



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

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PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 10th day of September 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.

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ANALYSIS

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REGULATIONS

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

(2) These regulations shall come into force on the 15th day of October 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:

“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:

“Radiologist” means—

(a) A registered specialist registered as a radiologist; or

(b) A general practitioner who has been granted restricted recognition or limited recognition for radiological purposes by the Department of Health—

and who is recognised or employed in a practice that is recognised by the Minister of Health for the purposes of claiming a benefit in respect of diagnostic imaging services:

“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 any benefit payable under Part II of the Social Security Act 1964 or any regulations in force under that Part; and includes any payment in respect of any specific treatment made to any radiologist under any arrangement entered into under section 97 of the Social Security Act 1964:

“State services” has the same meaning as in the State Sector Act 1988.

(2) No person shall be regarded as acting in the course of employment in the State services or by 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 15th day of October 1990 by a radiologist to a claimant in respect of personal injury by accident, irrespective of—

- (a) The date on which any fee for any treatment was charged or paid; or
- (b) The date on which the personal injury by accident occurred.

(2) These regulations (other than regulation 12 (2)) shall not apply in respect of any treatment provided before the 15th day of October 1990 by a radiologist 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 radiologist to any claimant in respect of personal injury by accident to the extent specified in the Schedule to these regulations.

(2) 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.

(3) 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.

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

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

who is not acting in the course of employment by an area health board and is not the radiologist providing the treatment.

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

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

**5. Corporation may make payment if procedure not in Schedule**—Where the only reason that the Corporation does not pay any costs under these regulations is that the procedure is not specified in the Schedule to these regulations, the Corporation may, if the procedure is an item listed in the Schedules to the Social Security (Diagnostic Imaging Services) Regulations 1985\*, pay costs in accordance with the following rules:

- (a) The Corporation must be satisfied, before the procedure is performed and having sought the comments of the appropriate professional group for the specialty concerned, that the procedure is necessary and appropriate for the claimant, and is likely to be more effective than any procedure specified in the Schedule to these regulations:
- (b) The Corporation shall pay such amount as it considers appropriate in the particular case, having regard to the maximum amount payable for procedures that are specified in the Schedule to these regulations that are of similar complexity:
- (c) Where any payment is made under the authority of this regulation, no payment in respect of any procedure carried out on the same occasion shall be paid under the Schedule to these regulations.

**6. Corporation to pay equivalent of Social Security benefit to Crown Bank Account**—In addition to the costs payable under regulations 4 and 5 of these regulations, in any case where costs are payable under those regulations and the total cost of the treatment includes a Social Security benefit, the Corporation shall pay an amount equivalent to that Social Security benefit to a Crown Bank Account nominated by the Minister of Finance.

**7. 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 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 radiologist accordingly.

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

**8. Costs not payable in respect of certain treatment**—No payment shall be made by the Corporation under these regulations in respect of any treatment provided by a radiologist—

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

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

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

(2) 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 following regulations are hereby revoked:

- (a) The Accident Compensation (Radiologists Costs) Regulations 1989 (S.R. 1989/334);
- (b) The Accident Compensation (Radiologists Costs) Regulations 1989, Amendment No. 1 (S.R. 1989/400);
- (c) The Accident Compensation (Radiologists Costs) Regulations 1989, Amendment No. 2 (S.R. 1990/182).

(2) Notwithstanding regulation 3 (2) of these regulations and subclause (1) of this regulation, where a radiologist has provided, at any time in the period beginning on the 1st day of December 1989 and ending with the close of the 14th day of October 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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Reg. 4

**SCHEDULE**

**COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
RADIOLOGISTS**

The costs payable by the Corporation for treatments that are radiological services specified in this Part and performed by a radiologist are,—

(a) In the case of a registered specialist registered as a radiologist, the costs specified below in respect of that service (less any Social Security benefit);

(b) In the case of any other radiologist, 60 percent of the costs specified below in respect of that service (less any Social Security benefit)—

or, in either case, the costs that the radiologist would have charged the claimant if the service were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser.

**Anatomical Site**

<i>A. Upper limb and shoulder girdle</i>	\$
1. Sternum .. .. .	46.15
2. Sterno-clavicular joints .. .. .	46.15
3. Clavicle .. .. .	43.90
4. Acromio-clavicular joints .. .. .	43.90
5. Scapula .. .. .	43.90
6. Shoulder .. .. .	50.65
7. Humerus .. .. .	42.75
8. Elbow joint .. .. .	42.75
9. Forearm .. .. .	42.75
10. Hand and/or wrist joint .. .. .	41.65
11. Arthrogram .. .. .	140.65
14. Tomography, additional .. .. .	37.15
15. Upper limb (infant) .. .. .	43.90
 <i>B. Lower limb and pelvic girdle</i>	
1. Sacro-iliac joints .. .. .	43.90
2. Pelvis .. .. .	49.50
3. Pelvis plus hip joint .. .. .	49.50
4. Pelvis and/or both hip joints .. .. .	51.75
5. Hip joint (2 projections) .. .. .	50.65
6. Femur .. .. .	50.65
7. Knee joint .. .. .	49.50
8. Knee joint plus intercondylar and/or axial projection .. .. .	50.65
9. Leg .. .. .	49.50
10. Ankle joint .. .. .	49.50
11. Ankle joint plus projections in forced inversion and/or eversion .. .. .	50.65
12. Foot .. .. .	41.65
13. Foot plus projection with weight bearing .. .. .	47.25
14. Arthrogram .. .. .	140.65
19. Tomography, additional .. .. .	37.15
20. Lower limb (infant) .. .. .	43.90

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

	\$
<i>C. Spinal column</i>	
1. Cervical spine .. .. .	59.65
2. Thoracic spine .. .. .	59.65
3. Lumbar spine plus lumbo-sacral joint .. .. .	63.00
4. Sacro-coccygeal spine .. .. .	59.65
5. Tomography, additional .. .. .	37.15
6. Lower thoracic and lumbar spine .. .. .	61.90
7. Cervical and upper thoracic spine .. .. .	61.90
8. Lumbar spine .. .. .	63.00
9. Lumbar spine and sacrum .. .. .	63.00
<i>D. Respiratory system</i>	
1. Nasal sinuses .. .. .	42.75
2. Naso-pharynx .. .. .	41.65
4. Larynx .. .. .	41.65
5. Thoracic inlet .. .. .	41.65
6. Chest (PA projection) .. .. .	37.15
7. Chest (with lateral projection) .. .. .	48.40
8. Thoracic cage .. .. .	45.00
15. AP tomography, additional .. .. .	45.00
16. Lateral tomography, additional .. .. .	45.00
<i>F. Alimentary system</i>	
1. Upper teeth .. .. .	42.75
2. Lower teeth .. .. .	42.75
3. Mandible .. .. .	52.90
4. Temporo-mandibular joints .. .. .	52.90
8. Abdomen (single projection) .. .. .	47.25
9. Abdomen (2 or more projections) .. .. .	57.40
25. Tomography, additional .. .. .	37.15
<i>G. Renal system</i>	
1. Plain renal .. .. .	47.25
2. Intravenous pyelogram .. .. .	109.15
3. Retrograde pyelogram .. .. .	113.65
4. Retrograde cystogram .. .. .	103.50
5. Micturating cysto-urethrogram .. .. .	113.65
10. Tomography, additional .. .. .	37.15
<i>J. Nervous system</i>	
1. Skull .. .. .	59.65
2. Nasal bones .. .. .	43.90
3. Facial bones .. .. .	57.40
4. Optic foramina .. .. .	55.15
6. Auditory canals .. .. .	43.90
7. Lumbar myelogram or radiculogram .. .. .	147.40
8. Lumbar and thoracic myelogram or radiculogram .. .. .	151.90

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

	\$
9. Lumbar, thoracic and cervical myelogram or radiculogram .. .. .	163.15
18. Tomography, additional .. .. .	37.15
<i>U. Ultrasound</i>	
1. Gall bladder and upper abdomen .. .. .	46.15
2. Kidney and bladder .. .. .	103.50
3. Head .. .. .	90.00
6. Female pelvis .. .. .	45.00
7. Testis .. .. .	90.00
8. Foreign body localisation .. .. .	90.00
9. Musculo-skeletal injury (tendon, joint, or haematoma)	90.00
<i>CT. Computerised tomography</i> —only for head and/or spinal injuries and only on request by a registered specialist who is not acting in the course of employment in the State services or by an area health board, and with the prior approval of the Corporation.	
The Corporation shall not grant such approval unless—	
(a) The application for approval specifies that the computerised tomography is for the purpose of determining whether to request treatment to which Part II of the Schedule to the Accident Compensation (Specialists Costs) Regulations (No. 2) 1990* applies, and is likely to be followed by a request for approval for such treatment; and	
(b) The Corporation is satisfied that if such a request were to be made approval for that treatment would be likely to be given.	
1. Scan of brain (8 or more slices) .. .. .	321.75
2. Scan of spine (25 slices or less) .. .. .	385.90
3. Scan of spine (25 or more slices) .. .. .	546.75
4. Scan of chest, abdomen, pelvis, or extremities (any number of slices) .. .. .	385.90

*BS. Bone Scintigraphy*—only on request by a registered specialist who is not acting in the course of employment in the State services or by an area health board, and with the prior approval of the Corporation.

The Corporation shall not grant such approval unless—

- (a) The application for approval specifies that the bone scintigraphy is for the purpose of determining whether to request treatment to which Part II of the Schedule to the Accident Compensation (Specialists Costs) Regulations (No. 2) 1990\* applies and is likely to be followed by a request for approval for such treatment; and



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

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(b) The Corporation is satisfied that if such a request were to be made approval for that treatment would be likely to be given.

1. Single view	..	..	..	..	..	168.75
2. Whole body	..	..	..	..	..	247.50
<i>BE. Barium examinations (location of foreign body)—</i>						
1. Barium swallow	..	..	..	..	..	61.90
2. Barium meal	..	..	..	..	..	67.50
3. Barium follow through	..	..	..	..	..	84.40
4. Barium enema	..	..	..	..	..	112.50
<i>OT. Other—</i>						
1. Ascending urethrogram	..	..	..	..	..	90.00
2. Mammogram	..	..	..	..	..	67.50
3. Comparison view—opposite side	..	..	..	..	..	16.90
4. Venogram, limb	..	..	..	..	..	151.90
5. Contrast media, per 20 ml	..	..	..	..	..	24.75

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 specify the fees that the Accident Compensation Corporation is to pay in respect of services provided on or after 15 October 1990 by radiologists in respect of personal injury by accident.

The Corporation is required to pay the lesser of the radiologist's normal charge for similar services or the amount specified in the Schedule in respect of the treatment (less in each case any Social Security benefit). The numbering in the left hand column of the Schedule accords with the numbering in the Social Security (Diagnostic Imaging Services) Regulations 1985 for relevant procedures.

By virtue of the Accident Compensation Act 1982 and these regulations, the Corporation is not authorised to make any payment until a claim has been verified, and it is satisfied that the service provided relates to the claim.

The Corporation is prohibited from making any payment unless the claimant has been referred to the radiologist by a general practitioner or another specialist. The referring practitioner or specialist must not be acting in the course of employment by an area health board.

The Corporation is prohibited from making payments where the radiologist is acting in the course of employment in the State services or by an area health board.

The Corporation is only empowered to pay for CT scans and bone scintigraphy if they are requested by a registered specialist and the prior approval of the Corporation is obtained.

All amounts referred to in the regulations are inclusive of goods and services tax.

Payment of the specified amounts are to be made to the radiologist concerned, or, if the claimant has already paid the account, then to the claimant.

Other changes are made to align these regulations with other regulations relating to costs.

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

Date of notification in *Gazette*: 13 September 1990.

These regulations are administered in the Accident Compensation Corporation.