



THE ACCIDENT COMPENSATION (REFERRED TREATMENTS COSTS) REGULATIONS 1990, AMENDMENT NO. 1

THOMAS EICHELBAUM,
Administrator of the Government

ORDER IN COUNCIL

At Wellington this 10th day of December 1990

Present:

HIS EXCELLENCY THE ADMINISTRATOR OF THE GOVERNMENT IN COUNCIL

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

REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Compensation (Referred Treatments Costs) Regulations 1990, Amendment No. 1, and shall be read together with and deemed part of the Accident Compensation (Referred Treatments Costs) Regulations 1990* (hereinafter referred to as the principal regulations).

(2) These regulations shall come into force on the day after the date of their notification in the *Gazette*.

2. Restrictions on number and time period of treatments for which Corporation may make payments—Regulation 5 of the principal regulations is hereby amended by revoking subclause (3), and substituting the following subclauses:

“(3) A referral by a registered medical practitioner for treatment to be provided by a treatment provider may specify a date by which the treatment to which the referral relates shall be completed (which date shall be not later than 8 weeks after the date of commencement of the course of treatment), and the Corporation shall not make any payment in respect of any treatment provided by the treatment provider pursuant to that referral after that date.

“(4) Notwithstanding subclauses (1) and (2) of this regulation, but subject to subclauses (3) and (5) of this regulation, where it appears to the treatment provider and the registered medical practitioner who made the referral (or, if that registered medical practitioner is unavailable, any other registered medical practitioner entitled to make a referral in respect of the patient under these regulations) that a patient requires or is likely to require more treatments than the Corporation is permitted to make payment for or has approved under this regulation in respect of a claim, the Corporation may approve the provision of additional treatments.

“(5) The approval of the Corporation under subclause (4) of this regulation—

“(a) Shall not be for more than a further 12 treatments; and

“(b) Shall not be given unless both the treatment provider and the registered medical practitioner who made the referral (or, if that registered medical practitioner is unavailable, any other registered medical practitioner entitled to make a referral in respect of the patient under these regulations) have supplied the Corporation with such evidence as the Corporation requires as to—

“(i) The reasons why further treatment of that type is considered necessary or appropriate; and

“(ii) The options for other treatment that have been considered, and why they are not considered appropriate; and

“(c) Shall not be given unless the registered medical practitioner has provided a further referral specifying a date by which the treatment shall be completed, which shall be not later than 8 weeks after the date of the referral.

“(6) Nothing in this regulation shall restrict the obligations of the Corporation under regulation 7 of these regulations.”

3. Transitional provisions—The principal regulations are hereby amended by inserting, after regulation 5 (as amended by regulation 2 of these regulations), the following regulation:

“5A. (1) Where—

“(a) It appears to the treatment provider and the registered medical practitioner who made the referral (or, if that registered medical practitioner is unavailable, any other registered medical practitioner entitled to make a referral in respect of the patient under these regulations) that a patient requires or is likely to require more treatments than the Corporation is permitted to make payment for under this regulation in respect of a claim; and

“(b) The initial referral in respect of the claim was made before the 1st day of December 1990; and

“(c) Not later than the 1st day of February 1991 (or such later date before the 1st day of March 1991 as the Corporation may allow) both the treatment provider and the registered medical practitioner who made the referral (or, if that registered medical practitioner is unavailable, any other registered medical practitioner entitled to make a referral in respect of the patient under these regulations) have supplied the Corporation with such evidence as the Corporation requires as to—

“(i) The reasons why further treatment of that type is considered necessary and appropriate; and

“(ii) The options for other treatment that have been considered, and why they are not considered appropriate; and

“(d) The registered medical practitioner has provided a further referral specifying a date by which the treatment to which the referral relates shall be completed,—

the Corporation shall make a payment in respect of further treatments provided by the treatment provider or a treatment provider of the same class.

“(2) This regulation shall only apply where—

“(a) The referral specified in subclause (1) (d) of this regulation is made not later than the 1st day of January 1991; and

“(b) The date specified for the purposes of subclause (1) (d) of this regulation is not later than the 1st day of March 1991.

“(3) The Corporation shall not make payments under this regulation in respect of more than 12 treatments of the same class in respect of any claim.

“(4) The Corporation may make payments under this regulation in anticipation of receiving the evidence it would ordinarily require for the purposes of subclause (1) (c) of this regulation; but the Corporation shall not be obliged to do so, and shall decline to do so in any case where it believes that the circumstances may be such that regulation 7 of these regulations may apply.”

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 amend the Accident Compensation (Referred Treatments Costs) Regulations 1990 to allow more than 24 treatments of the same class in respect of a claim. The Corporation is empowered to approve up to 12 further treatments in any one approval so long as certain conditions are met. The treatment provider and the referring medical practitioner must both supply the Corporation with evidence as to why the further treatment of that type is necessary or appropriate and an explanation as to what other treatment has been considered and why it is not considered appropriate.

The regulations also provide a short term regime in which the Corporation may make payments in anticipation of receiving the necessary evidence.

This system is available only where—

- the initial referral occurred before 1 December 1990; and
- the referral for the further treatments is given before 1 January 1991 and requires that the treatments be completed before 1 March 1991; and
- the necessary evidence as to why the treatment is necessary or appropriate and the other options considered is given to the Corporation no later than 1 February 1991, or by a date no later than 1 March 1991 if the Corporation so allows.

The Corporation remains obliged not to make a payment in cases where it believes treatment is not necessary or appropriate until a second opinion has been obtained.

A further amendment to regulation 5 means that it is no longer mandatory for the referring medical practitioner to specify a date by which the treatment must be completed. If no date is specified, then the treatment must be completed within 8 weeks after commencement of the course of treatment. The referring medical practitioner retains the ability to specify a shorter period if desired.

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

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

These regulations are administered in the Accident Compensation Corporation.