



Government Gazette

OF THE STATE OF
NEW SOUTH WALES

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LEGISLATION

Online notification of the making of statutory instruments

Week beginning 5 December 2011

THE following instruments were officially notified on the NSW legislation website (www.legislation.nsw.gov.au) on the dates indicated:

Proclamations commencing Acts

Children and Young Persons Legislation (Repeal and Amendment) Act 1998 No 158 (2011-625) — published LW 9 December 2011

Liquor Amendment (3 Strikes) Act 2011 No 58 (2011-626) — published LW 9 December 2011

Police Amendment (Death and Disability) Act 2011 No 73 (2011-627) — published LW 9 December 2011

Regulations and other statutory instruments

Food Amendment (Nutritional Information) Regulation 2011 (2011-628) — published LW 9 December 2011

Police Amendment (Death and Disability) Regulation 2011 (2011-629) — published LW 9 December 2011

Public Interest Disclosures Regulation 2011 (2011-630) — published LW 9 December 2011

Uniform Civil Procedure Rules (Amendment No 50) 2011 (2011-631) — published LW 9 December 2011

Uniform Civil Procedure Rules (Amendment No 51) 2011 (2011-632) — published LW 9 December 2011

Environmental Planning Instruments

Bland Local Environmental Plan 2011 (2011-639) — published LW 9 December 2011

Bogan Local Environmental Plan 2011 (2011-640) — published LW 9 December 2011

Cessnock Local Environmental Plan 1989 (Amendment No 131) (2011-633) — published LW 9 December 2011

Gilgandra Local Environmental Plan 2011 (2011-641) — published LW 9 December 2011

Hay Local Environmental Plan 2011 (2011-642) — published LW 9 December 2011

Lake Macquarie Local Environmental Plan 2004 (Amendment No 56) (2011-634) — published LW 9 December 2011

Leichhardt Local Environmental Plan 2000 (Amendment No 18) (2011-635) — published LW 9 December 2011

Liverpool Local Environmental Plan 2008 (Amendment No 11) (2011-620) — published LW 5 December 2011

Liverpool Local Environmental Plan 2008 (Amendment No 18) (2011-643) — published LW 9 December 2011

Liverpool Plains Local Environmental Plan 2011 (2011-644) — published LW 9 December 2011

Maclean Local Environmental Plan 2001 (Amendment No 24) (2011-636) — published LW 9 December 2011

Maitland Local Environmental Plan 1993 (Amendment No 115) (2011-623) — published LW 7 December 2011

Moree Plains Local Environmental Plan 2011 (2011-646) — published LW 9 December 2011

Mosman Local Environmental Plan 2012 (2011-647) — published LW 9 December 2011

Narromine Local Environmental Plan 2011 (2011-648) — published LW 9 December 2011

Randwick Local Environmental Plan 1998 (Consolidation) (Amendment No 44) (2011-637) — published LW 9 December 2011

Rockdale Local Environmental Plan 2011 (2011-621) — published LW 5 December 2011

Singleton Local Environmental Plan 1996 (Amendment No 74) (2011-638) — published LW 9 December 2011

Warringah Local Environmental Plan 2011 (2011-649) — published LW 9 December 2011

Weddin Local Environmental Plan 2011 (2011-622) — published LW 5 December 2011

OFFICIAL NOTICES

Appointments

CONSTITUTION ACT 1902

Ministerial Arrangements During the Absence from Duty of the Premier and Minister for Western Sydney

PURSUANT to section 36 of the Constitution Act 1902, Her Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable A. J. STONER, M.P., Deputy Premier, Minister for Trade and Investment and Minister for Regional Infrastructure and Services, to act for and on behalf of the Premier and the Minister for Western Sydney, from 23 December 2011, with a view to him performing the duties of the offices of the Premier and Minister for Western Sydney during my absence from duty.

BARRY O'FARRELL, M.P.,
Premier

Department of Premier and Cabinet, Sydney
14 December 2011

CONSTITUTION ACT 1902

Ministerial Arrangements During the Absence of the Minister for Primary Industries and Minister for Small Business

PURSUANT to section 36 of the Constitution Act 1902, Her Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable A. J. STONER, M.P., Deputy Premier, Minister for Trade and Investment and Minister for Regional Infrastructure and Services to act for and on behalf of the Minister for Primary Industries and Minister for Small Business, on and from 23 December 2011, and the Honourable G. SOURIS, M.P., Minister for Tourism, Major Events, Hospitality and Racing and Minister for the Arts to act for and on behalf of the Minister for Primary Industries and Minister for Small Business, on and from 31 December 2011 with a view to them performing the duties of the Honourable K. Hodgkinson, M.P., during her absence from duty.

BARRY O'FARRELL, M.P.,
Premier

Department of Premier and Cabinet, Sydney
14 December 2011

CONSTITUTION ACT 1902

Ministerial Arrangements During the Absence of the Minister for Fair Trading

PURSUANT to section 36 of the Constitution Act 1902, Her Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable G. S. PEARCE, M.L.C., Minister for Finance and Services and Minister for the Illawarra to act for and on behalf of the Minister for Fair Trading, as on and from 23 December 2011, with a view to him performing the duties of the Honourable A. Roberts, M.P., during his absence from duty.

BARRY O'FARRELL, M.P.,
Premier

Department of Premier and Cabinet, Sydney
14 December 2011

CONSTITUTION ACT 1902

Ministerial Arrangements During the Absence of the Minister for Sport and Recreation

PURSUANT to section 36 of the Constitution Act 1902, Her Excellency the Governor, with the advice of the Executive Council, has authorised the Honourable G. SOURIS, M.P., Minister for Tourism, Major Events, Hospitality and Racing and Minister for the Arts to act for and on behalf of the Minister for Sport and Recreation, on and from 21 December 2011, with a view to him performing the duties of the Honourable G. Annesley, M.P., during his absence from duty.

BARRY O'FARRELL, M.P.,
Premier

Department of Premier and Cabinet, Sydney
14 December 2011

SYDNEY CRICKET AND SPORTS GROUND ACT 1978

Department of Education and Communities

Appointment of Trustee to the
Sydney Cricket and Sports Ground Trust

HER Excellency the Governor, with the advice of the Executive Council, has appointed the following person, pursuant to section 6 (1) (a) of the Sydney Cricket and Sports Ground Act 1978, as a member of the Sydney Cricket and Sports Ground Trust for a term commencing on 1 January 2012, up to and including the date indicated below:

Gail KELLY (to 31 December 2015).

GRAHAM ANNESLEY, M.P.,
Minister for Sport and Recreation

THE UNIVERSITY OF NEW SOUTH WALES ACT 1989

Notification of Appointment to the Council

I, ADRIAN PICCOLI, M.P., Minister for Education, in pursuance of section 9 (1) (b) of the University of New South Wales Act 1989, have appointed Mr Warwick NEGUS as member of the Council of the University of New South Wales for a term of office commencing on 1 July 2011 and expiring on 30 June 2015.

ADRIAN PICCOLI, M.P.,
Minister for Education

Roads and Maritime Services

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under the Road Transport (Mass, Loading and Access) Regulation 2005

DUBBO CITY COUNCIL, in pursuance of the Road Transport (Mass, Loading, Access) Regulation 2005, makes the amendment in the Schedule to the routes and areas previously specified on or in which B-Doubles may be used.

Dated: 9 December 2011.

MARK RILEY,
General Manager,
Dubbo City Council
(by delegation from the Minister for Roads)

SCHEDULE

1. Citation

This Notice may be cited as the Dubbo City Council B-Double Repeal Notice No. 1/2011.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Amendment

The Class 2 General B-Double Notice 2010 – Appendix 1 is amended by omitting the following from that Notice:

<i>Type</i>	<i>Road</i>	<i>Starting Point</i>	<i>Finishing Point</i>
25.	McKenzie Street, Dubbo.	Crick Street.	HW7 Mitchell Highway (Victoria Road).
25.	Depot Road, Dubbo.	HW7 Mitchell Highway.	Entire length, approx 480m.

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 of the Road Transport (Mass, Loading and Access) Regulation 2005

DUBBO CITY COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Dated: 12 December 2011.

MARK RILEY,
General Manager,
Dubbo City Council
(by delegation from the Minister for Roads)

SCHEDULE**1. Citation**

This Notice may be cited as Dubbo City Council 25 Metre B-Double Route Notice No. 2/2011.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Effect

This Notice remains in force until 30 September 2015 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

<i>Type</i>	<i>Road No.</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>	<i>Conditions</i>
25.	000.	McKenzie Street, West Dubbo.	Crick Street.	The northern most driveway of Country Fruit Distributors.	Return route to Crick Street.
25.	000.	Depot Road, West Dubbo.	Mitchell Highway (Victoria Street).	To its conclusion and return.	

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation, 2005

GILGANDRA SHIRE COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which Road Train Vehicles may be used subject to any requirements or conditions set out in the Schedule.

Date: 13 December 2011.

P. A. MANN,
General Manager,
Gilgandra Shire Council
(by delegation from the Minister for Roads)

SCHEDULE**1. Citation**

This Notice may be cited as Gilgandra Shire Council's 25 Metre B-Double/Road Train route Notice No. 6/2011.

2. Commencement

This Notice takes effect on the date of the gazettal.

3. Effect

This notice remains in force until 30 September 2015 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 Metre B-Double/Road Train vehicles which comply with Schedule 1 of the Road Transport (Mass Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (vehicle Registration) Regulation 2007.

5. Routes**Gilgandra Shire Council Area**

Travel by 25m B-Doubles is permitted on all local and regional roads within Gilgandra Shire Council.

Travel not permitted during the following hours on school days: 7.45am to 9.00am and 3.30pm to 4.45pm.

Speed on gravel roads must not exceed 60kmph.

The following locations are off limits to B-Doubles:

Bridge over Terrabile Creek on National Park Road approx 2.5km east of HW 18 Castlereagh Highway on Curban Road.

Gummin Bridge on Box Ridge Road 1070m from the junction with John Renshaw Parkway.

Causeway over Wallambarawang Creek, Ulungra Springs Road 7.4km from the intersection with Bearbong Road.

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation, 2005

GILGANDRA SHIRE COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which Road Train Vehicles may be used subject to any requirements or conditions set out in the Schedule.

Date: 13 December 2011.

P. A. MANN,
General Manager,
Gilgandra Shire Council
(by delegation from the Minister for Roads)

SCHEDULE**1. Citation**

This Notice may be cited as Gilgandra Shire Council's B-Double Repeal Notice No. 5/2011.

2. Commencement

This Notice takes effect on the date of the gazettal.

3. Amendment

The class 2 General B-Double Notice 2010 – Appendix 1 is amended by omitting the following from the Notice:

Gilgandra Shire Council Area

Travel by 25m B-Doubles is permitted on all local and regional roads within Gilgandra Shire Council.

Travel not permitted during the following hours on school days: 7.45am to 9.00am and 3.30pm to 4.45pm.

Speed on gravel roads must not exceed 60kmph.

The following locations are off limits to B-Doubles:

Bridge over Terrabile Creek on National Park Road approx 2.5km east of HW 18 Castlereagh Highway on Curban Road.

Gummin Bridge on Box Ridge Road 1070m from the junction with John Renshaw Parkway.

Causeway over Wallambarawang Creek, Ulungra Springs Road 7.4km from the intersection with Bearbong Road, Eumungerie Road.

ROAD TRANSPORT (GENERAL) ACT 2005

Notice under Clause 20 the Road Transport (Mass, Loading and Access) Regulation 2005

DUBBO CITY COUNCIL, in pursuance of Division 4 of Part 2 of the Road Transport (Mass, Loading, Access) Regulation 2005, by this Notice, specify the routes and areas on or in which 25metre B-Doubles may be used subject to any requirements or conditions set out in the Schedule.

Date: 2 December 2011.

MARK RILEY,
General Manager,
Dubbo City Council
(by delegation from the Minister for Roads)

SCHEDULE**1. Citation**

This Notice may be cited as Dubbo City Council 25 Metre B-Double route Notice No. 2/2011.

2. Commencement

This Notice takes effect on the date of gazettal.

3. Effect

This Notice remains in force until 30 September 2015 unless it is amended or repealed earlier.

4. Application

This Notice applies to those 25 metre B-Double vehicles which comply with Schedule 1 of the Road Transport (Mass, Loading and Access) Regulation 2005 and Schedule 2 of the Road Transport (Vehicle Registration) Regulation 2007.

5. Routes

<i>Type</i>	<i>Road Name</i>	<i>Starting Point</i>	<i>Finishing Point</i>	<i>Conditions</i>
25.	Bunglegumbie Road, Dubbo.	Mitchell Highway, Dubbo.	Boral Terramungamine Quarry.	Return Route to the Mitchell Highway.

ROADS ACT 1993

Order

Armidale Dumaresq Council area

Declaration (and partial Repeal) as Controlled Access Road of part of the New England Highway at Black Mountain

I, the Minister for Roads and Ports, by this order:

1. hereby repeal the parts of the order published in Government Gazette No 67 of 3 May 1991 on page 3423 which:
 - a. declared the main road described in Schedules 1 and 2 of that order to be controlled access road, but only in so far as those parts pertain to the land described in Schedule 1 under;
 - b. declared the public road described in Schedules 1 and 2 of that order to be main road, but only in so far as those parts pertain to the land described in Schedule 1 under; and
 - c. specified in Schedule 3 of that order the points along the controlled access road at which access may be gained to or from other public roads, but only in so far as that part pertains to the points described in Schedule 2 under; and
2. pursuant to Sections 46, 49, 54 and 67 of the Roads Act, 1993:
 - a. dedicate as public road the land described in Schedule 3 under;
 - b. declare to be a main road the said public road described in Schedule 3 and the public road described in Schedule 4 under;
 - c. declare to be a controlled access road the said main road described in Schedules 3 and 4 under;
 - d. declare that access to the said controlled access road is restricted; and
 - e. specify in Schedule 5 under, the points along the controlled access road at which access may be gained to or from other public roads.

**HON DUNCAN GAY MLC
MINISTER FOR ROADS AND PORTS**

SCHEDULE 1

ALL those pieces or parcels of land situated in the Armidale Dumaresq Council area, Parish of Exmouth and County of Sandon shown as:

Lots 14 to 20 inclusive, Deposited Plan 263967 and the area of 8.812 hectares shown on Sheet 4 of Deposited Plan 263967 (also shown as Lots 42, 43 and 49 Deposited Plan 1163409).

[Note: The effect of the repeal in relation to the land in this schedule is that this land remains public road but is no longer main road or controlled access road.]

SCHEDULE 2

Between the points B and C and the points J and U, shown on sheet 4 of Deposited Plan 263967.

SCHEDULE 3

ALL those pieces or parcels of land situated in the Armidale Dumaresq Council area, Parish of Exmouth and County of Sandon shown as:

Lots 45, 46 and 47, Deposited Plan 1163409;

Lot 1 Deposited Plan 1037129; and

Lot 133 Deposited Plan 755823.

The above Lots comprise the whole of the land in the correspondingly numbered certificates of title and are all shown on RMS Plan 0009 009 AC 4006.

SCHEDULE 4

ALL those pieces or parcels of public road situated in the Armidale Dumaresq Council area, Parish of Exmouth and County of Sandon shown as Lots 48 and 49, Deposited Plan 1163409.

The above Lots are shown on RMS Plan 0009 009 AC 4006.

SCHEDULE 5

Between the points A and C, shown on RMS Plan 0009 009 AC 4006.

(RMS Papers: 9/126.144 Pt 3)

ROADS ACT 1993

SCHEDULE 1

Order

Byron Shire Council area

Declaration as Freeway and Repeal of Declaration as Controlled Access Road of parts of the Pacific Highway at Brunswick Heads

ALL those pieces or parcels of public road situated in the Byron Shire Council area, Parish of Brunswick and County of Rous shown as:

Lots 102 and 103 Deposited Plan 1126584; and

Lot 55 Deposited Plan 1134059

I, the Minister for Roads and Ports, by this order:

[Note: The effect of the repeal in relation to the land in this schedule is that this land remains public road but is no longer main road or controlled access road.]

1. hereby repeal the parts of the declaration published in Government Gazette No 180 of 31 December 1998 on pages 10413 and 10414 which:

- a. declared the main road described in Schedules 2 and 3 of that declaration to be controlled access road; and
- b. declared the public road described in Schedules 2 and 3 of that declaration to be main road but only in so far as this part pertains to the land described in Schedule 1 under; and

2. pursuant to Sections 46, 48, 54 and 67 of the Roads Act, 1993:

- a. dedicate as public road the land described in Schedules 2 and 3 under;
- b. declare to be a main road the said public road described in Schedule 3 and the public road described in Schedule 4;
- c. declare to be a freeway the said main road described in Schedules 3 and 4 and the main road (formally controlled access road) described in Schedule 5;
- d. declare that access to the said freeway is restricted; and
- e. specify in Schedule 6 under, the points along the freeway at which access may be gained to or from other public roads.

SCHEDULE 2

ALL those pieces or parcels of land situated in the Byron Shire Council area, Parish of Brunswick and County of Rous shown as:

Lot 31 Deposited Plan 1019200;

Lot 12 Deposited Plan 1067553; and

Lots 51, 53 and 54 Deposited Plan 1134059

SCHEDULE 3

ALL those pieces or parcels of land situated in the Byron Shire Council area, Parish of Brunswick and County of Rous shown as:

Lot 13 Deposited Plan 1067553; and

Lot 43 to Lot 47 inclusive Deposited Plan 1134059

SCHEDULE 4

ALL those pieces or parcels of public road situated in the Byron Shire Council area, Parish of Brunswick and County of Rous shown as:

Lots 42, 49 and 50 Deposited Plan 1134059

**HON DUNCAN GAY MLC
MINISTER FOR ROADS AND PORTS**

SCHEDULE 5

ALL those pieces or parcels of main road (formally controlled access road) situated in the Byron Shire Council area, Parish of Brunswick and County of Rous shown as:

Lot 16 Deposited Plan 844553;

Lot 15 to Lot 22 inclusive and Lot 24 Deposited Plan 844554;

Lots 100 and 101 Deposited Plan 1126584; and

Lot 48 Deposited Plan 1134059

SCHEDULE 6

Between the points C and D; and

between the points S and T, all shown on RMS Plan 0010 062 AC 4010.

(RMS Papers: 10/62.1111 Pt 5)

Department of Trade and Investment, Regional Infrastructure and Services

ANIMAL DISEASES (EMERGENCY OUTBREAKS) ACT 1991

Section 29 Notice

2nd Further Extension of Importation Order Pigeons (No. 2)

I, THERESE MARGARET WRIGHT, Deputy Chief Veterinary Officer, with the powers the Minister has delegated to me pursuant to section 67 of the Animal Diseases (Emergency Outbreaks) Act 1991 ('the Act') and pursuant to sections 28 and 29 of the Act, extend the operation of the importation order titled "Importation Order – Pigeons (No. 2)" dated 21 September 2011 and published in *New South Wales Government Gazette* No. 94 on 23 September 2011, at pages 5675-5676, for a further period of 30 days from the date this notice is published in the *New South Wales Government Gazette*.

Dated this the 12th day of December 2011.

THERESE MARGARET WRIGHT,
Deputy Chief Veterinary Officer

Note: The importation order titled "Importation Order – Pigeons (No. 2)" dated 21 September 2011, was previously extended by:

- extension notice titled "Extension of Importation Order – Pigeons (No. 2)" dated 14 October 2011 and published in *New South Wales Government Gazette* No. 101 on 21 October 2011, at page 6107; and
- extension notice titled "Further Extension of Importation Order – Pigeons (No. 2)" dated 16 November 2011 and published in *New South Wales Government Gazette* No. 111 on 18 November 2011, at page 6602.

COAL INDUSTRY ACT 2001

Notice of Approval

I, CHRIS HARTCHER, M.P., Minister for Resources and Energy, pursuant to section 9 of the Coal Industry Act 2001 ("the Act"), approve of Coal Services Pty Limited (ACN 099 078 234) (being a company registered under the Corporations Act 2001 of the Commonwealth) for the purpose of exercising the functions specified in Schedule 1. Such approval is subject to the conditions specified in Schedule 2. I note that this has the effect of revoking the approval gazetted on 25 November 2011.

This notice takes effect on and from the date of gazettal.

Dated this 12th day of December 2011.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

SCHEDULE 1

The following functions are specified [sections 9(1) and (4)(c) and 10(1)]:

- (a) providing occupational health and rehabilitation services for workers engaged in the coal industry,

including providing preventive medical services, monitoring workers' health and investigating related health matters,

- (b) collecting, collating and disseminating accident and other statistics relating to the health and safety of workers engaged in the coal industry,
- (c) collecting, collating and disseminating other statistics related to the coal industry,
- (d) referring matters relating to the safety of workers engaged in the coal industry, as it thinks fit, to the Chief Inspector appointed under the Coal Mine Health and Safety Act 2002 for consideration,
- (e) reporting to the Minister as it thinks fit, or when requested by the Minister, on matters related to the health or welfare of workers engaged in the coal industry, or on any other matter arising out of its functions,
- (f) publishing reports and information of public interest concerning or arising out of its functions,
- (g) promoting the welfare of workers and former workers in the coal industry in the State, their dependants and communities in coal mining areas,
- (h) monitoring, promoting and specifying adequate training standards relating to health and safety for workers engaged in the coal industry,
- (i) approving training schemes required for a health and safety management system under the Coal Mine Health and Safety Act 2002,
- (j) monitoring dust in coal mines,
- (k) establishing or administering (or establishing and administering), or providing administrative services in respect of, superannuation schemes for the benefit of either or both of the following:
- (i) mine workers (within the meaning of the Coal and Oil Shale Mine Workers (Superannuation) Act 1941), former mine workers and their dependants,
- (ii) employees of the approved company, former employees and their dependants.

SCHEDULE 2

Pursuant to s. 9(1) and 4(b) of the Act, approval is subject to the conditions, to the extent that the conditions are not inconsistent with the Act or the Corporations Act 2001 (Cth), that the company:

1. Adhere to the corporate governance principles in ASX Corporate Governance Principles and Recommendations (2nd Edition) as if it were a "listed company" and Australian Standard 8000-2003: Good Governance Principles (as revised from time to time) to the extent they are not inconsistent with each other.
2. Report, when requested by the Minister, on its adherence to, and any departure from, the principles referred to in 1 above.
3. (a) Not nominate a trustee of the Coal Services Health and Safety Trust, or any other trust in

- respect of which the company is an appointor, without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
- (b) Request the removal of a trustee of any trust in respect of which the company is an appointor, where directed by the Minister.
4. Not disburse funds in the following circumstances without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose:
- (a) funds intended to be disbursed to the Coal Services Health and Safety Trust or another trust of which the company is the Appointer;
- (b) funds exceeding \$50,000;
- (c) funds comprising any operating surplus;
- (d) funds comprising any contributions to the community; and
- (e) funds intended to be disbursed under section 24(1)(d) of the Act.
5. Ensure that its Directors and staff do not travel overseas for business purposes without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
6. Obtain the Minister's approval of the Board's policy for all business travel and related entitlements and subject to such conditions of approval as the Minister may impose.
7. Not acquire or dispose of any interest in real property without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
8. Ensure that:
- (a) only the Managing Director/Chief Executive Officer may receive remuneration in addition to that which is received as a director; and
- (b) the Board does not increase the remuneration paid or payable to any director without first providing the Minister with written evidence that the proposed remuneration is consistent with market rates for similar roles.
9. Ensure that the Board, prior to approving new ventures or investments, obtains:
- (a) the unanimous endorsement of shareholders where the new ventures or investments exceed \$1 million in value; and
- (b) independent expert advice where the new ventures or investments exceed \$5m in value.
10. Consult with the Minister and shareholders prior to undertaking any activities outside the objectives included in the company constitution.
11. Have and adhere to a written policy relating to the fitness and propriety of its Directors, senior managers, auditors and actuaries, being a written policy that accords, with any necessary modifications, with clause 3 of Prudential Standard LPS 520 — Fit and Proper (July 2010) and provide a copy of the policy if requested by the Minister.

12. Not enter into any new agreement, or renew, extend or modify an existing agreement, with a person who is also a Director of an approved company without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose. Agreements subject to this condition include but are not limited to agreements in relation to:

- (a) the employment of a person;
- (b) the provision of consultancy services; and
- (c) the provision of goods and services.

COAL INDUSTRY ACT 2001

Notice of Approval

I, CHRIS HARTCHER, M.P., Minister for Resources and Energy, pursuant to section 9 of the Coal Industry Act 2001 ("the Act"), approve of Coal Mines Insurance Pty Limited (ACN 000 011 727) (being a company registered under the Corporations Act 2001 of the Commonwealth) for the purpose of exercising the functions specified in Schedule 1. Such approval is subject to the conditions specified in Schedule 2. I note that this has the effect of revoking the approval gazetted on 25 November 2011.

This notice takes effect on and from the date of gazettal.

Dated this 12th day of December 2011.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

SCHEDULE 1

The following functions are specified [sections 9(1) and (4)(c) and 10(1)]:

- (m) Establishing or administering (or establishing and administering), or providing, workers compensation insurance schemes in relation to workers engaged in the coal industry.

SCHEDULE 2

Pursuant to s. 9(1) and 4(b) of the Act, approval is subject to the conditions, to the extent that the conditions are not inconsistent with the Act or the Corporations Act 2001 (Cth), that the company:

- Adhere to the corporate governance principles in ASX Corporate Governance Principles and Recommendations (2nd Edition) as if it were a "listed company" and Australian Standard 8000-2003: Good Governance Principles (as revised from time to time) to the extent they are not inconsistent with each other.
- Report, when requested by the Minister, on its adherence to, and any departure from, the principles referred to in 1 above.
- Not nominate a trustee of the Coal Services Health and Safety Trust, or any other trust in respect of which the company is an appointor, without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
 - Request the removal of a trustee of any trust in respect of which the company is an appointor, where directed by the Minister.

4. Not disburse funds in the following circumstances without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose:
 - (a) funds intended to be disbursed to the Coal Services Health and Safety Trust or another trust of which the company is the Appointer;
 - (b) funds exceeding \$50,000;
 - (c) funds comprising any operating surplus;
 - (d) funds comprising any contributions to the community; and
 - (e) funds intended to be disbursed under section 24(1)(d) of the Act.
5. Ensure that its Directors and staff do not travel overseas for business purposes without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
6. Obtain the Minister's approval of the Board's policy for all business travel and related entitlements and subject to such conditions of approval as the Minister may impose.
7. Not acquire or dispose of any interest in real property without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
8. Ensure that:
 - (a) only the Managing Director/Chief Executive Officer and any full-time directors may receive remuneration in addition to that which they receive as directors; and
 - (b) the Board does not increase the remuneration paid or payable to any director without first providing the Minister with written evidence that the proposed remuneration is consistent with market rates for similar roles.
9. Ensure that the Board, prior to approving new ventures or investments, obtains:
 - (a) the unanimous endorsement of shareholders where the new ventures or investments exceed \$1 million in value; and
 - (b) independent expert advice where the new ventures or investments exceed \$5m in value.
10. Consult with the Minister and shareholders prior to undertaking any activities outside the objectives included in the company constitution.
11. Have and adhere to a written policy relating to the fitness and propriety of its Directors, senior managers, auditors and actuaries, being a written policy that accords, with any necessary modifications, with clause 3 of Prudential Standard LPS 520 — Fit and Proper (July 2010) and provide a copy of the policy if requested by the Minister.
12. Not enter into any new agreement, or renew, extend or modify an existing agreement, with a person who is also a Director of an approved company without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose. Agreements subject to this condition include but are not limited to agreements in relation to:
 - (a) the employment of a person;

- (b) the provision of consultancy services; and
- (c) the provision of goods and services.

COAL INDUSTRY ACT 2001

Notice of Approval

I, CHRIS HARTCHER, M.P., Minister for Resources and Energy, pursuant to section 9 of the Coal Industry Act 2001 ("the Act"), approve of Mines Rescue Pty Limited (ACN 099 078 261) (being a company registered under the Corporations Act 2001 of the Commonwealth) for the purpose of exercising the functions specified in Schedule 1. Such approval is subject to the conditions specified in Schedule 2. I note that this has the effect of revoking the approval gazetted on 25 November 2011.

This notice takes effect on and from the date of gazettal.

Dated this 12th day of December 2011.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

SCHEDULE 1

The following functions are specified [sections 9(1) and (4)(c) and 10(1):

- (k) providing mines rescue and other services in accordance with Division 3 of this Part and Part 4.

SCHEDULE 2

Pursuant to s. 9(1) and 4(b) of the Act, approval is subject to the conditions, to the extent that the conditions are not inconsistent with the Act or the Corporations Act 2001 (Cth), that the company:

1. Adhere to the corporate governance principles in ASX Corporate Governance Principles and Recommendations (2nd Edition) as if it were a "listed company" and Australian Standard 8000-2003: Good Governance Principles (as revised from time to time) to the extent they are not inconsistent with each other.
2. Report, when requested by the Minister, on its adherence to, and any departure from, the principles referred to in 1 above.
3. (a) Not nominate a trustee of the Coal Services Health and Safety Trust, or any other trust in respect of which the company is an appointor, without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
(b) Request the removal of a trustee of any trust in respect of which the company is an appointor, where directed by the Minister.
4. Not disburse funds in the following circumstances without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose:
 - (a) funds intended to be disbursed to the Coal Services Health and Safety Trust or another trust of which the company is the Appointer;
 - (b) funds exceeding \$50,000;
 - (c) funds comprising any operating surplus;

- (d) funds comprising any contributions to the community; and
- (e) funds intended to be disbursed under section 24(1)(d) of the Act.
5. Ensure that its Directors and staff do not travel overseas for business purposes without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
 6. Obtain the Minister's approval of the Board's policy for all business travel and related entitlements and subject to such conditions of approval as the Minister may impose.
 7. Not acquire or dispose of any interest in real property without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose.
 8. Ensure that:
 - (a) only the Managing Director/Chief Executive Officer and any full-time directors may receive remuneration in addition to that which they receive as directors; and
 - (b) the Board does not increase the remuneration paid or payable to any director without first providing the Minister with written evidence that the proposed remuneration is consistent with market rates for similar roles.
 9. Ensure that the Board, prior to approving new ventures or investments, obtains:
 - (a) the unanimous endorsement of shareholders where the new ventures or investments exceed \$1 million in value; and
 - (b) independent expert advice where the new ventures or investments exceed \$5m in value.
 10. Consult with the Minister and shareholders prior to undertaking any activities outside the objectives included in the company constitution.
 11. Have and adhere to a written policy relating to the fitness and propriety of its Directors, senior managers, auditors and actuaries, being a written policy that accords, with any necessary modifications, with clause 3 of Prudential Standard LPS 520 — Fit and Proper (July 2010) and provide a copy of the policy if requested by the Minister.
 12. Not enter into any new agreement, or renew, extend or modify an existing agreement, with a person who is also a Director of an approved company without the prior approval of the Minister and subject to such conditions of approval as the Minister may impose. Agreements subject to this condition include but are not limited to agreements in relation to:
 - (a) the employment of a person;
 - (b) the provision of consultancy services; and
 - (c) the provision of goods and services.

MINERAL RESOURCES

NOTICE is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(T11-0376)

No. 4451, ST BARBARA LIMITED (ACN 009 165 066), area of 102 units, for Group 1, dated 9 December, 2011. (Orange Mining Division).

(T11-0377)

No. 4452, PARNOSA PTY LTD (ACN 089 489 618), area of 81 units, for Group 2, dated 12 December, 2011. (Inverell Mining Division).

(T11-0378)

No. 4453, PARNOSA PTY LTD (ACN 089 489 618), area of 31 units, for Group 2, dated 12 December, 2011. (Inverell Mining Division).

(T11-0379)

No. 4454, PARNOSA PTY LTD (ACN 089 489 618), area of 54 units, for Group 2, dated 12 December, 2011. (Inverell Mining Division).

(T11-0380)

No. 4455, PLACER GOLD PTY LTD (ACN 154 140 913), area of 46 units, for Group 1, dated 13 December, 2011. (Wagga Wagga Mining Division).

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

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

(06-2299)

Assessment Lease No. 13 (Act 1992), BENGALLA MINING COMPANY PTY LIMITED (ACN 053 909 470), area of 440.2 hectares. Application for renewal received 7 December, 2011.

(T93-1013)

Exploration Licence No. 4632, TRIAKO RESOURCES PTY LTD (ACN 008 498 119) AND ANGLOGOLD ASHANTI AUSTRALIA LIMITED (ACN 008 737 424), area of 35 units. Application for renewal received 12 December, 2011.

(T00-0095)

Exploration Licence No. 5801, NORTH MINING LIMITED (ACN 000 081 434), area of 172 units. Application for renewal received 13 December, 2011.

(07-0361)

Exploration Licence No. 6967, BEMAX RESOURCES LIMITED (ACN 009 247 858), area of 195 units. Application for renewal received 9 December, 2011.

(07-0349)

Exploration Licence No. 6971, NIMROD RESOURCES LIMITED (ACN 130 842 063), area of 65 units. Application for renewal received 9 December, 2011.

(07-0396)

Exploration Licence No. 6979, CARPENTARIA EXPLORATION LIMITED (ACN 095 117 981), area of 62 units. Application for renewal received 8 December, 2011.

(07-0140)

Exploration Licence No. 6986, NSW TIN PTY LIMITED (ACN 126 083 967), area of 18 units. Application for renewal received 12 December, 2011.

(07-0378)

Exploration Licence No. 6996, HILL END GOLD LIMITED (ACN 072 692 365), area of 96 units. Application for renewal received 12 December, 2011.

(07-0395)

Exploration Licence No. 7010, BALRANALD GYPSUM PTY LTD (ACN 081 196 947), area of 10 units. Application for renewal received 7 December, 2011.

(T09-0166)

Exploration Licence No. 7428, ALPHADALE PTY LIMITED (ACN 050 409 008), area of 48 units. Application for renewal received 8 December, 2011.

(T09-0109)

Exploration Licence No. 7438, OXLEY EXPLORATION PTY LTD (ACN 137 511 141), area of 292 units. Application for renewal received 7 December, 2011.

(T09-0110)

Exploration Licence No. 7439, OXLEY EXPLORATION PTY LTD (ACN 137 511 141), area of 99 units. Application for renewal received 6 December, 2011.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

RENEWAL OF CERTAIN AUTHORITIES

NOTICE is given that the following authorities have been renewed:

(07-5405)

Exploration Licence No. 5614, PERILYA BROKEN HILL LIMITED (ACN 099 761 289), County of Yancowinna, Map Sheet (7133), area of 7 units, for a further term until 31 October, 2013. Renewal effective on and from 8 December, 2011.

(04-0609)

Exploration Licence No. 6386, PERILYA BROKEN HILL LIMITED (ACN 099 761 289), County of Yancowinna, Map Sheet (7133), area of 8 units, for a further term until 31 October, 2013. Renewal effective on and from 8 December, 2011.

(07-0075)

Exploration Licence No. 6774, PERILYA BROKEN HILL LIMITED (ACN 099 761 289), County of Yancowinna, Map Sheet (7134), area of 13 units, for a further term until 31 October, 2013. Renewal effective on and from 8 December, 2011.

(T08-0076)

Exploration Licence No. 7201, NSW TIN PTY LIMITED (ACN 126 083 967), Counties of Bourke and Cooper, Map Sheet (8229), area of 19 units, for a further term until 8 September, 2012. Renewal effective on and from 21 November, 2011.

(T08-0226)

Exploration Licence No. 7285, SIBELCO AUSTRALIA LIMITED (ACN 000 971 844), County of Roxburgh, Map Sheet (8831), area of 1 units, for a further term until 5 February, 2013. Renewal effective on and from 21 November, 2011.

(T08-0244)

Exploration Licence No. 7345, COBAR CONSOLIDATED RESOURCES LIMITED (ACN 118 684 576), County of Mouramba, Map Sheet (8033), area of 59 units, for a further term until 25 May, 2013. Renewal effective on and from 21 November, 2011.

CHRIS HARTCHER, M.P.,
Minister for Resources and Energy

PRIMARY INDUSTRIES**FORESTRY ACT 1916**

Revocation of a Timber Reserve

HER Excellency the Governor, with the advice of the Executive Council, on the recommendation of the Minister, directs it to be notified that, in pursuance of the provisions of section 22 of the Forestry Act 1916, the reserve from sale described hereunder shall be revoked and it is revoked accordingly.

Dated: Sydney, 16th December 2011.

KATRINA ANN HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

Eastern Division

*Land District of Windsor; Hawkesbury City Council Area;
Central Forestry Region*

Timber Reserve No. 79956, notified 9 May 1969, Parish of Ivory, County of Hunter, the whole, having an area of about 46.1 hectares. (48075)

LANDS

GOULBURN OFFICE

159 Auburn Street (PO Box 748), Goulburn NSW 2580

Phone: (02) 4824 3700 Fax: (02) 4822 4287

NOTIFICATION OF CLOSING OF A ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and 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.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parish – Yarrawa; County – Camden;
Land District – Moss Vale;
L.G.A. – Wingecarribee Shire Council*

Lot 1, DP 1168602 (not being land under the Real Property Act and subject to easements for transmission lines created by Deposited Plan 1168602).

File No.: 09/10926:BA.

Schedule

On closing, the title for the land in Lot 1, DP 1168602 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Bettowind; County – St Vincent;
Land District – Braidwood; L.G.A. – Palerang Council*

Lots 1 and 2, DP 1168600 (not being land under the Real Property Act and subject to a right of carriageway created by Deposited Plan 1168600).

File No.: GB05 H 77:BA.

Schedule

On closing, the title for the land in Lots 1 and 2, DP 1168600 remains vested in the State of New South Wales as Crown Land.

Description

*Parishes – Bolong and Hillas; County – Georgiana;
Land District – Crookwell;
L.G.A. – Upper Lachlan Shire Council*

Lots 1, 2 and 3, DP 1170071 (not being land under the Real Property Act and subject to a right of carriageway created by Deposited Plan 1170071).

File No.: GB05 H 151:BA.

Schedule

On closing, the title for the land in Lots 1, 2 and 3, DP 1170071 remains vested in the State of New South Wales as Crown Land.

GRAFTON OFFICE
76 Victoria Street (PO Box 272), Grafton NSW 2460
Phone: (02) 6640 3400 Fax: (02) 6642 5375

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 hereby 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 Crown road.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE 1

*Parish – Byron; County – Rous;
Shire – Byron Shire Council*

Crown public road known as Blackbutt Lane; from its connection with Broken Head Road to the north-eastern corner of Lot 1, DP 270553 at Broken Head.

Width to be Transferred: Whole width.

SCHEDULE 2

Roads Authority: Byron Shire Council.

Council's Reference: 10.2006.719.2.

Lands Reference: 09/08360.

GRIFFITH OFFICE
2nd Floor, Griffith City Plaza,
120–130 Banna Avenue (PO Box 1030), Griffith NSW 2680
Phone: (02) 6960 3600 Fax: (02) 6962 5670

DISSOLUTION OF RESERVE TRUST

PURSUANT to section 92(3) of the Crown Lands Act 1989, the reserve trust specified in Column 1 of the Schedule hereunder, which was established in respect of the reserve specified opposite thereto in Column 2 of the Schedule, is dissolved.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Weethalle Memorial Hall Trust.	Dedication No.: 559018. Public Purpose: Public hall. Notified: 23 November 1934. File No.: GH89 R 88.

APPOINTMENT OF RESERVE TRUST AS TRUSTEE OF A RESERVE

PURSUANT to section 92(1) of the Crown Lands Act 1989, the reserve trust specified in Column 1 of the Schedule hereunder, is appointed as trustee of the reserve specified opposite thereto in Column 2 of the Schedule.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>
Weethalle War Memorial Hall Trust.	Dedication No.: 559018. Public Purpose: Public hall. Notified: 23 November 1934. File No.: GH89 R 39-002.

MAITLAND OFFICE
Corner Newcastle Road and Banks Street (PO Box 6), East Maitland NSW 2323
Phone: (02) 4937 9300 Fax: (02) 4934 2252

**ALTERATION OF CORPORATE NAME OF
RESERVE TRUST**

PURSUANT to section 92(3) of the Crown Lands Act 1989, the corporate name of the reserve trust specified in Schedule 1 hereunder, which is trustee of the reserve referred to in Schedule 2, is altered to the corporate name specified in Schedule 3.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

—————
SCHEDULE 1

Lemon Tree Passage Coast Guard (R96760) Reserve Trust.

—————
SCHEDULE 2

Reserve No.: 96760.

Public Purpose: Non-profit making organisations.

Notified: 13 May 1983.

File No.: MD83 R 44.

—————
SCHEDULE 3

Marine Rescue Lemon Tree Passage (R96760) Reserve Trust.

—————

NEWCASTLE OFFICE

437 Hunter Street, Newcastle NSW 2300 (PO Box 2185, Dangar NSW 2309)

Phone: (02) 4925 4104 Fax: (02) 4925 3517

NOTIFICATION OF CLOSING OF PUBLIC ROAD

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parish – Micketymulga; County – Lincoln;
Land District – Wellington; L.G.A. – Wellington*

Road Closed: Lot 1, DP 1170333 (not being land under the Real Property Act).

File No.: DB05 H 282.

Schedule

On closing, the land within Lot 1, DP 1170333 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Troubalgie; County – Ashburnham;
Land District – Forbes; L.G.A. – Forbes*

Road Closed: Lot 1, DP 1168484 (not being land under the Real Property Act).

File No.: CL/00179.

Schedule

On closing, the land within Lot 1, DP 1168484 remains vested in the State of New South Wales as Crown Land.

NOTICE OF PUBLIC PURPOSE PURSUANT TO SECTION 34A (2) (B) OF THE CROWN LANDS ACT 1989

PURSUANT to section 34A(2)(b) of the Crown Lands Act 1989, the Crown reserve specified in Column 1 of the Schedule is to be occupied for the additional purpose specified in Column 2 of the Schedule.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

SCHEDULE

Column 1

Reserve No.: 19276

Public Purpose:

Trigonometrically purposes.

Notified: 16th December 1893.

Locality: Freestone.

Column 2

Communication facilities.

NOWRA OFFICE**5 O'Keefe Avenue (PO Box 309), Nowra NSW 2541****Phone: (02) 4428 9100 Fax: (02) 4421 2172****NOTIFICATION OF CLOSING OF ROAD**

IN pursuance of the provisions of the Roads Act 1993, the road hereunder described is closed and the land comprised therein ceases to be public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

KATRINA HODGKINSON, M.P.,
Minister for Primary Industries

Description

*Parish – Merriangaah; County – Wellesley;
Land District – Bombala;
Local Government Area – Bombala*

Road Closed: Lots 1 and 2, DP 1171105 at Merriangaah, subject to a Right of Carriageway created by DP 1171105.

File No.: GB07 H 293.

Schedule

On closing, the land within Lots 1 and 2, DP 1171105 remains vested in the State of New South Wales as Crown Land.

Description

*Parish – Kameruka; County – Auckland;
Land District – Bega;
Local Government Area – Bega Valley*

Road Closed: Lot 1, DP 1170949 at Frogs Hollow.

File No.: 11/00344.

Schedule

On closing, the land within Lot 1, DP 1170949 remains vested in the State of New South Wales as Crown Land.

TAMWORTH OFFICE
25-27 Fitzroy Street (PO Box 535), Tamworth NSW 2340
Phone: (02) 6764 5100 Fax: (02) 6766 3805

NOTIFICATION OF CLOSING OF A ROAD

IN pursuance to the provisions of the Roads Act 1993, the road hereunder specified is closed and the land comprised therein ceases to be a public road and the rights of passage and access that previously existed in relation to the road are extinguished. On road closing, title to the land comprising the former public road vests in the body specified in the Schedule hereunder.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

Description

Land District – Gunnedah; L.G.A. – Warrumbungle

Road Closed: Lot 4, DP 1148544 at Napier Lane, Parishes Mucca Mucca and Goragilla, County Pottinger.

File No.: 10/19106.

Schedule

On closing, the land within Lot 4, DP 1148544 remains vested in Warrumbungle Council as operational land for the purposes of the Local Government Act 1993.

Council's Reference: P91325, LU0007.

ROADS ACT 1993

ORDER

Transfer of Crown Road to a Council

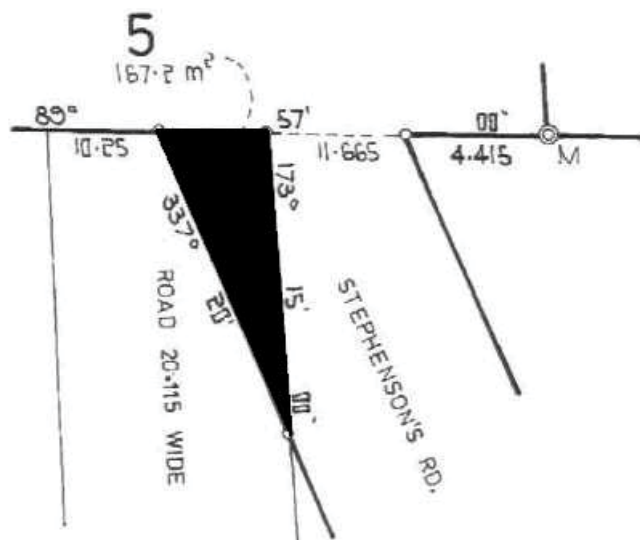
IN pursuance of the provisions of section 151 of the Act, the Crown roads specified in Schedule 1 are transferred to the roads authority specified in Schedule 2 hereunder, as from the date of publication of this notice and as from that date the roads specified in Schedule 1 ceases to be Crown roads.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

SCHEDULE 1

*Locality – Napier Lane;
 Parishes – Mucca Mucca and Goragilla;
 County – Pottinger; Land District – Gunnedah;
 L.G.A. – Warrumbungle Shire*

Description: Crown road being Lot 5, DP 1148544, shown by black colour in diagram below.



SCHEDULE 2

Roads Authority: Warrumbungle Shire Council.

Reference: 10/19106.

TAREE OFFICE
98 Victoria Street (PO Box 440), Taree NSW 2430
Phone: (02) 6591 3500 Fax: (02) 6552 2816

ROADS ACT 1993**ORDER**

Transfer of Crown Road to a Council

IN pursuant 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.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

SCHEDULE 1

Parish – Camden Haven; County – Macquarie;
Locality – Herons Creek;
Local Government Area – Port Macquarie Hastings
Council;
Land District – Port Macquarie

Crown public roads being west of Lots A and B, DP 378311; Lot 1, DP 393810; Lot 58, DP 661701; Lots 1 and 2, DP 714841 (known as Perrots Lane); Lot 56, DP 754405; Lot 55, DP 651209 and west and north Lot 54, DP 754405; part across Blackbutt Road; between Perrots Lane and Herons Creek Road; between Herons Creek Road and North Coast Railway.

SCHEDULE 2

Roads Authority: Port Macquarie Hastings Council.
 File No.: TE03 H 108.

**APPOINTMENT OF ADMINISTRATOR TO
 MANAGE A RESERVE TRUST**

PURSUANT to section 117, Crown Lands Act 1989, the person specified in Column 1 of the Schedule hereunder, is appointed as Administrator for the term also specified thereunder, of the reserve trust specified opposite thereto in Column 2, which is trustee of the reserve referred to in Column 3 of the Schedule.

KATRINA HODGKINSON, M.P.,
 Minister for Primary Industries

SCHEDULE

<i>Column 1</i>	<i>Column 2</i>	<i>Column 3</i>
Jim BOLGER.	Mid North Coast Accommodation Trust.	Reserve No.: Part 79681. Public Purpose: Public recreation and communication facilities. Parish: Forster. Notified: 28 June 1957.
		Reserve No.: Part 86531. Public Purpose: Public recreation. Parish: Tuncurry. Notified: 17 November 1967.
		Reserve No.: Part 53519. Public Purpose: Public recreation. Parish: Forster. Notified: 19 September 1919.
		Reserve No.: Part 85147. Public Purpose: Public recreation. Parish: Fens. Notified: 15 January 1965.
		Reserve No.: Part 77312. Public Purpose: Camping and public recreation. Parish: Fens. Notified: 31 December 1954.

File No.: 10/19709.

For a term commencing 18 December 2011 and expiring 17 June 2012.

WAGGA WAGGA OFFICE**Corner Johnston and Tarcutta Streets (PO Box 60), Wagga Wagga NSW 2650****Phone: (02) 6937 2700 Fax: (02) 6921 1851****CORRECTION OF DEFECTIVE INSTRUMENT**

IN the *New South Wales Government Gazette* dated 8 April 2011, under the heading "Revocation of Reservation of Crown Land" relating to the revocation of the reservation of Crown Land at Table Top, please amend Column 2 by deleting "That part being" and inserting instead "That part being Lot 1, DP 1165911".

File No.: 08/9440.

WATER**WATER ACT 1912**

AN application for a licence under section 10 of Part 2 of the Water Act 1912, being within a proclaimed (declared) local area under section 5(4) of the said Act, has been received as follows:

MILLAMOLONG PTY LIMITED for a pump on Belubula River, on Lots 71 and 161, DP 750386, Parishes Hampton and Carlton, County Bathurst, for water supply for irrigation purposes (21hectares) (replacement licence – splitting of existing licence – no increase in entitlement). (Reference: 70SL091149). (GA1822224).

Any inquiries should be directed to (02) 6850 2807.

Written objections from any local occupier or statutory authority, specifying grounds and how their interests are affected, must be lodged with the NSW Office of Water, PO Box 291, Forbes NSW 2871, within 28 days of the publication.

LYN GORHAM,
Licensing Manager

Other Notices

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has made a Vocational Training Order for the recognised trade vocation of Drafting Trade (Structural Design) under section 6 of the Apprenticeship and Traineeship Act 2001.

The Order specifies a number of matters relating to the required training for this vocation, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Order will take effect from the date of publication in the *NSW Government Gazette*.

A copy of the Order may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib_vto/cibs/cib_527.html

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has made a Vocational Training Order for the recognised traineeship vocation of Technical Security under section 6 of the Apprenticeship and Traineeship Act 2001.

The Order specifies a number of matters relating to the required training for this vocation, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Order will take effect from the date of publication in the *NSW Government Gazette*.

A copy of the Order may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib_vto/cibs/cib_528.html

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has made Vocational Training Orders for the recognised traineeship vocations of:

- Automotive – Administration
- Automotive – Aftermarket Manufacturing (Accessory Fitting)
- Automotive – Bicycles
- Automotive – Marine
- Automotive – Mechanical
- Automotive – Motorsport
- Automotive – Outdoor Power Equipment
- Automotive – Retail, Service and Repair
- Automotive – Sales
- Automotive – Specialist
- Automotive – Vehicle Body
- Automotive – Vehicle Servicing
- Automotive – Warehousing/Distribution Operations,

under section 6 of the Apprenticeship and Traineeship Act 2001.

The Orders specify a number of matters relating to the required training for these vocations, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Orders will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Orders may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib_vto/cibs/cib_524.html

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has made Vocational Training Orders for the recognised traineeship vocations of:

- Conservation and Land Management
- Conservation and Land Management – Conservation Earthworks
- Conservation and Land Management – Indigenous Land Management
- Conservation and Land Management – Lands, Parks and Wildlife
- Conservation and Land Management – Natural Area Restoration
- Conservation and Land Management – Vertebrate Pest Management
- Conservation and Land Management – Weed Management,

under section 6 of the Apprenticeship and Traineeship Act 2001.

The Orders specify a number of matters relating to the required training for these vocations, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Orders will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Orders may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib_vto/cibs/cib_526.html

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has made Vocational Training Orders for the recognised traineeship vocations of:

- Building – Surveying
- Building and Construction – Building
- Building and Construction – Contract Administration
- Building and Construction – Estimating
- Building and Construction – Management
- Building and Construction – Sales
- Building and Construction – Site Management
- Building and Construction – Specialist Trades
- Building and Construction – Swimming Pool and Spa Building

- Building and Construction – Trade Contracting
- Construction
- Construction – Concreting
- Construction – Construction Pathways
- Construction – Construction Waterproofing
- Construction – Dogging
- Construction – Paving
- Construction – Rigging
- Construction – Scaffolding
- Construction – Steelfixing
- Plumbing Services
- Plumbing and Services – Fire Systems Design,

under section 6 of the Apprenticeship and Traineeship Act 2001.

The Orders specify a number of matters relating to the required training for these vocations, including the term/s of training, probationary period/s, and course/s of study to be undertaken.

The Orders will take effect from the date of publication in the *NSW Government Gazette*.

Copies of the Orders may be inspected at any State Training Services Regional Office of the Department of Education and Communities or on the Internet at https://www.training.nsw.gov.au/cib_vto/cibs/cib_525.html

Notice is also given that the following recognised traineeship vocations are now repealed:

- Concreting
- Construction Pathways
- Construction Waterproofing
- Dogging
- Fire Systems Design
- Hydraulics Services Design
- Paving
- Rigging
- Scaffolding
- Steelfixing

APPRENTICESHIP AND TRAINEESHIP ACT 2001

NOTICE is given that the Commissioner for Vocational Training has repealed the recognised traineeship vocation of Electrotechnology – Renewable Energy.

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to Section 84

TAKE notice that the incorporation of FORMER YUGOSLAV COMMUNITIES (IN AUSTRALIA) WELFARE ASSOCIATION INCORPORATED (Y0264442), cancelled on 26 September 2008, is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 9th day of December 2011.

ROBYNE LUNNEY,
A/Manager, Case Management,
Registry of Co-operatives & Associations,
NSW Fair Trading,
Department of Finance & Services

ASSOCIATIONS INCORPORATION ACT 2009

Reinstatement of Cancelled Association Pursuant to Section 84

TAKE notice that the incorporation of WYONG COMMUNITY RECREATION ASSOCIATION INC (Y0257633) cancelled on 18 November 2011 is reinstated pursuant to section 84 of the Associations Incorporation Act 2009.

Dated this 14th day of December 2011.

ROBYNE LUNNEY,
A/Manager, Case Management,
Registry of Co-operatives & Associations,
NSW Fair Trading,
Department of Finance & Services

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Cataract Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Cataract, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 31 ordered points on maps Bulli 9029-2N 1:25,000; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 56:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	299150	6207000
2	300400	6206100
3	301700	6206800
4	303500	6205100
5	304500	6204700
6	305000	6205000
7	306000	6204800
8	306500	6204000
9	304600	6202600
10	302500	6203100
11	301300	6204000
12	300900	6202700
13	300100	6202200
14	300500	6201100
15	302200	6199700
16	302100	6198100
17	302300	6197700
18	302300	6196500
19	301700	6196200
20	300000	6196900
21	300000	6197800

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
22	299300	6197800
23	299200	6198900
24	298200	6201400
25	297800	6201400
26	296700	6204700
27	296100	6205400
28	296000	6206600
29	296700	6207400
30	297400	6207700
31	298500	6207600

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 228 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Bengalla Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Bengalla Stage Discharge, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 9 ordered points on maps Muswellbrook 9033-2N 1:25,000; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 56:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	294200	6428200
2	294900	6427900
3	295050	6427400
4	294900	6426500
5	294700	6425700
6	293900	6425500
7	293200	6425900
8	292800	6427300
9	293400	6428000

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 227 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

CSA South Tailings Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to CSA South Tailings, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 5 ordered points on maps Cobar 8035 1:100,000; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 55:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	386600	6525600
2	390000	6525400
3	389500	6523000
4	388100	6522500
5	386600	6523300

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 225 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Guthega Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Guthega, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 6 ordered points on maps Mount Kosciusko 8525-II and III 1:25,000; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 55:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	622400	5974700
2	623800	5974600
3	624700	5972900
4	623700	5971500
5	621600	5971600
6	621300	5973700

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 226 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	308000	6576400
2	310600	6575000
3	309200	6572300
4	306600	6573600

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Fountaindale Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Fountaindale Dam, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 4 ordered points on maps Kiama 1:25,000 9028-1-S; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 56:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	296700	6162300
2	299300	6160600
3	297600	6158100
4	295000	6159800

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 222 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 224 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Jerrara Creek Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Jerrara Creek Dam, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 4 ordered points on maps Kiama 9028-1-S 1:25,000; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 56:

<i>Point</i>	<i>MGA East</i>	<i>MGA North</i>
1	300600	6163000
2	301300	6160200
3	298100	6159400
4	297500	6162400

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 223 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Moore Creek Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Moore Creek Dam, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 4 ordered points on maps Attunga and Bendemeer; 1:25,000; 9036-2-S and 9136-3-S ; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 56:

DAMS SAFETY ACT 1978 AND MINING ACT 1992

Order under Section 369 of the Mining Act 1992

Cowarra Creek Notification Area

THE Dams Safety Committee pursuant to section 369 of the Mining Act 1992, hereby declares that with regard to Cowarra Creek Tailings, being a prescribed dam under Dams Safety Act 1978, the land described in the Schedule hereto is the notification area of the said dam.

SCHEDULE

The area bounded by straight lines joining the following 4 ordered points on maps Cowra Creek and Whinstone; 1:25,000; 8725-IN and 8726 2S; the points are specified by Map Grid of Australia 1994 co-ordinates in Zone 55:

Point	MGA East	MGA North
1	707900	6014700
2	708800	6012800
3	706800	6012100
4	706000	6013700

Map Grid Australia (MGA) co-ordinates for the above points, as well as plan NA- 221 showing the area, are available from the Dams Safety Committee.

BRIAN COOPER,
Chairman

Dams Safety Committee,
PO Box 3720, Parramatta NSW 2124.

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:

Campbelltown, 10:00 a.m., 25 June 2012 (2 weeks),
special fixture.

Dated this 8th day of December 2011.

R. O. BLANCH,
Chief Judge

EDUCATION ACT 1990

LAND ACQUISITION (JUST TERMS
COMPENSATION) ACT 1991

Notice of Compulsory Acquisition of Land for
Public School

THE Minister for Education, with the approval of Her Excellency the Governor, declares by delegate 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, for the purposes of Education Act 1990.

Dated at Sydney, this 18th day of November 2011.

HUGO HARMSTORF,
Delegate for the Minister for Education

SCHEDULE

All the piece or parcel of land situated at Faunce Street, West Gosford, in the Local Government Area of Gosford, Parish of Gosford, County of Northumberland and State of New South Wales, having an area of approximately 1,538 square metres, being part of Lot 1 in Deposit Plan 1169232.

EXPLOSIVES REGULATION 2005

Exemption Order No. 019/11

I, JOHN WATSON, General Manager of the Occupational Health and Safety Division, WorkCover Authority of New South Wales, pursuant to Clause 94 of the Explosives Regulation (2005) (the Regulation), make the following Order.

Dated this 8th of November 2011.

JOHN WATSON,
General Manager,
Work Health and Safety Division,
WorkCover Authority of New South Wales

Explanatory Note

Clause 94 of the Explosives Regulation 2005 provides that the regulatory authority may, by order published in the *New South Wales Government Gazette*, exempt any class of Persons or things from a specified provision of the Regulation. This order exempts:

- (a) transport operators from a requirement under Clause 20 to hold a licence to transport fireworks between a licensed supplier of fireworks and a licensed pyrotechnician; and
- (b) transport operators from a requirement to hold a licence (unsupervised handling licence) pursuant to Clause 27

subject to certain conditions.

Explosives Regulation 2005
Exemption Order No. CE 2006/ 007832

1. Name of Order

This order is the Explosives Regulation 2005: Exemption Order No. CE 2006/ 007832.

2. Commencement

This Order commences on the date that it is published in the *New South Wales Government Gazette*, and has effect for a period of five years from that date.

3. Exemptions

Transportation of Category 1 (Low Risk) loads of fireworks as defined by the Australian Explosives Code

(1) If:

- (a) a person ("the relevant person") transports, by a motor vehicle, category 1 (low risk) loads of fireworks as defined by the Australian Explosives Code that are to be used by licenced Pyrotechnicians, and
- (b) the transport is in accordance with the Pyrotechnicians Industry Association of Australia, Code of Practice for Transport of Category 1 Quantities of Fireworks, and
- (c) the fireworks that are transported are supplied by a Licensed Supplier,

then the relevant person is not required to be a Licensed Transporter.

Transportation and Unsupervised Handling Licence

(2) If:

- (a) a person (“the relevant person”) transports, by a motor vehicle, fireworks in accordance with the Pyrotechnicians Industry Association of Australia, Code of Practice for Transport of Category 1 Quantities of Fireworks, and
- (b) the amount of fireworks to be transported does not exceed category I (low risk) loads of fireworks as defined by the Australian Explosives Code, and
- (c) the fireworks are to be transported from a Licensed Supplier to a licensed pyrotechnician then the relevant person is not required to hold a licence (unsupervised handling licence) pursuant to Clause 27 of the Regulation.

4. Interpretation

The reference, in each of Clauses 3(1) and (2), to the amount of fireworks being an amount that does not exceed category 1 (low risk) loads of fireworks as defined by the Australian Explosives Code is to be taken as referring to the total amount of fireworks transported in a single journey by the relevant person, even if the fireworks are to be supplied to more than one recipient, or to more than one place, or both.

5. Definition

In this Order:

“Licensed Supplier” means a person who is licensed pursuant to Clause 19 of the Regulation.

“Licensed Transporter” means a person who is licensed pursuant to Clause 20 of the Regulation.

“Pyrotechnician” means a person who is licensed pursuant to Clause 25 of the Regulation.

“Regulation” means the Explosives Regulation 2005.

Fireworks means “Display Fireworks” as defined in the Explosives Regulation 2005.

Please Note: Under Clause 95 of the Regulation, a Register of Exemptions must be kept by WorkCover NSW and be available for public inspection upon request.

HERITAGE ACT 1977

Erratum

THE notice published in the *New South Wales Government Gazette* No. 111 of 18 November 2011, relating to Blacktown Native Institution Archaeology Site should have read:

Lot 5001, DP 869400; Lot 5002, DP 869400; Lot 5003, DP 869400; Lot 60, DP 1055132; Lot 1, DP 1043661 and Lot 5, DP792478, Parish of Rooty Hill, County of Cumberland.

LAND TAX MANAGEMENT ACT 1956

Land Tax Returns for 2012 Tax Year

1. This Order is made under section 12 (1) of the Land Tax Management Act 1956. The purpose of this Order is to advise persons who own land in New South Wales if and when they are required to lodge an initial return or a variation return in relation to the 2012 land tax year or an earlier tax year.

Persons Who Must Lodge an Initial Return

2. The requirement to lodge an initial land tax return in 2012, as specified in this Order, applies to certain “persons” who are “owners” of land in New South Wales at midnight on 31 December 2011 (or any previous year if paragraph 5 applies). The reference to an “owner” includes a reference to a person who is an owner of land or is deemed to be an owner for land tax purposes by the Land Tax Management Act 1956. A “person” includes a company, a trustee, a beneficiary of a trust and a natural person.
3. Persons who own land in New South Wales at midnight on 31 December 2011 which is not exempt from land tax must lodge an initial return unless they were assessed and received a land tax notice of assessment for the 2011 land tax year.
4. Persons who have received a land tax notice of assessment for any land tax year prior to 2012 showing nil tax payable and who have subsequently acquired additional land or an additional interest in land and are the owners of land at midnight 31 December 2011 which is not exempt from land tax must lodge an initial return.
5. Persons who are liable to be assessed for land tax for any tax year prior to 2011 and have not previously lodged a return for that year, or have not received a land tax notice of assessment for that tax year must also lodge an initial return.
6. Persons who own land that has previously been exempt from land tax in any tax year prior to 2012 but is not exempt for the 2012 tax year must lodge an initial return.
7. Where land is subject to a trust, and the trustee has not previously lodged a land tax return, the trustee must lodge an initial return on behalf of the trust. If the trustee fails to lodge a return, or fails to provide the information specified on the form about the beneficiaries of the trust, the trust may be assessed as if it were a special trust.
8. A Land Tax Registration Form is an initial return for the purposes of section 12.

Due Date for Lodgement of Initial Returns

9. Any person who is required by this Order to lodge an initial return must do so by 31 March 2012.
10. Penalty tax and interest may be imposed under the Land Tax Management Act 1956 and the Taxation Administration Act 1996 for failing to lodge a return by the due date.

Persons Who Must Lodge a Variation Return

11. A variation return is required to be lodged by a person who receives an incorrect notice of assessment of land tax. Errors on the notice which may result in an incorrect notice of assessment of land tax may include:
 - (a) details of land owned by the person as shown on the notice are incorrect (including but not limited to inclusion of land disposed of prior to 31 December 2011; land acquired prior to 31 December 2011 has not been included in the assessment; the percentage interest in land is incorrect for land that is jointly owned; land shown in assessment is owned in capacity of trustee; or an incorrect property description is shown);
 - (b) exempt land has been incorrectly assessed as liable for land tax;

- (c) liable land has been incorrectly classified as exempt;
 - (d) the calculation of tax contains errors;
 - (e) a special trust has been incorrectly assessed as if it were a fixed trust;
 - (f) a fixed trust has been incorrectly assessed as if it were a special trust;
 - (g) the beneficial owners of land owned by a family unit trust have changed since 31 December 2005;
 - (h) additional land has been acquired by a family unit trust, so that the total liable land owned by the trust has a taxable value of over \$1 million;
 - (i) a group constituted under section 29 of the Land Tax Management Act 1956 does not have a member classified as a concessional company;
 - (j) a group constituted under section 29 of the Land Tax Management Act 1956 has more than one member classified and separately assessed as a concessional company (note that two or more companies can be correctly classified as joint concessional companies and jointly assessed as such);
 - (k) an error in the calculation of the average value of a parcel of land.
12. A variation return is required if the trustee of a trust that has an interest in land has not previously advised the Chief Commissioner of the existence of the trust, or if the trust is incorrectly classified as either a fixed or special trust.
13. A variation return disclosing details of the beneficiaries must be lodged by a trustee of a trust, other than a special trust, if the trustee has not previously advised the Chief Commissioner of the beneficiaries of the trust or the beneficial owners of land owned by the trust. If a trustee fails to comply with this requirement, the Chief Commissioner may assess the trust as if it were a special trust.

Due Date for Lodgement of Variation Returns

14. A variation return is required to be lodged by the first instalment date shown on the notice of assessment. If the notice of assessment shows that no tax is payable, the due date for lodgement of a variation return is 40 days after the "Issue Date" shown on the notice.
15. Penalty tax and interest may be imposed under the Land Tax Management Act 1956 and the Taxation Administration Act 1996 for failing to lodge a return by the due date.

How to Lodge a Return

16. A person, including an agent or trustee can satisfy the obligation to lodge an initial return or a variation return:
- by lodging a return form electronically via the Office of State Revenue's website at www.osr.nsw.gov.au, or
 - by providing the relevant information by telephone to the OSR's telephone inquiry service on 1300 139 816, or
 - by lodging a written return form with OSR.
17. Note that in some cases lodging by webform or telephone will not be possible and a written return form may still be required. Under section 12 (2) of the Land Tax Management Act 1956, the Chief Commissioner may require any person to lodge a return or a further return.

Other Matters

18. A requirement to lodge a return specified in this notice does not affect a requirement to lodge a return by an earlier date specified by the Chief Commissioner under section 12 (2) of the Act or an earlier date specified in any previous Order made under section 12 (1).
19. Land tax information brochures are available on the Office of State Revenue's Website at www.osr.nsw.gov.au.

Dated: 12 December 2011.

T. NEWBURY,
Chief Commissioner of State Revenue

LEGAL PROFESSION ADMISSION RULE 2005

AMENDMENTS

THE Legal Profession Admission Board has approved amendments to the Second and Fourth Schedules to the Legal Profession Admission Rules 2005.

1. Amend the Second Schedule as follows:
Delete 'The Legal Profession and Australian Society OR Bridging Course – Lawyers and Legal Ethics' after 'University of Wollongong and insert 'Lawyers and Australian Society'.
2. Amend the Second Schedule as follows:
Delete 'or JD' after 'University of Notre Dame LLB'.
3. Amend the Fourth Schedule as follows:
Delete 'Practical Legal Training Course' after University of Wollongong and insert 'Professional Legal Training Course'.

OCCUPATIONAL HEALTH AND SAFETY REGULATION 2001

(Clause 348)

Exemption Order No. 018/11

I, JOHN WATSON, General Manager, Work Health and Safety Division of the WorkCover Authority of New South Wales, pursuant to Clause 348 of the Occupational Health and Safety Regulation 2001 (the Regulation) make the following Order:

Dated this 5th day of December 2011.

JOHN WATSON
General Manager
Work Health & Safety Division
WorkCover Authority of New South Wales

Occupational Health and Safety Regulation 2001 Exemption Order No. 018/11

1. Name of Order

This Order is the Occupational Health and Safety Regulation 2001, Exemption Order No. 018/11.

2. Commencement

This Order commences on the date of gazettal in the *NSW Government Gazette* and has effect for a period of five years from that date.

3. Exemption

To the extent described in Schedule 1 and subject to the conditions in Schedule 2:

- Designers of lifts are exempted from complying with Clause 94 (d), *Mandatory design standards – particular risk control measures*, of the Regulation
- Importers of lifts are exempted from complying with clause 85, *Manufacturers and importers of plant designed outside the state to ensure that designer's responsibilities are met*, of the Regulation
- Applicants requiring design registration of lifts are exempted from Clause 107 (2) (a) (i), *Application for registration of plant design*, of the Regulation.

4. Definitions

- a. **Platform** means the lift car with or without the side walls, doors or a roof.
- b. **AS 1735.1** means the Australian Standard AS 1735.1 –2003, *Escalators and moving walks Part 1: General requirements*.
- c. **AS 1735.2** means the Australian Standard AS 1735.2 –2001, *Escalators and moving walks Part 2: Passenger and goods Lifts-Electric*.
- d. **AS 1735.3** means the Australian Standard AS 1735.3 –2002, *Passenger and goods Lifts-electrohydraulic*.
- e. **Authorised driver** means a person in control of the vehicle who is a resident of the building where the lift is installed or persons authorised by the owner, controller of the premises or the occupants of the building to move a vehicle between the floors using the lift.

SCHEDULE 1

This order allows the design and installation of lifts, to lift and lower motor vehicles along with the occupants of the vehicle between floors within a residential building, according to AS 1735.1, AS 1735.2 or AS1735.3 without:

- a) side walls for the platform
- b) roof for the platform
- c) person clearance at the top of the car and in the pit
- d) guardrails on top of the platform.

SCHEDULE 2

This order applies to lifts for lifting and lowering of motor vehicles subject to complying with the following conditions:

- a. The lift must be installed in a secure area that prevents unrestricted public access to the lift, ie access to the area only by access cards, keys, security key pads or the like.
- b. The building must have other means for the people to access to and from each floor of the building served by the lift.
- c. The lift design must prevent operation of the lift using the controls located on the platform without a vehicle being positioned on the lift.
- d. The control system must also be capable of rendering the lift inoperable, without placing persons at risk within a few cycles of its use, if parts of the system such as sensors for detecting vehicles have been overridden.

- e. The maximum up speed of the platform must not exceed 0.15 m/s.
- f. The maximum down speed of the platform must not exceed 0.15 m/s.
- g. The internal length must be between 4.5 m and 6.5 m.
- h. The internal width must be between 2.0 m and 3.0 m.
- i. Adequate ventilation must be provided to maintain an adequate level of breathable safe air in and around the platform, even if the motor of the vehicle is kept running.
- j. Signs providing the following information must be displayed at the locations given within brackets:
 - i. rated capacity in kg (at conspicuous locations at all lift entrances and within the lift)
 - ii. that only the occupants of the motor vehicle are permitted in the lift and they must remain wholly in the vehicle at all times (at conspicuous locations near each call button and the control panel of the lift)
 - iii. only the drivers authorised to enter the building are allowed to use the lift (near each call button)
 - iv. Switch off the engine of vehicles parked in the lift (near each call button).
- k. If roller doors are used for landing doors:
 - i. The system must be capable of locking the door in the closed position with due consideration to requirements for emergency rescue – non reversible type gear boxes, eg worm and wheel, may satisfy this requirement.
 - ii. Monitoring or confirmation that doors are closed should only be done using limits switches including non contact type detectors, installed near the floor level. Alternative systems may be used subject to the condition of section k (iii).
 - iii. Failure of the detection system must render the lift inoperable without placing people at risk.
 - iv. The system must prevent opening of the landing doors when the platform is not aligned with the floor.
- l. If doors are not fitted on the platform, light curtains or another system that will prevent operation of the lift when an obstruction is present, at least up to 1800 mm high, at the entrance must be installed. The system must be fitted along the edge of the platform and must stop the lift if the entrance is obstructed.
- m. In addition to stopping the lift when an obstruction is present near the entrance, a fault in the system must render the lift inoperable without placing people at risk.
- n. If the platform is not fitted with sides using material which does not have perforations;
 - i. light curtains or a system that will prevent operation of the lift when an obstruction is present, at least up to 1800 mm high, in the vertical plane along the outer edges of the platform must be installed
 - ii. in addition to stopping the lift when an obstruction is present near the edges, a fault in the system must render the lift inoperable
 - iii. surfaces adjacent to open sides of the lift must be smooth

- iv. The gap between the outer edge of the platform and the lift wall must be between 15 mm and 25 mm.
- o. The lift must provide a system to evacuate the occupants of the vehicle in the case of an emergency, including a power failure. This may be achieved by providing a system to bring the platform to a landing and opening the doors to evacuate the occupants.
- p. For platforms which are not fitted with roofs, access to the area above the roof level through a removable ceiling of the platform would be considered as having provided person clearances at the top of the car, provided the work can be carried out from within the car and movement of the lift does not expose the person to risk of injury including injuries from crush or shear hazards.
- q. For platforms fitted with roofs, if provision of person clearance as per clauses 8.1 (b) of AS1735.2, Person clearance and 8.3.2, Top of car mechanical clearance clearances are not reasonably practicable for lift installations where access to this area is required:
 - i. permanent provision must be made to mechanically and positively prevent the lift reducing the clearances between the roof of the platform and structures or obstructions above the roof and bottom of the platform and the floor of the pit to less than 1.0 m when the lift is travelling with a full load at the maximum speed.
 - ii. this system must be capable of being activated without reaching the danger area and should be available only to the people who are required to access this area.
 - iii. if activation of a mechanical system without reaching the danger area is not reasonably practicable then a system capable of preventing movement of the lift, if a person reaches the danger area, until the mechanical devices and fall prevention items are put in place must be incorporated into the control systems. This system must comply with the requirements of section q (iv).
 - iv. the system must prevent movements of the lift in both service and normal mode. The system may include presence sensing devices such as safety mats for detecting a person.
 - v. the ceiling or the removable part of the ceiling must be interlocked to stop normal operation of the lift. Engagement of the mechanical device or removal of the ceiling must prevent the lift from operating in the normal mode. Failure in the system must render the lift inoperable.
 - vi. resetting of the system for normal operation can only be performed from a location outside the danger area.
- r. The design of each model must be registered as per the provisions of clause 107, Application for registration of plant design, of the Regulation, subject to the conditions of the Order.
- s. Requirements of clause 113, Application for registration of items of the Regulations are met.
- t. Nothing in this order affects any other applicable requirement imposed by law in relation to the matters connected with this order.

**PARENTS AND CITIZENS ASSOCIATIONS
INCORPORATION ACT 1976**

Incorporation of Parents and Citizens Associations

THE following association is hereby incorporated under the Parents and Citizens Associations Incorporation Act 1976:

1. Endeavour Sports High School

ADRIAN PICCOLI, M.P.,
Minister for Education

**PARENTS AND CITIZENS ASSOCIATIONS
INCORPORATION ACT 1976**

Incorporation of Parents and Citizens Associations

THE following association is hereby incorporated under the Parents and Citizens Associations Incorporation Act 1976:

1. Lidcombe Public School
2. Katoomba North Public School
3. Katoomba High School

ADRIAN PICCOLI, M.P.,
Minister for Education

**PARENTS AND CITIZENS ASSOCIATIONS
INCORPORATION ACT 1976**

Incorporation of Parents and Citizens Associations

THE following association is hereby incorporated under the Parents and Citizens Associations Incorporation Act 1976.

1. Hayes Park Public School

ADRIAN PICCOLI, M.P.,
Minister for Education

POISONS AND THERAPEUTIC GOODS ACT 1966

Order under Clause 175 (1)

Poisons and Therapeutic Goods Regulation 2008

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 Asaad BARAZ, MED0001188199, of 7 Railway Parade, Lithgow NSW 2790, 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 9 December 2011.

Dr MARY FOLEY,
Director-General

Ministry of Health, New South Wales,
Sydney, 8 December 2011.

POISONS AND THERAPEUTIC GOODS ACT 1966

Order under Clause 175 (1)
Poisons and Therapeutic Goods Regulation 2008

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 Gregory John PLANT, MED0001042700 and MED0001511282, of 112A Spurway Street, Ermington NSW 2115, 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 2011.

Dr MARY FOLEY,
Director-General

Ministry of Health, New South Wales,
9 December 2011.

PROFESSIONAL STANDARDS ACT 1994

Notification Pursuant to Section 13

PURSUANT to section 13 of the Professional Standards Act 1994, I authorise the publication of the Law Society of South Australia Professional Standards Scheme. The Scheme will commence on 1 January 2012.

GREG SMITH,
Attorney General

PROFESSIONAL STANDARDS ACT 2004 (SA)

The Law Society of South Australia
Professional Standards Scheme

Preamble

- A. The Law Society of South Australia (the Society) is an occupational association.
- B. The Society has made an application to the Professional Standards Council, appointed under the Professional Standards Act 2004 (SA) (the Act), for a scheme under the Act.
- C. The scheme is prepared by the Society for the purposes of limiting occupational liability to the extent to which such liability may be limited under the Act.
- D. The scheme propounded by the Society is to apply to Admitted Members or Company Members of the Society who have professional indemnity insurance that complies with the Legal Practitioners Act 1981 (SA) in respect of a liability potentially limited by the Scheme.
- E. The Society has furnished the Council with a detailed list of the risk management strategies intended to be implemented in respect of its members and the means by which those strategies are intended to be implemented.
- F. The scheme is intended to commence on 1 January 2012 and remain in force for five (5) years from its commencement unless, prior to that time, it is revoked, its operation ceases, or it is extended pursuant to section 34 of the Act.

- G. The scheme is also intended to apply in all other jurisdictions, except Tasmania.

1. Definitions

- “Act” means the Professional Standards Act 2004 (SA);
- “Acts” means the Act and each corresponding law;
- “Admitted Member” means a person who is or was at a relevant time an Admitted Member within the meaning of and pursuant to the Rules of the Society;
- “Company Member” means a company who is or was at a relevant time a Company Member within the meaning of and pursuant to the Rules of the Society;
- “corresponding law” means a law of another jurisdiction that corresponds to the Act;
- “Court” has the same meaning as it has in the Acts;
- “Duration of the Scheme” means the period commencing on the date specified in clause 7.1 and ending upon the cessation of the Scheme pursuant to clause 7.2;
- “Exempted Member” means an Admitted Member or Company Member who is or was at a Relevant Time exempted by the Society from participation in the Scheme pursuant to clause 4.3;
- “Legal Practitioners Act” means the Legal Practitioners Act 1981 (SA) or any Act enacted in substitution therefor;
- “Monetary Ceiling” means, in respect of a liability in respect of a cause of action founded on an act or omission occurring after the commencement of the Scheme:
- (a) the higher of—

<i>Description</i>	<i>Monetary ceiling</i>
1. Participating Admitted Members or Company Members other than those in item 2 below.	\$1.5 million
2. Participating Admitted Members or Company Members who were as at the 30 June immediately preceding the Relevant Time in a Law Practice: <ol style="list-style-type: none"> (a) consisting of greater than 20 Admitted Members; or (b) which generated total annual fee income for the financial year ended on 30 June immediately preceding the Relevant Time greater than \$10 million. 	\$10 million

OR

- (b) such higher amount as has been specified in relation to a specified Scheme Participant in respect of such case or class of case or generally as has been specified by the Society pursuant to clause 5.1;

“occupational liability” has the same meaning as it has in the Acts;

- “person” means an individual or a body corporate;
 “relevant time” means, in respect of a liability potentially limited by the Scheme, the time(s) of the act(s) or omission(s) giving rise to the liability;
 “the Scheme” means the Law Society of South Australia Professional Standards Scheme constituted herein;
 “Scheme Participant” means a person referred to in clause 4.1 or 4.2
 “the Society” means the Law Society of South Australia.

2. Occupational Association

- 2.1 The Scheme is a scheme under the Act prepared by the Society whose business address is 123 Waymouth Street, Adelaide, South Australia.

3. Jurisdictions in which the Scheme Applies

- 3.1 The Scheme applies in South Australia pursuant to the Act.
 3.2 The Scheme applies in New South Wales, Victoria, Queensland, Western Australia, the ACT and the Northern Territory pursuant to the corresponding laws of each of those jurisdictions respectively.

4. Persons to Whom the Scheme Applies

- 4.1 The scheme applies to all persons who:
 4.1.1 are or at the relevant time were Admitted Members or Company Members of the Society;
 4.1.2 are or were at the relevant time not Exempted Members; and
 4.1.3 have professional indemnity insurance that complies with the Legal Practitioners Act in respect of a liability potentially limited by the Scheme.
 4.2 The scheme applies to all persons to whom the scheme applies by virtue of sections 20, 21, and 22 of the SA Act and the corresponding sections of the corresponding laws.
 4.3 The Society may, upon application by an Admitted or Company Member, exempt that person from participation in the Scheme with effect from a date specified by the Society on or after the date on which the exemption is granted.
 4.4 The Society may, upon application by an Admitted or Company Member, revoke an exemption of that person from participation in the Scheme with effect from a date specified by the Society.

5. Conferral of discretionary authority

- 5.1 The Scheme confers on the Society a discretionary authority, on application by a Scheme Participant, to specify in relation to the person a higher maximum amount of liability than would otherwise apply under the Scheme in relation to the person either in all cases or in any specified case or class of case, being a specified Monetary Ceiling not exceeding \$50 million.

6. Limitation of Liability

- 6.1 The occupational liability of a person who is or at the relevant time was a Scheme Participant in respect of a cause of action founded on an act or omission occurring during the Duration of the Scheme is limited to the amount of the Monetary Ceiling.

- 6.2 The liability which is limited by clause 6.1 extends to a liability for damages (including interest and costs) within the meaning of the Acts but excludes a liability to which the Act does not apply from time to time by reason of section 5 thereof or, if the liability is governed by a corresponding law, excludes a liability to which the corresponding law does not apply from time to time by reason of its provisions.

- 6.3 The operation of clause 6.1 limiting the liability of a person is subject to the proviso that the person is able to satisfy the Court that:

- 6.3.1 the person has the benefit of an insurance policy complying with the Legal Practitioners Act insuring the person against the occupational liability to which the cause of action relates; and
 6.3.2 the amount payable under the policy in respect of that occupational liability is not less than the amount of the Monetary Ceiling.

- 6.4 The limitation of liability that, in accordance with this Scheme, applies in respect of an act or omission continues to apply to every cause of action founded on it, irrespective of when the proceedings are brought in respect of it, and even if the Scheme has been amended or has ceased to be in force.

- 6.5 For the purposes of section 28 of the Act, the Scheme only affects a liability for damages arising from a Single Claim (including a claim by a person who has 2 or more causes of action arising out of a single event) exceeding \$1,500 000.

7. Duration of the Scheme

- 7.1 The scheme commences on 1 January 2012.
 7.2 Subject to clause 7.3, the scheme will remain in force for a period of 5 years from its commencement unless:
 7.2.1 it is revoked or ceases in accordance with the Act, or
 7.2.2 it is extended in accordance the Act.
 7.3 The scheme will cease to operate in a jurisdiction referred to in clause 3.2 if it is revoked or ceases in accordance with the corresponding law of that jurisdiction.

PROFESSIONAL STANDARDS ACT 1994

Notification Pursuant to Section 13

PURSUANT to section 13 of the Professional Standards Act 1994, I authorise the publication of the South Australian Bar Association Inc Scheme. The Scheme will commence on 1 January 2012.

GREG SMITH,
 Attorney General

PROFESSIONAL STANDARDS ACT 2004 (SA)

The South Australian Bar Association Inc Scheme

Preamble

- A. The South Australian Bar Association Inc (the Bar) is an occupational association.

- B. The Bar has made an application to the Professional Standards Council, appointed under the Professional Standards Act 2004 (SA) (the Act), for a scheme under the Act.
- C. The scheme is prepared by the Bar for the purposes of limiting occupational liability to the extent to which such liability may be limited under the Act.
- D. The scheme propounded by the Bar is to apply to ordinary members of the Bar who have professional indemnity insurance that complies with the Legal Practitioners Act 1981 (SA) in respect of a liability potentially limited by the Scheme.
- E. The Bar has furnished the Council with a detailed list of the risk management strategies intended to be implemented in respect of its members and the means by which those strategies are intended to be implemented.
- F. The scheme is intended to commence on 1 January 2012 and remain in force for five (5) years from its commencement unless, prior to that time, it is revoked, its operation ceases, or it is extended pursuant to section 34 of the Act.
- G. The scheme is also intended to apply in all other jurisdictions except Tasmania.

1. Definitions

“Act” means the Professional Standards Act 2004 (SA);

“Acts” means the Act and each corresponding law;

“corresponding law” means a law of another jurisdiction that corresponds to the Act;

“Court” has the same meaning as it has in the Acts;

“Duration of the Scheme” means the period commencing on the date specified in clause 7.1 and ending upon the cessation of the Scheme pursuant to clause 7.2;

“Exempted Member” means an Ordinary Member who is or was at a Relevant Time exempted by the Bar from participation in the Scheme pursuant to clause 4.3;

“Legal Practitioners Act” means the Legal Practitioners Act 1981 (SA) or any Act enacted in substitution thereof;

“Monetary Ceiling” means, in respect of a liability in respect of a cause of action founded on an act or omission occurring after the commencement of the Scheme:

- (a) the sum of \$1,500,000; or
- (b) such higher amount as has been specified in relation to a specified Scheme Participant in respect of such case or class of case or generally as has been specified by the Bar pursuant to clause 5.1;

“occupational liability” has the same meaning as it has in the Acts;

“Ordinary Member” means a person who is or was at a relevant time an ordinary member within the meaning of and pursuant to the Rules of the Bar;

“person” means an individual or a body corporate;

“relevant time” means, in respect of a liability potentially limited by the Scheme, the time(s) of the act(s) or omission(s) giving rise to the liability;

“the Scheme” means the South Australian Bar Association Inc Scheme constituted herein;

“Scheme Participant” means a person referred to in clause 4.1 or 4.2

“the Bar” means the South Australian Bar Association Inc.

2. Occupational Association

- 2.1 The Scheme is a scheme under the Act prepared by the Bar whose business address is 314 King William Street, Adelaide South Australia.

3. Jurisdictions in which the Scheme Applies

- 3.1 The Scheme applies in South Australia pursuant to the Act.
- 3.2 The Scheme applies in New South Wales, Victoria, Queensland, Western Australia, the ACT and the Northern Territory pursuant to the corresponding laws of each of those jurisdictions respectively.

4. Persons to Whom the Scheme Applies

- 4.1 The scheme applies to all persons who:
 - 4.1.1 are or at the relevant time were Ordinary Members of the Bar;
 - 4.1.2 are or were at the relevant time not Exempted Members; and
 - 4.1.3 have professional indemnity insurance that complies with the Legal Practitioners Act in respect of a liability potentially limited by the Scheme.
- 4.2 The scheme applies to all persons to whom the scheme applies by virtue of sections 20, 21, and 22 of the SA Act and the corresponding sections of the corresponding laws.
- 4.3 The Bar may, upon application by a Scheme Participant, exempt that person from participation in the Scheme with effect from a date specified by the Bar on or after the date on which the exemption is granted.
- 4.4 . The Bar may, upon application by a Scheme Participant, revoke an exemption of that person from participation in the Scheme with effect from a date specified by the Bar.

5. Conferral of discretionary authority

- 5.1 The Scheme confers on the Bar a discretionary authority, on application by a Scheme Participant, to specify in relation to the person a higher maximum amount of liability than would otherwise apply under the Scheme in relation to the person either in all cases or in any specified case or class of case, being a specified Monetary Ceiling not exceeding \$50 million.

6. Limitation of Liability

- 6.1 The occupational liability of a person who is or at the relevant time was a Scheme Participant in respect of a cause of action founded on an act or omission occurring during the Duration of the Scheme is limited to the amount of the Monetary Ceiling.
- 6.2 The liability which is limited by clause 6.1 extends to a liability for damages (including interest and costs) within the meaning of the Acts but excludes a liability to which the Act does not apply from time to time by reason of section 5 thereof or, if the liability is governed by a corresponding law, excludes a liability

to which the corresponding law does not apply from time to time by reason of its provisions.

6.3 The operation of clause 6.1 limiting the liability of a person is subject to the proviso that the person is able to satisfy the Court that:

6.3.1 the person has the benefit of an insurance policy complying with the Legal Practitioners Act insuring the person against the occupational liability to which the cause of action relates; and

6.3.2 the amount payable under the policy in respect of that occupational liability is not less than the amount of the Monetary Ceiling.

6.4 The limitation of liability that, in accordance with this Scheme, applies in respect of an act or omission continues to apply to every cause of action founded on it, irrespective of when the proceedings are brought in respect of it, and even if the Scheme has been amended or has ceased to be in force.

6.5 For the purposes of section 28 of the Act, the Scheme only affects a liability for damages arising from a Single Claim (including a claim by a person who has 2 or more causes of action arising out of a single event) exceeding \$1,500,000.

7. Duration of the Scheme

7.1 The scheme commences on 1 January 2012.

7.2 Subject to clause 7.3, the scheme will remain in force for a period of 5 years from its commencement unless:

7.2.1 it is revoked or ceases in accordance with the Act, or

7.2.2 it is extended in accordance the Act.

7.3 The scheme will cease to operate in a jurisdiction referred to in clause 3.2 if it is revoked or ceases in accordance with the corresponding law of that jurisdiction.

SPORTING INJURIES INSURANCE ACT 1978

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this order the

BANGALOW TWILIGHT CRICKET

to be a sporting organisation, for the purposes of the provisions of the Act in respect of the activity of Cricket

Date: 10 November 2011.

GENIERE APLIN,
Acting Chair,
Sporting Injuries Committee

SPORTING INJURIES INSURANCE ACT 1978

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this order the

POTTSVILLE BEACH FOOTBALL CLUB

to be a sporting organisation, for the purposes of the provisions of the Act in respect of the activity of Football (Soccer)

Date: 12 October 2011.

GENIERE APLIN,
Acting Chair,
Sporting Injuries Committee

SPORTING INJURIES INSURANCE ACT 1978

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this order the

DRAGON BOATS NSW INC

to be a sporting organisation, for the purposes of the provisions of the Act in respect of the activity of Dragon Boating

Date: 12 October 2011.

GENIERE APLIN,
Acting Chair,
Sporting Injuries Committee

SPORTING INJURIES INSURANCE ACT 1978

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this order the

AUSTRALIAN RUGBY UNION LTD

to be a sporting organisation, for the purposes of the provisions of the Act in respect of the activity of Rugby Union

Date: 19 October 2011.

GENIERE APLIN,
Acting Chair,
Sporting Injuries Committee

WORK HEALTH AND SAFETY ACT 2011

Notice of Approved Codes of Practice

NOTICE is given under section 274 of the Work Health and Safety Act 2011 that the following codes of practice are approved for the purposes of the Work Health and Safety Act:

1. How to manage work health and safety risks
2. Work Health and Safety Consultation Cooperation and Coordination
3. Managing the work environment and facilities
4. Managing noise and preventing hearing loss at work
5. Hazardous manual tasks
6. Confined spaces
7. How to prevent falls at the workplace
8. Labelling of workplace hazardous materials
9. Preparation of safety data sheets for hazardous chemicals
10. How to manage and control asbestos in the workplace
11. How to safely remove asbestos

The codes of practice commence on 1 January 2012.

GREG PEARCE, M.L.C.,
Minister for Finance and Services

WORKPLACE INJURY MANAGEMENT AND WORKER'S COMPENSATION (INDEPENDENT CONSULTANTS) FEES ORDER 2012

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 339 of the Workplace Injury Management and Workers Compensation Act 1988, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

1. Name of Order

This order is the Workplace Injury Management and Workers Compensation (Independent Consultants) Fees Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

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 an allied health practitioner appointed by WorkCover for the purposes of providing independent consultations.

Independent Consultation means a review of the treatment provided by an allied health practitioner in consultation with the treating allied health practitioner for the purposes of determining whether treatment is reasonably necessary and may include review of relevant documentation, discussion with the allied health practitioner, interview and examination of the injured worker and provision of a report.

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

WorkCover means the WorkCover Authority of New South Wales.

4. Application of Order

This order only applies to independent physiotherapy, psychology, counselling, chiropractic and osteopathy consultants services provided on or after 1 January 2012, whether it relates to an injury received before, on or after that date.

5. Fees for Independent Consultants

(a) This clause applies to maximum fees, which may be charged and recovered by independent consultants.

(b) For the purposes of section 339 of the Act the maximum fee for provision of services in respect of the provision of any report for use 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 1.

6. Goods and Services Tax

Services provided by an Independent Consultant are subject to GST.

SCHEDULE 1

<i>Item</i>	<i>Service description Fee</i>	<i>Maximum fee (\$) (excl GST)</i>
IIN101	Independent Consultation (may include assessment, interview, examination, discussion and report)	190.70 per hour
IIN101	Cancellation with notice of 2 business days or more	95.40
IIN101	Non-attendance or cancellation with less than 2 business days notice	190.70

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (OSTEOPATHY FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a registered osteopath is one of the categories of medical and 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 osteopath of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for osteopaths generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved osteopaths. WorkCover approved osteopaths have participated in training courses approved or run by WorkCover.

This Order makes provision for osteopathy management plans and the approval by workers compensation insurers of certain osteopathy services. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for osteopathy services set out in this order.

Workers Compensation (Osteopathy Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Osteopathy Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the osteopath's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and 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.

Group/class intervention occurs where a osteopath delivers a common service to more than one person at the same time. Examples are exercise and education groups. Maximum class size is six (6) participants. An osteopathy management plan is required for each worker participant.

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

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

Initial consultation and treatment means the first session provided by the osteopath in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a management plan when indicated.

Normal practice means premises in or from which an osteopath regularly operates an osteopathy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a gymnasium, private hospital or workplace.

Osteopath means an osteopath registered under the Health Practitioner Regulation National Law Act 2009.

Osteopathy management plan means the document used by the osteopath to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. An osteopathy management plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

An osteopathy management plan can request approval for up to an additional eight (8) osteopathy consultations unless otherwise approved by the insurer.

Osteopathy services refers to all treatment services provided by an Osteopath and listed in Schedules A and B.

Report Writing occurs when an osteopath is requested by the insurer to compile a written report, other than the Osteopathy Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

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

- re-assessment,
- intervention/treatment,
- clinical recording, and
- preparation of a Osteopathy Management Plan when indicated.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate clinical management of the patient requires the osteopath to travel away from their normal practice. Travel costs do not apply where the osteopath provides contracted service to facilities such as a private hospital, workplace or gymnasium. Where multiple patients are being treated in the same visit, it is expected that the travel charge will be divided accordingly. The insurer must provide pre-approval for such a service.

Two distinct areas means where two (2) 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.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved osteopath means an osteopath who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work Related Activity assessment, consultation and treatment means a one hour session provided on a one to one basis for work related activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment and work related activity planning
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012 whether it relates to an injury received before, on or after that date.

5. Maximum fees for osteopathy treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a 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 osteopath to provide treatment of a type specified in any of items OSX007 to OSX011 in Schedule A at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item OSX014 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved osteopath.

6. Higher maximum fees for WorkCover approved osteopaths

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a osteopath, who is a WorkCover approved osteopath, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a osteopath to provide treatment of a type specified in any of items OSA007 to OSA011 in Schedule B at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item OSA014 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) Osteopathy services provided by a registered osteopath directly to the injured worker are GST free.
- (2) Case conference, report writing and travel services provided by an osteopath in relation to their treatment of a worker are subject to GST.

SCHEDULE A – Maximum fees for Osteopaths generally

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
OSX001	Initial consultation and treatment	50
OSX002	Standard consultation and treatment	40
OSX003	Initial consultation and treatment of two (2) distinct areas	75
OSX004	Standard consultation and treatment of two (2) distinct areas	60
OSX005	Complex treatment	80
OSX006	Group/class intervention	30/participant
Home Visit		
OSX007	Initial consultation and treatment	62
OSX008	Standard consultation and treatment	50
OSX009	Initial consultation and treatment of two (2) distinct areas	94
OSX010	Standard consultation and treatment of two (2) distinct areas	75
OSX011	Complex treatment	100
Other		
OSX012	Case conference	100/hour
OSX013	Report writing	100 (maximum)
OSX014	Travel	1.00 per kilometre

SCHEDULE B – Maximum fees for WorkCover approved Osteopaths

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
OSA001	Initial consultation and treatment	81.00
OSA002	Standard consultation and treatment	68.50
OSA003	Initial consultation and treatment of two (2) distinct areas	122.10
OSA004	Standard consultation and treatment of two (2) distinct areas	103.40
OSA005	Complex treatment	137.00
OSA006	Group/class intervention	48.60/participant

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Home Visit		
OSA007	Initial consultation and treatment	99.70
OSA008	Standard consultation and treatment	79.70
OSA009	Initial consultation and treatment of two (2) distinct areas	147.00
OSA010	Standard consultation and treatment of two (2) distinct areas	125.80
OSA011	Complex treatment	161.90
Other		
OSA012	Case conference, Report writing	161.90/hour 161.90 (maximum)
OSA013	Work Related Activity assessment, consultation and treatment	161.90 (maximum)
OSA014	Travel	1.50/kilometre

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (CHIROPRACTIC FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a registered chiropractor is one of the categories of medical and 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 chiropractor of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for chiropractors generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved chiropractors. WorkCover approved chiropractors have participated in training courses approved or run by WorkCover.

This Order makes provision for chiropractic management plans and the approval by workers compensation insurers of certain chiropractic services. This Order makes provision for chiropractic management plans and the approval by workers compensation insurers of certain chiropractic services. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for chiropractic services set out in this order.

1. Name of Order

This Order is the Workers Compensation (Chiropractic Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the chiropractor's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Chiropractor means a chiropractor registered under the Health Practitioner Regulation National Law Act 2009.

Chiropractic Management Plan means a document used by the chiropractor to indicate treatment timeframes and anticipated outcomes for an injured worker to the relevant workers compensation insurer.

A chiropractic management plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

A chiropractic management plan can request approval for up to an additional eight (8) chiropractic consultations unless otherwise approved by the insurer.

Chiropractic services refer to all treatment services provided by a registered chiropractor and listed in Schedules A and B.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and 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.

Group/class intervention occurs where a chiropractor delivers a common service to more than one person at the same time. Examples are exercise and education groups. Maximum class size is six (6) participants. A chiropractic management plan is required for each worker participant.

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

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

Initial consultation and treatment means the first session provided by the chiropractor in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a Chiropractic Management Plan when indicated.

Normal practice means premises in or from which a chiropractor regularly operates a chiropractic practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis.

Report Writing occurs when a chiropractor is requested by the insurer to compile a written report other than the Chiropractic Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

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

- re-assessment,
- treatment/service,
- clinical recording, and
- preparation of a Chiropractic Management Plan.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate clinical management of the patient requires the chiropractor to travel away from their normal practice. Travel costs do not apply where the chiropractor provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. Where multiple patients are being treated in the same visit, it is expected that the travel charge will be divided accordingly. The insurer must provide pre-approval for such a service.

Two distinct areas means where two 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.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved chiropractor means a chiropractor who has participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work Related Activity assessment, consultation and treatment means a one hour session provided on a one to one basis for Work Related Activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment / work related activity planning,
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012 whether it relates to an injury received before, on or after that date.

5. Maximum fees for chiropractic treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a chiropractor, 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 chiropractor to provide treatment of a type specified in any of items CHX005, CHX006, CHX071, CHX072 or CHX073 in Schedule A at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item CHX009 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved chiropractor.

6. Higher maximum fees for treatment by WorkCover approved chiropractors

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a chiropractor, who is a WorkCover approved chiropractor, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a chiropractor to provide treatment of a type specified in any of items CHA005, CHA006, CHA071, CHA072 or CHA073 in Schedule B at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item CHA009 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) Chiropractic treatment services provided by a registered Chiropractor directly to a worker are GST free.
- (2) Case conference, report writing and travel services provided by a chiropractor are subject to GST.

SCHEDULE A – Maximum fees for Chiropractors generally

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
CHX001	Initial consultation and treatment	50
CHX002	Standard consultation and treatment	40
CHX031	Initial consultation and treatment of two (2) distinct areas	75
CHX032	Standard consultation and treatment of two (2) distinct areas	60
CHX033	Complex treatment	80
CHX010	Group/class intervention	30/participant
CHX004	Spine X-rays performed by a chiropractor	99.20
Home Visit		
CHX005	Initial consultation and treatment	62
CHX006	Standard consultation and treatment	50
CHX071	Initial consultation and treatment of two (2) distinct areas	94
CHX072	Standard consultation and treatment of two (2) distinct areas	75
CHX073	Complex treatment	100
Other		
CHX081	Case conference	100/hour
CHX082	Report writing	100 (maximum)
CHX009	Travel	1.00 per kilometre

SCHEDULE B – Maximum fees for WorkCover approved Chiropractors

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
OSA007	Initial consultation and treatment	99.70
OSA008	Standard consultation and treatment	79.70
OSA009	Initial consultation and treatment of two (2) distinct areas	147.00
OSA010	Standard consultation and treatment of two (2) distinct areas	125.80
OSA011	Complex treatment	161.90

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Home Visit		
CHA005	Initial consultation and treatment	99.70
CHA006	Standard consultation and treatment	79.70
CHA071	Initial consultation and treatment of two (2) distinct areas	147.00
CHA072	Standard consultation and treatment of two (2) distinct areas	125.80
CHA073	Complex treatment	161.90
Other		
CHA081	Case conference, Report writing	161.90/hour 161.90 (maximum)
CHA082	Work Related Activity assessment, consultation and treatment	161.90 (maximum)
CHA009	Travel	1.50/kilometre

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (PHYSIOTHERAPY FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a registered physiotherapist is one of the categories of medical and 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 physiotherapist of an injured worker's work related injury.

Schedule A to this Order provides for maximum fees for physiotherapists generally. Schedule B to this Order provides higher maximum fee levels for WorkCover approved physiotherapists. WorkCover approved physiotherapists have participated in training courses approved or run by WorkCover.

This Order makes provision for physiotherapy management plans and the approval by workers compensation insurers of certain physiotherapy services. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for physiotherapy services set out in this order.

Workers Compensation (Physiotherapy Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Physiotherapy Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the physiotherapist's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Complex treatment means treatment related to complex pathology and clinical presentation including, but not limited to, extensive burns, complicated hand injuries involving multiple joints and 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.

Group/class intervention occurs where a physiotherapist delivers a common service to more than one person at the same time. Examples are aquatic physiotherapy classes and exercise groups. Maximum class size is six (6) participants. A physiotherapy management plan is required for each worker participant.

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

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

Initial consultation and treatment means the first session provided by the physiotherapist in respect of an injury which includes:

- history taking,
- physical assessment,
- diagnostic formulation,
- goal setting and planning treatment,
- treatment/service,
- clinical recording,
- communication with referrer, and
- preparation of a management plan when indicated.

Normal practice means premises in or from which a physiotherapist regularly operates a physiotherapy practice and treats patients. It also includes facilities where service may be delivered on a regular or contract basis such as a hydrotherapy pool, gymnasium, private hospital or workplace.

Physiotherapist means a physiotherapist registered under the Health Practitioner Regulation National Law Act 2009.

Physiotherapy management plan means the document used by the physiotherapist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A Physiotherapy Management Plan provides the mechanism to request approval from the relevant workers compensation insurer for treatment beyond:

- (a) the initial eight (8) consultations (when an injured worker has not attended for any previous treatment of a physical nature for this injury) or
- (b) the initial consultation/treatment (when an injured worker has attended for previous treatment of a physical nature for this injury).

A physiotherapy management plan can request approval for up to an additional eight (8) physiotherapy consultations unless otherwise approved by the insurer.

Physiotherapy services refers to all treatment services delivered by a registered physiotherapist and listed in schedules A and B.

Report Writing occurs when a physiotherapist is requested by the insurer to compile a written report, other than the Physiotherapy Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

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 a Physiotherapy Management Plan when indicated.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate clinical management of the patient requires the physiotherapist to travel away from their normal practice. Travel costs do not apply where the Physiotherapist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. Where multiple patients are being treated in the same visit, it is expected that the travel charge will be divided accordingly. The insurer must provide pre-approval for such a service.

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.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved physiotherapist means a physiotherapist who has, either before or after the commencement of this Order, by a date notified by WorkCover, participated in the WorkCover Training Courses and any other course approved by WorkCover (if any) for the purpose of this Order.

Work related activity assessment, consultation and treatment means a one hour session provided on a one to one basis for a work related activity delivered to a patient that is new to the practice and includes:

- review of the previous treatment,
- assessment of current condition including functional status,
- goal setting,
- treatment planning / work related activity planning,
- clinical recording,
- communication with key parties, and
- preparation of a management plan when indicated.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012 whether it relates to an injury received before, on or after that date.

5. Maximum fees for physiotherapy treatment generally

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, 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 physiotherapist to provide treatment of a type specified in any of items PTX007 to PTX011 in Schedule A at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTX014 in Column 2 of Schedule A.
- (3) This clause does not apply to treatment by a WorkCover approved physiotherapist.

6. Higher maximum fees for WorkCover approved physiotherapists

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a physiotherapist, who is a WorkCover approved physiotherapist, being treatment of a type specified in Column 1 of Schedule B to this Order, is the corresponding amount specified in Column 2 of that Schedule.
- (2) If it is reasonably necessary for a physiotherapist to provide treatment of a type specified in any of items PTA007 to PTA011 in Schedule B at 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 an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PTA014 in Column 2 of Schedule B.

7. Goods and Services Tax

- (1) Physiotherapy treatment services provided by a registered physiotherapist directly to a worker are GST free.
- (2) Case conference, report writing and travel services provided by a physiotherapist in relation to treatment of a worker are subject to GST.

SCHEDULE A – Maximum fees for Physiotherapists generally

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
PTX001	Initial consultation and treatment	50
PTX002	Standard consultation and treatment	40
PTX003	Initial consultation and treatment of two (2) distinct areas	75
PTX004	Standard consultation and treatment of two (2) distinct areas	60
PTX005	Complex treatment	80
PTX006	Group/class intervention	30/participant
Home Visit		
PTX007	Initial consultation and treatment	62
PTX008	Standard consultation and treatment	50
PTX009	Initial consultation and treatment of two (2) distinct areas	94
PTX010	Standard consultation and treatment of two (2) distinct areas	75
PTX011	Complex treatment	100
Other		
PTX012	Case conference	100/hour
PTX013	Report writing	100 (maximum)
PTX014	Travel	1.00 per kilometre

SCHEDULE B – Maximum fees for WorkCover approved Physiotherapists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Normal Practice		
PTA001	Initial consultation and treatment	81
PTA002	Standard consultation and treatment	68.50
PTA003	Initial consultation and treatment of two (2) distinct areas	122.10
PTA004	Standard consultation and treatment of two (2) distinct areas	103.40
PTA005	Complex treatment	137
PTA006	Group/class intervention	48.60/participant

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
Home Visit		
PTA007	Initial consultation and treatment	99.70
PTA008	Standard consultation and treatment	79.70
PTA009	Initial consultation and treatment of two (2) distinct areas	147
PTA010	Standard consultation and treatment of two (2) distinct areas	125.80
PTA011	Complex treatment	161.90
Other		
PTA012	Case conference, Report writing	161.90/hour 161.90 (maximum)
PTA013	Work Related Activity assessment, consultation and treatment	161.90 (maximum)
PTA014	Travel	1.50/kilometre

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (HEARING AIDS FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Workers in NSW with noise-induced hearing loss can request hearing aids. Treatment by a hearing service provider is one of the categories of medical and 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 provision of treatment and hearing aids by a hearing service provider to an injured worker who has suffered hearing loss due to a work related injury.

Schedule A to this Order provides for maximum fees for the provision of treatment and hearing aids by a hearing service provider, as defined in the Order. Schedule B outlines the procedure that must be followed for provision of hearing aids and/or treatment.

Workers Compensation (Hearing Aids Fees) Order 2012.

1. Name of Order

This Order is the Workers Compensation (Hearing Aids Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this order:

Audiologists are university graduates with tertiary qualifications in audiology who specialise in the assessment, prevention and non-medical management of hearing impairment and associated disorders of communication. Audiologists are 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).

Audiometrists hold a qualification from a registered training organisation such as TAFE NSW followed by on-the-job training. Audiometrists also specialise in the nonmedical assessment and management of communication difficulties caused by hearing loss. Audiometrists are 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 Hearing Aid Audiometrist Society of Australia (HAASA).

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 Standard 1269.4/05, determination of communication goals, recommendation of hearing aid and clinical rationale for hearing aid.

Hearing aids are non-implantable electronic instruments designed and manufactured to provide amplification for people with a hearing loss.

Hearing service provider refers to providers approved by WorkCover NSW to provide hearing aids to injured workers. A list of WorkCover approved hearing service providers are found at www.workcover.nsw.gov.au or by phoning 13 10 50.

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

New Tax System Price Exploitation Law means:

- (a) the New Tax System Price Exploitation Code as applied as a law of New South Wales by the PriceExploitation Code (New South Wales) Act 1999, and
- (b) Part VB of the Trade Practices Act 1974 (Cth).

The Act means the Workers Compensation Act 1987.

WorkCover means the WorkCover Authority of New South Wales.

4. Application of Order

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

5. Maximum Fees

- (1) The maximum fee amounts for which an employer is liable under the Act for provision of treatment and hearing aids by a hearing service provider to an injured worker are listed in Schedule A.

(2) No fees are payable by or on behalf of an employer for treatment or hearing aids provided by a person who is not a WorkCover approved hearing service provider.

6. Goods and Services Tax

- (1) 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.
- (2) This clause does not permit a hearing service provider to charge or recover, in respect of GST payable in respect of a service, an amount that is greater than:
- 10% of the maximum amount payable under this Order to the hearing service provider in respect of the medical or related treatment apart from this clause, or
 - the amount permitted under the New Tax System Price Exploitation Law, whichever is the lesser.

SCHEDULE A – Maximum fees for hearing aids and services

Note: Incorrect use of an item may result in WorkCover taking action to recover money that has been incorrectly received.

<i>Item</i>	<i>Service description</i>	<i>Maximum amount (excl GST)</i>
AID001	Hearing needs assessment – Audiologist	\$176.50
	Hearing needs assessment – Audiometrist	\$145.30
	Supply of hearing aid	wholesale price of the hearing aid to a maximum of \$2000.00 per aid.
	Handling fee (monaural or binaural Hearing aid/s) payable upon supply of Hearing aid	\$259.50
	Fitting of hearing aid/s, including: <ul style="list-style-type: none"> • Fitting • trial of hearing aid for 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. <i>Paid only once per worker in any five year period unless prior approval obtained from insurer.</i>	\$622.70 (monaural) \$1,037.80 (binaural)
	Hearing aid review/minor maintenance <i>Only applicable 12 months after supply.</i>	\$124.60
	Hearing aid repairs <i>Payable only if a copy of manufacturer's invoice for repairs is provided.</i>	Up to \$342.50
	12 months hearing aid battery/consumables supply.	\$103.80 per hearing aid
	Fitting and supply of hearing aid/s greater than the gazetted fee <i>In exceptional circumstances, e.g. specific work demands, application may be made to the Insurer for WorkCover approval of a hearing aid/s that exceeds the gazetted fee.</i>	

SCHEDULE B – WorkCover NSW procedures for the provision of hearing aids

Workers in NSW with noise-induced hearing loss can request hearing aids and the procedures for obtaining them are outlined below.

OVERVIEW

Medical support for the provision of hearing aids

The initial provision of a hearing aid is supported when the worker has been paid for permanent impairment (hearing loss) and/or the WorkCover approved permanent impairment assessor recommends a hearing aid. The replacement of a hearing aid is supported when the worker's general practitioner (GP) confirms the worker's need for a replacement hearing aid.

Selection of hearing aid

The worker selects a hearing service provider from the WorkCover approved list of providers. The provider completes a hearing needs assessment and a quote for the fitting and supply of a hearing aid – wholesale price plus service costs in line with WorkCover gazetted fees. The assessment and quote are submitted to the insurer.

Insurer approval

The insurer checks entitlement and quotes against the WorkCover gazetted fees and advises regarding approval of the fitting and supply of the hearing aid.

Fitting and supply of hearing aid

Once approved, the worker is fitted and supplied with the recommended hearing aid for a 30-day trial. If the trial is successful, the hearing service provider advises the insurer and invoices for the fitting and supply of the hearing aid. If the trial is unsuccessful, the provider advises the insurer and invoices for the hearing needs assessment only.

Review of hearing aid

After 12 months use, the worker visits the hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required.

PROCEDURES**1 WORKER**

- (1) When a hearing aid is initially recommended following a permanent impairment assessment, the worker chooses a WorkCover approved hearing service provider and arranges a hearing needs assessment and quote for the fitting and supply of the hearing aid.
- (2) If a hearing aid needs replacement the worker must visit their (GP) to confirm the use of the hearing aid and complete a WorkCover declaration form (available from www.workcover.nsw.gov.au or 13 10 50). The worker must then visit a WorkCover approved hearing service provider to get a quote for the replacement. The hearing service provider will then forward the quote and declaration form to the insurer.
- (3) Once approved by the insurer, the worker attends the WorkCover approved hearing service provider for the fitting and supply of the hearing aid.
- (4) After 12 months use, the worker visits the WorkCover approved hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required (to a maximum of \$103.80/year per hearing aid). The worker is required to sign and date the invoice for the supply of batteries or maintenance.

2 HEARING SERVICE PROVIDER

- (1) This procedure applies to the provision of both an initial and a replacement hearing aid. For a replacement hearing aid, the worker's GP is required to complete a WorkCover declaration form to confirm the need for them. This must be forwarded to the insurer with the quote for a replacement hearing aid.
- (2) All hearing service providers must be WorkCover approved. The application to become a WorkCover approved hearing service provider outlines the criteria that must be met.
- (3) A quote must be forwarded to the insurer and approval from the insurer sought before the fitting and supply of a hearing aid. The quote must include:
 - (a) the worker's contact details,
 - (b) a full description of the hearing aid selected from the WorkCover approved hearing aid wholesale price list to a maximum of \$2000.00 per hearing aid,
 - (c) an outline of how the hearing aid meets the test of 'reasonably necessary' for the injured worker in overcoming the effect of the hearing impairment
 - (d) the audiogram the recommendations are based upon,
 - (e) details of the person who provided the assessment and quote,
 - (f) hearing service provider details including ABN and WorkCover approval number
 - (g) service fees in accordance with the Workers Compensation (Hearing Aids Fees) Order 2012, including handling and fitting fee, and
 - (h) 12 months supply of batteries in accordance with the Workers Compensation (Hearing Aids Fees) Order 2012.
- (4) Once approved by the insurer, a hearing aid can be fitted and supplied by the hearing service provider.
- (5) A hearing aid is provided for an initial trial period of up to 30 days.
- (6) After a successful trial, the hearing service provider will obtain confirmation of this from the worker, advise the insurer, GP and ear, nose and throat (ENT) specialist, where applicable, of the outcome, and invoice for the supply and fitting of the hearing aids in accordance with the Workers Compensation (Hearing Aids Fees) Order 2012.
- (7) If the worker has not persisted with the use of a hearing aid at 30 days, the hearing service provider can submit an invoice for the hearing needs assessment in accordance with the Workers Compensation (Hearing Aids Fees) Order 2012.

- (8) In accordance with Section 60A of the Act the worker is not liable to pay, and a hearing service provider is not entitled to recover from the worker or employer, any amount that exceeds the Workers Compensation (Hearing Aids Fees) Order 2012.
- (9) The hearing service provider must provide outcome measures (e.g. Client Oriented Scale of Improvement – COSI) to the insurer with the invoice to confirm the benefit of any hearing aid provided.
- (10) The worker may visit the hearing service provider after 12 months use of their hearing aid for a review. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. Following this, additional batteries and minor maintenance, not covered by the manufacturer's warranty, can be obtained from any WorkCover approved hearing service provider as required (to a maximum of \$103.80/year per hearing aid). The worker is required to sign and date the invoice to confirm the supply of batteries or maintenance. The hearing service provider can then submit the invoice to the insurer for payment.

3 INSURER

- (1) When a hearing aid is recommended for or requested by, a worker, the insurer will provide the worker with written information regarding the provision of hearing aids that is in accordance with the process outlined in these guidelines.
- (2) When considering a request for hearing aids, the insurer will check:
 - (a) medical support for the hearing aid i.e. recommendation from the permanent impairment assessment for initial hearing aid or confirmation from the GP that a replacement hearing aid is needed, as indicated on a completed declaration form,
 - (b) that the quoted hearing aid is on the WorkCover approved wholesale hearing aid price list and does not exceed the maximum \$2000.00 per hearing aid in accordance with the Workers Compensation (Hearing Aids Fees) Order 2012 (self and specialised insurers should contact WorkCover Provider Services Branch, to confirm that the hearing aid is on the price list), and
 - (c) that the hearing service provider is WorkCover approved.
- (3) If necessary, the insurer will contact the worker to confirm the worker wants the hearing aid.
- (4) When the request for a hearing aid is deemed reasonably necessary, the insurer will approve a trial (30 days) of the quoted hearing aid.
- (5) The insurer will pay the hearing service provider for the supply and fitting of the hearing aid, and 12 months supply of batteries when a trial of a hearing aid is confirmed as successful (by the provision of outcome measures from the provider) and the worker confirms receipt of the invoiced hearing aid. The claim can then be closed.
- (6) After 12 months use, the worker may visit a hearing service provider for a review of their hearing aid. If the worker requires ongoing use of their hearing aid, the hearing service provider will supply batteries to cover a further 12 months. The worker is required to sign and date the invoice to confirm supply of batteries. The claim is reopened to manage the costs associated with the hearing aid review and supply of batteries and is then closed.
- (7) Following the process outlined above, the worker can obtain additional batteries and minor maintenance, not covered by the manufacturer's warranty, from any WorkCover approved hearing service provider as required (to a maximum of \$103.80/year per hearing aid). The worker is required to sign and date the invoice to confirm the supply of batteries. The hearing service provider will then submit the invoice to the insurer for payment.
- (8) Any questions regarding the quoted hearing aid should be clarified with the hearing service provider. If further hearing loss is suspected, the insurer may refer to an ENT specialist (WorkCover approved) for a review of the worker's hearing needs.
- (9) If an insurer receives a request for a hearing aid that exceeds the gazetted fee because of the exceptional circumstances of the worker, e.g. specific work demands, the insurer must forward their recommendation to WorkCover's Provider Services Branch for consideration.

4 GENERAL PRACTITIONER (GP)

- (1) The worker will visit their GP if a replacement hearing aid is required. The GP will review the worker's use of the hearing aid and, if replacement is necessary to the worker's functioning in the community, complete the WorkCover declaration form so the worker can obtain a quote for a replacement hearing aid from a WorkCover approved hearing service provider.
- (2) If the GP believes there is possible further work-related hearing loss, they will refer to an ENT specialist (WorkCover approved) for review and advise the insurer of the referral.

5 ENT SPECIALIST (WORKCOVER APPROVED ASSESSOR OF PERMANENT IMPAIRMENT)

The ENT specialist (WorkCover approved) will provide a report in accordance with the WorkCover Guides for the evaluation of permanent impairment and a recommendation if provision of a hearing aid will assist in overcoming the worker's hearing deficit. The worker submits this report in support of their initial claim or in support of another claim for further hearing loss.

6 REQUEST FOR REPLACEMENT HEARING AID RECEIVED FROM A SOLICITOR

- (1) Under section 60 of the Act employers of injured workers are liable for the cost of medical and related treatment that is reasonably necessary. Treatment ordered by a legal practitioner does not generally satisfy this requirement. Usually, treatment is only capable of being reasonably necessary when it is ordered or supported by, a medical practitioner, unless the insurer has other authoritative evidence of the need for such treatment. Accordingly, an insurer is not generally liable for the cost of treatment ordered by a legal practitioner.
- (2) If a request for a replacement hearing aid is received from a solicitor representing an injured worker, the insurer must advise the solicitor in writing that they will now contact the worker directly to determine their needs. The insurer will then notify the worker of the information received from the solicitor and follow procedures described in these guidelines.

7 CLAIM CLOSURE

As outlined in the WorkCover Guides for claiming compensation benefits, a claim may be closed when a decision is made that the worker has no ongoing entitlement to benefits and this decision is not being disputed. Factors to be considered include:

- (a) worker has achieved optimal return to work and health outcomes,
- (b) all payments have been made, and
- (c) no recovery action is current.

Prior to closing a claim, the worker is to be notified in writing giving the reason for the decision and that the claim may be reopened if necessary. For further information, contact WorkCover's Provider Services Branch on 1800 801 905 or visit provider.services@workcover.nsw.gov.au.

ADDITIONAL DEFINITIONS

Insurer 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 and self and specialised insurers.

Reasonably Necessary includes:

1. appropriateness i.e. have the capacity to lessen the effects of the injury, cure, alleviate or retard progressive deterioration
2. availability of alternatives i.e. consideration of all other options and if other options would substantially alleviate the problem
3. cost i.e. there must be a positive cost benefit e.g. if a hearing aid or treatment is provided at high cost but with minimal effectiveness it may not be considered reasonably necessary where an effective alternative exists at a much lower cost
4. effectiveness (actual or potential) i.e. the degree to which the consequences of the injury can be alleviated
5. acceptance i.e. whether or not a particular hearing aid or treatment has been used in similar cases or is generally accepted by clinical peers.

WORKERS COMPENSATION (COUNSELLING FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a counsellor is one of the categories of medical and 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 counsellor of an injured worker's work related injury.

This Order makes provision for psychology/counselling management plans and the approval by workers compensation insurers of certain counselling services. No. fees are payable for counselling treatment provided by a person who is not a WorkCover approved counsellor. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for Counseling services set out in this order.

Workers Compensation (Counselling Fees) Order 2012**1. Name of Order**

This order is the Workers Compensation (Counselling Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the counsellor's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Counselling services refers to all counselling services delivered by a WorkCover approved counsellor and each service is to be billed according to Schedule A.

Counsellor means a WorkCover approved counsellor.

Group intervention occurs where a counsellor delivers a common service to more than one person at the same time, for example; Group Therapy. Maximum class size is six (6) participants. A Psychology/Counselling Management Plan is required for each worker.

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

Initial consultation means the first session provided by the WorkCover approved counsellor in respect of an injury and may include:

- history taking
- assessment
- goal setting and treatment planning
- treatment
- clinical recording
- communication with referrer and insurer.

The service is one to one for the entire session.

Psychology/counselling management plan means the document used by the counsellor to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A psychology/counselling management plan provides the mechanism to request approval from the relevant workers compensation insurer for up to six (6) consultations after the first six sessions have been provided.

Report writing occurs when a counsellor is requested by the insurer to compile a written report, other than the management plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation means a session provided subsequent to the Initial consultation by the WorkCover approved counsellor in respect of an injured worker and may include:

- reassessment

- treatment
- clinical recording and preparation of a management plan (if required).

The service is one to one for the entire session.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate management of the injured worker requires the counsellor to travel away from their normal practice. Travel costs do not apply where the counsellor provides contracted service to facilities such as a private hospital or workplace. The insurer must provide pre-approval for such a service.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a counsellor who has, either before or after the commencement of this Order, by a date notified by WorkCover, been approved by WorkCover to provide counselling services for the purpose of this Order.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012, whether it relates to an injury received before, on or after that date.

5. Maximum fees for counselling services

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a counsellor, 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 counsellor to provide treatment of a type specified in any of items COU002, COU003 or COU005 in Schedule A at a place other than the usual practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometer (for the number of kilometers of travel reasonably involved) specified for item COU006 in Column 2 of Schedule A.

6. Goods and Services Tax (GST)

Counselling services provided by a Counsellor are subject to GST.

SCHEDULE A – Maximum fees for counsellors

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
COU002	Initial consultation	143.70
COU003	Standard consultation	128.70
COU004	Report Writing	128.70/hour (max 1 hour)
COU005	Case Conferencing	128.70/hour pro rata
COU006	Travel	1.50 per kilometre
COU007	Group	40.80/participant

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (EXERCISE PHYSIOLOGY FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a remedial gymnast is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. For the purposes of this Order, the term remedial gymnast is interchangeable with exercise physiologist. This Order sets the maximum fees for which an employer is liable under the Act for treatment by an exercise physiologist of an injured worker's work related injury.

This Order makes provision for exercise physiology management plans and the approval by workers compensation insurers of certain exercise physiology services. No. fees are payable for exercise physiology services provided by a person who is not a WorkCover approved exercise physiologist. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for exercise physiology services set out in this order.

Workers Compensation (Exercise Physiology Fees) Order 2012**1. Name of Order**

This order is the Workers Compensation (Exercise Physiology Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the exercise physiologist's records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Exercise physiologist means a WorkCover approved exercise physiologist.

Exercise physiology management plan means the document used by the exercise physiologist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. An exercise physiology management plan provides the mechanism to request approval from the relevant workers compensation insurer for up to eight (8) consultations. If treatment is ongoing a further exercise physiology management plan must be submitted and approved before treatment can be delivered and in each such case approval can only be given for up to eight (8) consultations.

Exercise physiology services refers to all services delivered by a WorkCover approved exercise physiologist and each service is to be billed according to Schedules A and B. Exercise physiology services are limited to clinical exercise prescription, instruction and supervision, health education and exercise-based lifestyle and behaviour modification services.

Group/class intervention occurs where an 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. An Exercise Physiology Management Plan is required for each worker.

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

Initial consultation and treatment means the first session provided by the exercise physiologist in respect of an injury which is of one hour duration, provided on a one to one basis and includes:

- history taking
- physical assessment
- goal setting and planning treatment
- treatment/service
- clinical recording
- communication with referrer
- preparation of a management plan when indicated.

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

Reduced supervision treatment occurs where an 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 exercise physiologist-to-patient ratio being one-to-one for at least 30% of the session time.

Report writing occurs when an exercise physiologist is requested by the insurer to compile a written report, other than the exercise physiology management plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation and treatment means one-to-one treatment sessions for one hour provided subsequent to the Initial consultation and includes:

- re-assessment,
- treatment,
- recording of notes and
- preparation of a exercise physiology management plan when indicated.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate management of the patient requires the exercise physiologist to travel away from their normal practice. Travel costs do not apply where the exercise physiologist provides contracted service to facilities such as a private hospital, hydrotherapy pool, workplace or gymnasium. Where multiple patients are being treated in the same visit, it is expected that the travel charge will be divided accordingly. The insurer must provide pre-approval for such a service.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means an exercise physiologist who has, either before or after the commencement of this Order, by a date notified by WorkCover, been approved by WorkCover to provide exercise physiology services for the purpose of this Order.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012, whether it relates to an injury received before, on or after that date.

5. Maximum fees for exercise physiology treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a 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 a exercise physiologist to provide treatment of a type specified in any of items EPA001 to EPA004 in Schedule A at a place other than the usual practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by 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.

6. Goods and Services Tax

Exercise Physiology services are subject to GST.

SCHEDULE A – Maximum fees for exercise physiologists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
EPA001	Initial consultation and treatment	129.30
EPA002	Standard consultation and treatment	129.30
EPA003	Reduced supervision treatment	56.50
EPA004	Group/class intervention	41.20/participant
EPA005	Additional expenses	As agreed with insurer
EPA006	Case conference	129.30/hour
EPA007	Report writing	129.30 (maximum)
EPA008	Travel	1.50/kilometre

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (REMEDIAL MASSAGE THERAPY SERVICES FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a “masseur” is one of the categories of medical and related treatment covered under the Workers Compensation Act 1987. For the purposes of this Order, the term masseur is interchangeable with remedial massage therapist. This Order sets the maximum fees for which an employer is liable under the Act for reasonably necessary treatment by a WorkCover approved remedial massage therapist of an injured worker’s work related injury.

This Order makes provision for Remedial massage therapy management plans and the approval by workers compensation insurers of certain remedial massage therapy services. Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for Remedial massage therapy services set out in this order.

Workers Compensation (Remedial Massage Therapy Services Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Remedial Massage Therapy Services Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this order:

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

Remedial Massage Therapist means a WorkCover approved remedial massage therapist.

Remedial massage therapy services refers to treatment services provided by a WorkCover approved remedial massage therapist and is limited to soft tissue massage targeting specific musculoskeletal injuries.

The Act means the Workers Compensation Act 1987.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a remedial massage therapist who, at the time when the services are provided, is approved by WorkCover to provide remedial massage therapy services.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012, whether it relates to an injury received before, on or after that date.

5. Maximum fees for remedial massage therapy

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a remedial 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.
- (2) No fees are payable for remedial massage therapy provided by a person who is not a WorkCover approved remedial massage therapist.

6. Goods and Services Tax (GST)

Remedial massage therapy services are subject to GST.

SCHEDULE A – Maximum fees for WorkCover approved remedial massage therapists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
RMA 001	Consultation and treatment (60 minutes duration)	\$70.60
RMA 002	Consultation and treatment (45 minutes duration)	\$52.90
RMA 003	Consultation and treatment (30 minutes duration)	\$35.30

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKERS COMPENSATION (PSYCHOLOGY FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, pursuant to section 61 of the Workers Compensation Act 1987, make the following Order.

Dated this thirteenth day of December 2011

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a psychologist is one of the categories of medical and 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 psychologist of an injured worker's work related injury.

This Order makes provision for psychology/counselling management plans and the approval by workers compensation insurers of certain psychology services. No. fees are payable for psychology treatment provided by a person who is not a WorkCover approved psychologist.

Injured workers are not liable for the cost of any medical or related treatment. Employers are liable for the cost of treatment. Employers are only liable to pay the amounts for psychology services set out in this order.

Workers Compensation (Psychology Fees) Order 2012**1. Name of Order**

This order is the Workers Compensation (Psychology Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

Case Conference means a face-to-face meeting or teleconference with the nominated treating doctor, workplace rehabilitation provider, employer, insurer and/or worker to discuss a worker's return to work plan and / or strategies to improve a worker's ability to return to work. File notes of case conferences are to be documented in the psychologists' records indicating discussion and outcomes. This information may be required for invoicing purposes. Discussions between treating doctors and practitioners relating to treatment are considered a normal interaction between referring doctor and practitioner and are not to be charged as a case conference item.

Group intervention occurs where a psychologist delivers a common service to more than one person at the same time, for example; Group Therapy. Maximum class size is six (6) participants. A psychology/counselling management plan is required for each worker.

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

Initial consultation means the first session provided by the WorkCover approved psychologist in respect of an injury and may include:

- history taking
- assessment
- goal setting and treatment planning
- treatment
- clinical recording
- communication with referrer and insurer.

The service is one to one for the entire session.

Psychologist means a WorkCover approved psychologist.

Psychology/counselling management plan means the document used by the psychologist to indicate treatment timeframe and anticipated outcomes for an injured worker to the relevant workers compensation insurer. A psychology/counselling management plan provides the mechanism to request approval from the relevant workers compensation insurer for up to six (6) consultations after the first six (6) sessions have been provided.

Psychology services refers to all treatment services delivered by a WorkCover approved psychologist and each service is to be billed according to Schedule A.

Report writing occurs when a psychologist is requested by the insurer to compile a written report, other than the Management Plan, providing details of the worker's treatment, progress and work capacity. The insurer must provide pre-approval for such a service.

Standard consultation means a session provided subsequent to the Initial consultation by the WorkCover approved psychologist in respect of an injured worker and may include:

- reassessment
- treatment
- clinical recording and preparation of a management plan (if required)

The service is one to one for the entire session.

The Act means the Workers Compensation Act 1987.

Travel occurs when the most appropriate management of the injured worker requires the psychologist to travel away from their normal practice. Travel costs do not apply where the psychologist provides contracted service to facilities such as a private hospital or workplace. The insurer must provide pre-approval for such a service.

WorkCover means the WorkCover Authority of New South Wales.

WorkCover approved means a psychologist who has, either before or after the commencement of this Order, by a date notified by WorkCover, been approved by WorkCover to provide psychology services for the purpose of this Order.

4. Application of Order

This Order applies to treatment provided on or after 1 January 2012, whether it relates to an injury received before, on or after that date.

5. Maximum fees for psychology treatment

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured worker by a psychologist, 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 psychologist to provide treatment of a type specified in any of items PSY001, PSY002 or PSY004 in Schedule A at a place other than the usual practice, the maximum fee amount for which an employer would otherwise be liable under the Act for that type of treatment is increased by an amount calculated at the rate per kilometre (for the number of kilometres of travel reasonably involved) specified for item PSY005 in Column 2 of Schedule A.

6. Goods and Services Tax

- (1) Psychology treatment services provided by a registered psychologist directly to the injured worker are GST free.
- (2) Case conference, report writing and travel services provided by a psychologist in relation to treatment of an injured worker are subject to GST.

SCHEDULE A – Maximum fees for psychologists

<i>Item</i>	<i>Column 1 Type of Treatment</i>	<i>Column 2 Maximum Amount (\$) (excl GST)</i>
PSY001	Initial consultation	193.00
PSY002	Standard consultation	160.80
PSY003	Report Writing	160.80/hour (max 1 hour)
PSY004	Case Conferencing	160.80/hour pro rata
PSY005	Travel	1.50 per kilometre
PSY006	Group	48.30/participant

Note: Where fees are incorrectly claimed, WorkCover may take action to recover the amount of the overpayment. Fees will only be paid after services have been rendered.

WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION (MEDICAL EXAMINATIONS AND REPORTS) ORDER 2012

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 339 of the Workplace Injury Management and Workers Compensation Act 1998.

Dated this fourteenth day of December 2011.

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

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Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2012

Part 1 Preliminary

1. Name of Order

This Order is the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

the Act means the Workplace Injury Management and Workers Compensation Act 1998;

Approved Medical Specialist means an Approved Medical Specialist appointed by the President of the Workers Compensation Commission conducting an examination as part of dispute resolution proceedings at the Workers Compensation Commission. Schedules 3 and 4 of this Order apply.

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.

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 WorkCover Guidelines on Independent Medical Examinations and Reports in effect from 1 May 2009; and

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

Medical Examination Report means an examination and report completed by an Independent Medical Examiner or a treating Medical Practitioner where additional information is required by either party to a current or potential dispute. This 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.

Medical Examination Reports may be requested to assist decision making on any part of the claim when the management reports available do not adequately address the issue. Schedules 1 and 2 of this Order apply. Medical Examination Reports are categorised as follows:

- a. *Standard Reports* are reports relating solely to a single event or injury in relation to –
 - causation; or

- fitness 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:
 - o causation
 - o fitness for work
 - o treatment
 - o 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 3 or more of the following:
 - o causation
 - o fitness for work
 - o treatment
 - o 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 under the Health Practitioner Regulation National Law (NSW) No. 86a in the medical profession.

Senior Approved Medical Specialist means a Senior Approved Medical Specialist appointed by the President of the Workers Compensation Commission under section 320(2A) of the Act. Schedule 5 of this Order applies.

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

For the purposes of section 339 of the Act the maximum fees for the provision by health service providers of any report for use in connection with a claim for compensation or work injury damages and an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation or work injury damages is as follows:

- a. the rate of fees for a medical examination by general practitioners as set out in Schedule 1,
- b. the rate of fees for a medical examination by medical specialists as set out in Schedule 2,
- c. the rate of fees for a medical examination carried out by an Approved Medical Specialist (AMS) on referral by the Workers Compensation Commission as set out in Schedule 3,
- d. the rate of fees for a medical examination carried out by an Approved Medical Specialist on an appeal panel as set out in Schedule 4.
- e. the incorrect use of medical assessments fees items can result in penalties, including the medical provider being asked to repay monies to WorkCover that the provider has incorrectly received.

6. Goods and Services Tax

- (1) 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 to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

7. Payments under Schedules 1 & 2

- (1) The party requesting a report as listed in these Schedules is to either:
 - a. agree the category of report being requested with the doctor and confirm the request in writing indicating that payment will be made within 10 days of receipt of a properly completed report and invoice; or
 - b. pay in accordance with a contractual arrangement between the medical practice and the referring body on receipt of a properly completed tax invoice.

The contractual arrangement cannot agree to a fee above the maximum fee prescribed in this Order.

Schedules 1 and 2 apply to reports obtained for the purpose of 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 are fixed under section 61 of the Workers Compensation Act 1987.

(2) Fees fixed in these Schedules are recoverable only where the conditions for payment as set out in Part 3 of Schedule 6 of the Workers Compensation Regulation 2010 have been complied with.

Part 3 item 4 (which applies to a treating Medical Practitioner report) provides:

“If a claim or dispute is resolved whether before or after proceedings commenced:

Claimant

- a. nil fee payable, unless paragraph (b) applies, or
- b. fee allowed in accordance with any applicable fee Order where:
 - (i) request for report made to insurer; and
 - (ii) either:
 - insurer does not provide report within 14 days, or
 - report supplied by insurer does not address the report requirements of the claimant, and
 - (iii) report is served on insurer.

Insurer:

- a. fee allowed in accordance with any applicable fee Order.

Part 3 item 6 (which applies to clinical notes and records), provides conditions for payment in similar terms as above for item 4, but the period of time for an insurer to provide clinical records is fixed at 7 days.

In accordance with section 339 of the Workplace Injury Management and Workers Compensation Act 1998, a Medical Practitioner is not entitled to be paid or recover any fee for providing a service that exceeds the fee fixed under this Order.

SCHEDULE 1 – Rates for Medical Examination by General Practitioners

<i>Payment Classification Code</i>	<i>Service description</i>	<i>Fee</i>
IMG001 or WIG001	Examination and report in accordance with the Guidelines – standard case (see definition of medical examination)	\$496.80
IMG002 or WIG002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of medical examination)	\$554.80
IMG005 or WIG005	Non-attendance or cancellation with less than 7 days notice	\$121.45
IMG006 or WIG006	File review	\$367.70
IMG007 or WIG007	Supplementary report where additional information is provided and requested	\$245.20
IMG008 or WIG008	Update examination and report of worker previously reviewed, where there is no intervening incident	\$309.70
IMG009 or WIG009	Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the Crown Employees (Public Service Conditions of Employment) Award 2009

SCHEDULE 2 – Rates for Medical Examination by Medical Specialists

<i>Payment Classification Code</i>	<i>Service description</i>	<i>Fee</i>
IMS001 or WIS001	Examination and report in accordance with the Guidelines – standard case (see definition of medical examination)	\$671.30
IMS002 or WIS002	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of medical examination)	\$838.20

<i>Payment Classification Code</i>	<i>Service description</i>	<i>Fee</i>
IMS003 or WIS003	ENT report (includes audiological testing), in accordance with the Guidelines – standard case (see definition of medical examination)	\$671.30
IMS031 or WIS031	ENT report (includes audiological testing) when examination has been conducted with the assistance of an interpreter and report in accordance with Guidelines – standard case (see definition of medical examination)	\$838.20
IMS004 or WIS004	Examination and report in accordance with the Guidelines – moderate complexity including ENT reports (see definition of medical examination)	\$1006.30
IMS005 or WIS005	Examination conducted with the assistance of an interpreter and report in accordance with Guidelines – moderate complexity including ENT reports (see definition of medical examination)	\$1174.40
IMS006 or WIS006	Examination and report in accordance with Guidelines – complex case (see definition of medical examination)	\$1335.10
IMS007 or WIS007	Examination and report in accordance with Guidelines – complex case (see definition of medical examination) with the assistance of an Interpreter.	\$1671.30
IMS008 or WIS008	Examination and report in accordance with the Guidelines – psychiatric	\$1174.40
IMS091 or WIS091	Cancellation with 2 days notice	\$168.15
IMS092 or WIS092	Cancellation with less than 2 working days notice, non attendance at scheduled appointment or unreasonably late attendance by worker or interpreter that prevents full examination being conducted	\$336.30
IMS010 or WIS010	File review and report	\$503.20
IMS011 or WIS011	Supplementary report where additional information is provided and requested	\$335.00
IMS012 or WIS012	Update examination and report of worker previously reviewed, where there is no intervening incident	\$497.00
IMS013 or WIS013	Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the Crown Employees (Public Service Conditions of Employment) Award 2009

SCHEDULE 3 – Rates for Approved Medical Specialists

These rates are payable to an Approved Medical Specialist on referral from the Workers Compensation Commission for the purpose of resolving a dispute.

<i>Service description</i>	<i>Fee</i>
Examination and report in accordance with Workers Compensation Commission standards – standard case	\$1199.30
Examination and report in accordance with Workers Compensation Commission standards – multiple medical assessments e.g. for permanent impairment and general medical disputes	\$1606.60
Ear, nose and throat, includes audiological testing	\$1406.10

<i>Service description</i>	<i>Fee</i>
Examination and report in accordance with the Workers Compensation Commission standards – psychiatric	\$2006.30
Cancellation with less than 7 calendar days notice	\$399.80
Non-attendance or cancellation with less than 2 working days notice	\$799.60
Consolidation of medical assessment certificates by lead assessor	\$399.80
Re-examination + medical assessment certificate or reconsideration at request of Commission	\$600.30
When interpreter present at examination	Plus \$205.60
Miscellaneous Fee at the discretion of the Registrar or delegate	\$399.80 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the Crown Employees (Public Service Conditions of Employment) Award 2009.

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.

<i>Service description</i>	<i>Fee</i>
Assessment, initial telephone conference and decision on papers	\$799.60
Examination of worker and report by AMS	Fee as per Schedule 3 applies
Cancellation with less than 7 calendar days notice	\$399.90
Non-attendance or cancellation with less than 2 working days notice	\$799.70
Assessment, telephone conference, appeal hearing and decision	\$1805.80
Additional Hearing or teleconference when convened by Arbitrator	\$336.30 per hour
Travel	Reimbursed in accordance with the travelling allowances set out in Table 1 (Allowances) to Part B (Monetary Rates) of the Crown Employees (Public Service Conditions of Employment) Award 2009.

SCHEDULE 5 – Rates for Senior Approved Medical Specialists

These rates are payable to Senior Approved Medical Specialists appointed by the Workers Compensation Commission.

<i>Service Description</i>	<i>Fee</i>
Provision of professional development to Approved Medical Specialists; input into relevant practice and procedures at the Workers Compensation Commission	\$518.90 per hour

WORKERS COMPENSATION (SURGEON FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 61 (2) of the Workers Compensation Act 1987.

Dated this fourteenth day of December 2011.

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a medical practitioner who is a surgeon is a 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 of an injured worker's work-related injury.

(Note: Treatment by an orthopaedic surgeon is covered by the Workers Compensation (Orthopaedic Surgeon Fees) Order 2012. 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 2012).

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

The Order adopts the items listed as Surgical Procedures in the List of Medical Services and Fees published 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 a comprehensive item number is used, separate items should not be claimed for any of the individual items included in the comprehensive service.

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. The invoice should cover the total episode of treatment.

All surgical invoices must be accompanied by a detailed operation report clearly outlining the mechanism of injury, intra-operative findings and the procedures performed.

The incorrect use of AMA items can result in penalties, including the medical provider being asked to repay monies to WorkCover that the provider has incorrectly received.

Workers Compensation (Surgeon Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Surgeon Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

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

the Act means the Workers Compensation Act 1987.

Aftercare visits has the same meaning as in the AMA List and is covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. However unrelated visits or incidental reasons for visits that are not regarded as routine aftercare should be explained with accounts rendered. The consulting surgeon will issue a "certificate" detailing the worker's fitness for work and anticipated aftercare, on discharge from hospital or after the first post injury consultation.

After hours consultations means call-outs to a public or private hospital or a private home for urgent cases before 8.00am or after 6:00pm. This fee is not to be utilised where a consultation is conducted for non-urgent cases outside of these hours.

Assistant at operation means a medical practitioner but only where an assistant's fee is allowed for in the Commonwealth Medicare Benefits Schedule or where indicated in the WorkCover schedule or approved in advance by the insurer.

In accordance with NSW health policy (File No. C17061), assistant fees cannot be charged for WorkCover 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. Workcover 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 published by the Australian Medical Association and dated 1 November 2011.

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; and

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 and the report to the referring General Practitioner and insurer.

The report will contain:

- the patient’s diagnosis and present condition;
- the patient’s likely fitness for pre-injury work or for alternate duties;
- the need for treatment or additional rehabilitation; and
- collateral conditions that are likely to impact on the management of the worker’s condition (in accordance with privacy considerations).

Receipt of this information and “certificates” post treatment will provide sufficient information for insurers, employers and 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.

Medical practitioner means a person registered under the Health Practitioner Regulation National Law (NSW) No. 86a in the medical profession.

Multiple operations or injuries refers to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. The fee for the main procedure or injury is to be paid in full as per Schedule A and 75% of the charge specified in Schedule A for each additional item number or injury is payable, unless specifically listed in the Schedule as a multiple procedure item.

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. Fees for this service will not be pre-paid in whole or part.

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, except where the new procedure is specified as a revision procedure in the AMA list.

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 the Schedule A, if purchased by the surgeon. The fee for surgical procedures includes aftercare visits.

Subsequent consultation is a consultation not included in the normal aftercare that applies following surgery. The cost of the latter is included in the fee for the surgical procedure.

Surgeon means a medical practitioner who is currently a Fellow of the Australasian College of Surgeons. It includes a surgeon who is a staff member at a public hospital providing services at the hospital and a surgeon who is recognised by Medicare Australia as a Specialist Surgeon.

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

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured 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.
- (2) 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 that must be followed 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 that must be followed 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. Further expert medical opinion may be sought by WorkCover to assist with approving surgery requests or invoices.

8. 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 to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

SCHEDULE A – Maximum fees for surgeon

<i>Item</i>	<i>Column 1 Type of service</i>	<i>Column 2 AMA Item(s)</i>	<i>Column 3 Maximum amount</i>
Consultations			
1.	Initial consultation and report	AC500 (MBS 104) AC600 (MBS 6007)	\$280.30
2.	Extended initial consultation and report	AC500 (MBS104) AC600 (MBS 6007)	\$386.10
3.	Subsequent consultation and report	AC510 (MBS 105) AC610 (MBS 6009)	\$193.10
4.	After hours consultation		\$162.00 in addition to consultation fee
Procedures			
5.	Surgical procedures	EA015 (MBS 30001) to MY115 (MBS 50130)	150% of AMA Schedule
6.	Instrument fee	WCO003	\$193.10
7.	Assistant at operation	MZ900	\$323.80 or 20% of the fee for surgical procedures where the assistant fee applies, whichever is greater
8.	Multiple operations or injuries		Primary item number is to be paid in full, and additional item numbers at 75% of scheduled fee
9.	Aftercare visits		As per AMA Schedule
Insurer/lawyer requests			
10.	Opinion on file request		\$193.10
11.	Telephone requests		\$37.40 per 3-5 minute phone call
12.	Lost reports and reprints		\$130.80 per report
13.	Treating specialist 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).		Please refer to the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2012 Schedule 2
14.	Fees for providing copies of clinical notes and records		Please refer to the Workers Compensation (Medical Practitioners Fees) Order 2012 – Section 5(5))

SCHEDULE B – Billing Items Used In Hand Surgery

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

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Reason for decline</i>
Nil	CV233 CV082	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 MINOR NERVE BLOCK (specify type) to provide post operative pain relief (this does not include subcutaneous infiltration)	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.
45051	MG540	CONTOUR RECONSTRUCTION for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation	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.
45445	MH480	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 number is MH490./45448,
47954	MR170	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47966	MR210	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47969	MR220	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47972	MR230	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 item numbers. There already exist appropriate item numbers in the hand surgery section.
48403	MS015	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of item numbers and relates to foot surgery only. There already exist appropriate item numbers in the hand surgery section.
50103	MY015	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50104	MY025	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50109	MY045	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50127	MY105	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 item numbers. There already exist appropriate item numbers in the hand surgery section.

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Reason for decline</i>
60506	OF820	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.
60509	OF824	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.
	900001	Workcover certificate	This is for general practitioners and not treating specialists.

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

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
105	AC510	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.
30023	EA075	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.)	This item applies to heavily contaminated wounds and removal of devitalized tissue in deep wounds. The majority of clean lacerations in acute hand injuries will attract item number EA095/30029. Debridements are also not applicable when removing percutaneous wire fixation. There will be a limit of one debridement per digit.
30029	EA095	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 EA075/30023 for the same wound/zone of injury, nor when repair of a deeper structure is also performed and claimed for.
30223	EA755	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 EA075/30023 for the same wound/zone of injury.
30238	EA825	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE	This item is rarely indicated and cannot be used in conjunction with: EA075/30023 MR240/47975 MR250/47978 MR260/47981
33815 33818	ET560/ ET570	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.

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
39312	LN 740	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 MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure.
39315	LN750	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 LN790, LN800 or LN810
39318	LN760	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques	This item cannot be used in conjunction with LN790, LN800 or LN810. This item cannot be used for prosthetic neural tubes or wraps. In this setting, LN 700 or LN710 are applicable.
39324	LN790/800	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, by open operation	This item cannot be used in conjunction with LN810.
39330	LN810	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 LN700. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, 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 ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.
45203	MH115	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	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.
45206	MH125	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	This item can only be used once for a z-plasty.
45500	MJ025	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.
45501/ 45502	MJ030/ MJ035	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.

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
45503	MJ045	MICRO-ARTERIAL or MICRO-VEINUS graft using microsurgical techniques	This item includes the remuneration for harvesting the graft and performing any microvascular anastomoses to the graft.
45515	MJ075	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).
45563	MJ245	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 MH125/45206 is applicable.
46325	ML105	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.
46327	ML115	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of	This item is not to be used in addition to EA075/30023 when arthrotomy is performed to facilitate joint lavage within an open wound.
46330	ML125	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.
46333	ML135	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. ML125/46330 is the approved number.
46336	ML145	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 EA075/30023 .
46339	ML155	EXTENSOR tendons or FLEXOR tendons of hand or wrist synovectomy of	This item is not indicated for use with surgery for de Quervain's tenovaginitis (ML235/46363) and is rarely indicated in routine carpal tunnel surgery.
46396	ML345	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an intact 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 EA075/30023 if applicable.
46414	ML405	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF in preparation for tendon grafting	Tenolysis (ML545, ML535 : 46450, 46453) or tenotomy (MR20047963) of the tendon to be grafted cannot be billed with this item
46438	ML485	MALLET FINGER, closed pin fixation of	This item is not to be used in conjunction with MP005/47300

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
46450/ 46453	ML535/ ML545	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. ML545 cannot be claimed in conjunction with release of trigger finger.
46504	ML765	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).
46513/ 46516	ML795/ ML805	Digital nail of finger or thumb removal of	This item should not be used in association with nailbed repair (ML665/46486 or ML675/46489)
46516	ML805	DIGITAL NAIL OF FINGER This item is 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 (ML665/46486, ML675/46489)
46522	ML825	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.
47306	MP025	Distal PHALANX of FINGER or THUMB treatment of by open reduction	This item is not appropriate to be used in conjunction with ML665/46486 where a distal tuft fracture is manipulated into position.
47920	MR088	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
47921	MR090	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.
47927	MR110	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 buried k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
48239/ 47306	MR630/ MR640	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 item numbers : ML005, ML015, ML355, ML365, ML375, MR560-MR620.
48400	MS005	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services to which Item MX660 or MX670 applies	This item is only applicable to sesamoidectomy.
48406	MS025	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 not appropriate for simple removal of bone prominence, osteophytes or small quantities of excess bone.
49212	MU470	WRIST, arthrotomy of	This item is not to be used in conjunction with excision of primary or recurrent wrist ganglia. (ML725/46500,ML755/46503/)
50106	MY035	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.

Additional assistance:

1. Where questions arise in individual clinical situations supply of additional information will be considered to assist in determinations.
2. 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
3. After hours loading for cases only applies when a surgeon is called back to perform a procedure(s) in isolation rather than for cases scheduled after 6.00 pm on a weekday or a routine weekend operating list.

Requirements for claims for payment

All claims for payment will need to be accompanied by the following

1. Detailed operation record including a description of the initial injury, structures that were repaired including the anatomic location and technique of repair.
2. Usage of any of the restricted item numbers (Table 2) should be accompanied by clinical justification in order to process the claim.
3. For any proposed surgery – a list of proposed applicable item numbers will need to be provided prior to approval being given.
4. WorkCover reserves the right to insist on independent clinical assessment prior to the payment of invoices and approvals for surgical procedures.

SCHEDULE C – Billing Items Used in Shoulder and Elbow Surgery

The Order adopts the WorkCover Qld Shoulder and Elbow Surgery Guidelines with minor modifications. These are outlined below and their use is mandatory when billing for shoulder and elbow surgery.

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
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 or MX670 applies, any of items MX660, MX670, MR130 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 MT770/48951 Flag if this item is used in combination with any other shoulder item codes (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 Not to be used in combination with MT770/48951 Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)
MS045/ 48412	HUMERUS, osteotomy or osteectomy of, excluding services to which items MR130 or MR140 apply	Flag if this item is used for tennis elbow surgery
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 WorkCover Queensland claims Flag if this item is used twice or more

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
MT610/ 48903	Decompression of subacromial space by acromioplasty	Open operation, also known as open acromioplasty or subacromial decompression (SAD)
MT620/ 48906	Repair of rotator cuff, including excision of coraco-acromial ligament	Known as open cuff repair without acromioplasty Not to be used in combination with MT600/48900. If MS025 is performed it cannot be used with MT770
MT630/ 48909	Repair of rotator cuff, including decompression of subacromial space by acromioplasty	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 MX670/49851
MT640/ 48912	Shoulder arthroscopy	Use of this item rarely seen in WorkCover NSW 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 WorkCover NSW claims Maybe appropriate for shoulder fractures only
MT660/ 48918	Total replacement arthroplasty including rotator cuff repair	Use of this item rarely seen in WorkCover NSW claims
MT670/ 48921	Revision of total replacement arthroplasty	Use of this item rarely seen in WorkCover NSW claims
MT680/ 48924	Revision of total replacement arthroplasty with bone graft to scapula or humerus	Use of this item rarely seen in WorkCover NSW claims
MT690/ 48927	Removal of shoulder prosthesis	Use of this item rarely seen in WorkCover NSW 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 in claimant's history to determine if surgery is to treat the aggravation or pre-existing condition
MT710/ 48933	Stabilisation for multidirectional dislocation	Mostly used for open procedures
MT720/ 48936	Synovectomy as an independent procedure	Use of this item rarely seen in WorkCover NSW 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 WorkCover NSW 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 WorkCover NSW 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. MT630/48909, MT620/48906, MT710/48933

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
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 MT620/48906 and MT630/48909, May be used with 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 EA365/30111 or MT780/48954
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 MT770/48951 Flag if this item is used with any other item number 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 in claimant's history to determine if surgery is to treat the aggravation or pre-existing condition Flag if this item number used with any other item number 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 procedure of the shoulder region Not to be used in combination with any other item number for shoulder surgery May be used with 18256 Not to be used with EA365/30111 Flag if this item number is used in combination with MT770/48951 or MT790/48957
ELBOW		
MU035/ 49100	Arthrotomy with removal one or more 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 LN810/39330 Acceptable to use LN810/39330 if the ulnar nerve requires mobilisation or decompression at the time of stabilisation (operation notes should reflect this). Transposition 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 WorkCover NSW claims Flag if this item code is used
MU065/ 49109	Total synovectomy	Known as common contracture release Use of this item rarely seen in WorkCover NSW claims May be appropriate with oestectomy ie. MS045/48412 or MS025/ 48406 Flag if used

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
MU075/ 49112	Silastic replacement of radial head	Seen with fractures and dislocations May be associated with other item numbers i.e. MU045/49103 or MU075/49112 Not to be used in combination with MU065/49109 Flag if used
MU085/ 49115	Total joint replacement	Use of this item rarely seen in WorkCover NSW claims Flag if used
MU086/ 49116	Total replacement arthroplasty, revision including removal of prosthesis	Use of this item rarely seen in WorkCover NSW 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 WorkCover NSW 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 one or more of: drilling of defect, removal of loose body, release of contracture or adhesions, chondroplasty or osteoplasty (not a service associated with any other arthroscopic procedure of the elbow joint)
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 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 Not to be used in combination with MT760/48948 Flag if used in combination with any item codes for shoulder surgery
LIMB LENGTHENING AND DEFORMITY CORRECTION		
MZ330/ 50405	Elbow, flexorplasty or tendon transfer to restore elbow function	May be seen in distal biceps reconstruction Use of this item rarely seen in WorkCover NSW 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 Appropriate to be used with MT610/48903 and MR210/47966
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 code 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 the stiff elbow. Three to

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
		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	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 code 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 code 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	Tennis elbow Not to be used in combination with MS045/48412 Flag if used
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	Per bone
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 item MR100/47924 or MR110/47927 applies – per bone
MR170/ 47954	Tendon, repair of, as an independent procedure	Can be used in treating 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 Could be used in combination with MT770/48951 or MT800/48960
MR210/ 47966	Tendon or ligament, transfer,	As an independent procedure Could be used in combination with 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

WORKERS COMPENSATION (ORTHOPAEDIC SURGEON FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 61 (2) of the Workers Compensation Act 1987.

Dated this fourteenth day of December 2011.

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a medical practitioner who is an orthopaedic surgeon is a 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 of an injured worker's work-related injury.

The effect of the Order is to prevent an orthopaedic surgeon from recovering from the injured worker or employer any extra charge for treatments covered by the Order.

The Order adopts the items listed as Orthopaedic Procedures in the List of Medical Services and Fees published 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 a comprehensive item number is used, separate items should not be claimed for any of the individual items included in the comprehensive service.

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. The invoice should cover the total episode of treatment.

All surgical invoices must be accompanied by a detailed operation report clearly outlining the mechanism of injury, intra-operative findings and the procedures performed.

The incorrect use of AMA items can result in penalties, including the medical provider being asked to repay monies to WorkCover that the provider has incorrectly received.

Workers Compensation (Orthopaedic Surgeon Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Orthopaedic Surgeon Fees) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order (including Schedule A):

the Act means the Workers Compensation Act 1987.

Aftercare visits has the same meaning as in the AMA List and is covered by the surgical procedure fee during the first six weeks following the date of surgery or until wound healing has occurred. However, unrelated visits or incidental reasons for visits that are not regarded as routine aftercare should be explained with accounts rendered. The consulting surgeon will issue a "certificate" detailing the worker's fitness for work and anticipated after-care on discharge from hospital or after the first post injury consultation.

After hours consultations means call-outs to a public or private hospital or a private home for urgent cases before 8.00am or after 6:00pm. This fee is not to be utilised where a consultation is conducted for non-urgent cases outside of these hours.

Assistant at operation means a medical practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medicare Benefits Schedule or where indicated in the WorkCover schedule or approved in advance by the insurer. An assistant fee may only be applicable for surgical procedures EA010 to MY115.

In accordance with NSW health policy (File No. C17061), assistant fees cannot be charged for WorkCover 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. Workcover 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 published by the Australian Medical Association and dated 1 November 2011.

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; and

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 and the report to the referring General Practitioner and insurer.

The report will contain:

- the patient’s diagnosis and present condition;
- the patient’s likely fitness for pre-injury work or for alternate duties;
- the need for treatment or additional rehabilitation; and
- collateral conditions that are likely to impact on the management of the worker’s condition (in accordance with privacy considerations).

Receipt of this information and “certificates” post treatment will provide sufficient information for insurers, employers and 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.

Medical practitioner means a person registered under the Health Practitioner Regulation National Law (NSW) No. 86a in the medical profession.

Multiple operations or injuries refers to situations that require two or more operations or for the treatment of two or more injuries carried out at the same time. The fee for the main procedure or injury is to be paid in full as per Schedule A and 75% of the charge specified in Schedule A for each additional item number or injury is payable, unless specifically listed in the Schedule as a multiple procedure item.

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. Fees for this service will not be pre-paid in whole or part.

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 the Schedule A, if purchased by the surgeon. The fee for orthopaedic procedures includes aftercare visits.

Orthopaedic surgeon means a medical practitioner who is currently a Fellow of the Australian Orthopaedic Association or who is recognised by Medicare Australia as a specialist in orthopaedic surgery. It includes an orthopaedic surgeon who is a staff member at a public hospital providing services at the hospital.

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, except where the new procedure is specified as a revision procedure in the AMA list.

Subsequent consultation is a consultation not included in the normal aftercare that applies following surgery. The cost of the latter is included in the fee for the orthopaedic procedure.

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

- (1) The maximum fee amount for which an employer is liable under the Act for treatment of an injured 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.
- (2) 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 that must be followed 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 guidelines, the surgeon must provide a written

explanation to support the request. Further expert medical opinion may be sought by WorkCover to assist with approving surgery requests or invoices.

8. 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 to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

SCHEDULE A – Maximum Fees For Orthopaedic Surgeons

<i>Item</i>	<i>Column 1 Type of service</i>	<i>Column 2 AMA Item(s)</i>	<i>Column 3 Maximum amount</i>
Consultations			
1.	Initial consultation and report	AC500 (MBS 104)	\$280.30
2.	Extended initial consultation and report	AC500 (MBS104)	\$386.10
3.	Subsequent consultation	AC510 (MBS 105)	\$193.10
4.	After hours consultation		\$162.00 in addition to consultation fee
Procedures			
5.	Orthopaedic procedures	ML005 (MBS 46300) to MY115 (MBS 50130)	150% of AMA Schedule
6.	Instrument fee	WCO003	\$193.10
7.	Assistant at operation	MZ900	\$323.80 or 20% of the fee for surgical procedures where the assistant fee applies, whichever is greater
8.	Multiple operations or injuries		Primary item number is to be paid in full, and additional item numbers at 75% of scheduled fee
9.	Aftercare visits		As per AMA Schedule
Insurer/lawyer requests			
10.	Opinion on file request		\$193.10
11.	Telephone requests		\$37.40 per 3-5 minute phone call
12.	Lost reports and reprints		\$130.80 per report
13.	Treating Specialist Report (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)		Please refer to the Workplace Injury Management and Workers Compensation (Medical Examinations and Reports) Order 2012 Schedule 2
14.	Fees for providing copies of clinical notes and records		Please refer to the Workers Compensation (Medical Practitioners Fees) Order 2012 – Section 5(5)

SCHEDULE B – Billing Items Used in Hand Surgery

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

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Reason for decline</i>
Nil	CV233	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	MINOR NERVE BLOCK (specify type) to provide post operative pain relief (this does not include subcutaneous infiltration)	

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Reason for decline</i>
45051	MG540	CONTOUR RECONSTRUCTION for pathological deformity, insertion of foreign implant (non biological but excluding injection of liquid or semisolid material) by open operation	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.
45445	MH480	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 number is MH490/45448.
47954	MR170	TENDON, repair of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47966	MR210	TENDON OR LIGAMENT TRANSFER, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47969	MR220	TENOSYNOVECTOMY, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
47972	MR230	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 item numbers. There already exist appropriate item numbers in the hand surgery section.
48403	MS015	PHALANX OR METATARSAL, osteotomy or osteectomy of, with internal fixation	This item is from the orthopaedic group of item numbers and relates to foot surgery only. There already exist appropriate item numbers in the hand surgery section.
50103	MY015	JOINT, arthrotomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50104	MY025	JOINT, synovectomy of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50109	MY045	JOINT, arthrodesis of, not being a service to which another item in this Group applies	This item is from the orthopaedic group of item numbers. There already exist appropriate item numbers in the hand surgery section.
50127	MY105	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 item numbers. There already exist appropriate item numbers in the hand surgery section.
60506	OF820	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.
60509	OF824	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.
	900001	Workcover certificate	This is for general practitioners and not treating specialists.

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

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
105	AC510	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.
30023	EA075	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.)	This item applies to heavily contaminated wounds and removal of devitalized tissue in deep wounds. The majority of clean lacerations in acute hand injuries will attract item number EA095/30029. Debridements are also not applicable when removing percutaneous wire fixation. There will be a limit of one debridement per digit.
30029	EA095	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 30023 (EA075) for the same wound/zone of injury, nor when repair of a deeper structure is also performed and claimed for.
30223	EA755	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 30023 (EA075) for the same wound/zone of injury.
30238	EA825	FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE	This item is rarely indicated and cannot be used in conjunction with: EA075/30023, MR240/47975, MR250/47978, MR260/47981.
33815 33818	ET560/ ET570	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.
39312	LN 740	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 MU400: Wrist carpal tunnel release (division of transverse carpal ligament), by open procedure.
39315	LN750	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 LN790, LN800 or LN810
39318	LN760	CUTANEOUS NERVE (including digital nerve), nerve graft to, using microsurgical techniques	This item cannot be used in conjunction with LN790, LN800 or LN810. This item cannot be used for prosthetic neural tubes or wraps. In this setting, LN 700 or LN710 are applicable.
39324	LN790/ 800	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, by open operation	This item cannot be used in conjunction with LN810.

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
39330	LN810	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 LN700. This item is not to be used in conjunction with MU400: Wrist carpal tunnel release (division of transverse carpal ligament) by open procedure. However, 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 ML235 Tendon sheath of hand/wrist open operation for stenosing tenovaginitis.
45203	MH115	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	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.
45206	MH125	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	This item can only be used once for a z-plasty.
45500	MJ025	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.
45501/ 45502	MJ030/ MJ035	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.
45503	MJ045	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.
45515	MJ075	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).
45563	MJ245	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 MH125/45206 is applicable.
46325	ML105	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.

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
46327	ML115	INTER-PHALANGEAL JOINT or METACARPOPHALANGEAL JOINT, arthrotomy of	This item is not to be used in addition to EA075/30023 when arthrotomy is performed to facilitate joint lavage within an open wound.
46330	ML125	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.
46333	ML135	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. ML125/46330 is the approved number.
46336	ML145	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 EA075/30023 .
46339	ML155	EXTENSOR tendons or FLEXOR tendons of hand or wrist synovectomy of	This item is not indicated for use with surgery for de Quervain's tenovaginitis ML235/46363 and is rarely indicated in routine carpal tunnel surgery.
46396	ML345	PHALANX or METACARPAL of the hand, osteotomy or osteectomy of	This item is applicable for removing excess bone formation in an intact 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 EA075/30023 if applicable.
46414	ML405	ARTIFICIAL TENDON PROSTHESIS, INSERTION OF in preparation for tendon grafting	Tenolysis (ML545, ML535 : 46450, 46453) or tenotomy (MR20047963) of the tendon to be grafted cannot be billed with this item.
46438	ML485	MALLET FINGER, closed pin fixation of	This item is not to be used in conjunction with MP005/47300
46450/ 46453	ML535/ ML545	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. ML545 cannot be claimed in conjunction with release of trigger finger.
46504	ML765	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).
46513/ 46516	ML795/ ML805	Digital nail of finger or thumb removal of	This item should not be used in association with nailbed repair (ML665/46486 or ML675/46489)
46516	ML805	DIGITAL NAIL OF FINGER This item is 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 (ML665/46486, ML675/46489)

<i>CMBS item code</i>	<i>AMA item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
46522	ML825	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.
47306	MP025	Distal PHALANX of FINGER or THUMB treatment of by open reduction	This item is not appropriate to be used in conjunction with ML665/46486 where a distal tuft fracture is manipulated into position.
47920	MR088	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
47921	MR090	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.
47927	MR110	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 buried k-wire. Where a k-wire or wires cross more than 2 bones, only 1 item number is claimable.
48239/ 47306	MR630/ MR640	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 item numbers : ML005, ML015, ML355, ML365, ML375, MR560-MR620.
48400	MS005	PHALANX, METATARSAL, ACCESSORY BONE OR SESAMOID BONE, osteotomy or osteectomy of, excluding services to which Item MX660 or MX670 applies	This item is only applicable to sesamoidectomy.
48406	MS025	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 not appropriate for simple removal of bone prominence, osteophytes or small quantities of excess bone.
49212	MU470	WRIST, arthrotomy of	This item is not to be used in conjunction with excision of primary or recurrent wrist ganglia. (ML725/46500,ML755/46503)
50106	MY035	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.

Additional assistance:

1. Where questions arise in individual clinical situations supply of additional information will be considered to assist in determinations.
2. 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
3. After hours loading for cases only applies when a surgeon is called back to perform a procedure(s) in isolation rather than for cases scheduled after 6.00 pm on a weekday or a routine weekend operating list.

Requirements for claims for payment

All claims for payment will need to be accompanied by the following

1. Detailed operation record including a description of the initial injury, structures that were repaired including the anatomic location and technique of repair.
2. Usage of any of the restricted item numbers (Table 2) should be accompanied by clinical justification in order to process the claim.

3. For any proposed surgery – a list of proposed applicable item numbers will need to be provided prior to approval being given.
4. WorkCover reserves the right to insist on independent clinical assessment prior to the payment of invoices and approvals for surgical procedures.

SCHEDULE C – Billing Items Used In Shoulder And Elbow Surgery

The Order adopts the WorkCover Qld Shoulder and Elbow Surgery Guidelines with minor modifications. These are outlined below and their use is mandatory when billing for shoulder and elbow surgery.

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
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 or MX670 applies, any of items MX660, MX670, MR130 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 MT770/48951 Flag if this item is used in combination with any other shoulder item codes (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 Not to be used in combination with MT770/48951 Flag if this item is used in combination with any other shoulder items (MT600/48900 to MT800/48960)
MS045/ 48412	HUMERUS, osteotomy or osteectomy of, excluding services to which items MR130 or MR140 apply	Flag if this item is used for tennis elbow surgery
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 WorkCover Queensland claims Flag if this item is used twice or more
MT610/ 48903	Decompression of subacromial space by acromioplasty	Open operation, also known as open acromioplasty or subacromial decompression (SAD)
MT620/ 48906	Repair of rotator cuff, including excision of coraco-acromial ligament	Known as open cuff repair without acromioplasty Not to be used in combination with MT600/48900. If MS025 is performed it cannot be used with MT770
MT630/ 48909	Repair of rotator cuff, including decompression of subacromial space by acromioplasty	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 MX670/49851
MT640/ 48912	Shoulder arthrotomy	Use of this item rarely seen in WorkCover NSW claims Flag if this item is used in combination with any other item code for shoulder surgery

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
MT650/ 48915	Hemi-arthroplasty	Use of this item rarely seen in WorkCover NSW claims Maybe appropriate for shoulder fractures only
MT660/ 48918	Total replacement arthroplasty including rotator cuff repair	Use of this item rarely seen in WorkCover NSW claims
MT670/ 48921	Revision of total replacement arthroplasty	Use of this item rarely seen in WorkCover NSW claims
MT680/ 48924	Revision of total replacement arthroplasty with bone graft to scapula or humerus	Use of this item rarely seen in WorkCover NSW claims
MT690/ 48927	Removal of shoulder prosthesis	Use of this item rarely seen in WorkCover NSW 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 in claimant's history to determine if surgery is to treat the aggravation or pre-existing condition
MT710/ 48933	Stabilisation for multidirectional dislocation	Mostly used for open procedures
MT720/ 48936	Synovectomy as an independent procedure	Use of this item rarely seen in WorkCover NSW 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 WorkCover NSW 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 WorkCover NSW 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. 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 MT620/48906 and MT630/48909, May be used with 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 EA365/30111 or MT780/48954
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 MT770/48951 Flag if this item is used with any other item number for shoulder surgery

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
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 in claimant's history to determine if surgery is to treat the aggravation or pre-existing condition Flag if this item number used with any other item number 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 procedure of the shoulder region Not to be used in combination with any other item number for shoulder surgery May be used with 18256 Not to be used with EA365/30111 Flag if this item number is used in combination with MT770/48951 or MT790/48957
ELBOW		
MU035/ 49100	Arthrotomy with removal one or more 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 LN810/39330 Acceptable to use LN810/39330 if the ulnar nerve requires mobilisation or decompression at the time of stabilisation (operation notes should reflect this). Transposition 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 WorkCover NSW claims Flag if this item code is used
MU065/ 49109	Total synovectomy	Known as common contracture release Use of this item rarely seen in WorkCover NSW claims May be appropriate with oosteotomy ie. MS045/48412 or MS025/ 48406 Flag if used
MU075/ 49112	Silastic replacement of radial head	Seen with fractures and dislocations May be associated with other item numbers i.e. MU045/49103 or MU075/49112 Not to be used in combination with MU065/49109 Flag if used
MU085/ 49115	Total joint replacement	Use of this item rarely seen in WorkCover NSW claims Flag if used
MU086/ 49116	Total replacement arthroplasty, revision including removal of prosthesis	Use of this item rarely seen in WorkCover NSW 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 WorkCover NSW 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

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
MU105/ 49121	Arthroscopic surgery of elbow	Involving any one or more of: drilling of defect, removal of loose body, release of contracture or adhesions, chondroplasty or osteoplasty (not a service associated with any other arthroscopic procedure of the elbow joint)
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 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 Not to be used in combination with MT760/48948 Flag if used in combination with any item codes for shoulder surgery
LIMB LENGTHENING AND DEFORMITY CORRECTION		
MZ330/ 50405	Elbow, flexorplasty or tendon transfer to restore elbow function	May be seen in distal biceps reconstruction Use of this item rarely seen in WorkCover NSW 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 Appropriate to be used with MT610/48903 and MR210/47966
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 code 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 the 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	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 code 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 code for shoulder, elbow or sternoclavicular surgery

<i>AMA/ CMBS item code</i>	<i>Descriptor</i>	<i>Clinical indication</i>
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	Tennis elbow Not to be used in combination with MS045/48412 Flag if used
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	Per bone
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 item MR100/47924 or MR110/47927 applies – per bone
MR170/ 47954	Tendon, repair of, as an independent procedure	Can be used in treating 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 Could be used in combination with MT770/48951 or MT800/48960
MR210/ 47966	Tendon or ligament, transfer,	As an independent procedure Could be used in combination with 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

WORKERS COMPENSATION (MEDICAL PRACTITIONER FEES) ORDER 2012

under the

Workers Compensation Act 1987

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 61 (2) of the Workers Compensation Act 1987.

Dated this fourteenth day of December 2011.

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Explanatory Note

Treatment by a Medical Practitioner is one of the categories of 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 Medical Practitioner of an injured worker's work-related injury.

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

The Order does not apply to services provided by a Specialist Surgeon.

The Order adopts the List of Medical Services and Fees published by the Australian Medical Association (AMA). 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 AMA items can result in penalties, including the medical provider being asked to repay monies to WorkCover that the provider has incorrectly received.

Workers Compensation (Medical Practitioner Fees) Order 2012**1. Name of Order**

This Order is the Workers Compensation (Medical Practitioner Fees) Order 2012

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

the Act means the Workers Compensation Act 1987.

After hours services applies 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.

AMA List means the document entitled List of Medical Services and Fees published by the Australian Medical Association and dated 1 November 2011.

Assistant at Operation means a Medical Practitioner, but only where an assistant's fee is allowed for in the Commonwealth Medical Benefits Schedule or where indicated in the WorkCover Order or approved in advance by the insurer. An assistant fee may only be applicable for surgical procedures EA010 to MY115.

In accordance with NSW health policy (File No. C17061), assistant fees cannot be charged for WorkCover 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. Workcover reserves the right to conduct an audit of assistant fee payments to ensure their proper distribution into the named trust fund.

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

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

Medical Practitioner means a person registered under the Health Practitioner Regulation National Law (NSW) No. 86a in the medical profession who is not a Specialist Surgeon.

Specialist Surgeon means a Medical Practitioner who holds a fellowship of the Royal Australian College of Surgeons.

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:
 - a. 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;
 - b. Medical services identified in the AMA List by AMA Numbers EA010 to MZ705 (Surgical Operations) if these medical services are provided by a Specialist Surgeon;
 - c. Medical services identified in the AMA List by AMA Number MZ900 (Assistant Surgeon's fee);
 - d. 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 a single region or two contiguous regions, and \$1050 for more than two contiguous regions.
- (3) The maximum amount payable for a medical certificate is \$20.00.
- (4) The maximum hourly rate payable to a General Practitioner is \$242.90. The maximum hourly rate payable to a Specialist is \$336.30. The hourly rate may cover, for example, case conferences, visits to worksites and additional reports requested from treating doctors. These should be billed under the WorkCover payment classification code WCO002.
- (5) The maximum fee for providing copies of medical records (including Specialist's notes and reports) is \$30 (for 33 pages or less) and an additional \$1.00 per page if more than 33 pages.
- (6) Subject to subclauses (1), (2), (3), (4), (5), and clause 7 (Nil fee for certain medical services), the maximum amount for which an employer is liable under the Act for any claim for medical or related treatment to which this clause applies is the fee listed, in respect of the medical or related treatment concerned, in the AMA List.

6. Specialist consultations

The initial Specialist consultation fee includes the first consultation and report to the referring General Practitioner copied to the insurer.

The report will contain:

- a. The patient's diagnosis and present condition;
- b. The patient's likely fitness for pre-injury work or alternate duties;
- c. The need for treatment or additional rehabilitation; and
- d. Collateral conditions that are likely to impact on the management of the worker's condition (in accordance with privacy considerations).

Additional reports requested that do not relate to the routine management of a worker's injury and are not required as part of a dispute or potential dispute should be billed under WCO002 and at a rate of \$336.30/hour (plus GST) for Specialists. If the report is requested as part of a current or potential dispute, then the Workplace Injury Management and Workers Compensation (Medical Examination and Reports) Order 2012 applies.

7. Nil fee for certain medical services

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

- a. General Practitioner – Urgent attendances after hours items (Medical services identified in the AMA List by AMA number AA007)
- b. All time based General Practitioner fees items (Medical services identified in the AMA List by AMA numbers AA190 – AA320)
- c. Enhanced primary care items (Medical services identified in the AMA List by AMA numbers AA501 – AA850)
- d. Telehealth items (Medical services identified in the AMA List by AMA numbers AP050 – AP105).

8. Goods and Services Tax

- (1) 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 to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION (INJURY MANAGEMENT CONSULTANTS) ORDER 2012

under the

Workplace Injury Management and Workers Compensation Act 1998

I, Julie Newman, Acting Chief Executive Officer of the WorkCover Authority of New South Wales, make the following Order pursuant to section 339 of the Workplace Injury Management and Workers Compensation Act 1998.

Dated this fourteenth day of December 2011.

JULIE NEWMAN,
Acting Chief Executive Officer,
WorkCover Authority

Workplace Injury Management and Workers Compensation (Injury Management Consultants) Order 2012**Part 1 Preliminary****1. Name of Order**

This Order is the Workplace Injury Management and Workers Compensation (Injury Management Consultants) Order 2012.

2. Commencement

This Order commences on 1 January 2012.

3. Definitions

In this Order:

the Act means the Workplace Injury Management and Workers Compensation Act 1998;

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

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 appointed by the WorkCover Authority under section 45A of the Act to perform the functions as outlined in the WorkCover Guidelines on injury management consultants (2011).

Medical Practitioner means a person registered under the Health Practitioner Regulation National Law (NSW) No. 86a in the medical profession, who is appointed by the WorkCover Authority of New South Wales as an injury management consultant under s45A of the Act.

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 injury management consultants**5. 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 respect of the provision of any report for use in connection with a claim for compensation or work injury damages and an appearance as a witness in proceedings before the Workers Compensation Commission or a court in connection with a claim for compensation or work injury damages is as set out in Schedule 1; and
- (b) An injury management consultant may not charge for more than 3 hours of work in the absence of express written agreement from the relevant insurer or the Workers Compensation Commission.
- (c) An injury management consultant may charge a cancellation fee specified in item IIN106 where a worker provides 2 days' notice of cancellation.
- (d) An injury management consultant may charge a cancellation fee specified in item IIN107 where a worker provides less than 2 days' notice of cancellation or fails to attend their scheduled appointment without notice.
- (e) 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.
- (f) The incorrect use of payment classification codes can result in penalties, including the medical provider being asked to repay monies to WorkCover that the provider has incorrectly received.

6. Goods and Services Tax

- (1) 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 to charge or recover more than the amount of GST payable in respect of the service to which the cost relates.

SCHEDULE 1 – Rates for Injury Management Consultants

<i>Payment Classification Code</i>	<i>Service description</i>	<i>Fee</i>
IIN105	Assessments, examinations, discussions and report	\$286.50 per hour to a maximum of 3 hours unless authorised by the insurer or Workers Compensation Commission.
IIN106	Cancellation with 2 days notice	\$143.20
IIN107	Cancellation with less than 2 days notice or non attendance at scheduled appointment	\$286.50
IIN108	Examination conducted with the assistance of an interpreterE	\$358.10 per hour (examination only). Discussions with other parties and report to be charged under IIN105 at \$286.50 per hour.

PRIVATE ADVERTISEMENTS

COUNCIL NOTICES

LAKE MACQUARIE CITY COUNCIL

Roads Act 1993, Section 10

Dedication of Land as Public Road

IN accordance with section 10 of the Roads Act 1993, Council dedicates the land held by it and described in the Schedule below as Public Road. BRIAN BELL, General Manager, Lake Macquarie City Council, Administration Building, Main Road, Speers Point NSW 2284.

SCHEDULE

Lot 3 in Deposited Plan 350518. [6233]

MIDCOAST COUNTY COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

MIDCOAST COUNTY COUNCIL declares with the approval of Her Excellency the Governor, that the easement described in Schedule 1 below, excluding the interests described in Schedule 2 below and excluding any mines or deposits of minerals in the easement, is acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for sewage drainage. Dated at Forster, this 13th day of December 2011. ROBERT LOADSMAN, General Manager, Midcoast County Council, PO Box 671, Taree NSW 2430.

SCHEDULE 1

Easement to drain sewage 3 wide shown as "S" in DP 1152311.

SCHEDULE 2

Easement for pipeline 10 wide wide DP 720869 (Gazette 13/7/1987), shown as "P" in DP 1152311; and

Proposed easement for multi purpose electrical installation 2 wide, shown as "U" in DP 1152311. [6234]

MIDCOAST COUNTY COUNCIL

Local Government Act 1993

Land Acquisition (Just Terms Compensation) Act 1991

Notice of Compulsory Acquisition of Land

MIDCOAST COUNTY COUNCIL declares with the approval of Her Excellency the Governor, that the land and easement described in Schedule 1 below, excluding the interests described in Schedule 2 below and excluding any mines or deposits of minerals in the land and easement, are acquired by compulsory process in accordance with the provisions of the Land Acquisition (Just Terms Compensation) Act 1991, for access to the Taree Sewer Pump Station No. 6 and to the Dawson River Railway Bridge. Dated at Forster, this 13th day of December 2011. ROBERT LOADSMAN, General Manager, Midcoast County Council, PO Box 671, Taree NSW 2430.

SCHEDULE 1

Lot 2, DP 1156235.

Proposed easement for access variable width shown as "H" in DP 1156235.

SCHEDULE 2

Easement for pipeline shown as "proposed easement 5 metres wide for sewerage trunk main pipeline" in DP 778041, registered under number Z518365.

Easement for pipeline shown as "proposed easement 8 metres wide and variable width for sewerage trunk main pipeline" shown in DP 778041, registered under number Z518365.

Easement for pipeline shown as "proposed easement 5 metres wide for effluent outfall pipeline" shown in DP 778041, registered under number Z518365. [6235]

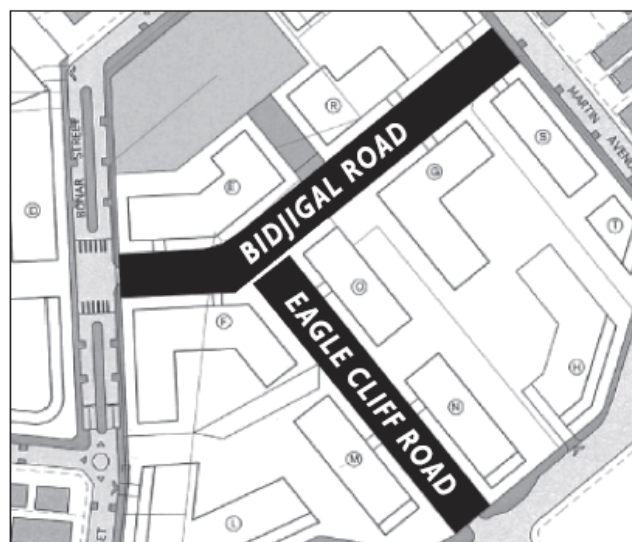
ROCKDALE CITY COUNCIL

PURSUANT to Division 2 Naming of Roads, section 7, Road Regulations 2008, Rockdale City Council hereby names two public roads in its capacity as Roads Authority. MEREDITH WALLACE, General Manager, Rockdale City Council, PO Box 21, Rockdale NSW 2216.

SCHEDULE

Council intends to name the below roads Bidjigal Road and Eagle Cliff Road

Council is now proceeding to name to two new roads Bidjigal Road and Eagle Cliff Road (shown below). These roads are bounded by Bonar Street, Wollongong Road and Martin Avenue in Arncliffe NSW.



[6236]

TWEED SHIRE COUNCIL

Roads Act 1993, Section 162

Naming of Public Road

NOTICE is hereby given that the Tweed Shire Council, in pursuance of section 162 of the Roads Act 1993, has approved the name of the road to be dedicated in a plan of subdivision of Lot 1 in DP 1106275 within the Seabreeze Estate at Pottsville, in the Shire of Tweed, as shown below:

Watego Drive.

Authorised by the delegated officer. GENERAL MANAGER, Tweed Shire Council, Civic Centre, Tumbulgum Road, Murwillumbah NSW 2484. [6237]

TWEED SHIRE COUNCIL

Roads Act 1993, Section 162

Naming of Public Road

NOTICE is hereby given that the Tweed Shire Council, in pursuance of section 162 of the Roads Act 1993, has approved the name of the road to be dedicated in a plan of subdivision of Lot 2 in DP 866690 at Cobaki, in the Shire of Tweed, as shown below:

Bopple Nut Court.

Authorised by the delegated officer. GENERAL MANAGER, Tweed Shire Council, Civic Centre, Tumbulgum Road, Murwillumbah NSW 2484. [6238]

ESTATE NOTICES

NOTICE of intended distribution of estate. – Estate of MARY MADELINE LLOYD, New South Wales Grant made 19 September 2011. – Any person having any claim upon the estate of Mary Madeline Lloyd, late of Cambridge Park, in the State of New South Wales, widow, who died on 9 July 2011, must send particulars of his claim to the legal representative for the estate, c.o. Steve Masselos & Co., Solicitors, Level 3, 299 Elizabeth Street, Sydney NSW 2000, not more than 31 days after publication of this notice. After that time and after six (6) months from the date of death of the deceased, the legal representative intends to distribute the property in the estate having regard only to the claims of which the legal representative had notice at the time of distribution. STEVE MASSELOS & CO., Solicitors, Level 3, 299 Elizabeth Street, Sydney NSW 2000 (PO Box 379, Darlinghurst NSW 1300), (DX 11530, Sydney Downtown), tel.: (02) 8268 3200. Reference: Denis Fitzgerald:sw. [6239]

Authorised to be printed

PETER MUSGRAVE, Government Printer.