



Medical practitioners', nurses' and nurse practitioners' costs

Effective 1 May 2021

ACC Information sheet

This information sheet lists the Cost of Treatment Regulations amounts ACC can pay for medical practitioner and nurse treatments.

Code	Item description	Per unit \$ (excl. GST)	Per unit \$ (incl. GST)	Per hour \$ (excl. GST)	Per hour \$ (incl. GST)	Flat rate \$ (excl. GST)	Flat rate \$ (incl. GST)
Nurses and nurse practitioners							
NCON	Nurse consultation if the client is 14 years old or over					15.31	17.61
NC14	Nurse consultation if the client is under 14 years old					32.58	37.47
NCCS	Nurse consultation – Community Services Card holder					28.18	32.41
NCCD	Nurse consultation – Dependant of Community Services Card holder (14 - 17 years)					33.50	38.53
NUP1	Nurse practitioner consultation if the client is 14 years old or over					28.02	32.22
NU14	Nurse practitioner consultation if the client is under 14 years old					53.44	61.46
NUCS	Nurse practitioner consultation – Community Services Card holder					50.07	57.58
NUCD	Nurse practitioner consultation – Dependant of Community Services Card holder (14 – 17 years)					54.96	63.20
Combined							
GPN	Nurse/GP consultation – if the client is 14 years old or over					35.74	41.10
GN14	Nurse/GP consultation – if the client is under 14 years old					61.16	70.33

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Combined continued							
GNCS	Nurse/GP consultation – Community Services Card holder					57.47	66.09
GNCD	Nurse/GP consultation – Dependant of Community Services Card holder (14 - 17 years)					62.80	72.22
Medical practitioners							
GP1	GP consultation – if the client is 14 years old or over (also known as CON)					32.68	37.58
GP14	GP consultation – if the client is under 14 years old					58.11	66.83
GPCS	GP consultation - Community Services Card holder					54.42	62.58
GPCD	GP consultation – Dependant of Community Services Card holder (14 - 17 years)					59.74	68.70
DIS	GP Emergency travel per km	0.73	0.84				
TIME	Attendance (including travel time) at an emergency			45.01	51.76		
Burn/Abrasion							
MB1	Treatment of burn less than 4cm ²					32.08	36.89
MB2	Treatment of burn at a single site greater than 4cm ²					63.18	72.66
MB3	Treatment of significant abrasions less than 4cm ² at a single site					32.09	36.90
MB4	Treatment of significant abrasions greater than 4cm ² at a single site					63.18	72.66
MB5	Significant burns or abrasions (not including fractures) at multiple sites (greater than 4cm ²): necessary wound cleaning, preparation, and dressing					92.06	105.87
Dislocation							
MD1	Dislocation of finger/toe with splint/strapping					37.18	42.76
MD2	Dislocation of thumb: closed reduction and immobilisation					104.18	119.81

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Dislocation continued							
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation					96.49	110.96
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation					69.51	79.94
MD5	Dislocation of patella: closed reduction and cast immobilisation					165.37	190.18
Fracture							
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation					37.18	42.76
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic					51.40	59.11
MF3	Fractured metatarsal: closed reduction (not requiring cast): immobilisation by strapping					37.18	42.76
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic: immobilisation by strapping					51.40	59.11
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction					115.79	133.16
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation					165.37	190.18
MF7	Fractured calcaneum or talus: treatment by cast immobilisation					165.37	190.18
MF8	Fractured clavicle					69.51	79.94
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction					115.79	133.16
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia					138.44	159.21

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Fracture continued							
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation					115.79	133.16
MF12	Fractured distal humerus (supracondylar or condylar): by cast immobilisation					115.79	133.16
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab					70.22	80.75
MF14	Fractured shaft tibia and/or fibula: treatment by cast immobilisation with reduction					165.37	190.18
MF15	Fractured distal tibia and/or fibula: treatment by cast immobilisation with reduction					165.37	190.18
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping					70.22	80.75
Miscellaneous							
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)					28.96	33.30
MM2	Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by ACC)					57.91	66.60
MM3	Nail, simple removal of					23.19	26.67
MM4	Nail, removal of or wedge resection: requiring the use of digital anaesthesia					96.49	110.96

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Miscellaneous continued							
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	35.86
MM6	Pinch skin graft					72.40	83.26
MM7	Dental anaesthetic					27.05	31.11
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery					42.76	49.17
Open wound							
MW1	Closure of open wounds less than 2cm: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing					34.09	39.20
MW2	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2cm to 7cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing					65.06	74.82
MW3	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane greater than 7cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing					86.09	99.00
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound					96.49	110.96

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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					15.14	17.41
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	80.75
MT3	Aspiration of inflamed joint, tendon, bursa or other subcutaneous tissue or space (with or without injection)					34.06	39.17
MT4	Extensor tendon, primary repair					173.69	199.74
MT5	Ruptured Tendon Achilles; management by plaster immobilisation					170.26	195.80

Specific clauses

The clauses below are taken from the principal regulations that are in effect – the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. The clauses have been updated in line with the amendments in the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2018.

13 Medical practitioners' costs

- 1) This regulation applies if –
 - a) a claimant visits or is visited by a medical practitioner who –
 - i) is not a specialist; or
 - ii) is a specialist but during the visit is not practising within a recognised branch of medicine included in his or her scope of practice; 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 visit the Corporation is liable to pay –
 - a) whichever of the following applies:
 - (i) \$58.11, if the claimant is under 14 years old when the visit takes place:
 - (ii) \$32.68, 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) \$54.42, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:

- (iv) \$59.74, 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 visit, for different injuries, 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) However, if at the same 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.
- 5) If the practitioner travels to the claimant and the claimant receives emergency treatment, the Corporation is liable to pay –
 - a) a travelling fee at the rate of 73 cents per kilometre (if in the same circumstances the cost of travel would be payable under the New Zealand Public Health and Disability Act 2000); plus
 - b) \$45.01 an hour if the Corporation is liable to pay a travelling fee under paragraph (a); plus
 - c) the amount payable under subclause (2).
- 6) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the practitioner using the most effective treatment materials available to the practitioner, having regard to the nature of the claimant's personal injury.
- 7) This regulation is subject to regulation 15.

14 Nurses' costs

- 1) This regulation applies if –
 - a) a claimant visits or is visited by a nurse; 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 visit the Corporation is liable to pay –
 - a) whichever of the following applies:
 - (i) \$32.58, if the claimant is under 14 years old when the visit takes place:
 - (ii) \$15.31, 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) \$28.18, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:
 - (iv) \$33.50, 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 visit, for different injuries, 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) However, if at the same 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.
- 5) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the nurse using the most effective treatment materials available to the nurse, having regard to the nature of the claimant's personal injury.
- 6) This regulation is subject to regulation 15.

15 Medical 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 medical practitioner described in regulation 13(1)(a); 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) \$61.16, if the claimant is under 14 years old when the visit takes place:
 - (ii) \$35.74 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) \$57.47, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:
 - (iv) \$62.80, 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 [medical] 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 [medical] 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 medical practitioner –
 - i) the amount specified for the more or most expensive treatment the claimant receives from the medical practitioner; plus
 - ii) 50% of the amount specified for any other treatment the claimant receives from the medical 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 medical practitioner using the most effective treatment materials available to the nurse and medical 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 medical practitioner for a visit under this regulation, the Corporation is not liable, in relation to the visit, to pay the nurse or medical practitioner –
 - a) more than once for any treatment that the claimant receives; or
 - b) under any of the provisions contained in regulation 13 or regulation 14.

15A Nurse practitioners' costs

- 1) This regulation applies if –
 - a) a claimant visits or is visited by 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 visit the Corporation is liable to pay –
 - (a) whichever of the following applies:
 - (i) \$53.44, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$28.02, 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) \$50.07, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$54.96 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 visit, for different injuries, the Corporation is liable to pay –
 - a) the amount specified for the most expensive treatment the claimant receives; plus
 - b) 50% of the amount specified for each other treatment the claimant receives.
- 4) However, if at the same 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.
- 5) The amount that the Corporation is liable to pay for treatment under this regulation includes a contribution to the cost of the nurse practitioner using the most effective treatment materials available to the nurse practitioner, having regard to the nature of the claimant's personal injury.

Disclaimer

All information in this publication was correct at the time of printing, **March 2021**. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.