



**THE ACCIDENT COMPENSATION (DENTISTS COSTS)
REGULATIONS (NO. 2) 1990**

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PAUL REEVES, Governor-General

ORDER IN COUNCIL

At Wellington this 10th day of September 1990

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.

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ANALYSIS

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| <ol style="list-style-type: none"> 1. Title and commencement 2. Interpretation 3. Application 4. Corporation to pay certain costs 5. Second opinions 6. Costs not payable in respect of certain treatments | | <ol style="list-style-type: none"> 7. Costs not payable where Social Security benefit paid 8. Certificates 9. Goods and services tax 10. Application of regulations to certificates and treatments provided overseas 11. Revocation and savings Schedule |
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REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Accident Compensation (Dentists Costs) Regulations (No. 2) 1990.

(2) These regulations shall come into force on the 15th day of October 1990.

2. Interpretation—In these regulations, unless the context otherwise requires,—

“The Act” means the Accident Compensation Act 1982:

“Claimant” means a person who has suffered personal injury by accident to which the Act applies:

“Corporation” means the Accident Compensation Corporation:

“Dentist” means any person who holds a current annual practising certificate issued by the Dental Council of New Zealand:

“Hospital” has the same meaning as in the Hospitals Act 1957:

“Personal injury by accident” means personal injury by accident to which the Act applies:

“Private hospital” means a licensed hospital as defined in section 118 of the Hospitals Act 1957:

“Public hospital” means any hospital that is not a private hospital and is operated by the Crown or an area health board:

“State services” has the same meaning as in the State Sector Act 1988.

3. Application—(1) Subject to these regulations, these regulations shall apply in respect of any treatment provided by a dentist on or after the 15th day of October 1990, to a claimant in respect of personal injury by accident, irrespective of—

(a) The date on which any fee for any treatment was charged or paid; or

(b) The date on which the personal injury by accident occurred.

(2) These regulations (other than regulation 11 (2)) shall not apply in respect of any treatment provided before the 15th day of October 1990 by a dentist to a claimant in respect of personal injury by accident, irrespective of the date of the charging or payment of any fee for the treatment.

4. Corporation to pay certain costs—(1) Subject to these regulations, the Corporation shall pay the costs of treatment provided by a dentist to any claimant in respect of personal injury by accident to the extent specified in the Schedule to these regulations.

(2) Where one treatment forms part of a more comprehensive treatment performed during the same treatment the Corporation shall pay under subclause (1) of this regulation only the full costs that it is required to pay under that subclause in respect of the treatment that is the more comprehensive treatment.

(3) The Corporation shall not pay any costs unless it has received such information and declarations as it may require in order to verify that the claimant has suffered personal injury by accident and that the treatment in respect of which the claim for payment is made was provided in respect of personal injury by accident.

(4) The Corporation shall not pay any costs unless it has been advised of the date on which the treatment was provided and the specific nature of that treatment.

(5) The costs payable by the Corporation, as required or permitted under these regulations, shall be paid—

(a) To the dentist; or

(b) If they have already been paid by the claimant, then to the claimant.

5. Second opinions—(1) The Corporation shall decline to make any payment in respect of any treatment that it considers may not be necessary or appropriate or that it considers may have exceeded the number or duration necessary or appropriate in the particular case until it has obtained a second opinion on the matter.

(2) Where the Corporation, after having obtained the second opinion, believes that the treatment was unnecessary or inappropriate, it shall decline to make any payment in respect of the treatment or part of the treatment (as appropriate) and shall advise the claimant and the dentist accordingly.

(3) Nothing in this regulation shall apply in any case where the treatment concerned or the number of treatments or the duration of the treatment concerned has been provided with the prior approval of the Corporation.

6. Costs not payable in respect of certain treatments— No payment shall be made by the Corporation under these regulations in respect of any treatment provided by a dentist—

- (a) In a public hospital; or
- (b) To any claimant as an out-patient of a public hospital; or
- (c) While the dentist is acting in the course of employment in the State services or by an area health board.

7. Costs not payable where Social Security benefit paid—Where any payment is made pursuant to the Social Security (Dental Benefits) Regulations 1983* in respect of any treatment by a contractor within the meaning of those regulations, the Corporation shall not make any payment under these regulations in respect of that treatment.

8. Certificates—The Corporation shall not make any payment under these regulations in respect of any certificate provided to the Corporation by a dentist, other than the payment in respect of the examination and assessment that relates to the issue of the certificate.

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

10. Application of regulations to certificates and treatments provided overseas—Nothing in these regulations shall limit or restrict section 75 (8) of the Act.

11. Revocation and savings—(1) The Accident Compensation (Dentists Costs) Regulations 1990 (S.R. 1990/130) are hereby revoked.

(2) Notwithstanding regulation 3 (2) of these regulations and subclause (1) of this regulation, where a dentist has provided, at any time in the period beginning on the 16th day of July 1990 and ending with the close of the 14th day of October 1990, treatment to a claimant in respect of personal injury by accident, the regulations revoked by subclause (1) of this regulation shall continue to apply in respect of the treatment so provided.

Reg. 4

SCHEDULE

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS
PROVIDED BY DENTISTS

The costs payable by the Corporation for treatment provided by a dentist are those specified below or the costs that the dentist would have charged the claimant if the treatment were one for which the Corporation was not making a payment, whichever is the lesser:

ITEM OF SERVICE	\$
1. Examination and assessment	37.15
X-rays	
3. Periapical or bitewing film, each	9.00
4. Occlusal, each	22.50
4A. Panorex	39.40
4B. Postero—anterior jaws or head, occipito-mental	50.65
4C. Lateral oblique of mandible	50.65
5. Emergency temporary cover	22.50
Extractions (non-orthodontic only):	
First permanent tooth or deciduous quadrant	
6. —with local anaesthetic	56.25
7. —with general anaesthetic	78.75
8. Each succeeding permanent tooth (maximum 4 teeth) or deciduous quadrant	21.40
9. Single jaw clearance—6 teeth or more	101.25
10. Full clearance—both jaws 12 teeth or more	180.00
Surgical extraction of impacted third molars or other impacted teeth	
11. —single	112.50
12. —double	168.75
Fillings	
Non-metallic:	
13. —simple fillings in anterior teeth and buccal surfaces of premolars	43.90
14. —more than one surface in anterior teeth, per tooth	66.40
Amalgam:	
15. —one surface (including 2 fillings on occlusal surface of upper molars including all buccal, palatal, and lingual fissure extensions)	37.15
16. —two surface (approximo-occlusal)	49.50
17. —three surface (mesio-occlusal-distal)	56.25
18. —restoration (including restoration of one or more cusps)	79.90
Pulp and root canal treatment	
19. Partial pulpectomy	67.50
21. Septic root canal treatment and root filling, permanent teeth (per canal)	160.90
22. Apicectomy and retrograde amalgam	169.90
22A. Bleaching	66.40

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS
PROVIDED BY DENTISTS—*continued*

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Prosthetic appliances					
Partial dentures:					
23.	—1 tooth, acrylic	246.40
24.	—Each extra tooth	14.65
25.	—Each clasp	..	..	..	9.00
26.	—Lingual bar	..	..	..	15.75
27.	—1 tooth, metal (vitallium)	..	..	..	606.40
28.	—Each extra tooth	..	..	..	14.65
Full dentures:					
29.	—Full upper or lower	..	..	..	450.00
30.	—Full upper and lower	..	..	..	787.50
32.	—Rebasing full upper or lower	..	..	..	180.00
33.	—Replacing one broken tooth when remaking or rebasing	..	..	..	38.25
34.	—Each extra tooth	..	..	..	11.25
35.	—Repairs	..	..	..	40.50
Splints and bands (non-orthodontic)					
37.	Composite, per tooth (with/without wires)	..	..	..	24.75
38.	Wiring, per tooth	..	..	..	19.15
39.	Composite bonding metal brackets and arch wire, per tooth	..	..	..	37.15
Crowns					
40.	Stainless steel crown	..	..	..	56.25
41.	Plastic crown	..	..	..	39.40
42.	Acrylic—heat processed	..	..	..	270.00
42A.	Composite crown	..	..	..	104.65
43.	Porcelain including veneers	..	..	..	477.00
45.	Porcelain baked to metal crown or full gold crown	..	..	..	544.50
46.	Gold or porcelain inlay—MI, DI or incisal	..	..	..	168.75
47.	MID	..	..	..	253.15
48.	Facing for	..	..	..	22.50
49.	¾ gold crown (anterior or posterior)	..	..	..	337.50
50.	Recement crown or inlay	..	..	..	22.50
Post and cores					
51.	Amalgam or composite resin core	..	..	..	43.90
52.	Metal—para post or similar	..	..	..	65.25
53.	Cast post—from impression, requiring a second appointment	..	..	..	84.40
Bridges					
54.	Standard, per unit	..	..	..	450.00
55.	Rochette, per unit	..	..	..	166.50
56.	Maryland, per unit	..	..	..	208.15
57.	Composite, complete bridge	..	..	..	183.38

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS
PROVIDED BY DENTISTS—*continued*

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Surgery	
58. Minor oral surgical operations not otherwise covered by this Schedule	112.50
Soft Tissues	
59. Lacerations—minor	123.75
60. —moderate	174.40
61. Drainage abscess, cellulitis	151.90
62. Traumatic mucous cyst	185.65
63. Removal of foreign bodies	208.15
Bone	
64. Jaw fractures—conservative	101.25
65. —simple with IMF	230.65
Temporo—Mandibular Joint Trauma	
66. Traumatic arthritis—conservative treatment	129.40
67. —splints	140.65
68. Oro-antral fistula—Buccal sliding flap closure	191.25
69. Removal foreign bodies from soft tissues	208.15
Teeth	
70. Removal fractured tooth	56.25
71. Removal impacted teeth in line of jaw fracture	196.90
72. Removal of teeth replaced into hard or soft tissue	196.90
73. Apicectomy and rootfilling—anterior	241.90
74. —posterior	298.15

Implants—superficial structure to artificial root

A cost equivalent to a crown, bridge, or metal denture that would otherwise have been provided is payable where an implant is an appropriate treatment.

Note

The above specified maximum amounts are reduced by 25 percent where the tooth has been previously heavily restored and by 50 percent where the tooth has been previously crowned, unless, in either case, the restoration or crowning was carried out as part of treatment where costs were met by the Corporation.

MARIE SHROFF,
Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect.

These regulations, which come into force on 15 October 1990, replace the Accident Compensation (Dentists Costs) Regulations 1990. The main effect is to make all specified amounts inclusive of goods and services tax, and to adjust the amounts accordingly. *Regulation 4 (2)*, which relates to combined procedures, is also new.

Other changes are made to align these regulations with other regulations relating to costs.

Issued under the authority of the Acts and Regulations Publication Act 1989.
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These regulations are administered in the Accident Compensation Corporation.