



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

Rt Hon Dame Sian Elias, Administrator of the Government

Order in Council

At Wellington this 5th day of November 2018

Present:

Her Excellency the Administrator of the Government in Council

These regulations are made under section 324 of the Accident Compensation Act 2001—

- (a) on the advice and with the consent of the Executive Council; and
- (b) on the recommendation of the Minister for ACC given in accordance with section 324(2) of that Act.

Contents

		Page
1	Title	2
2	Commencement	2
3	Principal regulations	2
4	Regulation 3 amended (Interpretation)	2
5	Regulation 9 amended (Counsellors' costs)	2
6	Regulation 11 amended (Hyperbaric oxygen treatment costs)	2
7	Regulation 13 amended (Medical practitioners' costs)	2
8	Regulation 14 amended (Nurses' costs)	3
9	Regulation 15 amended (Medical practitioners' and nurses' costs for combined treatment)	3
10	Regulation 15A amended (Nurse practitioners' costs)	4
11	Regulation 16 amended (Specialists' costs)	4
12	Regulation 17 amended (Specified treatment providers' costs)	4

13 Schedule replaced 4

Schedule
Schedule replaced 5

Regulations

1 Title

These regulations are the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018.

2 Commencement

These regulations come into force on 1 December 2018.

3 Principal regulations

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

4 Regulation 3 amended (Interpretation)

In regulation 3, insert in their appropriate alphabetical order:

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

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

5 Regulation 9 amended (Counsellors' costs)

- (1) In regulation 9(2)(a), replace "\$94.23" with "\$95.70".
- (2) In regulation 9(2)(b), replace "\$73.88" with "\$75.03".

6 Regulation 11 amended (Hyperbaric oxygen treatment costs)

In regulation 11(2)(a), replace "\$53.08" with "\$53.91".

7 Regulation 13 amended (Medical practitioners' costs)

- (1) Replace regulation 13(2)(a) with:
 - (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
- (2) In regulation 13(5)(b), replace “\$43.43” with “\$44.11”.

8 Regulation 14 amended (Nurses’ costs)

Replace regulation 14(2)(a) with:

- (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

9 Regulation 15 amended (Medical practitioners’ and nurses’ costs for combined treatment)

Replace regulation 15(2)(a) with:

- (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

10 Regulation 15A amended (Nurse practitioners' costs)

Replace regulation 15A(2)(a) with:

- (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

11 Regulation 16 amended (Specialists' costs)

- (1) In regulation 16(2)(a)(i), replace "\$94.23" with "95.70".
- (2) In regulation 16(2)(a)(ii), replace "\$73.88" with "75.03".
- (3) In regulation 16(3)(a), replace "\$36.94" with "37.52".

12 Regulation 17 amended (Specified treatment providers' costs)

In regulation 17(3)(a), replace "\$58.02" with "58.93".

13 Schedule replaced

Replace the Schedule with the Schedule set out in the Schedule of these regulations.

Schedule Schedule replaced

r 13

Schedule Costs of treatment

rr 6, 7, 9–17

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

Item number	Treatment	Cost (\$)
	<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
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

Item number	Treatment	Cost (\$)
DN8	Bleaching, 1 non-vital tooth (per treatment)	160.79
DN9	Pulp capping	37.57
DN10	Removal of fractured post or instrument	226.07
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

Item number	Treatment	Cost (\$)
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation	68.11
MD5	Dislocation of patella: closed reduction and cast immobilisation	162.05
	Fracture	
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 cauterisation	41.90

Item number	Treatment	Cost (\$)
	Open wound	
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
	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	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	
	Extremities	
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
	Head, neck, and spine	
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
	Chest, including breast	
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
	Mammography	
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
	GI, GU, and obstetrics—no contrast modifiers permitted	
	Radiology	
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

Rachel Hayward,
acting for 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 December 2018, amend the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. The amendments—

- increase by 1.56% the amounts that the Accident Compensation Corporation is liable to pay for the treatments specified in those regulations, beginning on 1 December 2018; and
- increase the age of children who qualify for higher ACC contributions from those under 13 years to those under 14 years; and
- provide for holders of community service cards, and their dependent children, to qualify for higher ACC contributions.

Regulatory impact statement

The Ministry of Business, Innovation and Employment produced a regulatory impact statement on 3 October 2018 to help inform the decisions taken by the Government relating to the contents of this instrument.

A copy of this regulatory impact statement can be found at—

- <https://www.mbie.govt.nz/publications-research/publications/employment-and-skills/ris-acc-implementation-of-primary-care.pdf>
- <http://www.treasury.govt.nz/publications/informationreleases/ris>

Issued under the authority of the Legislation Act 2012.

Date of notification in *Gazette*: 8 November 2018.

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