

Entering TOOCS codes

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Introduction

The National Data Set (NDS) has been implemented across Australia for workers' compensation schemes to enable the production of nationally comparable workers' compensation data. This data assists in identifying current and emerging work health and safety (WHS) issues or trends and provides an indication of the nature and extent of WHS problems across Australian workplaces.

The type of occurrence classification system ([TOOCS](#)) forms part of the NDS. TOOCS consists of a series of rules and guidelines for coding details of workers' compensation claims.

Relevant training for this section includes *([Type of Occurrence Classification System \(TOOCS\)](#))*.

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When are TOOCS codes entered and updated?

TOOCS codes are entered at the time of registering a claim. For further guidance refer to the [Registering a new claim](#) page.

The TOOCS codes then need to be checked and quality assured during the initial determination process. For further guidance refer to the [Quality assurance](#) page.

The underlying principle is that the TOOCS code reflects the primary condition for which liability has been accepted (note: TOOCS codes may be changed where the primary condition has been changed).

Selecting the appropriate TOOCS codes

The information provided may be limited or unclear and you may need to use your best judgement to select TOOCS codes. In order to achieve as accurate coding as possible, you will need to be mindful of the following:

- generally, rely on the information provided on the claim form and medical certificates when coding injuries.
- if it is unclear from the claim form and certificates, use other information attached to the claim to assist in understanding the type and cause of injuries, such as an incident report or an employer's statement.
- read all injury descriptions objectively and code according to the wording used on the claim form.

Example: If an employee is claiming that they were 'verbally abused/harassed' by a co-worker, code to 'workplace harassment or bullying', not to 'work pressure' (interpersonal conflict).

If you are unsure of which code to select, refer to the information below, the TOOCS manual and discuss with your Assistant Director.

Note: there are TOOCS codes for claims related to COVID-19. For further guidance see the [Safe Work Australia](#) advice.

TOOCS – Nature of Injury/Disease

The Nature of Injury/Disease classification identifies the most significant injury or disease the employee has sustained, i.e., the diagnosis.

You will generally find the nature of injury on the employee's medical certificate or medical evidence submitted in support of the claim for compensation.

The Nature of Injury/Disease code represents the most basic level of classification of the injury or disease and does not necessarily need to indicate a bodily location as this will be further specified by the 'Body Location' field.

Each section of the Nature of Injury/Disease classification includes a code for unspecified locations. You should only use this option when none of the other options apply.

Description of type of injuries

Pracsys contains descriptions of the type of injury covered by each code. If you are unsure if you have selected the correct code, you can select the code and click the 'Next' button to navigate to another screen that lists the injuries covered by the code.

Example: A claim for Coccydynia has been submitted. The claims manager locates a Nature of Injury code, 'BACK PAIN, LUMBAGO, AND SCIATICA', in Pracsys by typing 'coccy' into the 'Text' field.

However, the code appears to be quite generic. If the claims manager selects the code and clicks on the 'Next' button this brings up the following list of conditions covered by this code:

- Coccydynia
- Back pain
- Back strain - non-Traumatic
- Low back pain
- Lumbago
- Schmorl's Nodes
- Sciatica - without objective neurological loss or unspecified
- Spondylitis
- Spondylolisthesis - Acquired or Unspecified, and
- Back pain, lumbago and sciatica.

As Coccydynia is covered by this code, the code is the correct one.

Multiple injuries

If an employee has suffered multiple injuries, the most serious condition is coded in Pracsys. You should take the following into account when determining the most serious injury:

- only use multiple injuries as a last resort
- treat secondary conditions (those that would disappear if the other conditions were treated) as less serious, and
- the injury/disease likely to have the most serious effect on the employee's life, in terms of reduced life expectancy and impact on activities of daily living.

Ranking of injuries table

The following is a guide to assist you with deciding the most serious condition by order of seriousness where '1' is the most serious and '6' the least serious:

Rank	Injury
1	<ul style="list-style-type: none">• brain injury• fracture of skull• broken neck• spinal cord injury or lesion
2	<ul style="list-style-type: none">• internal injury of the abdomen, chest, or pelvis
3	<ul style="list-style-type: none">• other head injury• open wound of the neck or chest• traumatic amputation of limb
4	<ul style="list-style-type: none">• fracture of a limb(s)
5	<ul style="list-style-type: none">• burn
6	<ul style="list-style-type: none">• other injuries

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TOOCS – Bodily Location of Injury/Disease

The Bodily Location classification identifies the body location most afflicted by an employee's injury or disease.

Unspecified locations

Each section of the bodily location classification includes codes for 'unspecified locations'. 'Unspecified locations' should only be used when insufficient information exists to adequately code the condition, or the correct bodily location code does not exist.

When coding, you must make sure you avoid generalised assumptions about the 'normal' location for specific types of injury.

Example: An injury described as 'broken arm' should be allocated code 490 for 'upper limb unspecified locations' which references the entire limb rather than making a possibly invalid assumption that it was the lower arm that was broken.

Multiple parts of the body

If the most serious injury or disease has affected more than one bodily location, the most appropriate multiple bodily location code should be used.

Note: This rule is different to the nature of injury/disease classification, where the multiple injuries code is only to be used as a last resort.

Amputations

Amputations are generally coded to the site of amputation, not to the parts amputated. The exceptions to this are:

- ears
- eyes
- nose
- finger(s), and
- toes.

If any of the above body parts are amputated, they should be coded to the part lost.

TOOCS – Mechanism of Incident

The Mechanism of Incident identifies the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.

Important: The mechanism of incident classification does not have an alphabetical index due to the myriad number of ways in which a specific action, exposure or event could be described and interpreted and keywords alone could, in some cases, be misleading and result in incorrect coding.

Coding the mechanism of incident

When coding the mechanism of incident, you are required to identify the action, exposure or event that best describes the circumstances that resulted in the most serious injury/disease. These could be:

Mechanism...	Includes...
Action	<ul style="list-style-type: none">• being struck• striking against• lifting• handling objects• carrying objects
Exposure to	<ul style="list-style-type: none">• virus• environmental factors• mental stress

Events	<ul style="list-style-type: none"> • motor vehicle incidents • cave-ins
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TOOCS – Agency of Injury/Disease

The agency classification identifies the chemical, products, processes or pieces of equipment that were involved in the sustaining of an injury or disease. You should code the whole of an agency, not just part of the agency.

Agency Codes

The table below provides details of the agency codes that represent two TOOCS codes in Pracsys:

Codes	Description	Examples
Breakdown Agency	<p>Describes the object, substance or circumstance that was principally involved in, or most closely associated with the injury/disease.</p> <p>This is the point at which things started to go wrong and which ultimately led to the most serious injury or disease.</p>	An employee falls off a ladder and is then hit by a forklift. In this instance the ladder is the breakdown agency.
Agency of Injury	Identifies the object, substance or circumstance directly	An employee falls off a ladder and is then hit by a forklift. In this instance the

	involved in inflicting the most serious injury or disease.	forklift is the agency of the injury.
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Repetitive Strain Injury or Occupational Overuse Syndrome

When the nature of injury has been identified as 'repetitive strain injury' (RSI) or 'occupational overuse syndrome' (OOS) and code 542 was identified, the machinery that was being used which caused the injury or disease should be identified as the breakdown agency.

Example: An employee has been diagnosed with RSI as a result of excessive keyboard use. 'Computers and keyboards' should be identified as the breakdown agency, and agency of injury.

Psychological Conditions

Code 9199, 'non-physical agencies' should be used as the breakdown agency in all mental stress cases where the condition has arisen as a result of a situation, as opposed to an object or substance.

Packaging Equipment

Breakdown Agency: In cases involving fastening, packing and packaging equipment, the breakdown agency should be coded to the type of fastening equipment or container.

Agency of Injury: In cases involving fastening, packing and packaging equipment, the agency of injury should be coded to the product fastened or contained in the package.

Surfaces with Hazardous Substances

In occurrences involving objects, indoor or outdoor traffic and floor or ground surfaces where the mechanism of the incident involved the employee falling, tripping, slipping, or stepping, the object(s) should be considered part of the surface.

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