



**THE ACCIDENT COMPENSATION (SPECIALISTS COSTS)
REGULATIONS 1989, AMENDMENT NO. 1**

PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 18th day of December 1989

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

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

REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Compensation (Specialists Costs) Regulations 1989, Amendment No. 1, and shall be read together with and deemed part of the Accident Compensation (Specialists Costs) Regulations 1989* (hereinafter referred to as the principal regulations).

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

2. Payment for certain treatment outside private hospitals—(1) Regulation 9 of the principal regulations is hereby amended by adding the following subclause:

“(3) Nothing in subclause (1) (a) of this regulation shall apply in respect of any items in Part II or Part III of the Schedule to these regulations that are marked with an asterisk (*).”

(2) The Schedule to the principal regulations is hereby amended by revoking Parts II and III, and substituting the Parts set out in the Schedule to these regulations.

3. Goods and services tax—Regulation 10 of the principal regulations is hereby amended by adding, as subclause (2), the following subclause:

“(2) Notwithstanding subclause (1) of this regulation, where any amount is to be calculated in a manner that involves the deduction of any Social Security benefit, the full amount of that benefit, including any goods and services tax component, shall be deducted.”

Reg. 2 (2)

SCHEDULE

NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS

“Part II

Specialist Procedures

The costs payable by the Corporation for any treatment that is a surgical procedure specified in this Part performed by a registered specialist are the costs specified below in respect of that procedure (less any Social Security benefit) or the amount that the registered specialist would have charged the claimant if the procedure were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser.

	\$
General	
* 1. Aspiration of joint	25
2. Aspiration of thorax or abdomen	50
* 3. Bursa or Cyst, excision of	120
* 4. Electromyography	90
* 5. Epidural/lumbar puncture (not anaesthetic)	90
Foreign body, removal of	
* 6. under local anaesthetic	95
7. under general anaesthetic	210
* 8. Ganglion, excision of	210
Haematoma	
* 9. small—aspiration	25
* 10. large—incision and drainage (local anaesthetic)	100
11. —incision and drainage (general anaesthetic)	130
Hernia	
12. unilateral	360
13. bilateral	490
14. using insertion of material, extra fee	100
15. Laparotomy, exploratory	500
16. Liver rupture, repair of (small)	600
17. Liver rupture, repair of (major repair)	860
* 18. Nail, simple removal of	75
* 19. Nail, wedge resection of	220
20. Perforating abdominal injury, repair of	550
* 21. Restoration of cardiac rhythm by cardioversion	50
* 22. Tracheotomy, emergency	120
23. Splenectomy	700

SCHEDULE—*continued*NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*"Part II—*continued**Specialist Procedures—continued*

	\$
58. At shoulder	850
59. Above or below knee	570
60. At hip	970
61. Revision of amputation— $\frac{1}{2}$ of the above fees	
<i>Joints</i>	
*62. Injections—epidural (non-anaesthetic)	100
*63. Manipulation and epidural (non-anaesthetic)	150
64. Manipulation under general anaesthetic	100
<i>Fingers—</i>	
65. arthrodesis	270
66. replacement IP joint	280
67. replacement MCP joint	370
<i>Wrist—</i>	
68. arthrodesis	610
69. arthroplasty	760
<i>Elbow—</i>	
70. arthrodesis	750
71. arthroplasty	1,100
72. arthrotomy	410
<i>Shoulder—</i>	
73. arthrodesis	720
74. arthroplasty	1,300
75. acromionectomy	450
76. excision outer end clavicle	390
77. removal of calcaneus deposits	340
78. recurrent dislocation	750
<i>Toes—</i>	
79. arthrodesis	270
80. replacement MTP joint	370
<i>Ankle—</i>	
81. arthrodesis	700
82. arthrotomy	400
83. ligament reconstruction	420
<i>Knee—</i>	
84. arthrodesis	750
85. arthroscopy only	320
86. arthrotomy	400
87. meniscectomy, any procedure	400
88. meniscus, repair by arthroscope	600
ligaments, repair of cruciate	
89. arthroscopic	1,150
90. arthrotomy	690
91. open reconstruction with graft	850
92. patella, excision	520
93. recurrent dislocation	570
94. pes anserina transfer	510
95. total replacement	1,350

SCHEDULE—*continued*NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*“Part II—*continued*”*Specialist Procedures—continued*

	\$
Hip—	
96. arthrodesis	1,200
97. arthroplasty, hemi or cup	1,030
98. total replacement	1,400
99. revision of replacement	1,200
Spine—	
100. fusion, cervical 1-3 spaces	1,120
101. lumbar 1-3 spaces	1,150
102. laminectomy/discectomy	910
103. spinal stenosis	1,100
<i>Dislocations</i>	
Closed reduction—	
*104. elbow, wrist, thumb and fingers with plaster/splint ..	200
*105. shoulder	120
*106. toes with strapping/splint	70
*107. metatarsals with plaster	150
*108. tarsal bones with plaster	190
*109. ankle with plaster	285
*110. knee with plaster	310
*111. patella with plaster	170
*112. hip	240
Open reduction—	
113. elbow, wrist, thumb and fingers with plaster ..	400
114. shoulder (recurrent/fracture—dislocation) ..	750
115. acromio-clavicular, acute	410
116. chronic	500
117. sterno-clavicular	500
118. hip	660
<i>Fractures (closed)</i>	
*119. Phalanges	80
*120. Metacarpals—excluding Bennetts	180
*121. Bennetts	260
*122. Carpal bones	130
*123. Colles	240
*124. Radius and ulna—shafts	290
*125. Radius—head and neck	260
*126. Humerus	290
*127. Clavicle	240
*128. Metatarsals	140
*129. Talus—neck	270
*130. Calcaneus	270
*131. Other tarsals	170
132. Ankle—fracture-dislocation, Potts	420
Tibia and Fibula—	
133. shaft	480

SCHEDULE—continued

NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—continued

"Part II—continued

Specialist Procedures—continued

	\$
134. upper end	420
135. involving joint traction	490
136. Femur, any site, with/without traction	740
137. Spine, vertebral bodies	280
<i>Fractures (open)</i>	
138. Bennetts, internal fixation	350
139. Scaphoid, screw or graft	480
140. Metacarpal, fixation and/or graft	300
Radius and ulna—	
141. internal fixation	600
142. graft	700
143. fixation and graft	900
144. Radius or ulna, excision of head	375
145. Olecranon, internal fixation	390
Humerus—	
146. internal fixation/graft	560
147. internal fixation and graft	850
Clavicle—	
148. fixation without graft	350
149. fixation with graft	650
150. Phalanges, open reduction	125
151. Metatarsals, fixation and/or graft	210
152. Talus/Calcaneus, fixation	475
Ankle, fixation—	
153. unimalleolar	490
154. bimalleolar	590
Tibia and fibula—	
155. internal fixation/graft	600
156. internal fixation and graft	800
157. Neck of femur, internal fixation	840
158. Spine, fractured bodies, requiring decompression of spinal cord	1,160
<i>Miscellaneous extras (where provided in addition to the above provisions)</i>	
159. Plaster jacket	160
160. Plaster upper limb, above elbow	150
161. below elbow	130
162. Plaster lower limb, above knee	180
163. below knee	150
164. Staples, provision of	330
<i>Removal of hardware</i>	
165. Plate and screws	310
166. Screws or wire	200
167. Intramedullary rod	310

SCHEDULE—*continued*NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*"Part II—*continued**Specialist Procedures—continued*

Ear, nose, and throat		\$
<i>Ear</i>		
*168.	Foreign body, removal of, other than by simple syringing	100
169.	Myringoplasty—transcanal approach	650
170.	Myringotomy, with insertion of polythene tubes ..	200
<i>Nose</i>		
171.	Cautery/diathermy of septum or turbinates	170
172.	Foreign body, removal of, other than by simple probing	120
173.	Fracture of nose, reduction of	175
174.	Septoplasty	450
175.	Septorhinoplasty	900
176.	Submucous resection of septum	450
177.	Submucous resection, cautery and out-fracture ..	550
178.	Turbinates, trimming, with or without out-fracture ..	220
<i>Throat</i>		
179.	Bronchoscopy	220
180.	Laryngoscopy	210
181.	Oesophagoscopy	210
182.	Removal of foreign body, additional fee	100
Plastic Surgery		
*183.	Abrasive therapy	150
Free graft—		
184.	full thickness	380
*185.	pinch graft	170
186.	split skin	340
187.	to burns up to 2.5% body surface	250
188.	to burns greater than 2.5% body surface	560
Flap—		
direct—		
189.	first stage	390
190.	second stage	200
indirect, or tubed pedicle		
191.	formation	360
192.	preparation intermediate site	390
193.	preparation final site and attachment	410
194.	local—single stage flap repair	240
195.	Reconstruction of eyelid, other than by direct suture only	490
Revision face/neck scar—		
196.	up to 3 cm long	200
197.	more than 3 cm long	250
198.	Revision scar (other than face/neck)	150
199.	Revision scar with W— or Z— plasties	300
Treatment of fractures—		
200.	malar by elevation	300

SCHEDULE—*continued*NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*“Part II—*continued*”*Specialist Procedures—continued*

	\$
201. malar, with wiring	650
*202. Simple release/excision scar tissue, any length ..	150
203. Transplant digit	1,100
Ophthalmology	
204. Cataract with intra-ocular lens implant (excluding cost of prosthesis)	1,000
205. Conjunctival graft	420
206. Enucleation of eye with implant	630
*207. Eyelid laceration, repair of—up to 10 mm	80
208. .. more than 10 mm	200
209. .. full thickness	500
*210. Foreign body removal—cornea or sclera	65
211. .. intra-ocular	850
212. Lens extraction	900
213. Perforating wound, repair of	700
214. Pterygium, removal of	200
Urology	
215. Cystoscopy	110
216. Cystoscopy + FB removal (closed)	250
217. Cystotomy + FB removal (open)	350
218. Nephrectomy—complete	760
219. .. partial	880
220. Orchidectomy	350
221. Penis, amputation—partial or repair	380
222. .. complete	650
223. Penile prosthesis insertion—inflatable	620
224. Spincter insertion—inflatable	700
225. Ureter, repair of	700
226. Ureteric re-implantation bladder—single	600
227. .. double	670
228. Ureteric transplantation—bowel or bladder	700
229. Urethroplasty—one stage	650
230. Urethroplasty—revision, for recurrent stricture	450
231. Urodynamic assessment	210
Gynaecology	
232. Colporrhaphy—anterior	400
233. .. anterior and posterior	530
234. .. posterior	350
235. E.U.A.	75
236. Laparoscopy	300
237. Laparotomy, exploratory	500
238. Manchester repair	700
239. Rectovaginal fistula, repair of	500
240. Vesicovaginal fistula, repair of	670

SCHEDULE—continued

NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—continued

"Part III

Anaesthetic Services

The costs payable by the Corporation for treatments that are anaesthetic services specified in this Part performed by a registered specialist anaesthetist is \$28 for each unit specified below (less any Social Security benefit), or the fee that the specialist would have charged the patient if the service were one for which the Corporation was not making a payment (less any Social Security benefit), whichever is the lesser.

No costs are payable in respect of routine pre-operative or post-operative consultations by the person providing the anaesthetic service and no costs are payable in respect of such consultations on a time basis under clause 4 of this Part.

	Unit	
	Without intubation	With intubation
Anatomical Site		
<i>Head and Neck</i>		
1. Superficial procedure	2	3
2. Ear	2	3
3. Eye and lids	2	3
4. Eyeball	5	5
5. Nose and sinuses	3	3
6. Radical nasal procedure		6
7. Intraoral	3	4
8. Radical intraoral		6
9. Facial bones	3	3
10. Radical facial procedure		6
11. Burr holes		8
12. Intracranial operation		10
13. in sitting position		12
14. Thyroid, larynx, oesophagus, trachea		5
15. Simple ligation in neck	4	4
16. All other vascular procedures		9
<i>Thorax and Shoulder</i>		
17. Superficial procedure (anterior)	2	3
18. Superficial procedure (posterior)	3	4
19. Shoulder girdle	3	3
20. Radical shoulder		5
21. Rib resection		5
22. Thoracoplasty, etc.		9
23. Intrathoracic procedures		14
24. Open heart operation		19

SCHEDULE—continued

NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—continued

"Part III—continued

Anaesthetic Services—continued

		Unit	
		Without intubation	With intubation
<i>Spine</i>			
25.	Cervical procedures ..		9
26.	in sitting position ..		12
27.	Thoracic procedures ..		9
28.	Thoraco-lumbar sympathectomy ..		12
29.	Lumbar procedures ..		7
30.	Extensive spinal procedures (Harrington)		12
<i>Abdomen</i>			
31.	Superficial (anterior) ..	2	2
32.	Superficial (posterior) ..	3	4
33.	Hernia repairs	3	3
34.	Incisional hernia	5	5
35.	Wound dehiscence	5	5
36.	Diaphragmatic hernia (abdominal approach) ..		6
37.	Major blood vessels ..		14
38.	Partial hepatectomy ..		12
39.	Pancreatectomy		7
40.	All other upper intraperitoneal procedures		6
41.	Radical hysterectomy ..		7
42.	Other intraperitoneal gynaecological		4
43.	Appendicectomy		4
44.	Resection of rectum ..		7
45.	Other lower intraperitoneal procedures		5
46.	Extraperitoneal procedures ..		5
47.	Kidney and upper ureter ..		6
48.	Cystectomy		7
49.	Adrenalectomy		9
50.	Cystostomy		4
<i>Perineum and Pelvis</i>			
51.	Superficial procedures ..	2	2
52.	Ano-rectal procedures ..	3	3
53.	Vulvectomy	3	3
54.	Urethral procedures ..		4
55.	Radical procedures ..		6
56.	Transurethral procedures ..	2	2
57.	TUR (prostate or bladder) ..		4

SCHEDULE—*continued*NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*“Part III—*continued*”*Anaesthetic Services—continued*

		Unit	
		Without intubation	With intubation
58.	Vaginal procedures	2	2
59.	Colporrhaphy	3	3
60.	Hysterectomy		5
61.	Superficial posterior procedures	4	5
62.	Procedures on bony pelvis ..		5
<i>Limbs</i>			
63.	Superficial	2	2
64.	Muscles, bursae, tendons, etc.	3	4
65.	Aorto-femoral graft		14
66.	Other arterial operations ..		6
67.	Amputations	4	4
68.	Hip replacement		9
69.	Knee replacement		8
70.	Other bone and joint operations	4	4
<i>Nerve blocks</i>			
*71.	Single peripheral nerves ..	3	
*72.	Sympathetic block, caudal extradural	4	
*73.	Epidural or spinal	4	
<i>Endoscopy</i>			
74.	Cysto-, Colpo-, sigmoido-, proctoscopy	2	2
75.	Oesophago-, gastro-, colono-, arthrosopy	3	3
76.	Laryngo-, broncho-, laparoscopy	4	4
77.	Mediastinoscopy	5	5
<i>Resuscitation</i>			
78.	Without cardiac arrest ..	1	
79.	With cardiac arrest	2	
<i>Additional units (extra)</i>			
80.	Patient under 1 year old ..	1	
81.	Patient over 70 years old ..	1	

SCHEDULE—*continued*

NEW PARTS II AND III SUBSTITUTED IN PRINCIPAL REGULATIONS—*continued*

“Part III—*continued*

Anaesthetic Services—continued

Health status factor as per American Society of Anaesthesiologists status:

ASA Status	Elective	Emergency
1	0	1
2	0	1
3	1	2
4	2	4
5 (rare)	4	6

Time units (anaesthetic time)—

Every 15 minutes (or part) 1

For the purposes of this clause ‘anaesthetic time’ commences when the anaesthetist commences preparing the patient for induction, and ends when the patient may safely be placed under post-operative supervision.”

C. J. HILL,
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 specify treatments performed by registered specialists outside private hospitals in respect of which the Corporation is to make payments. The Corporation’s prior approval to the treatment is still required in order to avoid priority of payment for minor injuries.

They also clarify the situation concerning deduction of Social Security benefits when calculating amounts under the regulations. The goods and services tax component of the Social Security benefit is also to be deducted.

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

Date of notification in *Gazette*: 20 December 1989.

These regulations are administered in the Accident Compensation Corporation.