Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003

Dame Sian Elias, Administrator of the Government

Order in Council

At Wellington this 15th day of December 2003

Present:
Her Excellency the Administrator of the Government in Council

Pursuant to sections 324 and 349(1)(f) of the Injury Prevention, Rehabilitation, and Compensation Act 2001, Her Excellency the Administrator of the Government, acting on the advice and with the consent of the Executive Council, makes the following regulations.

Contents

Regulations

1 Title

These regulations are the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003.

2 Commencement

These regulations come into force on 1 April 2004.

3 Interpretation

In these regulations, unless the context otherwise requires,—

Act means the Injury Prevention, Rehabilitation, and Compensation Act 2001

Corporation—

(a) means the Accident Compensation Corporation continued by section 259 of the Act; and

(b) includes insurers

elective surgery—

(a) means any surgery required in respect of a personal injury; but

(b) does not include—

(i) an acute treatment; or

(ii) a public health acute service; or

(iii) treatment

insurer has the same meaning as in section 341 of the Act

nurse—

(a) means a person who is registered as a nurse and holds a current annual practising certificate under the Nurses Act 1977; but

(b) does not include an enrolled nurse

public health acute services has the same meaning as in regulation 4 of the Injury Prevention, Rehabilitation, and Compensation (Public Health Acute Services) Regulations 2002

radiologist means a registered medical practitioner who holds a licence, appropriate to the treatment for which payment is sought, under the Radiation Protection Act 1965

recognised branch of medicine means any of the following branches of medicine:

(a) anaesthetics:
(b) cardiothoracic surgery:
(c) dermatology:
(d) diagnostic radiology:
(e) emergency medicine:
(f) general surgery:
(g) internal medicine:
(h) neurosurgery:
(i) obstetrics and gynaecology:
(j) occupational medicine:
(k) ophthalmology:
(l) orthopaedic surgery:
(m) otolaryngology head and neck surgery:
(n) paediatric surgery:
(o) paediatrics:
(p) pathology:
(q) plastic and reconstructive surgery:
(r) psychological medicine or psychiatry:
(s) public health medicine:
(t) radiation oncology:
(u) rehabilitation medicine:
(v) sexual health medicine:
(w) urology:
(x) venereology

registered specialist means a registered medical practitioner who holds vocational registration (within the meaning of the Medical Practitioners Act 1995) in 1 or more recognised branches of medicine

specified treatment provider means an acupuncturist, chiropractor, occupational therapist, osteopath, physiotherapist, podiatrist, or speech therapist

vocational registration has the same meaning as in section 2(1) of the Medical Practitioners Act 1995.

4 What hourly rate means

(1) If an hourly rate is specified in these regulations, the Corporation is liable to pay the appropriate proportion of the hourly rate for the part of an hour during which a claimant received direct treatment.

(2) Despite subclause (1), the Corporation is liable to pay a proportion of the hourly rate under regulation 13(5)(b) only after the claimant has received the first 30 minutes of direct treatment.

(3) For the purposes of this regulation, and regulation 5, **direct treatment** means the time during which a treatment provider is directly applying his or her expertise to a claimant's treatment.

5 Limitations on hourly rate

(1) This regulation applies if a treatment provider—

(a) elects to receive an hourly rate under these regulations for payment for his or her services to a claimant; or

(b) receives an hourly rate under these regulations for payment for his or her services to a claimant.

(2) For any particular hour during which a treatment provider is treating claimants, the Corporation is liable to pay for no more than a total of 60 minutes of treatment at the relevant hourly rate despite,—

(a) the number of claimants that the treatment provider may have directly treated in succession in that hour; or

(b) the number of claimants that the treatment provider may have directly treated at the same time in that hour.

Liability to pay or contribute to cost of treatment

6 Liability of insurer for cost of treatment

(1) The amount that an insurer is liable to pay under clause 1(2)(b) of Schedule 1 of the Accident Insurance Act 1998 (as continued by section 342(2) of the Act), for treatment other than elective surgery, is calculated by—

(a) determining the amount that the treatment provider who treated the claimant charges for treating personal injuries of the kind suffered by the claimant; and

(b) determining the amount that is payable under these regulations for treatment; and

(c) selecting the lesser of the amounts under paragraphs (a) and (b).

(2) For the purposes of subclause (1)(b), the amounts that are payable under these regulations are in—

(a) column 3 of the Schedule of these regulations, which specifies the amount payable for the treatment specified in column 2; and

(b) regulations 9 to 17,—

(i) some of which prescribe amounts that are payable without reference to the Schedule; and

(ii) some of which modify the amounts specified in column 3 of the Schedule.

(3) The amount that an insurer is liable to pay under clause 1(2) of Schedule 1 of the Accident Insurance Act 1998 (as continued by section 342(2) of the Act) for elective surgery is calculated under regulation 18.

7 Liability of Corporation for cost of treatment

(1) For the purposes of clause 1(1)(b) of Schedule 1 of the Act, the amounts that the Corporation is liable to pay under these regulations (for other than elective surgery) are in—

(a) column 3 of the Schedule, which specifies the amount payable for the treatment specified in column 2; and

(b) regulations 9 to 17,—

(i) some of which prescribe amounts that are payable without reference to the Schedule; and

(ii) some of which modify the amounts specified in column 3 of the Schedule.

(2) The amount that the Corporation is liable to pay under clause 1(1)(b) of Schedule 1 of the Act for elective surgery is calculated under regulation 18.

(3) For the purposes of subclause (1), **Corporation** does not include insurers.

8 Corporation not liable for cost of public health acute service

(1) The Corporation is not liable to pay a claimant for a public health acute service that—

(a) the claimant receives; or

(b) the claimant does not receive, but is entitled to receive.

(2) Subclause (1) applies even if the public health acute service is—

(a) a treatment of a kind to which regulation 6 or regulation 7 applies; or

(b) elective surgery of a kind to which regulation 18 applies.

9 Counsellors' costs

(1) This regulation applies to the treatments specified in the Schedule under the heading "Counsellors' costs".

(2) The Corporation is liable to pay—

(a) $97.55 an hour for the treatment specified in item C1; and

(b) $76.50 an hour for the treatment specified in item C2.

(3) Despite regulation 4(3), the Corporation is liable to pay only for treatment provided on a face-to-face basis.

(4) However, the Corporation is liable to pay for 1 session of treatment provided on other than a face-to-face basis if the treatment is provided because a claimant needs it urgently for a mental injury the claimant suffered in the circumstances described in section 21 of the Act.

10 Dentists' costs

(1) This regulation applies to the treatments specified in the Schedule under the heading "Dentists' costs".

(2) The Corporation is liable to pay,—

(a) for a claimant less than 18 years old at the time the claimant receives a treatment,—

(i) the amount specified under the subheading "Claimants under 18 years old", if the treatment is specified under the subheading; or

(ii) the amount specified elsewhere under the heading, if the treatment is not specified under the subheading referred to in subparagraph (i); and

(b) for any other claimant, the amount specified for the treatment other than under the subheading "Claimants under 18 years old".

(3) However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

(4) If the claimant receives a treatment on a tooth that has previously been heavily restored, and the Corporation was not liable to pay for the previous restoration, the Corporation is liable to pay 75% of the amount specified for the treatment.

(5) If the claimant receives a treatment on a tooth that has previously been crowned, and the Corporation was not liable to pay for the previous crowning, the Corporation is liable to pay 50% of the amount specified for the treatment.

11 Hyperbaric oxygen treatment costs

(1) This regulation applies to the treatments specified in the Schedule under the heading "Hyperbaric oxygen treatment costs".

(2) If a claimant receives a treatment, the Corporation is liable to pay—

(a) $57.40 an hour for the use of a hyperbaric oxygen chamber; plus

(b) the amount specified for the treatment.

(3) For the purposes of subclause (2)(a),—

(a) the Corporation is liable to pay the appropriate proportion for the part of an hour during which a chamber is used; and

(b) regulation 4 does not apply.

12 Radiologists' costs

(1) This regulation applies to the treatments specified in the Schedule under the heading "Radiologists' costs".

(2) If a claimant receives treatment from a radiologist, the Corporation is liable to pay—

(a) the amount specified for the treatment, if the radiologist holds vocational registration in the branch of medicine known as diagnostic radiology; or

(b) in any other case, 60% of the amount specified for the treatment.

13 Registered medical practitioners' costs

(1) This regulation applies if—

(a) a claimant visits or is visited by a registered medical practitioner who—

(i) is not a registered specialist; or

(ii) is a registered specialist but during the visit is not practising within a recognised branch of medicine in respect of which he or she holds vocational registration; and

(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "Registered medical practitioners' and nurses' costs".

(2) For each visit the Corporation is liable to pay—

(a) either—

(i) $35.00, if the claimant is under 6 years old when the visit takes place; or

(ii) $26.00, if the claimant is 6 years old or over when the visit takes place; plus

(b) the amount specified for any treatment the claimant receives.

(3) If the claimant receives 2 or more treatments at the same visit, for different injuries, the Corporation is liable to pay—

(a) the amount specified for the more or most expensive treatment the claimant receives; plus

(b) 50% of the amount specified for each other treatment the claimant receives.

(4) However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

(5) If the practitioner travels to the claimant and the claimant receives emergency treatment, the Corporation is liable to pay—

(a) a travelling fee at the rate of 82 cents per kilometre (if in the same circumstances the cost of travel would be payable under the New Zealand Public Health and Disability Act 2000); plus

(b) $47.80 an hour if the Corporation is liable to pay a travelling fee under paragraph (a); plus

(c) the amount payable under subclause (2).

(6) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the practitioner using the most effective treatment materials available to the practitioner, having regard to the nature of the claimant's personal injury.

(7) This regulation is subject to regulation 15.

14 Nurses' costs

(1) This regulation applies if—

(a) a claimant visits or is visited by a nurse; and

(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "Registered medical practitioners' and nurses' costs".

(2) For each visit the Corporation is liable to pay—

(a) $15.00; plus

(b) the amount specified for any treatment the claimant receives.

(3) If the claimant receives 2 or more treatments at the same visit, for different injuries, the Corporation is liable to pay—

(a) the amount specified for the more or most expensive treatment the claimant receives; plus

(b) 50% of the amount specified for each other treatment the claimant receives.

(4) However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

(5) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the nurse using the most effective treatment materials available to the nurse, having regard to the nature of the claimant's personal injury.

(6) This regulation is subject to regulation 15.

15 Registered medical practitioners' and nurses' costs for combined treatment

(1) This regulation applies if—

(a) a claimant visits or is visited by—

(i) a nurse; and

(ii) a registered medical practitioner described in regulation 13(1)(a); and

(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "Registered medical practitioners' and nurses' costs".

(2) For each combined visit the Corporation is liable to pay—

(a) either—

(i) $38.00, if the claimant is under 6 years old when the visit takes place; or

(ii) $29.00, if the claimant is 6 years old or over when the visit takes place; plus

(b) the amount specified for any treatment the claimant receives.

(3) If the claimant receives 2 or more treatments at the same combined visit, for different injuries, and the nurse and the practitioner worked together on each treatment, the Corporation is liable to pay—

(a) the amount specified for the more or most expensive treatment the claimant receives; plus

(b) 50% of the amount specified for each other treatment the claimant receives.

(4) If the claimant receives 2 or more treatments at the same combined visit, for different injuries, and the nurse and the practitioner worked separately on each treatment, the Corporation is liable to pay—

(a) to the nurse—

(i) the amount specified for the more or most expensive treatment the claimant receives from the nurse; plus

(ii) 50% of the amount specified for any other treatment the claimant receives from the nurse; and

(b) to the practitioner—

(i) the amount specified for the more or most expensive treatment the claimant receives from the practitioner; plus

(ii) 50% of the amount specified for any other treatment the claimant receives from the practitioner.

(5) However, if at the same combined visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

(6) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the nurse and the practitioner using the most effective treatment materials available to the nurse and practitioner, having regard to the nature of the claimant's personal injury.

(7) To avoid doubt, if the Corporation is liable to pay a nurse or a medical practitioner for a visit under this regulation, the Corporation is not liable, in relation to the visit, to pay the nurse or practitioner—

(a) more than once for any treatment that the claimant receives; or

(b) under any of the provisions contained in regulation 13 or regulation 14.

16 Registered specialists' costs

(1) This regulation applies if—

(a) a claimant visits or is visited by a registered medical practitioner who—

(i) is a registered specialist; and

(ii) during the visit, is practising within a recognised branch of medicine in respect of which he or she holds vocational registration; and

(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "Registered specialists' costs".

(2) For the first visit that the claimant has, the Corporation is liable to pay—

(a) either—

(i) $97.55, if the visit was with a specialist practising within any of the following recognised branches of medicine:

(A) internal medicine:

(B) neurosurgery:

(C) occupational medicine:

(D) paediatrics:

(E) psychological medicine or psychiatry:

(F) rehabilitation medicine; or

(ii) $76.50, if the visit was with a specialist practising within any other recognised branch of medicine; plus

(b) the amount specified for any treatment the claimant receives.

(3) For each further visit that the claimant has with the specialist, in relation to the same injury, the Corporation is liable to pay—

(a) $38.25; plus

(b) the amount specified for any treatment the claimant receives.

(4) If the claimant receives 2 or more treatments at the same visit, the Corporation is liable to pay—

(a) the amount specified for the more or most expensive treatment the claimant receives; plus

(b) 50% of the amount specified for each other treatment the claimant receives.

(5) However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

17 Specified treatment providers' costs

(1) This regulation applies to the treatments specified in the Schedule under the heading "Specified treatment providers' costs".

(2) A treatment provider may elect not to be paid the amount specified in item TMT for any treatment that a claimant receives by giving the Corporation a written notice of election.

(3) If the Corporation receives a notice of election, the Corporation is liable to pay the lesser of—

(a) $47.80 an hour; or

(b) the rate per hour the provider would have charged the claimant for treating personal injuries of the kind suffered by the claimant.

(4) The provider may revoke an election under subclause (2) by giving the Corporation a written notice of revocation, but may give another written notice of election only if the Corporation first gives written consent allowing the provider to make a re-election.

18 Elective surgery costs

(1) This regulation applies if the Corporation is liable to pay for elective surgery for a claimant.

(2) The Corporation may nominate a provider to perform the surgery (**nominated provider**).

(3) Subject to subclause (4), the claimant must then—

(a) decide to accept the nominated provider; or

(b) decide not to accept the nominated provider and choose a provider (**chosen provider**); or

(c) choose a provider (because the Corporation has not nominated a provider under subclause (2)).

(4) Before the claimant decides whether to accept the nominated provider, the Corporation must tell the claimant that the Corporation would be liable to pay the full cost of the surgery if it was performed by the nominated provider.

(5) The Corporation is liable to pay the full cost of surgery under this regulation if it is performed by—

(a) a district health board; or

(b) a nominated provider; or

(c) a provider described in subclause (3)(c).

(6) The Corporation is liable to pay 60% of the amount that would have been payable under this regulation had the surgery been performed by the nominated provider, if—

(a) the Corporation nominated a provider under subclause (2); and

(b) the surgery is performed by the chosen provider; and

(c) the chosen provider is not a district health board.

GST

19 GST included

All amounts specified or referred to in these regulations are inclusive of goods and services tax.

Revocations

20 Revocations

(1) The Accident Insurance (Insurer's Liability to Pay Cost of Treatment) Regulations 1999 are revoked.

(2) Despite subclause (1), the regulations continue to apply as if they had not been revoked for the purposes of determining the amount the Corporation is liable to pay for treatment received by a claimant at visits before 1 April 2004.

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Schedule
Costs of treatment

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Audiologists' costs		
AA1	Consultation	19.15
AA2	Pure-tone audiometry	47.80
AA3	Impedance tympanometry	38.25
AA4	Brain-stem evoked response (brain-damaged persons only)	66.95
Counsellors' costs		
C1	Consultation provided by a counsellor who is a registered specialist	
C2	Consultation provided by a counsellor	

		$
Dentists' costs		
	Examination	
DE1	Dental consultation, including examination	31.60
DE2	Periodic oral examination/review	19.15
DE3	Extended examination (complex cases) Specialist only	66.95
	Radiological examination and interpretation	
DX1	Periapical or bitewing film, each	7.65
DX2	Occlusal, each	19.15
DX3	Panorex	33.50
DX4	Other extra film, each	19.15
DX5	Tomography	88.95
DX6	Lateral head films	43.05
DX7	Sedation (age appropriate), IV or IM (oral sedation excluded)	66.95
	Emergency temporary cover	
DT1	Emergency temporary cover	19.15
	General oral surgery	
	Extractions	
DG1	Permanent or deciduous tooth per tooth	47.80
DG2	Surgical removal of tooth or root	95.65
DG3	Removal of unerupted tooth or teeth in fracture line	167.35
DG4	Removal of tooth fragment (crown root fracture)	47.80
	Surgery	
DG5	Management of minor or moderate lacerations by suturing per operative site	148.20
DG6	Management of serious lacerations by suturing per operative site	200.00
DG7	Drainage abscess cellulitis	129.10
DG8	Excision of traumatic mucous cyst	157.20
DG9	Removal of root from maxillary sinus	176.95
DG10	Application or removal of splint per tooth	40.00
DG11	Cleaning of wound and removal of debris	40.00
DG12	Insertion of first suture	20.00
DG13	Insertion of suture, other than first suture (per suture)	10.00
DG14	Reduction of fractured alveolar process	60.00
DG15	Repositioning of displaced tooth (per tooth)	30.00
DG16	Replacing avulsed tooth	30.00
DG17	Occlusal adjustment	20.00
DG18	Removal of plates, wires, and screws	250.00
DG19	Jaw fractures non-surgical management	86.05
DG20	Jaw fractures simple and moderate (simple methods of fixation)	196.05
DG21	TMJ disorder conservative management with bite splints	119.55
DG22	Minor surgical operations not otherwise covered by this schedule	95.65

		$
	Restorative	
DR1	Amalgam 1 surface filling (including 2 fillings on the one surface)	31.60
DR2	Amalgam 2 surface filling (approximo-occlusal)	42.10
DR3	Amalgam 3 surface filling (mesio-occlusal-distal)	47.80
DR4	Amalgam restoration (including 1 or more cusps)	67.90
DR5	Complex coronal reconstruction in amalgam	80.00
DR6	Non-metallic simple fillings	37.30
DR7	Non-metallic filling (more than 1 surface per tooth)	56.45
DR8	Rebonding tooth fragment	56.45
	Prosthodontics	
DP1	Partial denture, 1 tooth	209.45
DP2	Each additional tooth (all dentures)	12.45
DP3	Each clasp	7.65
DP4	Lingual bar	13.40
DP5	Metal framed partial denture, 1 tooth	515.45
DP6	Plastic flexible denture, eg Valplast 1 tooth	292.50
DP7	Transitional denture replacing missing tooth	209.45
DP8	Full upper or lower denture	382.50
DP9	Full upper and lower denture	669.40
DP10	Rebasing full upper or lower denture	153.00
DP11	Reline full denture	105.00
DP12	Reline partial denture	105.00
DP13	Repair, all types	34.45
	Crown and bridge	
	Temporary structure	
DC1	Temporary crown	54.00
DC2	Temporary bridge per unit	54.00
	Inlay/onlay	
DC3	Indirect gold inlay/onlay	179.25
DC4	Indirect resin inlay/onlay	134.45
DC5	Indirect porcelain inlay/onlay	179.25
	Veneers	
DC6	Porcelain veneer	405.45
DC7	Composite resin veneer	105.00
	Posts and cores	
DC8	Post (wrought or pre-formed)	55.45
DC9	Composite or glass ionomer core	37.30
DC10	Amalgam core	37.30
DC11	Cast post and core (metal or ceramic)	71.75
	Crowns	
DC12	Complex reconstruction in composite resin, direct	88.95
DC13	Stainless steel crown	47.80
DC14	Acrylic jacket crown	229.50
DC15	All ceramic crown	405.45

		$
DC16	Porcelain fused to metal crown	462.85
DC17	Cast gold crown (full and ¾)	462.85
	Bridges	
DC18	Indirect composite bridge per unit	141.55
DC19	Maryland bridge per unit	176.95
DC20	Direct composite bridge per unit	155.90
DC21	All ceramic bridge per unit	382.50
DC22	Porcelain fused to metal bridge per unit	382.50
DC23	Gold bridge per unit	382.50
	Miscellaneous	
DC24	Stress breaker/precision attachment in bridge	19.15
DC25	Recementing crown/bridge/veneer/inlay	19.15
	Endodontics	
DN1	Pulpotomy	57.40
DN2	Irrigation and dressing of root canal system	57.40
DN3	Complete preparation and obturation of root canal per canal closed apex (either item DN3 or DN4 but not both)	195.00
DN4	Complete preparation and obturation of open apexed tooth per canal (either DN4 or DN3 but not both)	195.00
DN5	Apicectomy and retrograde filling per canal	144.40
DN6	Removal of root filling, per canal	144.40
DN7	Removal of post or post crown	144.40
DN8	Bleaching, 1 non-vital tooth, per treatment	56.45
DN9	Pulp capping	19.15
DN10	Removal of a fractured post or instrument	144.40
DN11	Internal repair of perforation	144.40
DN12	Surgical repair of perforation	144.40
DN13	Negotiation of a calcified canal (can be used with item DN3)	144.40
DN14	Surgical decoronation	144.40
	Periodontics	
DD1	Gingivectomy per tooth	88.95
DD2	Surgical crown lengthening per tooth	250.00
DD3	Pericision per tooth	57.40
DD4	Surgical subgingival curettage per tooth	57.40
DD5	Frenectomy	150.00
DD6	Vestibuloplasty	250.00
DD7	Soft tissue graft per site	250.00
DD8	Placement of membrane	250.00
DD9	Bone graft	250.00
	Dental implants	
DM1	Resilient linings, tooth or teeth	71.75
DM2	Fixture head impressions and copings, tooth or teeth	382.50
DM3	Dental implant crown per single unit	1,147.50
DM4	Dental stent and guide, tooth or teeth	129.10
DM5	Definitive abutment per fixture	382.50

		$
DM6	Temporary abutment per fixture	47.80
DM7	Repairs to abutments per fixture	50.00
	Claimants under 18 years old	
DY1	Dental consultation, including examination	63.00
DY2	Periodic oral examination/review	45.00
DY3	Periapical or bitewing film, each	12.00
DY4	Panorex	35.00
DY5	Sedation (age appropriate), covers IV and IM (not oral sedation)	90.00
DY6	Emergency temporary cover	35.00
DY7	Extraction permanent tooth or deciduous tooth per tooth	105.00
DY8	Surgical removal of tooth or root	200.00
DY9	Repositioning of displaced tooth (per tooth)	60.00
DY10	Replacing avulsed tooth	60.00
DY11	Non-metallic filling	123.25
DY12	Rebonding tooth fragment	110.00
DY13	Partial denture, 1 tooth	395.00
DY14	Temporary crown	120.00
DY15	Temporary bridge per unit	120.00
DY16	Complex reconstruction in composite resin, direct	175.00
DY17	Complete preparation and obturation of root canal per canal closed apex	320.00
DY18	Complete preparation and obturation of open apexed tooth per tooth	360.00
DY19	Bleaching, 1 non-vital tooth, per treatment	180.00
DY20	Pulp capping	40.00
DY21	Surgical decoronation	420.00
Hyperbaric oxygen treatment costs		
H1	Neurological assay before recompression	95.65
H2	Neurological assay after recompression	86.05
H3	In-chamber treatment supervision, per hour	97.55
H4	Out-of-chamber treatment supervision, per hour	47.80
Radiologists' costs		
	Extremities	
RA01	Sternum	43.69
RA02	Sterno-clavicular joints	49.94
RA03	Clavicle	37.45
RA04	Acromio-clavicular joints	37.45
RA05	Scapula	37.45
RA06	Shoulder	40.57
RA07	Humerus	40.57
RA08	Elbow joint	34.33
RA09	Forearm	34.33
RA10	Hand and/or wrist joint	34.33
RA11	Wrist/hand for bone age	34.33
RA15	Upper limb (infant)	40.57
RA21	Sacro-iliac joints	40.57

		$
RA22	Pelvis or both hips (one projection)	40.57
RA25	Hip joint (more than one projection)	43.69
RA26	Femur	40.57
RA27	Knee joint	37.45
RA28	Knee joint (and intercondylar/axial)	43.69
RA29	Tibia and fibula	37.45
RA30	Ankle joint	40.57
RA32	Foot	37.45
RA35	Long legs (hips to ankles—including measurement)	46.82
RA40	Lower limb (infant)	43.69
	Head, neck, and spine	
RB01	Cervical spine	46.82
RB02	Thoracic spine	43.69
RB03	Lumbar spine including lumbosacral joint	43.69
RB04	Sacro-coccygeal spine	40.57
RB08	Spine; scoliosis views	46.82
RB10	Skull	43.69
RB12	Nasal bones	37.45
RB13	Facial bones	40.57
RB14	Optic foramina	34.33
RB16	Auditory canals (plain films only)	43.69
RB21	Nasal sinuses	34.33
RB22	Nasopharynx	40.57
RB23	Mastoids (bilateral)	43.69
RB24	Larynx and/or trachea	37.45
RB31	Upper teeth	34.33
RB32	Lower teeth	34.33
RB33	Mandible or OPG or lateral ceph	46.82
RB34	Temporo-mandibular joints	46.82
RB35	Salivary gland	40.57
RB37	Pharynx	40.57
	Chest, including breast	
RC05	Thoracic inlet	40.57
RC06	Chest (1 view)	40.57
RC07	Chest (more than 1 view)	40.57
RC08	Chest and thoracic cage	49.94
RC09	Chest and both oblique views	49.94
	Mammography	
RC31	Screening mammogram	68.66
RC32	Recall mammogram	93.63
RC35	Problem mammogram bilateral	137.33
RC36	Problem mammogram unilateral	90.51
RC40	Needle localisation	184.14
RC41	Galactogram	184.14
RC45	Breast aspiration biopsy	184.14
RC46	Breast biopsy with stereotaxis	184.14

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	GI, GU, and obstetrics—no contrast modifiers permitted	
	Radiology	
RD01	Abdomen (1 projection)	40.57
RD02	Abdomen (more than 1 projection)	40.57
RD07	Pelvimetry (1 view)	40.57
RD08	Pelvimetry (2 or more views)	40.57
	Screening	
RD10	Contrast swallow (oesophagus only)	318.34
RD11	Contrast study upper GI tract	318.34
RD13	Small bowel meal	318.34
RD14	Small bowel enema (enteroclysis)	533.69
RD15	Contrast enema	318.34
RD20	Dynamic proctogram	318.34
RD30	ERCP	318.34
RD40	IVP including plain film and tomos	184.14
RD44	Cystogram retrograde or antegrade	318.34
RD45	Urethrogram	318.34
RD46	Micturating cysto-urethrogram	318.34
RD47	Ascending urethrogram	318.34
	Special procedures	
RS42	Tube injection	184.14
RS43	Dacrocystogram	184.14
RS44	Sialogram	184.14
RS46	Hysterosalpingogram	318.34
RS61	Myelogram cervical	318.34
RS62	Myelogram lumbar	318.34
RS63	Myelogram multilevel	318.34
RS70	Arthrogram	184.14
RS71	Arthrogram—upper limb	184.14
RS73	Arthrogram—lower limb	184.14
	Ultrasound	
	Abdomen and pelvis	
RU01	US abdomen	96.75
RU02	US abdomen and pelvis	121.72
RU03	US renal tracts	90.51
RU04	US abdominal aorta (without Doppler)	90.51
RU06	US pelvis (trans-abdominal only)	90.51
	Infants	
RU10	US infant head	90.51
RU11	US infant pylorus	90.51
RU12	US infant heart	171.66
RU13	US infant hips	90.51
RU19	US infant miscellaneous	90.51
	Various	
RU20	US thyroid/neck	90.51
RU21	US scrotum and testis	90.51

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RU22	US breast	90.51
RU23	US veins	127.96
RU24	US eye	90.51
RU25	US chest	90.51
RU27	US injection/aspiration	181.02
RU28	US additional region	65.54
RU29	US miscellaneous	90.51
	Skeletal	
RU30	US shoulder	127.96
RU31	US musculoskeletal	96.75
RU32	US foreign body localisation	71.78
RU39	US skeletal miscellaneous	96.75
	Intracavitary	
RU40	US prostate	112.36
RU41	US anus/rectum	112.36
RU42	US female pelvis (includes trans-vaginal and trans-abdominal, or trans-vaginal only)	112.36
RU43	US trans-oesophageal	190.38
RU44	US intraoperative	190.38
RU49	US intracavitary miscellaneous	112.36
	Vascular	
RU51	Duplex/Doppler of chest	152.93
RU56	Duplex/Doppler: additional limb (arterial or venous)	121.72
	Pregnancy	
RU60	US routine pregnancy less than 28 weeks	96.75
RU61	US problem pregnancy	121.72
RU62	US pregnancy greater than 28 weeks	121.72
RU64	US with amniocentesis	181.02
RU68	US pregnancy—per extra foetus greater than 1	46.42
	Additional	
RX24	X-ray additional region	34.33
RX25	Domicillary X-ray (in addition)	65.54
Registered medical practitioners' and nurses' costs		
	Burn/abrasion	
MB1	Treatment of burn less than 4 cm^2	33.48
MB2	Treatment of burn at a single site greater than 4 cm^2	65.92
MB3	Treatment of significant abrasions less than 4 cm^2 at a single site	33.49
MB4	Treatment of significant abrasions greater than 4 cm^2 at a single site	65.92
MB5	Significant burns or abrasions (not including fractures) at multiple sites (greater than 4 cm^2); necessary wound cleaning, preparation, and dressing	96.04
	Dislocation	
MD1	Dislocation of finger/toe with splint/strapping	38.79
MD2	Dislocation of thumb; closed reduction and immobilisation	108.70

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MD3	Dislocation of elbow with radiological confirmation; closed reduction and immobilisation	100.68
MD4	Dislocation of shoulder; closed reduction and collar and cuff immobilisation	72.51
MD5	Dislocation of patella; closed reduction and cast immobilisation	172.53
	Fracture	
MF1	Fractured finger or toe (proximal, middle, or distal phalanx); closed reduction and immobilisation	38.79
MF2	Fractured finger or toe (proximal, middle, or distal phalanx); requiring local anaesthetic	53.63
MF3	Fractured metatarsal: closed reduction (not requiring cast); closed reduction, immobilisation by strapping	38.79
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic; immobilisation by strapping	53.63
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction	120.80
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation	172.53
MF7	Fractured calcaneum or talus: treatment by cast immobilisation	172.53
MF8	Fractured clavicle	72.51
MF9	Fractured distal radius and ulna; cast immobilisation not requiring reduction	120.80
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia	144.44
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation	120.80
MF12	Fractured distal humerus (supracondylar or condylar): by cast immobilisation	120.80
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab	73.26
MF14	Fractured shaft tibia and/or fibula: treatment by cast immobilisation with reduction	172.53
MF15	Fractured distal tibia and/or fibula: treatment by cast immobilisation with reduction	172.53
MF16	Fractured fibula (without tibial fracture); immobilisation with soft tissue strapping	73.26
	Miscellaneous	
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	30.21
MM2	Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by the Corporation)	60.42
MM3	Nail, simple removal of	24.19
MM4	Nail, removal of or wedge resection; requiring the use of digital anaesthesia	100.68
MM5	Removal of embedded or impacted foreign body from cornea or conjunctiva (with use of topical anaesthetic); or from auditory canal or nasal passages; or from skin or subcutaneous tissue with incision; or from rectum or vagina	32.54

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MM6	Pinch skin graft	75.53
MM7	Dental anaesthetic	28.21
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery	44.61
	Open wound	
MW1	Closure of open wounds less than 2 cm; any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing	35.58
MW2	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2 cm to 7 cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing	67.88
MW3	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane greater than 7 cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing	89.82
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound	100.68
	Soft tissue injury	
MT1	Simple soft tissue injuries; management of simple sprain of wrist/ankle/knee/elbow or other soft tissue injury requiring crepe bandage or similar immobilisation not requiring formal strapping	15.79
MT2	Soft tissue injury (other than splinting of dislocated or fractured digit), unless specified elsewhere; application of plaster or padded splint or specific strapping within agreed guidelines (includes splinting of Achilles tendon injury and serious ankle sprains)	73.26
MT3	Aspiration of inflamed joint, tendon, bursa, or other subcutaneous tissue or space (with or without injection)	35.55
MT4	Extensor tendon, primary repair	181.21
MT5	Ruptured tendo Achilles: management by plaster immobilisation	177.64
Registered specialists' costs		
	Repair recent wound	
SR1	Not exceeding 7 cm, superficial	143.45
SR2	Not exceeding 7 cm, deeper tissue	191.25
SR3	Exceeding 7 cm, superficial	239.10
SR4	Exceeding 7 cm, deeper tissue	286.90
	Fractures (closed reduction)	
SF1	Phlanges	95.65
SF2	Metacarpals, excluding Bennetts	172.15
SF3	Metatarsals	133.90
SF4	Bennetts	248.65
SF5	Carpal bones	124.30
SF6	Colles	229.50
SF7	Radius and ulna—shafts	277.30
SF8	Radius—head and neck	248.65

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SF9	Humerus	277.30
SF10	Talus—neck	258.20
SF11	Calcaneus	258.20
SF12	Other tarsals	162.60
SF13	Ankle—fracture dislocation, Potts	401.65
SF14	Tibia and fibula—shaft	459.00
SF15	Tibia and fibula—upper end	401.65
SF16	Tibia and fibula—involving joint traction	468.55
SF17	Femur, any site, with/without traction	707.65
	Haematoma, abscess, or other infection	
SH1	Small—aspiration	23.95
SH2	Large—incision and drainage (local anaesthetic)	114.15
SH3	Large—incision and drainage (general anaesthetic)	124.30
	Foreign body, removal of	
SB1	Under local anaesthetic	90.90
SB2	Under general anaesthetic	200.80
SB3	From cornea or scelera	62.20
SB4	From ear, other than by simple syringing	95.65
SB5	From muscle, tendon, or other deep tissue	286.90
SB6	From nose, other than by simple probing	114.75
SB7	From throat, additional fee	95.65
	Dislocations (closed reduction)	
SD1	Elbow, wrist, thumb, and fingers with strapping/splint	191.25
SD2	Shoulder	114.75
SD3	Patella	162.60
SD4	Hip	229.50
	Plaster	
SP1	Upper limb—above elbow	143.45
SP2	Upper limb—below elbow	124.30
SP3	Lower limb—above knee	172.15
SP4	Lower limb—below knee	143.45
	Other	
SM1	Aspiration of joint	23.95
SM2	Amputation of all or part of 1 digit	210.40
SM3	Extensor tendon, primary repair	334.70
SM4	Nail, simple removal of	95.65
Specified treatment providers' costs		
TMT	All treatment	19.00
X-RAY	X-ray services provided by chiropractor (maximum of 2 films per claimant per personal injury)	15.30 per film

Diane Morcom,
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 April 2004, prescribe the amounts the Accident Compensation Corporation (the **Corporation**) is liable to pay or contribute to treatment providers for the cost of treating claimants for personal injury under the Injury Prevention, Rehabilitation, and Compensation Act 2001. The regulations also apply to private insurers who, despite the repeal of the Accident Insurance Act 1998, have continuing obligations towards personal injury claimants.

The regulations revoke and substitute the Accident Insurance (Insurer's Liability to Pay Cost of Treatment) Regulations 1999 (SR 1999/104) (the **1999 regulations**). The regulations follow, with a number of changes, the same substance and structure as the 1999 regulations. The principal changes are—

- a change in terminology to reflect the change in authorising legislation (for example an "insured" becomes a "claimant"):
- increases in payments by the Corporation—
    - for the treatments listed in the *Schedule* to nurses, counsellors, psychiatrists, and dentists (for non-specialist dental treatment on claimants under 18 years old):
    - for the contribution to treatment materials used by registered medical practitioners and nurses:
- the introduction of a payment in situations where a registered medical practitioner and a nurse treat a claimant in combination:
- an expansion of the treatments listed in the *Schedule* for—
    - dental treatment:
    - radiology:
    - registered medical practitioners:
    - nurses:

- clarification of how hourly rates are calculated.

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