



Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012

Jerry Mateparae, Governor-General

Order in Council

At Wellington this 20th day of February 2012

Present:

His Excellency the Governor-General in Council

Pursuant to section 324 of the Accident Compensation Act 2001, His Excellency the Governor-General, acting on the advice and with the consent of the Executive Council and on the recommendation of the Minister for ACC, makes the following regulations.

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Schedule 1

Amendments to Schedule

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Schedule replaced

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Regulations

1 Title

These regulations are the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012.

2 Commencement

- (1) Part 1 and Schedule 1 come into force on 1 April 2012.
- (2) Part 2 and Schedule 2 come into force on 1 July 2012.

3 Principal regulations

These regulations amend the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (the **principal regulations**).

**Part 1
Amendments that come into force on
1 April 2012**

4 Regulation 13 amended (Medical practitioners' costs)

- (1) In regulation 13(1)(b), replace “and nurses’ ” with “, nurses’, and nurse practitioners’ ”.
- (2) In regulation 13(2)(a)(i), replace “\$36.67” with “\$37.40”.
- (3) In regulation 13(2)(a)(ii), replace “\$33.53” with “\$34.20”.

5 Regulation 14 amended (Nurses' costs)

- (1) In regulation 14(1)(b), replace “and nurses’ ” with “, nurses’, and nurse practitioners’ ”.
- (2) In regulation 14(2)(a), replace “\$15.72” with “\$16.03”.

6 Regulation 15 amended (Medical practitioners' and nurses' costs for combined treatment)

- (1) In regulation 15(1)(b), replace “and nurses’ ” with “, nurses’, and nurse practitioners’ ”.
- (2) In regulation 15(2)(a)(i), replace “\$39.81” with “\$40.61”.
- (3) In regulation 15(2)(a)(ii), replace “\$36.67” with “\$37.40”.

7 New regulation 15A inserted (Nurse practitioners' costs)

After regulation 15, insert the following regulation:

“15A Nurse practitioners' costs

- “(1) This regulation applies if—
 - “(a) a claimant visits or is visited by a nurse practitioner; and
 - “(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading ‘**Medical practitioners’, nurses’, and nurse practitioners’ costs**’.
- “(2) For each visit the Corporation is liable to pay—
 - “(a) \$29.34; plus

- “(b) the amount specified for any treatment the claimant receives.
- “(3) If the claimant receives 2 or more treatments at the same visit, for different injuries, the Corporation is liable to pay—
 - “(a) the amount specified for the most expensive treatment the claimant receives; plus
 - “(b) 50% of the amount specified for each other treatment the claimant receives.
- “(4) However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.
- “(5) The amount that the Corporation is liable to pay for the treatment under this regulation includes a contribution to the cost of the nurse practitioner using the most effective treatment materials available to the nurse practitioner having regard to the nature of the claimant’s personal injury.”

8 Schedule amended

Amend the Schedule as set out in Schedule 1 of these regulations.

**Part 2
Amendments that come into force on
1 July 2012**

9 Regulation 9 amended (Counsellors’ costs)

- (1) In regulation 9(2)(a), replace “\$102.21” with “\$88.88”.
- (2) In regulation 9(2)(b), replace “\$80.16” with “\$69.70”.

10 Regulation 11 amended (Hyperbaric oxygen treatment costs)

In regulation 11(2)(a), replace “\$58.67” with “\$51.02”.

11 Regulation 13 amended (Medical practitioners’ costs)

- (1) In regulation 13(2)(a)(i), replace “\$37.40” with “\$32.52”.
- (2) In regulation 13(2)(a)(ii), replace “\$34.20” with “\$29.74”.
- (3) In regulation 13(5)(a), replace “84 cents” with “73 cents”.

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- (4) In regulation 13(5)(b), replace “\$48.86” with “\$42.49”.
- 12 Regulation 14 amended (Nurses’ costs)**
In regulation 14(2)(a), replace “\$16.03” with “\$13.94”.
- 13 Regulation 15 amended (Medical practitioners’ and nurses’ costs for combined treatment)**
- (1) In regulation 15(2)(a)(i), replace “\$40.61” with “\$35.31”.
- (2) In regulation 15(2)(a)(ii), replace “\$37.40” with “\$32.52”.
- 14 Regulation 15A amended (Nurse practitioners’ costs)**
In regulation 15A(2)(a), replace “\$29.34” with “\$25.51”.
- 15 Regulation 16 amended (Specialists’ costs)**
- (1) In regulation 16(2)(a)(i), replace “\$102.21” with “\$88.88”.
- (2) In regulation 16(2)(a)(ii), replace “\$80.16” with “\$69.70”.
- (3) In regulation 16(3)(a), replace “\$40.08” with “\$34.85”.
- 16 Regulation 17 amended (Specified treatment providers’ costs)**
In regulation 17(3)(a), replace “\$62.94” with “\$54.73”.
- 17 Regulation 19 amended (GST included)**
- (1) In the heading to regulation 19, replace “**included**” with “**excluded**”.
- (2) In regulation 19, replace “inclusive” with “exclusive”.
- 18 Schedule replaced**
Replace the Schedule with the Schedule set out in Schedule 2 of these regulations.
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**Schedule 1
Amendments to Schedule**

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Insert the following item after item DR8:

		\$
DR9	Complex reconstruction in complex resin, direct	178.89

Omit item DC12.

Replace the heading “**Medical practitioners’ and nurses’ costs**” with “**Medical practitioners’, nurses’, and nurse practitioners’ costs**”.

In item RD14, replace “788.54” with “785.54”.

Insert after the heading “**Specified treatment providers’ costs**”:

		\$
POD3	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	30.88
POD4	Nail, simple removal of	24.73
POD5	Nail, wedge resection/removal of—requiring the use of digital anaesthesia	102.91

Schedule 2
Schedule replaced
Schedule
Costs of treatment

r 18

rr 6, 7, 9–17

\$

Dentists' costs*Examination*

DE1	Dental consultation, including examination	55.58
DE2	Periodic oral examination/review	28.36
DE3	Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work)—including study models and photographs	115.56

Radiological examination and interpretation

DX1	Periapical or bitewing film (each)	10.67
DX2	Occlusal (each)	28.36
DX3	Panorex	31.11
DX4	Other extra film (each)	28.36
DX5	Tomography	131.82
DX6	Lateral or antero-posterior head films	59.56
DX7	Sedation (age appropriate)	80.00

Emergency temporary cover

DT1	Emergency temporary cover	28.36
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*General oral surgery**Extractions*

DG1	Extraction of permanent or deciduous tooth per first tooth	93.33
DG2	Surgical removal of tooth or tooth fragment (root fracture)	141.69
DG3	Removal of unerupted tooth or teeth in fracture line	247.91
DG4	Extraction of subsequent permanent or deciduous tooth in same quadrant as for DG1	66.67

Surgery

DG5	Management of minor (less than 1 cm) or moderate (1 to 2 cm) lacerations by suturing per operative site	141.69
DG6	Management of serious (over 2 cm) lacerations by suturing site	244.44
DG7	Incision and drainage abscess cellulitis	191.29
DG8	Excision of traumatic mucous cyst	232.89
DG9	Removal of root from maxillary sinus	262.13

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Schedule—*continued*

	\$
DG10 Splint application or removal (per tooth)	59.29
DG11 Cleaning of wound and removal of debris	59.29
DG14 Reduction of fractured alveolar process	88.89
DG15 Repositioning of displaced tooth (per tooth)	44.44
DG16 Replacing avulsed tooth	44.44
DG17 Occlusal adjustment (simple)	29.60
DG18 Removal of plates, wires, and screws	370.40
DG19 Jaw fractures non-surgical management	127.47
DG20 Jaw fractures simple and moderate (simple methods of fixation)	290.49
DG21 TMJ disorder conservative management	127.47
DG22 Minor surgical operations not otherwise covered by this schedule	127.47
DG23 Provision of bite splints	213.33
<i>Restorative</i>	
DR1 Amalgam 1 surface filling (including 2 fillings on the one surface)	62.22
DR2 Amalgam 2 surface filling (approximo-occlusal)	80.00
DR3 Amalgam 3 surface filling (mesio-occlusal-distal)	88.89
DR4 Amalgam restoration (including 1 or more cusps)	115.56
DR5 Complex coronal reconstruction in amalgam	128.89
DR6 Non-metallic simple fillings	55.29
DR7 Non-metallic filling (more than 1 surface per tooth)	109.33
DR8 Rebonding tooth fragment	83.64
DR9 Complex reconstruction in composite resin, direct	155.56
<i>Prosthodontics</i>	
DP1 Partial denture (1 tooth)	351.11
DP2 Each additional tooth (all dentures)	18.49
DP3 Each clasp	11.38
DP4 Lingual bar	19.82
DP5 Metal framed partial denture (1 tooth)	836.44
DP6 Plastic flexible denture, eg, Valplast (1 tooth)	433.33
DP7 Transitional denture replacing missing tooth	351.11
DP8 Full upper or lower denture	566.67

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Schedule—*continued*

	\$	
DP9	Full upper and lower denture	991.73
DP10	Rebasing full upper or lower denture	226.67
DP11	Reline full denture	155.56
DP12	Reline partial denture	155.56
DP13	Repair (all types)	51.02
	<i>Crown and bridge</i>	
	<i>Temporary structure</i>	
DC1	Temporary crown	80.00
DC2	Temporary bridge (per unit)	80.00
	<i>Inlay/onlay</i>	
DC3	Indirect gold inlay/onlay	265.60
DC4	Indirect resin inlay/onlay	199.20
DC5	Indirect porcelain inlay/onlay	265.16
	<i>Veneers</i>	
DC6	Porcelain veneer	600.71
DC7	Composite resin veneer	155.56
DC8	Post (wrought or pre-formed)	82.13
DC9	Composite or glass ionomer core	55.29
DC10	Amalgam core	55.29
DC11	Cast post and core (metal or ceramic)	177.78
	<i>Crowns</i>	
DC13	Stainless steel crown	70.84
DC14	Acrylic jacket crown	340.00
DC15	All ceramic crown	711.11
DC16	Porcelain fused to metal crown	685.69
DC17	Cast gold crown (full and three-quarters)	648.89
	<i>Bridges</i>	
DC18	Indirect composite bridge (per unit)	209.69
DC19	Maryland bridge (per unit)	262.13
DC20	Direct composite bridge (per unit)	231.02
DC21	All ceramic bridge (per unit)	566.67
DC22	Porcelain fused to metal bridge (per unit)	566.67

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Schedule—*continued*

	\$
DC23 Gold bridge (per unit)	566.67
<i>Miscellaneous</i>	
DC24 Stress breaker/precision attachment in bridge	28.36
DC25 Recementing crown/bridge/veneer/inlay	28.36
<i>Endodontics</i>	
DN1 Pulpotomy	85.07
DN2 Irrigation and dressing of root canal system	85.07
DN3 Complete preparation and obturation of root canal (per canal)—open or closed apex	284.44
DN5 Apicectomy and retrograde filling (per canal)	266.67
DN6 Removal of root filling (per canal)	213.96
DN7 Removal of post or post crown	213.96
DN8 Bleaching, 1 non-vital tooth (per treatment)	133.33
DN9 Pulp capping	35.56
DN10 Removal of a fractured post or instrument	213.96
DN11 Internal repair of perforation	213.96
DN12 Surgical repair of perforation	213.96
DN13 Negotiation of a calcified canal (can be used with item DN3)	213.96
<i>Periodontics</i>	
DD1 Gingivectomy (per tooth)	131.82
DD2 Surgical crown lengthening (per tooth)	311.11
DD3 Pericision (per tooth)	85.07
DD4 Surgical subgingival curettage (per tooth)	85.07
DD5 Frenectomy	222.22
DD6 Vestibuloplasty	222.22
DD7 Site preparation for dental implant	311.11
DD8 Placement of membrane	333.33
DD9 Substitute bone material	133.33
<i>Dental implants</i>	
DM1 Resilient linings (tooth or teeth)	64.00
DM2 Fixture head impressions and copings (per fixture)	342.22
DM3 Dental implant crown (per single unit)	1,066.67

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	\$
DM4 Dental stent and guide (per fixture)	115.56
DM5 Definitive abutment (per fixture)	342.22
DM6 Temporary abutment (per fixture)	42.67
DM7 Repairs to abutments (per fixture)	74.04
<i>Claimants under 18 years old</i>	
DY1 Dental consultation, including examination	57.40
DY2 Periodic oral examination/review	40.00
DY3 Periapical or bitewing film (each)	10.67
DY4 Panorex	31.11
DY5 Sedation (age appropriate), covers IV and IM (not oral sedation)	80.00
DY6 Emergency temporary cover	31.11
DY7 Extraction permanent tooth or deciduous tooth (per tooth)	93.33
DY8 Surgical removal of tooth or root	177.78
DY9 Repositioning of displaced tooth (per tooth)	53.33
DY10 Replacing avulsed tooth	53.33
DY11 Non-metallic filling	109.56
DY12 Rebonding tooth fragment	97.78
DY13 Partial denture (1 tooth)	351.11
DY14 Temporary crown	106.67
DY15 Temporary bridge (per unit)	106.67
DY16 Complex reconstruction in composite resin, direct	155.56
DY17 Complete preparation and obturation of root canal per canal closed apex (either item DY17 or DY18 but not both)	284.44
DY18 Complete preparation and obturation of open apexed tooth per tooth (either item DY18 or DY17 but not both)	320.00
DY19 Bleaching, 1 non-vital tooth (per treatment)	160.00
DY20 Pulp capping	35.56
DY21 Surgical decoronation	373.33
Hyperbaric oxygen treatment costs	
H1 Neurological assay before recompression	85.02
H2 Neurological assay after recompression	76.49
H3 In-chamber treatment supervision, per hour	88.88
H4 Out-of-chamber treatment supervision, per hour	43.56

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Schedule—*continued*

		\$
Medical practitioners', nurses', and nurse practitioners' costs		
<i>Burn/abrasion</i>		
MB1	Treatment of burn less than 4 cm ²	29.76
MB2	Treatment of burn at a single site greater than 4 cm ²	58.60
MB3	Treatment of significant abrasions less than 4 cm ² at a single site	29.77
MB4	Treatment of significant abrasions greater than 4 cm ² at a single site	58.60
MB5	Significant burns or abrasions (not including fractures) at multiple sites (greater than 4 cm ²): necessary wound cleaning, preparation, and dressing	85.37
<i>Dislocation</i>		
MD1	Dislocation of finger/toe with splint/strapping	34.48
MD2	Dislocation of thumb: closed reduction and immobilisation	96.62
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation	89.49
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation	64.45
MD5	Dislocation of patella: closed reduction and cast immobilisation	153.36
<i>Fracture</i>		
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation	34.48
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic	47.67
MF3	Fractured metatarsal: closed reduction (not requiring cast): closed reduction, immobilisation by strapping	34.48
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic: immobilisation by strapping	47.67
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction	107.38
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation	153.36
MF7	Fractured calcaneum or talus: treatment by cast immobilisation	153.36
MF8	Fractured clavicle	64.45
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction	107.38

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		\$
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia	128.39
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation	107.38
MF12	Fractured distal humerus (supracondylar or condylar): by cast immobilisation	107.38
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab	65.12
MF14	Fractured shaft tibia and/or fibula: treatment by cast immobilisation with reduction	153.36
MF15	Fractured distal tibia and/or fibula: treatment by cast immobilisation with reduction	153.36
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping	65.12
	<i>Miscellaneous</i>	
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	26.85
MM2	Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by the Corporation)	53.71
MM3	Nail, simple removal of	21.50
MM4	Nail, removal of or wedge resection: requiring the use of digital anaesthesia	89.49
MM5	Removal of embedded or impacted foreign body from cornea or conjunctiva (with use of topical anaesthetic), or from auditory canal or nasal passages, or from skin or subcutaneous tissue with incision, or from rectum or vagina	28.92
MM6	Pinch skin graft	67.14
MM7	Dental anaesthetic	25.08
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery	39.65
	<i>Open wound</i>	
MW1	Closure of open wounds less than 2 cm: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	31.63

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		\$
MW2	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2 cm to 7 cm long: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	60.34
MW3	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane greater than 7 cm long: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	79.84
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound	89.49
	<i>Soft tissue injury</i>	
MT1	Simple soft tissue injuries: management of simple sprain of wrist/ankle/knee/elbow or other soft tissue injury requiring crepe bandage or similar immobilisation not requiring formal strapping	14.04
MT2	Soft tissue injury (other than splinting of dislocated or fractured digit), unless specified elsewhere: application of plaster or padded splint or specific strapping within agreed guidelines (includes splinting of Achilles tendon injury and serious ankle sprains)	65.12
MT3	Aspiration of inflamed joint, tendon, bursa, or other subcutaneous tissue or space (with or without injection)	31.60
MT4	Extensor tendon, primary repair	161.08
MT5	Ruptured Achilles tendon: management by plaster immobilisation	157.90
	Radiologists' costs	
	<i>Extremities</i>	
RA01	Sternum	55.93
RA02	Sterno-clavicular joints	63.91
RA03	Clavicle	47.94
RA04	Acromio-clavicular joints	47.94
RA05	Scapula	47.94
RA06	Shoulder	51.93
RA07	Humerus	51.93
RA08	Elbow joint	43.94
RA09	Forearm	43.94

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Schedule 2

Schedule—*continued*

	\$
RA10 Hand and/or wrist joint	43.94
RA11 Wrist/hand for bone age	43.94
RA15 Upper limb (infant)	51.93
RA21 Sacro-iliac joints	51.93
RA22 Pelvis or both hips (1 projection)	51.93
RA25 Hip joint (more than 1 projection)	55.93
RA26 Femur	51.93
RA27 Knee joint	47.94
RA28 Knee joint (and intercondylar/axial)	55.93
RA29 Tibia and fibula	47.94
RA30 Ankle joint	51.93
RA32 Foot	47.94
RA35 Long legs (hips to ankles—including measurement)	59.92
RA40 Lower limb (infant)	55.93
<i>Head, neck, and spine</i>	
RB01 Cervical spine	59.92
RB02 Thoracic spine	55.93
RB03 Lumbar spine including lumbosacral joint	55.93
RB04 Sacro-coccygeal spine	51.93
RB08 Spine (scoliosis views)	59.92
RB10 Skull	55.93
RB12 Nasal bones	47.94
RB13 Facial bones	51.93
RB14 Optic foramina	43.94
RB16 Auditory canals (plain films only)	55.93
RB21 Nasal sinuses	43.94
RB22 Nasopharynx	51.93
RB23 Mastoids (bilateral)	55.93
RB24 Larynx and/or trachea	47.94
RB31 Upper teeth	43.94
RB32 Lower teeth	43.94
RB33 Mandible or OPG or lateral ceph	59.92

Schedule—*continued*

	\$	
RB34	Temporo-mandibular joints	59.92
RB35	Salivary gland	51.93
RB37	Pharynx	51.93
	<i>Chest, including breast</i>	
RC05	Thoracic inlet	51.93
RC06	Chest (1 view)	51.93
RC07	Chest (more than 1 view)	51.93
RC08	Chest and thoracic cage	63.91
RC09	Chest and both oblique views	63.91
	<i>Mammography</i>	
RC31	Screening mammogram	87.88
RC32	Recall mammogram	119.84
RC35	Problem mammogram bilateral	175.77
RC36	Problem mammogram unilateral	115.85
RC40	Needle localisation	235.69
RC41	Galactogram	235.69
RC45	Breast aspiration biopsy	235.69
RC46	Breast biopsy with stereotaxis	235.69
	<i>GI, GU, and obstetrics—no contrast modifiers permitted</i>	
	<i>Radiology</i>	
RD01	Abdomen (1 projection)	51.93
RD02	Abdomen (more than 1 projection)	51.93
RD07	Pelvimetry (1 view)	51.93
RD08	Pelvimetry (2 or more views)	51.93
	<i>Screening</i>	
RD10	Contrast swallow (oesophagus only)	407.46
RD11	Contrast study upper GI tract	407.46
RD13	Small bowel meal	407.46
RD14	Small bowel enema (enteroclysis)	683.08
RD15	Contrast enema	407.46
RD20	Dynamic proctogram	407.46
RD30	ERCP	407.46

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Schedule—*continued*

		\$
RD40	IVP including plain film and tomos	235.69
RD44	Cystogram retrograde or antegrade	407.46
RD45	Urethrogram	407.46
RD46	Micturating cysto-urethrogram	407.46
RD47	Ascending urethrogram	407.46
	<i>Special procedures</i>	
RS42	Tube injection	235.69
RS43	Dacrocystogram	235.69
RS44	Sialogram	235.69
RS46	Hysterosalpingogram	407.46
RS61	Myelogram cervical	407.46
RS62	Myelogram lumbar	407.46
RS63	Myelogram multilevel	407.46
RS70	Arthrogram	235.69
RS71	Arthrogram—upper limb	235.69
RS73	Arthrogram—lower limb	235.69
	<i>Ultrasound</i>	
	<i>Abdomen and pelvis</i>	
RU01	US abdomen	123.83
RU02	US abdomen and pelvis	155.80
RU03	US renal tracts	115.85
RU04	US abdominal aorta (without Doppler)	115.85
RU06	US pelvis (trans-abdominal only)	115.85
	<i>Infants</i>	
RU10	US infant head	115.85
RU11	US infant pylorus	115.85
RU12	US infant heart	219.71
RU13	US infant hips	115.85
RU19	US infant miscellaneous	115.85
	<i>Various</i>	
RU20	US thyroid/neck	115.85
RU21	US scrotum and testis	115.85

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		\$
RU22	US breast	115.85
RU23	US veins	163.78
RU24	US eye	115.85
RU25	US chest	115.85
RU27	US injection/aspiration	231.69
RU28	US additional region	83.88
RU29	US miscellaneous	115.85
	<i>Skeletal</i>	
RU30	US shoulder	163.78
RU31	US musculoskeletal	123.83
RU32	US foreign body localisation	91.88
RU39	US skeletal miscellaneous	123.83
	<i>Intracavitary</i>	
RU40	US prostate	143.80
RU41	US anus/rectum	143.80
RU42	US female pelvis (includes trans-vaginal and trans-abdominal, or trans-vaginal only)	143.80
RU43	US trans-oesophageal	243.67
RU44	US intraoperative	243.67
RU49	US intracavitary miscellaneous	143.80
	<i>Vascular</i>	
RU51	Duplex/Doppler of chest	195.74
RU56	Duplex/Doppler: additional limb (arterial or venous)	155.80
	<i>Pregnancy</i>	
RU60	US routine pregnancy less than 28 weeks	123.83
RU61	US problem pregnancy	155.80
RU62	US pregnancy greater than 28 weeks	155.80
RU64	US with amniocentesis	231.69
RU68	US pregnancy—per extra foetus greater than 1	59.92
	<i>Additional</i>	
RX24	X-ray additional region	43.94
RX25	Domiciliary X-ray (in addition)	83.88

**Injury Prevention, Rehabilitation,
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Schedule 2

Schedule—*continued*

		\$
Specialists' costs		
<i>Repair recent wound</i>		
SR1	Not exceeding 7 cm, superficial	127.51
SR2	Not exceeding 7 cm, deeper tissue	170.00
SR3	Exceeding 7 cm, superficial	212.53
SR4	Exceeding 7 cm, deeper tissue	255.02
<i>Fractures (closed reduction)</i>		
SF1	Phalanges	85.02
SF2	Metacarpals, excluding Bennetts	153.02
SF3	Metatarsals	119.02
SF4	Bennetts	221.02
SF5	Carpal bones	110.49
SF6	Colles	204.00
SF7	Radius and ulna—shafts	246.49
SF8	Radius—head and neck	221.02
SF9	Humerus	246.49
SF10	Talus—neck	229.51
SF11	Calcaneus	229.51
SF12	Other tarsals	144.53
SF13	Ankle—fracture dislocation, Potts	357.02
SF14	Tibia and fibula—shaft	408.00
SF15	Tibia and fibula—upper end	357.02
SF16	Tibia and fibula—involving joint traction	416.49
SF17	Femur, any site, with/without traction	629.02
<i>Haematoma, abscess, or other infection</i>		
SH1	Small—aspiration	21.29
SH2	Large—incision and drainage (local anaesthetic)	101.47
SH3	Large—incision and drainage (general anaesthetic)	110.49
<i>Foreign body, removal of</i>		
SB1	Under local anaesthetic	80.80
SB2	Under general anaesthetic	178.49
SB3	From cornea or sclera	55.29

**Injury Prevention, Rehabilitation,
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Schedule 2

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Schedule—*continued*

		\$
SB4	From ear, other than by simple syringing	85.02
SB5	From muscle, tendon, or other deep tissue	255.02
SB6	From nose, other than by simple probing	102.00
SB7	From throat, additional fee	85.02
	<i>Dislocations (closed reduction)</i>	
SD1	Elbow, wrist, thumb, and fingers with strapping/splint	170.00
SD2	Shoulder	102.00
SD3	Patella	144.53
SD4	Hip	204.00
	<i>Plaster</i>	
SP1	Upper limb—above elbow	127.51
SP2	Upper limb—below elbow	110.49
SP3	Lower limb—above knee	153.02
SP4	Lower limb—below knee	127.51
	<i>Other</i>	
SM1	Aspiration of joint	21.29
SM2	Amputation of all or part of 1 digit	187.02
SM3	Extensor tendon, primary repair	297.51
SM4	Nail, simple removal of	85.02
	Specified treatment providers' costs	
TMT	All treatment	21.76
POD 3	Abcess or haematoma: drainage with incision (with or without local anaesthetic agent)	26.85
POD 4	Nail, simple removal of	21.50
POD 5	Nail, wedge resection/removal of: requiring the use of digital anaesthesia	89.49
X-RAY	X-ray services provided by chiropractor (maximum of 2 films per claimant per personal injury)	13.60

Michael Webster,
for Clerk of the Executive Council.

Explanatory note

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations amend the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. *Part 1* and *Schedule 1* of the regulations come into force on 1 April 2012. *Part 2* and *Schedule 2* of the regulations come into force on 1 July 2012.

The amendments made by *Part 1* and *Schedule 1*—

- increase the amounts specified for non-specialist treatment by medical practitioners and nurses; and
- insert a new regulation providing for nurse practitioners' costs; and
- specify costs of treatment for 3 new treatments by podiatrists; and
- make a number of technical amendments.

The amendments made by *Part 2* and *Schedule 2*—

- provide that the amounts specified for the costs of treatment are GST exclusive; and
- adjust the amounts accordingly; and
- replace the Schedule of the costs of treatment with a *new Schedule*.

Issued under the authority of the Acts and Regulations Publication Act 1989.

Date of notification in *Gazette*: 23 February 2012.

These regulations are administered by the Department of Labour.
