



**THE ACCIDENT COMPENSATION (SPECIALISTS COSTS)
REGULATIONS (NO. 2) 1990, AMENDMENT NO. 1**

CATHERINE A. TIZARD, Governor-General

ORDER IN COUNCIL

At Wellington this 2nd day of March 1992

Present:

THE HON. P. R. BURDON PRESIDING IN COUNCIL

PURSUANT to section 120 (1) (f) of the Accident Compensation Act 1982, Her 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 (No. 2) 1990, Amendment No. 1, and shall be read together with and deemed part of the Accident Compensation (Specialists Costs) Regulations (No. 2) 1990* (hereinafter referred to as the principal regulations).

(2) These regulations shall come into force on the 1st day of April 1992.

2. New Schedule substituted—The principal regulations are hereby amended by revoking the Schedule, and substituting the Schedule set out in the Schedule to these regulations.

3. Saving—Notwithstanding regulation 2 of these regulations, where a registered specialist has provided, at any time in the period beginning on

the 15th day of October 1990 and ending with the close of the 31st day of March 1992, treatment in respect of personal injury by accident, the principal regulations shall be read as if the amendments made by regulation 2 of these regulations had not been made.

Reg. 2

SCHEDULE

NEW SCHEDULE SUBSTITUTED

Reg. 4

"SCHEDULE

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	..	..	\$97.55
Subsequent consultation	..	..	\$38.25.

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	..	..	\$76.50
Subsequent consultation	..	..	\$38.25.

SCHEDULE—*continued*NEW SCHEDULE SUBSTITUTED—*continued*“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:

	\$
General Procedures	
*1. Aspiration of joint	23.95
2. Aspiration of thorax or abdomen	47.80
3. Aspiration from pericardial space	95.65
*4. Bursa/Cyst excision, small (pre-patellar, olecranon, or other)	191.25
*5. large (popliteal or other)	286.90
*6. Electromyography	86.10
*7. Epidural/lumbar puncture (not anaesthetic)	86.10
Foreign body, removal of	
*8. under local anaesthetic	90.90
9. under general anaesthetic	200.80
10. from muscle, tendon or other deep tissue	286.90
*11. Ganglion, excision of extensor	200.80
*12. flexor	286.90
Haematoma, abscess or other infection	
*13. small—aspiration	23.95
*14. large—incision and drainage (local anaesthetic)	114.15
15. —incision and drainage (general anaesthetic)	124.30
Hernia	
16. unilateral	344.25
17. bilateral	468.60
18. using insertion of material, extra fee	95.65
19. Laparotomy, exploratory	478.15
20. Liver rupture, repair of (small)	573.75
21. Liver rupture, repair of (major repair)	822.40
*22. Nail, simple removal of	95.65
*23. Nail, wedge resection of	210.40
24. Perforating abdominal injury, repair of	525.95
*25. Restoration of cardiac rhythm by cardioversion	47.80
26. Tracheotomy, emergency	114.15
27. Splenectomy	669.40

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

	\$
<i>Suturing—</i>	
60. primary, digital or small nerve	286.90
61. major nerve	621.55
62. secondary, digital or small nerve	430.35
63. major nerve	765.00
64. Microscopic procedure, additional fee	191.25
65. Neurolysis, superficial	239.05
66. interfascicular	430.35
67. Neuroma, removal of	210.40
68. Ulnar nerve, transposition of	525.95
<i>Bones—</i>	
69. Excision of hook of hamate	286.90
70. Exostosis, excision of—small bone	160.65
71. —large bone	258.20
72. Sesamoid bone, excision of	263.00
<i>Soft tissues—</i>	
73. Release carpal tunnel or Guyon’s canal	239.05
74. cubital tunnel	382.50
75. tarsal tunnel	430.35
76. soft tissue, elbow contracture	812.80
77. knee contracture	860.65
78. Epicondylitis of elbow	263.00
79. Partial fasciectomy palm/finger	525.95
80. Decompression posterior interosseous nerve	430.35
81. lateral popliteal nerve	334.70
82. lateral cutaneous nerve of thigh	334.70
83. ulnar nerve at wrist	286.90
84. Fasciotomy forearm	621.55
85. leg, 4 compartments	478.15
<i>Amputations—</i>	
*86. Digit, one only, or part	210.40
87. each additional	105.20
88. Above or below elbow	573.75
89. At shoulder	812.80
90. Above or below knee	545.05
91. At hip	927.55
92. Ray amputation	573.75
93. Reamputation of digit	210.40
94. Refashioning of limb stump	478.15

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

	\$
95. Revision of amputation stump to provide adequate cover	191.25
<i>Joints—</i>	
96. Arthroscopy any joint	334.70
*97. Injections—epidural (non-anaesthetic)	95.65
*98. Manipulation and epidural (non-anaesthetic)	143.45
99. Manipulation under general anaesthetic	95.65
100. Removal calcaneus deposits/myositis ossificans	325.15
<i>Fingers and hand</i>	
101. arthrodesis finger	258.20
102. thumb, IP joint	267.75
103. thumb, MCP joint	353.80
104. arthrolysis, small joints	210.40
105. arthroplasty MCP joint, prosthetic	401.65
106. IP joint, prosthetic	306.00
107. osteotomy phalanx or MC, with fixation	382.50
108. repair capsule or ligament or internal fixation to stabilise	382.50
109. synovectomy	430.35
<i>Wrist—</i>	
110. arthrodesis	583.30
111. arthroplasty	726.75
112. excision of trapezium	430.35
113. distal segment ulna	310.80
114. fusion of carpo metacarpal joint thumb	382.50
115. intercarpal joints	621.55
116. reconstruction, carpal instability	573.75
117. replacement trapezium (silastic)	525.95
<i>Elbow—</i>	
118. arthrodesis	717.20
119. arthroplasty	1,051.90
120. arthrotomy	392.05
121. excision head of radius	334.70
122. replacement head of radius (silastic)	382.50
123. synovectomy	525.90
<i>Shoulder—</i>	
124. arthrodesis	688.50
125. arthroplasty	1,243.15
126. acromionectomy or acromioplasty	478.15
127. arthrotomy	430.35
128. excision outer end clavicle	372.95

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

	\$
129. osteotomy glenoid	717.20
130. humerus neck	573.75
131. supracondylar	717.20
132. recurrent dislocation/subluxation	717.20
133. hemi-replacement	956.25
134. total replacement	1,243.15
Toes—	
135. arthrodesis IP joint great toe	334.70
136. MP joint great toe	406.45
137. lesser toes	191.25
138. excision metatarsal head	263.00
139. phalanx all/part	263.00
140. osteotomy first metatarsal	382.50
141. lesser metatarsal	263.00
142. replacement MTP joint	353.80
Ankle—	
143. arthrodesis	669.40
144. arthrotomy	382.50
145. ligament reconstruction	401.65
146. subtalar fusion foot	597.70
147. synovectomy	525.95
148. triple fusion foot	765.00
Knee—	
149. arthrodesis	717.20
150. arthrotomy	382.50
151. meniscectomy, open	358.60
152. meniscectomy, arthroscopic	382.50
153. meniscus, repair	406.45
ligaments, repair of anterior cruciate	
154. arthroscopic	1,099.70
155. arthrotomy	659.80
156. open reconstruction with graft	956.25
ligaments, repair/reconstruction of	
157. medial, lateral	573.75
158. posterior cruciate	956.25
159. osteotomy distal femoral	1,004.05
160. proximal tibial	669.40
161. patella, excision	497.25
162. recurrent dislocation	545.05
163. pes anserina transfer	487.70
164. release lateral retinaculum	334.70

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

	\$
165. hemi-replacement	956.25
166. total replacement	1,291.00
167. revision of replacement	1,530.00
168. synovectomy	812.80
Hip—	
169. arthrodesis	1,147.50
170. arthroplasty, hemi	984.95
171. total replacement	1,338.75
172. revision of replacement	1,625.65
173. fusion sacro-iliac joint	765.00
174. osteotomy, pelvic	1,147.50
175. proximal femoral	1,004.05
Spine—	
176. fusion, cervical 1-3 spaces	1,071.00
177. thoraco lumbar with internal fixation	1,434.40
178. lumbar 1-3 spaces	1,099.70
179. laminectomy/discectomy	870.20
180. percutaneous discectomy	1,051.90
181. spinal stenosis	1,051.90
<i>Dislocations</i>	
Closed reduction—	
*182. elbow, wrist, thumb and fingers with strapping/splint	191.25
*183. shoulder	114.75
*184. toes with strapping/splint	66.95
*185. metatarsals	143.45
*186. tarsal bones	181.70
*187. ankle	272.55
*188. knee	296.45
*189. patella	162.60
*190. hip	229.50
Open reduction—	
191. elbow, wrist, thumb and fingers	382.50
192. shoulder fracture, dislocation	717.20
193. acromio-clavicular, acute	392.10
194. chronic	478.15
195. sterno-clavicular	478.15
196. hip	631.15
<i>Fractures (closed reduction)</i>	
*197. Phalanges	95.65
*198. Metacarpals—excluding Bennetts	172.15
*199. Bennetts	248.65

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

	\$
*200. Carpal bones	124.30
*201. Colles	229.50
*202. Radius and ulna—shafts	277.30
*203. Radius—head and neck	248.65
*204. Humerus	277.30
*205. Clavicle	229.50
*206. Metatarsals	133.90
*207. Talus—neck	258.20
*208. Calcaneus	258.20
*209. Other tarsals	162.60
210. Ankle—fracture dislocation, Potts Tibia and Fibula—	401.65
211. shaft	459.00
212. upper end	401.65
213. involving joint traction	468.55
214. Femur, any site, with/without traction	707.65
215. Spine, vertebral bodies	267.75
<i>Fractures (open reduction)</i>	
216. Bennetts, internal fixation	334.70
217. Scaphoid, screw or graft	459.00
218. Metacarpal, fixation and/or graft Radius and ulna—	334.70
219. internal fixation	573.75
220. graft	669.40
221. fixation and graft	860.65
222. Radius or ulna, excision of head	358.60
223. Olecranon, internal fixation	372.95
Humerus—	
224. internal fixation or graft	535.50
225. internal fixation and graft	812.80
Clavicle—	
226. fixation without graft	334.70
227. fixation with graft	621.60
228. Phalanges, open reduction and fixation	191.25
229. open reduction and graft	334.70
230. Metatarsals, fixation and/or graft	200.80
231. Talus/Calcaneus, fixation	454.25
Ankle fixation—	
232. unimalleolar	468.60
233. bimalleolar	564.20

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

	\$
Maxillary sinus lavage—	
*264. unilateral	16.60
*265. bilateral	25.10
*266. with proof puncture, extra	2.55
*267. Cautey for traumatic epistaxis, with or without packing	54.55
<i>Throat</i>	
268. Bronchoscopy	210.40
269. Laryngoscopy	200.80
270. Oesophagoscopy	200.80
271. Removal of foreign body, additional fee	95.65
Urological Procedures	
272. Cystoscopy	105.20
273. Cystoscopy + FB removal (closed)	239.10
274. Cystotomy + FB removal (open)	334.70
275. Nephrectomy—complete	726.75
276. partial	841.50
277. Orchidectomy	334.70
278. Penis, amputation—partial or repair	363.40
279. complete	621.55
280. Penile prosthesis insertion—inflatable	592.90
281. Spincter insertion—inflatable	669.40
282. Ureter, repair of	669.40
283. Ureteric re-implantation bladder—single	573.75
284. —double	640.70
285. Ureteric transplantation—bowel or bladder	669.40
286. Urethroplasty—one stage	621.55
287. Urethroplasty—revision, for recurrent stricture	430.30
288. Urodynamic assessment	200.80
Gynaecological Procedures	
289. Colporrhaphy—anterior	382.50
290. anterior and posterior	506.80
291. posterior	334.70
292. E.U.A.	71.75
293. Laparoscopy	286.90
294. Laparotomy, exploratory	478.15
295. Manchester repair	669.40
296. Rectovaginal fistula, repair of	478.15
297. Vesicovaginal fistula, repair of	640.70

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

				\$
Plastic Surgical Procedures				
<i>Minor</i>				
Repair recent wound				
*298.	not exceeding 7 cm superficial	..	..	143.45
*299.	deeper tissue	..	..	191.25
*300.	exceeding 7 cm superficial	..	..	239.10
*301.	deeper tissue	..	..	286.90
302.	Full thickness laceration ear/nose meticulous plastic repair	..	..	334.70
<i>Scars</i>				
*303.	Dermabrasion, per 5 cm greatest dimension	..	..	143.45
*304.	Steroid injection of scars under general anaesthetic			95.65
Scars all regions, includes w or z plasty				
*305.	per scar not exceeding 5 cm	..	..	215.20
306.	exceeding 5 cm greatest dimension	..	..	358.60
<i>Burns</i>				
Small release, per area of less than 5 cm greatest dimension				
307.	with skin graft	..	..	382.50
308.	with z plasty	..	..	382.50
Extensive release, per area of more than 5 cm greatest dimension				
309.	with skin graft	..	..	717.20
310.	with combination z plasties and grafts	..	..	717.20
Debride and split skin graft				
311.	not exceeding 2.5% body surface area	..	..	430.30
312.	exceeding 2.5% body surface area	..	..	669.40
<i>Grafts</i>				
Skin grafts for skin loss				
313.	Split skin small, not exceeding 5 cm greatest dimension	..	..	286.90
314.	extensive exceeding 5 cm greatest dimension	..	..	525.95
315.	Full thickness—small not exceeding 5 cm greatest dimension	..	..	334.70
316.	—large exceeding 5 cm greatest dimension	..	..	693.30
<i>Other grafts</i>				
317.	Dermofat or fascia	..	..	573.75
318.	Cartilage, for nose, eyelid	..	..	573.75

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

	\$
319. Composite—chondrocutaneous, or chondromucosal for nose, ear, eyelid	693.30
Nerve graft, including harvest	
320. digital or small	621.60
321. major nerve	1,147.50
<i>Flaps</i>	
322. Skin, 1 stage, local and simple	239.10
323. large and complicated	573.75
Distant, including repair of secondary defect small, e.g. cross finger	
324. 1st stage	430.30
325. 2nd stage	143.45
large, e.g. groin, abdomen, forehead	
326. 1st stage	956.25
327. 2nd stage	382.50
328. Revision skin flap	239.10
Muscle, myocutaneous, fasciocutaneous, including repair of secondary defect	
329. 1 stage, small	573.75
330. large, e.g. gastrocnemius or pectoralis major	956.25
331. Neurovascular island flaps	
Pedicled or for free tissue transfer, with vascular or neuro vascular pedicle, including repair of secondary defect	1,051.90
Microvascular surgery and free tissue transfer	
332. microvascular anastomosis artery/vein	1,434.40
333. microarterial or microvenous graft	1,625.65
334. microvascular repair for revascularisation	1,147.50
<i>Breast reconstruction</i>	
335. Augmentation with implant	621.60
336. Reconstruction, latissimus dorsi or TRAM flap, including repair of secondary defect	1,434.40
337. Tissue expansion, 1st stage insertion	956.25
338. 2nd stage insert prosthesis	621.60
339. Nipple areola reconstruction	478.15
<i>Tissue expansion</i>	
340. 1st stage insertion	956.25
341. 2nd stage remove expander and flap repair	573.75
<i>Facial palsy post trauma</i>	
342. Nerve repair, microsurgical	812.80
343. microsurgical with grafts	1,338.75

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

	\$
344. Fascial grafts	573.75
345. Muscle transfer and fascial grafts	956.25
346. Cross face nerve graft, microsurgery and harvest	1,051.90
347. Free vascularised muscle transfer gracilis or pectoralis minor and repair secondary defect	2,868.75
<i>Nasal surgery</i>	
348. Correction tip deformity	621.60
349. Nasal refracture, correct boney vault	812.80
350. Septoplasty, SMR, repair perforation	525.95
351. Total correction, bone and cartilage external nose	1,051.90
352. Total correction with autogenous bone/cartilage graft	1,243.15
<i>Eyelids</i>	
353. Reconstruction other than by direct suture	717.20
354. 2nd stage Tripiier flap	286.90
355. Repair ectropian/entropian	358.65
356. Dacryocystorhinostomy	1,099.70
357. Conjunctivo-cystorhinostomy	1,147.50
358. Ptosis correction	793.70
359. Reduction upper eyelid to restore symmetry	239.10
360. lower eyelid to restore symmetry	286.90
<i>Ears</i>	
Subtotal correction deformity post trauma	
361. 1st stage	669.40
362. 2nd and subsequent stages	478.15
Total reconstruction (Brent)	
363. 1st stage	1,912.50
364. 2nd stage	860.65
365. further revisions	478.15
<i>Lips</i>	
Reconstruction (Abbe/Estlander or similar)	
366. 1st stage	812.80
367. 2nd stage	239.10
<i>Hands</i>	
368. Nail bed reconstruction with nail bed graft	382.50
369. Ablation of nail bed with skin graft	382.50
370. Transplant of digit	1,051.90
371. Tendon prosthesis insertion (staged reconstruction)	669.40
372. Tendon sheath pulleys reconstruction	382.50
373. Tendon graft including harvest	860.65

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

	\$
<i>Cranio-facial surgery</i>	
374. Canthopexy, medial, external	573.75
375. bicoronal approach	860.65
376. lateral	430.30
377. Contour restoration, other than nose, using autogenous bone/cartilage graft	1,147.50
378. Cranioplasty reconstruction vault/forehead defect, using autogenous bone/cartilage graft per surgeon	1,721.25
379. Enophthalmos correction, bicoronal approach, with bone graft and/or osteotomy orbit	1,912.50
380. Malar fracture, elevation	286.90
381. elevation with wiring	621.60
382. elevation with plating	812.80
383. Mandible, condylectomy	573.75
384. hemi-mandibular reconstruction with bone graft	860.65
385. Orbital dystopia subtotal repositioning extracranial	2,151.60
386. total repositioning intracranial per surgeon	2,390.65
Ophthalmological Procedures	
387. Conjunctival graft	401.65
388. Enucleation of globe with implant	602.45
Eyelid laceration, repair of	
*389. up to 10 mm	76.50
390. more than 10 mm	191.25
391. full thickness	478.15
392. Intraocular foreign body—removal of	812.80
*393. Cornea or sclera—removal of foreign body	62.20
Cataract—	
394. lens extraction or aspiration	860.65
395. needling of	277.30
396. needling of with intraocular lens implant	535.50
397. secondary intraocular lens implant (artificial lens removal and replacement with different lens)	860.65
398. secondary intraocular lens implant in association with anterior vitrectomy	1,071.00
399. Biometry (ultrasound)	76.50
400. Yag laser capsulotomy	277.30
Glaucoma—	
401. filtering operation	669.40
402. iridectomy or iridotomy	382.50

SCHEDULE—*continued*

NEW SCHEDULE SUBSTITUTED—*continued*

“SCHEDULE—*continued*”

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

Part II—*continued*

Specialist Procedures—continued

		\$
403. cyclodiathermy or cyclocryotherapy	210.40	
404. laser iridotomy	248.65	
405. laser trabeculoplasty	248.65	
*406. Pterygium, removal of	191.25	
407. Lacrimal passage—probing or repair	191.25	
Squint operation—		
408. one or both eyes, involving one or two muscles	669.40	
409. one or both eyes, involving three or more muscles	765.00	
410. Penetrating injury to cornea or sclera	669.40	
411. Detached retina, operation for	688.50	
412. Vitrectomy	382.50	
413. Anterior segment repair	669.40	
414. Evisceration of globe	497.25	
415. Orbital exploration for blow out fracture, etc. ..	573.75	
*416. Computerised visual field analysis for ocular or head injuries	57.40”	

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 1 April 1992, reduce by 15 percent the maximum amounts that the Accident Compensation Corporation may pay in respect of treatments provided by specialists.

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

Date of notification in *Gazette*: 5 March 1992.

These regulations are administered in the Accident Compensation Corporation.