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GOVERNMENT NOTICES

Miscellaneous Instruments

WORKERS COMPENSATION (HEARING AID FEES) ORDER 2019

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this 6th day of December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a hearing service provider is a category of medical or related treatment as defined in section 59 of the of the *Workers Compensation Act 1987* (the Act). This Order sets the maximum fees for which an employer is liable under the Act for provision of reasonably necessary medical or related treatment and a hearing aid by a hearing service provider to an injured worker who, as a result of a work-related injury, has suffered hearing loss.

The effect of this Order is to prevent a hearing service provider from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

Workers are not liable for the cost of any medical or related treatment covered by this Order. Employers are liable for the cost of medical or related treatment up to the maximum amounts set out in this Order.

The incorrect use of any item referred to in this Order can result in the hearing service provider being required to repay monies that the hearing service provider has incorrectly received.

Workers Compensation (Hearing Aid Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Hearing Aid Fees) Order 2019*

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

The Act means the *Workers Compensation Act 1987*.

Audiologist is a university graduate with tertiary qualifications in audiology who specialises in the assessment, prevention and non-medical management of hearing impairment and associated disorders of communication. An audiologist is required to be a full/ordinary member or be eligible for full/ordinary membership of either the Audiological Society of Australia (ASA) or full/ordinary membership of the Australian College of Audiology (ACAud).

Audiometrist holds a qualification from a registered training organisation such as TAFE NSW followed by on-the-job training. An audiometrist also specialises in the non-medical assessment and management of communication difficulties caused by hearing loss. An audiometrist is required to be a full/ordinary member or be eligible for full/ordinary membership of the Australian College of Audiology (ACAud) or full/ordinary membership of the Audiometrist Society of Australia (HAASA).

Audiology Entity is a registered business or company that provides reasonably necessary medical or related treatment and a hearing aid to a worker who, as a result of a work-related injury, has suffered hearing loss.

Ear, Nose and Throat specialist (ENT) means a Medical Practitioner who is recognised by the Medical Board of Australia or by Medicare Australia as a Specialist in otolaryngology (ear, nose and throat) head and neck surgery and who is registered with the Australian Health Practitioner Regulation Agency as a Specialist in otolaryngology head and neck surgery.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes

of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

GST has the same meaning as in the *New Tax System (Goods and Services Tax) Act 1999* (Cth).

Hearing needs assessment includes obtaining a clinical history, hearing assessment as per Australian/New Zealand Standard 1269.4:2014, determination of communication goals, recommendation of hearing aid and clinical rationale for hearing aid.

Hearing aid is a non-implantable electronic instrument designed and manufactured to provide amplification for people with a hearing loss.

Hearing service provider refers to either an Ear, Nose and Throat medical specialist or an Audiology entity qualified to provide treatment and supply hearing aids to injured workers. As outlined in the State Insurance Regulatory Authority Guideline for approval of hearing service providers, a Hearing Service Provider must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Hearing rehabilitation includes education of the injured worker in appropriate use of the hearing aid to meet their needs.

Insurer means an insurer within the meaning of the *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998* and includes Scheme agents, self-insurers and specialised insurers.

the Authority means the State Insurance Regulatory Authority.

4. Application of the Order

This Order applies to the provision of medical or related treatment and a hearing aid, made on or after the date of commencement of this Order, whether it relates to an injury received before, on or after that date.

5. Maximum Fees for an approved hearing service provider

- (1) The maximum fee amount for which an employer is liable under the Act for provision of medical or related treatment and a hearing aid by an Authority approved hearing service provider to an injured worker on or after 1 January 2019 is listed in Schedule A.
- (2) No fee is payable by or on behalf of an employer for treatment or a hearing aid provided by a person who is not an Authority-approved hearing service provider. The requirement under the guideline to be an approved hearing service provider does not apply to those providing services interstate or to exempt workers.

6. Treatment provided interstate or to exempt workers

Hearing service providers approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When a Hearing Service Provider is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that service provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Hearing Service Provider as defined in Schedule A item column of this Order.

7. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a hearing service provider to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

8. Requirements for an invoice

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the Authority's itemised invoicing requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>) for the invoice to be processed.

9. No pre-payment of fees

Under section 60(3), pre-payment of fees for a hearing aid and services is not permitted.

SCHEDULE A

Maximum fees for a hearing aid and services provided on or after 1 January 2019

Item	Service description	Maximum amount (excl GST)
AID002	Hearing needs assessment – Audiologist	\$209.40
AID002	Hearing needs assessment – Audiometrist	\$172.60
AID003	Supply of hearing aid (including remote control)	Wholesale price of hearing aid to maximum of \$2500.00 per aid
AID002	Handling fee (monaural or binaural hearing aid/s) payable upon supply of hearing aid	\$308.10
AID002	Fitting of hearing aid including: <ul style="list-style-type: none"> • Fitting • Trial of hearing aid for up to 30 days • All necessary hearing rehabilitation for the injured worker within the first 12 months following supply and fitting • Maintenance as per the manufacturer’s warranty. 	\$739.20 (monaural) \$1210.30 (binaural)
AID002	Hearing aid repairs <i>Payable only if a copy of manufacturer’s invoice for repairs is provided</i>	Up to \$406.60
AID002	Hearing aid review/minor maintenance <i>Only applicable 12 months after supply</i>	\$147.90
AID003	12 months hearing aid battery/consumables supply	\$123.30 per hearing aid

[n2018-4198]

**WORKERS COMPENSATION
(SURGEON FEES) ORDER 2019**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018

6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Medical Practitioner who is a Surgeon is medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by a Surgeon provided to a NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Surgeon from recovering from the worker or employer any extra charge for treatments covered by the Order.

Under section 60(2A)(a) of the *Workers Compensation Act 1987*, medical or related treatment requires prior insurer approval unless treatment is provided within 48 hours of the injury happening or treatment is exempt from pre-approval under the *Workers Compensation Act 1987* or the State Insurance Regulatory Authority's *Workers Compensation Guidelines* in effect at the time.

Treatment by an Orthopaedic Surgeon is covered by the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019*. However, maximum fees under this Order may apply to procedures carried out by an Orthopaedic Surgeon which are covered by the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019*.

Surgeons should also refer to the *Workers Compensation (Medical Practitioner Fees) Order 2019*.

This Order adopts the items listed as Surgical Procedures in the *List of Medical Services and Fees* issued by the Australian Medical Association (AMA).

To bill an AMA item number a Surgeon must be confident they have fulfilled the service requirements as specified in the item descriptor.

Where only one service is rendered, only one item should be billed. Where more than one service is rendered on one occasion of service, the appropriate item for each discrete service may be billed, provided that each item fully meets the item descriptor. Where an operation comprises a combination of procedures, which are commonly performed together, and for which there is an AMA item that specifically describes the combination of procedures, then only that item should be billed. Where a comprehensive item number is used, separate items must not be claimed for any of the individual items included in the comprehensive service. The invoice should cover the total episode of treatment.

The incorrect use of any items referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

Workers Compensation (Surgeon Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Surgeon Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order (including Schedules A, B, C and D):

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Aftercare visits are covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. Unrelated visits or incidental reasons for visits that are not regarded as routine aftercare must be explained with accounts rendered.

Assistant at operation means a Medical Practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medicare Benefits Schedule (MBS), or where indicated in the Authority's schedule. An assistant fee may only be applicable for surgical procedures EA015 to MY330 and MZ700 to MZ871.

In accordance with NSW Health policy directive *Employment Arrangements for Medical Officers in the NSW Public Health Service (Doc No: PD2016_059)*, assistant fees cannot be charged for workers compensation cases performed in a public hospital when the assistant is a Registrar. If the Registrar is on rotation to an approved private hospital training rotation, the relevant assistant fee may be charged. Payment of these fees is to be directed into a hospital or departmental trust fund account and the invoice should include details of this account. The Authority reserves the right to conduct an audit of assistant fee payments to ensure their proper distribution into the named trust fund.

AMA List means the document entitled List of Medical Services and Fees issued by the Australian Medical Association dated 1 November 2018 and any subsequent amendment to this List published by the AMA in the period 1 November 2018 – 31 October 2019.

Compound (open) wound refers to a situation where a Surgeon is treating a fracture and the injury is associated with a compound (open) wound. In an open fracture wound that requires debridement, a 50% loading for open fracture fixation can be applied. Debridement item 30023/EA075 is not to be used when applying this loading.

Extended initial consultation means a consultation involving significant multiple trauma or complex "red flag" spinal conditions (systemic pathology, carcinoma, infection, fracture or nerve impingement) involving a lengthy consultation and extensive physical examination.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Initial consultation and report covers the first consultation, the report to the referring Medical Practitioner and the copy of the report to the insurer.

The report will contain:

- the worker's diagnosis and present condition;
- an outline of the mechanism of injury
- the worker's capacity for work
- the need for treatment or additional rehabilitation; and
- medical co-morbidities that are likely to impact on the management of the worker's condition (in accordance with privacy considerations).

The receipt of this report and any certificates of capacity under section 44B of the Act post-treatment will provide sufficient information for insurers, employers and workplace rehabilitation providers to develop management plans.

Instrument fee covers procedures where the Surgeon supplies all the equipment or a substantial number of specialised instruments in exceptional circumstances and must be justified. This fee does not apply for all operations or if only incidental instruments (non-critical) are supplied by the Surgeon. Routine items such as loupes are not included.

Insurer means the employer's workers compensation insurer.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No 86a*, or equivalent in their jurisdiction with the Australian Health Practitioner Regulation Agency. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Multiple operations or injuries refer to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. It applies to the AMA items EA015 to MY330 and MZ700 to MZ871, with the exception of items specifically listed as a multiple procedure item in the AMA List or where Schedules in this Order prevent combining of items. The fee for the main procedure or injury is to be paid in full as per Schedule A (1.5 x of AMA List fee), and for each additional item or injury at 1.125 x AMA List Fee specified in Schedule A.

Opinion on file request includes retrieval of a file from whatever source, reading time, and reporting where a request for such an opinion has been made in writing to the Surgeon and in accordance with privacy principles.

Out-of-hours consultation means a call-out to a public or private hospital or a private home for an urgent case before 8.00am or after 6:00pm Monday to Friday, or anytime on the weekend and public holidays. This fee is not to be utilised where a consultation is conducted for non-urgent cases.

Out-of-hours loading only applies when a Surgeon is called back to perform a procedure(s) in isolation rather than for cases scheduled before 8.00am or after 6.00 pm on a weekday or a routine weekend operating list. Loading is to be calculated at 20% of the total procedure fee. The item must be reflected in the invoice as a separate entry against code WCO008.

Revision surgery refers to a procedure carried out to correct earlier surgery. Only where the revision surgery is performed by a Surgeon other than the original Surgeon, shall it attract a fee of 50% of the amount for the principal procedure in the initial surgery, in addition to the fee payable for the new procedure. Where the new procedure is specified as a revision procedure in the AMA List, the 50% loading does not apply.

Spinal surgical rules and conditions provided in the 1 November 2018 MBS apply to spinal surgical items MZ731 (MBS 51011) to MZ871 (MBS 51171) conducted on or after the commencement date of this Order.

Surgical procedures are those listed in the AMA List but do not include the cost of bandages, dressings, plaster of Paris bandages, splints, metallic fixation agents, and prosthetic implants which may be charged in addition to the fee set out in Schedule A, if purchased by the Surgeon. The fee for surgical procedures includes pre-surgery consultations conducted on the same day of surgery and aftercare visits.

Subsequent consultation is each attendance subsequent to the first in a single course of treatment. A subsequent consultation fee is not to be billed if conducted on the same day as surgery or in the normal aftercare that applies following surgery. The cost of these consultations is included in the fee for the surgical procedure.

Any reports from subsequent consultations should be sent to the referring Medical Practitioner and copied to the insurer. Copies of these reports do not attract a fee.

Surgeon means a Medical Practitioner who is currently a Fellow of the Royal Australasian College of Surgeons or who is recognised by Medicare Australia as a Specialist Surgeon. It includes a Surgeon who is a staff member at a public hospital providing services at that hospital.

4. Application of Order

This Order applies to treatment provided on or after the commencement date of this Order, whether it relates to an injury received before, on, or after that date.

5. Maximum fees for treatment by Surgeon

The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Surgeon, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 3 of that Schedule.

A fee charged by a Surgeon for a patient's treatment (including the management of fractures and other conditions) will be in addition to the fee in Schedule A for the original examination and report.

6. Billing items for hand surgery (Schedule B)

Schedule B provides mandatory guidelines for billing items used in hand and wrist surgery only.

Table 1 details items that are not applicable to hand surgery procedures.

Table 2 details items with restricted application for hand surgery and where clinical justification is required that they are reasonably necessary given the circumstances of the case.

7. Billing items for shoulder and elbow surgery (Schedule C)

Schedule C provides mandatory guidelines for billing items used in shoulder and elbow surgery only.

Any item number where the term "flag" is used in the "Clinical Indication" column highlights a potential exception that will require further justification. Should a Surgeon seek an exception to the mandatory guidelines the Surgeon must provide a written explanation to support the request.

8. Billing items for general upper limb surgery (Schedule D)

Schedule D provides mandatory guidelines for billing items used in general upper limb surgery.

Any item number where the term “flag” is used in the Clinical Indication column highlights a potential exception that will require further justification. Should a Surgeon seek an exception to the guidelines, the Surgeon must provide a written explanation to support the request.

9. GST

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Surgeon to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority’s itemised invoicing requirements (refer to SIRA website <http://www.sira.nsw.gov.au>) for the invoice to be processed.

All invoices with surgical items must also be accompanied by the following:

- (1) Detailed operation report including a description of the initial injury and an outline of the mechanism of injury, intra-operative findings and the procedures performed, including structures that were repaired (stating the anatomic location) and technique of repair.
- (2) Usage of any of the restricted item numbers (Schedule B, Table 2 and Schedule C) must be accompanied by clinical justification in order to process the claim.

11. Surgery requests

For any proposed surgery – a list of proposed applicable AMA item numbers will need to be provided prior to approval being given.

Where questions arise in individual clinical situations, supply of additional information may be required to assist in determinations.

12. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

13. Nil Payment for cancellation or non – attendance

No fee is payable for cancellation or nonattendance by a worker for treatment services with a Surgeon.

SCHEDULE A MAXIMUM FEES FOR SURGEONS

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
Consultations			
1.	Initial consultation and report	AC500 (MBS 104) AC600 (MBS 6007)	\$332.70
2.	Extended initial consultation and report	WCO006	\$458.40

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
3.	Subsequent consultation and report	AC510 (MBS 105) AC610 (MBS 6009)	\$229.20
4.	Out of hours consultation	WCO007	\$192.30 in addition to consultation fee
Procedures			
5.	Surgical procedure(s)	EA015 (MBS 30001) to MY330 (MBS 50239) and MZ700 (MBS 50950) to MZ871 (MBS 51171)	1.5 x AMA List Fee for the primary item number. (for any additional item numbers refer to item 8 of this schedule).
6.	Instrument fee	WCO003	\$229.20
7.	Assistant at operation (Assistant must be a Medical Practitioner for this fee to be payable)	MZ900	A fee of 20% of the total fee for the surgical procedure/s or \$384.40 whichever is the greater (where an assistant's fee is allowed for)
8.	Multiple operations or injuries		Primary item number to be paid in full (1.5 x AMA List Fee) and additional AMA item number(s) at 1.125 x AMA List Fee.
9.	Aftercare visits (As defined in this Order)		As per AMA List
10.	Compound (open) wound		In an open fracture wound that requires debridement, a 50% loading for open fracture fixation can be applied Debridement item 30023/EA075 is not to be used when applying this loading
11	Out of hours loading	WCO008	20% of total procedure fee
Insurer/lawyer requests			
12.	Opinion on file request	WCO009	\$229.20

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
13.	Telephone requests including Case conferences (refer to the definition within the <i>Workers Compensation (Medical Practitioner Fees) Order 2019</i>)	WCO002	\$44.30 per 3-5 minute phone call
14.	Lost reports and reprints		\$155.30 per report
15.	Consulting Surgeon reports (where additional information that is not related to the routine injury management of the patient is requested by either party to a potential or current dispute). Note: The party requesting a report must agree the category of report with the Medical Practitioner in advance and confirm the request in writing at the time of referral.	Relevant IMSWIS code	Please refer to the <i>Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2019 Schedule 2</i>
16.	Fees for providing copies of clinical notes and records	WCO005	Where medical records are maintained electronically by a medical practitioner/practice a flat fee of \$60 applies for provision of all requested clinical records held by the medical practice. Where medical records are not maintained electronically the maximum fee for providing hard copies of clinical records (<i>including Consulting Surgeon's notes and reports</i>) is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.

**SCHEDULE B
BILLING ITEMS USED IN HAND SURGERY**

Table 1: Item numbers and descriptors no longer applicable to hand surgery procedures

AMA/MBS item number	Descriptor	Reason for decline
CV233/18266	INJECTION OF AN ANAESTHETIC AGENT, ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	The MBS does not allow a claim for nerve blocks performed as a method of postoperative analgesia. Infiltration is included in both the anaesthetic schedule AND in the surgical item number fee if performed by the Surgeon. This item can only be used in circumstances where a formal nerve block is performed by the Surgeon as the only form of anaesthesia and no charge is raised for another anaesthetic service.
CV082/Nil	MINOR NERVE BLOCK (specify type) to provide post-operative pain	

AMA/MBS item number	Descriptor	Reason for decline
	relief (this does not include subcutaneous infiltration)	
MG540/45051	CONTOUR RECONSTRUCTION for open repair of contour defects, due to deformity, requiring insertion of a non-biological implant, if it can be demonstrated that contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery), excluding the following: (a) insertion of a non-biological implant that is a component of another service listed in Surgical Operations; (b) injection of liquid or semisolid material; and (c) services to insert mesh	This relates to the insertion of foreign implant for pathological deformity by an open operation i.e. facial reconstruction and was not intended for usage in hand surgery.
MH480/45445	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould)	The appropriate item is MH490/45448.
MR170/47954	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR210/47966	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR220/47969	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR230/47972	TENDON SHEATH, open operation for tenovaginitis, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MS015/48403	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of items and relates to foot surgery only. There already exist appropriate items in the hand surgery section.
MY015/50103	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY025/50104	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY045/50109	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY105/50127	JOINT OR JOINTS, arthroplasty of, by any technique not being a service to which another item applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.

AMA/MBS item number	Descriptor	Reason for decline
OF820/60506	FLUOROSCOPY using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service to which another item in this table applies (R)	This item cannot be claimed for use of image intensification when operated by the Surgeon in the absence of a radiographer.
OF824/60509	FLUOROSCOPY using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this table applies (R)	This item cannot be claimed for use of image intensification when operated by the Surgeon in the absence of a radiographer.

Table 2: Item numbers with restricted application for hand surgery – clinical justification required

AMA/MBS item number	Descriptor	Clinical indication
AC510/30105	Each attendance SUBSEQUENT to the first in a single course of treatment	Follow up consultations will not be paid within the 6-week period following a procedure as this is included in normal aftercare.
EA075/30023	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Assist.)	<p>The repair of wound must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. These items are not to be used for the closure of surgical wound, as such closure is part of a surgical procedure and not additional.</p> <p>Item EA075/30023 covers debridement of traumatic, "deep or extensively contaminated" wound. Benefits are not payable under this item for debridement which would be expected to be encountered as part of an operative approach to the treatment of fractures.</p> <p>Debridements are also not applicable when removing percutaneous wire fixation.</p> <p>This item can be used for deep chronic wounds or in combination with open fractures requiring debridement.</p> <p>This item is not to be used in combination with EA215/30068.</p> <p>Limit of one debridement per episode of care or per limb.</p> <p>Flag if this procedure is requested more than once per episode of care or per limb.</p>
EA095/30029	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7CM IN LENGTH), involving deeper tissue, not being a service to which another item in Group 3.4 applies.	This item is for use in wound suture when no other vital tissue is involved. It cannot be used in conjunction with item EA075/30023 for the same wound/zone of injury, nor when repair of a performed and deeper structure is also claimed for.

AMA/MBS item number	Descriptor	Clinical indication
EA755/30223	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS OR SIMILAR LESION, requiring admission to hospital or day-hospital facility, INCISION WITH DRAINAGE OF (excluding aftercare)	This item cannot be used in conjunction with item EA075/30023 for the same wound/zone of injury.
EA825/30238	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE	This item is rarely indicated and cannot be used in conjunction with: items EA075/30023 MR240/47975, MR250/47978, MR260/47981
ET560/33815 ET570/33818	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by direct anastomosis	This item is applicable for repair of radial, ulnar or brachial arteries proximal to wrist crease.
LN740/39312	NEUROLYSIS, internal (interfascicular) neurolysis of, using microsurgical techniques	This item is never indicated in acute trauma. It is rarely indicated in elective surgery and is reserved for use in revision nerve decompression surgery. This item is not to be used in conjunction with item MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure, unless for a revision procedure.
LN750/39315	NERVE TRUNK, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques	This item can only be charged once per named nerve trunk, regardless of the number and distal distribution of individual cables. This item cannot be used in conjunction with items LN790, LN800 or LN810
LN760/39318	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques	This item cannot be used in conjunction with items LN790, LN800 or LN810. This item cannot be used for prosthetic neural tubes or wraps. In this setting, items LN700 or LN710 are applicable.
LN790/39324 LN800/39327	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, by open operation	This item cannot be used in conjunction with item LN810.
LN810/39330	NEUROLYSIS by open operation without transposition, not being a service associated with a service to which item LN740 applies	This item is not for the identification of nerves during surgical exposure. It is not to be used in combination with item LN700. This item is not to be used in conjunction with item MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, items LN810 and MU400 can be used together for combined open carpal tunnel release and cubital tunnel release surgery. This item is not to be used in conjunction with item ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.

AMA/MBS item number	Descriptor	Clinical indication
MH115/45203	SINGLE STAGE LOCAL FLAP, where indicated to repair 1 defect, complicated or large, and excluding flap for male pattern baldness and excluding H-flap or double advancement flap, not in association with any of items EN036 to EN084	This item is rarely indicated in the hand and wrist as a large defect will not be readily amenable to a local flap reconstruction. It is not to be used for suturing of traumatic skin flaps.
MH125/45206	SINGLE STAGE LOCAL FLAP where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excluding H-flap or double advancement flap, not in association with any of items EN036 to EN084	This item can only be used once for a z-plasty.
MJ025/45500	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit	This item relates to microvascular repair of an artery or vein. This item will not be paid for repair of dorsal veins with volar skin intact, branches of digital arteries, branches of radial/ulnar vessels and venae comitantes of major arteries. Microvascular repairs distal to the metacarpophalangeal joint will also require clinical documentation of appropriate surgical technique utilising an operating microscope.
MJ030/45501 MJ035/45502	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit/ MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit	These items specifically relate to replantation of limb and digit. i.e. the amputated portion must be completely detached.
MJ045/45503	MICRO-ARTERIAL or MICRO-VEINOUS graft using microsurgical techniques	This item includes the remuneration for harvesting the graft and performing any microvascular anastomoses to the graft.
MJ075/45515	SCAR, other than on face or neck, NOT MORE THAN 7 CMS IN LENGTH, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a Specialist in the practice of his or her specialty	This item cannot be used in conjunction with other items e.g. nerve repair, tendon repair, flap repair (i.e. intended to be an independent procedure).
MJ245/45563	NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness	This item is for a true island flap, elevated on a neurovascular pedicle for an existing traumatic defect. This item is not to be claimed for VY advancement flaps where item MH125/45206 is applicable.
ML105/46325	CARPAL BONE replacement or resection arthroplasty using adjacent tendon or other soft tissue including	This item is primarily intended for use in reconstruction for basal thumb arthritis. It is not approved for excision of the pisiform.

AMA/MBS item number	Descriptor	Clinical indication
	associated tendon transfer or realignment when performed	
ML115/46327	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of	This item is not to be used in addition to item EA075/30023 when arthrotomy is performed to facilitate joint lavage within an open wound.
ML125/46330	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, ligamentous or capsular repair with or without arthrotomy	This item is only permitted for repair of named ligaments where preoperative or intraoperative findings document significant joint instability.
ML135/46333	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, ligamentous repair of using free tissue graft or implant	This item is only permitted for repair of named ligaments using free grafts or alloplast where preoperative or intraoperative findings document significant joint instability. This item cannot be used for reattachment of ligament using a bone anchor. Item ML125/46330 is the approved number.
ML145/46336	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, synovectomy, capsulectomy or debridement of, not being a service associated with any other procedure related to that joint	This item cannot be claimed in conjunction with any other item or procedure related to the joint. This item cannot be used in conjunction with item EA075/30023.
ML155/46339	EXTENSOR tendons or FLEXOR tendons of hand or wrist synovectomy of	Rare in a workers' compensation setting. Not for use for De Quervain's (refer to ML235/46363). Note: If performing a complete flexor tenosynovectomy, a release of the Carpal Tunnel is part of the operation and therefore MU400 or MU410 should not be added. If this item is requested in conjunction with MU400 or MU410 (Wrist carpal tunnel release) or ML235/46363 (De Quervain's), clinical documentation of gross synovitis is required, preferably with histological confirmation. Flag if this procedure is requested two or more times.
ML185/46348 – ML225/46360	Digit, synovectomy of flexor tendon or tendons	ML185/46348 – 1 digit ML195/46351 – 2 digits ML205/46354 – 3 digits ML215/46357 – 4 digits ML225/46360 – 5 digits Not in combination with ML155/46339
ML235/46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis	This item is not to be used in combination with LN810/39330. Item used for De Quervain's Release or Trigger Finger Release. De Quervain's tenosynovitis - can only be used once per side (ie: includes both APL and EPB tendons).
ML245 – ML335 / 46366 – 46393	Dupuytren's contracture, fasciotomy	Flag if this procedure is requested for an acute injury or trauma
ML345/46396	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an <i>intact</i> bone. This is no longer to be

AMA/MBS item number	Descriptor	Clinical indication
		applied to removal of loose pieces of bone in trauma or bone shortening for terminalisation or replantation. This is part of the debridement and is included in item EA075/30023 if applicable. This item is not to be used in combination with MR130/47933 or MR140/47936. Flag if this procedure is requested for an acute injury or trauma.
ML405/46414	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF in preparation for tendon grafting	Tenolysis (items ML545/46453, ML535/ 46450) or tenotomy (item MR200/47963) of the tendon to be grafted cannot be billed with this item
ML425/46420	Extensor tendon of hand or wrist, primary repair, each tendon	For an acutely injured tendon as a primary procedure. This item should not be claimed for repair of extensor tendon split as part of an access to phalangeal fractures/osteotomies.
ML445/46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon	Not to be used more than once to repair FDS tendon in a digit. This item can only be used a maximum of twice per digit.
ML465/46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon	This item is only to be used for acute injuries. This item can only be used a maximum of twice per digit.
ML475/46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon	This item is not to be used in acute injuries. This item can only be used a maximum of twice per digit.
ML535/46450 ML545/46453	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft	These items are applicable for freeing tendons from scar following previous surgery or trauma. They are not indicated in an acute hand injury. Items ML545 and ML535 cannot be claimed in conjunction with release of trigger finger or for release of DeQuervians' (see ML235/46363).
ML695/46494	Ganglion of Hand, excision of	Not being a service associated with a service to which another item in this Group applies
ML705/46495	Ganglion or mucous cyst of distal digit, excision of	Not being a service associated with a service to which item EA355/30107 applies
ML715/46498	Ganglion of flexor tendon sheath, excision of	Not being a service associated with a service to which item EA355/30107 applies
ML725/46500	Ganglion of dorsal wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML735/46501	Ganglion of volar wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML745/46502	Recurrent ganglion of dorsal wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML755/46503	Recurrent ganglion of volar wrist joint (excision)	This item is not to be used in combination with EA355/30107.

AMA/MBS item number	Descriptor	Clinical indication
ML765/46504	NEUROVASCULAR ISLAND FLAP, for pulp innervation	These items are only to be used for a heterodigital neurovascular island flap used to resurface pulp loss (e.g. Littler flap, first dorsal metacarpal artery or Kite flap). There is a limit of one flap per digit. Flag if this procedure is requested two or more times.
ML795/46513	Digital nail of finger or thumb, removal of	This item should not be used in association with nailbed repair (items ML665/46486 or ML675/46489). This item is not to be used in combination with ML805/46516.
ML805/46516	DIGITAL NAIL OF FINGER OR THUMB, removal of, in the operating theatre of a hospital or approved day hospital facility	This item is not to be used in association with primary or secondary nail bed repair (items ML665/46486, ML675/46489). This item is not to be used in combination with ML795/46513.
ML825/46522	FLEXOR TENDON SHEATH OF FINGER OR THUMB - open operation and drainage for infection	This item is applicable only for drainage of suppurative flexor tenosynovitis. It does not apply to washout of flexor sheath in acute injury.
ML835/46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital,	Not being a service to which another item in this Group applies (excluding after-care)
MR088/47920	BONE GROWTH STIMULATOR, insertion of	This is only indicated where a mechanical bone growth stimulator has been inserted. It is not for the insertion of OP1 or other bone morphogenic proteins in the setting of hand surgery
MR090/47921	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure	This item cannot be claimed when the k-wire has been used as part of fracture fixation. Can be used for the insertion of a temporary pin in association with a ligament/tendon repair.
MR110/47927	BURIED WIRE, PIN OR SCREW, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone	This item applies for removal of <i>buried</i> k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
MR630/48239 MR640/47306	BONE GRAFT (with or without internal fixation), not being a service to which another item in this Group applies	These items cannot be claimed in conjunction with fracture fixation numbers or the following items: ML005/46300, ML015/46303, ML355/46399, ML365/46402, ML375/46405, MR560/48218-MR620/48236.
MS005/48400	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of,	Excluding services to which items MX660 or MX670 applies This item is only applicable to sesamoidectomy.
MS015/48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply.

AMA/MBS item number	Descriptor	Clinical indication
MS025/48406	FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (other than acromion), RIB, TARSUS OR CARPUS, osteotomy or osteectomy of	This item is the appropriate number for excision of the pisiform. This item is <u>not</u> appropriate for simple removal of bone prominence, osteophytes or small quantities of excess bone.
MU400 and MU410	Carpal tunnel release (division of transverse carpal ligament), by open (MU400) or endoscopic (MU410) approach	These are the appropriate item numbers for a primary carpal tunnel release. Ultrasound costs will not be funded in conjunction with this surgery procedure. Nerve Conduction Studies (NCS) preferable prior to surgical consideration, other than in acute cases. This item is rarely indicated in combination with ML155/46339: Extensor tendons or flexor tendons of hand or wrist (synovectomy of). MU400 and MU410 cannot be billed with ML155/46339 – Billing is only approved for one OR the other of these codes. Flag if this code combination is billed
MU460/49209	Wrist, total replacement arthroplasty of	Flag if this procedure is requested.
MU462/49210	Wrist, total replacement arthroplasty of, revision procedure, including removal of prosthesis	Flag if this procedure is requested.
MU464/49211	Wrist, total replacement arthroplasty of, revision procedure, requiring bone grafting, including removal of prosthesis	Flag if this procedure is requested.
MU470/49212	WRIST, arthrotomy of	This item is not to be used in conjunction with excision of primary or recurrent wrist ganglia. (items ML725/46500; ML735/46501; ML475/46502; ML755/46503)
MU480/49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy	Including repair of single or multiple ligaments or capsules, including associated arthrotomy. Can be used in combination with MR210/47966 for chronic scapholunate repair where the original ligament is not repairable or ML415/46417.
MU490/49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)	Not being a service associated with any other arthroscopic procedure of the wrist joint.
MU500/49221	Wrist, Arthroscopic surgery of wrist	Involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area. Not being a service associated with any other arthroscopic procedure of the wrist joint.
MU510/49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy	Not being a service associated with any other arthroscopic procedure of the wrist.

AMA/MBS item number	Descriptor	Clinical indication
MU520/49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption	Not being a service associated with any other arthroscopic procedure of the wrist joint.
MY035/50106	JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this group applies	This item is applicable for stabilization of CMC joints only.

SCHEDULE C

BILLING ITEMS USED IN SHOULDER AND ELBOW SURGERY

The Order adopts the *WorkCover Queensland Upper limb Surgery Guidelines* with minor modifications. These are outlined below and their use is mandatory when billing for shoulder and elbow surgery.

AMA/MBS item number	Descriptor	Clinical indication
BONE GRAFTS		
MR550/48215	Humerus, bone graft to, with internal fixation	
MR640/48242	Bone graft, with internal fixation	Not being a service to which another item in this group applies
MS005/48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of,	Excluding services to which item MX660/49848 or MX670/49851 applies, any of items MX660/49848, MX670/49851, MR130/47933 or MR140 apply
MS025/48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of	Excluding services to which items MR130/47933 or MR140/47936 apply Not to be used in combination with item MT770/48951. May be used with MY035/50106 if excision of the distal clavicle is done in conjunction with the stabilisation – eg: Weaver Dunn Procedure. Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)
MS035/48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply. May be used with MY035/50106 if the coracoclavicular ligaments are reconstructed in the same procedure. Not to be used in combination with item MT770/48951 Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)

AMA/MBS item number	Descriptor	Clinical indication
MS045/48412	HUMERUS, osteotomy or osteectomy of,	Excluding services to which items MR130/47933 or MR140/47936 apply. Can be used with item MR020/47903 (tennis elbow release) if a lateral or medial epicondylectomy is performed. Can be used with LN810/39330 if ulna nerve neuritis or compression has been diagnosed requiring formal surgical decompression.
SHOULDERS		
MT600/48900	Excision or coraco-acromial ligament or removal of calcium deposit from cuff or both	Open operation not arthroscopic. Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used twice or more
MT610/48903	Decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any other combination	Open operation, also known as open acromioplasty or subacromial decompression (SAD)
MT620/48906	Repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff or both	Known as open cuff repair without acromioplasty. Not to be used in combination with item MT600/48900. If MS025 is performed it cannot be used with item MT770 Can be used in combination with arthroscopic code MT770/48951 (and MR210/47966 if a bicep tenodesis is performed). Note: If MT620/48906 is performed arthroscopically it cannot be used with item MT770/48951.
MT630/48909	Repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coroco-acromial ligament and distal clavicle, or any combination	Known as open rotator cuff repair with acromioplasty with excision of AC joint Not being a service to which item MT610/48903 applies. Flag if this item is used with item MX670/49851. Not to be used with MT770/48951 or in combination with MT610/48903. This item is not to be used with services associated with any other arthroscopic procedure of the shoulder region.
MT640/48912	Shoulder arthrotomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used in combination with any other item code for shoulder surgery

AMA/MBS item number	Descriptor	Clinical indication
MT650/48915	Hemi-arthroplasty	Use of this item rarely seen in State Insurance Regulatory Authority claims Maybe appropriate for shoulder trauma/fractures only
MT660/48918	Total replacement arthroplasty including rotator cuff repair	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT670/48921	Revision of total replacement arthroplasty	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT680/48924	Revision of total replacement arthroplasty with bone graft to scapula or humerus	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT690/48927	Removal of shoulder prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT700/48930	Stabilisation for recurrent anterior/posterior dislocation	Known as open shoulder stabilisation (including repair of labrum) If recurrent, treatment option: highly recommend looking into claimant's history to determine if surgery is to treat the aggravation or pre-existing condition.
MT710/48933	Stabilisation for multidirectional instability	Mostly used for open procedures
MT720/48936	Synovectomy as an independent procedure	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used in combination with any other item code
MT730/48939	Arthrodesis with synovectomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used once or more
MT740/48942	Arthrodesis with synovectomy, removal of prosthesis and bone grafting	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used once or more
MT750/48945	Diagnostic arthroscopy	Not to be used with any arthroscopic procedure of the shoulder region May be used with open surgery i.e. items MT630/48909, MT620/48906, MT710/48933
MT760/48948	Arthroscopic surgery, with one or more: removal loose bodies, decompression of calcium deposits, debridement labrum/synovium/rotator cuff, chondroplasty	Not to be used with any other arthroscopic procedure of the shoulder region Preparatory for an open procedure Appropriate with items MT620/48906 and MT630/48909 May be used with items MT700/48930 and MT710/48933

AMA/MBS item number	Descriptor	Clinical indication
MT770/48951	Arthroscopic division of the coraco-acromial ligament including acromioplasty	Not to be used with any other arthroscopic procedure of the shoulder region Not to be used in combination with items EA365/30111 or MT780/48954. Can be used in combination with MT620/48906 when performing an open rotator cuff repair (and MR210/47966 if a biceps tenodesis is performed).
MT780/48954	Arthroscopic total synovectomy including release of contracture (shoulder)	Known as frozen shoulder release; stand-alone item code Not to be used with any other arthroscopic procedure of the shoulder region. Not to be used in combination with item MT770/48951 Flag if this item is used with any other item for shoulder surgery
MT790/48957	Arthroscopic stabilisation for recurrent instability including labral tear or reattachment	Not to be used with any other arthroscopic procedure of the shoulder region If recurrent treatment option, highly recommend looking into claimant's history to determine if surgery is to treat the aggravation or pre-existing condition Flag if this item used with any other item for shoulder surgery
MT800/48960	Reconstruction or repair of, including rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach	Not to be used with any other procedure of the shoulder region May be used with item CV218/18256 Not to be used with item EA365/30111, MT770/48951 OR MT790/48957. May be used in combination with MR210/47966 or MR200/47963 Flag if practitioner requesting a Superior Capsular Reconstruction (SCR) procedure.
ELBOW		
LN770/39321	Transposition of Nerve	Not appropriate for use in epicondylitis surgery – refer to item LN810/39330 (this item applies to transposition of ulna nerve anterior to medial epicondyle to submuscular or subcutaneous site). Not to be combined with MS045/48412 or LN810/39330.
MU035/49100	Arthrotomy of, involving one or more of lavage, removal of loose body or division of contracture	Not to be used for tennis elbow surgery

AMA/MBS item number	Descriptor	Clinical indication
MU045/49103	Ligamentous stabilisation	Not to be used in conjunction with item LN810/39330 unless the ulnar nerve requires mobilisation or decompression at the time of stabilisation (operation notes should reflect this). Transposition item LN770/39321 is commonly used. Ulnar nerve transposition can occur frequently in large elbow operations. It may be necessary to perform neurolysis of more than one nerve such as radial and ulnar, if there was significant previous injury or previous surgery
MU055/49106	Arthrodesis with synovectomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used
MU065/49109	Total synovectomy	Known as common contracture release Use of this item rarely seen in State Insurance Regulatory Authority claims May be appropriate with osteotomy i.e. items MS045/48412 or MS025/48406 Flag if used
MU075/49112	Silastic replacement of radial head	Seen with fractures, dislocations and acute trauma. May be associated with other items i.e. MU045/49103 or MU075/49121 Not to be used in combination with item MU065/49109. Flag if used
MU085/49115	Total joint replacement	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU086/49116	Total replacement arthroplasty, revision procedure, including removal of prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU087/49117	Total replacement arthroplasty, revision procedure with bone grafting or removal or prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU095/49118	Diagnostic arthroscopy	Not to be used with any other arthroscopic procedure of the elbow region. Appropriate for use with open elbow surgery.
MU105/49121	Arthroscopic surgery of elbow involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty	Not to be used with any other arthroscopic procedure of the elbow
OTHER		
EA365/30111	Bursa (large) including olecranon, calcaneum or patella, excision of	May be used in combination with olecranon bursa. Flag if used in combination with any shoulder surgery. Not to be used in combination with item MT800/48960.

AMA/MBS item number	Descriptor	Clinical indication
LN810/39330	Neurolysis by open operation without transposition	Not being a service associated with a service to which item LN740/39312 applies. Can be used in combination with elbow surgery (eg: MS045/48412 if performing an ulna nerve release with medial epicondylectomy or MR020/47903 lateral or medial epicondylitis debridement). Not to be used in combination with item MT760/48948. Flag if used in combination with any item codes for shoulder surgery or in acute trauma.
LIMB LENGTHENING AND DEFORMITY CORRECTION		
MZ330/50405	Elbow, flexorplasty, or tendon transfer to restore elbow function	MR170/47954 is the appropriate code for repair of a distal bicep tendon rupture. Use of this item rarely seen in State Insurance Regulatory Authority claims – set of item numbers address congenital conditions Flag if used
OTHER JOINTS		
MY035/50106	Joint, stabilisation of, involving one or more of: repair of capsule, repair of ligament or internal fixation	Not being a service to which another item in this group applies – stand-alone item. May be used with MS025/48406 if excision of the distal clavicle is used in conjunction with the stabilisation – e.g. Weaver Dunn procedure. Flag if requested in combination with MR210/47966, MS025/48406 or MS035/48409
MY055/50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue,	Not being a service to which another item in this group applies. Not to be used with any other arthroscopic procedure of the shoulder region Not to be used in combination with item MT780/48954 Flag if used in combination with any item code for elbow and shoulder surgery Implies a release for stiffness after injury or surgery. May occur with other numbers in relation to a large release of a stiff elbow. Three to five item numbers should be in association with an operation that took two to three hours and is usually a revision situation or after serious trauma. The complexity should be reflected in the history of injury, number of prior operations, duration of surgery, complexity of the operation note.

AMA/MBS item number	Descriptor	Clinical indication
MY065/50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital	Code used for adhesive capsulitis (frozen shoulder) manipulation under anaesthetic (MAU). Not to be used for an 'examination' of a joint under general anaesthetic prior to an operation, where the general anaesthetic is for the operation itself Not being a service associated with a service to which another item in this group applies Flag if this item is used two or more times
MY105/50127	Joint or joints, arthroplasty of, by any technique	Not being a service to which another item applies Not to be used in combination with any item for shoulder, elbow or sternoclavicular surgery
GENERAL		
MP455/47429	Humerus, proximal, treatment of fracture of, by open reduction	
MP465/47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction	
MP485/47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction	
MP495/47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction	
MR020/47903	Epicondylitis, open operation for	This is the only item number appropriate for Tennis or Golfers Elbow Debridement (Lateral or Medial Epicondylitis). Can be combined with MS045/48412 where a formal excision of the epicondyle is justified, not just for debridement of epicondyle. Can also be combined with LN810/39330 if ulna nerve neuritis or compression has been diagnosed which requires formal surgical decompression. Flag if used in combination with any other item numbers
MR100/47924	Buried wire, pin or screw (1 or more inserted for internal fixation purposes), removal of requiring incision and suture – per bone.	Not being a service to which item MR410/47927 or MR120/47930 applies.
MR110/47927	Buried wire, pin or screw, one or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital	This item applies for removal of one or more buried k-wire per bone. Where fixation crosses two or more bones, only one item number is claimable.
MR120/47930	Plate, rod or nail and associated wires, pins or screws, one or more of, all of which were inserted for internal fixation purposes, removal of	Not being a service associated with a service to which items MR100/47924 or MR110/47927 apply - per bone. Where fixation crosses two or more bones, only one item number is claimable.

AMA/MBS item number	Descriptor	Clinical indication
MR170/47954	Tendon, repair of, as an independent procedure	Can be used in treating biceps tenodesis Can be used in treating distal biceps tendon rupture. (Refer to item MR210/47966 for proximal biceps tenodesis). Flag if used with any other item code
MR190/47960	Tenotomy, subcutaneous	Not being a service to which another item in this group applies
MR200/47963	Tenotomy, open, with or without tenoplasty	Not being a service to which another item in this group applies. Not to be used for epicondylitis/tennis elbow release.” Could be used in combination with items MT770/48951 or MT800/48960
MR210/47966	Tendon or ligament, transfer	As an independent procedure Could be used in combination with items MT770/48951 or MT800/48960
MR220/47969	Tenosynovectomy	Not being a service to which another item in this group applies. Should not be used for tennis elbow or shoulder surgery. Flag if used for shoulder or elbow procedures.

SCHEDULE D

ADDITIONAL ITEMS USED IN UPPER LIMB SURGERY

The Order adopts the *WorkCover Queensland Upper limb surgery guidelines*. These are outlined below and their use is mandatory when billing for upper limb surgery.

AMA/MBS item number	Descriptor	Clinical indication
EA080 – EA155 / 30024 - 30049	Repair of Wounds	The repair of wound referred to in these items must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. These items are not to be used for the closure of surgical wound, as such closure is part of a surgical procedure and not additional. The term 'superficial' means affecting skin and subcutaneous tissue including fat and the term 'deeper tissue' means all tissues deep to but not including subcutaneous tissue such as fascia and muscle
EA355/30107	Ganglion or small bursa, excision of	Not being a service associated with a service to which another item in this Group applies
MN020 – MN160/ 47003 - 47045	Treatment of upper limb dislocations	Check AMA Fees List for item descriptions and exclusions of item combinations.
MS055/48415	Humerus, osteotomy or osteectomy, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply

AMA/MBS item number	Descriptor	Clinical indication
		Not to be used with item LN810/47903 (tennis elbow release) unless a lateral epicondylectomy is performed. Flag if this item is requested, particularly if requested for tennis elbow surgery.
MY005/50100	Joint, diagnostic arthroscopy of (including biopsy)	Not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure
MY010/50102	Joint, arthroscopic surgery of	Not being a service to which another item in this Group applies

[n2018-4199]

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION
(INJURY MANAGEMENT CONSULTANTS FEES) ORDER 2019**

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this day of 2018

6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

**Workplace Injury Management and Workers Compensation
(Injury Management Consultants Fees) Order 2019**

Part 1 Preliminary

1. Name of Order

This Order is the *Workplace Injury Management and Workers Compensation (Injury Management Consultants Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Injury Management Consultant is a Medical Practitioner approved by the Authority under section 45A of the Act to perform the functions as outlined in the Authority's *Workers Compensation Guidelines* current at the time.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No 86a*, or equivalent Health Practitioner National Law in their jurisdiction with the Australian Health Practitioner Regulation Agency. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Unreasonably late attendance means that the worker or interpreter arrives unreasonably late, to the degree that a full examination is prevented from being conducted.

Working days means Monday to Friday (excluding public holidays).

4. Application of Order

This Order applies to all Injury Management Consultant services provided on or after the commencement date of this Order, whether it relates to an injury received before, on, or after that date.

Part 2 Fees for Injury Management Consultants

5. Maximum Fees for Injury Management Consultants

- a. For the purposes of section 339 of the Act, the maximum hourly fee for the provision of services by an Injury Management Consultant in connection with a claim for compensation or work injury damages is as set out in the Schedule to this Order.
- b. An Injury Management Consultant may not charge for more than 3 hours of work in the absence of express written agreement in advance from the relevant insurer or the Workers Compensation Commission. Where appropriate, an Injury Management Consultant may request approval for additional time where more than three hours are required to complete the Injury Management Consultation.
- c. An Injury Management Consultant may charge a cancellation fee specified in item IIN107 where a worker provides 2 working days notice or less of cancellation, fails to attend their scheduled appointment, or the worker (or interpreter) attends **unreasonably** late preventing a full examination being conducted.
- d. An Injury Management Consultant's report is to be provided to the referrer within 10 working days of the examination, or in the case where no examination has been conducted, within 10 working days of the request having been received, or within a different timeframe if agreed between the parties at the time of referral.
- e. The incorrect use of any item referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

6. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an Injury Management Consultant to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority's itemised invoicing requirements (refer to SIRA website <http://www.sira.nsw.gov.au>) for the invoice to be processed.

8. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

SCHEDULE 1
Rates for Injury Management Consultants

Payment Classification Code	Service description	Fee (excl. GST)
IIN105	Assessments, examinations, file reviews, discussions and reports	\$398.60 per hour to a maximum of 3 hours (unless authorised in advance by the insurer or Workers Compensation Commission).
IIN107	Cancellation with 2 working days notice or less, nonattendance at scheduled appointment or unreasonably late attendance	\$398.60
IIN108	Examination conducted with the assistance of an interpreter	\$498.30 per hour (examination only). Discussions with other parties and report to be charged under IIN105 at \$398.60 per hour.
IIN109	Travel for assessment/consultation at the worker's place of work	\$398.60 per hour.

[n2018-4200]

WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION (MEDICAL EXAMINATIONS AND REPORTS FEES) ORDER 2019

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

This Order is not relevant to medical treatment services provided to workers. Please refer to the *Workers Compensation (Medical Practitioner Fees) Order 2019*, *Workers Compensation (Surgeons Fees) Order 2019* and *Workers Compensation (Orthopaedic Surgeons Fees) Order 2019* for medical services fees.

**Workplace Injury Management and Workers Compensation
(Medical Examinations and Reports Fees) Order 2019**

Part 1 Preliminary

1. Name of Order

This Order is the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2019*

2. Commencement

This Order commences on 1 January 2019

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*.

Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

approved medical specialist (AMS) has the meaning given by section 319 of the Act. Schedules 3 and 4 of this Order apply to an approved medical specialist.

File Review means a review of the file when the Practitioner is able to provide a report on the basis of a file review alone.

General Practitioner has the meaning given by *subsection 3(1) of the Health Insurance Act 1973 (Cth)*. Schedule 1 of this Order applies to a General Practitioner.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Guidelines mean the Authority's *Workers Compensation Guidelines* current at the time.

Health Service Provider has the meaning given by section 339 of the Act.

Independent Medical Examiner means any Medical Specialist who is not in a treating relationship with the worker and who provides an independent medical examination as defined in the Guidelines.

Insurer means the employer's workers compensation insurer.

Medical Examination and Report

- i) means an examination and report completed by an Independent Medical Examiner where additional information is required by a party to a current or potential dispute in relation to a claim for workers compensation or work injury damages.

Video consultations are permissible when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker when approved in advance by the party requesting the service.

Video consultation examination services are to be paid in accordance with the consultation items in this Order. No additional payment in relation to facility fees can be charged by the Medical Practitioner undertaking the examination;

- ii) includes a report prepared by a General Practitioner or a Medical Specialist, who is treating the worker, when requested to provide an opinion in relation to a dispute or potential dispute in respect of a claim made by the worker. For example, when there is lack of agreement regarding liability, causation, capacity for work or treatment between key parties;
- iii) does not include reports on the routine management of the worker's injury (fees for this type of communication are included in the relevant treatment fees Order);
- iv) may be requested to assist decision making on any part of the claim when the management reports available do not adequately address the issue;
- v) are categorised as follows:
- a. **Standard Reports** are reports relating solely to a single event or injury in relation to:
- causation; or
 - capacity for work; or
 - treatment; or
 - simple permanent impairment assessment of one body system.
- b. **Moderately Complex Reports** are:
- reports relating to issues involving a combination of two of the following:
 - causation
 - capacity for work

- treatment
 - simple permanent impairment assessment of one body system;
- or
- reports of simple permanent impairment assessment of two body systems or more than one injury to a single body system.

c. **Complex Reports** are:

- reports relating to issues involving a **combination of three or more** of the following:
 - causation
 - capacity for work
 - treatment
 - simple permanent impairment assessment of one body system;
- or
- A complex method of permanent impairment assessment on a single body system or multiple injuries involving more than one body system.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No 86a*, or equivalent Health Practitioner National Law in their jurisdiction with the Australian Health Practitioner Regulation Agency.

Medical Specialist means a Medical Practitioner recognised as a Specialist in accordance with the *Health Insurance Regulations 1975 (Cth)*, Schedule 4, part 1, who is remunerated at specialist rates under Medicare. Schedule 2 of this Order applies.

Unreasonably late attendance means that the worker or interpreter arrives for the scheduled appointment unreasonably late to the degree that a full examination is prevented from being conducted.

Working Days means Monday to Friday (excluding public holidays).

4. **Application of Order**

This Order applies to an examination or report provided on or after the commencement date of this Order, whether it relates to an injury received before, on or after that date.

Part 2 **Fees for medical assessments**

5. **Maximum fees for medical assessments**

The following maximum fees are fixed under section 339 of the Act:

- a. Maximum fees for the provision of Medical Examination Reports by General Practitioners as set out in Schedule 1.
- b. Maximum fees for the provision of Medical Examination Reports by Medical Specialists as set out in Schedule 2.
- c. Maximum fees for the provision of medical assessments by an AMS under Part 7 of Chapter 7 of the Act as set out in Schedule 3,
- d. Maximum fees for the provision of services by an AMS on an Appeal Panel constituted under section 328 of the Act to hear an appeal against a medical assessment as set out in Schedule 4.

- e. The incorrect use of any item referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

6. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Health Service Provider to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Procedure for Requesting & Paying for Schedules 1 & 2 Services

- (1) The party requesting a Medical Examination Report described in Schedules 1 and 2 is to either:
 - a. agree the category of report being requested with the Medical Practitioner in advance and confirm the request in writing indicating that payment will be made within 10 business days of receipt of a properly completed report and tax invoice; or
 - b. pay in accordance with a contractual arrangement between the medical practice/Medical Practitioner/medico-legal organisation and the referring body on receipt of a properly completed report and tax invoice.
- (2) Where the Medical Practitioner disagrees with the category of report stated in the referral, the Medical Practitioner must explain the complexity of the Medical Examination Report that is required by reference to the 3 categories of complexity specified in the definition of Medical Examination Report and obtain agreement from the referrer before accepting the referral.
- (3) Under section 339(3) of the Act, a Health Service Provider is not entitled to be paid or recover any fee for providing a service that exceeds the maximum fee fixed for the provision of that service by this Order. As such, the contractual arrangement referred to in paragraph 7(1) b. above must not provide for the payment of a fee above the maximum fees prescribed in Schedules 1 and 2 of this Order.
- (4) Schedules 1 and 2 apply to Medical Examination Reports that are requested for the purpose of resolving a dispute in relation to a claim for workers compensation or work injury damages, for example, by proving or disproving an entitlement, or the extent of an entitlement to workers compensation or work injury damages. Schedules 1 and 2 do not apply to medical or related treatment reports. Fees for those reports (which usually contain questions to assist the insurer determine prognosis for recovery and timeframes for return to work) are fixed under section 61 of the Workers Compensation Act 1987.
- (5) Schedules 1 and 2 provide the maximum fees allowed for the purposes of Items 4 and 5 of the disbursements regulated by Part 3 of Schedule 6 to *The Workers Compensation Regulation 2016*.

8. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority's itemised invoicing requirements (refer to SIRA website <http://www.sira.nsw.gov.au>) for the invoice to be processed.

9. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule 1

Maximum fees for the provision of Medical Examination Reports by General Practitioners

Payment Classification Code	Service description	Fee (excl. GST)
IMG001 or WIG001	Examination and report in accordance with the <i>Guidelines</i> - Standard Report (see definition of Medical Examination Report)	\$589.90
IMG002 or WIG002	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Standard Report (see definition of Medical Examination Report)	\$658.60
IMG003 or WIG003	Examination and report in accordance with the <i>Guidelines</i> - Complex Report (see definition of Medical Examination Report)	\$880.70
IMG004 or WIG004	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Complex Report (see definition of Medical Examination Report)	\$1026.10
IMG005 or WIG005	Cancellation with 2 working days notice or less, nonattendance at scheduled appointment or unreasonably late attendance.	\$143.80
IMG006 or WIG006	File review and report	\$436.60
IMG007 or WIG007	Supplementary report where additional information is provided and requested or additional questions are posed. This fee does not apply where clarification is sought because a previous report was ambiguous and/or did not answer questions previously posed	\$291.20

Payment Classification Code	Service description	Fee (excl. GST)
IMG008 or WIG008	Update examination and report of worker previously reviewed, where there is no intervening incident	\$367.80
IMG009 or WIG009	Travel	<p>Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i>.</p> <p><i>Note:</i> Rates for travel within the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via http://www.treasury.nsw.gov.au/ website.</p>
WCO005	Fees for providing copies of clinical notes and records	<p>Where medical records are maintained electronically by a medical practitioner/practice, a flat fee of \$60 applies for provision of all requested clinical records held by the medical practice.</p> <p>Where medical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.</p>

Schedule 2

Maximum fees for the provision of Medical Examination Reports by Medical Specialists

Payment Classification Code	Service description	Fee (excl. GST)
IMS001 or WIS001	Examination and report in accordance with the <i>Guidelines</i> - Standard Report (see definition of Medical Examination Report)	\$797.10
IMS002 or WIS002	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Standard Report (see definition of Medical Examination Report)	\$995.20
IMS003 or WIS003	ENT report (includes audiological testing) in accordance with the <i>Guidelines</i> - Standard Report (see definition of Medical Examination Report)	\$797.10
IMS031 or WIS031	ENT report (includes audiological testing) when examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Standard Report (see definition of Medical Examination Report)	\$995.20
IMS004 or WIS004	Examination and report in accordance with the <i>Guidelines</i> – Moderately Complex Report (see definition of Medical Examination Report)	\$1,194.70
IMS005 or WIS005	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Moderately Complex Report (see definition of Medical Examination Report)	\$1,394.30

Payment Classification Code	Service description	Fee (excl. GST)
IMS006 or WIS006	Examination and report in accordance with the <i>Guidelines</i> – Complex Report including complex psychiatric (see definition of Medical Examination Report)	\$1,584.90
IMS007 or WIS007	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – Complex Report (see definition of Medical Examination Report)	\$1,984.10
IMS008 or WIS008	Examination and report in accordance with the <i>Guidelines</i> – psychiatric	\$1,394.30
IMS081 or WIS081	Examination conducted with the assistance of an interpreter and report in accordance with the <i>Guidelines</i> – psychiatric	\$1,745.50
IMS092 or WIS092	Cancellation with 2 working days notice or less, nonattendance at scheduled appointment or unreasonably late attendance.	\$399.70
IMS010 or WIS010	File review and report	\$597.30
IMS011 or WIS011	Supplementary report where additional information is provided and requested or additional questions are posed. This fee does not apply where clarification is sought because a previous report was ambiguous and/or did not answer questions previously posed.	\$397.90
IMS012 or WIS012	Update examination and report of worker previously reviewed, where there is no intervening incident.	\$590.00

Payment Classification Code	Service description	Fee (excl. GST)
IMS013 or WIS013	Travel	<p>Reimbursed in accordance with the "Use of private motor vehicle" & "Flying allowance" set out in Item 6 & 14 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i></p> <p>Note: <i>Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance & flying allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via http://www.treasury.nsw.gov.au/ website.</i></p>
IMS014 or WIS014	Consolidation of assessments from different Medical Specialists by Lead Assessor to determine the final degree of permanent impairment resulting from the individual assessments	\$199.80
WCO005	Fees for providing copies of clinical notes and records	<p>Where medical records are maintained electronically by a medical practitioner/practice, a flat fee of \$60 applies for provision of all requested clinical records held by the medical practice.</p> <p>Where medical records are not maintained electronically, the maximum fee for providing hard copies of clinical records (including Consulting Orthopaedic Surgeon's notes and reports) is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.</p>

Schedule 3

Maximum Fees for Approved Medical Specialists (AMS)

These are maximum fees payable to an AMS for the provision of medical assessments on medical disputes referred under subsection 321(1) of the Act.

Service description	Fee (excl. GST)
Examination and report in accordance with Workers Compensation Commission standards – standard case	\$1,423.80
Examination and report in accordance with Workers Compensation Commission standards - multiple medical assessments e.g. for permanent impairment and general medical disputes	\$1,907.30
Ear, nose and throat, includes audiological testing	\$1,669.20
Examination and report in accordance with the Workers Compensation Commission standards - psychiatric	\$2,381.90
Cancellation with less than 7 calendar days notice	\$474.80
Cancellation with 2 working days notice or less, nonattendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$949.30
Consolidation of medical assessment certificates by Lead Assessor	\$474.80
Re-examination + medical assessment certificate or reconsideration at request of Commission	\$712.70
When interpreter present at examination	Plus \$244.10
Miscellaneous Fee at the discretion of the Registrar or delegate	\$474.80 per hour
Travel	Reimbursed in accordance with the "Use of private motor vehicle" & "Flying allowance" set out in Item 6 & 14 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> Note: - Rates for travel within the <i>Crown Employees (Public Service Conditions of</i>

	<p><i>Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance & flying allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via http://www.treasury.nsw.gov.au/ website.</i></p> <p><i>- Other allowances as outlined in Table 1 (Rates and Allowances) may be claimed when appropriate.</i></p>
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Schedule 4

Rates for Approved Medical Specialists on Appeal Panels

These rates are payable to an Approved Medical Specialist when participating as a member of an Appeal Panel at the Workers Compensation Commission.

Service description	Fee (excl. GST)
Assessment, initial telephone conference and decision on papers	\$949.20
Examination of worker and report by AMS	Fees as per Schedule 3 applies
Cancellation with less than 7 calendar days notice	\$474.80
Cancellation with 2 working days notice or less, nonattendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$949.30
Assessment, telephone conference, appeal hearing and decision	\$2,144.00
Additional Hearing or teleconference when convened by Arbitrator	\$399.30 per hour
Travel	Reimbursed in accordance with the "Use of private motor vehicle" & "Flying allowance" set out in Item 6 & 14 of Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i>

Service description	Fee (excl. GST)
	<p>Note:</p> <ul style="list-style-type: none">- Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance & flying allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via http://www.treasury.nsw.gov.au/website.- Other allowances as outlined in Table 1 (Rates and Allowances) may be claimed when appropriate.

[n2018-4201]

**WORKERS COMPENSATION (MEDICAL PRACTITIONER FEES)
ORDER 2019**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Medical Practitioner is medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for any medical or related treatment provided to a NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Medical Practitioner from recovering from the worker or employer any extra charge for treatments covered by the Order.

Under section 60(2A)(a) of the *Workers Compensation Act 1987*, medical or related treatment requires prior insurer approval unless treatment is provided within 48 hours of the injury happening or treatment is exempt from pre-approval under the *Workers Compensation Act 1987* or the State Insurance Regulatory Authority's *Workers Compensation Guidelines* in effect at the time.

This Order adopts the *List of Medical Services and Fees* issued by the Australian Medical Association (AMA), except where specified in this Order. To bill an AMA item, a Medical Practitioner must be confident they have fulfilled the service requirements as specified in the item descriptor. Where a comprehensive item is used, separate items cannot be claimed for any of the individual items included in the comprehensive service.

The incorrect use of any item referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

Consulting Surgeons should also refer to the *Workers Compensation (Surgeon Fees) Order 2019* or, if an Orthopaedic Surgeon, the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019*.

Workers Compensation (Medical Practitioner Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Medical Practitioner Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Aftercare visits are covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. Unrelated visits or incidental reasons for visits that are not regarded as routine aftercare must be explained with accounts rendered.

AMA List means the document entitled *List of Medical Services and Fees* issued by the Australian Medical Association and dated 1 November 2018 and any subsequent amendments to this List published by the AMA in the period 1 November 2018 – 31 October 2019.

Assistant at Operation means a Medical Practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule (MBS), or where indicated in the Authority's Order. An assistant fee may only be applicable for surgical procedures EA015 – MY330 and MZ731 to MZ871.

In accordance with NSW Health policy directive *Employment Arrangements for Medical Officers in the NSW Public Health Service (Doc No: PD2016_059)*, assistant fees cannot be charged for workers compensation cases performed in a public hospital when the assistant is a Registrar. If the Registrar is on rotation to an approved private hospital, the relevant assistant fee may be charged. Payment of these fees is to be directed into a hospital or departmental trust fund account and the invoice should include details of this account. The Authority reserves the right to conduct an audit of assistant fee payments to ensure their proper distribution into the named trust fund.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work/return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference. Discussions between the worker's nominated treating doctor and other treating practitioners (e.g. allied health practitioners, medical specialists/surgeons) relating to treatment are considered a normal interaction between referring doctor and practitioner. This is not to be charged as a Case conference.

File notes of Case conferences are to be documented in the Medical Practitioner's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing purposes.

Consulting Surgeon means a Medical Practitioner who is recognised by the Medical Board of Australia or by Medicare Australia as a Specialist Surgeon or Specialist in orthopaedic surgery and who is registered with the Australian Health Practitioner Regulation Authority as a Specialist in surgery in their chosen field. It also includes a Surgeon or Orthopaedic Surgeon who is a staff member at a public hospital providing services at that public hospital. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

General Practitioner is a Medical Practitioner and has the meaning given by subsection 3(1) of the *Health Insurance Act 1973 (Cth)*. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Insurer means the employer's workers compensation insurer.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No. 86a*, or equivalent in their jurisdiction with the Australian Health Practitioner Regulation Agency. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Medical Specialist means a Medical Practitioner recognised as a specialist in accordance with the *Health Insurance Regulations 1975 (Cth)*, Schedule 4, Part 1, who is remunerated at specialist rates under Medicare. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a Medical Practitioner who is suspended or disqualified from practice under any relevant law or the Medical Practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Multiple operations or injuries refer to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time.

Out-of-hours services only apply in an emergency where the clinic is not normally open at that time, and urgent treatment is provided. This fee is not to be utilised in the situation where a consultation is conducted within the advertised hours of a clinic.

4. Application of Order

This Order applies to treatment provided on or after the commencement date of this Order, whether it relates to an injury received before, on, or after that date.

5. Maximum fees for Medical Practitioners

(1) This clause applies to medical and related treatment provided by a Medical Practitioner in respect of which a fee is specified in the AMA List, except:

- Medical services identified in the AMA List by AMA numbers AC500, AC510, AC520, AC530, AC600 and AC610 (Professional Attendances by a Specialist), if these medical services are provided by a Specialist Surgeon;
- Medical services identified in the AMA List by AMA Numbers EA010 to MZ871 (Surgical Operations) if these medical services are provided by a Specialist Surgeon;
- Medical services identified in the AMA List by AMA Number MZ900 (Assistant at Operation fee);

- Medical services identified in the AMA List by AMA numbers OP200, OP210 and OP220 (magnetic resonance imaging – MRI).
- (2) The maximum amount payable for magnetic resonance imaging (MRI) is:
- \$700 for one region of the body or two contiguous regions of the body
 - \$1050 for three or more contiguous regions of the body, or two or more entirely **separate** regions of the body (e.g. wrist and ankle).
- (3) The maximum amount payable for a certificate of capacity is \$47.30. This fee is payable only once per claim for completion of the initial certificate of capacity.
- (4) A General Practitioner, Medical Specialist and Consulting Surgeon may be remunerated for time spent in addition to the usual medical management to assist a worker recover at/return to work. This time may include discussions with employers, case conferences, visits to work sites, time spent reviewing injury management or recovery at/return to work plans and providing additional reports. (where pre-approved by the insurer).

The time taken for these services must be billed under payment classification code **WCO002** (with the exception of some reports – see explanation below) and reflect the time taken (to the nearest 5 minutes) to deliver the service.

The following maximum hourly rates are payable:

- General Practitioner: \$289.20 or \$24.10 per 5 minutes
- Medical Specialist: \$402.00 or \$33.50 per 5 minutes
- Consulting Surgeon: \$531.60 or \$44.30 per 5 minutes.

Note: No fee is payable for liaising with other health providers involved in the treatment of the worker (e.g. Medical Specialists, allied health practitioners) unless the communication is additional to that required for the management of patients with comparable injuries/conditions that are not work related.

Where additional reports are requested and if they do not relate to the routine management of a worker's injury and are not required as part of a dispute or potential dispute, they should be billed under **WCO002** at the above rates. These reports may answer questions to assist the insurer determine prognosis for recovery and timeframes for returning to work. The hourly rate is to be pro-rated into 5 minute blocks to reflect the time taken to prepare the report. The medical practitioner requires pre-approval from the insurer for provision of reports.

If the report is requested as part of a current or potential dispute (for example, when there is lack of agreement regarding liability, causation, capacity for work or treatment between key parties) and the treating Medical Practitioner is requested to provide their opinion, the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2019* applies.

- (5) The maximum fee for providing hard copies of medical records (including Medical Specialists' notes and reports) is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.

Where medical records are maintained electronically by a medical practitioner/practice, a flat fee of \$60 applies for provision of all requested clinical records held by the medical practice.

Provision of electronic or hard copy medical records is to be billed under State Insurance Regulatory Authority payment classification code **WCO005**.

Where a medical practitioner has been requested to provide clinical notes and the doctor needs to review the records prior to provision (for example to redact non work-related injury information), the time taken to review the records is to be billed under

WCO002. The hourly rate is to be pro-rated into 5 minute blocks to reflect the time taken.

- (6) Subject to subclauses (1), (2), (3), (4), (5), (7), (8) and clause 7 (Nil fee for certain medical services) of this Order, the maximum amount for which an employer is liable under the Act for any claim for medical or related treatment is the fee listed, in respect of the medical or related treatment concerned, in the AMA List.
- (7) Video consultations are permissible when approved in advance by the insurer. Insurers will consider if the video consultation is appropriate and likely to be effective when making a decision whether to approve these services. Video consultation treatment services are to be paid in accordance with the consultation items in this Order. No additional payment in relation to facility fees can be charged by the medical practitioner undertaking the consultation.
- (8) Fees for multiple operations or injuries are to be paid in accordance with the AMA List '*Multiple Operations Rule*' with the exception of:
 - items specifically listed as a multiple procedure item in the AMA List or where Schedules in the *Workers Compensation (Surgeon Fees) Order 2019* or the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019* prevent combining of items.
 - Medical Practitioners who meet the definition of Surgeon or Orthopaedic surgeon as defined in the *Workers Compensation (Surgeons Fees) Order 2019* or *Workers Compensation (Orthopaedic Surgeons Fees) Order 2019* are to be paid in accordance with the provisions specified in the *Workers Compensation (Surgeon Fees) Order 2019* or, if an Orthopaedic Surgeon, the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019*.

6. Specialist consultations

The initial Medical Specialist/Consulting Surgeon consultation fee includes the first consultation, the report to the referring General Practitioner and copy of the report to the insurer.

The report will contain:

- The worker's diagnosis and present condition;
- An outline of the mechanism of injury;
- The worker's capacity for work;
- The need for treatment or additional rehabilitation; and
- Medical co-morbidities that are likely to impact on the management of the worker's condition (subject to relevant privacy considerations).

Consultations with Medical Specialists/Consultant Surgeons require prior approval by the insurer, unless exempt from pre-approval by the Act or the Authority's *Workers Compensation Guidelines*.

Any reports from subsequent consultations should be sent to the referring General Practitioner and copied to the insurer. Copies of these reports do not attract a fee.

7. Nil fee for certain medical services

The AMA List includes items that are not relevant to medical services provided to workers. As such, the fee set for the following items is nil:

- General Practitioner - Urgent attendances after hours item (Medical services identified in the AMA List by AMA number AA007)
- All time based General Practitioner fees items (Medical services identified in the AMA List by AMA numbers AA190 – AA320)
- Enhanced primary care items (Medical services identified in the AMA List by AMA numbers AA501 – AA850)
- All shared health summary items (Medical services identified in the AMA List by AMA numbers AA340 – AA343)
- Telehealth items (Medical services identified in the AMA List by AMA numbers AA170 – AA210, AA584 – AA670, AF070 – AF180, AF260 – AF370, AJ051 – AJ200, AM210 – AM 240, AP040, and AP050 – AP105).

Note: Telephone consultations with workers are discouraged and do not attract a fee.

8. Nil payment for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Medical Practitioner/Medical Specialist/Consultant Surgeon.

9. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

10. Goods and Services Tax

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Medical Practitioner/Medical Specialist/Consultant Surgeon to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

11. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority's itemised invoicing requirements (refer to SIRA website <http://www.sira.nsw.gov.au>) for the invoice to be processed.

[n2018-4202]

**WORKERS COMPENSATION
(ORTHOPAEDIC SURGEON FEES) ORDER 2019**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Medical Practitioner who is an Orthopaedic Surgeon is medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for treatment by an Orthopaedic Surgeon provided to a NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent an Orthopaedic Surgeon from recovering from the worker or employer any extra charge for treatments covered by the Order.

Under section 60(2A)(a) of the *Workers Compensation Act 1987*, medical or related treatment requires prior insurer approval unless treatment is provided within 48 hours of the injury happening or treatment is exempt from pre-approval under the *Workers Compensation Act 1987* or the State Insurance Regulatory Authority's *Workers Compensation Guidelines* in effect at the time.

Treatment by a Surgeon other than an Orthopaedic Surgeon is covered by the *Workers Compensation (Surgeon Fees) Order 2019*. However, maximum fees under this Order may apply to procedures carried out by a Surgeon which are covered by the *Workers Compensation (Surgeon Fees) Order 2019*.

Orthopaedic Surgeons should also refer to the *Workers Compensation (Medical Practitioner Fees) Order 2019*.

This Order adopts the items listed as Orthopaedic Procedures in the *List of Medical Services and Fees* issued by the Australian Medical Association (AMA).

To bill an AMA item number an Orthopaedic Surgeon must be confident they have fulfilled the service requirements as specified in the item descriptor.

Where only one service is rendered, only one item should be billed. Where more than one service is rendered on one occasion of service, the appropriate item for each discrete service may be billed, provided that each item fully meets the item descriptor. Where an operation comprises a combination of procedures which are commonly performed together, and for which there is an AMA item that specifically describes the combination of procedures, then only that item should be billed. Where a comprehensive item number is used, separate items must not be claimed for any of the individual items included in the comprehensive service. The invoice should cover the total episode of treatment.

The incorrect use of any items referred to in this Order can result in penalties, including the Medical Practitioner being required to repay monies that the Medical Practitioner has incorrectly received.

Workers Compensation (Orthopaedic Surgeon Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Orthopaedic Surgeon Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order (including Schedules A, B, C and D):

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Aftercare visits are covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. Unrelated visits or incidental reasons for visits that are not regarded as routine aftercare must be explained with accounts rendered.

Assistant at operation means a Medical Practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medicare Benefits Schedule (MBS), or where indicated in the Authority's schedule. An assistant fee may only be applicable for surgical procedures EA015 to MY330 and MZ731 to MZ871 .

In accordance with NSW Health policy directive *Employment Arrangements for Medical Officers in the NSW Public Health Service (Doc No: PD2016_059)*, assistant fees cannot be charged for workers compensation cases performed in a public hospital when the assistant is a Registrar. If the Registrar is on rotation to an approved private hospital, the relevant assistant fee may be charged. Payment of these fees is to be directed into a hospital or departmental trust fund account and the invoice should include details of this account. The Authority reserves the right to conduct an audit of assistant fee payments to ensure their proper distribution into the named trust fund.

AMA List means the document entitled List of Medical Services and Fees issued by the Australian Medical Association and dated 1 November 2018 and any subsequent amendments to this List published by the AMA in the period 1 November 2018 – 31 October 2019.

Compound (open) wound refers to a situation where an Orthopaedic Surgeon is treating a fracture and the injury is associated with a compound (open) wound. In an open fracture wound that requires debridement, a 50% loading for open fracture fixation can be applied. Debridement item 30023/EA075 is not to be used when applying this loading.

Extended initial consultation means a consultation involving significant multiple trauma or complex "red flag" spinal conditions (systemic pathology, carcinoma, infection, fracture or nerve impingement) involving a lengthy consultation and extensive physical examination.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Initial consultation and report covers the first consultation, the report to the referring Medical Practitioner and the copy of the report to the insurer.

The report will contain:

- the worker's diagnosis and present condition;
- an outline of the mechanism of injury;
- the worker's capacity for work;
- the need for treatment or additional rehabilitation; and
- medical co-morbidities that are likely to impact on the management of the worker's condition (in accordance with privacy considerations).

The receipt of this report and any certificates of capacity under section 44B of the Act post-treatment will provide sufficient information for insurers, employers and workplace rehabilitation providers to develop management plans.

Insurer means the employer's workers compensation insurer

Instrument fee covers procedures where the Orthopaedic Surgeon supplies all the equipment or a substantial number of specialised instruments in exceptional circumstances and must be justified. This fee does not apply for all operations or if only incidental instruments (non-critical) are supplied by the Orthopaedic Surgeon. Routine items such as loupes are not included.

Medical Practitioner means a person registered in the medical profession under the *Health Practitioner Regulation National Law (NSW) No 86a*, or equivalent in their jurisdiction with the Australian Health Practitioner Regulation Agency. In accordance with section 60(2A)(d) of the Act, the employer will not be liable for the treatment provided if the treatment or service is provided by a medical practitioner who is suspended or disqualified from practice under any relevant law or the medical practitioner's registration is limited or subject to any condition imposed as a result of a disciplinary process.

Multiple operations or injuries refer to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. It applies to the AMA items EA015 to MY330 and MZ731 to MZ871, with the exception of items specifically listed as a multiple procedure item in the AMA List or where Schedules in this Order prevent combining of items. The fee for the main procedure or injury is to be paid in full as per Schedule A (1.5 x AMA List fee), and for each additional item or injury at 1.125 x AMA List Fee specified in Schedule A.

Opinion on file request includes retrieval of a file from whatever source, reading time, and reporting where a request for such an opinion has been made in writing to the Orthopaedic Surgeon and in accordance with privacy principles.

Orthopaedic procedures are those listed in the AMA List but do not include the cost of bandages, dressings, plaster of Paris bandages, splints, metallic fixation agents, and prosthetic implants which may be charged in addition to the fee set out in Schedules in this Order, if purchased by the Orthopaedic Surgeon. The fee for orthopaedic procedures includes pre-surgery consultations conducted on the same day of surgery and aftercare visits.

Orthopaedic Surgeon means a Medical Practitioner who is recognised by the Medical Board of Australia or by Medicare Australia as a Specialist in orthopaedic surgery and who is registered with the Australian Health Practitioner Regulation Agency as a Specialist in surgery, in the field of orthopaedic surgery. It includes an Orthopaedic Surgeon who is a staff member at a public hospital providing services at the hospital.

Out-of-hours consultation means a call-out to a public or private hospital or a private home for an urgent case before 8.00am or after 6:00pm Monday to Friday, or anytime on the weekend and public holidays. This fee is not to be utilised where a consultation is conducted for non-urgent cases.

Out-of-hours loading only applies when an Orthopaedic Surgeon is called back to perform a procedure(s) in isolation, rather than for cases scheduled before 8.00am or after 6.00pm on a weekday or a routine weekend operating list. Loading to be calculated at 20% of the total procedure fee. Item must be reflected in the invoice as a separate entry against code WCO008.

Revision surgery refers to a procedure carried out to correct earlier surgery. Only where the revision surgery is performed by an Orthopaedic Surgeon other than the original Orthopaedic Surgeon, shall it attract a fee of 50% of the amount for the principal procedure in the initial surgery, in addition to the fee payable for the new procedure. Where the new procedure is specified as a revision procedure in the AMA List, the 50% loading does not apply.

Spinal surgical rules and conditions provided in the 1 November 2018 MBS apply to spinal surgical items MZ731 (MBS 51011) to MZ871 (MBS 51171) conducted on or after the commencement date of this Order.

Subsequent consultation is each attendance subsequent to the first in a single course of treatment. A subsequent consultation fee is not to be billed if conducted on the same day as surgery or in the normal aftercare that applies following surgery. The cost of these consultations is included in the fee for the orthopaedic procedure.

Any reports from subsequent consultations should be sent to the referring Medical Practitioner and copied to the insurer. Copies of these reports do not attract a fee.

4. Application of Order

This Order applies to treatment provided on or after the commencement date of this Order, whether it relates to an injury received before, on, or after that date.

5. Maximum fees for treatment by Orthopaedic Surgeon

The maximum fee amount for which an employer is liable under the Act for treatment of a worker by an Orthopaedic Surgeon, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 3 of that Schedule.

A fee charged by an Orthopaedic Surgeon for a patient's treatment (including the management of fractures and other conditions) will be in addition to the fee in Schedule A for the original examination and report.

6. Billing items for hand surgery (Schedule B)

Schedule B provides mandatory guidelines for billing items used in hand and wrist surgery only.

Table 1 details items that are not applicable to hand surgery procedures.

Table 2 details items with restricted application for hand surgery and where clinical justification is required that they are reasonably necessary given the circumstances of the case.

7. Billing items for shoulder and elbow surgery (Schedule C)

Schedule C provides mandatory guidelines for billing items used in shoulder and elbow surgery only.

Any item number where the term "flag" is used in the Clinical Indication column highlights a potential exception that will require further justification. Should an Orthopaedic Surgeon seek an exception to the guidelines, the Orthopaedic Surgeon must provide a written explanation to support the request.

8. Billing items for general upper limb surgery (Schedule D)

Schedule D provides mandatory guidelines for billing items used in general upper limb surgery.

Any item number where the term “flag” is used in the Clinical Indication column highlights a potential exception that will require further justification. Should an Orthopaedic Surgeon seek an exception to the guidelines, the Orthopaedic Surgeon must provide a written explanation to support the request.

9. GST

An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Medical Practitioner or an Orthopaedic Surgeon to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted to the insurer within 30 calendar days of the service provided and must comply with the Authority’s itemised invoicing requirements (refer to SIRA website <http://www.sira.nsw.gov.au>) for the invoice to be processed.

All invoices with surgical items must also be accompanied by the following:

- (1) Detailed operation report including a description of the initial injury and an outline of the mechanism of injury, intra-operative findings and the procedures performed, including structures that were repaired (stating the anatomic location) and technique of repair.
- (2) Usage of any of the restricted item numbers (Schedule B, Table 2, Schedule C and Schedule D) must be accompanied by clinical justification in order to process the claim.

11. Surgery requests

For any proposed surgery – a list of proposed applicable AMA item numbers will need to be provided prior to approval being given.

Where questions arise in individual clinical situations, supply of additional information may be required to assist in determinations.

12. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

13. Nil payment for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with an Orthopaedic Surgeon.

**SCHEDULE A
MAXIMUM FEES FOR ORTHOPAEDIC SURGEONS**

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
Consultations			
1.	Initial consultation and report	AC500 (MBS 104)	\$332.70
2.	Extended initial consultation and report	WCO006	\$458.40
3.	Subsequent consultation	AC510 (MBS 105)	\$229.20.
4.	Out-of-hours consultation	WCO007	\$192.30 in addition to consultation fee
Procedures			
5.	Orthopaedic procedure(s)	ML005 (MBS 46300) to MY330 (MBS 50239) and MZ731 (MBS 50950) to MZ871 (MBS 51171)	1.5 x AMA List Fee for the primary item number. (for any additional item numbers refer to item 8 of this schedule).
6.	Instrument fee	WCO003	\$229.20
7.	Assistant at operation (Assistant must be a Medical Practitioner for this fee to be payable)	MZ900	A fee of 20% of the total fee for the surgical procedure/s or \$384.40, whichever is the greater (where an assistant's fee is allowed for)
8.	Multiple operations or injuries		Primary item number to be paid in full (1.5 x AMA List Fee) and additional AMA item number(s) at 1.125 x AMA List Fee.
9.	Aftercare visits (As defined in this Order)		As per AMA List

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
10.	Compound (open) wound		In an open fracture wound that requires debridement, a 50% loading for open fracture fixation can be applied Debridement item 30023/EA075 is not to be used when applying this loading
11	Out of hours loading	WCO008	20% of total procedure fee
<u>Insurer/lawyer requests</u>			
12.	Opinion on file request	WCO009	\$229.20
13.	Telephone requests including Case conferences (refer to the definition within the <i>Workers Compensation (Medical Practitioner Fees) Order 2019</i>)	WCO002	\$44.30 per 3-5 minute phone call
14.	Lost reports and reprints		\$155.30 per report
15.	Consulting Orthopaedic Surgeon reports (where additional information that is not related to the routine injury management of the patient is requested by either party to a potential or current dispute) Note: The party requesting a report must agree on the category of report with the Medical Practitioner in advance and confirm the request in writing at the time of referral.	Relevant IMSWIS code	Please refer to the <i>Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2019</i> Schedule 2

Item	Column 1 Type of service	Column 2 AMA Item(s)	Column 3 Maximum amount
16.	Fees for providing copies of clinical notes and records	WCO005	<p>Where medical records are maintained electronically by a medical practitioner/practice, a flat fee of \$60 applies for provision of all requested clinical records held by the medical practice.</p> <p>Where medical records are not maintained electronically, the maximum fee for providing hard copies of clinical records (including Consulting Orthopaedic Surgeon's notes and reports) is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.</p>

SCHEDULE B

BILLING ITEMS USED IN HAND SURGERY

Table 1: Items numbers and descriptors no longer applicable to hand surgery procedures

AMA/MBS item number	Descriptor	Reason for decline
CV233/18266	INJECTION OF AN ANAESTHETIC AGENT, ulnar, radial or median nerve of main trunk, one or more of, not being associated with a brachial plexus block	The MBS does not allow a claim for nerve blocks performed as a method of postoperative analgesia. Infiltration is included in both the anaesthetic schedule AND in the surgical item number fee if performed by the Orthopaedic Surgeon. This item can only be used in circumstances where a formal nerve block is performed by the Orthopaedic Surgeon as the only form of anaesthesia and no charge is raised for another anaesthetic service.
CV082/Nil	MINOR NERVE BLOCK (specify type) to provide post-operative pain relief (this does not include subcutaneous infiltration)	
MG540/45051	CONTOUR RECONSTRUCTION for open repair of contour defects, due to deformity, requiring insertion of a non-biological implant, if it can be demonstrated that contour reconstructive surgery is indicated because the deformity is secondary to congenital absence of tissue or has arisen from trauma (other than trauma from previous cosmetic surgery), excluding the following: (a) insertion of a non-biological implant that is a component of another service listed in Surgical Operations; (b) injection of liquid or semisolid material; and (c) services to insert mesh	This relates to the insertion of foreign implant for pathological deformity by an open operation i.e. facial reconstruction and was not intended for usage in hand surgery.

AMA/MBS item number	Descriptor	Reason for decline
MH480/45445	FREE GRAFTING (split skin) as inlay graft to 1 defect including elective dissection using a mould (including insertion of and removal of mould)	The appropriate item is MH490/45448.
MR170/47954	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR210/47966	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR220/47969	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MR230/47972	TENDON SHEATH, open operation for tenovaginitis, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MS015/48403	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of items and relates to foot surgery only. There already exist appropriate items in the hand surgery section.
MY015/50103	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY025/50104	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY045/50109	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
MY105/50127	JOINT OR JOINTS, arthroplasty of, by any technique not being a service to which another item applies	This item is from the orthopaedic group of items. There already exist appropriate items in the hand surgery section.
OF820/60506	FLUOROSCOPY using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service to which another item in this table applies (R)	This item cannot be claimed for use of image intensification when operated by the Orthopaedic Surgeon in the absence of a radiographer.
OF824/60509	FLUOROSCOPY using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this table applies (R)	This item cannot be claimed for use of image intensification when operated by the Orthopaedic Surgeon in the absence of a radiographer.

Table 2: Item numbers with restricted application for hand surgery – clinical justification required

AMA/MBS item number	Descriptor	Clinical indication
AC510/30105	Each attendance SUBSEQUENT to the first in a single course of treatment	Follow up consultations will not be paid within the 6-week period following a procedure as this is included in normal aftercare.
EA075/30023	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Assist.)	The repair of wound must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. These items are not to be used for the closure of surgical wound, as such closure is part of a surgical procedure and not additional. Item EA075/30023 covers debridement of traumatic, "deep or extensively contaminated" wound. Benefits are not payable under this item for debridement which would be expected to be encountered as part of an operative approach to the treatment of fractures. Debridements are also not applicable when removing percutaneous wire fixation. This item can be used for deep chronic wounds or in combination with open fractures requiring debridement. This item is not to be used in combination with EA215/30068. Limit of one debridement per episode of care or per limb. Flag if this procedure is requested more than once per episode of care or per limb.
EA095/30029	SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF WOUND OF, other than wound closure at time of surgery, not on face or neck, small (NOT MORE THAN 7CM IN LENGTH), involving deeper tissue, not being a service to which another item in Group 3.4 applies.	This item is for use in wound suture when no other vital tissue is involved. It cannot be used in conjunction with item EA075/30023 for the same wound/zone of injury, nor when repair of a performed and deeper structure is also claimed for.
EA755/30223	LARGE HAEMATOMA, LARGE ABSCESS, CARBUNCLE, CELLULITIS OR SIMILAR LESION, requiring admission to hospital or day-hospital facility, INCISION WITH DRAINAGE OF (excluding aftercare)	This item cannot be used in conjunction with item EA075/30023 for the same wound/zone of injury.
EA825/30238	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE	This item is rarely indicated and cannot be used in conjunction with: items EA075/30023 MR240/47975, MR250/47978, MR260/47981
ET560/33815 ET570/33818	MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with restoration of continuity, by lateral suture MAJOR ARTERY OR VEIN OF EXTREMITY, repair of wound of, with	This item is applicable for repair of radial, ulnar or brachial arteries proximal to wrist crease.

AMA/MBS item number	Descriptor	Clinical indication
	restoration of continuity, by direct anastomosis	
LN740/39312	NEUROLYSIS, internal (interfascicular) neurolysis of, using microsurgical techniques	This item is never indicated in acute trauma. It is rarely indicated in elective surgery and is reserved for use in revision nerve decompression surgery. This item is not to be used in conjunction with item MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure, unless for a revision procedure.
LN750/39315	NERVE TRUNK, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques	This item can only be charged once per named nerve trunk, regardless of the number and distal distribution of individual cables. This item cannot be used in conjunction with items LN790, LN800 or LN810
LN760/39318	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques	This item cannot be used in conjunction with items LN790, LN800 or LN810. This item cannot be used for prosthetic neural tubes or wraps. In this setting, items LN700 or LN710 are applicable.
LN790/39324 LN800/39327	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, by open operation	This item cannot be used in conjunction with item LN810.
LN810/39330	NEUROLYSIS by open operation without transposition, not being a service associated with a service to which item LN740 applies	This item is not for the identification of nerves during surgical exposure. It is not to be used in combination with item LN700. This item is not to be used in conjunction with item MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, items LN810 and MU400 can be used together for combined open carpal tunnel release and cubital tunnel release surgery. This item is not to be used in conjunction with item ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.
MH115/45203	SINGLE STAGE LOCAL FLAP, where indicated to repair 1 defect, complicated or large, and excluding flap for male pattern baldness and excluding H-flap or double advancement flap, not in association with any of items EN036 to EN084	This item is rarely indicated in the hand and wrist as a large defect will not be readily amenable to a local flap reconstruction. It is not to be used for suturing of traumatic skin flaps.
MH125/45206	SINGLE STAGE LOCAL FLAP where indicated to repair 1 defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excluding H-flap or double advancement flap, not in association with any of items EN036 to EN084	This item can only be used once for a z-plasty.

AMA/MBS item number	Descriptor	Clinical indication
MJ025/45500	MICROVASCULAR REPAIR using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit	This item relates to microvascular repair of an artery or vein. This item will not be paid for repair of dorsal veins with volar skin intact, branches of digital arteries, branches of radial/ulnar vessels and venae comitantes of major arteries. Microvascular repairs distal to the metacarpophalangeal joint will also require clinical documentation of appropriate surgical technique utilising an operating microscope.
MJ030/45501 MJ035/45502	MICROVASCULAR ANASTOMOSIS of artery using microsurgical techniques, for re-implantation of limb or digit/ MICROVASCULAR ANASTOMOSIS of vein using microsurgical techniques, for re-implantation of limb or digit	These items specifically relate to replantation of limb and digit. i.e. the amputated portion must be completely detached.
MJ045/45503	MICRO-ARTERIAL or MICRO-VEINOUS graft using microsurgical techniques	This item includes the remuneration for harvesting the graft and performing any microvascular anastomoses to the graft.
MJ075/45515	SCAR, other than on face or neck, NOT MORE THAN 7 CMS IN LENGTH, revision of, as an independent procedure, where undertaken in the operating theatre of a hospital or approved day hospital facility, or where performed by a Specialist in the practice of his or her specialty	This item cannot be used in conjunction with other items e.g. nerve repair, tendon repair, flap repair (i.e. intended to be an independent procedure).
MJ245/45563	NEUROVASCULAR ISLAND FLAP, including direct repair of secondary cutaneous defect if performed, excluding flap for male pattern baldness	This item is for a true island flap, elevated on a neurovascular pedicle for an existing traumatic defect. This item is not to be claimed for VY advancement flaps where item MH125/45206 is applicable.
ML105/46325	CARPAL BONE replacement or resection arthroplasty using adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed	This item is primarily intended for use in reconstruction for basal thumb arthritis. It is not approved for excision of the pisiform.
ML115/46327	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of	This item is not to be used in addition to item EA075/30023 when arthrotomy is performed to facilitate joint lavage within an open wound.
ML125/46330	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, ligamentous or capsular repair with or without arthrotomy	This item is only permitted for repair of named ligaments where preoperative or intraoperative findings document significant joint instability.

AMA/MBS item number	Descriptor	Clinical indication
ML135/46333	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, ligamentous repair of using free tissue graft or implant	This item is only permitted for repair of named ligaments using free grafts or alloplast where preoperative or intraoperative findings document significant joint instability. This item cannot be used for reattachment of ligament using a bone anchor. Item ML125/46330 is the approved number.
ML145/46336	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, synovectomy, capsulectomy or debridement of, not being a service associated with any other procedure related to that joint	This item cannot be claimed in conjunction with any other item or procedure related to the joint. This item cannot be used in conjunction with item EA075/30023.
ML155/46339	EXTENSOR tendons or FLEXOR tendons of hand or wrist synovectomy of	Rare in a workers' compensation setting. Not for use for De Quervain's (refer to ML235/46363). Note: If performing a complete flexor tenosynovectomy, a release of the Carpal Tunnel is part of the operation and therefore MU400 or MU410 should not be added. If this item is requested in conjunction with MU400 or MU410 (Wrist carpal tunnel release) or ML235/46363 (De Quervain's), clinical documentation of gross synovitis is required, preferably with histological confirmation. Flag if this procedure is requested two or more times.
ML185/46348 – ML225/46360	Digit, synovectomy of flexor tendon or tendons	ML185/46348 – 1 digit ML195/46351 – 2 digits ML205/46354 – 3 digits ML215/46357 – 4 digits ML225/46360 – 5 digits Not in combination with ML155/46339
ML235/46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis	This item is not to be used in combination with LN810/39330. Item used for De Quervain's Release or Trigger Finger Release. De Quervain's tenosynovitis - can only be used once per side (ie: includes both APL and EPB tendons).
ML245 – ML335 / 46366 – 46393	Dupuytren's contracture, fasciotomy	Flag if this procedure is requested for an acute injury or trauma
ML345/46396	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an <i>intact</i> bone. This is no longer to be applied to removal of loose pieces of bone in trauma or bone shortening for terminalisation or replantation. This is part of the debridement and is included in item EA075/30023 if applicable. This item is not to be used in combination with MR130/47933 or MR140/47936. Flag if this procedure is requested for an acute injury or trauma.

AMA/MBS item number	Descriptor	Clinical indication
ML405/46414	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF in preparation for tendon grafting	Tenolysis (items ML545/46453, ML535/46450) or tenotomy (item MR200/47963) of the tendon to be grafted cannot be billed with this item
ML425/46420	Extensor tendon of hand or wrist, primary repair, each tendon	For an acutely injured tendon as a primary procedure. This item should not be claimed for repair of extensor tendon split as part of an access to phalangeal fractures/osteotomies.
ML445/46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon	Not to be used more than once to repair FDS tendon in a digit. This item can only be used a maximum of twice per digit.
ML465/46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon	This item is only to be used for acute injuries. This item can only be used a maximum of twice per digit.
ML475/46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon	This item is not to be used in acute injuries. This item can only be used a maximum of twice per digit.
ML535/46450 ML545/46453	EXTENSOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft FLEXOR TENDON, TENOLYSIS OF, following tendon injury, repair or graft	These items are applicable for freeing tendons from scar following previous surgery or trauma. They are not indicated in an acute hand injury. Items ML545 and ML535 cannot be claimed in conjunction with release of trigger finger or for release of DeQuervians' (see ML235/46363).
ML695/46494	Ganglion of Hand, excision of	Not being a service associated with a service to which another item in this Group applies
ML705/46495	Ganglion or mucous cyst of distal digit, excision of	Not being a service associated with a service to which item EA355/30107 applies
ML715/46498	Ganglion of flexor tendon sheath, excision of	Not being a service associated with a service to which item EA355/30107 applies
ML725/46500	Ganglion of dorsal wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML735/46501	Ganglion of volar wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML745/46502	Recurrent ganglion of dorsal wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML755/46503	Recurrent ganglion of volar wrist joint (excision)	This item is not to be used in combination with EA355/30107.
ML765/46504	NEUROVASCULAR ISLAND FLAP, for pulp innervation	These items are only to be used for a heterodigital neurovascular island flap used to resurface pulp loss (e.g. Littler flap, first dorsal metacarpal artery or Kite flap). There is a limit of one flap per digit.

AMA/MBS item number	Descriptor	Clinical indication
		Flag if this procedure is requested two or more times.
ML795/46513	Digital nail of finger or thumb, removal of	This item should not be used in association with nailbed repair (items ML665/46486 or ML675/46489). This item is not to be used in combination with ML805/46516.
ML805/46516	DIGITAL NAIL OF FINGER OR THUMB, removal of, in the operating theatre of a hospital or approved day hospital facility	This item is not to be used in association with primary or secondary nail bed repair (items ML665/46486, ML675/46489). This item is not to be used in combination with ML795/46513.
ML825/46522	FLEXOR TENDON SHEATH OF FINGER OR THUMB - open operation and drainage for infection	This item is applicable only for drainage of suppurative flexor tenosynovitis. It does not apply to washout of flexor sheath in acute injury.
ML835/46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital,	Not being a service to which another item in this Group applies (excluding after-care)
MR088/47920	BONE GROWTH STIMULATOR, insertion of	This is only indicated where a mechanical bone growth stimulator has been inserted. It is not for the insertion of OP1 or other bone morphogenic proteins in the setting of hand surgery
MR090/47921	ORTHOPAEDIC PIN OR WIRE, insertion of, as an independent procedure	This item cannot be claimed when the k-wire has been used as part of fracture fixation. Can be used for the insertion of a temporary pin in association with a ligament/tendon repair.
MR110/47927	BURIED WIRE, PIN OR SCREW, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital or approved day hospital facility - per bone	This item applies for removal of <i>buried</i> k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
MR630/48239 MR640/47306	BONE GRAFT (with or without internal fixation), not being a service to which another item in this Group applies	These items cannot be claimed in conjunction with fracture fixation numbers or the following items: ML005/46300, ML015/46303, ML355/46399, ML365/46402, ML375/46405, MR560/48218-MR620/48236.
MS005/48400	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of,	Excluding services to which items MX660 or MX670 applies This item is only applicable to sesamoidectomy.
MS015/48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply.
MS025/48406	FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (other than acromion), RIB, TARSUS OR CARPUS, osteotomy or osteectomy of	This item <u>is</u> the appropriate number for excision of the pisiform. This item is <u>not</u> appropriate for simple removal of bone prominence, osteophytes or small quantities of excess bone.

AMA/MBS item number	Descriptor	Clinical indication
MU400 and MU410	Carpal tunnel release (division of transverse carpal ligament), by open (MU400) or endoscopic (MU410) approach	These are the appropriate item numbers for a primary carpal tunnel release. Ultrasound costs will not be funded in conjunction with this surgery procedure. Nerve Conduction Studies (NCS) preferable prior to surgical consideration, other than in acute cases. This item is rarely indicated in combination with ML155/46339: Extensor tendons or flexor tendons of hand or wrist (synovectomy of). MU400 and MU410 cannot be billed with ML155/46339 – Billing is only approved for one OR the other of these codes. Flag if this code combination is billed
MU460/49209	Wrist, total replacement arthroplasty of	Flag if this procedure is requested.
MU462/49210	Wrist, total replacement arthroplasty of, revision procedure, including removal of prosthesis	Flag if this procedure is requested.
MU464/49211	Wrist, total replacement arthroplasty of, revision procedure, requiring bone grafting, including removal of prosthesis	Flag if this procedure is requested.
MU470/49212	WRIST, arthrotomy of	This item is not to be used in conjunction with excision of primary or recurrent wrist ganglia. (items ML725/46500; ML735/46501; ML475/46502; ML755/46503)
MU480/49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy	Including repair of single or multiple ligaments or capsules, including associated arthrotomy. Can be used in combination with MR210/47966 for chronic scapholunate repair where the original ligament is not repairable or ML415/46417.
MU490/49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy)	Not being a service associated with any other arthroscopic procedure of the wrist joint.
MU500/49221	Wrist, Arthroscopic surgery of wrist	Involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area. Not being a service associated with any other arthroscopic procedure of the wrist joint.
MU510/49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy	Not being a service associated with any other arthroscopic procedure of the wrist.
MU520/49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption	Not being a service associated with any other arthroscopic procedure of the wrist joint.

AMA/MBS item number	Descriptor	Clinical indication
MY035/50106	JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this group applies	This item is applicable for stabilization of CMC joints only.

SCHEDULE C

BILLING ITEMS USED IN SHOULDER AND ELBOW SURGERY

The Order adopts the *WorkCover Queensland Upper Limb Surgery Guidelines* with minor modifications. These are outlined below and their use is mandatory when billing for shoulder and elbow surgery.

AMA/MBS item number	Descriptor	Clinical indication
BONE GRAFTS		
MR550/48215	Humerus, bone graft to, with internal fixation	
MR640/48242	Bone graft, with internal fixation	Not being a service to which another item in this group applies
MS005/48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of,	Excluding services to which item MX660/49848 or MX670/49851 applies, any of items MX660/49848, MX670/49851, MR130/47933 or MR140 apply
MS025/48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of	Excluding services to which items MR130/47933 or MR140/47936 apply Not to be used in combination with item MT770/48951. May be used with MY035/50106 if excision of the distal clavicle is done in conjunction with the stabilisation – eg: Weaver Dunn Procedure. Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)
MS035/48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply. May be used with MY035/50106 if the coracoclavicular ligaments are reconstructed in the same procedure. Not to be used in combination with item MT770/48951 Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)

AMA/MBS item number	Descriptor	Clinical indication
MS045/48412	HUMERUS, osteotomy or osteectomy of,	Excluding services to which items MR130/47933 or MR140/47936 apply. Can be used with item MR020/47903 (tennis elbow release) if a lateral or medial epicondylectomy is performed. Can be used with LN810/39330 if ulna nerve neuritis or compression has been diagnosed requiring formal surgical decompression.
SHOULDERS		
MT600/48900	Excision or coraco-acromial ligament or removal of calcium deposit from cuff or both	Open operation not arthroscopic. Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used twice or more
MT610/48903	Decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any other combination	Open operation, also known as open acromioplasty or subacromial decompression (SAD)
MT620/48906	Repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff or both	Known as open cuff repair without acromioplasty. Not to be used in combination with item MT600/48900. If MS025 is performed it cannot be used with item MT770 Can be used in combination with arthroscopic code MT770/48951 (and MR210/47966 if a bicep tenodesis is performed). Note: If MT620/48906 is performed arthroscopically it cannot be used with item MT770/48951.
MT630/48909	Repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coroco-acromial ligament and distal clavicle, or any combination	Known as open rotator cuff repair with acromioplasty with excision of AC joint Not being a service to which item MT610/48903 applies. Flag if this item is used with item MX670/49851. Not to be used with MT770/48951 or in combination with MT610/48903. This item is not to be used with services associated with any other arthroscopic procedure of the shoulder region.
MT640/48912	Shoulder arthrotomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used in combination with any other item code for shoulder surgery
MT650/48915	Hemi-arthroplasty	Use of this item rarely seen in State Insurance Regulatory Authority claims Maybe appropriate for shoulder trauma/fractures only

AMA/MBS item number	Descriptor	Clinical indication
MT660/48918	Total replacement arthroplasty including rotator cuff repair	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT670/48921	Revision of total replacement arthroplasty	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT680/48924	Revision of total replacement arthroplasty with bone graft to scapula or humerus	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT690/48927	Removal of shoulder prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims
MT700/48930	Stabilisation for recurrent anterior/posterior dislocation	Known as open shoulder stabilisation (including repair of labrum) If recurrent, treatment option: highly recommend looking into claimant's history to determine if surgery is to treat the aggravation or pre-existing condition.
MT710/48933	Stabilisation for multidirectional instability	Mostly used for open procedures
MT720/48936	Synovectomy as an independent procedure	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used in combination with any other item code
MT730/48939	Arthrodesis with synovectomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used once or more
MT740/48942	Arthrodesis with synovectomy, removal of prosthesis and bone grafting	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used once or more
MT750/48945	Diagnostic arthroscopy	Not to be used with any arthroscopic procedure of the shoulder region May be used with open surgery i.e. items MT630/48909, MT620/48906, MT710/48933
MT760/48948	Arthroscopic surgery, with one or more: removal loose bodies, decompression of calcium deposits, debridement labrum/synovium/rotator cuff, chondroplasty	Not to be used with any other arthroscopic procedure of the shoulder region Preparatory for an open procedure Appropriate with items MT620/48906 and MT630/48909 May be used with items MT700/48930 and MT710/48933
MT770/48951	Arthroscopic division of the coraco-acromial ligament including acromioplasty	Not to be used with any other arthroscopic procedure of the shoulder region Not to be used in combination with items EA365/30111 or MT780/48954. Can be used in combination with MT620/48906 when performing an open rotator cuff repair (and MR210/47966 if a biceps tenodesis is performed).

AMA/MBS item number	Descriptor	Clinical indication
MT780/48954	Arthroscopic total synovectomy including release of contracture (shoulder)	Known as frozen shoulder release; stand-alone item code Not to be used with any other arthroscopic procedure of the shoulder region. Not to be used in combination with item MT770/48951 Flag if this item is used with any other item for shoulder surgery
MT790/48957	Arthroscopic stabilisation for recurrent instability including labral tear or reattachment	Not to be used with any other arthroscopic procedure of the shoulder region If recurrent treatment option, highly recommend looking into claimant's history to determine if surgery is to treat the aggravation or pre-existing condition Flag if this item used with any other item for shoulder surgery
MT800/48960	Reconstruction or repair of, including rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach	Not to be used with any other procedure of the shoulder region May be used with item CV218/18256 Not to be used with item EA365/30111, MT770/48951 OR MT790/48957. May be used in combination with MR210/47966 or MR200/47963 Flag if practitioner requesting a Superior Capsular Reconstruction (SCR) procedure.
ELBOW		
LN770/39321	Transposition of Nerve	Not appropriate for use in epicondylitis surgery – refer to item LN810/39330 (this item applies to transposition of ulna nerve anterior to medial epicondyle to submuscular or subcutaneous site). Not to be combined with MS045/48412 or LN810/39330.
MU035/49100	Arthrotomy of, involving one or more of lavage, removal of loose body or division of contracture	Not to be used for tennis elbow surgery
MU045/49103	Ligamentous stabilisation	Not to be used in conjunction with item LN810/39330 unless the ulnar nerve requires mobilisation or decompression at the time of stabilisation (operation notes should reflect this). Transposition item LN770/39321 is commonly used. Ulnar nerve transposition can occur frequently in large elbow operations. It may be necessary to perform neurolysis of more than one nerve such as radial and ulnar, if there was significant previous injury or previous surgery
MU055/49106	Arthrodesis with synovectomy	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if this item is used

AMA/MBS item number	Descriptor	Clinical indication
MU065/49109	Total synovectomy	Known as common contracture release Use of this item rarely seen in State Insurance Regulatory Authority claims May be appropriate with osteotomy i.e. items MS045/48412 or MS025/48406 Flag if used
MU075/49112	Silastic replacement of radial head	Seen with fractures, dislocations and acute trauma. May be associated with other items i.e. MU045/49103 or MU075/49121 Not to be used in combination with item MU065/49109. Flag if used
MU085/49115	Total joint replacement	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU086/49116	Total replacement arthroplasty, revision procedure, including removal of prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU087/49117	Total replacement arthroplasty, revision procedure with bone grafting or removal or prosthesis	Use of this item rarely seen in State Insurance Regulatory Authority claims Flag if used
MU095/49118	Diagnostic arthroscopy	Not to be used with any other arthroscopic procedure of the elbow region. Appropriate for use with open elbow surgery.
MU105/49121	Arthroscopic surgery of elbow involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty	Not to be used with any other arthroscopic procedure of the elbow
OTHER		
EA365/30111	Bursa (large) including olecranon, calcaneum or patella, excision of	May be used in combination with olecranon bursa. Flag if used in combination with any shoulder surgery. Not to be used in combination with item MT800/48960.
LN810/39330	Neurolysis by open operation without transposition	Not being a service associated with a service to which item LN740/39312 applies. Can be used in combination with elbow surgery (eg: MS045/48412 if performing an ulna nerve release with medial epicondylectomy or MR020/47903 lateral or medial epicondylitis debridement). Not to be used in combination with item MT760/48948. Flag if used in combination with any item codes for shoulder surgery or in acute trauma.
LIMB LENGTHENING AND DEFORMITY CORRECTION		

AMA/MBS item number	Descriptor	Clinical indication
MZ330/50405	Elbow, flexorplasty, or tendon transfer to restore elbow function	MR170/47954 is the appropriate code for repair of a distal bicep tendon rupture. Use of this item rarely seen in State Insurance Regulatory Authority claims – set of item numbers address congenital conditions Flag if used
OTHER JOINTS		
MY035/50106	Joint, stabilisation of, involving one or more of: repair of capsule, repair of ligament or internal fixation	Not being a service to which another item in this group applies – stand-alone item. May be used with MS025/48406 if excision of the distal clavicle is used in conjunction with the stabilisation – e.g. Weaver Dunn procedure. Flag if requested in combination with MR210/47966, MS025/48406 or MS035/48409
MY055/50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue,	Not being a service to which another item in this group applies. Not to be used with any other arthroscopic procedure of the shoulder region Not to be used in combination with item MT780/48954 Flag if used in combination with any item code for elbow and shoulder surgery Implies a release for stiffness after injury or surgery. May occur with other numbers in relation to a large release of a stiff elbow. Three to five item numbers should be in association with an operation that took two to three hours and is usually a revision situation or after serious trauma. The complexity should be reflected in the history of injury, number of prior operations, duration of surgery, complexity of the operation note.
MY065/50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital	Code used for adhesive capsulitis (frozen shoulder) manipulation under anaesthetic (MAU). Not to be used for an 'examination' of a joint under general anaesthetic prior to an operation, where the general anaesthetic is for the operation itself Not being a service associated with a service to which another item in this group applies Flag if this item is used two or more times
MY105/50127	Joint or joints, arthroplasty of, by any technique	Not being a service to which another item applies Not to be used in combination with any item for shoulder, elbow or sternoclavicular surgery
GENERAL		
MP455/47429	Humerus, proximal, treatment of fracture of, by open reduction	
MP465/47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction	

AMA/MBS item number	Descriptor	Clinical indication
MP485/47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction	
MP495/47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction	
MR020/47903	Epicondylitis, open operation for	This is the only item number appropriate for Tennis or Golfers Elbow Debridement (Lateral or Medial Epicondylitis). Can be combined with MS045/48412 where a formal excision of the epicondyle is justified, not just for debridement of epicondyle. Can also be combined with LN810/39330 if ulna nerve neuritis or compression has been diagnosed which requires formal surgical decompression. Flag if used in combination with any other item numbers
MR100/47924	Buried wire, pin or screw (1 or more inserted for internal fixation purposes), removal of requiring incision and suture – per bone.	Not being a service to which item MR410/47927 or MR120/47930 applies.
MR110/47927	Buried wire, pin or screw, one or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital	This item applies for removal of one or more buried k-wire per bone. Where fixation crosses two or more bones, only one item number is claimable.
MR120/47930	Plate, rod or nail and associated wires, pins or screws, one or more of, all of which were inserted for internal fixation purposes, removal of	Not being a service associated with a service to which items MR100/47924 or MR110/47927 apply - per bone. Where fixation crosses two or more bones, only one item number is claimable.
MR170/47954	Tendon, repair of, as an independent procedure	Can be used in treating biceps tenodesis Can be used in treating distal biceps tendon rupture. (Refer to item MR210/47966 for proximal biceps tenodesis). Flag if used with any other item code
MR190/47960	Tenotomy, subcutaneous	Not being a service to which another item in this group applies
MR200/47963	Tenotomy, open, with or without tenoplasty	Not being a service to which another item in this group applies. Not to be used for epicondylitis/tennis elbow release.” Could be used in combination with items MT770/48951 or MT800/48960
MR210/47966	Tendon or ligament, transfer	As an independent procedure Could be used in combination with items MT770/48951 or MT800/48960

AMA/MBS item number	Descriptor	Clinical indication
MR220/47969	Tenosynovectomy	Not being a service to which another item in this group applies. Should not be used for tennis elbow or shoulder surgery. Flag if used for shoulder or elbow procedures.

SCHEDULE D

ADDITIONAL ITEMS USED IN UPPER LIMB SURGERY

The Order adopts the *WorkCover Queensland Upper limb surgery guidelines*. These are outlined below and their use is mandatory when billing for upper limb surgery.

AMA/MBS item number	Descriptor	Clinical indication
EA080 – EA155 / 30024 - 30049	Repair of Wounds	The repair of wound referred to in these items must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. These items are not to be used for the closure of surgical wound, as such closure is part of a surgical procedure and not additional. The term 'superficial' means affecting skin and subcutaneous tissue including fat and the term 'deeper tissue' means all tissues deep to but not including subcutaneous tissue such as fascia and muscle
EA355/30107	Ganglion or small bursa, excision of	Not being a service associated with a service to which another item in this Group applies
MN020 – MN160/ 47003 - 47045	Treatment of upper limb dislocations	Check AMA Fees List for item descriptions and exclusions of item combinations.
MS055/48415	Humerus, osteotomy or osteectomy, with internal fixation	Excluding services to which items MR130/47933 or MR140/47936 apply Not to be used with item LN810/47903 (tennis elbow release) unless a lateral epicondylectomy is performed. Flag if this item is requested, particularly if requested for tennis elbow surgery.
MY005/50100	Joint, diagnostic arthroscopy of (including biopsy)	Not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure
MY010/50102	Joint, arthroscopic surgery of	Not being a service to which another item in this Group applies

[n2018-4203]

**WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION
(INDEPENDENT CONSULTANTS FEES) ORDER 2019**

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 339 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Dated this day of 2018

6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workplace Injury Management and Workers Compensation (Independent Consultants Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workplace Injury Management and Workers Compensation Act 1998*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Independent Consultant means a chiropractor, osteopath, physiotherapist or psychologist approved by the Authority to provide an Independent Consultation in the NSW workers compensation system.

Independent Consultation includes a:

- i. review where the treating allied health practitioner requests specialised or expert assistance from an Independent Consultant.
- ii. Stage 1 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Consultation with the treating practitioner is not required for a Stage 1 review.
- iii. Stage 2 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Consultation with the treating allied health practitioner is required for a Stage 2 review.
- iv. Stage 3 review of the treatment/management provided by the allied health practitioner for the purpose of determining whether treatment/service provision is reasonably necessary. Examination of the worker and consultation with the treating allied health practitioner is required for a Stage 3 review.

Unreasonably late attendance means that the worker or interpreter arrives **unreasonably** late, to the degree that a full examination is prevented from being conducted.

Working days means Monday to Friday (excluding public holidays).

4. Application of Order

This Order only applies to independent chiropractic, osteopathy, physiotherapy or psychology consultant services provided on or after 1 January 2019, whether it relates to an injury received before, on or after that date.

5. Maximum Fees for Independent Consultants

- (1) For the purposes of section 339 of the Act, the maximum hourly fee for the provision of services by an Independent Consultant in connection with a claim for compensation or an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation is as set out in Schedule A.
- (2) An Independent Consultant may charge a cancellation fee specified in item IIN112 where a worker provides 2 working days' notice or less of cancellation, fails to attend their scheduled appointment, or the worker (or interpreter) attends **unreasonably** late preventing a full examination being conducted.
- (3) The incorrect use of any item referred to in this Order can result in the Independent Consultant being required to repay monies that the Independent Consultant has incorrectly received.

6. Goods and Services Tax (GST)

- (1) Services provided by an Independent Consultant are subject to GST.
- (2) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an Independent Consultant to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A and comply with the Authority's requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>) for the invoice to be processed.

8. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A
Rates for Independent Consultants

Item	Service description	Maximum Amount (\$) (excl GST)
IIN110	Independent Consultation where referral initiated by a party other than the treating practitioner i.e. insurer, employer, Workplace Rehabilitation Provider, worker. May include file review, discussions, interview, examination and report.	\$226.40 per hour
IIN111	Independent Consultation where referral initiated by the treating practitioner. May include file review, discussions, interview, examination and report	\$226.40 per hour
IIN112	Cancellation with 2 working days or less notice, non-attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$226.40
IIN113	Travel for assessment / consultation outside of consulting rooms.	<p>Reimbursed in accordance with the "Use of private motor vehicle" set out in item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009.</p> <p>Note: - Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowances please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via the http://www.treasury.nsw.gov.au/ website.</p>

**WORKERS COMPENSATION (PHYSIOTHERAPY, CHIROPRACTIC AND
OSTEOPATHY FEES) ORDER 2019**

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018

6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Physiotherapist, Chiropractor or Osteopath is medical or related treatment covered under the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for any Physiotherapy, Chiropractic and Osteopathy treatment related services provided to an NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Physiotherapist, Chiropractor or Osteopath from recovering from the injured worker or employer any extra charge for Physiotherapy, Chiropractic and Osteopathy treatment covered by the Order.

This Order provides that pre- approval by workers compensation insurers must be sought for certain Physiotherapy, Chiropractic and Osteopathy treatment.

The incorrect use of any item referred to in this Order can result in the Physiotherapist, Chiropractor or Osteopath being required to repay monies that the Physiotherapist, Chiropractor or Osteopath has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order. Fees for this treatment are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of treatment for workers with Severe injury.

Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Physiotherapy, Chiropractic and Osteopathy Fees) Order 2019*

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

The Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Physiotherapist's, Chiropractor's or Osteopath's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Chiropractor means a Chiropractor registered with Australian Health Practitioner Regulatory Authority. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Chiropractor must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Chiropractic services refer to all treatment related services delivered by a Chiropractor. Each service is to be billed in accordance with Schedule A.

Complex treatment means treatment related to complex pathology and clinical presentation including extensive burns, complicated hand injuries involving multiple joints or tissues and some complex neurological conditions, spinal cord injuries, head injuries and major trauma. Provision of complex treatment requires pre-approval from the insurer. It is expected that only a small number of claimants will require treatment falling within this category.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

External facility means an external facility such as a gymnasium or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to the facility.

Group/class intervention occurs where a Physiotherapist, Chiropractor or Osteopath delivers a common service to more than one person at the same time. Examples are education, exercise groups, aquatic classes/hydrotherapy. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Home visit applies in cases where, due to the effects of the injury sustained, the worker is unable to travel. The home visit must be the best and most cost-effective option allowing the practitioner to travel to the worker's home to deliver treatment. Provision of home visit treatment requires pre-approval from the insurer.

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment

will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for the claim.

Initial consultation and treatment means the first session provided by the Physiotherapist, Chiropractor or Osteopath in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- diagnostic formulation
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one to one basis with the worker for the entire session.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner.

Normal practice means premises in or from which a practitioner regularly operates a Physiotherapy, Chiropractic or Osteopathy practice and treats patients. It also includes facilities where services may be delivered on a regular or contracted basis such as a private hospital, hydrotherapy pool or gymnasium.

Osteopath means an Osteopath registered with Australian Health Practitioner Regulatory Authority. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, an Osteopath must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Osteopathy services refer to all treatment related services delivered by an Osteopath. Each service is to be billed in accordance with Schedule A.

Physiotherapist means a Physiotherapist registered with Australian Health Practitioner Regulatory Authority. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Physiotherapist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Physiotherapy services refer to all treatment related services delivered by a Physiotherapist. Each service is to be billed in accordance with Schedule A.

Report writing occurs only when the insurer requests a Physiotherapist, Chiropractor or Osteopath compile a written report, other than the Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required

- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

Standard consultation and treatment means treatment sessions provided subsequent to the Initial consultation and treatment and includes:

- re-assessment
- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The standard consultation rate is to be billed by the Physiotherapist, Chiropractor or Osteopath irrespective of the modality of treatment delivered during the consultation, provided it is on a one-to-one basis with the worker. Treatment may include but is not limited to manual therapy, education regarding self-management strategies, exercise prescription, acupuncture and aquatic therapy/hydrotherapy.

Telehealth services mean video consultations. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, practitioner and insurer. Phone consultations are not payable in the NSW workers compensation system. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Physiotherapist, Chiropractor or Osteopath to travel away from their Normal practice.

Travel costs do not apply where the Physiotherapist, Chiropractor or Osteopath provides services on a regular or contracted basis to facilities such as a private hospital, hydrotherapy pool or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

Two (2) distinct areas means where two (2) entirely separate compensable injuries or conditions are assessed and treated and where treatment applied to one condition does not affect the symptoms of the other injury e.g. neck condition plus post fracture wrist. It does not include a condition with referred symptoms to another area.

Work related activity assessment consultation and treatment means a one hour session provided on a one-to-one basis for work related activity. This includes:

- assessment/reassessment
 - assessment of current condition including functional status
 - review of previous treatment
- goal setting and treatment/work related activity planning
- delivery of intervention/treatment
 - clinical recording
 - communication with key parties
 - preparation of an Allied Health Recovery Request when indicated.

Note: aquatic therapy/hydrotherapy is not considered work related activity and cannot be billed using this code.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2019 whether it relates to an injury received before, on or after that date.

5. Maximum fees for Physiotherapy, Chiropractic or Osteopathy treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Physiotherapist, Chiropractor or Osteopath, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a practitioner to provide treatment of a type specified in any of items PTA007 to PTA011 (for Physiotherapy), CHA005, CHA006, CHA071, CHA072 or CHA073 (for Chiropractic) or OSA007 to OSA011 (for Osteopathy) in Schedule A at a place other than the Normal practice (including the worker's home), the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by:
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 (Physiotherapy), CHA009 (Chiropractic), or OSA014 (Osteopathy) in Column 2 of Schedule A, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$37.10 (+ GST). This fee is payable only once (1) per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PTA001 to PTA006 (for Physiotherapy); CHA001, CHA002, CHA031, CHA032, CHA033 or CHA010 (for Chiropractic) and OSA001 to OSA006 (for Osteopathy) in Schedule A and require insurer pre-approval.

6. Treatment provided interstate or to exempt workers

Physiotherapists, Chiropractors and Osteopaths approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When a Physiotherapist, Chiropractor or Osteopath is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that treatment provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Physiotherapist, Chiropractor or Osteopath as defined in Schedule A item column of this Order.

7. External facility fees

In the exceptional circumstance where approval is given for treatment to be provided at an external facility, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge cost price of the facility on their invoice and attach a copy of the facilities invoice to their account.

External facility fees only apply to the cost for the worker's entry. Fees payable for the entry of the practitioner are a business cost and cannot be charged to the insurer.

An entry fee will not be paid where the facility is owned or operated by the treatment practitioner or the treatment practitioner contracts their services to the facility.

8. Nil fee for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Physiotherapist, Chiropractor or Osteopath.

9. Goods and Services Tax

- (1) Physiotherapy, Chiropractic or Osteopathy treatment services provided by a practitioner directly to a worker are GST free.
- (2) Case conferences, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by a Physiotherapist, Chiropractor or Osteopath in relation to treatment of a worker are subject to GST.
- (3) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an allied health practitioner to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the Authority's invoicing requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>)

11. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A
Maximum fees for Physiotherapy, Chiropractic and Osteopathy services

Physiotherapists Item	Chiropractors Item	Osteopaths Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
Normal Practice	Normal Practice	Normal Practice		
PTA001	CHA001	OSA001	Initial consultation and treatment	\$96.10
PTA002	CHA002	OSA002	Standard consultation and treatment	\$81.40
PTA003	CHA031	OSA003	Initial consultation and treatment of two (2) distinct areas	\$145.00
PTA004	CHA032	OSA004	Standard consultation and treatment of two (2) distinct areas	\$122.70
PTA005	CHA033	OSA005	Complex treatment	\$162.60
PTA006	CHA010	OSA006	Group/class intervention	\$57.70/participant
N/A	CHA004	N/A	Spine X-rays performed by a Chiropractor	146.70
Home Visit	Home Visit	Home Visit		
PTA007	CHA005	OSA007	Initial consultation and treatment	\$118.30
PTA008	CHA006	OSA008	Standard consultation and treatment	\$94.60
PTA009	CHA071	OSA009	Initial consultation and treatment of two (2) distinct areas	\$174.60
PTA010	CHA072	OSA010	Standard consultation and treatment of two (2) distinct areas	\$149.50
PTA011	CHA073	OSA011	Complex treatment	\$192
Other	Other	Other		
PTA012	CHA081	OSA012	Case conference Report writing (only when requested by the insurer)	\$16.00/5 minutes \$192.00/hour (Note: maximum charge of 1 hour for report writing)
PTA013	CHA082	OSA013	Work Related Activity assessment, consultation and treatment (cannot be used for aquatic therapy/hydrotherapy)	\$192.00 (maximum)
PTA014	CHA009	OSA014	Travel (requires pre-approval by the insurer).	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . <i>Note:</i> Rates for travel within the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> are reconsidered annually. For the current rate of private motor vehicle allowances please refer to the most recent <i>Treasury Circular publication "Review of Meal, Travelling and Other Allowances"</i> via http://www.treasury.nsw.gov.au/ website.

OAD001	OAD001	OAD001	Incidental expenses e.g. strapping, tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees	Cost price
WCO005	WCO005	WCO005	Fees for providing copies of clinical notes and records.	Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling” .
OAS003	OAS003	OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	\$37.10 (Initial AHRR per claim only) All other Allied Health Recovery Requests submissions are not subject to a fee.

WORKERS COMPENSATION (PSYCHOLOGY AND COUNSELLING FEES) ORDER 2019

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018

6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a Psychologist or Counsellor is medical or related treatment as defined in section 59 of the *Workers Compensation Act 1987*. This Order sets the maximum fees for which an employer is liable under the Act for any Psychology or Counselling treatment related services provided to a NSW worker. It must not exceed the maximum fee for the treatment or services as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent a Psychologist or Counsellor from recovering from the injured worker or employer any extra charge for Psychologist or Counselling treatments covered by the Order.

This Order provides that pre approval by workers compensation insurers must be sought for certain Psychology/Counselling treatment.

The incorrect use of any item referred to in this Order can result in the Psychologist or Counsellor being required to repay monies that the Psychologist or Counsellor has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker's work related "Severe injury" as defined in this Order.

The Authority has not set a maximum amount for trauma focused psychological treatment provided to an Emergency service worker employed by a Treasury Managed Fund member agency who has been diagnosed with a work related post-traumatic stress disorder.

Fees for these services are to be negotiated with the insurer prior to the delivery of services. Use of the Allied Health Recovery Request is optional for the request of services for workers with Severe injury.

Workers Compensation (Psychology and Counselling Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Psychology and Counselling Fees) Order 2019*

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker's treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker's capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker's recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Psychologist's or Counsellor's records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Counsellor means a Counsellor who is a full clinical member of the Psychotherapy and Counselling Federation of Australia (PACFA), or Accredited Mental Health Social Worker with the Australian Association of Social Workers (AASW) or an Australian Counsellors Association (ACA) member level 3-4. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Counsellor must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Counselling services refer to all treatment related services delivered by a Counsellor. Each service is to be billed according to Schedule B.

Emergency service worker means a worker who is employed by a Treasury Managed Fund member agency as an ambulance officer, a police officer or a fire and rescue officer.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

Expert guidelines means the *Expert guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers* endorsed by the Black Dog Institute.

Group/class intervention occurs where a Psychologist or Counsellor delivers a common service to more than one (1) person at the same time, for example: group therapy. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. relaxation CDs and self-help books). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker's injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for approval by the Psychologist or Counsellor for the claim.

Initial consultation and treatment means the first session provided by the Psychologist or Counsellor in respect of an injury or the first consultation in a new episode of care for the same injury and may include:

- history taking
- assessment
- diagnostic formulation (Psychologists only)
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one-to-one basis with the worker for the entire session.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or different practitioner.

Normal practice means premises in or from which a practitioner regularly operates a Psychology or Counselling practice and treats patients. It also includes facilities where services may be delivered on a regular or contract basis such as a private hospital or workplace.

Psychologist means a Psychologist registered to provide Psychology services with Australian Health Providers Regulatory Authority (AHPRA). As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, a Psychologist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

Psychology services refers to all treatment related services delivered by a Psychologist. Each service is to be billed according to Schedule A.

Report writing occurs only when the insurer requests a Psychologist or Counsellor compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

Standard consultation and treatment means treatment sessions provided subsequent to the Initial consultation and treatment and includes:

- re-assessment
- intervention/treatment
- clinical recording, and
- preparation of an Allied Health Recovery Request when indicated.

The service is one-to-one for the entire session.

Trauma focused psychological treatment means cognitive behavioural therapy or eye movement desensitisation reprocessing provided by a Psychologist in accordance with the *Expert guidelines* as defined in this Order.

Telehealth services mean video consultations. Practitioners must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, Psychologist or Counsellor and insurer. Fees are not payable for phone consultations in the NSW workers compensation system. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Psychologist or Counsellor to travel away from their Normal practice

Travel costs do not apply where the Psychologist or Counsellor provides services on a regular or contracted basis to facilities such as a private hospital or workplace. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2019, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Psychology or Counselling treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Psychologist or Counsellor, being treatment of a type specified in Column 1 of Schedule A for Psychologists, and Schedule B for Counsellors to this Order, is the corresponding amount specified in Column 2 of those Schedules.
- (2) If it is reasonably necessary for a practitioner to provide treatment of a type specified in any of items PSY001, PSY002, PSY004 or PSY006 (for Psychologists) in Schedule A or COU002, COU003, COU005 or COU007 (for Counsellors) in Schedule B at a place other than the Normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by;
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PSY005 (for Psychologists) in Column 2 Schedule A and COU006 (for Counsellors) in Column 2 of Schedule B, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$37.10 (+ GST). This fee is payable only once per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items PSY001 to PSY002 (for Psychologists) in Schedule A and items COU002 to COU003 (for Counsellors) in Schedule B and require insurer pre-approval.

6. Treatment provided interstate or to exempt workers

Psychologists or Counsellors approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When an Psychologist or Counsellor is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that service provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Psychologist or Counsellor as defined in Schedule A and B item column of this Order.

7. Nil fee for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Psychologist or Counsellor.

8. Goods and Services Tax

- (1) Psychology treatment services provided by a Psychologist directly to the worker are GST free.
- (2) Counselling services provided by a Counsellor directly to the worker are subject to GST.
- (3) Case conference, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by a Psychologist or Counsellor in relation to treatment of a worker are subject to GST.
- (4) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Psychologist or Counsellor to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

9. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A or B of this Order and comply with the Authority's itemised requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>) for the invoice to be processed.

10. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A
Maximum fees for Psychologists services

Psychologists Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
PSY001	Initial consultation and treatment	\$229.00
PSY002	Standard consultation and treatment	\$190.80
PSY003	Report writing (only when requested by the insurer)	\$15.90/ 5 minutes \$190.80/hour (max 1 hour)
PSY004	Case conference	\$15.90/ 5 minutes \$190.80/hour
PSY005	Travel (requires pre-approval by the insurer)	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . Note: <i>Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via the http://www.treasury.nsw.gov.au/ website.</i>
PSY006	Group/class intervention	\$57.20/participant
PSY007	Trauma focused psychological treatment (for a worker who has been diagnosed with a work-related post traumatic stress disorder).	Must be pre-approved by the insurer. Rates to be negotiated between the practitioner and insurer. Only to be used where treatment is provided to an emergency service worker employed by a Treasury Managed Fund member agency.
OAD001	Incidental expenses e.g. relaxation CD's, books, etc.	Cost price
WCO005	Fees for providing copies of clinical notes and records.	Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.

OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	<p>\$37.10 (Initial AHRR per claim only)</p> <p>All other Allied Health Recovery Requests submitted are not subject to a fee.</p>
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Schedule B
Maximum fees for Counsellors services

Counsellors Item	Column 1 Type of Treatment	Column 2 Maximum Amount (\$) (excl GST)
COU002	Initial consultation and treatment	\$170.60
COU003	Standard consultation and treatment	\$152.40
COU004	Report writing (only when requested by the insurer)	\$12.70/ 5 minutes \$152.40/hour (max 1 hour)
COU005	Case conference	\$12.70/ 5 minutes \$152.40/hour
COU006	Travel (requires pre-approval from the insurer)	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . <i>Note:</i> <i>Rates for travel within the Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009 are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent Treasury Circular publication "Review of Meal, Travelling and Other Allowances" via the http://www.treasury.nsw.gov.au/ website.</i>
COU007	Group/class intervention	\$48.40/participant
OAD001	Incidental expenses e.g. relaxation CD's, books, etc	Cost price
WCO005	Fees for providing copies of clinical notes and records.	Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.
OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	\$37.10 (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee.

WORKERS COMPENSATION (ACCREDITED EXERCISE PHYSIOLOGY FEES) ORDER 2019

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a remedial medical gymnast is medical or related treatment as defined in section 59 of the *Workers Compensation Act 1987*. For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”. This Order sets the maximum fees for which an employer is liable under the Act for any Accredited Exercise Physiology treatment related services provided to a NSW worker. It must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order. The effect of this Order is to prevent an Accredited Exercise Physiologist from recovering from the injured worker or employer any extra charge for Accredited Exercise Physiology treatments covered by the Order.

This Order provides that pre-approval by workers compensation insurers must be sought for certain Accredited Exercise Physiology treatment.

The incorrect use of any item referred to in this Order can result in the Accredited Exercise Physiologist being required to repay monies that the Accredited Exercise Physiologist has incorrectly received.

The Authority has not set a maximum amount for any medical or related treatment provided in respect of a worker’s work related “Severe injury” as defined in this Order. Fees for this treatment are to be negotiated with the insurer prior to the delivery of the treatment. Use of the Allied Health Recovery Request is optional for the request of treatment for workers with Severe injury.

Workers Compensation (Accredited Exercise Physiology Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Accredited Exercise Physiology Fees) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Accredited Exercise Physiology treatment related services refers to clinical exercise prescription, instruction and supervision, health education and exercise-based lifestyle and behaviour modification services. Each service is to be billed according to Schedule A.

Accredited Exercise Physiologist means an exercise physiologist accredited by Exercise and Sports Science Australia (ESSA) to provide Accredited Exercise Physiology services. As outlined in the SIRA Workers Compensation Regulation Guideline for approval of treating allied health practitioners, an Accredited Exercise Physiologist must be approved by the authority to deliver services in the NSW workers compensation system. The requirement to be approved does not apply to treatment provided interstate or to exempt workers.

For the purposes of this Order, the term “remedial medical gymnast” is interchangeable with “Accredited Exercise Physiologist”.

Allied Health Recovery Request means the form used to request prior approval for treatment and services and to communicate with the insurer about a worker’s treatment, timeframes and anticipated outcomes.

Case conference means a face-to-face meeting, video conference or teleconference with any or all of the following parties – worker, employer, workplace rehabilitation provider, insurer or other treatment practitioner/s delivering services to the worker, including the nominated treating doctor. Discussion must seek to clarify the worker’s capacity for work, barriers to return to work and strategies to overcome these barriers via an open forum to ensure parties are aligned with respect to expectations and direction of the worker’s recovery at work or return to suitable employment. If the discussion is with the worker, it must involve a third party to be considered a Case conference.

Discussions with Independent consultants are not classified as Case conferencing and are not to be charged. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction and are not to be charged.

File notes of Case conferences are to be documented in the Accredited Exercise Physiologist’s records indicating the person/s spoken to, details of discussions, duration of the discussion and outcomes. This information may be required for invoicing or auditing purposes.

Exempt worker refers to specific classes of workers set out in Part 19H of Schedule 6 of the 1987 Act for which most of the amendments made to the Workers Compensation Acts in 2012 and 2015 do not apply. These classes of workers include police officers, paramedics, fire fighters, coal miners and volunteers prescribed by the *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*.

External facility means an external facility such as a gymnasium or pool, where the facility is not owned or operated by the treatment provider or where the provider does not contract their services to the facility.

Group/class intervention occurs where an Accredited Exercise Physiologist delivers the same service that is, the same exercise and instruction, to more than one person at the same time. Maximum class size is six (6) participants.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Incidental expenses means items the worker actually takes with them for independent use at home (e.g. strapping tape, theraband, exercise putty, disposable electrodes, walking stick). This does not apply to consumables used during a consultation or exercise handouts.

Independent consultant review means a review where barriers to recovery, progress, return to work or active participation are evident, and an independent opinion of allied health treatment will benefit the management of the worker’s injury. The review must be completed by an Independent consultant approved by the Authority.

Initial Allied Health Recovery Request means the first Allied Health Recovery Request completed and submitted to the insurer for the claim.

Initial consultation and treatment means the first session, provided by the Accredited Exercise Physiologist in respect of an injury, or the first consultation in a new episode of care for the same injury and may include:

- history taking
- physical assessment
- goal setting and treatment planning
- treatment/service

- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

The service is provided on a one-to-one basis with the worker for the entire session. It is a maximum of one hour duration, or where less than one hour should be pro-rated into 5 minute blocks to reflect the time taken.

Insurer means the employer's workers compensation insurer.

New episode of care means when a worker has ceased treatment more than three (3) months previously and returns for additional treatment for the same injury with the same or a different practitioner.

Normal practice means premises in or from which an Accredited Exercise Physiologist regularly operates an exercise physiology practice and treats patients. It also includes facilities where services may be delivered on a regular basis or as a contracted service, such as a private hospital, hydrotherapy pool or gymnasium.

Reduced supervision treatment occurs where an Accredited Exercise Physiologist delivers a service, which may or may not be the exact same exercise and instruction, to more than one person at the same time. Maximum number of persons per session is three (3), with the Accredited Exercise Physiologist to worker ratio being one-to-one for at least 30% of the session time.

Report writing occurs only when the insurer requests an Accredited Exercise Physiologist compile a written report, other than an Allied Health Recovery Request, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Severe injury means one or more of the following diagnoses:

- spinal cord injury — acute traumatic lesion of the neural elements in the spinal canal (spinal cord and cauda equina) resulting in permanent sensory deficit, motor deficit or bladder/bowel dysfunction as a result of the workplace injury
- traumatic brain injury — based on evidence of a significant brain injury which results in permanent impairments of cognitive, physical and/or psychosocial functions. A defined period of post traumatic amnesia plus a Functional Independence Measure (FIM) at five or less, or two points less than the age appropriate norm (or equivalent where other assessment tools are used) is required
- multiple amputations (or equivalent loss of function) of the upper and/or lower extremities or single amputations (or equivalent loss of function) involving forequarter amputation or shoulder disarticulation, hindquarter amputation, hip disarticulation or "short" trans femoral amputation involving the loss of 65% or more of the length of the femur
- burns — full thickness burns greater than 40 per cent of the total body surface area or full thickness burns to the hands, face or genital area, or inhalation burns causing long term respiratory impairment, plus a FIM score at five or less, or two points less than the age norm (or equivalent where other assessment tools are used)
- permanent traumatic blindness, based on the legal definition of blindness.

Standard consultation and treatment means treatment provided subsequent to the initial consultation and treatment and includes:

- re-assessment
- intervention/treatment
- clinical recording
- preparation of an Allied Health Recovery Request when indicated.

The services are provided on a one-to-one basis with the worker for the entire session. They are a maximum of one hour duration, or where less than one hour should be pro-rated into 5 minute blocks to reflect the time taken.

Telehealth services mean video consultations. Accredited Exercise Physiologists must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis. Telehealth services require pre-approval from the insurer and must be consented to by all parties – the worker, Accredited Exercise Physiologist and insurer. Phone consultations are not payable in the NSW workers compensation system. Service providers are responsible for delivering Telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the safety, appropriateness and effectiveness of the service.

Travel rates can be claimed when the most appropriate clinical management of the worker requires the Accredited Exercise Physiologist to travel away from their Normal practice.

Travel costs do not apply where the Accredited Exercise Physiologist provides services on a regular or contracted basis to facilities such as a private hospital, hydrotherapy pool, or gymnasium. Where multiple workers are being treated in the same visit, the travel charge must be divided evenly between those workers.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2019, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Accredited Exercise Physiologists

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of a worker by an Accredited Exercise Physiologist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for an Accredited Exercise Physiologist to provide a service of a type specified in any of items EPA001 to EPA004 in Schedule A at a place other than the Normal practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of service is increased by;
 - a) an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item EPA008 in Column 2 of Schedule A, where this service has been pre-approved by the insurer.
- (3) The maximum amount payable for an Initial Allied Health Recovery Request is \$37.10 (+ GST). This fee is payable only once (1) per claim for completion of the Initial Allied Health Recovery Request.
- (4) Telehealth services are to be billed according to the appropriate items EPA001 to EPA004 in Schedule A and require insurer pre-approval.

6. Treatment provided interstate or to exempt workers

Accredited Exercise Physiologists approved by the authority must submit their SIRA approval number when invoicing for treatment delivered under the NSW workers compensation system in a State/Territory other than NSW, or to exempt workers.

When an Accredited Exercise Physiologist is not approved by the Authority and delivering treatment under the NSW workers compensation system in a State/Territory other than NSW or to exempt workers, the service provider number for that service provided:

- interstate is INT0000
- to an exempt worker is EXT0000

and the payment classification code is the one that is relevant to the Accredited Exercise Physiologist as defined in Schedule A item column of this Order.

7. External facility fees

In the exceptional circumstance where approval is given for treatment to be provided at an external facility, the facility (and not the service provider) is to invoice the insurer directly under code OTT007. Where this is not possible, the service provider must clearly state the name, location and charge the cost price of the facility on their invoice and attach a copy of the facilities invoice to their account.

External facility fees only apply to the cost for the worker's entry. Fees payable for the entry of the Accredited Exercise Physiologist are a business cost and cannot be charged to the insurer.

An entry fee will not be paid where the facility is owned or operated by the treatment provider or the provider contracts their services to the facility.

8. Nil fees for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with an Accredited Exercise Physiologist.

9. Goods and Services Tax

- (1) Accredited Exercise Physiology services are subject to GST.
- (2) Case conferences, Report writing, Travel services and the Initial Allied Health Recovery Request (AHRR) provided by an Accredited Exercise Physiologist in relation to treatment of a worker are subject to GST.
- (3) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit an Accredited Exercise Physiologist to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

10. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A of this Order and comply with the Authority's itemised invoicing requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>)

11. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A

Maximum fees for Accredited Exercise Physiologists services		Column 2 Maximum Amount (\$) (excl GST)
Item	Column 1 Type of Treatment	
EPA001	Initial consultation and treatment	\$12.80/ 5 minutes \$153.60/ hour (maximum 1 hour)
EPA002	Standard consultation and treatment	\$12.80/ 5 minutes \$153.60/ hour (maximum 1 hour)
EPA003	Reduced supervision treatment	\$67
EPA004	Group/class intervention	\$48.80/participant
EPA005	Incidental expenses e.g. strapping tape, theraband, exercise putty, etc. Note: This code does not apply to external facility fees	Cost price
EPA006	Case conference	\$12.80/ 5 minutes \$153.60/ hour
EPA007	Report writing (only when requested by the insurer)	\$12.80/ 5 minutes \$153.60/ hour (maximum 1 hour)
EPA008	Travel (requires pre-approval by the insurer)	Reimbursed in accordance with the "Use of private motor vehicle" set out in Item 6 Table 1 (Rates and Allowances) to Part B (Monetary Rates) of the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> . Note: - Rates for travel within the <i>Crown Employees (Public Service Conditions of Employment) Reviewed Award 2009</i> are reconsidered annually. For the current rate of private motor vehicle allowance please refer to the most recent <i>Treasury Circular publication "Review of Meal, Travelling and Other Allowances"</i> via the http://www.treasury.nsw.gov.au website.
WCO005	Fees for providing copies of clinical notes and records.	Where clinical records are maintained electronically by an allied health practitioner (practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice. Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.

OAS003	Submission of an Initial Allied Health Recovery Request (AHRR) only.	\$37.10 (Initial AHRR per claim only) All other Allied Health Recovery Requests submitted are not subject to a fee.
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Workers Compensation (Private Hospital Rates) Order 2019

under the

Workers Compensation Act 1987

I, Carmel Donnelly Chief Executive of the State Insurance Regulatory Authority, pursuant to section 62 (1A) of the *Workers Compensation Act 1987*, make the following Order.

Dated this day of 2018
6 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

1. Name of Order

This Order is the *Workers Compensation (Private Hospitals Rates) Order 2019*.

2. Commencement

This Order commences on 1 January 2019.

3. Application of Order

This Order applies to the hospital treatment of a worker at a private hospital, being treatment of a type referred to in clause 5 and provided on or after the date of commencement of this Order, whether the treatment relates to an injury that is received before, on, or after that date.

4. Definitions

(1) In this Order:

the Act means the *Workers Compensation Act 1987*.

Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Admitted patient means a patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).

GST means the goods and services tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999 (Cth)*.

Health record means a record of the health information of an individual.

Health Information has the same meaning as in the *Health Records and Information Privacy Act 2002*.

Insurer means the employer's workers compensation insurer.

Intensive care (level 1 or level 2) has the same meaning as clause 6(h) of the *Private Health Facilities Regulation 2017* in relation to an intensive

care (level 1 or level 2) class private health facility. Staffing must meet the requirements set out in Part 8 of Schedule 2 of the *Private Health Facilities Regulation 2017*.

Non-admitted patient means a patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; and other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).

Private hospital means a hospital or licensed private health facility (as defined in the *Private Health Facilities Act 2007*) but excludes a public hospital.

Same day patient means an admitted patient who is admitted and discharged on the same date.

- (2) A reference to treatment or services in this Order is a reference to treatment or services provided at a private hospital or at any rehabilitation centre conducted by such a hospital.

5. Fees for hospital patient services generally

- (1) An employer is not liable under the Act to pay any amount for hospital treatment provided to a worker at a facility that is not a public hospital or a private hospital as defined.
- (2) Where the service is a taxable supply for the purposes of the GST Law, the amount in the last column of the attached Table should be increased by the amount of GST payable.
- (3) The theatre fees include the costs of consumable and disposable items. Only in exceptional circumstances will additional fees be paid for high cost consumable and disposable items on provision of evidence from the hospital that the item is reasonably necessary.
- (4) There are Medical Benefits Schedule item numbers on the National Procedure Banding list that change the band to be applied dependent on the provision of a complexity certificate. If the procedure involves one or more of the indicators of high cost or complexity listed on the certificate, the higher banding is payable. A certificate of complexity must accompany the invoice claiming a higher banding level.
- (5) The facility fees also include the cost of pharmaceutical items provided during the admission. Only pharmaceutical items provided at discharge may be charged separately.
- (6) The overnight facility fees also include the cost of all allied health services provided during the admission except for overnight Rehabilitation patients.

For overnight Rehabilitation patients allied health services are to be charged in accordance with the relevant Workers Compensation Fees Order for that professional discipline. Where services are provided by allied health disciplines with no relevant Fees Order, these providers must bill using the relevant payment classification code for their discipline e.g. OAS002 for occupational therapists, OTT002 for speech pathologists and OTT006 for all other therapies and treatments, at the rate for Physiotherapists under the Workers Compensation (Physiotherapy, Chiropractic, Osteopathy Fees) Order (applicable at the time of service) that best reflects the service provided.

- (7) Same day admissions for full and half day Rehabilitation and Psychiatric programs (excluding ECT) should be charged using the applicable Day Facility Fee. This fee includes the cost of all allied health services provided during the admission (including any allied health services which may not be covered by a Workers Compensation Fees Order)

- (a) A Full-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Full-Day rehabilitation programs should be used for treatments with a minimum of 3 hours' duration.
- (b) A Half-Day Rehabilitation Program is for patients who have an established rehabilitation need, do not require overnight care, and whose rehabilitation program and goals require the involvement of a multidisciplinary team. Half-Day rehabilitation programs should be used for treatments between 1.5 and 2.5 hours' duration.
- (c) A Full-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Full-Day psychiatric programs should be used for treatments with a minimum of 4.5 hours' duration.
- (d) A Half-Day Psychiatric Program (excluding ECT) is for patients who have an established need for mental health services, do not require overnight care, and whose psychiatric program and goals require the involvement of a multidisciplinary team. Half-Day psychiatric programs should be used for treatments of more than 2.5 hours' duration.

6. Invoices for private hospital patients

Invoices for private hospital patients are to be submitted to insurers and must include the following information:

- worker's first name and last name and claim number
- payee details
- ABN
- name of service provider who provided the service
- date of service
- State Insurance Regulatory Authority payment classification code
- Medicare Benefits Schedule (MBS) item and theatre band (where applicable)
- service cost for each State Insurance Regulatory Authority classification code
- theatre duration (if applicable)

7. Additional Information

The insurer or State Insurance Regulatory Authority may request additional information as evidence of the service provided and billed.

8. Fees for Surgically Implanted Prostheses and Handling

- (1) Surgical prostheses are to be selected from the Department of Health Prostheses List (in accordance with the *Private Health Insurance (Prostheses) Rules (Cth)* rate current at the time of service) at the minimum benefit rate.
- (2) A 5% handling fee may be applied to each item up to a maximum of \$169.00 per item.

9. Fees payable for Allied Health Services for Non-Admitted patients for single mode of therapy for an individual or group program up to 2 hours

- (1) Where a worker is provided with allied health services as a non-admitted patient for either a single mode of therapy or group program in a private hospital, the maximum amount for which an employer is liable under the Act for the provision of those services is in accordance with the relevant Workers Compensation Fees Order for that professional discipline.
- (2) Where there is no relevant Workers Compensation Fees Order for an allied health service provided, the service must be billed in accordance with the relevant community rate for that professional discipline.
- (3) A group program, defined as two or more patients receiving the same service at the same time with allied health or medical professionals, must be outcome based with a return to work emphasis.

10. Single rooms

There is no additional fee payable for a single room.

11. Fees for Electro Convulsive Therapy (ECT)

As there is no theatre banding fee for ECT, this service is to be billed using the facility fee Band 3 (PTH006) and theatre Band 1 (PTH008) stated in the Fee Schedule to this Order.

Code	Private Hospitals Fee Schedule – from 1 January 2019 Under section 62 (1A) of the <i>Workers Compensation Act 1987</i>	Maximum Fees for services
	OVERNIGHT FACILITY FEES (Daily)	
PTH001	Advanced surgical 1 to 14 days	\$838.30
	>14 days	\$568.00
PTH002	Surgical 1 to 14 days	\$789.10
	>14 days	\$568.00
PTH003	Psychiatric 1 to 21 days	\$749.90
	22 to 65 days	\$579.80
	Over 65 days	\$532.30
PTH004	Rehabilitation 1 to 49 days	\$814.60
	>49 days	\$598.60
PTH005	Other (Medical) 1 to 14 days	\$700.60
	>14 days	\$568.00
PTH007	Intensive Care < 5 days, level 2	\$3,259.90
	< 5 days, level 1	\$2,256.70
PTH006	DAY FACILITY FEES (including Accident and Emergency attendance) (Daily)	
	Psychiatric Full-Day Program - treatments with a minimum of 4.5 hours' duration Half-Day Program – treatments with a minimum of 2.5 hours' duration.	\$360.50 \$281.70
	Rehabilitation Full-Day Program – treatments with a minimum of 3 hours' duration Half-Day Program- treatments between 1.5 and 2.5 hours' duration	\$360.50 \$281.70
	Band 1 - absence of anaesthetic or theatre times	\$360.50
	Band 2 - local anaesthetic, no sedation	\$423.40
	Band 3 - general or regional anaesthetic or intravenous sedation, less than 1 hour theatre time	\$477.80
	Band 4 - general or regional anaesthetic or intravenous sedation, 1 hour or more theatre time	\$534.00
PTH008	THEATRE FEES – as per national procedure banding schedule Multiple procedure rule: 100% of fee for first procedure, 50% for second procedure undertaken at the same time as the first, 20% for the third and subsequent procedures undertaken at the same time as the first.	
	Band 1A	\$202.40
	Band 1	\$360.50
	Band 2	\$617.30
	Band 3	\$755.10
	Band 4	\$1,022.00
	Band 5	\$1,501.50

	Band 6	\$1,722.60
	Band 7	\$2,302.40
	Band 8	\$3,205.50
	Band 9A	\$3,314.40
	Band 9	\$4,235.20
	Band 10	\$5,009.70
	Band 11	\$5,931.40
	Band 12	\$6,409.30
	Band 13	\$7,773.10
PTH009	SURGICAL PROSTHESES FEES	
	Prostheses	As per Dept Health listed minimum rate
	Handling fee	5% of prosthesis fee capped at \$169.00
WCO005	PROVISION OF HEALTH RECORDS	
	Fee for the electronic provision of health records	Flat fee of \$60

[n2018-4208]

WORKERS COMPENSATION (MESSAGE THERAPY FEES) ORDER 2019

under the

Workers Compensation Act 1987

I, Carmel Donnelly, Chief Executive, State Insurance Regulatory Authority, make the following Order pursuant to section 61(2) of the *Workers Compensation Act 1987*.

Dated this day of 2018

10 December 2018

Carmel Donnelly
Chief Executive
State Insurance Regulatory Authority

Explanatory Note

Treatment by a “masseur” is medical or related treatment covered under the *Workers Compensation Act 1987*. For the purposes of this Order, the term “masseur” is interchangeable with “Massage Therapist”. This Order sets the maximum fees for which an employer is liable under the Act, for reasonably necessary treatment by a Massage Therapist of a worker’s work-related injury.

Any Massage Therapy treatment related services provided to a NSW worker must not exceed the maximum fee for the treatment or service as specified in this Order. Workers are not liable for the cost of any medical or related treatment covered by this Order

The effect of this Order is to prevent a Massage Therapist from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

This Order provides that pre-approval by workers compensation insurers must be sought for certain Massage Therapy services.

The incorrect use of any item referred to in this Order can result in the Massage Therapist being required to repay monies that the Massage Therapist has incorrectly received.

Workers Compensation (Massage Therapy Fees) Order 2019

1. Name of Order

This Order is the *Workers Compensation (Massage Therapy Fees) Order 2019*

2. Commencement

This Order commences on 1 January 2019.

3. Definitions

In this Order:

the Act means the *Workers Compensation Act 1987*.

the Authority means the State Insurance Regulatory Authority as constituted under section 17 of the *State Insurance and Care Governance Act 2015*.

Allied Health Recovery Request (AHRR) means the form to be used by the practitioner to request prior approval for treatment and services and to communicate to the insurer about a worker’s treatment, timeframes and anticipated outcomes.

Consultation and treatment includes:

- history taking
- assessment/re-assessment
- goal setting and treatment planning
- treatment/service
- clinical recording
- communication with referrer, insurer and other relevant parties, and
- preparation of an Allied Health Recovery Request when indicated.

GST means the Goods and Services Tax payable under the GST Law.

GST Law has the same meaning as in the *A New Tax System (Goods and Services Tax) Act 1999* of the Commonwealth.

Insurer means the employer's workers compensation insurer

Massage Therapist means any person providing Massage Therapy services.

For the purposes of this Order, the term "masseur" is interchangeable with "Massage Therapist".

Massage Therapy services refers to treatment services limited to soft tissue massage targeting specific musculoskeletal injuries. Each service is to be billed according to Schedule A.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2019, whether it relates to an injury received before, on or after that date.

5. Maximum fees for Massage Therapy

The maximum fee amount for which an employer is liable under the Act for treatment of a worker by a Massage Therapist, being treatment of a type specified in Column 1 of Schedule A to this Order, is the corresponding amount specified in Column 2 of that Schedule.

6. Treatment provider number

Massage Therapists who were previously approved by the authority should submit their SIRA approval number when delivering treatment.

Where the provider does not have an existing approval number the service provider number is INT0000 and the payment classification code is the one that is relevant to NSW Massage Therapists, as defined in Schedule A in the column headed "**Item**" of this Order.

7. Nil fees for cancellation or non-attendance

No fee is payable for cancellation or non-attendance by a worker for treatment services with a Massage Therapist.

8. Goods and Services Tax (GST)

(1) Massage Therapy services are subject to GST.

(2) An amount fixed by this Order is exclusive of GST. An amount fixed by this Order may be increased by the amount of any GST payable in respect of the service to which the cost relates, and the cost so increased is taken to be the amount fixed by this Order. This clause does not permit a Massage Therapist to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

9. Requirements for invoices

All invoices should be submitted within 30 calendar days of the service provided and must be itemised in accordance with Schedule A and comply with the Authority's requirements (refer to SIRA website <https://www.sira.nsw.gov.au/>) for the invoice to be processed.

10. No pre-payment of fees

Pre-payment of fees for reports and services is not permitted.

Schedule A**Maximum fees for Massage Therapists (including interstate practitioners)**

Item	Column 1 Type of Treatment	Column 2 Maximum Amount (excl GST)
RMA001	Consultation and treatment (60 minutes duration)	\$83.80
RMA002	Consultation and treatment (45 minutes duration)	\$62.80
RMA003	Consultation and treatment (30 minutes duration)	\$42.00
WCO005	Fees for providing copies of clinical notes and records.	<p>Where clinical records are maintained electronically by an allied health practitioner /practice, a flat fee of \$60 applies for provision of all requested clinical records held by the practice.</p> <p>Where clinical records are not maintained electronically, the maximum fee for providing hard copies of clinical records is \$38 (for 33 pages or less) and an additional \$1.40 per page if more than 33 pages. This fee includes postage and handling.</p>

Appointments

CONSTITUTION ACT 1902

Ministerial arrangements for the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry

Pursuant to section 36 of the *Constitution Act 1902*, His Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable (John) Giovanni Domenic Barilaro MP to act for and on behalf of the Minister for Primary Industries, Minister for Regional Water, and Minister for Trade and Industry on and from 31 December 2018 to 14 January 2019, inclusive.

Dated: 12 December 2018

GLADYS BEREJIKLIAN, MP
Premier

[n2018-4210]

CONSTITUTION ACT 1902

Ministerial arrangements for the Minister for Counter Terrorism, Minister for Corrections, and Minister for Veterans Affairs

Pursuant to section 36 of the *Constitution Act 1902*, His Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable Mark Speakman SC MP to act for and on behalf of the Minister for Counter Terrorism, Minister for Corrections, and Minister for Veterans Affairs on and from 11 January 2019 to 20 January 2019, inclusive.

Dated: 12 December 2018

GLADYS BEREJIKLIAN, MP
Premier

[n2018-4211]

CONSTITUTION ACT 1902

Ministerial arrangements for the Minister for Tourism and Major Events, and Assistant Minister for Skills

Pursuant to section 36 of the *Constitution Act 1902*, His Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable Niall Blair MLC to act for and on behalf of the Minister for Tourism and Major Events, and Assistant Minister for Skills on and from 8 January 2019 to 7.00am on 17 January 2019, inclusive.

Dated: 12 December 2018

GLADYS BEREJIKLIAN, MP
Premier

[n2018-4212]

CONSTITUTION ACT 1902

Ministerial arrangements for the Minister for the Environment, Minister for Local Government, and Minister for Heritage

Pursuant to section 36 of the *Constitution Act 1902*, His Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable Donald Harwin MLC to act for and on behalf of the Minister for the Environment, Minister for Local Government, and Minister for Heritage on and from 29 December 2018 to 13 January 2019, inclusive.

Dated: 12 December 2018

GLADYS BEREJIKLIAN, MP
Premier

[n2018-4213]

Planning and Environment Notices

CONTAMINATED LAND MANAGEMENT ACT 1997

Environment Protection Authority

Declaration of significantly contaminated land
(Section 11 of the Contaminated Land Management Act 1997)

Declaration Number 20181114; Area Number 3435

The Environment Protection Authority (EPA) declares the following land to be significantly contaminated land under the *Contaminated Land Management Act 1997* (the Act):

1. Land to which this declaration applies (the site)

Lot 2 DP 655641, No. 320 Princes Highway, Bomaderry NSW 2541. A map to which the Declaration area applies is attached.

2. Nature of contamination affecting the site:

The EPA has found that the site is contaminated with the following substance (the contaminant):

- Chlorinated hydrocarbons including trichloroethylene (TCE)

In particular, the EPA has found the presence of TCE in groundwater at the site.

3. Nature of harm that the contaminants may cause:

The EPA has considered the factors in s12 of the Act and believes that the contamination is significant enough to warrant regulation under the Act for the following reasons:

- Groundwater is contaminated with chlorinated hydrocarbons at concentrations exceeding guidelines that are protective of human health and/or the environment.
- The plume of contaminated groundwater has not been delineated and has the potential to migrate off-site.
- There are potential risks to off-site occupants of the residences and commercial properties to the north, east and south-west of the site through vapour inhalation. There are also potential risks to the ecosystems of Bomaderry Creek and Bomaderry Creek Regional Park.
- The extent of the contamination in groundwater on-site and off-site is not adequately known and requires further investigation.
- Remediation and/or management of the contamination may be required to prevent the migration of groundwater contamination from the site, and to mitigate any identified risks to off-site receptors.

4. Further action under the Act

The making of this declaration does not prevent the carrying out of voluntary management of the site and any person may submit a voluntary management proposal for the site to the EPA in accordance with s17 of the Act.

5. Submissions invited

The public may make written submissions to the EPA on:

- Whether the EPA should issue a management order in relation to the site; or
- Any other matter concerning the site. Submissions should be made in writing to:

Director Contaminated Land Management
Environment Protection Authority
PO Box A290
SYDNEY SOUTH NSW 1232

or email to contaminated.sites@epa.nsw.gov.au

by not later than 30 January 2019.

ANTHEA WHITE
A/Director Contaminated Land Management
Environment Protection Authority

Date: 10 December 2018

NOTE:

Management order may follow

If management of the site or part of the site is required, the EPA may issue a management order under s14 of the Act.

Amendment/Repeal

This declaration may be amended or repealed. It remains in force until it is otherwise amended or repealed. The subsequent declaration must state the reasons for the amendment or repeal (s44 of the Act).

Information recorded by the EPA

Section 58 of the Act requires the EPA to maintain a public record. A copy of this significantly contaminated land declaration will be included in the public record.

Information recorded by councils

Section 59 of the Act requires the EPA to give a copy of this declaration to the relevant local council. The council is then required to note on its planning certificate issued pursuant to s10.7(2) of the *Environmental Planning and Assessment Act 1979* that the land is declared significantly contaminated land. The EPA is required to notify council as soon as practicable when the declaration is no longer in force and the notation on the s10.7(2) certificate is no longer required.

Relationship to other regulatory instrument

This declaration does not affect the provisions of any relevant environmental planning instruments which apply to the land or provisions of any other environmental protection legislation administered by the EPA.

Attachment: Lot 2, DP 655641, No. 320 Princes Highway, Bomaderry NSW 2541



[n2018-4214]

CONTAMINATED LAND MANAGEMENT ACT 1997

Environment Protection Authority

Declaration of significantly contaminated land
(Section 11 of the Contaminated Land Management Act 1997)

Declaration Number 20181113; Area Number 3438

The Environment Protection Authority (EPA) declares the following land to be significantly contaminated land under the *Contaminated Land Management Act 1997* ("the Act"):

1. Land to which this declaration applies ("the site")

The land to which this declaration applies is Kanwal General Store and Fuel Supplies located at 68 Craigie Avenue Kanwal and the adjacent land being part of 70 Craigie Avenue Kanwal NSW (being Lot 6 in Deposited Plan 21768 and part Lot 1 in Deposited Plan 608551) within Central Coast Local Government Area.

A map of the land is attached to this declaration.

2. Nature of contamination affecting the site:

The EPA has found that the site is contaminated with the following substances ("the contaminants"):

- Petroleum hydrocarbons including Benzene, Toluene, Ethyl Benzene, Xylenes (BTEX), Naphthalene, Total Recoverable Hydrocarbons (TRH) and Phase Separated Hydrocarbons (PSH).

3. Nature of harm that the contaminants may cause:

The EPA has considered the matters in section 12 of the Act and for the following reasons has determined that the land is contaminated, and that the contamination is significant enough to warrant regulation under the Act:

- Groundwater is contaminated with petroleum hydrocarbons including phase separated hydrocarbons (PSH) and dissolved phase hydrocarbons at concentrations exceeding guidelines that are protective of human health and/or the environment;
- The source of contamination at 68 Craigie Avenue Kanwal has not been suitably identified and appears to be ongoing;
- PSH is present in groundwater, however dissolved phase hydrocarbon concentrations in groundwater indicate a wider presence of PSH;
- The extent of groundwater contamination has not been delineated and has the potential to impact the down gradient unnamed tributary;
- There is a potential for receptors including residents and commercial workers at 68 Craigie Avenue Kanwal and part of 70 Craigie Avenue Kanwal, to be exposed to contaminants via vapour intrusion into buildings; and
- There is a potential for receptors including commercial workers and intrusive maintenance workers at 68 Craigie Avenue Kanwal, to come into contact with surficial contamination.

4. Further action under the Act

The making of this declaration does not prevent the carrying out of voluntary management of the site and any person may submit a voluntary management proposal for the site to the EPA.

5. Submissions invited

The public may make written submissions to the EPA on:

- Whether the EPA should issue a management order in relation to the site; or
- Any other matter concerning the site.

Submissions should be made in writing to:

Director Contaminated Land Management
Environment Protection Authority
PO Box A290
SYDNEY SOUTH NSW 1232

or

email: contaminated.sites@epa.nsw.gov.au

by not later than 31 January 2019.

[Signed]

ANTHEA WHITE
A/ Director Contaminated Land Management
Environment Protection Authority

Date: 11 December 2018

NOTE:

Management order may follow

If management of the site or part of the site is required, the EPA may issue a management order under s.14 of the Act.

Amendment/Repeal

This declaration may be amended or repealed. It remains in force until it is otherwise amended or repealed. The subsequent declaration must state the reasons for the amendment or repeal (s.44 of the Act).

Information recorded by the EPA

Section 58 of the Act requires the EPA to maintain a public record. A copy of this significantly contaminated land declaration will be included in the public record.

Information recorded by councils

Section 59 of the Act requires the EPA to give a copy of this declaration to the relevant local council. The council is then required to note on its planning certificate issued pursuant to s10.7 of the *Environmental Planning and Assessment Act 1979* that the land is declared significantly contaminated land. The EPA is required to notify council as soon as practicable when the declaration is no longer in force and the notation on the s10.7 certificate is no longer required.

Relationship to other regulatory instrument

This declaration does not affect the provisions of any relevant environmental planning instruments which apply to the land or provisions of any other environmental protection legislation administered by the EPA.

Site Map – Declaration – Kanwal General Store and Fuel Supplies and Adjacent Land – 68 Craigie Avenue and part of 70 Craigie Avenue Kanwal NSW (extracted from SIX Maps)



[n2018-4215]

ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land in the
LOCAL GOVERNMENT AREA OF FAIRFIELD

The Planning Ministerial Corporation constituted by the *Environmental Planning and Assessment Act 1979* declares, with the approval of His Excellency the Governor, that the land described in the Schedule to this notice is acquired by compulsory process under the *Land Acquisition (Just Terms Compensation) Act 1991*, for the purposes of the *Environmental Planning and Assessment Act 1979*, and more specifically, to promote the orderly and economic use and development of the region of western Sydney, including by establishing and providing a multi-use urban parkland known as the 'Western Sydney Parklands'.

Signed

Planning Secretary

On behalf of the Planning Ministerial Corporation

SCHEDULE

All that piece or parcel of land situated at Horsley Park in the Local Government Area of Fairfield, Parish of Melville, County of Cumberland being Lots 98 and 99, Deposited Plan 13905, property known as 1693-1703 The Horsley Drive, Horsley Park and said to be in the ownership of Maria Antonietta Tornatora, **but excluding:**

1. J885349 Easement for transmission line affecting the part of the land above described shown so burdened in Vol 4520 Fol 201
- 2415649 Easement vested in New South Wales Electricity Transmission Authority
2. 8352398 Easement for pipeline affecting the part(s) shown so burdened in DP1016620

[n2018-4216]

ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979

Order under clause 6 of Schedule 2 to the
Environmental Planning and Assessment (Savings, Transitional and Other Provisions) Regulation 2017

Under delegation from the Minister for Planning, I declare the development specified in column 1 of the table in Schedule 1 to this Order on the land specified in the corresponding row in column 2 of the table in Schedule 1 to this Order to be State significant development under clause 6 of Schedule 2 to the *Environmental Planning and Assessment (Savings, Transitional and Other Provisions) Regulation 2017*, for the purposes of the *Environmental Planning and Assessment Act 1979* (the Act).

This Order takes effect upon publication in the New South Wales Government Gazette.

Dated: 11 December 2018

Chris Ritchie

Director

Industry Assessments

SCHEDULE 1

Column 1 Development	Column 2 Land
Development known as the 'Cargill Oilseed Processing Facility Expansion' (05_0122), approved by the Minister under section 75J of the Act on 4 April 2006 as subsequently modified under 75W of the Act.	Lot 2 DP 858206 and Lot 15 DP 1119752, being all land subject to the approval, as modified, to carry out the development known as the 'Cargill Oilseed Processing Facility Expansion' (05_0122) as in force on the date of this Order.

[n2018-4217]

ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979

Instrument of delegation

I, the Secretary of the Department of Planning and Environment, under section 2.4 of the *Environmental Planning and Assessment Act 1979* (the Act), delegate my functions under the *Environmental Planning and Assessment*

(Sydney Cove) Savings and Transitional Regulation 1999 (Savings and Transitional Regulation) described in Column 2 of the Schedule to this instrument to the persons identified in Column 3 of the Schedule, subject to any specified limitations.

A reference in this instrument to a person holding an office or having a role is a reference to a person appointed to, or appointed to act in, that office or to a person who is assigned to, temporarily assigned to, or who is otherwise appointed to act in, that role.

This delegation takes effect from the date this instrument is signed.

Dated: 7th December 2018

Carolyn McNally
Secretary of the Department of Planning and Environment

Schedule 1

Column 1	Column 2	Column 3
Item	Function under the Savings and Transitional Regulation	Delegate
1	All the Secretary's functions under clause 5 of the Savings and Transitional Regulation.	Deputy Secretary, Planning Services

[n2018-4218]

Roads and Maritime Notices

MARINE SAFETY ACT 1998

MARINE NOTICE

Section 12(2)

REGULATION OF VESSELS – EXCLUSION ZONE

Location

Hastings River, Port Macquarie from the Port Macquarie Marina Back Channel to the main channel of the River near Lady Nelson Wharf

Duration

7:30am to 8:30am – Saturday 5 January 2019

Detail

A “Sailpast” will be conducted on the navigable waters specified above, consisting of a flotilla of vessels participating in a local competition.

A moving **EXCLUSION ZONE** is specified during the event, which will surround and move with the flotilla as it makes its way in an easterly direction.

This zone will be indicated by the presence of control vessels and by a Marine Rescue vessel at each end of the flotilla.

Unauthorised vessels and persons are strictly prohibited from entering the exclusion zone.

Vessel operators and persons in the vicinity must keep a proper lookout, exercise caution and keep well clear of the participating vessels.

Penalties may apply (Section 12(5) – *Marine Safety Act 1998*)

For full details visit the Roads and Maritime Services website – www.rms.nsw.gov.au/maritime

Marine Notice NH1900

Date: 6 December 2018

Lynda Hourigan
A/Manager Operations North
Delegate

[n2018-4219]

MARINE SAFETY ACT 1998

MARINE NOTICE

Section 12(2)

REGULATION OF VESSELS – EXCLUSION ZONE

Location

Kiama Harbour, Tasman Sea – adjacent to the Kiama Breakwall on the northern side of the Kiama Boat Harbour.

Duration

8:30pm to 10:30pm – Monday 31 December 2018.

Detail

A fireworks display will be conducted over navigable waters of Kiama Harbour and the adjacent waters of the Tasman Sea. The display will be staged from land at the above location. The area directly around this location may be dangerous and hazardous while the fireworks display is occurring.

An **EXCLUSION ZONE** is specified during the event extending for a radius of 200 metres around the display. The zone will be indicated by the presence of control vessels.

No unauthorised vessels (i.e. vessels that are not already lawfully moored in the zone) or persons may enter the zone between the specified times.

In addition, pursuant to section 12(3) of the *Marine Safety Act 1998*, for the duration of the event SPECIAL RESTRICTIONS are imposed on vessels that are lawfully moored within the zone as follows:

- Vessels must remain at their moorings and MUST NOT be operated during the event.

Vessel operators and persons in the vicinity must keep a proper lookout, exercise caution and keep well clear of the fireworks staging position and support vessels.

Penalties may apply (section 12(5) – *Marine Safety Act 1998*)

For full details visit the Roads and Maritime Services website – www.rms.nsw.gov.au/maritime

Marine Notice: SO1878

Date: 11 December 2018

Deon Voyer
Manager Operations South
Delegate

[n2018-4220]

MARINE SAFETY ACT 1998

MARINE NOTICE

Section 12(2)

REGULATION OF VESSELS – EXCLUSION ZONE

Location

Tuggerah Lake (Canton Beach)

Duration

From 9:00 pm to 9:15 pm on the following dates: – Friday 25 January 2019.

Detail

A fireworks display will be conducted over the navigable waters of Tuggerah Lake at Canton Beach. Fireworks will be launched from a firing barge at the above location. The area directly around this firing position may be dangerous and hazardous while fireworks are being launched.

An **EXCLUSION ZONE** is specified during the event, extending 150 metres around the fireworks barge. This area will be monitored by control vessels.

Unauthorised vessels and persons are strictly prohibited from entering the exclusion zone.

Vessel operators and persons in the vicinity must keep a proper lookout, exercise caution and keep well clear of the fireworks barge and support vessels.

Penalties may apply (section 12(5) – *Marine Safety Act 1998*)

For full details visit the Roads and Maritime Services website – www.rms.nsw.gov.au/maritime

Marine Notice: SY1901

Date: 12 December 2018

Ryan Carmichael
Manager Operations
Delegate

[n2018-4221]

MARINE SAFETY ACT 1998

MARINE NOTICE

Section 12(2)

REGULATION OF VESSELS – EXCLUSION ZONE

Location

Ulladulla Harbour and Tasman Sea

Duration

8:30pm to 9:30pm – Monday 31 December 2018.

Detail

A fireworks display will be launched from the southern end of the Northern Breakwall over the navigable waters of Ulladulla Harbour and adjacent waters of the Tasman Sea. The area directly around this location may be dangerous and hazardous during the fireworks display.

An **EXCLUSION ZONE** is specified during the event, which will extend for 125 metres around the display. The zone will be indicated by the presence of control vessels.

No unauthorised vessels or persons may enter the zone between the specified times. Vessels lawfully moored within the zone may not be accessed or moved during the event.

Vessel operators and persons in the vicinity must keep a proper lookout, exercise caution and keep well clear of the fireworks staging position and support vessels.

Penalties may apply (section 12(5) – *Marine Safety Act 1998*)

For full details visit the Roads and Maritime Services website – www.rms.nsw.gov.au/maritime

Marine Notice: SO1879

Date: 11 December 2018

Deon Voyer
Delegate

[n2018-4222]

MARINE SAFETY ACT 1998

MARINE NOTICE

Section 12(2)

REGULATION OF VESSELS – EXCLUSION ZONE

Location

Manning River, Harrington – area around the firing position on the Harrington Training Wall.

Duration

6.00pm to 10.00pm Tuesday 1 January 2019.

Detail

A fireworks display will be conducted over navigable waters of the Manning River. Fireworks will be launched from the Harrington Training Wall and the area directly around this firing position may be dangerous and hazardous during the display.

An **EXCLUSION ZONE** is specified during the event at the location specified above, which will be indicated by the presence of a control vessel stationed on the boundary.

Unauthorised vessels and persons are strictly prohibited from entering the exclusion zone which will be patrolled by the control vessel.

Vessel operators and persons in the vicinity must keep a proper lookout, exercise caution and keep well clear of the fireworks display and support vessel.

Penalties may apply (section 12(5) – *Marine Safety Act 1998*)

For full details visit the Roads and Maritime Services website – www.rms.nsw.gov.au/maritime

Marine Notice: NH1902

Date: 7 December 2018

Lynda Hourigan
A/Manager Operations North
Delegate

[n2018-4223]

ROAD TRANSPORT ACT 2013

Ministerial Declaration (Written-off Heavy Vehicles) Order 2018

I, Melinda Pavey, Minister for Roads, Maritime and Freight, pursuant to section 19 of the *Road Transport Act 2013*, make the following Order.

MELINDA PAVEY
Minister for Roads, Maritime and Freight

Dated, this 13 day of December 2018

1. Citation

This Order is the *Ministerial Declaration (Written-off Heavy Vehicle) Order 2018*.

2. Commencement

This Order takes effect on and from 14 December 2018.

3. Effect

This Order remains in force until 13 December 2019 unless revoked earlier.

4. Interpretation

Words and expressions used in this Order have the same meaning as in the *Road Transport Act 2013* unless otherwise stated.

Act means the *Road Transport Act 2013*.

Regulation means the *Road Transport (Vehicle Registration) Regulation 2017*.

5. Application

This Order applies to a notifiable heavy vehicle as defined in section 104A of the Act.

6. Exemption

The following provisions of the road transport legislation do not apply to a notifiable heavy vehicle in the circumstances specified in clause 7 of this Order.

- (a) Section 104C of the Act.
- (b) Clause 123F of the Regulation.
- (c) Section 104H(a) of the Act.
- (d) Section 104I(1)(a) and (2)(a) of the Act.
- (e) Clause 123G(a) of the Regulation.
- (f) Clause 123L(1)(c) of the Regulation.
- (g) Clause 123M(1)(c) of the Regulation.
- (h) Clause 123Q of the Regulation.

7. Circumstances

(a) The provisions of the road transport legislation specified in clause 6(a) and (b) do not apply if, but for this Order, the notifiable heavy vehicle would have been assessed as having suffered non-repairable damage.

(b) The provisions of the road transport legislation specified in clauses 6(c) to (h) of this Order do not apply if the notifiable heavy vehicle is not assessed as a total loss.

Note: *total loss* and *non-repairable damage* are defined in section 104A of the Act.

Explanatory notes:

On 3 December 2018, the *NSW written-off heavy vehicles register* commenced with the commencement of Schedule 1.3 to the *Road Transport and Related Legislation Amendment Act 2017* and the commencement of the *Road Transport Amendment (Written-off Heavy Vehicles Register) Regulation 2018*.

The purpose of this Order is to exempt *notifiable heavy vehicles* from obligations under the new laws to enable further consideration of the impact of the reform on industry including, the insurance and repair sectors in relation to notifications and reporting arrangements.

Other than provided for in this Order a person or vehicle is required to comply with all other road transport legislation.

[n2018-4224]

ROADS ACT 1993

Notice of Dedication of Land as Public Road at Barraganyatti in the Kempsey Shire Council Area

Roads and Maritime Services, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the *Roads Act 1993*.

K DURIE
Manager, Compulsory Acquisition & Road Dedication
Roads and Maritime Services

Schedule

All that piece or parcel of land situated in the Kempsey Shire Council area, Parish of Barraganyatti and County of Dudley, shown as Lot 21 Deposited Plan 1175692.

(RMS Papers: SF2017/161445; RO SF2015/076371)

[n2018-4225]

ROADS ACT 1993

Notice of Dedication of Land as Public Road at Point Frederick and East Gosford
in the Central Coast Council Area

Roads and Maritime Services, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the *Roads Act 1993*.

K DURIE
Manager, Compulsory Acquisition & Road Dedication
Roads and Maritime Services

Schedule

All those pieces or parcels of land situated in the Central Coast Council area, Parish of Gosford and County of Northumberland, shown as:

Lots 4, 5 and 6 Deposited Plan 1187652;

Lot 2 Deposited Plan 1192132; and

Lot 41 Deposited Plan 1113086.

(RMS Papers: SF2016/277077; RO SF2012/057441)

[n2018-4226]

Mining and Petroleum Notices

Pursuant to section 136 of the *Mining Act 1992* and section 16 of the *Petroleum (Onshore) Act 1991*

Notice is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS (ELA)

ELA5752, PEEL MINING LIMITED, for Group 1, dated 28 November 2018.

ELA5754, COBAR MINERALS PTY LTD, for Group 1, dated 3 December 2018.

ELA5755, COBAR MINERALS PTY LTD, for Group 1, dated 3 December 2018.

[n2018-4227]

Notice is given that the following applications for renewal have been received:

EXPLORATION LICENCE (EL)

EL6961, 3E STEEL PTY LIMITED. Application for renewal received 28 November 2018.

EL7674, NEWNES-KAOLIN PTY LIMITED. Application for renewal received 29 November 2018.

EL8414, PEEL MINING LIMITED. Application for renewal received 29 November 2018.

[n2018-4228]

Notice is given that the following authority has been cancelled in part:

CONSOLIDATED COAL LEASE (CCL)

CCL767 (Act 1973), ENDEAVOUR COAL PTY LIMITED. An area of 11.3 square kilometers. The authority now embraces an area of 196.5 square kilometres. Part cancellation took effect on 30 November 2018.

[n2018-4229]

WORK HEALTH AND SAFETY ACT 2011

Notice of Approved Code of Practice Electrical Engineering Control Plan

Pursuant to section 72 of the *Work Health and Safety (Mines and Petroleum Sites) Act 2013*, NOTICE is given under section 274 of the *Work Health and Safety Act 2011* that the Electrical Engineering Control Plan Code of Practice is approved for the purposes of the *Work Health and Safety Act 2011*.

The Code of Practice commences on the date on which this notice is published in the New South Wales Government Gazette.

Don Harwin MLC
Leader of the Government in the Legislative Council
Minister for Resources
Minister for Energy and Utilities
Minister for the Arts
Vice-President of the Executive Council

[n2018-4230]

Energy Notices

ENERGY SAVINGS SCHEME (ELECTRICITY LOAD EXEMPTIONS) ORDER 2018

Under the
ELECTRICITY SUPPLY ACT 1995

I, Don Harwin MLC, Minister for Energy and Utilities, in pursuance of sections 119(1)(b) and 122(2) of the *Electricity Supply Act 1995* (the Act) and being satisfied that each electricity load to which this Order applies is used in connection with an industry or activity that is both emissions intensive and trade exposed and that the exemptions are generally consistent with the objects of Part 9 of the Act, make the following Order.

Dated this 7th day of December 2018.

DON HARWIN, MLC
Minister for Energy and Utilities

Explanatory note

The objects of this Order are:

- (a) to grant exemptions from the Energy Savings Scheme in respect of any electricity load used in connection with a specified activity, and
- (b) to specify allowances that may be made by scheme participants in applying the exemptions, and
- (c) to authorise the Scheme Regulator to make rules with respect to the exemptions granted by this Order (including rules relating to the assessment of deductions under Division 5 of Part 9 of the Act), and
- (d) to revoke the previous order granting exemptions from the Energy Savings Scheme published on 22 December 2017.

This Order is made under sections 119(1)(b) and 122(2) of the Act.

ENERGY SAVINGS SCHEME (ELECTRICITY LOAD EXEMPTIONS) ORDER 2018

under the
ELECTRICITY SUPPLY ACT 1995

1 Name of Order

This Order is the *Energy Savings Scheme (Electricity Load Exemptions) Order 2018*.

2 Commencement

This Order commences on 1 January 2019 and is required to be published in the *NSW Government Gazette*.

3 Exemptions

(1) Any electricity load used in connection with a specified activity set out in Column 1 of Schedule 1, at the corresponding location specified in Column 2 of Schedule 1, is either fully or partially exempt from the Energy Savings Scheme in Part 9 of the Act as specified in Column 3 of Schedule 1.

(2) For partial exemptions, the exempt proportion of each electricity load is specified in Column 4 of Schedule 1 (expressed as a percentage).

4 Allowances

In applying an exemption granted by this Order, a scheme participant may deduct from the total value of its liable acquisitions an allowance of 5% of the exempt proportion (specified in Column 4 of Schedule 1) for electricity losses occurring between the purchase of the electricity by the scheme participant and its use by an end user.

5 Rules

The Scheme Regulator is authorised to make rules with respect to the exemptions granted by this Order (including rules relating to the assessment of deductions under Division 5 of Part 9 of the Act). For these purposes, the *Energy Savings Scheme – Scheme Regulator Exemptions Rule No. 1 of 2016*, unless revoked, is deemed to be a rule made by the Scheme Regulator with respect to the exemptions granted by this Order.

6 Revocation The order made under section 119 of the Act dated 15 December 2017 and published in NSW Government Gazette No 138 of 22 December 2017, pages 7791 - 7794, is revoked. In accordance with section 122(3) of the Act this revocation will take effect on 1 January 2019.

Schedule 1 Table of Exemptions

Column 1 Specified Activity	Column 2 Location (address)	Column 3 Type of exemption	Column 4 Exempt proportion (for partial exemptions)	Reference
Tissue paper manufacturing	63-65 Redfern Street WETHERILL PARK NSW 2164	Partial Exemption	90%	A.B.C. Paper & Paper Mills Pty. Limited - ABN 41 003 879 098
Production of glass containers	170 Andrews Road PENRITH NSW 2750	Partial Exemption	90%	ACI Operations Pty. Ltd. - ABN 94 004 230 326
Integrated iron and steel manufacturing	Five Islands Road PORT KEMBLA NSW 2505	Partial Exemption	90%	BlueScope Steel (AIS) Pty. Ltd. - ABN 19 000 019 625
Production of clinker	Taylor Avenue NEW BERRIMA NSW 2577	Partial Exemption	90%	Boral Shared Business Services Pty Ltd -

				ABN 31 000 373 660
Manufacture of reconstituted wood-based panels	Lowes Mount Road OBERON NSW 2787	Partial Exemption	90%	Borg Manufacturing Pty Limited - ABN 54 139 584 900 Site: Borg Panels Pty Ltd
Manufacture of reconstituted wood-based panels	Lowes Mount Road OBERON NSW 2787	Partial Exemption	90%	Borg Manufacturing Pty Limited - ABN 54 139 584 900 Site: Oberon
Manufacture of reconstituted wood-based panels	Jepsen Avenue TUMUT NSW 2720	Partial Exemption	90%	Carter Holt Harvey Pinepanels Pty Limited - ABN 51 107 211 567
Production of magnesia	2 Park Avenue YOUNG NSW 2594	Partial Exemption	90%	Causmag Ore Company Proprietary Limited - ABN 73 004 301 517
Manufacture of carbon steel from cold ferrous feed	2 Maud Street WARATAH NSW 2298	Partial Exemption	90%	Commonwealth Steel Company Pty Limited - ABN 58 000 007 698
Production of glass wool	55 Stennett Road INGLEBURN NSW 2565	Partial Exemption	90%	CSR Building Products Limited - ABN 55 008 631 356
Production of glass wool	600 Woodstock Avenue ROOTY HILL NSW 2766	Partial Exemption	90%	Fletcher Building (Australia) Pty Ltd - ABN 11 093 539 452
Rendering of animal by-products	Lot 11 Yarrandale Road DUBBO NSW 2830	Partial Exemption	90%	Fletcher International Exports Pty Ltd - ABN 64 003 213 652
Production of dried distillers grains with solubles	36 Bolong Road BOMBADERRY NSW 2541	Partial Exemption	90%	Honan Holdings Pty Ltd - ABN 31 000 392 727
Production of high purity ethanol	36 Bolong Road BOMBADERRY NSW 2541	Partial Exemption	90%	Honan Holdings Pty Ltd - ABN 31 000 392 727
Production of chlorine gas and sodium hydroxide (caustic soda) solution	16-20 Beauchamp Road MATRAVILLE NSW 2036	Partial Exemption	90%	Ixom Operations Pty Ltd - ABN 51 600 546 512
Rendering of animal by-products	Regulator Road YANCO NSW 2703	Partial Exemption	90%	JBS Australia Pty Limited - ABN 14 011 062 338

Rendering of animal by-products	Muffett Street SCONE NSW 2337	Partial Exemption	90%	JBS Australia Pty Limited - ABN 14 011 062 338
Production of ceramic floor and wall tiles	175 Racecourse Road RUTHERFORD NSW 2320	Partial Exemption	90%	National Ceramic Industries Australia Pty Limited - ABN 83 100 467 267
Manufacture of newsprint	117 R W Henry Drive ETTAMOGAH NSW 2640	Partial Exemption	90%	Norske Skog Paper Mills (Australia) Limited - ABN 84 009 477 132
Integrated iron and steel manufacturing	Ingall Street MAYFIELD EAST NSW 2304	Partial Exemption	90%	OneSteel Manufacturing Pty Limited - ABN 42 004 651 325
Manufacture of carbon steel from cold ferrous feed	Ingall Street MAYFIELD EAST NSW 2304	Partial Exemption	90%	OneSteel Manufacturing Pty Limited - ABN 42 004 651 325
Integrated iron and steel manufacturing	22 Kellogg Road ROOTY HILL NSW 2766	Partial Exemption	90%	OneSteel NSW Pty Limited - ABN 59 003 312 892
Manufacture of carbon steel from cold ferrous feed	22 Kellogg Road ROOTY HILL NSW 2766	Partial Exemption	90%	OneSteel NSW Pty Limited - ABN 59 003 312 892
Production of ammonia	15 Greenleaf Road KOORAGANG ISLAND NSW 2304	Partial Exemption	90%	Orica Australia Pty Ltd - ABN 99 004 117 828
Production of ammonium nitrate	15 Greenleaf Road KOORAGANG ISLAND NSW 2304	Partial Exemption	90%	Orica Australia Pty Ltd - ABN 99 004 117 828
Packaging and industrial paper manufacturing	1891 Botany Road MATRAVILLE NSW 2036	Partial Exemption	90%	Orora Limited - ABN 55 004 275 165
Production of ethene (ethylene)	16-20 Beauchamp Road BOTANY NSW 2036	Partial Exemption	90%	Qenos Pty Ltd - ABN 62 054 196 771
Production of polyethylene	16-20 Beauchamp Road BOTANY NSW 2036	Partial Exemption	90%	Qenos Pty Ltd - ABN 62 054 196 771
Production of polymer grade propene (polymer grade propylene)	16-20 Beauchamp Road BOTANY NSW 2036	Partial Exemption	90%	Qenos Pty Ltd - ABN 62 054 196 771

Production of lime	Garthowen Road ATTUNGA NSW 2345	Partial Exemption	90%	Sibelco Australia Limited - ABN 20 000 971 844
Production of lime	Eubindal Road Galong NSW 2585	Partial Exemption	90%	Sibelco Australia Limited - ABN 20 000 971 844
Production of hydrogen peroxide	20-22 McPherson Street BANKSMEADOW NSW 2019	Partial Exemption	90%	Solvay Interlox Pty. Ltd. - ABN 70 000 882 137
Production of high purity ethanol	Beelbangera Road BEELBANGERA NSW 2680	Partial Exemption	90%	Tarac Technologies Pty Ltd - ABN 28 007 513 813
Rendering of animal by-products	Phoenix Street TAMWORTH NSW 2340	Partial Exemption	90%	Teys Australia Southern Pty Ltd - ABN 53 084 034 695
Rendering of animal by-products	1 Dampier Street WAGGA WAGGA NSW 2650	Partial Exemption	90%	Teys Australia Southern Pty Ltd - ABN 53 084 034 695
Rendering of animal by-products	Phoenix Street TAMWORTH NSW 2340	Partial Exemption	90%	Thomas Foods International Tamworth Pty Limited - ABN 82 089 140 634
Aluminium smelting	638 Tomago Road TOMAGO NSW 2322	Partial Exemption	90%	Tomago Aluminium Company Pty Ltd - ABN 68 001 862 228
Packaging and industrial paper manufacturing	436 Gadara Rd TUMUT NSW 2720	Partial Exemption	90%	Visy Industries Australia Pty Ltd - ABN 74 004 337 615
Packaging and industrial paper manufacturing	158 Mccredie Rd SMITHFILED NSW 2164	Partial Exemption	90%	Visy Industries Australia Pty Ltd - ABN 74 004 337 615

[n2018-4231]

Primary Industries Notices

FISHERIES MANAGEMENT ACT 1994

Notice of Determination – Total Allowable Catch for Abalone

I, NIALL MARK BLAIR MLC, Minister for Primary Industries, pursuant to section 40H of the *Fisheries Management Act 1994* (“the Act”),

1. Give notice that on 19 November 2018 the Total Allowable Fishing Committee determined, pursuant to section 40D of the Act and clause 14 of the Appendix to the *Fisheries Management (Abalone Share Management Plan) Regulation 2000*, that the total allowable catch for abalone for the fishing period 1 January 2019 to 30 June 2019 (both dates inclusive) is 50 tonnes
2. note that pursuant to section 40J(1) of the Act, the determination published in Government Gazette No. 138 of 22 December 2017 at page 7796 is revoked.

Dated this 12 day of December 2018

The Hon Niall Blair MLC
Minister for Primary Industries
Minister for Regional Water

[n2018-4232]

Fisheries Management (Transitional Total Allowable Effort Determinations for Ocean Trawl Prawning) Instrument 2018

under the

Fisheries Management Act 1994

I, SIMON DRAPER, Secretary, NSW Department of Industry, in pursuance of clause 14 of the Appendix to the *Fisheries Management (Ocean Trawl Share Management Plan) Regulation 2006*, make the following Instrument making transitional total allowable effort determinations for ocean trawl prawning.

Dated this 5th day of December 2018

SIMON DRAPER
Secretary
NSW Department of Industry

Explanatory note

This Instrument is made under clause 14 of the Appendix to the *Fisheries Management (Ocean Trawl Share Management Plan) Regulation 2006*. The object of this Instrument is to make transitional Total Allowable Effort (TAE) determinations for ocean trawl prawning, expressed in terms of standardised hull unit days.

Fisheries Management (Transitional Total Allowable Effort Determinations for Ocean Trawl Pawning) Instrument 2018

under the

Fisheries Management Act 1994

Part 1 Preliminary

1 Name of Instrument

This Instrument is the *Fisheries Management (Transitional Total Allowable Effort Determinations for Ocean Trawl Pawning) Instrument 2018*.

2 Duration of transitional fishing determinations

The fishing determinations made in this Instrument have effect for the following periods:

- (a) 1 May 2019 to 30 April 2020;
- (b) 1 May 2020 to 30 April 2021;
- (c) 1 May 2021 to 30 April 2022;
- (d) 1 May 2022 to 30 April 2023;
- (e) 1 May 2023 to 30 April 2024.

3 Interpretation

(1) In this Instrument:

ocean trawl fishery means the share management fishery of that name, as described in Schedule 1 to the Act.

standardised hull unit days means the number of effort units for the taking of fish using an otter trawl net (prawns) under an offshore prawn endorsement or inshore prawn endorsement during the period in which this Instrument has effect.

Total Allowable Effort (TAE) determination has the same meaning as in section 40A of the Act.

Total Allowable Effort (TAE) determination for ocean trawl fishing has the same meaning as in clause 5F(1) of the OT Plan.

the Act means the *Fisheries Management Act 1994*.

the OT Plan means the Appendix to the *Fisheries Management (Ocean Trawl Share Management Plan) Regulation 2006*.

transitional fishing determination means a fishing determination made under Part 7 of the OT Plan.

- (2) Unless otherwise defined in this Instrument, words and expressions that are defined in the Act have the same meaning in this Instrument.

4 Transitional Total Allowable Effort determinations for ocean trawl prawning

Pursuant to clause 14 of the OT Plan, for each period set out in Column 1 of the Table, the number of standardised hull unit days set out opposite in Column 2 is determined to be the total allowable fishing effort for the taking of fish in the ocean trawl fishery using an otter trawl net (prawns) under an ocean trawl – inshore prawn endorsement or an ocean trawl – offshore prawn endorsement:

Table TAE determinations for ocean trawl prawning

Column 1	Column 2
Period	Standardised hull unit days
1 May 2019 to 30 April 2020	542,000
1 May 2020 to 30 April 2021	542,000
1 May 2021 to 30 April 2022	542,000
1 May 2022 to 30 April 2023	542,000
1 May 2023 to 30 April 2024	542,000

Crown Land Notices

1300 886 235 www.crownland.nsw.gov.au

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Paul Toole, MP
Minister for Lands and Forestry

DESCRIPTION

Parish – Byron; County – Rous
Land District – Lismore; LGA – Byron

Road Disposed: Lot 3 DP 1241872

File No: 17/04635

[n2018-4234]

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Paul Toole, MP
Minister for Lands and Forestry

DESCRIPTION

Parishes – Garrett, Butterleaf; County – Clive
Land District – Glen Innes; LGA – Glen Innes Severn

Road Disposed: Lot 1 DP 1238283

File No: 17/08796

[n2018-4235]

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

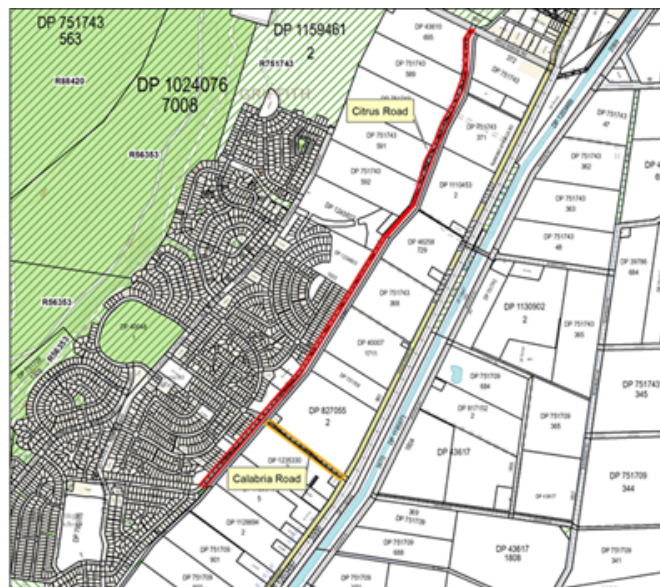
SCHEDULE 1

Parish: Wyangan
County: Cooper
Land District: Griffith
LGA: Griffith

DESCRIPTION: Citrus Road commencing from Sanders Street and adjoins Lot 101 DP 1099777 and Lot 1 DP 1043148 and extends north to the intersection with Rifle Range Road, Griffith and shown by red colour on diagram below.
 Calabria Road commencing at Citrus Road and adjoins Lot 2 DP 827055 and extends east to the intersection with Rankins Springs Road, Griffith and shown by orange colour on diagram below.

SCHEDULE 2

Roads Authority: Griffith City Council
 Council's Ref: 18/93362
 DoI-Lands & Water Ref: 18/07884



[n2018-4236]

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
 Minister for Lands and Forestry

SCHEDULE 1

Parish: McDonald
 County: Arrawatta
 Land District: Inverell
 LGA: Inverell

DESCRIPTION: The portion of Crown road located west of Lot 6 DP738321 and east of Lot 3 DP734898 as shown on diagram below.

SCHEDULE 2

Roads Authority: Inverell Shire Council
 DoI Ref: 18/04373#33



[n2018-4237]

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

Parish: Egerton
County: Arrawatta
Land District: Inverell
LGA: Inverell

DESCRIPTION: The Crown road known as Upper Severn River Road is located within Lot 2 DP750089, east and north of Lot 27 DP750089, west of Lot 28 DP750089, Lot 26 DP750089 as shown on diagram below.

SCHEDULE 2

Roads Authority: Inverell Shire Council
DoI Ref: 18/04373#40



[n2018-4238]

NOTIFICATION OF CLOSING OF A ROAD

In pursuance of section 37 of the *Roads Act 1993* and clause 19A of Schedule 7 to the *Crown Land Management Act 2016*, the road hereunder described is closed. The lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

The Hon Paul Toole, MP
Minister for Lands and Forestry

DESCRIPTION

*Parish – Willalee, Burragillo, Currotha; County – Benarba
Land District – Moree; LGA – Moree Plains*

Road Closed: 1/1225096, 2/1225096, 3/1225096, 4/1225096, 5/1225096

File No: ME90H231

SCHEDULE

On closing, the land within Lot 3 DP1225096, which was formerly Council road, will become vested in The State of New South Wales as Crown Land.

On closing, the land within Lots 1, 2, 4 & 5 DP1225096 will remain vested in The State of New South Wales as Crown land.

[n2018-4239]

NOTIFICATION OF CLOSING OF A ROAD

In pursuance of section 37 of the *Roads Act 1993* the road hereunder described is closed. The lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

The Hon Paul Toole, MP
Minister for Lands and Forestry

DESCRIPTION

*Parish – Gundemain; Queerbri; Galathera; County – Jamison
Land District – Narrabri; LGA – Narrabri*

Road Closed: Lots 1-2 DP1243991; Lots 1-2 DP193535

File No: 15/09946

SCHEDULE

On closing, the land within Lots 1-2 DP1243991 and Lots 1-2 DP193535 will remain vested in The State of New South Wales as Crown land.

[n2018-4240]

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

Parish: Egerton, Pindari
County: Arrawatta

Land District: Inverell
LGA: Inverell
DESCRIPTION: Crown road located east of Lots 69, 70, 127 DP750114, west of Lots 127 and 104 DP750114; Crown public road north of Lots 8 and 9 DP750089, Lot 38 DP40193, Lot 6 DP750089; south of Lots 19, 17, 26, 28, 15, 16 DP750089 as shown on diagram below.

SCHEDULE 2

Roads Authority: Inverell Shire Council
DoI Ref: 18/04373#39



[n2018-4241]

ADDITION OF LANDS TO A WESTERN LANDS LEASE

IT is hereby notified that in pursuance of Section 7.15 of the *Crown Land Management Act 2016*, the land particularised in Column 3, being the road closed in Column 4, has been added to the Western Lands Leases identified in Column 1.

The Hon. Paul Toole, M.P.
Minister for Lands and Forestry

Description

Parishes – Varies Counties – Varies

Land District – Varies

LGA – Wentworth/Walgett/Bourke

Column 1 Western Lands Lease No.	Column 2 Folio ID	Column 3 Area Addition (ha)	Column 4 Former WDR No	Column 5 Total Area following Addition (ha)
285	100/1177922; 2/756943; 3/756943; 4/756943; 5/756943; 7/756943; 5631/768530	23	139	2000
906	3/756149	28	151	5386
1188	4/756149	5	151	3021
1286	1/756199	6	142	8211
1286	1/756199	25	151	8236
1359	5708/768608; 5709/ 768609	19	139	2807
1647	164/760675	59	142	16442
2367	439/761285	1.619	17	3769
2487	521/761463; 3922/ 766395	34.4	40	4493
2817	933/762220	25.59	178	7186
3547	2/1195524; 3/802730	45.32	97	32884
3934	1783/763652	11.33	17	2054

File No.: 08/2056

[n2018-4242]

ROADS ACT 1993**ORDER****Transfer of Crown Road to a Council**

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

Parish: Arding

County: Sandon

Land District: Armidale

LGA: Uralla

DESCRIPTION: Crown road located west of Lot A DP342997, Lot B DP342997, Lot 281 DP755807; east of Lot 152 DP755807, Lot 4 DP111871, Lot 163 DP755807, Lot 330 DP755846, Lot 574 DP755846 as shown on the diagram below.

SCHEDULE 2

Roads Authority: Uralla Shire Council

Council's Ref: 22/05/2018 – Resolution 15.05/18
 DoI Ref: 18/05763#17



[n2018-4243]

NOTIFICATION OF CLOSING OF A ROAD

In pursuance of section 37 of the *Roads Act 1993* and clause 44 of Schedule 7 to the *Crown Land Management Act 2016*, the road hereunder described is closed. The lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

The Hon Paul Toole, MP
 Minister for Lands and Forestry

DESCRIPTION

*Parish – Yarrawa; County – Camden
 Land District – Moss Vale; LGA – Wingecarribee*

Road Closed: Lot 56 DP 1243343
 File No: 17/04509

SCHEDULE

On closing, the land within Lot 56 DP 1243343 will remain vested in the State of New South Wales as Crown land.

[n2018-4244]

ROADS ACT 1993

ORDER

Transfer of a Crown Road to a Council

IN pursuance of the provisions of Section 152I, *Roads Act 1993*, the Crown road specified in Column 1 is transferred to the Roads Authority specified in Column 2, hereunder, as from the date of publication of this notice and as from that date, the road specified in Column 1 ceases to be a Crown road.

The Hon Paul Toole, MP
 Minister for Lands and Forestry

Column 1	Column 2
Crown public road 95 metres from the southern boundary of Lot 3 Section 57 DP 758604 including intersection, and adjoining lot 2 sec 62 DP 758604 and Lot 3 sec 62 DP 758604 as shown by red colour Parish Lawrence County Clarence at Lawrence	Clarence Valley Council
Crown Lands Ref: W601203 – 18/08337 Councils Ref: DA2018/0409	



[n2018-4245]

ROADS ACT 1993

ORDER

Transfer of a Crown Road to a Council

In pursuance of the provisions of Section 151, *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the Roads Authority specified in Schedule 2, hereunder, as from the date of publication of this notice and as from that date, the road specified in Schedule 1 ceases to be a Crown road.

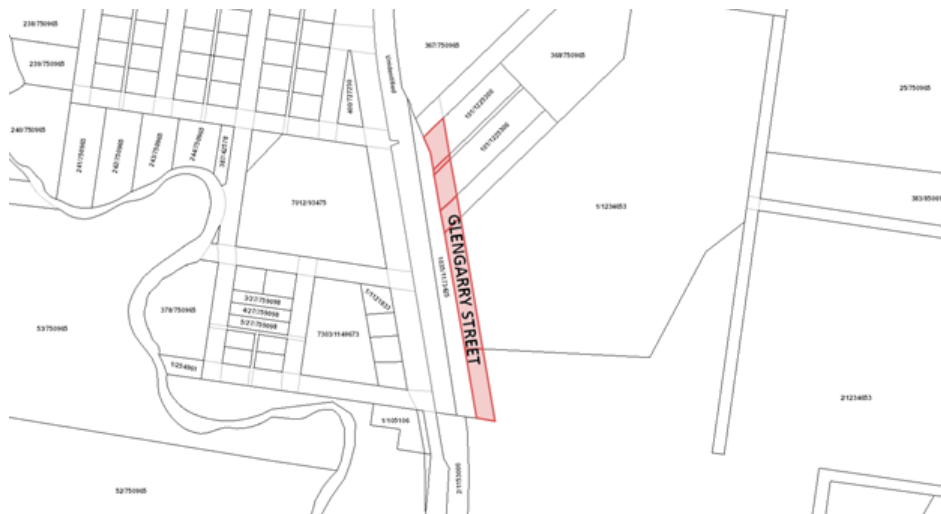
The Hon. Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

*Parish – Wingen
County – Brisbane
Land District – Wingen
Local Government Area – Upper Hunter*

Crown public road at Wingen being whole of Glengarry Street, adjacent to the eastern boundary of Lot 1035 DP 1173425, as highlighted in the diagram below.

SCHEDULE 2



Roads Authority: Upper Hunter Council

Councils Reference: OUT-12439/18

Lands File Reference: 18/09533

[n2018-4246]

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

Parish: Uralla

County: Sandon

Land District: Armidale

LGA: Uralla

DESCRIPTION: Crown road located north of Lot 532 DP755846, Lot 32 DP755846, Lot 530 DP755846; south of Lot 303 DP659982, Lot 1 DP339343, Lot 565 DP755846, Lot 31 DP755846, Lot 211 DP755807 as shown on diagram below.

SCHEDULE 2

Roads Authority: Inverell Shire Council

Council's Ref: 22 May 2018 (resolution 15.05/18)

DoI Ref: 18/05763#18



[n2018-4247]

REVOCATION OF RESERVATION OF CROWN LAND

Pursuant to section 2.11 of the *Crown Lands Management Act 2016*, the reservation of Crown land specified in Column 1 of the Schedule hereunder is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

The Hon. Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE

Column 1	Column 2
Parish: Moorpa County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Anabranth South Reserve No: 90882 Public Purpose: Travelling Stock Notified: 2 September 1977 File Reference WLL5692-1#01	The south-eastern tip of Reserve 90882 being the part overlaying the centre section of Lot 3292 DP 765548 adjacent to the Silver City Highway Being an area of approximately 191.6 ha This part co-exists with Western Lands Lease 5692
Parish: Boolonkeena, Wilpatera County: Tara Land District: Wentworth Local Government Area: Wentworth Locality: Anabranth South Reserve No: 508 Public Purpose: Travelling Stock Notified: 4 September 1882 File Reference WLL5692-1#01	The part overlaying the northern section of Lot 2 DP 1106411 running east west and dissected by High Darling Road Being an area of approximately 942.5 ha This part co-exists with Western Lands Lease 14135
Parish: Tugima County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 550 Public Purpose: Camping & Water Notified: 19 November 1883 File Reference WLL5692-1#01	The part overlaying the north western section of Lot 2 DP 1106411 and dissected by High Darling Road on its south east corner Being an area of approximately 156.6 ha This part co-exists with Western Lands Lease 14135
Parish: Tugima County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 38381 Public Purpose: Travelling Stock & Camping Notified: 8 October 1904 File Reference WLL5692-1#01	The part overlaying the most easterly section of Lot 2 DP 1106411 Being an area of approximately 248.8 ha This part co-exists with Western Lands Lease 14135

Column 1	Column 2
Parish: Tugima County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 87376 Public Purpose: Travelling Stock Notified: 5 September 1969 File Reference WLL5692-1#01	The part overlaying the eastern boundary of Lot 3292 DP 765548 running north south Being an area of approximately 234.1 ha The part overlaying the Western section of Lot 2 DP 1106411 being the most northern part of Reserve 87376 and adjacent to High Darling Road on its eastern boundary Being an area of approximately 84.51 ha This part co-exists with Western Lands Lease 5692 and Western Lands Lease 14135

[n2018-4248]

REVOCATION OF RESERVATION OF CROWN LAND

Pursuant to section 2.11 of the *Crown Lands Management Act 2016*, the reservation of Crown land specified in Column 1 of the Schedule hereunder is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

The Hon. Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE

Column 1	Column 2
Parish: Neilpo County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 255 Public Purpose: Water Supply Notified: 7 April 1876 File Reference WLL13772-2#01	The part overlaying the middle section of Lot 5264 DP 756964, bounded by Lot 1 DP 39658, Lot 43 & 88 DP 756964 and part Lot 42 DP 756964 and dissected by Renmark Road on its south west corner Being an area of approximately 231.5 ha This part co-exists with Western Lands Lease 13772
Parish: Neilpo County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 421 Public Purpose: Camping Notified: 1 September 1879 File Reference WLL13772-2#01	The part overlaying the Western third of Lot 5264 DP 756964 and dissected by Renmark Road through its southern boundary Being an area of approximately 410 ha This part co-exists with Western Lands Lease 13772

Column 1	Column 2
Parish: Neilpo County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 461 Public Purpose: Camping Notified: 12 July 1880 File Reference WLL13772-2#01	The part overlaying the Eastern half of Lot 5264 DP 756964 Being an area of approximately 972.8 ha This part co-exists with Western Lands Lease 13772
Column 1	Column 2
Parish: Neilpo County: Wentworth Land District: Wentworth Local Government Area: Wentworth Locality: Wentworth Reserve No: 462 Public Purpose: Camping Notified: 26 July 1880 File Reference WLL13772-2#01	The part overlaying the Southern tip of Lot 5264 DP 756964 and dissected by Renmark Road through the northern boundary of Reserve 462 Being an area of approximately 113.2 ha This part co-exists with Western Lands Lease 13772

[n2018-4249]

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2	Column 3
Michelle Ann Steiger (new member) Philip James Steiger (re-appointment) Nicholas Isaac Kelly (re-appointment) Stewart John Steiger (re-appointment) For a term commencing 1 January 2019 and expiring 31 December 2023.	Horton Sports Ground Land Manager	Reserve No. 25011 Public Purpose: public recreation Notified: 7 November 1896 Reserve No. 93745 Public Purpose: future public requirements Notified: 10 October 1980 File Reference: ME83R16-002

[n2018-4250]

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2	Column 3
Brian Noel Dampney (new member) For a term commencing the date this notice and expiring 11 February 2020.	Maules Creek Public Recreation Reserve Land Manager	Reserve No. 46384 Public Purpose: public recreation Notified: 8 March 1911 Reserve No. 67034 Public Purpose: public recreation Notified: 8 October 1937 File Reference: 13/12174

[n2018-4251]

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2	Column 3
Rachel Lee Roberts (new member) For a term commencing the date of this notice and expiring 22 October 2020.	Gundy Crown Reserves Land Manager	Reserve No. 56621 Public Purpose: Plantation, Public Recreation Notified: 7 December 1923 Reserve No. 74759 Public Purpose: Fire Brigade Notified: 22 February 1952 Reserve No. 1036968 Public Purpose: Community Purposes, Public Recreation Notified: 30 Nov 2012 Dedication No. 570042 Public Purpose: Public Hall Notified: 19 June 1936 File Reference: MD92R45

[n2018-4252]

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry Crown reserve code of conduct: For non-council Crown land managers and commons trusts (as may be amended or replaced from time to time).

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2	Column 3
Peter Donald Trood (new member) Ian Frederick Murray (new member) For a term commencing the date of this notice and expiring 23 May 2023.	Wingham Showground Land Manager	Dedication No. 610034 Public Purpose: Showground Notified: 15 July 1884 File Reference: TE80R179-003

[n2018-4253]

REVOCATION OF RESERVATION OF CROWN LAND

Pursuant to section 2.11 of the *Crown Land Management Act 2016*, the reservation of Crown land specified in Column 1 of the following Schedule is revoked to the extent specified opposite in Column 2 of the Schedule.

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2
Parish; Davidson; East Bourke; Bourinawarrina; Cockermunia; Delatite; Oxley; Euroa; Mackay; Mulga; Zouch & Beemery County; Cowper & Clyde Land District: Bourke Local Government Area: Bourke Locality: Bourke Reserve No. 33234 Public Purpose: Travelling Stock Notified: 28 September 1901 File Reference: WLL2572-2#01	The part overlaying the section of Lot 576 DP 761586 immediately south of the Kamilaroi Highway Being an area of approximately 384.1 ha This part co-exists with Western Lands Lease 2572

Column 1	Column 2
Parish: Cockermunia; Delatite & Oxley County: Cowper Land District: Bourke Local Government Area: Bourke Locality: Bourke Reserve No: 33236 Public Purpose: Travelling Stock and Camping Notified: 28 September 1901 File Reference: WLL2572-2#01	The part overlaying the most Northern section of Lot 576 DP761586 dissected by the Kamilaroi Highway on its Southern edge Being an area of approximately 58.519 ha This part co-exists with Western Lands Lease 2572

[n2018-4254]

NOTICE – CROWN LAND TO BE USED OR OCCUPIED FOR OTHER PURPOSE UNDER S 2.18(2)(b)

Pursuant to section 2.18(2)(b) of the *Crown Land Management Act 2016*, the Crown land specified in Column 2 of the following Schedule is proposed to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the following Schedule.

The Hon Paul Toole, MP
Minister for Lands and Forestry

Schedule

Column 1	Column 2
communication facilities (relevant interest – Licence 602056)	Reserve No. 67616 Public Purpose: public recreation Notified: 20 May 1938 File Reference: 08/6163

Schedule

Column 1	Column 2
storage purposes (relevant interest – Licence 596903)	Reserve No. 96448 Public Purpose: future public requirements Notified: 19 November 1982 File Reference: 18/04113

Schedule

Column 1	Column 2
communication facilities (relevant interest – Licence 602057)	Reserve No. 67616 Public Purpose: public recreation Notified: 20 May 1938 File Reference: 08/6163

Schedule

Column 1	Column 2
irrigation channel (relevant interest – Licence 597650)	Reserve No. 1425 Public Purpose: travelling stock Notified: 19 May 1879 File Reference: 18/05068

Schedule

Column 1	Column 2
wet area (relevant interest – Licence 595852) jetty (relevant interest – Licence 595852) fish cleaning sink (relevant interest – Licence 595852)	Reserve No. 69668 Public Purpose: public recreation Notified: 15 November 1940 File Reference: 18/02870

Schedule

Column 1	Column 2
wet area (relevant interest – Licence 595852) jetty (relevant interest – Licence 595852) fish cleaning sink (relevant interest – Licence 595852)	Reserve No. 1011528 Public Purpose: access and public requirements, tourism purposes and environmental and heritage conservation Notified: 9 June 2006 File Reference: 18/02870

Schedule

Column 1	Column 2
slipway (relevant interest – Licence 592103) reclamation (relevant interest – Licence 592103) jetty (relevant interest – Licence 592103) boatshed (relevant interest – Licence 592103) reclamation (relevant interest – Licence 565936) jetty (relevant interest – Licence 565936) ramp (relevant interest – Licence 586635) jetty (relevant interest – Licence 586635) steps (relevant interest – Licence 599990) piles (relevant interest – Licence 599990) jetty (relevant interest – Licence 599990) reclamation (relevant interest – Licence 559147) ramp (relevant interest – Licence 559147) pontoon (relevant interest – Licence 559147) concrete ramp (relevant interest – Licence 559147) seawall (relevant interest – Licence 564943) ramp (relevant interest – Licence 564943) pontoon (relevant interest – Licence 564943) jetty (relevant interest – Licence 564943) reclamation (relevant interest – Licence 600381)	Reserve No. 56146 Public Purpose: generally Notified: 11 May 1923 File Reference: 15/04881

Column 1	Column 2
<p>ramp (relevant interest – Licence 600381)</p> <p>jetty (relevant interest – Licence 600381)</p> <p>seawall (relevant interest – Licence 563184)</p> <p>reclamation (relevant interest – Licence 563184)</p> <p>concrete ramp (relevant interest – Licence 563184)</p> <p>steps (relevant interest – Licence 568808)</p> <p>jetty (relevant interest – Licence 568808)</p> <p>slipway (relevant interest – Licence 580468)</p> <p>reclamation (relevant interest – Licence 580468)</p> <p>jetty (relevant interest – Licence 580468)</p> <p>reclamation (relevant interest – Licence 589333)</p> <p>ramp (relevant interest – Licence 589333)</p> <p>retaining wall (relevant interest – Licence 593266)</p> <p>reclamation (relevant interest – Licence 593266)</p> <p>piles (relevant interest – Licence 593266)</p> <p>jetty (relevant interest – Licence 593266)</p> <p>concrete ramp (relevant interest – Licence 593266)</p> <p>reclamation (relevant interest – Licence 552297)</p> <p>pump site (relevant interest – Licence 591889)</p> <p>walkway (relevant interest – Licence 594011)</p> <p>ramp (relevant interest – Licence 594011)</p>	

Column 1	Column 2
berthing area (relevant interest – Licence 594011) wet area (relevant interest – Licence 594011) landing/platform (relevant interest – Licence 594011) jetty (relevant interest – Licence 594011) boatshed (relevant interest – Licence 594011) fish cleaning sink (relevant interest – Licence 595852) jetty (relevant interest – Licence 595852) wet area (relevant interest – Licence 595852)	

Schedule

Column 1	Column 2
slipway (relevant interest – Licence 592103) reclamation (relevant interest – Licence 592103) jetty (relevant interest – Licence 592103) boatshed (relevant interest – Licence 592103) ramp (relevant interest – Licence 586635) jetty (relevant interest – Licence 586635) steps (relevant interest – Licence 599990) piles (relevant interest – Licence 599990) jetty (relevant interest – Licence 599990) reclamation (relevant interest – Licence 559147) ramp (relevant interest – Licence 559147)	Reserve No. 1011268 Public Purpose: future public requirements Notified: 3 February 2006 File Reference: 15/04881

Column 1	Column 2
<p>pontoon (relevant interest – Licence 559147)</p> <p>concrete ramp (relevant interest – Licence 559147)</p> <p>seawall (relevant interest – Licence 564943)</p> <p>ramp (relevant interest – Licence 564943)</p> <p>pontoon (relevant interest – Licence 564943)</p> <p>jetty (relevant interest – Licence 564943)</p> <p>reclamation (relevant interest – Licence 600381)</p> <p>ramp (relevant interest – Licence 600381)</p> <p>jetty (relevant interest – Licence 600381)</p> <p>seawall (relevant interest – Licence 563184)</p> <p>reclamation (relevant interest – Licence 563184)</p> <p>concrete ramp (relevant interest – Licence 563184)</p> <p>steps (relevant interest – Licence 568808)</p> <p>jetty (relevant interest – Licence 568808)</p> <p>slipway (relevant interest – Licence 580468)</p> <p>reclamation (relevant interest – Licence 580468)</p> <p>jetty (relevant interest – Licence 580468)</p> <p>reclamation (relevant interest – Licence 589333)</p> <p>ramp (relevant interest – Licence 589333)</p> <p>retaining wall (relevant interest – Licence 593266)</p> <p>reclamation (relevant interest – Licence 593266)</p>	

Column 1	Column 2
<p>piles (relevant interest – Licence 593266)</p> <p>jetty (relevant interest – Licence 593266)</p> <p>concrete ramp (relevant interest – Licence 593266)</p> <p>reclamation (relevant interest – Licence 552297)</p> <p>walkway (relevant interest – Licence 594011)</p> <p>ramp (relevant interest – Licence 594011)</p> <p>berthing area (relevant interest – Licence 594011)</p> <p>wet area (relevant interest – Licence 594011)</p> <p>landing/platform (relevant interest – Licence 594011)</p> <p>jetty (relevant interest – Licence 594011)</p> <p>boatshed (relevant interest – Licence 594011)</p> <p>fish cleaning sink (relevant interest – Licence 595852)</p> <p>jetty (relevant interest – Licence 595852)</p> <p>wet area (relevant interest – Licence 595852)</p>	

[n2018-4255]

ROADS ACT 1993**ORDER****Transfer of Crown Road to a Council**

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown Road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Paul Toole, MP
Minister for Lands and Forestry

SCHEDULE 1

Parish: Gundaroo
County: Murray
Land District: Queanbeyan
LGA: Yass Valley Council

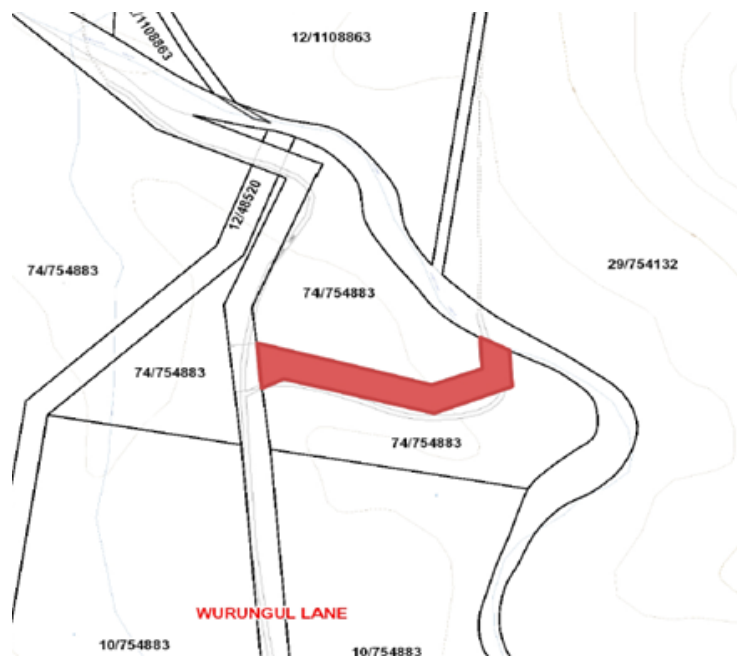
DESCRIPTION: Crown public road as shown by red on diagram below.

SCHEDULE 2

Roads Authority: Yass Valley Council

Council's Ref: Wurungul Lane

DoI Ref: 18/02566#02



[n2018-4256]

Water Notices

WATER ACT 1912

Lower Namoi Valley Flood Plain

NATURAL RESOURCES ACCESS REGULATOR

An application for approval of controlled works under Part 8 of the *Water Act 1912*, has been received as follows:

J & P Carolan Investments Pty Ltd for storages, levees and channels near the Namoi River on the property “Waverley” for the purpose of water storage and flood protection for farming on Lot 55 DP 1223775, Lot 18 DP 753904, and Lots 10, 15, 17, 26 and 27 DP 753940 (Reference: 90CW811071).

Any enquiries should be directed to (02) 6051 7746. Written objections from any local occupier or statutory authority to the application specifying the grounds and how their interests are affected, must be lodged with the Natural Resources Access Regulator, PO Box 717, DUBBO NSW 2830 within 28 days of the date of this publication.

David Finnimore, Water Regulation Officer.

[n2018-4257]

Other Government Notices

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of incorporation pursuant to section 74

TAKE NOTICE that the incorporation of the following associations is cancelled by this notice pursuant to section 74 of the *Associations Incorporation Act 2009*.

BUNGAMBRAWATHA CREEK CARE GROUP INCORPORATED	Y2283523
DWA PARENTS AND SUPPORTERS COMMITTEE INCORPORATED	INC1501458
MAS OYAMA'S KYOKUSHIN KARATE ASSOCIATION OF N.S.W. INCORPORATED	INC9890726
MEDIA CLASSIFIERS' ASSOCIATION OF AUSTRALIA INCORPORATED	INC9893572
NSW ANTAR INCORPORATED	INC3419897
SYDNEY GGUMI PRESBYTERIAN CHURCH INCORPORATED	INC9895669

Cancellation is effective as at the date of gazettal.

Dated this 12th day of December 2018.

Robyne Lunney
 Delegate of the Commissioner
 NSW Fair Trading

[n2018-4258]

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration pursuant to Section 76

TAKE NOTICE that the registration of the following associations is cancelled by this notice pursuant to section 76 of the *Associations Incorporation Act 2009*.

ARMIDALE WOMENS HOUSING GROUP INC	Y0752035
AUSTRALIAN RAT GROUP INCORPORATED	INC1600373
AUSTRALIAN RESIDENT ACCOMMODATION MANAGERS ASSOCIATION (NSW) INCORPORATED	INC9886075
BATHURST AND DISTRICT BICYCLE USERS GROUP INCORPORATED	INC9894654
BONDI LIFE CHURCH INCORPORATED	INC9874657
BUILDERS & TRADIES ASSOCIATION INCORPORATED	INC1200086
CAMPBELLTOWN CHINESE ASSOCIATION INCORPORATED	INC9896786
CARRIERS OF HOPE INCORPORATED	INC1200007
CLUB 40 MOORING INCORPORATED	INC9897470
CONNECTED COMMUNITIES PROJECT INCORPORATED	INC1301118
CREATIVE KNOWLEDGE TROUPE INCORPORATED	INC1200081
ECUMENICAL CARE CENTRE INCORPORATED	INC9876531
GREATER INDIA INCORPORATED	INC9897164
HAZARA HUMANITARIAN HELP ASSOCIATION INCORPORATED	INC9891003
HORNCARE INCORPORATED	INC1200025
HUMANITY RISING INCORPORATED	INC1700038
INSTITUTE OF CULTURAL DIVERSITY INC	INC1400592
KATOOMBA JUNIOR RUGBY LEAGUE INC	Y0846022
MAY NGAN PHUONG GROUP INCORPORATED	INC1200070
NARRABRI FAMILY CRISIS CENTRE INCORPORATED	Y2359806

ORANGE COMMUNITY ACCOMMODATION SERVICE INC	Y1738019
PENRITH B.U.D. ZEN CENTRE INCORPORATED	INC1200002
QANTAS SYDNEY AIRPORT SOCIAL CLUB INC	INC9878703
SOPAAA INCORPORATED	INC9897497
SOUTHERN TABLELANDS MURRAY GREY BREED PROMOTION GROUP INCORPORATED	INC9896446
THE RISING NEPAL CULTURAL GROUP INCORPORATED	INC1200054
THROSBY COMMUNITY ENERGY ASSOCIATION INCORPORATED	INC1401175
TUMUT SHIRE RATEPAYERS ASSOCIATION INCORPORATED	INC1200035
UNITED FILIPINO COMMUNITY OF SYDNEY INCORPORATED	INC1401723
WATAGANS 4X4 CLUB INCORPORATED	INC9893622
WENTWORTHVILLE COMMUNITY BUSINESS COMMITTEE INCORPORATED	INC1200286
WESTERN BROTHERHOOD SMC INCORPORATED	INC1200027
WORLD TAIWAN BENEVOLENT ASSOCIATION IN AUSTRALIA INCORPORATED	INC1200033
YOUNG DISCIPLES OF JESUS INCORPORATED	INC9884416

Cancellation is effective as at the date of gazettal.

Dated this 12th day of December 2018.

Christine Gowland
 Delegate of the Commissioner
 NSW Fair Trading

[n2018-4259]

DISTRICT COURT ACT 1973

District Court of New South Wales

Direction

Pursuant to section 173 of the *District Court Act 1973*, I direct that the District Court shall sit in its criminal jurisdiction at the place and time shown as follows:

Goulburn Crime 10am 12 August 2019 (3 weeks)

Special Fixture

Dated this 12th day of December 2018

Justice D Price AM
 Chief Judge

[n2018-4260]

GEOGRAPHICAL NAMES ACT 1966

PURSUANT to the provisions of Section 10 of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the name listed hereunder as a geographical name:

Paperbark Flora Reserve for a reserve over part of the Cairncross State Forest, adjacent to the Pacific Highway in the suburbs of Blackmans Point, Pembroke and The Hatch, in the Port Macquarie-Hastings LGA.

The position and extent for this feature is recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au

NARELLE UNDERWOOD
Chair
Geographical Names Board
PO Box 143
BATHURST NSW 2795

[n2018-4261]

GEOGRAPHICAL NAMES ACT 1966

PURSUANT to the provisions of Section 7A (1) of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the recorded name listed hereunder as a geographical name:

Kingswood Lions Park for a reserve located at the corner of Bringelly Road and Parker Street, Kingswood.

The position and extent for this feature is recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au

NARELLE UNDERWOOD
Chair
Geographical Names Board
PO Box 143
BATHURST NSW 2795

[n2018-4262]

PARENTS AND CITIZENS ASSOCIATIONS INCORPORATION ACT 1976

Section 13 (4)

NOTICE OF INCORPORATION OF PARENTS AND CITIZENS ASSOCIATIONS

The following associations are hereby incorporated under the *Parents and Citizens Associations Incorporation Act 1976*.

1. Gerogery Public School
2. Biraban Public School
3. Lindfield Learning Village

Sarah Hargans
Relieving General Counsel
Department of Education

6 December 2018

[n2018-4263]

POISONS AND THERAPEUTIC GOODS REGULATION 2008

ORDER

Withdrawal of Drug Authority

In accordance with the provisions of clause 175(1) of the *Poisons and Therapeutic Goods Regulation 2008* an Order has been made on **Dr Siva Vadivel KRISHNAMOORTHY (MED0001624952)**, of Edmondson Park NSW 2174, prohibiting him until further notice, as a medical practitioner, from supplying or having possession of drugs of addiction as authorised by clause 101 of the Regulation and issuing a prescription for a drug of addiction as authorised by clause 77 of the Regulation.

This Order is to take effect on and from 14 December 2018.

Dated at Sydney, 13 December 2018.

ELIZABETH KOFF
Secretary, NSW Health

[n2018-4264]

POISONS AND THERAPEUTIC GOODS REGULATION 2008

ORDER

Withdrawal of Drug Authority

In accordance with the provisions of clause 175(1) of the *Poisons and Therapeutic Goods Regulation 2008* an Order has been made on **Dr Hasan A Z AL HASHIMI (MED0001687473)**, of Goulburn NSW 2580, prohibiting him until further notice, as a medical practitioner, from supplying or having possession of drugs of addiction as authorised by clause 101 of the Regulation and issuing a prescription for a drug of addiction as authorised by clause 77 of the Regulation.

This Order is to take effect on and from 14 December 2018.

Dated at Sydney, 13 December 2018.

ELIZABETH KOFF
Secretary, NSW Health

[n2018-4265]

RETENTION OF TITLE

His Excellency the Governor has been pleased to approve the retention of the title “The Honourable” by The Honourable Justice Ruth Stephanie McColl AO who was appointed as a Judge and Judge of Appeal of the Supreme Court of NSW on 29 April 2003. Her Honour will enter into retirement with her last day of service being 27 January 2019.

[n2018-4266]

RESTRICTED PREMISES ACT 1943

Rescission of Declaration

THE premises at 1681 The Horsley Drive, Horsley Park in the state of New South Wales (being the premises on the land comprised within Lot C in Deposited Plan 398446) are premises to which Part 2 of the *Restricted Premises Act 1943* applies.

[n2018-4267]

STATE EMERGENCY AND RESCUE MANAGEMENT ACT 1989

ORDER

Realignment of Emergency Management Region Boundaries

Notice is hereby given, under section 21(1) of the *State Emergency and Rescue Management Act 1989* of revised emergency management region boundaries as outlined in the schedule below.

Dated 4.12.18

Troy Grant MP
Minister for Emergency Services

1. Balranald LGA moved from the Riverina Murray EM region to the Far West EM Region
2. North Sydney and Mosman LGAs moved from the Sydney Metro EM Region to the North West Metropolitan EM Region
3. Cumberland LGA moved from the North West Metropolitan Region into the South West Metropolitan EM Region
4. Inner West LGA moved from South West Metropolitan EM region into Sydney Metropolitan EM Region
5. Snowy Valley LGA moved entirely into the South-Eastern EM Region.

[n2018-4268]

SURVEYING AND SPATIAL INFORMATION ACT 2002

Registration of Surveyors

PURSUANT to the provisions of the *Surveying and Spatial Information Act 2002*, Section 10(1) (a), the undermentioned persons have been Registered as a Mining Surveyor Open Cut in New South Wales

Name	Address	Effective Date
MAYBURY Wesley Glenn	5B Sheridan Street Cairns QLD 4870	06 December 2018
Narelle Underwood President		
Shane Oates Registrar		

[n2018-4269]

TRANSPORT ADMINISTRATION ACT 1988

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

Notice of Compulsory Acquisition of Land in the Local Government Area of The Hills Shire

Sydney Metro by its delegate declares, with the approval of His Excellency the Governor, that the land described in the schedule below is acquired by compulsory process under the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* as authorised by section 38C of the *Transport Administration Act 1988* for the purposes of the *Transport Administration Act 1988*.

Tom Gellibrand
Deputy Chief Executive
Sydney Metro

SCHEDULE

All that piece of land situated in the Local Government Area of The Hills Shire, Parish of Castle Hill and County of Cumberland, comprising Lot 1 in DP1246081 said to be in the possession of The Owners – Strata Plan No. 74252.

(Sydney Metro Document Number: SM-18-00160046)

[n2018-4270]

COUNCIL NOTICES

ALBURY CITY COUNCIL

ROADS ACT 1993

Naming of Roads

Notice is hereby given that Albury City Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	Locality
DEMPSEY PLACE	South Albury
Description	
Heading westerly off Olive Street, commencing about 100m south of Hume Street. Dempsey Place will be about 140m long, and partly split carriageway.	

FRANK ZAKNICH, GENERAL MANAGER, Albury City Council, PO Box 323, ALBURY NSW 2640

GNB Ref: 0264

[n2018-4271]

KU-RING-GAI COUNCIL

ERRATUM

THE following notice replaces one published on Page No. 7382 of the Government Gazette No 102 of 5 October 2018. The Gazettal date remains 5 October 2018.

LOCAL GOVERNMENT ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

Ku-ring-gai Council declares with the approval of His Excellency the Governor that the land described in the Schedule below, is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for Community Facilities, Open Space, Retail and Car Parking associated with the Local Centre – Lindfield Village Green.

Dated at Gordon this 27th day of September 2018

John McKee
General Manager

Schedule

Lot 23 DP1223433 being part of the land described as
Lane 20'11 wide in DP225925 and comprised in
Certificates of Title Vol 9713 Fol 227 and Vol 9637 Fol 23

[n2018-4272]

KU-RING-GAI COUNCIL

ERRATUM

THE following notice replaces one published on Page No. 7381 of the Government Gazette No 102 of 5 October 2018. The Gazettal date remains 5 October 2018.

[

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

Ku-ring-gai Council declares with the approval of His Excellency the Governor that the lands described in the Schedule below, are acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for a future public road associated the Local Centre – Lindfield Village Hub.

Dated at Gordon this 27th day of September 2018.

John McKee
General Manager

Schedule

Lots 1, 2, 7 and 8 DP1226294 being part of the lands comprised in

16/1099330

1/929131

5/666521

1/980108

[n2018-4273]

LISMORE CITY COUNCIL

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

LISMORE CITY COUNCIL declares with the approval of His Excellency the Governor that the land described in Schedule 1 below, is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for public road.

Dated at Lismore, this 11th day of December 2018

SHELLEY OLDHAM, General Manager, Lismore City Council, PO Box 23A, Lismore NSW 2480

SCHEDULE 1

Lot 13 DP 1182866

Executive Council Approval Date: 25 July 2018

Minute No. 28

[n2018-4274]

LIVERPOOL CITY COUNCIL

ROADS ACT 1993

Naming of Roads

Notice is hereby given that Liverpool City Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	Locality
ESTAIRE STREET	Austral
Description	
New east west road created as part of the subdivision of Lots 870-872 DP2475 from Browns Rd to Squillaciote Crescent, between Tenth Avenue and Starr Close	

MATTHEW ROBERTS, Trainee Town Planner, Liverpool City Council, 33 Moore Street, LIVERPOOL NSW 2170

GNB Ref: 0262

[n2018-4275]

LIVERPOOL CITY COUNCIL

ROADS ACT 1993

Naming of Roads

Notice is hereby given that Liverpool City Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	Locality
BERRIWERRI PLACE	Casula
Description	
New cul-de-sac west off Beech Road, Casula, in Lot 21 DP 1180366	

MATTHEW ROBERTS, Trainee Town Planner, Liverpool City Council, 33 Moore Street, LIVERPOOL NSW 2170

GNB Ref: 0263

[n2018-4276]

MAITLAND CITY COUNCIL

Roads Act 1993

Dedication of Land as Public Road

Notice is hereby given, under section 16 of the *Roads Act 1993*, that the following lands be dedicated as public road, as set out in the Schedule below.

DAVID EVANS
General Manager
Maitland City Council

Schedule

Land referred to as Pryor Lane and as shown in DP540622 as being 6.10m (20ft) wide and 3.66m (12ft) wide between Grant Street and High Street and bounded by Lot 18/DP540622, Lot 1/DP1145290, Lots 13 & 14/1096416, Lot 1/DP46798 & Lot 7/DP1096694, and

The reserved road corridor as shown in DP 1096416 as being 4.27m (14ft) wide and bounded by Lot 14/1096416, Lot 23/DP1096701, Lot 4/DP50958, Lot 51/DP1095739 and Lots 6 & 7/DP1096694.

[n2018-4277]

SHELLHARBOUR CITY COUNCIL

Roads Act 1993

ERRATUM

In the notice published in NSW Government Gazette No 110 of 29 September 2017, page 5755, the road named "Sarsparilla Way" should be spelled "Sarsaparilla Way". This notice corrects that error.

The gazettal date remains 29 September 2017.

Carey McIntyre
General Manager
SHELLHARBOUR CITY COUNCIL

[n2018-4278]

SHELLHARBOUR CITY COUNCIL

ROADS ACT 1993

Naming of Roads

Notice is hereby given that Shellharbour City Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	Locality
BIRUN LANE	Shell Cove

Description
Extends from Dunmore Road linking to the southern end of Archerfield Drive within the Links Estate

Name	Locality
ARCHERFIELD DRIVE	Shell Cove

Description
Extending from Dunmore Road to its southern termination within the Links Estate

CAREY MCINTYRE, General Manager, Shellharbour City Council, Locked Bag 155, SHELLHARBOUR CITY CENTRE NSW 2529

GNB Ref: 0265

[n2018-4279]

TAMWORTH REGIONAL COUNCIL

Roads Act 1993, Part 2 Division 2, Section 16

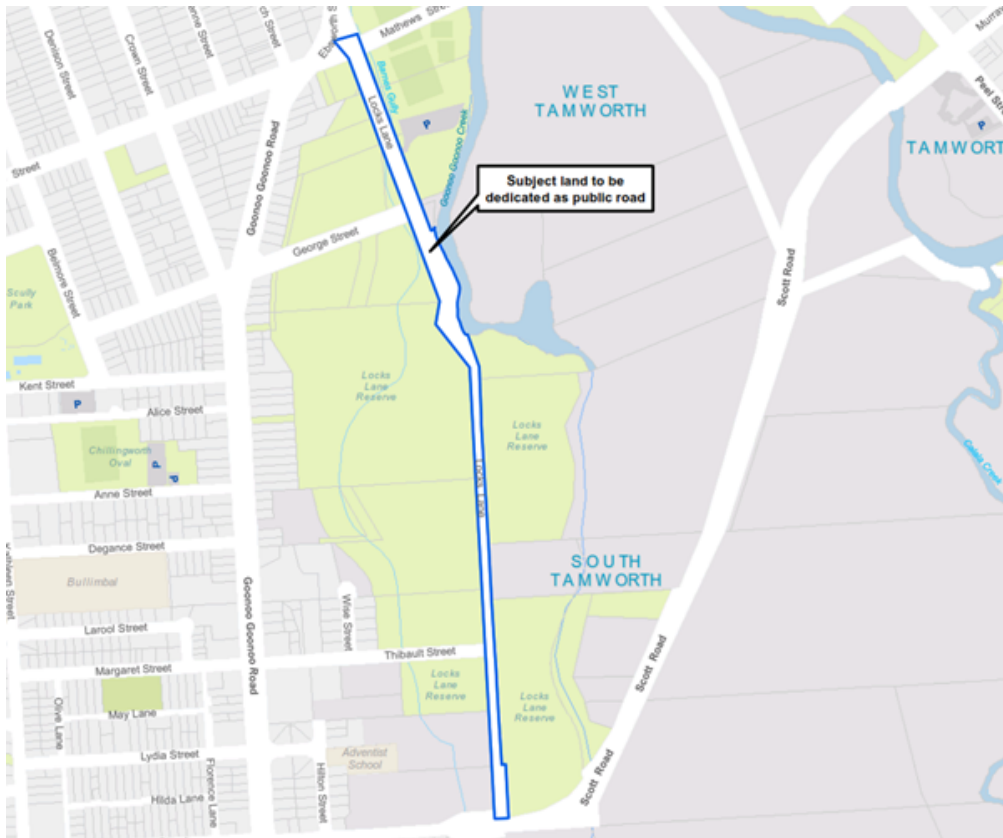
Dedication of Land as Public Road

Pursuant to the provisions of Part 2, Division 2, Section 16 of the *Roads Act 1993*, the land described in the Schedule below is held by Tamworth Regional Council and dedicates the land as a public road known as Locks Lane, Tamworth. PAUL BENNETT, General Manager, Tamworth Regional Council, 437 Peel Street (PO Box 555), Tamworth, NSW 2340 (Council Ref: 183/13 and 132/18)

SCHEDULE 1

Parish Calala – County Parry– Land District Tamworth and South Tamworth; LGA Tamworth Regional Council

Land created and set aside for road comprised in the Old System Private Subdivision of the Peel River Land and Minerals Company’s Estate shown on Crown Plan 700-1300, circa 1856 to be the dedicated as public road known as Locks Lane, South Tamworth. The land is identified in the below diagram.



Paul Bennett
General Manager
Tamworth Regional Council

[n2018-4280]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 2 in DP 564502 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier 2/564502

[n2018-4281]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 42 in DP 224493 in The Hills Shire Council, Parish of Field of Mars, County of Cumberland, and as described in Folio Identifier 42/224493

[n2018-4282]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 224 in DP 224424 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 10009 Fol 129

[n2018-4283]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 227 in DP 228955 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 10389 Fol 22

[n2018-4284]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 525 in DP 235327 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 10811 Fol 125

[n2018-4285]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 561 in DP 236947 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 11062 Fol 34

[n2018-4286]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 648 in DP 237412 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 11062 Fol 82

[n2018-4287]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 953 in DP 238672 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 11206 Fol 173

[n2018-4288]

THE HILLS SHIRE COUNCIL

Local Government Act 1993, Section 50

Notice is hereby given that The Hills Shire Council dedicates the land described in the Schedule below as Public Reserve under Section 50 of the *Local Government Act 1993*. GENERAL MANAGER, The Hills Shire Council, 3 Columbia Court, Norwest, NSW 2153

SCHEDULE

All that piece or parcel of land known as Lot 1048 in DP 239306 in The Hills Shire Council, Parish of Castle Hill, County of Cumberland, and as described in Folio Identifier Vol 11343 Fol 47

[n2018-4289]

UPPER LACHLAN SHIRE COUNCIL

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

Upper Lachlan Shire Council declares with the approval of His Excellency the Governor that the lands described in the Schedule below, are acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for public road widening.

Dated at CROOKWELL this 18th day of September, 2018.

JOHN KEITH BELL –
General Manager
Upper Lachlan Shire Council

Schedule

Lots 3, 4 and 5 DP 1224882 being part of the land
Comprised in Certificate of Title Folio 6092/1205127

[n2018-4290]

UPPER LACHLAN SHIRE COUNCIL

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

Upper Lachlan Shire Council declares with the approval of His Excellency the Governor that the land described in the Schedule below, excluding any mines or deposits of minerals in the land, is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for enabling continuity of access for a Council owned pedestrian bridge over Tuena Creek at Tuena.

Dated at CROOKWELL this 12th day of September, 2018.

JOHN KEITH BELL –
General Manager
Upper Lachlan Shire Council

Schedule

Lot 7328 DP 1170559

[n2018-4291]

UPPER LACHLAN SHIRE COUNCIL

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

NOTICE OF COMPULSORY ACQUISITION OF LAND

Upper Lachlan Shire Council declares with the approval of His Excellency the Governor that the land described in the Schedule below, is acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for public road.

Dated at CROOKWELL this 10th day of December, 2018.

JOHN KEITH BELL –
General Manager
Upper Lachlan Shire Council

Schedule

Lot 1 DP 1209857 being part of the land
Comprised in Certificate of Title Folio 7006/1032328

[n2018-4292]

WAVERLEY COUNCIL

Cemeteries and Crematoria Act 2013

Notice is hereby given, under the *Cemeteries and Crematoria Act 2013*, that the persons listed below are recorded as having been issued Right of Burial Certificates for allotments at South Head General Cemetery. The Right of Burial certificates have not been exercised and the tenure periods have expired/lapsed. Notice is hereby given that Waverley Council in exercising its care, control and management of the cemetery will receive applications to renew all Right of Burial Certificates for allotments where the original guarantee or their heirs and successors choose to make a claim. If no successful claim is received, the allotments will be made available for continued use. Claim forms can be obtained from the Cemetery Office at Waverley Cemetery, St Thomas Street, Bronte. And must be lodged at the same office with all accompanying documentation and fees.

To find out more please email cemetery@waverley.nsw.gov.au or call 9083 8899.

Section A, Grantee Name:

C. A. J. Manuel
Naomi King
Halloran
L. A. Johnston
Martin Lohan
F. C. Curlewis
D. J. Harrison

Section B, Grantee Name:

Henry Mortimer
Fairbairn
James Gee
Sarah Nairn
Bailey
Charles Bailey
Marshall Tate
Edith M Wilkinson
T. H. Ivy
Gibson
A. H. Palmer
Sir Francis Sutton
Sir Henry Stephen

Section C, Grantee Name:

Maria Wilkins
R Scott Skirving
Anthony W Spanos
Pulford Albert Coulcher
A. W. Dougall
H J Carter
Mary E Jones
Arthur Hay
Flora Martha Heffernan
William Raeburn
W. E. Manning

Section D, Grantee Name:

Gray
Lamrock
Ferguson
L. J. J. P. Forgas
A. F. Smith
Frederick William Brown
j Hosking Hunt
Graham
William Speer
Mackey

P. M. Williams
Ada Norton Culhane
G. Burnell

Section E, Grantee Name:

H. W. Chadwick
Irene May Pilton
Ethel Mabel Stockman
Francis Wheelhouse
Hammond
Antonio D'Ambra
Maggie A Griffiths
M Harris
Sinbeck
Coris
Thomas Longworth
Walker
McEwan

Section F, Grantee Name:

Herbert Dermott
Baldwin
Sparrow
Silva
Jessie Turnbull
Lindeman

Section G, Grantee Name:

Cork
Sautelle
Barton
R. L. Hill
N. Gruzman
Casimiro Mattea
Warren
Edwards
Gelder
H. O. Eckerstern
Keith E. Courtney
Ernest Bremer
Lewis
Brown
Henry Johnson
T. M. Kemmis
John Hodson
Hyde
Jay
Cortis Rawthorne Hodgson
Bland
James
George Miller
A. W. Jack
Fred E Silva
D. R. Winn
W. Carter
Soldiers
Sir John Robertson
Hensley
L Robinson
Henry Augustus Crouch
Digby Hunt
Hall

Fullarton
Davis
Sir J. Robertson
M Campbell
Blankett
William Selkirk
Love

Section H, Grantee Name:

F. W. Moppett
B. Green
Arabella Henderson
J. Vanderwood
Gavin Scott
Gregory Sinnott Madden
W. H. Soul
Pilkington
Burgess
Morse
D. M. Vickery
Fred Dunn
A. Allen
Clarence Ernest Ball
Edward James Walker
Cecil Barrington Darley
Vincent Bianchini
John Robison
Robert Hoddle Duhig White
Alice Mary Merewether
William Tayler
E Welch
D. Bedsor
Charles Elouis
J. Buchanan
A. F. Bartlett
Mortimer Lewis
G. Lloyd
Claude Reading
Edith Ashley

Section I, Grantee Name:

Clibborn
H. Harris
Patrick Vincent Quain
Rev. Keenans
A. J. Cape
F. Williamson
A. J. Higgs
Mrs. Roberts
Hordero Green Messrs
Bessie Hardy
Robert Lynch
David Davis
Murry Maxwell Counsell
Rivett
Elizabeth Brown
Sarah Cardew
Elizabeth Sea
Ellis
E. E. Lucy
R. E. Peoples

Jeanie Middleton
Thomas Lloyd
Mrs. Arthur A Chomley
Francis Foy
Baxter Bruce
H. A. Rowsell
Francis Foy
H. R. J. Holt
Agnes Violet West
Mary Kimber
William Addison Freeman
A H Chambers
Capt. Morris
William Haughton
Emma Louisa Browne
W Maxwell
Joseph Woodburn
Sutter
Beda Clutterbuck
Florence White
J Armstrong
Hardy
Hoadbidan
Fingleton
R. C. Galbraith
Rev. A. Ross
Bollenhagen
Sir James Fairfax
Flower
C. A. Mortimer
Lady Lyne
R. Hamburger
John Kellian
P. Wallace
W Lewis

Section J, Grantee Name:

Richard Meares
W. J. Young
A. R. Harwood
Ellen Isabelle Smith
F. J. Martin
Bain
W. M. Jarrett
Archibald Benjamin Pursell
Alice Lodge
Annie Margaret Hayes
Camillie Auguste Henry Dezarnaulds
M. A. Moseley
William McIntyre
Leo Wray
C. E. Forster
Thomas Berry
C. H. Hodges
P. A. Morris
Harry Anthony White
R. Walder
Day
Gertrude F. A. Schofield
George Holliday
H. S. Jones

Alfred Spain
A. C. Wills
C. A. Saxton
Richard Meares

Section K

Grantee Name

Frank Lock
Saywell
William Stuart
Hannah Meers
Cecil O'Dea
James Walker
K. E. Shawe
Laura Baldwin
Annie Susan Reynolds
Aubrey Halloran
Schute
Philomena O'Neil
Gladys M Barry
Kate Clay
John Keating
Archibald Howie
A. J. Hanisted
Weeks
Kathleen Jackson
F. J. Farrar
George G. Kiss
W. H. Linsley
John James Stevenson

Section L, Grantee Name:

Elenore Thomas Deckson
Maud Renton
Elsie Mary Reid
Elizabeth Golding
Thomas Peters
W A Mackay
Ranee Carey
W C Wentworth
Bishton
K C Earngey
D Reddall
Barnes
A Smith
Mrs. Roberts
Vera Blanche Britz
T. A. L. Stephenson
French
M. K. Handbury
R. N. Bubb
Chalmers
Emily Blanche Hawkins-Smith
Doris Walker
Jessie Mcwhannel
N. Larkins
Rev. W. Shields
C. Crow
Maughan
Reg McCarthy
Arthur Scott

J. R. Wood
J. B. Donkin
Donaldson
Bird
Halbert
Dr. Reddall
Myrtle Govers
Bernard Connellan
Dan McFadden
L. A. Bright
C. Carruthers
H. F. Morgan
William H Matthews
Ronald Smythking
William Shaw Thomas
D P Macfarlane
Kanematsu
R G Ferguson
William B. Douglas
Jira
Margaret Simmons
Dr. A. Jarvie Hood
Eileen Naughton
Caroline Upjohn
W. Cornwall
Stopford
Lucas
J S Moffatt
D. W. Davis
G A McGibbon
Kathleen Corbett
J Jeremy
John Joseph Moohead
Mcperson
Clara Timothy
Elizabeth Clark

Section M, Grantee Name:

Charles Crossman
Yarrina E Scott
Mrs George Hebden
Alice Keshan
W Stewart Ziele
Noyes
Diana Grace
T. C. Lawson
Wanford Moppett
John Windeyer Gale
W. S. Corner
Anthony M. Cutler
Arthur Edgar Smith
Mark Foy
Capt. Spiks
W. A. Crago
E. H. Scales
David Henderson McCathie
Lewis King
Frank Packer
Mary Bell
Arthur Joske
Fred John Ludowici

Agnes Hill
Bertha Brodziak
T. C. H. Croft
H N Lethbridge
Ernest B Docker
Mrs. Pattinson
H E Feakes
C M Shannon

Section N, Grantee Name:

Merriman
George Skineer
Florence Turner
Ann Willison
Thomas Jones Ellis
Igor Hodoba
M. E. & M. L. Cutler
R. E. Moore
Howes
William Keith DeLacy Cudmore
E Playfair
J. C. Crawford
G. Mason
Charles Lankshear
J. Kirkpatrick
Rev. John Matthews
George Killen
Sir Mungo William McCallum
Fuin
J. Cornish
Frederick White
Neville Dangar
James Mansfield
J. Stokes
Rebecca Hepner

Section O, Grantee Name:

C. H. Kloster
Cornelius Gerald Sexton
G. V. Craft
Eva Chenhall & George R. Rummery
A. A. Winnel
F. C. Noble & M. S. Foulsham
Threadgold
John Mckinley
Marie Louise Doyle
Rebecca Thomas
C. R. C. Watt
John O'Farrell
H A Blakeney
Mary Troup
Sydney Munro
McVean
J. Smith
F. W. Bowden
Dr. M. Howse
Whyle
Jillian John Byrnes
H. C. Manning
P. C. Shaw
Frank Jolly

Nicholson
R. P. Winnel
Gunn
Robert Douglas
Carolyn Marie Jane Charlton
E. H. Stievator
J. Roberts
Jane Ester Keys
Arthur Edgar Waddell
Charles Greatrex

Section P, Grantee Name:

Harry Walters

Section T, Grantee Name

Mary Jane Peebles
M. C. Corbett
E. Gillam
R. J. Vicars
Florence Mabel

Section U, Grantee Name

Ann Veronica Garrett

Section W, Grantee Name

John Vigliante
Paul Vigliante
Allan Rocco Cam

Section LN or NK, Grantee Name:

Anthony Zara
D. L. Crisp
E. B. Hall
Ernest Francis Wilkinson
D Fredman

[n2018-4293]

WINGECARRIBEE SHIRE COUNCIL

Part 2 Schedule 8

PROTECTION OF THE ENVIRONMENT OPERATIONS (CLEAN AIR) REGULATION 2010

General Terms of Approval to Burn in the Open

Wingecarribee Shire Council grants conditional approval to owners and occupiers of land within the Wingecarribee Shire to burn dead and dry vegetation where the criteria and conditions of the Urban Backyard Burning of Vegetation Policy are met. This approval applies until further notice.

[n2018-4294]

PRIVATE NOTICES

Company Notices

TAKE NOTICE that the partnership of farmers and graziers carried on at Murrumburrah and elsewhere between Judith Elaine Windsor and Stephen James Windsor was dissolved on 31 October 2018.

Neither Judith Elaine Windsor nor Stephen James Windsor are entitled after this date to incur any debts or liabilities on behalf of the former partnership.

[n2018-4295]