



**ACCIDENT INSURANCE (INSURER'S LIABILITY TO PAY COST OF TREATMENT) AMENDMENT REGULATIONS (NO. 2) 1999**

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MICHAEL HARDIE BOYS, Governor-General

ORDER IN COUNCIL

At Wellington this 11th day of October 1999

Present:

THE RIGHT HON JENNY SHIPLEY PRESIDING IN COUNCIL

PURSUANT to section 402 of the Accident Insurance Act 1998, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, makes the following regulations.

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ANALYSIS

- 1. Title and commencement
  - 2. Interpretation
  - 3. Dentists' costs
  - 4. Registered medical practitioners' costs
  - 5. Registered specialists' costs
  - 6. Specified treatment providers' costs
  - 7. Schedule amended
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SCHEDULE  
Substituted Headings, Sub-headings, and  
Items

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REGULATIONS

**1. Title and commencement**—(1) These regulations may be cited as the Accident Insurance (Insurer's Liability to Pay Cost of Treatment) Amendment Regulations (No. 2) 1999, and are part of the Accident

Insurance (Insurer's Liability to Pay Cost of Treatment) Regulations 1999\*  
("the principal regulations").

(2) Regulation 2 (2) comes into force on 11 November 1999.

(3) The rest of these regulations come into force on 15 October 1999.

**2. Interpretation**—(1) Regulation 2 of the principal regulations is amended by revoking the definition of "registered specialist", and substituting the following definitions:

"'Recognised branch of medicine' means any of the following branches or sub-branches of medicine:

"(a) Anaesthetics:

"(b) Dermatology:

"(c) Diagnostic Radiology:

"(d) Emergency Medicine:

"(e) Internal Medicine:

"(f) Internal Medicine—Occupational Medicine:

"(g) Internal Medicine—Rehabilitation Medicine:

"(h) Obstetrics and Gynaecology:

"(i) Ophthalmology:

"(j) Orthopaedic Surgery:

"(k) Otolaryngology:

"(l) Paediatrics:

"(m) Pathology:

"(n) Psychological Medicine or Psychiatry:

"(o) Public Health Medicine:

"(p) Radiotherapy:

"(q) Surgery:

"(r) Surgery—Cardiothoracic Surgery:

"(s) Surgery—General Surgery:

"(t) Surgery—Neurosurgery:

"(u) Surgery—Paediatric Surgery:

"(v) Surgery—Plastic Surgery:

"(w) Surgery—Urology:

"(x) Venereology:

"'Registered specialist' means a registered medical practitioner who holds vocational registration (within the meaning of the Medical Practitioners Act 1995) in at least 1 recognised branch of medicine:".

(2) Regulation 2 of the principal regulations is amended by revoking the definition of "recognised branch of medicine", and substituting the following definition:

"'Recognised branch of medicine' means any of the following branches of medicine:

"(a) Anaesthetics:

"(b) Cardiothoracic Surgery:

"(c) Dermatology:

"(d) Diagnostic Radiology:

"(e) Emergency Medicine:

"(f) General Surgery:

"(g) Internal Medicine:

- “(h) Neurosurgery:
- “(i) Obstetrics and Gynaecology:
- “(j) Occupational Medicine:
- “(k) Ophthalmology:
- “(l) Orthopaedic Surgery:
- “(m) Otolaryngology Head and Neck Surgery:
- “(n) Paediatric Surgery:
- “(o) Paediatrics:
- “(p) Pathology:
- “(q) Plastic and Reconstructive Surgery:
- “(r) Psychological Medicine or Psychiatry:
- “(s) Public Health Medicine:
- “(t) Radiation Oncology:
- “(u) Rehabilitation Medicine:
- “(v) Sexual Health Medicine:
- “(w) Urology:
- “(x) Venerology:”.

**3. Dentists' costs**—Regulation 7 (4) of the principal regulations is amended by omitting the expression “25%”, and substituting the expression “75%”.

**4. Registered medical practitioners' costs**—(1) Regulation 10 of the principal regulations is amended by inserting, after subclause (1), the following subclause:

“(1A) This regulation applies if the insured visits, or is visited by, a registered medical practitioner who either—

“(a) Is not a registered specialist; or

“(b) Is a registered specialist but, during the consultation, is not practising within a recognised branch of medicine in respect of which he or she holds vocational registration.”

(2) Regulation 10 (2) of the principal regulations is amended by omitting the words “If the insured visits, or is visited by, a registered medical practitioner,”, and substituting the words “If this regulation applies,”.

(3) Regulation 10 (5) of the principal regulations is amended by inserting, after the word “practitioner”, the expression “referred to in subclause (1A)”.

**5. Registered specialists' costs**—The principal regulations are amended by inserting, after regulation 10, the following regulation:

“10A. (1) This regulation relates to the treatments under the heading ‘Registered Specialists’ Costs’.

“(2) This regulation applies if the insured visits, or is visited by, a registered medical practitioner who—

“(a) Is a registered specialist; and

“(b) During the consultation, is practising within a recognised branch of medicine in respect of which he or she holds vocational registration.

“(3) If this regulation applies, the insurer is liable to pay—

“(a) The following rate for a first consultation that the insured has:

“(i) \$97.55, if the consultation was with a registered specialist who, during the consultation, was practising within any of the following recognised branches of medicine:

“(A) Internal Medicine:

“(B) Neurosurgery:

“(C) Occupational Medicine:

“(D) Paediatrics:

“(E) Psychological Medicine or Psychiatry:

“(F) Rehabilitation Medicine; or

“(ii) \$76.50, if the consultation was with a registered specialist who, during the consultation, was practising within any other recognised branch of medicine; and

“(b) \$38.25, for any later consultation that the insured has with a registered specialist; and

“(c) The amount specified in the Schedule for any treatment the insured is given.

“(4) If the insured is given both a treatment and a more comprehensive treatment at the same visit, the insurer is liable to pay only the cost of the more comprehensive treatment.

“(5) If the insured is given 2 or more separate treatments at the same visit, the insurer is liable to pay—

“(a) The amount specified in the Schedule for the more or most expensive treatment the insured is given; and

“(b) 50% of the amount specified in the Schedule for each other treatment the insured is given.”

**6. Specified treatment providers' costs**—Regulation 11 (2) of the principal regulations is amended by omitting the expression “206”, and substituting the expression “249”.

**7. Schedule amended**—The Schedule of the principal regulations is amended by revoking items 206 and 207 and the heading immediately above item 206, and substituting the headings, sub-headings, and items set out in the Schedule.

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Reg. 7

## SCHEDULE

## SUBSTITUTED HEADINGS, SUB-HEADINGS, AND ITEMS

## REGISTERED SPECIALISTS' COSTS

*Repair recent wound*

206.	Not exceeding 7 cm, superficial	...	...	143.45
207.	Not exceeding 7 cm, deeper tissue	...	...	191.25
208.	Exceeding 7 cm, superficial	...	...	239.10
209.	Exceeding 7 cm, deeper tissue	...	...	286.90

*Fractures (closed reduction)*

210.	Phalanges	...	...	95.65
211.	Metacarpals, excluding Bennetts	...	...	172.15
212.	Metatarsals	...	...	133.90
213.	Bennetts	...	...	248.65
214.	Carpal bones	...	...	124.30
215.	Colles	...	...	229.50
216.	Radius and ulna—shafts	...	...	277.30
217.	Radius—head and neck	...	...	248.65
218.	Humerus	...	...	277.30
219.	Talus—neck	...	...	258.20
220.	Calcaneus	...	...	258.20
221.	Other tarsals	...	...	162.60
222.	Ankle—fracture dislocation, Potts	...	...	401.65
223.	Tibia and fibula—shaft	...	...	459.00
224.	—upper end	...	...	401.65
225.	—involving joint traction	...	...	468.55
226.	—femur, any site, with/without traction	...	...	707.65

*Haematoma, abscess, or other infection*

227.	Small—aspiration	...	...	23.95
228.	Large—incision and drainage (local anaesthetic)	...	...	114.15
229.	—incision and drainage (general anaesthetic)	...	...	124.30

*Foreign body, removal of*

230.	Under local anaesthetic	...	...	90.90
231.	Under general anaesthetic	...	...	200.80
232.	From cornea or sclera	...	...	62.20
233.	From ear, other than by simple syringing	...	...	95.65
234.	From muscle, tendon, or other deep tissue	...	...	286.90
235.	From nose, other than by simple probing	...	...	114.75
236.	From throat, additional fee	...	...	95.65

*Dislocations (closed reduction)*

237.	Elbow, wrist, thumb and fingers with strapping/splint	...	...	191.25
238.	Shoulder	...	...	114.75
239.	Patella	...	...	162.60
240.	Hip	...	...	229.50

*Plaster*

241.	Upper limb—above elbow	...	...	143.45
242.	—below elbow	...	...	124.30

SCHEDULE—*continued*

SUBSTITUTED HEADINGS, SUB-HEADINGS, AND ITEMS—*continued*

243.	Lower limb—above knee	...	...	...	172.15
244.	—below knee	...	...	...	143.45
<i>Other</i>					
245.	Aspiration of joint	...	...	...	23.95
246.	Amputation of all or part of 1 digit	...	...	...	210.40
247.	Extensor tendon, primary repair	...	...	...	334.70
248.	Nail, simple removal of	...	...	...	95.65
SPECIFIED TREATMENT PROVIDER COSTS					
249.	All treatment	...	...	...	19.00
250.	X-ray services provided by chiropractor (maximum of 2 films per insured per personal injury)	...	...	...	15.30 per film

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 amend the Accident Insurance (Insurer's Liability to Pay Cost of Treatment) Regulations 1999 (the principal regulations). *Regulation 2 (2)* comes into force on 11 November 1999, and the rest of these regulations come into force on 15 October 1999.

*Regulation 2 (1)* substitutes in regulation 2 of the principal regulations definitions of "recognised branch of medicine" and "registered specialist". *Regulation 2 (2)* amends the definition of "recognised branch of medicine" because of changes, made by the Medical Practitioners (Vocational Registration) Order 1999, to the branches and sub-branches of medicine for which vocational registration may be granted under the Medical Practitioners Act 1995.

*Regulation 3* amends regulation 7 (4) of the principal regulations so that, if an insured is given treatment on a tooth that has previously been heavily restored, and no insurer was liable to pay for the previous restoration, the insurer is liable to pay not 25% but 75% of the amount specified for the treatment in the Schedule of the principal regulations. This corrects an error in the original regulations.

*Regulation 4* amends regulation 10 of the principal regulations so that it applies only to visits to or by registered medical practitioners who either—

- (a) Are not registered specialists; or
- (b) Are registered specialists but, during the consultation, are not practising in a recognised branch of medicine in respect of which they hold vocational registration.

*Regulation 5* inserts in the principal regulations *new regulation 10A*. *New regulation 10A* sets out the insurer's liability to pay registered specialists' costs. The Schedule of the principal regulations (as amended by *regulation 7*) sets out the amounts payable for any specified treatment the insured is given by a registered specialist.

*Regulation 6* effects a consequential amendment.