



**THE ACCIDENT COMPENSATION (DENTAL 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 (Dental Specialists 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:

“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 specialist” means any person registered as a specialist under the Dental Act 1988; but does not include any registered specialist working outside his or her registered specialty:

“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 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 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 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 Schedule—

Where the only reason that the Corporation does not pay any costs under these regulations is that the procedure is not specified in 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 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 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 the Schedule to these regulations.

6. 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 treatment concerned or the number of treatments or duration of the treatment concerned has been provided with the prior approval of the Corporation.

7. Costs not payable in respect of certain treatment—(1) 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 outpatient 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.

(2) Nothing in this regulation shall apply in respect of any treatment provided to a claimant as an outpatient of a public hospital if the prior approval of the Corporation to the provision of the treatment has been obtained or the treatment is an item in the Schedule to these regulations that is marked with a cross (†).

(3) The Corporation shall not give the approval referred to in subclause (2) 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.

8. 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.

9. More than one procedure during an operation—(1) Where 2 or more separate procedures are performed during one operation, the Corporation shall pay—

- (a) The full costs that it is required to pay in respect of the most expensive of the treatments provided; and
- (b) Fifty percent of the costs that it would otherwise be required to pay in respect of the next most expensive treatment; and
- (c) Twenty-five percent of the costs that it would otherwise be required to pay in respect of any other 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 examination and assessment that relates to the issue of the certificate.

11. Conditions applying to payments for procedures—(1) The Corporation shall not make any payment in respect of any procedure specified in 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 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 materially equivalent to a procedure specified in Part II of the Schedule to the Accident Compensation (Specialists Costs) Regulations (No. 2) 1990† 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—All amounts specified or referred to in these regulations are inclusive of goods and services tax.

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. Revocation and savings—(1) The Accident Compensation (Dental Specialists) Costs Regulations 1990 (S.R. 1990/131) 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
REGISTERED SPECIALISTS

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

	\$
1-12 (<i>Reserved</i>)	
ORAL AND MAXILLOFACIAL SURGICAL SPECIALIST AND PERIODONTIC SPECIALIST	
† 13. Examination and assessment	78.75
X-rays	
† 14. Periapical or bitewing film, each	9.00
† 15. Occlusal, each	22.50
† 16. Panorex	39.40
† 17. Postero—anterior jaws or head, occipito-mental	50.65
† 18. Lateral oblique of mandible	50.65
Maxillofacial Trauma	
<i>Soft Tissues</i>	
* 19. Lacerations—minor	241.90
* 20. —moderate	348.75
21. —major	562.50
* 22. Revision of scars, Z plasties	450.00
* 23. Salivary fistula, relocation of duct	618.75
* 24. Drainage abscess, cellulitis	298.15
* 25. Traumatic mucous cyst	365.65
* 26. Removal of foreign bodies	410.65
<i>Bone</i>	
* 27. Jaw fractures—conservative	196.90
* 28. —simple with IMF	461.25
	—complex, open reduction with wiring or plating
29. —unilateral	585.00
30. —bilateral	703.15
* 31. Alveolar fractures—simple	196.90
* 32. —complex	489.40
33. Malar fractures—simple	478.15
34. —complex	781.90
35. Nasal fractures—reduction only	264.40
36. —with fixation	365.65
37. Periorbital fractures	590.65
38. Orbital floor fracture with graft	1,125.00
* 39. Removal of bone plates/screws/wires	399.40

SCHEDULE—continued

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

	\$
Temporo-Mandibular Joint Trauma	
* 40. Traumatic arthritis—conservative treatment	253.15
* 41. —splints	275.65
42. Arthroplasty/meniscepectomy	928.15
43. Condylectomy	933.75
* 44. Caldwell Luc procedure—removal of foreign bodies	590.65
45. —for reduction of zygomatic fractures	365.65
* 46. Oro-antral fistula—Buccal sliding flap closure	376.90
Reconstruction of facial injuries	
47. Mandibular osteotomy—unilateral	1,299.40
48. —bilateral	1,715.65
49. Maxillary osteotomy	1,974.40
50. Bone graft	928.15
* 51. Dento-alveolar hard and soft tissues	736.90
* 52. Nonunion or malunion jaw fractures/sequestra/sinus	478.15
* 53. Implants (titanium)	1,102.50
* 54. Removal of foreign bodies from soft tissues	410.65
Teeth	
* 55. Removal fractured tooth	106.90
* 56. Removal impacted teeth in line of jaw fracture	393.75
* 57. Removal of teeth replaced into hard or soft tissue	393.75
* 58. Apicectomy and rootfilling—anterior	478.15
* 59. —posterior	590.65
* 60. Nerve decompression/repositioning	579.40
ORTHODONTIC SPECIALIST	
† 61. Examination and assessment	78.75
X-rays	
† 62. Periapical or bitewing film each	9.00
† 63. Occlusal, each	22.50
† 64. Panorex	39.40
† 65. Postero—anterior jaws or head, occipito-mental	50.65
† 66. Lateral oblique of mandible	50.65
Other examination costs	
† 67. Photographs—intraoral or extraoral, each	5.65
† 68. Study casts, orthodontic, per set	45.00
Emergency Treatment	
† 69. Reposition single permanent tooth	22.50
† 70. Each succeeding permanent tooth	5.65

SCHEDULE—continued

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

						\$
Emergency Splinting (including repositioning)						
<i>Upper or lower arch</i>						
† 71.	1 traumatised tooth	..	..	..	..	168.75
† 72.	Additional traumatised teeth (per tooth)	..	..	..	..	56.25
Extrusion—subgingival tooth fracture						
<i>Upper or lower arch</i>						
* 73.	1 tooth	..	..	..	..	956.25
* 74.	2 teeth	..	..	..	..	1,068.75
* 75.	Additional teeth (per tooth)	..	..	..	..	56.25
Extrusion—subalveolar tooth fracture						
<i>Upper or lower arch</i>						
* 76.	1 tooth	..	..	..	..	1,293.75
* 77.	2 teeth	..	..	..	..	1,406.25
* 78.	Additional teeth (per tooth)	..	..	..	..	56.25
Intrusion of tooth						
<i>Upper or lower arch</i>						
* 79.	1 tooth	..	..	..	..	956.25
* 80.	2 teeth	..	..	..	..	1,068.75
* 81.	Additional teeth (per tooth)	..	..	..	..	56.25
Correction of labiopalatal/buccolingual displacement of tooth (with removable/fixed appliances)						
<i>Upper or lower arch</i>						
* 82.	1 tooth	..	..	..	..	956.25
* 83.	2 teeth	..	..	..	..	1,068.75
* 84.	Additional teeth (per tooth)	..	..	..	..	56.25
Space opening						
<i>Upper arch, as a result of loss of:</i>						
* 85.	1 tooth	..	..	..	..	1,406.25
* 86.	2 teeth	..	..	..	..	1,518.75
* 87.	Additional teeth (per tooth)	..	..	..	..	112.50
<i>Lower arch, as a result of loss of:</i>						
* 88.	1 tooth	..	..	..	..	1,181.25
* 89.	2 teeth	..	..	..	..	1,293.75
* 90.	Additional teeth (per tooth)	..	..	..	..	90.00
Space Closure						
<i>Upper or lower arch, as a result of loss of:</i>						
* 91.	1 tooth	..	..	..	..	1,687.50
* 92.	2 teeth	..	..	..	..	2,025.00
* 93.	Additional teeth (per tooth)	..	..	..	..	168.75

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

				\$
* 94.	Opposing arch treatment required as result of accidental loss of tooth/teeth	..	..	1,406.25
Retainers				
<i>Upper or lower arch:</i>				
* 95.	Removable	..	..	123.75
* 96.	Removable with 1 tooth	..	..	146.25
* 97.	Additional teeth	..	..	16.90
* 98.	Fixed	..	..	95.65
† 99.	On-going supervision of retention appliances (per visit)	..	..	33.75
† 100.	On-going supervision prior to definitive treatment (per visit)	..	..	33.75
Treatment of traumatised temporo-mandibular joint				
† 101.	Conservative treatment (per visit)	..	..	33.75
* 102.	Occlusal splint—moulded	..	..	95.65
* 103.	Occlusal splint—processed	..	..	281.25

Where the claimant has a pre-existing malocclusion the amount payable by the Corporation shall be reduced by the amount that the registered specialist would have charged the claimant for orthodontic treatment if the claimant had not suffered the personal injury by accident and had elected to have treatment for the malocclusion.

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, specify the fees that the Accident Compensation Corporation will pay in respect of services provided by dental specialists in respect of personal injury by accident.

The Corporation is required to pay the lesser of the registered specialist's normal charge for similar services or the amount specified in the Schedule in respect of the treatment. If a benefit is claimed under the Social Security (Dental Benefits) Regulations 1983, no payment can be made under these regulations.

By virtue of the Accident Compensation Act 1982 and these regulations, the Corporation is not authorised to make any payment until a claim has been verified, and it is satisfied that the service provided relates to the claim. The Corporation must be informed of the date and nature of the treatment.

Payments for treatment require the approval of the Corporation except for relatively minor matters involving initial examination or emergency treatment, and in certain cases can only

be made if the procedure is carried out in a private hospital. The Corporation is empowered (subject to certain rules) to make payments for procedures not specified in the Schedule.

All amounts referred to in the regulations are inclusive of goods and services tax. Payment of the specified amounts are to be made to the registered specialist concerned, or, if the claimant has already paid the account, then to the claimant.

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.

Date of notification in *Gazette*: 13 September 1990.

These regulations are administered in the Accident Compensation Corporation.