



THE ACCIDENT COMPENSATION (GENERAL PRACTITIONERS COSTS) REGULATIONS 1990

PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 27th day of August 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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REGULATIONS

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

(2) These regulations shall come into force on the 1st day of September 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 general practitioner, including any service performed or treatment provided at any consultation that is not specified in the Schedule to these regulations; and includes the issue of any certificate to the Corporation as a result of the consultation:

“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 speciality:

“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:

“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 general practitioner 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 by the State services 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 September 1990 by a general practitioner 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 1st day of September 1990 by a general practitioner 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 in respect of a consultation provided by a

general practitioner to any claimant in respect of personal injury by accident the amount of \$30.50 (less any Social Security benefit).

(2) In any case where a travelling fee is payable under regulation 6 of these regulations and the case is one requiring immediate emergency consultation, the Corporation shall, in addition to any payment under subclause (1) of this regulation, pay in respect of so much of that consultation as exceeds 30 minutes the amount of \$56.25 per hour with appropriate proportions for parts of an hour (less any Social Security benefit).

(3) Subclause (2) of this regulation shall apply only where the amount payable under that subclause is greater than the amount that would be payable under subclauses (5) to (7) of this regulation, and where payment is made under subclause (2) no payment shall be made under subclauses (5) to (7) of this regulation.

(4) No payment shall be made under subclause (2) of this regulation in respect of travelling time.

(5) In addition to any costs payable in respect of a consultation, and subject to subclauses (6) and (7) of this regulation, the Corporation shall, in respect of any of the treatments specified in the Schedule to these regulations and performed at the consultation, pay the amount specified in that Schedule in respect of that treatment (less any Social Security benefit).

(6) Where 2 separate procedures are performed during one consultation, the Corporation shall pay the full costs that it is required to pay under subclause (5) of this regulation in respect of the most expensive of the treatments provided, and 50 percent of the costs that it would otherwise be required to pay under that subclause in respect of the other treatment or treatments provided.

(7) Where one procedure forms part of a more comprehensive procedure performed at the same consultation, the Corporation shall pay under subclause (5) of this regulation only the full costs that it is required to pay under that subclause in respect of the treatment that is the more comprehensive procedure.

(8) 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.

(9) 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.

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

(a) To the general practitioner; or

(b) If they have already been paid by the claimant, then to the claimant.

5. Corporation to pay equivalent of Social Security benefit to Crown Bank Account—In addition to the costs payable under regulation 4 of these regulations, in any case where costs are payable under that regulation 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.

6. Travelling fees payable in certain circumstances—The Corporation shall pay travelling fees at the rate of \$1 per kilometre (less any Social Security benefit) in respect of treatment provided by a general practitioner in circumstances that attract (or that would, if the general practitioner were not party to an arrangement entered into under section 97 of the Social Security Act 1964, attract) a payment under regulation 10 of the Social Security (Medical Fees) Regulations 1986 (S.R. 1986/290).

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 general practitioner accordingly.

(3) Nothing in this regulation shall apply in any case where the treatment concerned or the number of treatments or the 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 general practitioner—

- (a) In a public hospital; or
- (b) To any claimant as an out-patient of a public hospital; or
- (c) While the general practitioner 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 general practitioner, other than the payment in respect of the consultation 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 (General Practitioners Costs) Regulations 1989 (S.R. 1989/329);
- (b) The Accident Compensation (General Practitioners Costs) Regulations 1989, Amendment No. 1 (S.R. 1989/392);
- (c) The Accident Compensation (General Practitioners Costs) Regulations 1989, Amendment No. 2 (S.R. 1990/181).

(2) Notwithstanding regulation 3 (2) of these regulations and subclause (1) of this regulation, where a general practitioner has provided, at any time in the period beginning on the 1st day of December 1989 and ending with the close of the 31st day of August 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.

SCHEDULE

Reg. 4 (4)

ADDITIONAL PAYMENTS IN RESPECT OF TREATMENTS PROVIDED BY GENERAL PRACTITIONERS

Where an item is marked with an asterisk (*) in this Schedule, the Corporation shall make a payment under this Schedule in respect of the treatment only if the treatment is provided in the course of a practice for which the medical practitioner qualifies (or would, if the general practitioner were not party to an arrangement entered into under section 97 of the Social Security Act 1964, qualify) for a payment under regulation 11 of the Social Security (Medical Fees) Regulations 1986 (S.R. 1986/290). In the application of Part I of the Second Schedule of those regulations for the purposes of this Schedule, every local government reorganisation scheme under the Local Government Act 1974 that comes into force after the 1st day of October 1986 shall be disregarded.

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General

1.	Clean and debride wound/burn (initial consultation only)	28.15
2.	Suturing—wound up to 5 cm	20.25
3.	wound greater than 5 cm, but less than 10 cm	.. .. .	31.50
4.	wound greater than 10 cm	.. .. .	42.75
5.	Set and plaster/splint fracture, finger/toe	.. .. .	22.50
6.	wrist/arm	.. .. .	135.00
7.	ankle/leg	.. .. .	191.25
8.	Removal of foreign body from eye	.. .. .	28.15
9.	Insertion of IV line for transfusion	.. .. .	67.50
10.	Intra-articular, tendon sheath, intra-bursal, or epicondylar injection	.. .. .	22.50
11.	Incise, drain, and debride abscess or haematoma	.. .. .	33.75
12.	Amputation of digit (in emergency only)	.. .. .	112.50
13.	Endotracheal intubation	.. .. .	112.50
14.	Insert emergency chest tube	.. .. .	31.50
15.	Pinch skin graft	.. .. .	84.40
16.	Extensor tendon, primary repair	.. .. .	202.50
17.	Removal of foreign body from ear, other than by simple syringing	.. .. .	28.15
18.	Foreign body, exploration, and removal (other than eye or ear)	.. .. .	33.75
19.	Nail, simple removal of	.. .. .	22.50
20.	Nail, wedge resection of	.. .. .	112.50

SCHEDULE—continued

ADDITIONAL PAYMENTS IN RESPECT OF TREATMENTS PROVIDED BY GENERAL
PRACTITIONERS—continued

						\$
20A.	Aspiration of traumatic joint effusion/haemarthrosis					16.90
20B.	Administration of emetic to child following accidental ingestion	..	..	..	..	22.50
<i>Dislocations</i>						
21.	Finger/toe, with splint/strapping			..	..	39.40
22.	Thumb, with splint/strapping	..	..	..	..	101.25
23.	Shoulder, plus immobilisation	..	..	..	..	67.50
24.	Patella, with plaster, plus immobilisation			..	..	95.65
24A.	Elbow/wrist, with plaster, plus immobilisation				..	112.50
24B.	Hip, plus immobilisation	..	..	..	..	135.00
<i>Regional Anaesthesia</i>						
25.	Axillary	..	..	..	..	63.00
26.	Digital	..	..	..	..	31.50
27.	Ischaemic arm block	..	..	..	..	63.00
28.	Dental	..	..	..	..	31.50
<i>Splinting for soft tissue injury</i>						
*29.	Upper limb, above elbow			..	..	84.40
*30.	below elbow			..	..	73.15
*31.	Lower limb, above knee			..	..	101.25
*32.	below knee			..	..	84.40

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 September 1990, provide a new schedule of additional payments for treatments provided by general practitioners after that date.

In the case of payments for splinting for soft tissue injury (for which payments were not previously permitted) payments can be made under the Schedule only if the treatment is provided in the course of a rural practice.

Payments are no longer limited by the amount that the general practitioner would have charged if the Corporation were not making a payment (*regulation 4 (2)*).

Regulation 4 (6) and (7) now place general practitioners on the same basis as specialists where more than 1 procedure is performed at the same consultation, with the general practitioner getting full payment for the most expensive procedure, and half payment for the other procedure or procedures.

All amounts stated are inclusive of goods and services tax.

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

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These regulations are administered in the Accident Compensation Corporation.