



**THE ACCIDENT COMPENSATION (SPECIALISTS COSTS)  
REGULATIONS 1990**

PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 14th day of May 1990

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to section 120 (1) (f) of the Accident Compensation Act 1982, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

ANALYSIS

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| <ol style="list-style-type: none"> <li>1. Title and commencement</li> <li>2. Interpretation</li> <li>3. Application</li> <li>4. Corporation to pay certain costs</li> <li>5. Second opinions</li> <li>6. Costs not payable in respect of public hospital treatment</li> <li>7. More than one procedure during an operation</li> </ol> | <ol style="list-style-type: none"> <li>8. Certificates</li> <li>9. Conditions applying to payments for surgical procedures</li> <li>10. Goods and services tax</li> <li>11. Application of regulations to certificates and treatments provided overseas</li> <li>12. Revocations and savings Schedule</li> </ol> |
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REGULATIONS

**1. Title and commencement**—(1) These regulations may be cited as the Accident Compensation (Specialists Costs) Regulations 1990.

(2) These regulations shall come into force on the 1st day of July 1990.

**2. Interpretation**—(1) In these regulations, unless the context otherwise requires,—

“The Act” means the Accident Compensation Act 1982:

“Claimant” means a person who has suffered personal injury by accident to which the Act applies:

“Consultation” means treatment provided by a registered specialist and includes any service performed or treatment provided at any consultation and the issue of any certificate to the Corporation as a result of the consultation; but does not include any routine pre-operative or post-operative consultation in respect of any procedure specified in Part II of the Schedule to these regulations that is to be or has been performed by that registered specialist (whether or not the Corporation makes any payment in respect of the procedure):

“Corporation” means the Accident Compensation Corporation:

“General practitioner” means any registered medical practitioner working in a non-specialist capacity; and includes any specialist working outside his or her registered specialty:

“Hospital” has the same meaning as in the Hospitals Act 1957:

“Personal injury by accident” means personal injury by accident to which the Act applies:

“Private hospital” means a licensed hospital as defined in section 118 of the Hospitals Act 1957:

“Public hospital” means any hospital that is not a private hospital and is operated by the Crown or an area health board:

“Registered medical practitioner” means any person who holds a current annual practising certificate issued by the Medical Council of New Zealand:

“Registered specialist” means any registered medical practitioner registered as a specialist with—

(a) The Medical Council of New Zealand; or

(b) The Department of Health for the purposes of Drug Tariff and health benefits,—

but does not include any registered specialist working outside his or her registered specialty:

“Social Security benefit” means the specialist benefit payable under the Social Security Act 1964; and includes any other benefit payable under Part II of that Act or any regulations made under that Act.

(2) No person shall be regarded as acting in the course of employment by the Crown or an area health board by reason of that person being a general practitioner contracted to work in a special area designated as such by the Director-General of Health.

**3. Application**—(1) Subject to these regulations, these regulations shall apply in respect of any treatment provided on or after the 1st day of July 1990 by a registered specialist to a claimant in respect of personal injury by accident, irrespective of—

(a) The date of the charging or payment of any fee for the treatment; or

(b) The date on which the personal injury by accident occurred.

(2) These regulations (other than regulations 4 (2) and 12 (2)) shall not apply in respect of any treatment provided before the 1st day of July 1990

by a registered specialist to a claimant in respect of personal injury by accident, irrespective of the date of the charging or payment of any fee for the treatment.

**4. Corporation to pay certain costs**—(1) Subject to these regulations, the Corporation shall pay the costs of treatment provided by a registered specialist to any claimant in respect of personal injury by accident to the extent specified in the Schedule to these regulations.

(2) Notwithstanding subclause (1) of this regulation and regulations 3 and 9 of these regulations, but subject in other respects to these regulations, the Corporation shall meet the costs of any treatment provided by a registered specialist to a claimant after the 1st day of December 1989 in respect of personal injury by accident where and to the extent that the Corporation had agreed in writing before that date to make the payment of a specified amount in respect of the treatment and the treatment is provided before the 1st day of August 1990.

(3) The Corporation shall not pay any costs unless it has received such information and declarations as it may require in order to verify that the claimant has suffered personal injury by accident and that the treatment in respect of which the claim for payment is made was provided in respect of personal injury by accident.

(4) The Corporation shall not pay any costs unless it has been advised of the date on which the treatment was provided and the specific nature of that treatment.

(5) The Corporation shall not pay any costs in respect of any treatment provided by a registered specialist unless the claimant has, in respect of the personal injury by accident for which the claimant is treated, been referred to the registered specialist by—

- (a) A general practitioner; or
- (b) Another registered specialist,—

who is not acting in the course of employment by the Crown or an area health board.

(6) The costs payable by the Corporation, as required or permitted under these regulations, shall be paid—

- (a) To the registered specialist; or
- (b) If they have already been paid by the claimant, then to the claimant.

**5. Second opinions**—(1) The Corporation shall decline to make any payment in respect of any treatment that it considers may not be necessary or appropriate or that it considers may have exceeded the number or duration necessary or appropriate in the particular case until it has obtained a second opinion on the matter.

(2) Where the Corporation, after having obtained the second opinion, believes that the treatment was unnecessary or inappropriate, in whole or in part, it shall decline to make any payment in respect of the treatment or part of the treatment (as appropriate) and shall advise the claimant and the registered specialist accordingly.

(3) Nothing in this regulation shall apply in any case where the number of treatments or duration of the treatment concerned has been provided with the prior approval of the Corporation.

**6. Costs not payable in respect of public hospital treatment**—No payment shall be made by the Corporation under these regulations in respect of any treatment provided by a registered specialist—

- (a) In a public hospital; or
- (b) To any claimant as an out-patient of a public hospital; or
- (c) While the registered specialist is acting in the course of employment by the Crown or an area health board.

**7. More than one procedure during an operation**—(1) Where 2 separate procedures are performed during one operation, the Corporation shall pay the full costs that it is required to pay in respect of the most expensive of the treatments provided and 50 percent of the costs that it would otherwise be required to pay in respect of the other treatment or treatments provided.

(2) Where one procedure forms part of a more comprehensive procedure the Corporation shall pay only the full costs that it is required to pay in respect of the treatment that is the more comprehensive procedure.

**8. Certificates**—The Corporation shall not make any payment under these regulations in respect of any certificate provided to the Corporation by a registered specialist, other than the payment in respect of the consultation that relates to the issue of the certificate.

**9. Conditions applying to payments for surgical procedures**—

(1) The Corporation shall not make any payment in respect of any matter specified in Part II or Part III of the Schedule to these regulations unless—

- (a) The treatment is provided in a private hospital or, in the case of items marked in the Schedule with an asterisk (\*), in a private hospital or in the specialist's rooms; and
- (b) The prior approval of the Corporation to the provision of the treatment has been obtained.

(2) The Corporation shall not give the approval referred to in subclause (1) of this regulation unless it is satisfied that it is necessary for the due restoration of the claimant to his or her principal economic activity (which includes study activities and domestic household activities that are not directly remunerated) that the treatment be provided.

(3) Nothing in this regulation shall apply in respect of—

- (a) Any item in Part II of the Schedule to these regulations that is marked with a cross (†); or
- (b) Any treatment that is discovered to be necessary to perform, and is performed, during the course of any approved treatment.

**10. Goods and services tax**—(1) All amounts specified or referred to in these regulations are exclusive of goods and services tax.

(2) Notwithstanding subclause (1) of this regulation, where any amount is to be calculated in a manner that involves the deduction of any Social Security benefit, the full amount of that benefit, including any goods and services tax component, shall be deducted.

**11. Application of regulations to certificates and treatments provided overseas**—Nothing in these regulations shall limit or restrict section 75 (8) of the Act.

**12. Revocations and savings**—(1) The Accident Compensation (*Specialists Costs*) Regulations 1989\* and the Accident Compensation

(Specialists Costs) Regulations 1989, Amendment No. 1† are hereby consequentially revoked.

(2) Notwithstanding regulation 3 (2) of these regulations and subclause (1) of this regulation, but subject to regulation 4 (2) of these regulations, where a registered specialist has provided, at any time in the period beginning on the 1st day of December 1989 and ending with the close of the 30th day of June 1990, treatment to a claimant in respect of personal injury by accident, the regulations revoked by subclause (1) of this regulation shall continue to apply in respect of the treatment so provided.

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SCHEDULE

Reg. 4

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY REGISTERED SPECIALISTS

Part I

Consultations

1. The costs payable by the Corporation for a consultation by a registered specialist registered as a physician, paediatrician, psychiatrist, neurologist, or neurosurgeon working in that specialty are those specified below or the costs that the registered specialist would have charged the claimant if the consultation were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser:

Initial consultation	..	..	\$102 (less any Social Security benefit)
Subsequent consultation	..	..	\$40 (less any Social Security benefit)

2. The costs payable by the Corporation for a consultation by a registered specialist where clause 1 of this Part does not apply is that specified below or the costs that the registered specialist would have charged the claimant if the consultation were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser:

Initial consultation	..	..	\$80 (less any Social Security benefit)
Subsequent consultation	..	..	\$40 (less any Social Security benefit)

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SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*

## Part II

*Specialist Procedures*

The costs payable by the Corporation for any treatment that is a surgical procedure specified in this Part and performed by a registered specialist are the costs specified below in respect of that procedure (less any Social Security benefit) or the amount that the registered specialist would have charged the claimant if the procedure were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser:

	\$
<b>General Procedures</b>	
*1. Aspiration of joint . . . . .	25
2. Aspiration of thorax or abdomen . . . . .	50
3. Aspiration from pericardial space . . . . .	100
*4. Bursa/Cyst, small (pre-patellar, olecranon, or other)	200
*5.        large (popliteal or other) . . . . .	300
*6. Electromyography . . . . .	90
*7. Epidural/lumbar puncture (not anaesthetic)	90
Foreign body, removal of	
*8.    under local anaesthetic . . . . .	95
9.     under general anaesthetic . . . . .	210
10.    from muscle, tendon or other deep tissue . . . . .	300
*11. Ganglion, excision of extensor . . . . .	210
*12.        flexor . . . . .	300
Haematoma, abscess or other infection	
*13.    small—aspiration . . . . .	25
*14.    large—incision and drainage (local anaesthetic) . . . . .	120
15.     —incision and drainage (general anaesthetic)	130
Hernia	
16.    unilateral . . . . .	360
17.    bilateral . . . . .	490
18.    using insertion of material, extra fee . . . . .	100
19. Laparotomy, exploratory . . . . .	500
20. Liver rupture, repair of (small) . . . . .	600
21. Liver rupture, repair of (major repair) . . . . .	860
*22. Nail, simple removal of . . . . .	100
*23. Nail, wedge resection of . . . . .	220
24. Perforating abdominal injury, repair of . . . . .	550
*25. Restoration of cardiac rhythm by cardioversion . . . . .	50
26. Tracheotomy, emergency . . . . .	120
27. Splenectomy . . . . .	700
<b>Orthopaedic Procedures</b>	
<i>Tendons and Muscles</i>	
Hand—	
28.    extensor tendon, primary repair . . . . .	350
29.        secondary repair . . . . .	430

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
30. flexor tendon, primary repair .. .. .	550
31. secondary repair .. .. .	700
32. opponens repair .. .. .	700
33. tendon sheath incision for stenosing vaginitis .. .. .	230
34. tendon transfers, extensor indicis to pollicis .. .. .	500
35. flexor to extensor .. .. .	650
36. flexor to extensor for radial nerve palsy .. .. .	800
37. tenolysis flexor .. .. .	500
38. extensor .. .. .	300
39. tenotomy subcutaneous .. .. .	100
40. open .. .. .	200
41. swan neck correction .. .. .	500
42. claw hand correction .. .. .	700
43. Elbow—epicondylitis .. .. .	275
Shoulder—capsular and tendon ruptures	
44. acute rotator cuff repair .. .. .	520
45. supraspinatus advancement .. .. .	800
46. release bicipital tendon .. .. .	200
47. repair biceps tendon .. .. .	500
48. tenodesis biceps .. .. .	400
Foot—	
49. extensor or flexor tendon, primary repair .. .. .	300
50. secondary repair .. .. .	350
51. tibialis anterior transfer .. .. .	550
52. tibialis posterior transfer .. .. .	600
Ankle—	
53. Achilles tendon, primary repair .. .. .	350
54. secondary repair/reconstruction .. .. .	500
55. wedge tarsectomy .. .. .	620
56. excision fracture dome talus .. .. .	325
57. Knee—pes anserina transfer .. .. .	510
58. Other—incision of any tendon sheath .. .. .	230
<i>Nerves—</i>	
59. Grafts, additional fee .. .. .	250
<i>Suturing—</i>	
60. primary, digital or small nerve .. .. .	300
61. major nerve .. .. .	650
62. secondary, digital or small nerve .. .. .	450
63. major nerve .. .. .	800
64. Microscopic procedure, additional fee .. .. .	200
65. Neurolysis, superficial .. .. .	250
66. interfascicular .. .. .	450
67. Neuroma, removal of .. .. .	220

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

	\$
68. Ulnar nerve, transposition of .. .. .	550
<i>Bones—</i>	
69. Excision of hook of hamate .. .. .	300
70. Exostosis, excision of—small bone .. .. .	240
71. —large bone .. .. .	270
72. Sesamoid bone, excision of .. .. .	275
<i>Soft tissues—</i>	
73. Release carpal tunnel .. .. .	250
74. cubital tunnel .. .. .	400
75. tarsal tunnel .. .. .	450
76. soft tissue, elbow contracture .. .. .	850
77. knee contracture .. .. .	900
78. Epicondylitis of elbow .. .. .	275
79. Partial fasciectomy palm/finger .. .. .	550
80. Decompression posterior interosseous nerve .. .. .	450
81. lateral popliteal nerve .. .. .	350
82. lateral cutaneous nerve of thigh .. .. .	350
83. ulnar nerve at wrist .. .. .	300
84. Fasciotomy forearm .. .. .	650
85. leg, 4 compartments .. .. .	500
<i>Amputations—</i>	
*86. Digit, one only, or part .. .. .	220
87. each additional .. .. .	110
88. Above or below elbow .. .. .	600
89. At shoulder .. .. .	850
90. Above or below knee .. .. .	570
91. At hip .. .. .	970
92. Ray amputation .. .. .	600
93. Reamputation of digit .. .. .	220
94. Refashioning of limb stump .. .. .	500
95. Revision of amputation stump to provide adequate cover	200
<i>Joints—</i>	
96. Arthroscopy any joint .. .. .	350
*97. Injections—epidural (non-anaesthetic) .. .. .	100
*98. Manipulation and epidural (non-anaesthetic) .. .. .	150
99. Manipulation under general anaesthetic .. .. .	100
100. Removal calcaneus deposits/myositis ossificans .. .. .	340
<i>Fingers and hand</i>	
101. arthrodesis finger .. .. .	270
102. thumb, IP joint .. .. .	280
103. thumb, MCP joint .. .. .	370



## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

	\$
104. arthrolysis, small joints .. .. .	220
105. arthroplasty MCP joint, prosthetic .. .. .	420
106. IP joint, prosthetic .. .. .	320
107. osteotomy phalanx or MC, with fixation .. .. .	400
108. repair capsule or ligament or internal fixation to stabilise .. .. .	400
109. synovectomy .. .. .	450
Wrist—	
110. arthrodesis .. .. .	610
111. arthroplasty .. .. .	760
112. excision of trapezium .. .. .	450
113. distal segment ulna .. .. .	325
114. fusion of carpo metacarpal joint thumb .. .. .	400
115. intercarpal joints .. .. .	650
116. reconstruction, carpal instability .. .. .	600
117. replacement trapezium (silastic) .. .. .	550
Elbow—	
118. arthrodesis .. .. .	750
119. arthroplasty .. .. .	1,100
120. arthrotomy .. .. .	410
121. excision head of radius .. .. .	350
122. replacement head of radius (silastic) .. .. .	400
123. synovectomy .. .. .	550
Shoulder—	
124. arthrodesis .. .. .	720
125. arthroplasty .. .. .	1,300
126. acromionectomy or acromioplasty .. .. .	500
127. arthrotomy .. .. .	450
128. excision outer end clavicle .. .. .	390
129. osteotomy glenoid .. .. .	750
130. humerus neck .. .. .	600
131. supracondylar .. .. .	750
132. recurrent dislocation/subluxation .. .. .	750
133. hemi replacement .. .. .	1,000
134. total replacement .. .. .	1,300
Toes—	
135. arthrodesis IP joint great toe .. .. .	350
136. MP joint great toe .. .. .	425
137. lesser toes .. .. .	200
138. excision metatarsal head .. .. .	275
139. phalanx all/part .. .. .	275
140. osteotomy first metatarsal .. .. .	400
141. lesser metatarsal .. .. .	275
142. replacement MTP joint .. .. .	370

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
Ankle—	
143. arthrodesis .. .. .	700
144. arthrotomy .. .. .	400
145. ligament reconstruction .. .. .	420
146. subtalar fusion foot .. .. .	625
147. synovectomy .. .. .	550
148. triple fusion foot .. .. .	800
Knee—	
149. arthrodesis .. .. .	750
150. arthrotomy .. .. .	400
151. meniscectomy, open .. .. .	375
152. arthroscopic .. .. .	400
153. meniscus, open repair .. .. .	425
ligaments, repair of anterior cruciate	
154. arthroscopic .. .. .	1,150
155. arthrotomy .. .. .	690
156. open reconstruction with graft .. .. .	1,000
ligaments, repair/reconstruction of	
157. medial, lateral .. .. .	600
158. posterior cruciate .. .. .	1,000
159. osteotomy distal femoral .. .. .	1,050
160. proximal tibial .. .. .	700
161. patella, excision .. .. .	520
162. recurrent dislocation .. .. .	570
163. pes anserina transfer .. .. .	510
164. release lateral retinaculum .. .. .	350
165. hemi replacement .. .. .	1,000
166. total replacement .. .. .	1,350
167. revision of replacement .. .. .	1,600
168. synovectomy .. .. .	850
Hip—	
169. arthrodesis .. .. .	1,200
170. arthroplasty, hemi .. .. .	1,030
171. total replacement .. .. .	1,400
172. revision of replacement .. .. .	1,700
173. fusion sacro-iliac joint .. .. .	800
174. osteotomy, pelvic .. .. .	1,200
175. proximal femoral .. .. .	1,050
Spine—	
176. fusion, cervical 1-3 spaces .. .. .	1,120
177. thoraco lumbar with internal fixation .. .. .	1,500
178. lumbar 1-3 spaces .. .. .	1,150
179. laminectomy/discectomy .. .. .	910
180. percutaneous discectomy .. .. .	1,100

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
181. spinal stenosis .. .. .	1,100
<i>Dislocations</i>	
Closed reduction—	
182. elbow, wrist, thumb and fingers with strapping/splint	200
183. shoulder .. .. .	120
184. toes with strapping/splint .. .. .	70
185. metatarsals .. .. .	150
186. tarsal bones .. .. .	190
187. ankle .. .. .	285
188. knee .. .. .	310
189. patella .. .. .	170
190. hip .. .. .	240
Open reduction—	
191. elbow, wrist, thumb and fingers .. .. .	400
192. shoulder fracture, dislocation .. .. .	750
193. acromio-clavicular, acute .. .. .	410
194. .. .. . chronic .. .. .	500
195. sterno-clavicular .. .. .	500
196. hip .. .. .	660
<i>Fractures (closed reduction)</i>	
*197. Phalanges .. .. .	100
*198. Metacarpals—excluding Bennetts .. .. .	180
*199. Bennetts .. .. .	260
*200. Carpal bones .. .. .	130
*201. Colles .. .. .	240
*202. Radius and ulna—shafts .. .. .	290
*203. Radius—head and neck .. .. .	260
*204. Humerus .. .. .	290
*205. Clavicle .. .. .	240
*206. Metatarsals .. .. .	140
*207. Talus—neck .. .. .	270
*208. Calcaneus .. .. .	270
*209. Other tarsals .. .. .	170
210. Ankle—fracture dislocation, Potts .. .. .	420
Tibia and Fibula—	
211. shaft .. .. .	480
212. upper end .. .. .	420
213. involving joint traction .. .. .	490
214. Femur, any site, with/without traction .. .. .	740
215. Spine, vertebral bodies .. .. .	280
<i>Fractures (open reduction)</i>	
216. Bennetts, internal fixation .. .. .	350
217. Scaphoid, screw or graft .. .. .	480

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
218. Metacarpal, fixation and/or graft .. .. .	350
Radius and ulna—	
219. internal fixation .. .. .	600
220. graft .. .. .	700
221. fixation and graft .. .. .	900
222. Radius or ulna, excision of head .. .. .	375
223. Olecranon, internal fixation .. .. .	390
Humerus—	
224. internal fixation/graft .. .. .	560
225. internal fixation and graft .. .. .	850
Clavicle—	
226. fixation without graft .. .. .	350
227. fixation with graft .. .. .	650
228. Phalanges, open reduction and fixation .. .. .	200
229. open reduction and graft .. .. .	350
230. Metatarsals, fixation and/or graft .. .. .	210
231. Talus/Calcaneus, fixation .. .. .	475
Ankle fixation—	
232. unimalleolar .. .. .	490
233. bimalleolar .. .. .	590
Tibia and fibula—	
234. internal fixation/graft .. .. .	600
235. internal fixation and graft .. .. .	800
236. Neck of femur, internal fixation .. .. .	840
237. Spine, fractured bodies, requiring decompression of spinal cord .. .. .	1,160
<i>Miscellaneous extras</i>	
†238. Plaster jacket .. .. .	160
†239. Plaster upper limb, above elbow .. .. .	150
†240. below elbow .. .. .	130
†241. Plaster lower limb, above knee .. .. .	180
†242. below knee .. .. .	150
<i>Removal of hardware</i>	
243. Any hardware, under local anaesthetic .. .. .	100
244. Plate and screws under general anaesthetic .. .. .	310
245. Screws or wire under general anaesthetic .. .. .	200
246. Intramedullary rod .. .. .	310
<b>Ear, nose, and throat procedures</b>	
<i>Ear</i>	
247. Foreign body, removal of, other than by simple syringing	100
248. Myringotomy, with insertion of polythene tubes .. .. .	200
<i>Nose</i>	
249. Cautery/diathermy of septum or turbinates .. .. .	170

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

	\$
250. Foreign body, removal of, other than by simple probing	120
251. Fracture of nose, reduction of .. .. .	175
252. Septoplasty .. .. .	450
253. Septorhinoplasty .. .. .	1,000
254. Submucous resection of septum .. .. .	450
255. Submucous resection, cautery and out-fracture ..	550
256. Turbinates, trimming, with or without out-fracture ..	220
<i>Throat</i>	
257. Bronchoscopy .. .. .	220
258. Laryngoscopy .. .. .	210
259. Oesophagoscopy .. .. .	210
260. Removal of foreign body, additional fee .. .. .	100
<b>Ophthalmological Procedures</b>	
261. Cataract with intra-ocular lens implant (excluding cost of prosthesis) .. .. .	1,000
262. Conjunctival graft .. .. .	420
263. Enucleation of eye with implant .. .. .	630
*264. Eyelid laceration, repair of—up to 10 mm .. .. .	80
265. .. .. . more than 10 mm .. .. .	200
266. .. .. . full thickness .. .. .	500
*267. Foreign body removal—cornea or sclera .. .. .	65
268. .. .. . intra-ocular .. .. .	850
269. Lens extraction .. .. .	900
270. Perforating wound, repair of .. .. .	700
271. Pterygium, removal of .. .. .	200
<b>Urological Procedures</b>	
272. Cystoscopy .. .. .	110
273. Cystoscopy + FB removal (closed) .. .. .	250
274. Cystotomy + FB removal (open) .. .. .	350
275. Nephrectomy—complete .. .. .	760
276. .. .. . partial .. .. .	880
277. Orchidectomy .. .. .	350
278. Penis, amputation—partial or repair .. .. .	380
279. .. .. . complete .. .. .	650
280. Penile prosthesis insertion—inflatable .. .. .	620
281. Spincter insertion—inflatable .. .. .	700
282. Ureter, repair of .. .. .	700
283. Ureteric re-implantation bladder—single .. .. .	600
284. .. .. . double .. .. .	670
285. Ureteric transplantation—bowel or bladder .. .. .	700
286. Urethroplasty—one stage .. .. .	650
287. Urethroplasty—revision, for recurrent stricture .. .. .	450
288. Urodynamic assessment .. .. .	210

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

	\$
<b>Gynaecological Procedures</b>	
289. Colporrhaphy—anterior .. .. .	400
290.                   anterior and posterior .. .. .	530
291.                   posterior .. .. .	350
292. E.U.A. .. .. .	75
293. Laparoscopy .. .. .	300
294. Laparotomy, exploratory .. .. .	500
295. Manchester repair .. .. .	700
296. Rectovaginal fistula, repair of .. .. .	500
297. Vesicovaginal fistula, repair of .. .. .	670
<b>Plastic Surgical Procedures</b>	
<i>Minor</i>	
Repair recent wound	
*298.   not exceeding 7 cm superficial .. .. .	150
*299.                   deeper tissue .. .. .	200
*300.   exceeding 7 cm superficial .. .. .	250
*301.                   deeper tissue .. .. .	300
302. Full thickness laceration ear/nose meticulous plastic repair	350
<i>Scars</i>	
*303. Dermabrasion, per 5 cm greatest dimension .. .. .	150
*304. Steroid injection of scars under general anaesthetic .. .. .	100
Scars all regions, includes w or z plasty	
*305.   per scar not exceeding 5 cm .. .. .	225
306.   exceeding 5 cm greatest dimension .. .. .	375
<i>Burns</i>	
Small release, per area of less than 5 cm greatest dimension	
307.   with skin graft .. .. .	400
308.   with z plasty .. .. .	400
Extensive release, per area of more than 5 cm greatest dimension	
309.   with skin graft .. .. .	750
310.   with combination z plasties and grafts .. .. .	750
Debride and split skin graft	
311.   not exceeding 2.5% body surface area .. .. .	450
312.   exceeding 2.5% body surface area .. .. .	700
<i>Grafts</i>	
Skin grafts for skin loss	
313.   Split skin small, not exceeding 5 cm greatest dimnesion	300
314.                   extensive exceeding 5 cm greatest dimension	550
315.   Full thickness small not exceeding 5 cm greatest dimension .. .. .	350

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

					\$
316.	large exceeding 5 cm greatest dimension	..	..	..	725
	<i>Other grafts</i>				
317.	Dermofat or fascia	..	..	..	600
318.	Cartilage, for nose, eyelid	..	..	..	600
319.	Composite—chondrocutaneous, or chondromucosal for nose, ear, eyelid	..	..	..	725
	Nerve graft, including harvest				
320.	digital or small	..	..	..	650
321.	major nerve	..	..	..	1,200
	<i>Flaps</i>				
322.	Skin, 1 stage, local and simple	..	..	..	250
323.	large and complicated	..	..	..	600
	Distant, including repair of secondary defect				
	small, e.g. cross finger				
324.	1st stage	..	..	..	450
325.	2nd stage	..	..	..	150
	large, e.g. groin, abdomen, forehead				
326.	1st stage	..	..	..	1,000
327.	2nd stage	..	..	..	400
328.	Revision skin flap	..	..	..	250
	Muscle, myocutaneous, fasciocutaneous, including repair of secondary defect				
329.	1 stage, small	..	..	..	600
330.	large, e.g. gastrocnemius or pectoralis major	..	..	..	1,000
331.	Neurovascular island flaps				
	Pedicled or for free tissue transfer, with vascular or neurovascular pedicle, including repair of secondary defect				
	Microvascular surgery and free tissue transfer				
332.	microvascular anastomosis artery/vein	..	..	..	1,500
333.	microarterial or microvenous graft	..	..	..	1,700
334.	microvascular repair for revascularisation	..	..	..	1,200
	<i>Breast reconstruction</i>				
335.	Augmentation with implant	..	..	..	650
336.	Reconstruction, latissimus dorsi or TRAM flap, including repair of secondary defect	..	..	..	1,500
337.	Tissue expansion, 1st stage insertion	..	..	..	1,000
338.	2nd stage insert prosthesis	..	..	..	650
339.	Nipple areola reconstruction	..	..	..	500
	<i>Tissue expansion</i>				
340.	1st stage insertion	..	..	..	1,000
341.	2nd stage remove expander and flap repair	..	..	..	600
	<i>Facial palsy post trauma</i>				
342.	Nerve repair, microsurgical	..	..	..	850

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

		\$
343.	microsurgical with grafts .. ..	1,400
344.	Fascial grafts .. ..	600
345.	Muscle transfer and fascial grafts .. ..	1,000
346.	Cross face nerve graft, microsurgery and harvest ..	1,100
347.	Free vascularised muscle transfer gracilis or pectoralis minor and repair secondary defect .. ..	3,000
<i>Nasal surgery</i>		
348.	Correction tip deformity .. ..	650
349.	Nasal refracture, corect boney vault .. ..	850
350.	Septoplasty, SMR, repair perforation .. ..	550
351.	Total correction, bone and cartilage external nose .. ..	1,100
352.	Total correction with autogenous bone/cartilage graft	1,300
<i>Eyelids</i>		
353.	Reconstruction other than by direct suture ..	750
354.	2nd stage Tripiier flap .. ..	300
355.	Repair ectropion .. ..	375
356.	Dacrycystorhinostomy .. ..	1,150
357.	Conjunctivo-cystorhinostomy .. ..	1,200
358.	Ptosis correction .. ..	830
359.	Reduction upper eyelid to restore symmetry ..	250
360.	lower eyelid to restore symmetry .. ..	300
<i>Ears</i>		
Subtotal correction deformity post trauma		
361.	1st stage .. ..	700
362.	2nd and subsequent stages .. ..	500
Total reconstruction (Brent)		
363.	1st stage .. ..	2,000
364.	2nd stage .. ..	900
365.	further revisions .. ..	500
<i>Lips</i>		
Reconstruction (Abbe/Estlauder)		
366.	1st stage .. ..	850
367.	2nd stage .. ..	250
<i>Hands</i>		
368.	Nail bed reconstruction with nail bed graft ..	400
369.	ablation of nail bed with skin graft .. ..	400
370.	Transplant of digit .. ..	1,100
371.	Tendon prosthesis insertion (staged reconstruction) ..	700
372.	Tendon sheath pulleys reconstruction .. ..	400
373.	Tendon graft including harvest .. ..	900
<i>Cranio-facial surgery</i>		
374.	Canthopexy, medial, external .. ..	600
375.	bicoronal approach .. ..	900



SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
376. lateral .. .. .	450
377. Contour restoration, other than nose, using autogenous bone/cartilage graft .. .. .	1,200
378. Cranioplasty reconstruction vault/forehead defect, using autogenous bone/cartilage graft per surgeon ..	1,800
379. Enophthalmos correction, bicoronal approach, with bone graft and/or osteotomy orbit .. .. .	2,000
380. Malar fracture, elevation .. .. .	300
381. elevation with wiring .. .. .	650
382. elevation with plating .. .. .	850
383. Mandible, condylectomy .. .. .	600
384. hemimandibular reconstruction with bone graft .. .. .	900
385. Orbital dystopia subtotal repositioning extracranial ..	2,250
386. total repositioning intracranial per surgeon .. .. .	2,500

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*

## Part III

*Anaesthetic Services*

The costs payable by the Corporation for treatments that are anaesthetic services specified in this Part performed by a registered specialist anaesthetist is \$28 for each unit specified below (less any Social Security benefit), or the fee that the specialist would have charged the patient if the service were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser.

No costs are payable in respect of routine pre-operative or post-operative consultations by the person providing the anaesthetic service and no costs are payable in respect of such consultations on a time basis under clause 4 of this Part.

		Unit	
		Without intubation	With intubation
<b>Anatomical Site</b>			
<i>Head and Neck</i>			
1.	Superficial procedure ..	2	3
2.	Ear .. ..	2	3
3.	Eye and lids .. ..	2	3
4.	Eyeball .. ..	5	5
5.	Nose and sinuses .. ..	3	3
6.	Radical nasal procedure ..		6
7.	Intraoral .. ..	3	4
8.	Radical intraoral .. ..		6
9.	Facial bones .. ..	3	3
10.	Radical facial procedure ..		6
11.	Burr holes .. ..		8
12.	Intracranial operation ..		10
13.	in sitting position ..		12
14.	Thyroid, larynx, oesophagus, trachea .. ..		5
15.	Simple ligation in neck ..	4	4
16.	All other vascular procedures		9
<i>Thorax and shoulder</i>			
17.	Superficial procedure (anterior)	2	3
18.	Superficial procedure (posterior)	3	4
19.	Shoulder girdle .. ..	3	3
20.	Radical shoulder .. ..		5
21.	Rib resection .. ..		5
22.	Thoracoplasty, etc. .. ..		9
23.	Intrathoracic procedures ..		14
24.	Open heart operation ..		19

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part III—*continued**Anaesthetic Services—continued*

		Unit	
		Without intubation	With intubation
<i>Spine</i>			
25.	Cervical procedures ..		9
26.	in sitting position ..		12
27.	Thoracic procedures ..		9
28.	Thoraco-lumbar sympathectomy ..		12
29.	Lumbar procedures ..		7
30.	Extensive spinal procedures ..		12
	(Harrington) .. ..		
<i>Abdomen</i>			
31.	Superficial (anterior) ..	2	2
32.	Superficial (posterior) ..	3	4
33.	Hernia repairs .. ..	3	3
34.	Incisional hernia .. ..	5	5
35.	Wound dehiscence .. ..	5	5
36.	Diaphragmatic hernia ..		6
	(abdominal approach) .. ..		
37.	Major blood vessels ..		14
38.	Partial hepatectomy ..		12
39.	Pancreatectomy .. ..		7
40.	All other upper intraperitoneal ..		6
	procedures .. ..		
41.	Radical hysterectomy ..		7
42.	Other intraperitoneal ..		4
	gynaecological .. ..		
43.	Appendicectomy .. ..		4
44.	Resection of rectum ..		7
45.	Other lower intraperitoneal ..		5
	procedures .. ..		
46.	Extraperitoneal procedures ..		5
47.	Kidney and upper ureter ..		6
48.	Cystectomy .. ..		7
49.	Adrenalectomy .. ..		9
50.	Cystostomy .. ..		4
<i>Perineum and Pelvis</i>			
51.	Superficial procedures ..	2	2
52.	Ano-rectal procedures ..	3	3
53.	Vulvectomy .. ..	3	3
54.	Urethral procedures ..		4
55.	Radical procedures ..		6
56.	Transurethral procedures ..	2	2
57.	TUR (prostate or bladder) ..		4

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part III—*continued**Anaesthetic Services—continued*

		Unit	
		Without intubation	With intubation
58.	Vaginal procedures .. ..	2	2
59.	Colporrhaphy .. ..	3	3
60.	Hysterectomy .. ..		5
61.	Superficial posterior procedures	4	5
62.	Procedures on bony pelvis ..		5
<i>Limbs</i>			
63.	Superficial .. ..	2	2
64.	Muscles, bursae, tendons, etc.	3	4
65.	Aorto-femoral graft .. ..		14
66.	Other arterial operations ..		6
67.	Amputations .. ..	4	4
68.	Hip replacement .. ..		9
69.	Knee replacement .. ..		8
70.	Other bone and joint operations	4	4
<i>Nerve blocks</i>			
*71.	Single peripheral nerves ..	3	
*72.	Sympathetic block, caudal extradural .. ..	4	
*73.	Epidural or spinal .. ..	4	
<i>Endoscopy</i>			
74.	Cysto-, Colpo-, sigmoido-, proctoscopy .. ..	2	2
75.	Oesophago-, gastro-, colono-, arthroscopy .. ..	3	3
76.	Laryngo-, broncho-, laparoscopy	4	4
77.	Mediastinoscopy .. ..	5	5
<i>Resuscitation</i>			
78.	Without cardiac arrest ..	1	
79.	With cardiac arrest .. ..	2	
<i>Additional units (extra)</i>			
80.	Patient under 1 year old ..	1	
81.	Patient over 70 years old ..	1	

MARIE SHROFF,  
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, which come into force on 1 July 1990, revoke and replace the Accident Compensation (Specialists Costs) Regulations 1989. Changes from those regulations are as follows:

- The regulations substitute a new schedule specifying treatments performed by registered specialists in respect of which the Corporation is to make payments and the maximum payments. The range of items is increased, some existing items are subdivided, and in some cases maximum payments are increased:
- Payment can be made for treatments approved in writing before 1 December 1989 so long as the treatment is performed before 1 August 1990:
- The Corporation is prohibited from making payments unless it has been advised of the date and specific nature of the treatment:
- Prior approval is not required for specified treatments (plaster jackets) or for treatment that is provided during an approved treatment if the need for the treatment only becomes apparent in the course of the operation.

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These regulations are administered in the Accident Compensation Corporation.