

Reprint
as at 1 December 2018



Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003

(SR 2003/388)

Regulations name: amended, on 19 June 2013, pursuant to regulation 4(2) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2013 (SR 2013/138).

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.

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Note

Changes authorised by subpart 2 of Part 2 of the Legislation Act 2012 have been made in this official reprint.
Note 4 at the end of this reprint provides a list of the amendments incorporated.

These regulations are administered by the Ministry of Business, Innovation, and Employment.

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Regulations

1 Title

These regulations are the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003.

Regulation 1: amended, on 19 June 2013, by regulation 4(2) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2013 (SR 2013/138).

2 Commencement

These regulations come into force on 1 April 2004.

3 Interpretation

In these regulations, unless the context otherwise requires,—

Act means the Accident Compensation Act 2001

community services card means—

- (a) a community services card issued under the Health Entitlement Cards Regulations 1993; or

- (b) a corresponding card issued under corresponding regulations made or deemed to have been made under either or both of section 92(3) of the New Zealand Public Health and Disability Act 2000 and section 437 of the Social Security Act 2018

Corporation—

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

dependent child has the meaning given to it by section 3(1) of the Social Security Act 1964, but does not include a child for whom an orphan's benefit or an unsupported child's benefit is paid under that Act

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

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) a medical practitioner who is registered in the diagnostic and interventional radiology scope of practice by the Medical Council of New Zealand; or
- (b) a medical practitioner who—
 - (i) is registered in a general scope of practice by the Medical Council of New Zealand; and
 - (ii) holds a licence under the Radiation Safety Act 2016 to use X-ray equipment for the purposes of radiology; or
- (c) a medical practitioner who—
 - (i) is registered in the general practice vocational scope of practice by the Medical Council of New Zealand; and
 - (ii) holds a licence under the Radiation Safety Act 2016 to use X-ray equipment for the purposes of general practice

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

- (a) anaesthetics:

- (b) cardiothoracic surgery:
- (c) dermatology:
- (d) diagnostic and interventional 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

scope of practice has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003

specialist means a medical practitioner whose scope of practice includes 1 or more recognised branches of medicine

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

Regulation 3 **Act**: amended, on 3 March 2010, pursuant to section 5(1)(b) of the Accident Compensation Amendment Act 2010 (2010 No 1).

Regulation 3 **community services card**: inserted, on 1 December 2018, by regulation 4 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 3 **dependent child**: inserted, on 1 December 2018, by regulation 4 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 3 **nurse**: revoked, on 19 September 2004, by regulation 3(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 3 **radiologist**: replaced, on 7 March 2017, by section 99 of the Radiation Safety Act 2016 (2016 No 6).

Regulation 3 **recognised branch of medicine** paragraph (d): replaced, on 7 March 2017, by section 99 of the Radiation Safety Act 2016 (2016 No 6).

Regulation 3 **registered specialist**: revoked, on 19 September 2004, by regulation 3(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 3 **scope of practice**: inserted, on 19 September 2004, by regulation 3(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 3 **specialist**: inserted, on 19 September 2004, by regulation 3(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 3 **vocational registration**: revoked, on 19 September 2004, by regulation 3(4) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

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) \$95.70 an hour for the treatment specified in item C1; and
 - (b) \$75.03 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.

Regulation 9(2)(a): amended, on 1 December 2018, by regulation 5(1) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 9(2)(b): amended, on 1 December 2018, by regulation 5(2) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

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) \$53.91 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.

Regulation 11(2)(a): amended, on 1 December 2018, by regulation 6 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

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 whose scope of practice includes the branch of medicine known as diagnostic and interventional radiology, the Corporation is liable to pay the amount specified for the treatment.

Regulation 12(2): replaced, on 7 March 2017, by section 99 of the Radiation Safety Act 2016 (2016 No 6).

13 Medical practitioners’ costs

- (1) This regulation applies if—
 - (a) a claimant visits or is visited by a medical practitioner who—
 - (i) is not a specialist; or
 - (ii) is a specialist but during the visit is not practising within a recognised branch of medicine included in his or her scope of practice; and

- (b) any treatment received by the claimant during the visit is specified in the Schedule under the heading “Medical practitioners’, nurses’, and nurse practitioners’ costs”.
- (2) For each visit the Corporation is liable to pay—
 - (a) whichever of the following applies:
 - (i) \$56.94, if the claimant is under 14 years old when the visit takes place:
 - (ii) \$32.02, if the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder:
 - (iii) \$53.33, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:
 - (iv) \$58.54, if the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card; 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 73 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) \$44.11 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.

Regulation 13 heading: amended, on 19 September 2004, by regulation 5(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(1)(a): amended, on 19 September 2004, by regulation 5(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(1)(a)(i): amended, on 19 September 2004, by regulation 5(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(1)(a)(ii): amended, on 19 September 2004, by regulation 5(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(1)(a)(ii): amended, on 19 September 2004, by regulation 5(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(1)(b): amended, on 1 April 2012, by regulation 4(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 13(1)(b): amended, on 19 September 2004, by regulation 5(4) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 13(2)(a): replaced, on 1 December 2018, by regulation 7(1) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 13(5)(a): amended, on 1 July 2012, by regulation 11(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 13(5)(b): amended, on 1 December 2018, by regulation 7(2) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

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 “Medical practitioners’, nurses’, and nurse practitioners’ costs”.
- (2) For each visit the Corporation is liable to pay—
 - (a) whichever of the following applies:
 - (i) \$31.93, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$15.00, if the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder;
 - (iii) \$27.61, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;

- (iv) \$32.83, if the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card; 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.

Regulation 14(1)(b): amended, on 1 April 2012, by regulation 5(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 14(1)(b): amended, on 19 September 2004, by regulation 6 of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 14(2)(a): replaced, on 1 December 2018, by regulation 8 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

15 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 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 "Medical practitioners', nurses', and nurse practitioners' costs".
- (2) For each combined visit the Corporation is liable to pay—
 - (a) whichever of the following applies:
 - (i) \$59.93, if the claimant is under 14 years old when the visit takes place:

- (ii) \$35.02, if the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder:
 - (iii) \$56.32, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:
 - (iv) \$61.54, if the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card; 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 medical 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 medical 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 medical practitioner—
 - (i) the amount specified for the more or most expensive treatment the claimant receives from the medical practitioner; plus
 - (ii) 50% of the amount specified for any other treatment the claimant receives from the medical 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 medical practitioner using the most effective treatment materials available to the nurse and medical 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 medical 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.

Regulation 15 heading: amended, on 19 September 2004, by regulation 7(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(1)(a)(ii): amended, on 19 September 2004, by regulation 7(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(1)(b): amended, on 1 April 2012, by regulation 6(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 15(1)(b): amended, on 19 September 2004, by regulation 7(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(2)(a): replaced, on 1 December 2018, by regulation 9 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 15(3): amended, on 19 September 2004, by regulation 7(4) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(4): amended, on 19 September 2004, by regulation 7(5) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(4)(b): amended, on 19 September 2004, by regulation 7(5) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(4)(b)(i): amended, on 19 September 2004, by regulation 7(5) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(4)(b)(ii): amended, on 19 September 2004, by regulation 7(5) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(6): amended, on 19 September 2004, by regulation 7(6) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 15(7): amended, on 19 September 2004, by regulation 7(7) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

15A Nurse practitioners' costs

- (1) This regulation applies if—
 - (a) a claimant visits or is visited by a nurse practitioner; and
 - (b) any treatment received by the claimant during the visit is specified in the Schedule under the heading “**Medical practitioners’, nurses’, and nurse practitioners’ costs**”.
- (2) For each visit the Corporation is liable to pay—
 - (a) whichever of the following applies:

- (i) \$52.37, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$27.46, if the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder;
 - (iii) \$49.06, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$53.86, if the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card; 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 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 the treatment under this regulation includes a contribution to the cost of the nurse practitioner using the most effective treatment materials available to the nurse practitioner having regard to the nature of the claimant’s personal injury.

Regulation 15A: inserted, on 1 April 2012, by regulation 7 of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 15A(2)(a): replaced, on 1 December 2018, by regulation 10 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

16 Specialists’ costs

- (1) This regulation applies if—
- (a) a claimant visits or is visited by a medical practitioner who—
 - (i) is a specialist; and
 - (ii) during the visit, is practising within a recognised branch of medicine included in his or her scope of practice; and
 - (b) any treatment received by the claimant during the visit is specified in the Schedule under the heading “Specialists’ costs”.
- (2) For the first visit that the claimant has, the Corporation is liable to pay—
- (a) either—

- (i) \$95.70, 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) \$75.03, 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) \$37.52; 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.

Regulation 16 heading: amended, on 19 September 2004, by regulation 8(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 16(1)(a): amended, on 19 September 2004, by regulation 8(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 16(1)(a)(i): amended, on 19 September 2004, by regulation 8(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 16(1)(a)(ii): amended, on 19 September 2004, by regulation 8(3) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 16(1)(b): amended, on 19 September 2004, by regulation 8(4) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318).

Regulation 16(2)(a)(i): amended, on 1 December 2018, by regulation 11(1) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 16(2)(a)(ii): amended, on 1 December 2018, by regulation 11(2) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Regulation 16(3)(a): amended, on 1 December 2018, by regulation 11(3) of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

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) \$58.93 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.

Regulation 17(3)(a): amended, on 1 December 2018, by regulation 12 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

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 excluded

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

Regulation 19 heading: amended, on 1 July 2012, by regulation 17(1) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

Regulation 19: amended, on 1 July 2012, by regulation 17(2) of the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11).

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.

Schedule Costs of treatment

rr 6, 7, 9–17

Schedule: replaced, on 1 December 2018, by regulation 13 of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215).

Item number	Treatment	Cost (\$)
Counsellors' costs		
C1	Consultation provided by a counsellor who is a specialist	
C2	Consultation provided by a counsellor	
Dentists' costs		
<i>Examination</i>		
DE1	Dental consultation, including examination	46.59
DE2	Periodic oral examination or review	29.96
DE3	Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work), including study models, photographs, and tomography	128.64
<i>Radiological examination and interpretation</i>		
DX1	Periapical or bitewing film (each)	23.29
DX2	Occlusal (each)	23.29
DX3	Panorex	60.88
DX4	Other additional images (per treatment episode)	9.19
DX7	Acute sedation (IV only) (initial consultation only)	160.79
<i>Emergency temporary cover</i>		
DT1	Emergency temporary cover	45.11
<i>General oral surgery</i>		
<i>Extractions</i>		
DG1	Extraction of permanent or rooted deciduous tooth (per first tooth)	120.32
DG2	Surgical removal of tooth, including insertion and removal of sutures	192.95
DG4	Extraction of subsequent permanent or deciduous tooth in the same quadrant arch as for DG1	65.75
<i>Surgery</i>		
DG5	Management of lacerations by suturing (per operative site)	125.42
DG7	Incision and drainage abscess cellulitis	141.49
DG8	Excision of traumatic mucous cyst	167.23
DG10	Splint application or removal (for 3 splint units)	96.47
DG11	Cleaning of wound and removal of debris	44.10
DG14	Reduction of fractured alveolar process	93.92
DG15	Repositioning of displaced tooth (per tooth) or replacing avulsed tooth	46.95
DG17	Occlusal adjustment (simple)	31.28
DG22	Minor surgical operations not otherwise covered by this schedule	134.69
DG23	Provision of bite splints	192.95
<i>Restorative</i>		
DR1	Amalgam 1 surface filling (including 2 fillings on the one surface)	85.45
DR2	Amalgam 2 surface filling (approximo-occlusal)	111.77

Item number	Treatment	Cost (\$)
DR3	Complex amalgam restoration	161.70
DR6	Non-metallic simple fillings (including 2 fillings on the one surface)	98.58
DR7	Non-metallic filling (2 or more surfaces per tooth)	131.47
DR8	Rebonding tooth fragment or coronal portion	88.38
DR9	Complex reconstruction in composite resin (direct)	175.54
<i>Prosthodontics</i>		
DP1	Plastic denture (1 tooth—material of choice)	492.15
DP2	Each additional tooth (all dentures)	22.05
DP5	Metal-framed partial denture (1 tooth)	1,127.05
DP7	Transitional denture replacing missing tooth or teeth	448.38
DP8	Full upper or lower denture	735.04
DP11	Reline or rebase denture	230.11
DP13	Repair (all types)	75.16
DP14	Addition of tooth to existing denture (includes additional tooth)	138.05
<i>Crown and bridge</i>		
<i>Inlay or onlay and veneers</i>		
DC3	Indirect inlay or onlay	280.64
DC6	Porcelain veneer	826.19
DC7	Composite resin veneer	180.08
DC8	Post (wrought or preformed)	96.47
DC9	Composite or amalgam core	115.78
DC11	Cast post and core (metal or ceramic)	221.25
<i>Crowns</i>		
DC15	All ceramic crown	976.88
DC16	Porcelain fused to metal crown	939.38
DC17	Cast gold crown (full and three-quarters)	883.06
<i>Bridges</i>		
DC19	Maryland bridge	680.66
DC20	Composite bridge (per unit)	225.10
DC25	Re-cementing crown, bridge, veneer, or inlay	33.81
DC26	Non-composite bridge (on injured teeth that meet the requirement for a crown) (3 units)	2,300.69
DC27	Replacement of non-composite bridge	2,752.74
<i>Endodontics</i>		
DN1	Pulpotomy or pulpectomy	128.64
DN2	Irrigation and dressing of root canal system	130.57
DN3	Complete preparation and obturation of root canal (per canal)—open or closed apex	289.43
DN5	Apicectomy and retrograde filling (per canal)	281.78
DN6	Removal of root filling (per canal)	226.07
DN7	Removal of post, post crown, or crown	226.07
DN8	Bleaching, 1 non-vital tooth (per treatment)	160.79
DN9	Pulp capping	37.57
DN10	Removal of fractured post or instrument	226.07

Item number	Treatment	Cost (\$)
DN11	Repair of perforation	226.07
DN13	Negotiation of calcified canal (can be used with item DN3)	226.07
<i>Periodontics</i>		
DD1	Gingivectomy	107.72
DD2	Crown lengthening (per tooth)	225.10
DD4	Subgingival curettage (per tooth)	89.88
DD7	Site preparation for dental implant	328.73
DD8	Placement of membrane	352.20
DD9	Substitute bone material	140.87
<i>Dental implants</i>		
DM1	Resilient linings (tooth or teeth)	67.63
DM2	Fixture head impressions and copings (per fixture)	361.59
DM3	Dental implant crown (per single unit)	1,127.07
DM4	Dental stent and guide (per fixture)	122.11
DM5	Definitive abutment (per fixture)	361.59
DM6	Temporary abutment (per fixture)	45.08
DM7	Repairs to abutments (per fixture)	78.23
<i>Claimants under 18 years old</i>		
DY1	Dental consultation (including examination)	60.65
DY14	Temporary crown	112.71
DY15	Temporary bridge	112.71
DY21	Surgical decoronation	394.48
DY22	Removal of deciduous teeth	27.56
Hyperbaric oxygen treatment costs		
H1	Neurological assay before recompression	89.83
H2	Neurological assay after recompression	80.82
H3	In-chamber treatment supervision (per hour)	93.91
H4	Out-of-chamber treatment supervision (per hour)	46.03
Medical practitioners', nurses', and nurse practitioners' costs		
<i>Burn or abrasion</i>		
MB1	Treatment of burn not exceeding 4 cm ²	31.44
MB2	Treatment of burn at single site exceeding 4 cm ²	61.91
MB3	Treatment of significant abrasions not exceeding 4 cm ² at single site	31.45
MB4	Treatment of significant abrasions exceeding 4 cm ² at single site	61.91
MB5	Significant burns or abrasions (not including fractures) at multiple sites (exceeding 4 cm ²): necessary wound cleaning, preparation, and dressing	90.21
<i>Dislocation</i>		
MD1	Dislocation of finger or toe with splint or strapping	36.43
MD2	Dislocation of thumb: closed reduction and immobilisation	102.09
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation	94.55
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation	68.11
MD5	Dislocation of patella: closed reduction and cast immobilisation	162.05
<i>Fracture</i>		

Item number	Treatment	Cost (\$)
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation	36.43
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic	50.37
MF3	Fractured metatarsal: closed reduction (not requiring cast): closed reduction, immobilisation by strapping	36.43
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic, immobilisation by strapping	50.37
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction	113.46
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation	162.05
MF7	Fractured calcaneum or talus: treatment by cast immobilisation	162.05
MF8	Fractured clavicle	68.11
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction	113.46
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia	135.66
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation	113.46
MF12	Fractured distal humerus (supracondylar or condylar): treatment by cast immobilisation	113.46
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab	68.81
MF14	Fractured shaft tibia or fibula, or both: treatment by cast immobilisation with reduction	162.05
MF15	Fractured distal tibia or fibula, or both: treatment by cast immobilisation with reduction	162.05
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping	68.81
Miscellaneous		
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	28.38
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)	56.75
MM3	Nail, simple removal	22.72
MM4	Nail, removal or wedge resection requiring the use of digital anaesthesia	94.55
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	30.55
MM6	Pinch skin graft	70.95
MM7	Dental anaesthetic	26.51
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery	41.90

Item number	Treatment	Cost (\$)
	<i>Open wound</i>	
MW1	Closure of open wound (or wounds) less than 2 cm: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	33.41
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	63.75
MW3	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane exceeding 7 cm long: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	84.36
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound	94.55
	<i>Soft tissue injury</i>	
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	14.84
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)	68.81
MT3	Aspiration of inflamed joint, tendon, bursa, or other subcutaneous tissue or space (with or without injection)	33.38
MT4	Extensor tendon: primary repair	170.20
MT5	Ruptured Achilles tendon: management by plaster immobilisation	166.84
	Radiologists' costs	
	<i>Extremities</i>	
RA01	Sternum	59.09
RA02	Sternoclavicular joints	67.53
RA03	Clavicle	50.65
RA04	Acromio-clavicular joints	50.65
RA05	Scapula	50.65
RA06	Shoulder	54.87
RA07	Humerus	54.87
RA08	Elbow joint	46.43
RA09	Forearm	46.43
RA10	Hand or wrist joint, or both	46.43
RA11	Wrist or hand for bone age	46.43
RA15	Upper limb (infant)	54.87
RA21	Sacroiliac joints	54.87
RA22	Pelvis or both hips (1 projection)	54.87
RA25	Hip joint (more than 1 projection)	59.09
RA26	Femur	54.87
RA27	Knee joint	50.65
RA28	Knee joint (and intercondylar or axial)	59.09
RA29	Tibia and fibula	50.65
RA30	Ankle joint	54.87
RA32	Foot	50.65

Item number	Treatment	Cost (\$)
RA35	Long legs (hips to ankles), including measurement	63.31
RA40	Lower limb (infant)	59.09
	<i>Head, neck, and spine</i>	
RB01	Cervical spine	63.31
RB02	Thoracic spine	59.09
RB03	Lumbar spine, including lumbosacral joint	59.09
RB04	Sacro-coccygeal spine	54.87
RB08	Spine (scoliosis views)	63.31
RB10	Skull	59.09
RB12	Nasal bones	50.65
RB13	Facial bones	54.87
RB14	Optic foramina	46.43
RB16	Auditory canals (plain films only)	59.09
RB21	Nasal sinuses	46.43
RB22	Nasopharynx	54.87
RB23	Mastoids (bilateral)	59.09
RB24	Larynx or trachea, or both	50.65
RB31	Upper teeth	46.43
RB32	Lower teeth	46.43
RB33	Mandible or OPG or lateral cephalogram	63.31
RB34	Temporo-mandibular joints	63.31
RB35	Salivary gland	54.87
RB37	Pharynx	54.87
	<i>Chest, including breast</i>	
RC05	Thoracic inlet	54.87
RC06	Chest (1 view)	54.87
RC07	Chest (more than 1 view)	54.87
RC08	Chest and thoracic cage	67.53
RC09	Chest and both oblique views	67.53
	<i>Mammography</i>	
RC31	Screening mammogram	92.86
RC32	Recall mammogram	126.63
RC35	Problem mammogram bilateral	185.72
RC36	Problem mammogram unilateral	122.40
RC40	Needle localisation	249.03
RC41	Galactogram	249.03
RC45	Breast aspiration biopsy	249.03
RC46	Breast biopsy with stereotaxis	249.03
	<i>GI, GU, and obstetrics—no contrast modifiers permitted</i>	
	<i>Radiology</i>	
RD01	Abdomen (1 projection)	54.87
RD02	Abdomen (2 or more projections)	54.87
RD07	Pelvimetry (1 view)	54.87
RD08	Pelvimetry (2 or more views)	54.87

Item number	Treatment	Cost (\$)
	<i>Screening</i>	
RD10	Contrast swallow (oesophagus only)	430.53
RD11	Contrast study upper GI tract	430.53
RD13	Small bowel meal	430.53
RD14	Small bowel enema (enteroclysis)	721.76
RD15	Contrast enema	430.53
RD20	Dynamic proctogram	430.53
RD30	ERCP	430.53
RD40	IVP, including plain film and tomography	249.03
RD44	Cystogram: retrograde or antegrade	430.53
RD45	Urethrogram	430.53
RD46	Micturating cysto-urethrogram	430.53
RD47	Ascending urethrogram	430.53
	<i>Special procedures</i>	
RS42	Tube injection	249.03
RS43	Dacrocystogram	249.03
RS44	Sialogram	249.03
RS46	Hysterosalpingogram	430.53
RS61	Myelogram cervical	430.53
RS62	Myelogram lumbar	430.53
RS63	Myelogram multilevel	430.53
RS70	Arthrogram	249.03
RS71	Arthrogram—upper limb	249.03
RS73	Arthrogram—lower limb	249.03
	<i>Ultrasound</i>	
	<i>Abdomen and pelvis</i>	
RU01	US abdomen	130.85
RU02	US abdomen and pelvis	164.61
RU03	US renal tracts	122.40
RU04	US abdominal aorta (without Doppler)	122.40
RU06	US pelvis (transabdominal only)	122.40
	<i>Infants</i>	
RU10	US infant head	122.40
RU11	US infant pylorus	122.40
RU12	US infant heart	232.15
RU13	US infant hips	122.40
RU19	US infant miscellaneous	122.40
	<i>Various</i>	
RU20	US thyroid or neck	122.40
RU21	US scrotum and testes	122.40
RU22	US breast	122.40
RU23	US veins	173.05
RU24	US eye	122.40
RU25	US chest	122.40

Item number	Treatment	Cost (\$)
RU27	US injection or aspiration	244.81
RU28	US additional region	88.64
RU29	US miscellaneous	122.40
	<i>Skeletal</i>	
RU30	US shoulder	173.05
RU31	US musculo-skeletal	130.85
RU32	US foreign body localisation	97.08
RU39	US skeletal miscellaneous	130.85
	<i>Intracavitary</i>	
RU40	US prostate	151.95
RU41	US anus or rectum	151.95
RU42	US female pelvis (includes transvaginal and transabdominal, or transvaginal only)	151.95
RU43	US trans-oesophageal	257.47
RU44	US intraoperative	257.47
RU49	US intracavitary (miscellaneous)	151.95
	<i>Vascular</i>	
RU51	Duplex or Doppler of chest	206.82
RU56	Duplex or Doppler of additional limb (arterial or venous)	164.61
	<i>Pregnancy</i>	
RU60	US routine pregnancy less than 28 weeks	130.85
RU61	US problem pregnancy	164.61
RU62	US pregnancy exceeding 28 weeks	164.61
RU64	US with amniocentesis	244.81
RU68	US pregnancy (per extra foetus exceeding 1)	63.31
	<i>Additional</i>	
RX24	X-ray additional region	46.43
RX25	Domiciliary X-ray (in addition)	88.64
	Specialists' costs	
	<i>Repair recent wound</i>	
SR1	Not exceeding 7 cm (superficial)	134.73
SR2	Not exceeding 7 cm (deeper tissue)	179.63
SR3	Exceeding 7 cm (superficial)	224.56
SR4	Exceeding 7 cm (deeper tissue)	269.46
	<i>Fractures (closed reduction)</i>	
SF1	Phalanges	89.83
SF2	Metacarpals (excluding Bennetts)	161.68
SF3	Metatarsals	125.76
SF4	Bennetts	233.53
SF5	Carpal bones	116.75
SF6	Colles	215.55
SF7	Radius and ulna—shafts	260.45
SF8	Radius—head and neck	233.53
SF9	Humerus	260.45

Item number	Treatment	Cost (\$)
SF10	Talus—neck	242.52
SF11	Calcaneus	242.52
SF12	Other tarsals	152.72
SF13	Ankle—fracture dislocation, Potts	377.23
SF14	Tibia and fibula—shaft	431.10
SF15	Tibia and fibula—upper end	377.23
SF16	Tibia and fibula—involving joint traction	440.07
SF17	Femur, any site (with or without traction)	664.64
	<i>Haematoma, abscess, or other infection</i>	
SH1	Small—aspiration	22.50
SH2	Large—incision and drainage (local anaesthetic)	107.22
SH3	Large—incision and drainage (general anaesthetic)	116.75
	<i>Foreign body, removal of</i>	
SB1	Under local anaesthetic	85.38
SB2	Under general anaesthetic	188.60
SB3	From cornea or sclera	58.42
SB4	From ear (other than by simple syringing)	89.83
SB5	From muscle, tendon, or other deep tissue	269.46
SB6	From nose (other than by simple probing)	107.78
SB7	From throat (additional fee)	89.83
	<i>Dislocations (closed reduction)</i>	
SD1	Elbow, wrist, thumb, and fingers with strapping or splint	179.63
SD2	Shoulder	107.78
SD3	Patella	152.72
SD4	Hip	215.55
	<i>Plaster</i>	
SP1	Upper limb—above elbow	134.73
SP2	Upper limb—below elbow	116.75
SP3	Lower limb—above knee	161.68
SP4	Lower limb—below knee	134.73
	<i>Other</i>	
SM1	Aspiration of joint	22.50
SM2	Amputation of all or part of 1 digit	197.62
SM3	Extensor tendon (primary repair)	314.36
SM4	Nail (simple removal)	89.83
	Specified treatment providers' costs	
TMT	All treatment	23.42
POD3	Podiatry: abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	28.38
POD4	Podiatry: nail, simple removal	22.72
POD5	Podiatry: nail, removal or wedge resection requiring the use of digital anaesthesia	94.55
XRAY	X-ray services provided by chiropractor (maximum of 2 films per claimant per personal injury)	14.37

Reprinted as at
1 December 2018

**Accident Compensation (Liability to Pay or Contribute
to Cost of Treatment) Regulations 2003**

Schedule

Diane Morcom,
Clerk of the Executive Council.

Issued under the authority of the Legislation Act 2012.
Date of notification in *Gazette*: 18 December 2003.

Reprints notes

1 *General*

This is a reprint of the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 that incorporates all the amendments to those regulations as at the date of the last amendment to them.

2 *Legal status*

Reprints are presumed to correctly state, as at the date of the reprint, the law enacted by the principal enactment and by any amendments to that enactment. Section 18 of the Legislation Act 2012 provides that this reprint, published in electronic form, has the status of an official version under section 17 of that Act. A printed version of the reprint produced directly from this official electronic version also has official status.

3 *Editorial and format changes*

Editorial and format changes to reprints are made using the powers under sections 24 to 26 of the Legislation Act 2012. See also <http://www.pco.parliament.govt.nz/editorial-conventions/>.

4 *Amendments incorporated in this reprint*

Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018 (LI 2018/215)

Radiation Safety Act 2016 (2016 No 6): section 99

Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2013 (SR 2013/138)

Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2012 (SR 2012/11)

Accident Compensation Amendment Act 2010 (2010 No 1): section 5(1)(b)

Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2004 (SR 2004/318)