



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

PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 11th day of June 1990

Present:

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

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

(2) These regulations shall come into force on the 16th day of July 1990.

2. Interpretation—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:

“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 specialist” means any person registered as a specialist under the Dental Act 1988; but does not include any registered specialist working outside his or her registered specialty.

3. Application—(1) Subject to these regulations, these regulations shall apply in respect of any treatment provided on or after the 16th day of July 1990 by a registered specialist to a claimant in respect of personal injury by accident, irrespective of—

(a) The date of 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 10 (3)) shall not apply in respect of any treatment provided before the 16th day of July 1990 by a registered specialist to a claimant in respect of personal injury by accident, irrespective of the date of 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 10 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 September 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 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—(1) 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 outpatient 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.

(2) Nothing in this regulation shall apply in respect of any treatment provided to a claimant as an outpatient of a public hospital if the prior approval of the Corporation to the provision of the treatment has been obtained.

(3) The Corporation shall not give the approval referred to in subclause (2) 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.

7. Costs not payable where social security benefit paid—Where any payment is made pursuant to the Social Security (Dental Benefits) Regulations 1983 (S.R. 1983/151) in respect of any treatment by a contractor within the meaning of those regulations, the Corporation shall not make any payment under these regulations in respect of that treatment.

8. More than one procedure during an operation—(1) Where 2 or more separate procedures are performed during one operation, the Corporation shall pay—

(a) The full costs that it is required to pay in respect of the most expensive of the treatments provided; and

(b) Fifty percent of the costs that it would otherwise be required to pay in respect of the next most expensive treatment; and

(c) Twenty-five percent of the costs that it would otherwise be required to pay in respect of any other 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.

9. 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 examination and assessment that relates to the issue of the certificate.

10. Conditions applying to payments for procedures—(1) The Corporation shall not make any payment in respect of any matter specified in the Schedule to these regulations unless—

(a) The treatment is provided in a private hospital; 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 in a private hospital.

(3) Nothing in subclause (1) (b) of this regulation or regulation 3 of these regulations shall apply where the treatment was provided on or after the 1st day of December 1989 and before the 16th day of July 1990 and the Corporation is satisfied that it would have given its approval if that approval had been sought.

(4) Nothing in subclauses (1) (a) of this regulation shall apply in respect of any item in the Schedule to these regulations that is marked with an asterisk(*).

(5) Nothing in this regulation shall apply in respect of any item in the Schedule to these regulations that is marked with a cross (†).

11. Goods and services tax—All amounts specified or referred to in these regulations are exclusive of goods and services tax.

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

SCHEDULE

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

The costs payable by the Corporation for treatment by a registered specialist, are those specified below or the costs that the registered specialist would have charged the claimant if the treatment were one for which the Corporation was not making a payment, whichever is the lesser:

\$

ORTHODONTIC SPECIALIST

† 1.	Examination and assessment	70
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X-rays

† 2.	Periapical or bitewing film, each	8
† 3.	Occlusal, each	20
† 4.	Panorex	35
† 5.	Postero—anterior jaws or head, occipito-mental	45
† 6.	Lateral oblique of mandible	..	..	..	45

Other examination costs

† 7.	Photographs—intraoral or extraoral, each	..	..	..	5
† 8.	Study casts, orthodontic, per set	..	..	..	40

Emergency Treatment

† 9.	Reposition single permanent tooth	..	..	..	20
† 10.	Each succeeding permanent tooth	..	..	..	5
† 11.	Splints—removable appliance	..	..	..	150
† 12.	—composite bonded brackets and archwire, each tooth	..	..	..	50

**ORAL AND MAXILLOFACIAL SURGICAL SPECIALIST AND
PERIODONTIC SPECIALIST**

† 13.	Examination and assessment	70
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X-rays

† 14.	Periapical or bitewing film, each	8
† 15.	Occlusal, each	20
† 16.	Panorex	35
† 17.	Postero—anterior jaws or head, occipito-mental	..	..	..	45
† 18.	Lateral oblique of mandible	..	..	..	45

Maxillofacial Trauma*Soft Tissues*

* 19.	Lacerations—minor	..	..	..	215
* 20.	—moderate	..	..	..	310
21.	—major	..	..	..	500
* 22.	Revision of scars, Z plasties	..	..	..	400
* 23.	Salivary fistula, relocation of duct	..	..	..	550
* 24.	Drainage abscess, cellulitis	..	..	..	265
* 25.	Traumatic mucous cyst	..	..	..	325
* 26.	Removal of foreign bodies	..	..	..	365

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

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<i>Bone</i>	
* 27. Jaw fractures—conservative	175
* 28. —simple with IMF	410
—complex, open reduction with wiring or plating	
29. —unilateral	520
30. —bilateral	625
* 31. Alveolar fractures—simple	175
* 32. —complex	435
33. Malar fractures—simple	425
34. —complex	695
35. Nasal fractures—reduction only	235
36. —with fixation	325
37. Periorbital fractures	525
38. Orbital floor fracture with graft	1000
* 39. Removal of bone plates/screws/wires	355
Temporo-Mandibular Joint Trauma	
* 40. Traumatic arthritis—conservative treatment	225
* 41. —splints	245
42. Arthroplasty/meniscopexy	825
43. Condylectomy	830
* 44. Caldwell Luc procedure—removal of foreign bodies	525
45. —for reduction of zygomatic fractures	325
* 46. Oro-antral fistula—Buccal sliding flap closure	335
Reconstruction of facial injuries	
47. Mandibular osteotomy—unilateral	1155
48. —bilateral	1525
49. Maxillary osteotomy	1755
50. Bone graft	825
* 51. Dento-alveolar hard and soft tissues	655
* 52. Nonunion or malunion jaw fractures/sequestra/sinus	425
* 53. Implants (titanium)	980
* 54. Removal of foreign bodies from soft tissues	365

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

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Teeth	
* 55. Removal fractured tooth	95
* 56. Removal impacted teeth in line of jaw fracture	350
* 57. Removal of teeth replaced into hard or soft tissue	350
* 58. Apicectomy and rootfilling— <i>anterior</i>	425
* 59. — <i>posterior</i>	525
* 60. Nerve decompression/repositioning	515

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 16 July 1990, specify the fees that the Accident Compensation Corporation will pay in respect of services provided by dental specialists in respect of personal injury by accident.

The Corporation is required to pay the lesser of the registered specialist's normal charge for similar services or the amount specified in the Schedule in respect of the treatment. If a benefit is claimed under the Social Security (Dental Benefits) Regulations 1983 (S.R. 1983/51), no payment can be made under these regulations.

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 must be informed of the date and nature of the treatment.

Payments for treatment require the approval of the Corporation except for relatively minor matters involving initial examination or emergency treatment, and in certain cases can only be made if the procedure is carried out in a private hospital. The only ground on which approval can be given is that the Corporation is satisfied that it is necessary for the restoration of the person to his or her principal economic activity.

All amounts referred to in the regulations are exclusive of good and services tax. Payment of the specified amounts (to which goods and services tax will be added) are to be made to the registered specialist concerned, or, if the claimant has already paid the account, then to the claimant.

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.