



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

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.

ANALYSIS

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## REGULATIONS

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

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

**2. Interpretation**—(1) 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:

“Consultation” means treatment provided by a registered specialist, including any service performed or treatment provided at any consultation that is not specified in Part II of the Schedule to these regulations; and includes the issue of any certificate to the Corporation as a result of the consultation; but does not include any routine pre-operative or post-operative consultation in respect of any procedure specified in Part II of the Schedule to these regulations that is to be or has been performed by that registered specialist (whether or not the Corporation makes any payment in respect of the procedure):

“Corporation” means the Accident Compensation Corporation:

“General practitioner” means any registered medical practitioner working in a non-specialist capacity; and includes any specialist working outside his or her registered specialty:

“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:

“Principal economic activity” includes study activities and domestic household activities that are not directly remunerated; and in the case of domestic household activities shall be determined without regard to whether or not the person has a spouse or other household member who is able to perform those activities:

“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:

“Registered medical practitioner” means any person who holds a current annual practising certificate issued by the Medical Council of New Zealand:

“Registered specialist” means any registered medical practitioner registered as a specialist with—

(a) The Medical Council of New Zealand; or

(b) The Department of Health for the purposes of Drug Tariff and health benefits;—  
but does not include—

(c) Any registered specialist working outside his or her registered specialty; or

(d) Any specialist anaesthetist, being a registered medical practitioner registered as a specialist in anaesthesia with the Medical Council of New Zealand:

“Social Security benefit” means any benefit payable under Part II of the Social Security Act 1964 or any regulations in force under

that Part; and includes any payment in respect of any specific treatment made to any registered specialist under any arrangement entered into under section 97 of the Social Security Act 1964:

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

(2) No person shall be regarded as acting in the course of employment by the State services or an area health board by reason of that person being a general practitioner contracted to work in a special area designated as such by the Director-General of Health.

**3. Application**—(1) Subject to these regulations, these regulations shall apply in respect of any treatment provided on or after the 15th day of October 1990 by a registered specialist 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 14 (2)) shall not apply in respect of any treatment provided before the 15th day of October 1990 by a registered specialist 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 registered specialist to any claimant in respect of personal injury by accident to the extent specified in the Schedule to these regulations.

(2) 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.

(3) 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.

(4) The Corporation shall not pay any costs in respect of any treatment provided by a registered specialist unless the claimant has, in respect of the personal injury by accident for which the claimant is treated, been referred to the registered specialist by—

(a) A general practitioner; or  
(b) Another registered specialist,—

who is not acting in the course of employment by an area health board.

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

(a) To the registered specialist; or  
(b) If they have already been paid by the claimant, then to the claimant.

**5. Corporation may make payment if procedure not in Part II of Schedule**—Where the only reason that the Corporation does not pay any costs under these regulations is that the procedure is not specified in Part II of the Schedule to these regulations, the Corporation may nevertheless pay those costs in accordance with the following rules:

(a) The Corporation must be satisfied, before the procedure is performed and having sought the comments of the appropriate

professional group for the specialty concerned, that the procedure is necessary and appropriate for the claimant, and is likely to be more effective than any procedure specified in Part II of the Schedule to these regulations:

- (b) The Corporation shall pay such amount as it considers appropriate in the particular case, having regard to the maximum amount payable for procedures that are specified in Part II of the Schedule to these regulations that are of similar complexity;
- (c) Where any payment is made under the authority of this regulation, no payment in respect of any procedure carried out at the same operation shall be paid under Part II of the Schedule to these regulations;
- (d) Where payment is made under the authority of this regulation, no payment shall be made for any routine pre-operative or post-operative consultation.

**6. Corporation to pay equivalent of Social Security benefit to Crown Bank Account**—In addition to the costs payable under regulation 4 or regulation 5 of these regulations, in any case where costs are payable under either of those regulations and the total cost of the treatment includes a Social Security benefit, the Corporation shall pay an amount equivalent to that Social Security benefit to a Crown Bank Account nominated by the Minister of Finance.

**7. 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 registered specialist accordingly.

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

**8. Costs not payable in respect of certain treatment**—No payment shall be made by the Corporation under these regulations in respect of any treatment provided by a registered specialist—

- (a) In a public hospital; or
- (b) To any claimant as an out-patient of a public hospital; or
- (c) While the registered specialist is acting in the course of employment in the State services or by an area health board; or
- (d) Who is a psychiatrist who has elected that the Accident Compensation (Psychiatrists, Psychologists, and Psychotherapists Costs) Regulations 1990\* shall apply in respect of treatments provided to claimants by that psychiatrist.

**9. More than one procedure during an operation**—(1) Where 2 or more separate procedures are performed during one operation, the Corporation shall pay the full costs that it is required to pay in respect of

the most expensive of the treatments provided, and 50 percent of the costs that it would otherwise be required to pay in respect of the other treatment or treatments provided.

(2) Where one procedure forms part of a more comprehensive procedure performed during the same operation, the Corporation shall pay only the full costs that it is required to pay in respect of the treatment that is the more comprehensive procedure.

**10. Certificates**—The Corporation shall not make any payment under these regulations in respect of any certificate provided to the Corporation by a registered specialist, other than the payment in respect of the consultation that relates to the issue of the certificate.

**11. Conditions applying to payments for surgical procedures**—

(1) The Corporation shall not make any payment in respect of any procedure specified in Part II of the Schedule to these regulations unless—

- (a) The treatment is provided in a private hospital or, in the case of items marked in the Schedule with an asterisk (\*), in a private hospital or in the registered specialist's rooms; and
- (b) The prior approval of the Corporation to the performance of the procedure has been obtained.

(2) Except as provided in subclause (3) of this regulation, the Corporation shall not give the approval referred to in subclause (1) of this regulation unless it is satisfied that it is necessary for the due restoration of the claimant to his or her principal economic activity or would enable the claimant to undertake remunerated employment that the treatment be provided.

(3) The Corporation shall give the approval referred to in subclause (1) of this regulation where—

- (a) The procedure is specified in Part II of the Schedule to these regulations under the heading “Plastic Surgical Procedures”; and
  - (b) The Corporation is satisfied, after obtaining such assessments as the Corporation considers necessary (which assessments shall be obtained at the expense of the Corporation), that without the completion of the procedure the claimant would not be able to participate in the normal social activities that might be expected for that claimant.
- (4) Nothing in this regulation shall apply in respect of—
- (a) Any procedure in Part II of the Schedule to these regulations that is marked with a cross (†); or
  - (b) Any procedure that is discovered to be necessary to perform, and is performed, during the course of any approved treatment.

**12. Goods and services tax**—(1) All amounts specified or referred to in these regulations are inclusive of goods and services tax.

(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.

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

**14. Revocations and savings**—(1) The following regulations are hereby revoked:

(a) The Accident Compensation (Specialists Costs) Regulations 1990 (S.R. 1990/107);

(b) The Accident Compensation (Specialists Costs) Regulations 1990, Amendment No. 1 (S.R. 1990/180).

(2) Notwithstanding regulation 3 (2) of these regulations and subclause (1) of this regulation, where a registered specialist has provided, at any time in the period beginning on the 1st 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.

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## SCHEDULE

Reg. 4

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS

## Part I

*Consultations*

1. The costs payable by the Corporation for a consultation by a registered specialist registered as a physician, paediatrician, psychiatrist, neurologist, or neurosurgeon working in that specialty are the costs that the registered specialist would have charged the claimant if the consultation were one for which the Corporation was not making a payment (less any Social Security benefit), or the amount specified below (less any Social Security benefit), whichever is the lesser:

Initial consultation	..	..	\$114.75
Subsequent consultation		..	\$45.

2. The costs payable by the Corporation for a consultation by a registered specialist where clause 1 of this Part does not apply are the costs that the registered specialist would have charged the claimant if the consultation were one for which the Corporation was not making a payment (less any Social Security benefit), or the amount specified below (less any Social Security benefit), whichever is the lesser:

Initial consultation	..	..	\$90
Subsequent consultation		..	\$45.

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

## Part II

*Specialist Procedures*

The costs payable by the Corporation for any treatment that is a procedure specified in this Part and 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:

	\$
<b>General Procedures</b>	
*1. Aspiration of joint .. .. .	28.15
2. Aspiration of thorax or abdomen .. .. .	56.25
3. Aspiration from pericardial space .. .. .	112.50
*4. Bursa/Cyst excision, small (pre-patellar, olecranon, or other) .. .. .	225.00
*5.         large (popliteal or other) .. .. .	337.50
*6. Electromyography .. .. .	101.25
*7. Epidural/lumbar puncture (not anaesthetic) .. .. .	101.25
Foreign body, removal of	
*8.     under local anaesthetic .. .. .	106.90
9.     under general anaesthetic .. .. .	236.25
10.    from muscle, tendon or other deep tissue .. .. .	337.50
*11. Ganglion, excision of extensor .. .. .	236.25
*12.         flexor .. .. .	337.50
Haematoma, abscess or other infection	
*13.    small—aspiration .. .. .	28.15
*14.    large—incision and drainage (local anaesthetic) .. .. .	135.00
15.    —incision and drainage (general anaesthetic) .. .. .	146.25
<b>Hernia</b>	
16.    unilateral .. .. .	405.00
17.    bilateral .. .. .	551.25
18.    using insertion of material, extra fee .. .. .	112.50
19. Laparotomy, exploratory .. .. .	562.50
20. Liver rupture, repair of (small) .. .. .	675.00
21. Liver rupture, repair of (major repair) .. .. .	967.50
*22. Nail, simple removal of .. .. .	112.50
*23. Nail, wedge resection of .. .. .	247.50
24. Perforating abdominal injury, repair of .. .. .	618.75
*25. Restoration of cardiac rhythm by cardioversion .. .. .	56.25
26. Tracheotomy, emergency .. .. .	135.00
27. Splenectomy .. .. .	787.50
<b>Orthopaedic Procedures</b>	
<i>Tendons and Muscles</i>	
<b>Hand—</b>	
28.    extensor tendon, primary repair .. .. .	393.75
29.         secondary repair .. .. .	483.75



SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
67. Neuroma, removal of .. .. .	247.50
68. Ulnar nerve, transposition of .. .. .	618.75
<i>Bones—</i>	
69. Excision of hook of hamate .. .. .	337.50
70. Exostosis, excision of—small bone .. .. .	270.00
71. —large bone .. .. .	303.75
72. Sesamoid bone, excision of .. .. .	309.40
<i>Soft tissues—</i>	
73. Release carpal tunnel or Guyon's canal .. .. .	281.25
74. cubital tunnel .. .. .	450.00
75. tarsal tunnel .. .. .	506.25
76. soft tissue, elbow contracture .. .. .	956.25
77. knee contracture .. .. .	1,012.50
78. Epicondylitis of elbow .. .. .	309.40
79. Partial fasciectomy palm/finger .. .. .	618.75
80. Decompression posterior interosseous nerve .. .. .	506.25
81. lateral popliteal nerve .. .. .	393.75
82. lateral cutaneous nerve of thigh .. .. .	393.75
83. ulnar nerve at wrist .. .. .	337.50
84. Fasciotomy forearm .. .. .	731.25
85. leg, 4 compartments .. .. .	562.50
<i>Amputations—</i>	
*86. Digit, one only, or part .. .. .	247.50
87. each additional .. .. .	123.75
88. Above or below elbow .. .. .	675.00
89. At shoulder .. .. .	956.25
90. Above or below knee .. .. .	641.25
91. At hip .. .. .	1,091.25
92. Ray amputation .. .. .	675.00
93. Reamputation of digit .. .. .	247.50
94. Refashioning of limb stump .. .. .	562.50
95. Revision of amputation stump to provide adequate cover .. .. .	225.00
<i>Joints—</i>	
96. Arthroscopy any joint .. .. .	393.75
*97. Injections—epidural (non-anaesthetic) .. .. .	112.50
*98. Manipulation and epidural (non-anaesthetic) .. .. .	168.75
99. Manipulation under general anaesthetic .. .. .	112.50
100. Removal calcaneus deposits/myositis ossificans .. .. .	382.50
<i>Fingers and hand</i>	
101. arthrodesis finger .. .. .	303.75
102. thumb, IP joint .. .. .	315.00
103. thumb, MCP joint .. .. .	416.25

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
104. arthrolysis, small joints .. .. .	247.50
105. arthroplasty MCP joint, prosthetic .. .. .	472.50
106. IP joint, prosthetic .. .. .	360.00
107. osteotomy phalanx or MC, with fixation .. .. .	450.00
108. repair capsule or ligament or internal fixation to stabilise .. .. .	450.00
109. synovectomy .. .. .	506.25
Wrist—	
110. arthrodesis .. .. .	686.25
111. arthroplasty .. .. .	855.00
112. excision of trapezium .. .. .	506.25
113. distal segment ulna .. .. .	365.65
114. fusion of carpo metacarpal joint thumb .. .. .	450.00
115. intercarpal joints .. .. .	731.25
116. reconstruction, carpal instability .. .. .	675.00
117. replacement trapezium (silastic) .. .. .	618.75
Elbow—	
118. arthrodesis .. .. .	843.75
119. arthroplasty .. .. .	1,237.50
120. arthrotomy .. .. .	461.25
121. excision head of radius .. .. .	393.75
122. replacement head of radius (silastic) .. .. .	450.00
123. synovectomy .. .. .	618.75
Shoulder—	
124. arthrodesis .. .. .	810.00
125. arthroplasty .. .. .	1,462.50
126. acromionectomy or acromioplasty .. .. .	562.50
127. arthrotomy .. .. .	506.25
128. excision outer end clavicle .. .. .	438.75
129. osteotomy glenoid .. .. .	843.75
130. humerus neck .. .. .	675.00
131. supracondylar .. .. .	843.75
132. recurrent dislocation/subluxation .. .. .	843.75
133. hemi-replacement .. .. .	1,125.00
134. total replacement .. .. .	1,462.50
Toes—	
135. arthrodesis IP joint great toe .. .. .	393.75
136. MP joint great toe .. .. .	478.15
137. lesser toes .. .. .	225.00
138. excision metatarsal head .. .. .	309.40
139. phalanx all/part .. .. .	309.40
140. osteotomy first metatarsal .. .. .	450.00
141. lesser metatarsal .. .. .	309.40
142. replacement MTP joint .. .. .	416.25

SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY REGISTERED SPECIALISTS—continued

Part II—continued

Specialist Procedures—continued

	\$
Ankle—	
143. arthrodesis .. .. .	787.50
144. arthrotomy .. .. .	450.00
145. ligament reconstruction .. .. .	472.50
146. subtalar fusion foot .. .. .	703.15
147. synovectomy .. .. .	618.75
148. triple fusion foot .. .. .	900.00
Knee—	
149. arthrodesis .. .. .	843.75
150. arthrotomy .. .. .	450.00
151. meniscectomy, open .. .. .	421.90
152. meniscectomy, arthroscopic .. .. .	450.00
153. meniscus, repair .. .. .	478.15
ligaments, repair of anterior cruciate	
154. arthroscopic .. .. .	1,293.75
155. arthrotomy .. .. .	776.25
156. open reconstruction with graft .. .. .	1,125.00
ligaments, repair/reconstruction of	
157. medial, lateral .. .. .	675.00
158. posterior cruciate .. .. .	1,125.00
159. osteotomy distal femoral .. .. .	1,181.25
160. proximal tibial .. .. .	787.50
161. patella, excision .. .. .	585.00
162. recurrent dislocation .. .. .	641.25
163. pes anserina transfer .. .. .	573.75
164. release lateral retinaculum .. .. .	393.75
165. hemi-replacement .. .. .	1,125.00
166. total replacement .. .. .	1,518.75
167. revision of replacement .. .. .	1,800.00
168. synovectomy .. .. .	956.25
Hip—	
169. arthrodesis .. .. .	1,350.00
170. arthroplasty, hemi .. .. .	1,158.75
171. total replacement .. .. .	1,575.00
172. revision of replacement .. .. .	1,912.50
173. fusion sacro-iliac joint .. .. .	900.00
174. osteotomy, pelvic .. .. .	1,350.00
175. proximal femoral .. .. .	1,181.25
Spine—	
176. fusion, cervical 1-3 spaces .. .. .	1,260.00
177. thoraco lumbar with internal fixation .. .. .	1,687.50
178. lumbar 1-3 spaces .. .. .	1,293.75
179. laminectomy/discectomy .. .. .	1,023.75
180. percutaneous discectomy .. .. .	1,237.50



SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
218. Metacarpal, fixation and/or graft .. ..	393.75
Radius and ulna—	
219. internal fixation .. ..	675.00
220. graft .. ..	787.50
221. fixation and graft .. ..	1,012.50
222. Radius or ulna, excision of head .. ..	421.90
223. Olecranon, internal fixation .. ..	438.75
Humerus—	
224. internal fixation or graft .. ..	630.00
225. internal fixation and graft .. ..	956.25
Clavicle—	
226. fixation without graft .. ..	393.75
227. fixation with graft .. ..	731.25
228. Phalanges, open reduction and fixation .. ..	225.00
229. open reduction and graft .. ..	393.75
230. Metatarsals, fixation and/or graft .. ..	236.25
231. Talus/Calcaneus, fixation .. ..	534.40
Ankle fixation—	
232. unimalleolar .. ..	551.25
233. bimalleolar .. ..	663.75
Tibia and fibula—	
234. internal fixation or graft .. ..	675.00
235. internal fixation and graft .. ..	900.00
236. Neck of femur, internal fixation .. ..	945.00
237. Spine, fractured bodies, requiring decompression of spinal cord .. ..	1,305.00
<i>Miscellaneous extras</i>	
†238. Plaster jacket .. ..	180.00
†239. Plaster upper limb, above elbow .. ..	168.75
†240. below elbow .. ..	146.25
†241. Plaster lower limb, above knee .. ..	202.50
†242. below knee .. ..	168.75
<i>Removal of hardware</i>	
243. Any hardware, under local anaesthetic .. ..	112.50
244. Plate and screws under general anaesthetic .. ..	348.75
245. Screws or wire under general anaesthetic .. ..	225.00
246. Intramedullary rod .. ..	348.75
<b>Ear, nose, and throat procedures</b>	
<i>Ear</i>	
*247. Foreign body, removal of, other than by simple syringing .. ..	112.50
*248. Myringoplasty-transcanal approach .. ..	731.25
249. Myringotomy, with insertion of polythene tubes .. ..	225.00

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

	\$
*250. Pure tone audiometry .. .. .	56.25
*251. Impedance tympanometry .. .. .	45.00
*252. Brain-stem evoked response (brain damaged persons only) .. .. .	78.75
Repair of acute perforation of tympanic membrane—	
*253. cauterisation/diathermy .. .. .	33.75
*254. suture .. .. .	135.00
*255. graft .. .. .	270.00
<i>Nose</i>	
*256. Cautery/diathermy of septum or turbinates ..	191.25
*257. Foreign body, removal of, other than by simple probing	135.00
*258. Fracture of nose, reduction of .. .. .	196.90
259. Septoplasty .. .. .	506.25
260. Septorhinoplasty .. .. .	1,125.00
261. Submucous resection of septum .. .. .	506.25
262. Submucous resection, cautery and out-fracture ..	618.75
263. Turbinates, trimming, with or without out-fracture	247.50
Maxillary sinus lavage—	
*264. unilateral .. .. .	19.50
*265. bilateral .. .. .	29.50
*266. with proof puncture, extra .. .. .	3.00
*267. Cautery for traumatic epistaxis, with or without packing	64.15
<i>Throat</i>	
268. Bronchoscopy .. .. .	247.50
269. Laryngoscopy .. .. .	236.25
270. Oesophagoscopy .. .. .	236.25
271. Removal of foreign body, additional fee .. .. .	112.50
<b>Urological Procedures</b>	
272. Cystoscopy .. .. .	123.75
273. Cystoscopy + FB removal (closed) .. .. .	281.25
274. Cystotomy + FB removal (open) .. .. .	393.75
275. Nephrectomy—complete .. .. .	855.00
276. partial .. .. .	990.00
277. Orchidectomy .. .. .	393.75
278. Penis, amputation—partial or repair .. .. .	427.50
279. complete .. .. .	731.25
280. Penile prosthesis insertion—inflatable .. .. .	697.50
281. Spinctor insertion—inflatable .. .. .	787.50
282. Ureter, repair of .. .. .	787.50
283. Ureteric re-implantation bladder—single .. .. .	675.00
284. —double .. .. .	753.75
285. Ureteric transplantation—bowel or bladder .. .. .	787.50
286. Urethroplasty—one stage .. .. .	731.25

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
287. Urethroplasty—revision, for recurrent stricture .. .. .	506.25
288. Urodynamic assessment .. .. .	236.25
<b>Gynaecological Procedures</b>	
289. Colporrhaphy—anterior .. .. .	450.00
290.                   anterior and posterior .. .. .	596.25
291.                   posterior .. .. .	393.75
292. E.U.A. .. .. .	84.40
293. Laparoscopy .. .. .	337.50
294. Laparotomy, exploratory .. .. .	562.50
295. Manchester repair .. .. .	787.50
296. Rectovaginal fistula, repair of .. .. .	562.50
297. Vesicovaginal fistula, repair of .. .. .	753.75
<b>Plastic Surgical Procedures</b>	
<i>Minor</i>	
Repair recent wound	
*298.   not exceeding 7 cm superficial .. .. .	168.75
*299.                   deeper tissue .. .. .	225.00
*300.   exceeding 7 cm superficial .. .. .	281.25
*301.                   deeper tissue .. .. .	337.50
302. Full thickness laceration ear/nose meticulous plastic repair .. .. .	393.75
<i>Scars</i>	
*303. Dermabrasion, per 5 cm greatest dimension .. .. .	168.75
*304. Steroid injection of scars under general anaesthetic Scars all regions, includes w or z plasty .. .. .	112.50
*305.   per scar not exceeding 5 cm .. .. .	253.15
306.   exceeding 5 cm greatest dimension .. .. .	421.90
<i>Burns</i>	
Small release, per area of less than 5 cm greatest dimension	
307.   with skin graft .. .. .	450.00
308.   with z plasty .. .. .	450.00
Extensive release, per area of more than 5 cm greatest dimension	
309.   with skin graft .. .. .	843.75
310.   with combination z plasties and grafts .. .. .	843.75
Debride and split skin graft	
311.   not exceeding 2.5% body surface area .. .. .	506.25
312.   exceeding 2.5% body surface area .. .. .	787.50
<i>Grafts</i>	
Skin grafts for skin loss	
313.   Split skin small, not exceeding 5 cm greatest dimension .. .. .	337.50

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

					\$
314.	extensive	exceeding	5 cm	greatest	
	dimension	..	..	..	618.75
315.	Full thickness—small	not exceeding	5 cm	greatest	
	dimension	..	..	..	393.75
316.	—large	exceeding	5 cm	greatest	
	dimension	..	..	..	815.65
<i>Other grafts</i>					
317.	Dermofat or fascia	..	..	..	675.00
318.	Cartilage, for nose, eyelid	..	..	..	675.00
319.	Composite—chondrocutaneous, or chondromucosal for nose, ear, eyelid	..	..	..	815.65
	Nerve graft, including harvest				
320.	digital or small	..	..	..	731.25
321.	major nerve	..	..	..	1,350.00
<i>Flaps</i>					
322.	Skin, 1 stage, local and simple	..	..	..	281.25
323.	large and complicated	..	..	..	675.00
	Distant, including repair of secondary defect				
	small, e.g. cross finger				
324.	1st stage	..	..	..	506.25
325.	2nd stage	..	..	..	168.75
	large, e.g. groin, abdomen, forehead				
326.	1st stage	..	..	..	1,125.00
327.	2nd stage	..	..	..	450.00
328.	Revision skin flap	..	..	..	281.25
	Muscle, myocutaneous, fasciocutaneous, including repair of secondary defect				
329.	1 stage, small	..	..	..	675.00
330.	large, e.g. gastrocnemius or pectoralis major	..	..	..	1,125.00
331.	Neurovascular island flaps				
	Pedicled or for free tissue transfer, with vascular or neuro vascular pedicle, including repair of secondary defect	..	..	..	1,237.50
	Microvascular surgery and free tissue transfer				
332.	microvascular anastomosis artery/vein	..	..	..	1,687.50
333.	microarterial or microvenous graft	..	..	..	1,912.50
334.	microvascular repair for revascularisation	..	..	..	1,350.00
<i>Breast reconstruction</i>					
335.	Augmentation with implant	..	..	..	731.25
336.	Reconstruction, latissimus dorsi or TRAM flap, including repair of secondary defect	..	..	..	1,687.50
337.	Tissue expansion, 1st stage insertion	..	..	..	1,125.00
338.	2nd stage insert prosthesis	..	..	..	731.25
339.	Nipple areola reconstruction	..	..	..	562.50

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
<i>Tissue expansion</i>	
340. 1st stage insertion .. .. .	1,125.00
341. 2nd stage remove expander and flap repair ..	675.00
<i>Facial palsy post trauma</i>	
342. Nerve repair, microsurgical .. .. .	956.25
343. .. microsurgical with grafts .. .. .	1,575.00
344. Fascial grafts .. .. .	675.00
345. Muscle transfer and fascial grafts .. .. .	1,125.00
346. Cross face nerve graft, microsurgery and harvest ..	1,237.50
347. Free vascularised muscle transfer gracilis or pectoralis minor and repair secondary defect .. .. .	3,375.00
<i>Nasal surgery</i>	
348. Correction tip deformity .. .. .	731.25
349. Nasal refracture, correct boney vault .. .. .	956.25
350. Septoplasty, SMR, repair perforation .. .. .	618.75
351. Total correction, bone and cartilage external nose .. .. .	1,237.50
352. Total correction with autogenous bone/cartilage graft	1,462.50
<i>Eyelids</i>	
353. Reconstruction other than by direct suture ..	843.75
354. .. 2nd stage Tripiier flap .. .. .	337.50
355. Repair ectropian/entropian .. .. .	421.90
356. Dacryocystorhinostomy .. .. .	1,293.75
357. Conjunctivo-cystorhinostomy .. .. .	1,350.00
358. Ptosis correction .. .. .	933.75
359. Reduction upper eyelid to restore symmetry ..	281.25
360. .. lower eyelid to restore symmetry ..	337.50
<i>Ears</i>	
Subtotal correction deformity post trauma	
361. 1st stage .. .. .	787.50
362. 2nd and subsequent stages .. .. .	562.50
Total reconstruction (Brent)	
363. 1st stage .. .. .	2,250.00
364. 2nd stage .. .. .	1,012.50
365. further revisions .. .. .	562.50
<i>Lips</i>	
Reconstruction (Abbe/Estlander or similar)	
366. 1st stage .. .. .	956.25
367. 2nd stage .. .. .	281.25
<i>Hands</i>	
368. Nail bed reconstruction with nail bed graft ..	450.00
369. Ablation of nail bed with skin graft .. .. .	450.00
370. Transplant of digit .. .. .	1,237.50
371. Tendon prosthesis insertion (staged reconstruction)	787.50

## SCHEDULE—continued

COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—continued

## Part II—continued

## Specialist Procedures—continued

			\$
372.	Tendon sheath pulleys reconstruction	.. ..	450.00
373.	Tendon graft including harvest	.. ..	1,012.50
<i>Cranio-facial surgery</i>			
374.	Canthopexy, medial	.. ..	675.00
375.	bicoronal approach	.. ..	1,012.50
376.	lateral	.. ..	506.25
377.	Contour restoration, other than nose, using autogenous bone/cartilage graft	.. ..	1,350.00
378.	Cranioplasty reconstruction vault/forehead defect, using autogenous bone/cartilage graft per surgeon	.. ..	2,025.00
379.	Enophthalmos correction, bicoronal approach, with bone graft and/or osteotomy orbit	.. ..	2,250.00
380.	Malar fracture, elevation	.. ..	337.50
381.	elevation with wiring	.. ..	731.25
382.	elevation with plating	.. ..	956.25
383.	Mandible, condylectomy	.. ..	675.00
384.	hemi-mandibular reconstruction with bone graft	.. ..	1,012.50
385.	Orbital dystopia subtotal repositioning extracranial	.. ..	2,531.25
386.	total repositioning intracranial per surgeon	.. ..	2,812.50
<b>Ophthalmological Procedures</b>			
387.	Conjunctival graft	.. ..	472.50
388.	Enucleation of globe with implant	.. ..	708.75
Eyelid laceration, repair of			
*389.	up to 10 mm	.. ..	90.00
390.	more than 10 mm	.. ..	225.00
391.	full thickness	.. ..	562.50
392.	Intraocular foreign body—removal of	.. ..	956.25
*393.	Cornea or sclera—removal of foreign body	.. ..	73.15
Cataract—			
394.	lens extraction or aspiration	.. ..	1,012.50
395.	needling of	.. ..	326.25
396.	needling of with intraocular lens implant	.. ..	630.00
397.	secondary intraocular lens implant (artificial lens removal and replacement with different lens)	.. ..	1,012.50
398.	secondary intraocular lens implant in association with anterior vitrectomy	.. ..	1,260.00
399.	Biometry (ultrasound)	.. ..	90.00
400.	Yag laser capsulotomy	.. ..	326.25
Glaucoma—			
401.	filtering operation	.. ..	787.50
402.	iridectomy or iridotomy	.. ..	450.00
403.	cyclodiathermy or cyclocryotherapy	.. ..	247.50

SCHEDULE—*continued*COSTS PAYABLE BY CORPORATION IN RESPECT OF TREATMENTS PROVIDED BY  
REGISTERED SPECIALISTS—*continued*Part II—*continued**Specialist Procedures—continued*

	\$
404. laser iridotomy .. .. .	292.50
405. laser trabeculoplasty .. .. .	292.50
*406. Pterygium, removal of .. .. .	225.00
407. Lacrimal passage—probing or repair .. .. .	225.00
Squint operation—	
408. one or both eyes, involving one or two muscles	787.50
409. one or both eyes, involving three or more muscles	900.00
410. Penetrating injury to cornea or sclera .. .. .	787.50
411. Detached retina, operation for .. .. .	810.00
412. Vitrectomy .. .. .	450.00
413. Anterior segment repair .. .. .	787.50
414. Evisceration of globe .. .. .	585.00
415. Orbital exploration for blow out fracture, etc. .. .. .	675.00
*416. Computerised visual field analysis for ocular or head injuries .. .. .	67.50

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, revoke and replace the Accident Compensation (Specialists Costs) Regulations 1990.

The regulations no longer apply to specialist anaesthetists, for whom there are separate regulations, or to those psychiatrists who have elected that other regulations shall apply.

The Corporation is empowered (subject to certain rules) to make payments for procedures not specified in the Schedule, and there is a change to the definition of “principal economic activity”. Payments can also be made if the procedure is to enable the claimant to undertake remunerated employment. There is also provision to allow payments in respect of plastic surgery on the basis of assessments relating to ability to carry out normal social activities rather than solely on the basis of the principal economic activity test.

All amounts specified are now inclusive of goods and services tax.

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