the appropriate nature of impairment
 - '*Bodily Location*': use the binoculars to search for the appropriate bodily location of the impairment.
- Click '*OK*'.

Enter any additional impairments by repeating the steps above.

Once all impairments have been entered, continue:

- Select '*Investigations*' tab:
- in the '*Medical Reports*' section, enter the details of all medical reports obtained in relation to the PI by clicking the green plus button to the right side of the screen and complete the following fields (click into each box, a separate screen will not open):
 - '*Date Requested*': the date the report was requested. **Note:** If the report is provided by a solicitor or the employee, the date would be the date PI application was registered.

- *'Type'*: select the type of doctor who provided the report. (i.e. independent/treating etc)
- *'Provider'*: leave this field blank.
- *'Provider Name'*: double click on the *'Provider Name'* and search for the provider by using one of the tabs (i.e. 'ABN', *'Provider Name'*, *'Name Combo'* etc), and click 'OK'.
- *'Medical Speciality'*: select the providers speciality (i.e. psychiatry, neurology etc).
- *'Date of Report'*: the date of the report. **Note:** If the report is provided by a solicitor or the employee, the date would be the date PI application was registered.
- *'Date Received'*: the date the report was received or the date the report was provided by the solicitors.
- *'Cost'*: the cost of the report (if applicable).
- in the *'Assessment Delays'* section, enter the details of any delays encountered in obtaining reports (i.e failure to attend assessment etc) by clicking the green plus button on the right of the screen and complete the following fields (click into each box, a separate screen will not open):
 - *'Factor'*: select the appropriate delay from the drop-down list
 - *'Start date'*: the start date for the reason for the delay (e.g., The first date the employee was unwell to attend a Section 57 examination)
 - *'End date'*: the end date for the reason for the delay (e.g., The end date the employee attended a Section 57 examination).
- Select the *'Assessment'* tab:
 - amend the *'Assessment Status'* to *'Accepted'*
 - enter the *'Assessment Date'*. **Note:** This is the date you are making your determination, not the date the employee was assessed by a legally qualified medical practitioner (LQMP)
 - enter the % of 'Bodily Impairment' determined. **Note:** This will be the %WPI you are determining
 - enter the NEL scores you have determined against each score type.

Note: You should confirm that the calculations detailed at the bottom of the screen are correct by using the [PI calculator](#) available on the Comcare website.

- Select the *'Comments'* tab:
 - click *'New'*
 - enter all relevant information including %WPI awarded and details of payments. **Note:** These comments will also appear in the comments screen.
 - click *'OK'*
 - click *'Create'*

Now finalise the processing status:

- click the '*Back*' button **twice** to return to the '*PI Form*' screen
- amend the '*Processing Stage*' to '*PI Determination*'.
- click '*Amend*'.

Important: If any amendments need to be made to the details of the PI, the '*Processing Stage*' must be amended from '*PI Determination*' to '*Evidence Gathering*'. You must then return to the '*PI Form Details Step*' and amend the 'Processing Stage' back to '*PI Determination*' to finalise the changes.

Finally, enter comments in Pracsys:

Go to '*Manage Claim Comment*' (MCOM) and enter a comment. Your comment should include that you have:

- accepted the PI claim, the degree of PI, the amounts awarded
- advised the employee of Comcare's obligations under the HOSC Act to notify Medicare of their claim, and of any other advice given or actions taken associated with this process.

Ensure that you also record all your conversations.

Step 9: For claims of over \$5000, finalise Medicare and section 45 notification requirements

If the claimed PI amount is **over \$5000**, complete this step.

If the claimed PI amount is **under \$5000**, skip this step and continue to **Step 10**.

- If there is a valid Notice of Past Benefits (NOPB), follow the [Procedure for notifying Medicare of a judgement or settlement](#).
- If there is no valid NOPB, go to 'Manage Action Plan' (MAP) in Pracsys and create an action plan to confirm receipt of the Section 23A Statement (due date 14 days). You should allow the 14-day timeframes for the Section 23A Statement and

the section 45 intention (electing to sue the Commonwealth) to elapse before proceeding to Step 10.

Step 10: Email the Claims Administration and Income Support (CAIS) team (via Pracsys) to arrange the permanent impairment payment

The email should be sent to [CAIS Complex Payments](#) and include the following:

Payment details

- Employee full name
- Claim number
- Payment Details – to employee or third party
- Employee EFT details -are they current
- Solicitor's details – Name and EFT details
- Authority to Receive signed document (if applicable) either attached or Document number.
- PI determination -either attached or document number.
- Medicare S23a form attached or document number.
- Have you sent the NOJS form to Medicare - please supply document number

Payment breakdown

Please ensure the below information corresponds to details in MPIC

- S24 Permanent Impairment amount
- S27 Non Economic Loss amount
- Overall total amount

Medicare

- Medicare payment amount (if applicable)
- Any other comments or instructions.

Note: CAIS will not process the payment unless MPIC (in Pracsys) has been finalised.

Where an employee has previously received compensation payments via Electronic Funds Transfer (EFT) and a request has not been made by the claimant to make the PI amount payable to a third party, CAIS will process the payment as an EFT to the employee using the existing account details on the claim file.

Held status on payment: The CAIS team will enter the payment with a *'held'* status which will generate an invoice diary. This is only accepted once the employee has notified Comcare that they are electing not to sue the Commonwealth (section 45). If you have already passed this information on to CAIS, this will not apply.

Step 11: Update Pracsys

Go to *'Manage Action Plan'* (MAP) and create an action plan to follow up the PI payment in 14 days from the date of the determination.

Note: If Comcare does not make the payment for PI and NEL within 30 days from the date of determination, Comcare is required to pay interest to the employee for each day the payment is late. Payment is deemed to be made when the EFT is shown as *'PAID'* in PRACSYS or the cheque is issued (posted).

Step 12: CAIS to email the Claims Manager

- CAIS to email the Claims Manager to advise there is a PI payment waiting for verification. Verification can be actioned by an APS6 or EL1. Consult with your team members as necessary.

Step 13: Claims Manager to verify PI payment

- Go to (or ask your APS6 or EL1 to go to) Verify Invoice (ACIA) function in Pracsys to verify the PI payment.

This is the end of the procedure.

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Procedure to offer an interim payment

You may be able to offer an interim payment to an employee. Interim payments are only payable when:

- the employee has provided a written request for the interim payment
- the impairment has reached a degree of impairment of 10% and is not yet stable, and
- the condition is not likely to improve.

The following procedure details how you offer an employee an interim payment.

Step 1: Has the claim for the permanent impairment (PI) been accepted?

- If yes, continue.
- If no, refer to the [Procedure to determine liability for permanent impairment](#). Return to this procedure later, if applicable.

Step 2: Phone the employee

Your conversation should include:

- an explanation of what an interim payment is
- an option of an interim payment
- details of the PI calculations
- that if they would like to accept an interim payment they will need to submit a request in writing for the payment to Comcare.

Step 3: Send letter to the employee

Send 'Letter 286 Section 25: PI- Interim payment'.

Ensure that you send a copy of the letter to the employer.

Step 4: Phone the Rehabilitation Case Manager

Your conversation should include:

- that the employee was offered the option of an interim payment
- details of the PI calculations
- that the employee will need to submit their request for the payment in writing to Comcare.

Step 5: Update Pracsys

Go to '*Manage Claim Comment*' (MCOM) and enter a comment. Record all your conversations. Your comment should also include details of the interim payment offer.

Go to '*Manage Action Plan*' (MAP) and create an action plan to follow up the interim payment offer within 3 weeks of the offer. Record all your conversations in the comment section.

Go to '*Manage Permanent Impairment*' (MPIC):

- select the claim for permanent impairment
- select '*Next*'
- using the information on the claim form complete the following fields:
 - Assessment Status - change to '*Interim Payment*'
 - Impairment Status - select '*Not Stabilised*'
- select '*Amend.*'

This is the end of the procedure.

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Procedure to action an interim payment request

Interim payments are payable under section 25 of the SRC Act where:

- the employee has provided a written request for an interim payment
- the employee's degree of PI is 10% or more, but
- the impairment is not yet stable, and
- the condition is not likely to improve.

The following procedure outlines how you action an interim payment, once a written request has been received:

Step 1: Determine if the employee provided the request for an interim payment in writing

- If yes, continue.
- If no, phone the employee and inform them that they must request the interim payment in writing. Return to this procedure once the request in writing is received.

Step 2: Calculate the interim payment

Refer to the [Calculating and making permanent impairment payments](#) page.

Step 3: Phone the employee

Your conversation should include the breakdown of the lump sum payment.

Step 4: Send letter to the employee

Send 'Letter 286 Section 25: PI- Interim payment'.

Ensure that you include copies of any evidence or reports used in your determination.

Step 5: Send copy of the letter to the employer

Note: Ensure that you include copies of any evidence or reports used in your determination.

Step 6: Update Pracsys

Go to '*Manage Permanent Impairment*' (MPIC):

- select the relevant permanent impairment
- select 'Next'
- complete the following fields:
 - '*Nature of Impairment*' - click on binoculars and select the most applicable injury type
 - '*Bodily Location*' - click on binoculars and select the body location
 - '*Permanent Impairment Date*' - enter the date the condition became permanent
 - '*% of Impairment*' - enter the degree of PI that you have determined
 - '*Section 25 Amount*' - enter the determined amount payable.
- select '*Create*.'

Step 7: Email the Claims Administration and Income Support (CAIS) team (via Pracsys) to arrange the PI payment

The email should be sent to [CAIS Complex Payments](#) and include the following:

- the approved PI (section 25) payment amount
- a copy of the PI decision

- a copy of the Authority to Receive – if the payment is made via solicitors
- details of who to make the payment to.

Note: CAIS will not process the payment unless MPIC (in Pracsys) has been finalised.

Where an employee has previously received compensation payments via Electronic Funds Transfer (EFT) and a request has not been made by the claimant to make the PI amount payable to a third party, CAIS will process the payment as an EFT to the employee using the existing account details on the claim file.

Held status on payment: The CAIS team will enter the payment with a *'held'* status which will generate an invoice diary.

Step 8: CAIS to email the Claims Manager

CAIS will email the Claims Manager to advise there is a PI payment waiting for verification. Verification can be actioned by an APS6 or EL1.

Step 9: Claims Manager to verify PI payment

Go to (or ask an APS6 or EL1 to) Verify Invoice (ACIA) function in Pracsys to verify the PI payment. Payment is only accepted once the employee has notified Comcare that they are electing not to sue the Commonwealth (section 45).

Step 10: Update Pracsys

Go to *'Manage Claim Comment'* (MCOM) and enter a comment. Record all your conversations. Your comment should also include that you have accepted the PI claim, the degree of PI and the amount awarded.

Go to *'Manage Action Plan'* (MAP) and create an action plan to follow up the PI payment in 28 days from the date of the determination.

The procedure ends here.

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