



## **Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2021**

Patsy Reddy, Governor-General

### **Order in Council**

At Wellington this 15th day of March 2021

Present:

Her Excellency the Governor-General in Council

These regulations are made under section 324 of the Accident Compensation Act 2001 on the advice and with the consent of the Executive Council given on the recommendation of the Minister for ACC made after complying with section 324(2) of that Act.

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**Schedule**  
**Schedule replaced**

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**Regulations**

**1 Title**

These regulations are the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2021.

**2 Commencement**

These regulations come into force on 1 May 2021.

**3 Principal regulations**

These regulations amend the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (the **principal regulations**).

**4 Regulation 9 amended (Counsellors' costs)**

Replace regulation 9(1) and (2) with:

- (1) The Corporation is liable to pay the following for treatments provided by a counsellor:
  - (a) \$97.66 an hour for consultation provided by a counsellor who is a specialist:
  - (b) \$76.57 an hour for consultation provided by a counsellor who is not a specialist.

**5 Regulation 10 amended (Dentists' costs)**

Revoke regulation 10(4) and (5).

**6 Regulation 11 amended (Hyperbaric oxygen treatment costs)**

In regulation 11(2)(a), replace "\$53.91" with "\$54.84".

**7 Regulation 13 amended (Medical practitioners' costs)**

- (1) In regulation 13(2)(a)(i), replace "\$56.94" with "\$58.11".
- (2) In regulation 13(2)(a)(ii), replace "\$32.02" with "\$32.68".
- (3) In regulation 13(2)(a)(iii), replace "\$53.33" with "\$54.42".
- (4) In regulation 13(2)(a)(iv), replace "\$58.54" with "\$59.74".
- (5) In regulation 13(5)(b), replace "\$44.11" with "\$45.01".

**8 Regulation 14 amended (Nurses' costs)**

- (1) In regulation 14(2)(a)(i), replace "\$31.93" with "\$32.58".
- (2) In regulation 14(2)(a)(ii), replace "\$15.00" with "\$15.31".

- (3) In regulation 14(2)(a)(iii), replace “\$27.61” with “\$28.18”.
- (4) In regulation 14(2)(a)(iv), replace “\$32.83” with “\$33.50”.

**9 Regulation 15 amended (Medical practitioners’ and nurses’ costs for combined treatment)**

- (1) In regulation 15(2)(a)(i), replace “\$59.93” with “\$61.16”.
- (2) In regulation 15(2)(a)(ii), replace “\$35.02” with “\$35.74”.
- (3) In regulation 15(2)(a)(iii), replace “\$56.32” with “\$57.47”.
- (4) In regulation 15(2)(a)(iv), replace “\$61.54” with “\$62.80”.

**10 Regulation 15A amended (Nurse practitioners’ costs)**

- (1) In regulation 15A(2)(a)(i), replace “\$52.37” with “\$53.44”.
- (2) In regulation 15A(2)(a)(ii), replace “\$27.46” with “\$28.02”.
- (3) In regulation 15A(2)(a)(iii), replace “\$49.06” with “\$50.07”.
- (4) In regulation 15A(2)(a)(iv), replace “\$53.86” with “\$54.96”.

**11 Regulation 16 amended (Specialists’ costs)**

- (1) In regulation 16(2)(a)(i), replace “\$95.70” with “\$97.66”.
- (2) In regulation 16(2)(a)(ii), replace “\$75.03” with “\$76.57”.
- (3) In regulation 16(3)(a), replace “\$37.52” with “\$38.29”.

**12 Regulation 17 amended (Specified treatment providers’ costs)**

In regulation 17(3)(a), replace “\$58.93” with “\$60.14”.

**13 Schedule replaced**

Replace the Schedule with the Schedule set out in the Schedule of these regulations.

## Schedule Schedule replaced

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Item number	Treatment	Cost (\$)
<b>Dentists' costs</b>		
<i>Examination</i>		
DE1	Dental consultation, including examination	47.55
DE2	Periodic oral examination or review	30.57
DE3	Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work), including study models, photographs, and tomography	131.28
<i>Radiological examination and interpretation</i>		
DX1	Periapical or bitewing film (each)	23.77
DX2	Occlusal (each)	23.77
DX3	Panorex	62.13
DX4	Other additional images (per treatment episode)	9.38
DX7	Acute sedation (IV only) (initial consultation only)	164.09
<i>Emergency temporary cover</i>		
DT1	Emergency temporary cover	46.03
<i>General oral surgery</i>		
<i>Extractions</i>		
DG1	Extraction of permanent or rooted deciduous tooth (per first tooth)	122.79
DG2	Surgical removal of tooth, including insertion and removal of sutures	196.91
DG4	Extraction of subsequent permanent or deciduous tooth in the same quadrant arch as for DG1	67.10
<i>Surgery</i>		
DG5	Management of lacerations by suturing (per operative site)	127.99
DG7	Incision and drainage abscess cellulitis	144.39
DG8	Excision of traumatic mucous cyst	170.66
DG10	Splint application or removal (for 3 splint units)	98.45
DG11	Cleaning of wound and removal of debris	45.00
DG14	Reduction of fractured alveolar process	95.85
DG15	Repositioning of displaced tooth (per tooth) or replacing avulsed tooth	47.91
DG17	Occlusal adjustment (simple)	31.92
DG22	Minor surgical operations not otherwise covered by this schedule	137.45
DG23	Provision of bite splints	196.91
<i>Restorative</i>		
DR1	Amalgam 1 surface filling (including 2 fillings on the one surface)	87.20
DR2	Amalgam 2 surface filling (approximo-occlusal)	114.06

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<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
DR3	Complex amalgam restoration	165.01
DR6	Non-metallic simple fillings (including 2 fillings on the one surface)	100.60
DR7	Non-metallic filling (2 or more surfaces per tooth)	134.17
DR8	Rebonding tooth fragment or coronal portion	90.19
DR9	Complex reconstruction in composite resin (direct)	179.14
<b><i>Prosthodontics</i></b>		
DP1	Plastic denture (1 tooth—material of choice)	502.24
DP2	Each additional tooth (all dentures)	22.50
DP5	Metal-framed partial denture (1 tooth)	1,150.15
DP7	Transitional denture replacing missing tooth or teeth	457.57
DP8	Full upper or lower denture	750.11
DP11	Reline or rebase denture	234.83
DP13	Repair (all types)	76.70
DP14	Addition of tooth to existing denture (includes additional tooth)	140.88
<b><i>Crown and bridge</i></b>		
<b><i>Inlay or onlay and veneers</i></b>		
DC3	Indirect inlay or onlay	286.39
DC6	Porcelain veneer	843.13
DC7	Composite resin veneer	183.77
DC8	Post (wrought or preformed)	98.45
DC9	Composite or amalgam core	118.15
DC11	Cast post and core (metal or ceramic)	225.79
<b><i>Crowns</i></b>		
DC15	All ceramic crown	996.91
DC16	Porcelain fused to metal crown	958.64
DC17	Cast gold crown (full and three-quarters)	901.16
<b><i>Bridges</i></b>		
DC19	Maryland bridge	694.61
DC20	Composite bridge (per unit)	229.71
DC25	Re-cementing crown, bridge, veneer, or inlay	34.50
DC26	Non-composite bridge (on injured teeth that meet the requirement for a crown) (3 units)	2,347.85
DC27	Replacement of non-composite bridge	2,809.17
<b><i>Endodontics</i></b>		
DN1	Pulpotomy or pulpectomy	131.28
DN2	Irrigation and dressing of root canal system	133.25
DN3	Complete preparation and obturation of root canal (per canal)—open or closed apex	295.36
DN5	Apicectomy and retrograde filling (per canal)	287.56
DN6	Removal of root filling (per canal)	230.70
DN7	Removal of post, post crown, or crown	230.70
DN8	Bleaching, 1 non-vital tooth (per treatment)	164.09
DN9	Pulp capping	38.34
DN10	Removal of fractured post or instrument	230.70

<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
DN11	Repair of perforation	230.70
DN13	Negotiation of calcified canal (can be used with item DN3)	230.70
<b><i>Periodontics</i></b>		
DD1	Gingivectomy	109.93
DD2	Crown lengthening (per tooth)	229.71
DD4	Subgingival curettage (per tooth)	91.72
DD7	Site preparation for dental implant	335.47
DD8	Placement of membrane	359.42
DD9	Substitute bone material	143.76
<b><i>Dental implants</i></b>		
DM1	Resilient linings (tooth or teeth)	69.02
DM2	Fixture head impressions and copings (per fixture)	369.00
DM3	Dental implant crown (per single unit)	1,150.17
DM4	Dental stent and guide (per fixture)	124.61
DM5	Definitive abutment (per fixture)	369.00
DM6	Temporary abutment (per fixture)	46.00
DM7	Repairs to abutments (per fixture)	79.83
<b><i>Claimants under 18 years old</i></b>		
DY1	Dental consultation (including examination)	61.89
DY14	Temporary crown	115.02
DY15	Temporary bridge	115.02
DY21	Surgical decoronation	402.57
DY22	Removal of deciduous teeth	28.12
<b>Hyperbaric oxygen treatment costs</b>		
H1	Neurological assay before recompression	91.38
H2	Neurological assay after recompression	82.21
H3	In-chamber treatment supervision (per hour)	95.53
H4	Out-of-chamber treatment supervision (per hour)	46.82
<b>Medical practitioners', nurses', and nurse practitioners' costs</b>		
<b><i>Burn or abrasion</i></b>		
MB1	Treatment of burn not exceeding 4 cm <sup>2</sup>	32.08
MB2	Treatment of burn at single site exceeding 4 cm <sup>2</sup>	63.18
MB3	Treatment of significant abrasions not exceeding 4 cm <sup>2</sup> at single site	32.09
MB4	Treatment of significant abrasions exceeding 4 cm <sup>2</sup> at single site	63.18
MB5	Significant burns or abrasions (not including fractures) at multiple sites (exceeding 4 cm <sup>2</sup> ): necessary wound cleaning, preparation, and dressing	92.06
<b><i>Dislocation</i></b>		
MD1	Dislocation of finger or toe with splint or strapping	37.18
MD2	Dislocation of thumb: closed reduction and immobilisation	104.18
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation	96.49
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation	69.51
MD5	Dislocation of patella: closed reduction and cast immobilisation	165.37

<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
	<i><b>Fracture</b></i>	
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation	37.18
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic	51.40
MF3	Fractured metatarsal: closed reduction (not requiring cast): closed reduction, immobilisation by strapping	37.18
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic, immobilisation by strapping	51.40
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction	115.79
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation	165.37
MF7	Fractured calcaneum or talus: treatment by cast immobilisation	165.37
MF8	Fractured clavicle	69.51
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction	115.79
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia	138.44
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation	115.79
MF12	Fractured distal humerus (supracondylar or condylar): treatment by cast immobilisation	115.79
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab	70.22
MF14	Fractured shaft tibia or fibula, or both: treatment by cast immobilisation with reduction	165.37
MF15	Fractured distal tibia or fibula, or both: treatment by cast immobilisation with reduction	165.37
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping	70.22
	<i><b>Miscellaneous</b></i>	
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	28.96
MM2	Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by the Corporation)	57.91
MM3	Nail, simple removal	23.19
MM4	Nail, removal or wedge resection requiring the use of digital anaesthesia	96.49
MM5	Removal of embedded or impacted foreign body from cornea or conjunctiva (with use of topical anaesthetic), or from auditory canal or nasal passages, or from skin or subcutaneous tissue with incision, or from rectum or vagina	31.18
MM6	Pinch skin graft	72.40
MM7	Dental anaesthetic	27.05
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery	42.76

<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
	<b><i>Open wound</i></b>	
MW1	Closure of open wound (or wounds) less than 2 cm: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	34.09
MW2	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2 cm to 7 cm long: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	65.06
MW3	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane exceeding 7 cm long: any necessary care and treatment, including cleaning and debriding, exploration, administration of anaesthetic, and dressing	86.09
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound	96.49
	<b><i>Soft tissue injury</i></b>	
MT1	Simple soft tissue injuries: management of simple sprain of wrist, ankle, knee, elbow, or other soft tissue injury requiring crepe bandage or similar immobilisation not requiring formal strapping	15.14
MT2	Soft tissue injury (other than splinting of dislocated or fractured digit), unless specified elsewhere: application of plaster or padded splint or specific strapping within agreed guidelines (includes splinting of Achilles tendon injury and serious ankle sprains)	70.22
MT3	Aspiration of inflamed joint, tendon, bursa, or other subcutaneous tissue or space (with or without injection)	34.06
MT4	Extensor tendon: primary repair	173.69
MT5	Ruptured Achilles tendon: management by plaster immobilisation	170.26
	<b>Radiologists' costs</b>	
	<b><i>Extremities</i></b>	
RA01	Sternum	60.11
RA02	Sternoclavicular joints	68.69
RA03	Clavicle	51.52
RA04	Acromio-clavicular joints	51.52
RA05	Scapula	51.52
RA06	Shoulder	55.81
RA07	Humerus	55.81
RA08	Elbow joint	47.23
RA09	Forearm	47.23
RA10	Hand or wrist joint, or both	47.23
RA11	Wrist or hand for bone age	47.23
RA15	Upper limb (infant)	55.81
RA21	Sacroiliac joints	55.81
RA22	Pelvis or both hips (1 projection)	55.81
RA25	Hip joint (more than 1 projection)	60.11
RA26	Femur	55.81
RA27	Knee joint	51.52
RA28	Knee joint (and intercondylar or axial)	60.11
RA29	Tibia and fibula	51.52
RA30	Ankle joint	55.81
RA32	Foot	51.52



Item number	Treatment	Cost (\$)
RA35	Long legs (hips to ankles), including measurement	64.40
RA40	Lower limb (infant)	60.11
	<b><i>Head, neck, and spine</i></b>	
RB01	Cervical spine	64.40
RB02	Thoracic spine	60.11
RB03	Lumbar spine, including lumbosacral joint	60.11
RB04	Sacro-coccygeal spine	55.81
RB08	Spine (scoliosis views)	64.40
RB10	Skull	60.11
RB12	Nasal bones	51.52
RB13	Facial bones	55.81
RB14	Optic foramina	47.23
RB16	Auditory canals (plain films only)	60.11
RB21	Nasal sinuses	47.23
RB22	Nasopharynx	55.81
RB23	Mastoids (bilateral)	60.11
RB24	Larynx or trachea, or both	51.52
RB31	Upper teeth	47.23
RB32	Lower teeth	47.23
RB33	Mandible or OPG or lateral cephalogram	64.40
RB34	Temporo-mandibular joints	64.40
RB35	Salivary gland	55.81
RB37	Pharynx	55.81
	<b><i>Chest, including breast</i></b>	
RC05	Thoracic inlet	55.81
RC06	Chest (1 view)	55.81
RC07	Chest (more than 1 view)	55.81
RC08	Chest and thoracic cage	68.69
RC09	Chest and both oblique views	68.69
	<b><i>Mammography</i></b>	
RC31	Screening mammogram	94.46
RC32	Recall mammogram	128.81
RC35	Problem mammogram bilateral	188.91
RC36	Problem mammogram unilateral	124.51
RC40	Needle localisation	253.31
RC41	Galactogram	253.31
RC45	Breast aspiration biopsy	253.31
RC46	Breast biopsy with stereotaxis	253.31
	<b><i>GI, GU, and obstetrics—no contrast modifiers permitted</i></b>	
	<b><i>Radiology</i></b>	
RD01	Abdomen (1 projection)	55.81
RD02	Abdomen (2 or more projections)	55.81
RD07	Pelvimetry (1 view)	55.81
RD08	Pelvimetry (2 or more views)	55.81

<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
	<i>Screening</i>	
RD10	Contrast swallow (oesophagus only)	437.94
RD11	Contrast study upper GI tract	437.94
RD13	Small bowel meal	437.94
RD14	Small bowel enema (enteroclysis)	734.17
RD15	Contrast enema	437.94
RD20	Dynamic proctogram	437.94
RD30	ERCP	437.94
RD40	IVP, including plain film and tomography	253.31
RD44	Cystogram: retrograde or antegrade	437.94
RD45	Urethrogram	437.94
RD46	Micturating cysto-urethrogram	437.94
RD47	Ascending urethrogram	437.94
	<i>Special procedures</i>	
RS42	Tube injection	253.31
RS43	Dacrocystogram	253.31
RS44	Sialogram	253.31
RS46	Hysterosalpingogram	437.94
RS61	Myelogram cervical	437.94
RS62	Myelogram lumbar	437.94
RS63	Myelogram multilevel	437.94
RS70	Arthrogram	253.31
RS71	Arthrogram—upper limb	253.31
RS73	Arthrogram—lower limb	253.31
	<i>Ultrasound</i>	
	<i>Abdomen and pelvis</i>	
RU01	US abdomen	133.10
RU02	US abdomen and pelvis	167.44
RU03	US renal tracts	124.51
RU04	US abdominal aorta (without Doppler)	124.51
RU06	US pelvis (transabdominal only)	124.51
	<i>Infants</i>	
RU10	US infant head	124.51
RU11	US infant pylorus	124.51
RU12	US infant heart	236.14
RU13	US infant hips	124.51
RU19	US infant miscellaneous	124.51
	<i>Various</i>	
RU20	US thyroid or neck	124.51
RU21	US scrotum and testes	124.51
RU22	US breast	124.51
RU23	US veins	176.03
RU24	US eye	124.51
RU25	US chest	124.51

<b>Item number</b>	<b>Treatment</b>	<b>Cost (\$)</b>
RU27	US injection or aspiration	249.02
RU28	US additional region	90.16
RU29	US miscellaneous	124.51
	<i>Skeletal</i>	
RU30	US shoulder	176.03
RU31	US musculo-skeletal	133.10
RU32	US foreign body localisation	98.75
RU39	US skeletal miscellaneous	133.10
	<i>Intracavitary</i>	
RU40	US prostate	154.56
RU41	US anus or rectum	154.56
RU42	US female pelvis (includes transvaginal and transabdominal, or transvaginal only)	154.56
RU43	US trans-oesophageal	261.90
RU44	US intraoperative	261.90
RU49	US intracavitary (miscellaneous)	154.56
	<i>Vascular</i>	
RU51	Duplex or Doppler of chest	210.38
RU56	Duplex or Doppler of additional limb (arterial or venous)	167.44
	<i>Pregnancy</i>	
RU60	US routine pregnancy less than 28 weeks	133.10
RU61	US problem pregnancy	167.44
RU62	US pregnancy exceeding 28 weeks	167.44
RU64	US with amniocentesis	249.02
RU68	US pregnancy (per extra foetus exceeding 1)	64.40
	<i>Additional</i>	
RX24	X-ray additional region	47.23
RX25	Domiciliary X-ray (in addition)	90.16
	<b>Specialists' costs</b>	
	<i>Repair recent wound</i>	
SR1	Not exceeding 7 cm (superficial)	137.49
SR2	Not exceeding 7 cm (deeper tissue)	183.31
SR3	Exceeding 7 cm (superficial)	229.16
SR4	Exceeding 7 cm (deeper tissue)	274.98
	<i>Fractures (closed reduction)</i>	
SF1	Phalanges	91.67
SF2	Metacarpals (excluding Bennett's fracture)	164.99
SF3	Metatarsals	128.34
SF4	Bennett's fracture	238.32
SF5	Carpal bones	119.14
SF6	Colles' fracture	219.97
SF7	Radius and ulna—shafts	265.79
SF8	Radius—head and neck	238.32
SF9	Humerus	265.79

Item number	Treatment	Cost (\$)
SF10	Talus—neck	247.49
SF11	Calcaneus	247.49
SF12	Other tarsals	155.85
SF13	Ankle—fracture dislocation (Pott's fracture)	384.96
SF14	Tibia and fibula—shaft	439.94
SF15	Tibia and fibula—upper end	384.96
SF16	Tibia and fibula—involving joint traction	449.09
SF17	Femur, any site (with or without traction)	678.27
	<b><i>Haematoma, abscess, or other infection</i></b>	
SH1	Small—aspiration	22.96
SH2	Large—incision and drainage (local anaesthetic)	109.42
SH3	Large—incision and drainage (general anaesthetic)	119.14
	<b><i>Foreign body, removal of</i></b>	
SB1	Under local anaesthetic	87.13
SB2	Under general anaesthetic	192.47
SB3	From cornea or sclera	59.62
SB4	From ear (other than by simple syringing)	91.67
SB5	From muscle, tendon, or other deep tissue	274.98
SB6	From nose (other than by simple probing)	109.99
SB7	From throat (additional fee)	91.67
	<b><i>Dislocations (closed reduction)</i></b>	
SD1	Elbow, wrist, thumb, and fingers with strapping or splint	183.31
SD2	Shoulder	109.99
SD3	Patella	155.85
SD4	Hip	219.97
	<b><i>Plaster</i></b>	
SP1	Upper limb—above elbow	137.49
SP2	Upper limb—below elbow	119.14
SP3	Lower limb—above knee	164.99
SP4	Lower limb—below knee	137.49
	<b><i>Other</i></b>	
SM1	Aspiration of joint	22.96
SM2	Amputation of all or part of 1 digit	201.67
SM3	Extensor tendon (primary repair)	320.80
SM4	Nail (simple removal)	91.67
	<b>Specified treatment providers' costs</b>	
POD3	Podiatry: abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	28.96
POD4	Podiatry: nail, simple removal	23.19
POD5	Podiatry: nail, removal or wedge resection requiring the use of digital anaesthesia	96.49
XRAY	X-ray services provided by chiropractor (maximum of 2 films per claimant per personal injury)	14.66
TMT	Any other treatment	23.90

Michael Webster,  
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 May 2021, amend the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (the **principal regulations**). The amendments increase by 2.05% the costs that the Accident Compensation Corporation (ACC) is liable to pay under the principal regulations for the treatments those regulations relate to.

In addition, these regulations amend regulation 10 (dentists' costs) of the principal regulations by revoking the provisions that apply to subsequent dentistry treatment on a tooth that has previously been treated (restored or crowned). At present, if ACC was not liable for the previous treatment, its liability for the subsequent treatment is reduced. The effect of the amendment is that ACC is liable to pay 100% of the amount specified in the principal regulations for the subsequent treatment.

## Regulatory impact assessment

The Ministry of Business, Innovation, and Employment produced a regulatory impact assessment on 25 June 2020 to help inform the decisions taken by the Government relating to the contents of this instrument.

A copy of this regulatory impact assessment can be found at—

- <https://www.mbie.govt.nz/dmsdocument/11913-impact-summary-proposals-for-updates-to-acc-regulations-dealing-with-treatment-payments-proactiverelase-pdf>
- <http://www.treasury.govt.nz/publications/informationreleases/ria>

Issued under the authority of the Legislation Act 2012.

Date of notification in *Gazette*: 18 March 2021.

These regulations are administered by the Ministry of Business, Innovation, and Employment.