Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2023

Cindy Kiro, Governor-General

Order in Council

At Wellington this 27th day of February 2023

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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Regulations

1 Title

These regulations are the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2023.

2 Commencement

These regulations come into force on 1 April 2023.

3 Principal regulations

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

4 Regulation 9 amended (Counsellors' costs)

(1) In regulation 9(1)(a), replace "$97.66" with "$106.80".

(2) In regulation 9(1)(b), replace "$76.57" with "$83.74".

5 Regulation 11 amended (Hyperbaric oxygen treatment costs)

In regulation 11(2)(a), replace "$54.84" with "$57.97".

6 Regulation 13 amended (Medical practitioners' costs)

(1) In regulation 13(2)(a)(i), replace "$58.11" with "$61.42".

(2) In regulation 13(2)(a)(ii), replace "$32.68" with "$34.54".

(3) In regulation 13(2)(a)(iii), replace "$54.42" with "$57.52".

(4) In regulation 13(2)(a)(iv), replace "$59.74" with "$63.15".

(5) In regulation 13(5)(b), replace "$45.01" with "$47.58".

7 Regulation 14 amended (Nurses' costs)

(1) In regulation 14(2)(a)(i), replace "$32.58" with "$35.14".

(2) In regulation 14(2)(a)(ii), replace "$15.31" with "$16.51".

(3) In regulation 14(2)(a)(iii), replace "$28.18" with "$30.39".

(4) In regulation 14(2)(a)(iv), replace "$33.50" with "$36.13".

8 Regulation 15 amended (Medical practitioners' and nurses' costs for combined treatment)

(1) In regulation 15(2)(a)(i), replace "$61.16" with "$63.97".

(2) In regulation 15(2)(a)(ii), replace "$35.74" with "$37.38".

(3) In regulation 15(2)(a)(iii), replace "$57.47" with "$60.11".

(4) In regulation 15(2)(a)(iv), replace "$62.80" with "$65.69".

9 Regulation 15A amended (Nurse practitioners' costs)

(1) In regulation 15A(2)(a)(i), replace "$53.44" with "$57.64".

(2) In regulation 15A(2)(a)(ii), replace "$28.02" with "$30.22".

(3) In regulation 15A(2)(a)(iii), replace "$50.07" with "$54.00".

(4) In regulation 15A(2)(a)(iv), replace "$54.96" with "$59.27".

10 New regulation 15B inserted (Nurse practitioners' and nurses' costs for combined treatment)

After regulation 15A, insert:

15B Nurse practitioners' and nurses' costs for combined treatment

(1) This regulation applies if—

(a) a claimant visits or is visited by—

(i) a nurse; and

(ii) a nurse practitioner; and

(b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "**Medical practitioners', nurses', and nurse practitioners' costs**".

(2) For each combined visit the Corporation is liable to pay—

(a) whichever of the following applies:

(i) $56.70, if the claimant is under 14 years old when the visit takes place:

(ii) $30.68, if the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder:

(iii) $53.22, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:

(iv) $58.27, if the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card; plus

(b) the amount specified for any treatment the claimant receives.

(3) If the claimant receives 2 or more treatments at the same combined visit, for different injuries, and the nurse and the nurse practitioner worked together on each treatment, the Corporation is liable to pay—

(a) the amount specified for the more or most expensive treatment the claimant receives; plus

(b) 50% of the amount specified for each other treatment the claimant receives.

(4) If the claimant receives 2 or more treatments at the same combined visit, for different injuries, and the nurse and the nurse practitioner worked separately on each treatment, the Corporation is liable to pay—

(a) to the nurse—

(i) the amount specified for the more or most expensive treatment the claimant receives from the nurse; plus

(ii) 50% of the amount specified for any other treatment the claimant receives from the nurse; and

(b) to the nurse practitioner—

(i) the amount specified for the more or most expensive treatment the claimant receives from the nurse practitioner; plus

(ii) 50% of the amount specified for any other treatment the claimant receives from the nurse practitioner.

(5) However, if at the same combined visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

(6) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the nurse and the nurse practitioner using the most effective treatment materials available to the nurse and nurse practitioner, having regard to the nature of the claimant's personal injury.

(7) To avoid doubt, if the Corporation is liable to pay a nurse or a nurse practitioner for a visit under this regulation, the Corporation is not liable, in relation to the visit, to pay the nurse or nurse practitioner—

(a) more than once for any treatment that the claimant receives; or

(b) under any of the provisions contained in regulation 14 or 15A.

11 Regulation 16 amended (Specialists' costs)

(1) In regulation 16(2)(a)(i), replace "$97.66" with "$103.23".

(2) In regulation 16(2)(a)(ii), replace "$76.57" with "$80.93".

(3) In regulation 16(3)(a), replace "$38.29" with "$40.47".

12 Regulation 17 amended (Specified treatment providers' costs)

In regulation 17(3)(a), replace "$60.14" with "65.77".

13 Schedule replaced

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

Schedule
Schedule replaced

r 13

Schedule
Costs of treatment

rr 6, 7, 10–17

Item number	Treatment	Cost ($)
Dentists' costs		
	Examination	
DE1	Dental consultation, including examination	50.26
DE2	Periodic oral examination or review	32.31
DE3	Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work), including study models, photographs, and tomography	138.76
	Radiological examination and interpretation	
DX1	Periapical or bitewing film (each)	25.12
DX2	Occlusal (each)	25.12
DX3	Panorex	65.67
DX4	Other additional images (per treatment episode)	9.91
DX7	Acute sedation (IV only) (initial consultation only)	173.44
	Emergency temporary cover	
DT1	Emergency temporary cover	48.65
	General oral surgery	
	Extractions	
DG1	Extraction of permanent or rooted deciduous tooth (per first tooth)	129.79
DG2	Surgical removal of tooth, including insertion and removal of sutures	208.13
DG4	Extraction of subsequent permanent or deciduous tooth in the same quadrant arch as for DG1	70.92
	Surgery	
DG5	Management of lacerations by suturing (per operative site)	135.29
DG7	Incision and drainage abscess cellulitis	152.62
DG8	Excision of traumatic mucous cyst	180.39
DG10	Splint application or removal (for 3 splint units)	104.06
DG11	Cleaning of wound and removal of debris	47.57
DG14	Reduction of fractured alveolar process	101.31
DG15	Repositioning of displaced tooth (per tooth) or replacing avulsed tooth	50.64
DG17	Occlusal adjustment (simple)	33.74
DG22	Minor surgical operations not otherwise covered by this schedule	145.28
DG23	Provision of bite splints	208.13
	Restorative	
DR1	Amalgam 1 surface filling (including 2 fillings on the one surface)	92.17
DR2	Amalgam 2 surface filling (approximo-occlusal)	120.56

Item number	Treatment	Cost ($)
DR3	Complex amalgam restoration	174.42
DR6	Non-metallic simple fillings (including 2 fillings on the one surface)	106.33
DR7	Non-metallic filling (2 or more surfaces per tooth)	141.82
DR8	Rebonding tooth fragment or coronal portion	95.33
DR9	Complex reconstruction in composite resin (direct)	189.35
	Prosthodontics	
DP1	Plastic denture (1 tooth—material of choice)	530.87
DP2	Each additional tooth (all dentures)	23.78
DP5	Metal-framed partial denture (1 tooth)	1,215.71
DP7	Transitional denture replacing missing tooth or teeth	483.65
DP8	Full upper or lower denture	792.87
DP11	Reline or rebase denture	248.22
DP13	Repair (all types)	81.07
DP14	Addition of tooth to existing denture (includes additional tooth)	148.91
	Crown and bridge	
	Inlay or onlay and veneers	
DC3	Indirect inlay or onlay	302.71
DC6	Porcelain veneer	891.19
DC7	Composite resin veneer	194.24
DC8	Post (wrought or preformed)	104.06
DC9	Composite or amalgam core	124.88
DC11	Cast post and core (metal or ceramic)	238.66
	Crowns	
DC15	All ceramic crown	1,053.73
DC16	Porcelain fused to metal crown	1,013.28
DC17	Cast gold crown (full and three-quarters)	952.53
	Bridges	
DC19	Maryland bridge	734.20
DC20	Composite bridge (per unit)	242.80
DC25	Re-cementing crown, bridge, veneer, or inlay	36.47
DC26	Non-composite bridge (on injured teeth that meet the requirement for a crown) (3 units)	2,481.68
DC27	Replacement of non-composite bridge	2,969.29
	Endodontics	
DN1	Pulpotomy or pulpectomy	138.76
DN2	Irrigation and dressing of root canal system	140.85
DN3	Complete preparation and obturation of root canal (per canal)—open or closed apex	312.20
DN5	Apicectomy and retrograde filling (per canal)	303.95
DN6	Removal of root filling (per canal)	243.85
DN7	Removal of post, post crown, or crown	243.85
DN8	Bleaching, 1 non-vital tooth (per treatment)	173.44
DN9	Pulp capping	40.53
DN10	Removal of fractured post or instrument	243.85

Item number	Treatment	Cost ($)
DN11	Repair of perforation	243.85
DN13	Negotiation of calcified canal (can be used with item DN3)	243.85
	Periodontics	
DD1	Gingivectomy	116.20
DD2	Crown lengthening (per tooth)	242.80
DD4	Subgingival curettage (per tooth)	96.95
DD7	Site preparation for dental implant	354.59
DD8	Placement of membrane	379.91
DD9	Substitute bone material	151.95
	Dental implants	
DM1	Resilient linings (tooth or teeth)	72.95
DM2	Fixture head impressions and copings (per fixture)	390.03
DM3	Dental implant crown (per single unit)	1,215.73
DM4	Dental stent and guide (per fixture)	131.71
DM5	Definitive abutment (per fixture)	390.03
DM6	Temporary abutment (per fixture)	48.62
DM7	Repairs to abutments (per fixture)	84.38
	Claimants under 18 years old	
DY1	Dental consultation (including examination)	65.42
DY14	Temporary crown	121.58
DY15	Temporary bridge	121.58
DY21	Surgical decoronation	425.52
DY22	Removal of deciduous teeth	29.72
Hyperbaric oxygen treatment costs		
H1	Neurological assay before recompression	96.59
H2	Neurological assay after recompression	86.90
H3	In-chamber treatment supervision (per hour)	100.98
H4	Out-of-chamber treatment supervision (per hour)	49.49
Medical practitioners', nurses', and nurse practitioners' costs		
	Burn or abrasion	
MB1	Treatment of burn not exceeding 4 cm^2	33.56
MB2	Treatment of burn at single site exceeding 4 cm^2	66.09
MB3	Treatment of significant abrasions not exceeding 4 cm^2 at single site	33.57
MB4	Treatment of significant abrasions exceeding 4 cm^2 at single site	66.09
MB5	Significant burns or abrasions (not including fractures) at multiple sites (exceeding 4 cm^2): necessary wound cleaning, preparation, and dressing	96.29
	Dislocation	
MD1	Dislocation of finger or toe with splint or strapping	38.89
MD2	Dislocation of thumb: closed reduction and immobilisation	108.97
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation	100.93
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation	72.71
MD5	Dislocation of patella: closed reduction and cast immobilisation	172.98

Item number	Treatment	Cost ($)
	Fracture	
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation	38.89
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic	53.76
MF3	Fractured metatarsal: closed reduction (not requiring cast): closed reduction, immobilisation by strapping	38.89
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic, immobilisation by strapping	53.76
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction	121.12
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation	172.98
MF7	Fractured calcaneum or talus: treatment by cast immobilisation	172.98
MF8	Fractured clavicle	72.71
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction	121.12
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia	144.81
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation	121.12
MF12	Fractured distal humerus (supracondylar or condylar): treatment by cast immobilisation	121.12
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab	73.45
MF14	Fractured shaft tibia or fibula, or both: treatment by cast immobilisation with reduction	172.98
MF15	Fractured distal tibia or fibula, or both: treatment by cast immobilisation with reduction	172.98
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping	73.45
	Miscellaneous	
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	30.29
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)	60.57
MM3	Nail, simple removal	24.26
MM4	Nail, removal or wedge resection requiring the use of digital anaesthesia	100.93
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	32.61
MM6	Pinch skin graft	75.73
MM7	Dental anaesthetic	28.29
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery	44.73

Item number	Treatment	Cost ($)
	Open wound	
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	35.66
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	68.05
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	90.05
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound	100.93
	Soft tissue injury	
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	15.84
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)	73.45
MT3	Aspiration of inflamed joint, tendon, bursa, or other subcutaneous tissue or space (with or without injection)	35.63
MT4	Extensor tendon: primary repair	181.68
MT5	Ruptured Achilles tendon: management by plaster immobilisation	178.09
Radiologists' costs		
	Extremities	
RA01	Sternum	63.54
RA02	Sternoclavicular joints	72.62
RA03	Clavicle	54.47
RA04	Acromio-clavicular joints	54.47
RA05	Scapula	54.47
RA06	Shoulder	59.00
RA07	Humerus	59.00
RA08	Elbow joint	49.93
RA09	Forearm	49.93
RA10	Hand or wrist joint, or both	49.93
RA11	Wrist or hand for bone age	49.93
RA15	Upper limb (infant)	59.00
RA21	Sacroiliac joints	59.00
RA22	Pelvis or both hips (1 projection)	59.00
RA25	Hip joint (more than 1 projection)	63.54
RA26	Femur	59.00
RA27	Knee joint	54.47
RA28	Knee joint (and intercondylar or axial)	63.54
RA29	Tibia and fibula	54.47
RA30	Ankle joint	59.00
RA32	Foot	54.47

Item number	Treatment	Cost ($)
RA35	Long legs (hips to ankles), including measurement	68.08
RA40	Lower limb (infant)	63.54
	Head, neck, and spine	
RB01	Cervical spine	68.08
RB02	Thoracic spine	63.54
RB03	Lumbar spine, including lumbosacral joint	63.54
RB04	Sacro-coccygeal spine	59.00
RB08	Spine (scoliosis views)	68.08
RB10	Skull	63.54
RB12	Nasal bones	54.47
RB13	Facial bones	59.00
RB14	Optic foramina	49.93
RB16	Auditory canals (plain films only)	63.54
RB21	Nasal sinuses	49.93
RB22	Nasopharynx	59.00
RB23	Mastoids (bilateral)	63.54
RB24	Larynx or trachea, or both	54.47
RB31	Upper teeth	49.93
RB32	Lower teeth	49.93
RB33	Mandible or OPG or lateral cephalogram	68.08
RB34	Temporo-mandibular joints	68.08
RB35	Salivary gland	59.00
RB37	Pharynx	59.00
	Chest, including breast	
RC05	Thoracic inlet	59.00
RC06	Chest (1 view)	59.00
RC07	Chest (more than 1 view)	59.00
RC08	Chest and thoracic cage	72.62
RC09	Chest and both oblique views	72.62
	Mammography	
RC31	Screening mammogram	99.85
RC32	Recall mammogram	136.16
RC35	Problem mammogram bilateral	199.71
RC36	Problem mammogram unilateral	131.62
RC40	Needle localisation	267.79
RC41	Galactogram	267.79
RC45	Breast aspiration biopsy	267.79
RC46	Breast biopsy with stereotaxis	267.79
	GI, GU, and obstetrics—no contrast modifiers permitted	
	Radiology	
RD01	Abdomen (1 projection)	59.00
RD02	Abdomen (2 or more projections)	59.00
RD07	Pelvimetry (1 view)	59.00
RD08	Pelvimetry (2 or more views)	59.00

Item number	Treatment	Cost ($)
	Screening	
RD10	Contrast swallow (oesophagus only)	462.95
RD11	Contrast study upper GI tract	462.95
RD13	Small bowel meal	462.95
RD14	Small bowel enema (enteroclysis)	776.13
RD15	Contrast enema	462.95
RD20	Dynamic proctogram	462.95
RD30	ERCP	462.95
RD40	IVP, including plain film and tomography	267.79
RD44	Cystogram: retrograde or antegrade	462.95
RD45	Urethrogram	462.95
RD46	Micturating cysto-urethrogram	462.95
RD47	Ascending urethrogram	462.95
	Special procedures	
RS42	Tube injection	267.79
RS43	Dacrocystogram	267.79
RS44	Sialogram	267.79
RS46	Hysterosalpingogram	462.95
RS61	Myelogram cervical	462.95
RS62	Myelogram lumbar	462.95
RS63	Myelogram multilevel	462.95
RS70	Arthrogram	267.79
RS71	Arthrogram—upper limb	267.79
RS73	Arthrogram—lower limb	267.79
	Ultrasound	
	Abdomen and pelvis	
RU01	US abdomen	140.70
RU02	US abdomen and pelvis	177.01
RU03	US renal tracts	131.62
RU04	US abdominal aorta (without Doppler)	131.62
RU06	US pelvis (transabdominal only)	131.62
	Infants	
RU10	US infant head	131.62
RU11	US infant pylorus	131.62
RU12	US infant heart	249.63
RU13	US infant hips	131.62
RU19	US infant miscellaneous	131.62
	Various	
RU20	US thyroid or neck	131.62
RU21	US scrotum and testes	131.62
RU22	US breast	131.62
RU23	US veins	186.09
RU24	US eye	131.62
RU25	US chest	131.62

Item number	Treatment	Cost ($)
RU27	US injection or aspiration	263.25
RU28	US additional region	95.31
RU29	US miscellaneous	131.62
	Skeletal	
RU30	US shoulder	186.09
RU31	US musculo-skeletal	140.70
RU32	US foreign body localisation	104.39
RU39	US skeletal miscellaneous	140.70
	Intracavitary	
RU40	US prostate	163.40
RU41	US anus or rectum	163.40
RU42	US female pelvis (includes transvaginal and transabdominal, or transvaginal only)	163.40
RU43	US trans-oesophageal	276.86
RU44	US intraoperative	276.86
RU49	US intracavitary (miscellaneous)	163.40
	Vascular	
RU51	Duplex or Doppler of chest	222.40
RU56	Duplex or Doppler of additional limb (arterial or venous)	177.01
	Pregnancy	
RU60	US routine pregnancy less than 28 weeks	140.70
RU61	US problem pregnancy	177.01
RU62	US pregnancy exceeding 28 weeks	177.01
RU64	US with amniocentesis	263.25
RU68	US pregnancy (per extra foetus exceeding 1)	68.08
	Additional	
RX24	X-ray additional region	49.93
RX25	Domiciliary X-ray (in addition)	95.31
Specialists' costs		
	Repair recent wound	
SR1	Not exceeding 7 cm (superficial)	145.33
SR2	Not exceeding 7 cm (deeper tissue)	193.76
SR3	Exceeding 7 cm (superficial)	242.22
SR4	Exceeding 7 cm (deeper tissue)	290.65
	Fractures (closed reduction)	
SF1	Phalanges	96.90
SF2	Metacarpals (excluding Bennett's fracture)	174.39
SF3	Metatarsals	135.66
SF4	Bennett's fracture	251.90
SF5	Carpal bones	125.93
SF6	Colles' fracture	232.51
SF7	Radius and ulna—shafts	280.94
SF8	Radius—head and neck	251.90
SF9	Humerus	280.94

Item number	Treatment	Cost ($)
SF10	Talus—neck	261.60
SF11	Calcaneus	261.60
SF12	Other tarsals	164.73
SF13	Ankle—fracture dislocation (Pott's fracture)	406.90
SF14	Tibia and fibula—shaft	465.02
SF15	Tibia and fibula—upper end	406.90
SF16	Tibia and fibula—involving joint traction	474.69
SF17	Femur, any site (with or without traction)	716.93
	Haematoma, abscess, or other infection	
SH1	Small—aspiration	24.27
SH2	Large—incision and drainage (local anaesthetic)	115.66
SH3	Large—incision and drainage (general anaesthetic)	125.93
	Foreign body, removal of	
SB1	Under local anaesthetic	92.10
SB2	Under general anaesthetic	203.44
SB3	From cornea or sclera	63.02
SB4	From ear (other than by simple syringing)	96.90
SB5	From muscle, tendon, or other deep tissue	290.65
SB6	From nose (other than by simple probing)	116.26
SB7	From throat (additional fee)	96.90
	Dislocations (closed reduction)	
SD1	Elbow, wrist, thumb, and fingers with strapping or splint	193.76
SD2	Shoulder	116.26
SD3	Patella	164.73
SD4	Hip	232.51
	Plaster	
SP1	Upper limb—above elbow	145.33
SP2	Upper limb—below elbow	125.93
SP3	Lower limb—above knee	174.39
SP4	Lower limb—below knee	145.33
	Other	
SM1	Aspiration of joint	24.27
SM2	Amputation of all or part of 1 digit	213.17
SM3	Extensor tendon (primary repair)	339.09
SM4	Nail (simple removal)	96.90
Specified treatment providers' costs		
POD3	Podiatry: abscess or haematoma: drainage with incision (with or without local anaesthetic agent)	31.67
POD4	Podiatry: nail, simple removal	25.36
POD5	Podiatry: nail, removal or wedge resection requiring the use of digital anaesthesia	105.52
XRAY	X-ray services provided by chiropractor (maximum of 2 films per claimant per personal injury)	16.03
TMT	Any other treatment	26.14

Rachel Hayward,
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 2023, amend the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (the **principal regulations**). The amendments increase the costs that the Accident Compensation Corporation is liable to pay under the principal regulations for the treatments that those regulations relate to.

In addition, these regulations insert *new regulation 15B* into the principal regulations. *New regulation 15B* introduces a combined rate for nurse practitioners and nurses.

Regulatory impact statement

The Ministry of Business, Innovation, and Employment produced a regulatory impact statement on 1 December 2022 to help inform the decisions taken by the Government relating to the contents of this instrument.

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

- https://www.mbie.govt.nz/dmsdocument/26144-regulatory-impact-statement-proposals-for-updates-to-acc-regulations-dealing-with-treatment-payments-after-2020-21-review-proactiverelease-pdf
- https://treasury.govt.nz/publications/informationreleases/ris

Issued under the authority of the Legislation Act 2019.
Date of notification in *Gazette*: 2 March 2023.
These regulations are administered by the Ministry of Business, Innovation, and Employment.

Wellington, New Zealand:
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