

Medical practitioner, nurse, nurse practitioner and paramedic costs

Effective 19 December 2024

ACC Information sheet

This information sheet lists the Cost of Treatment Regulations amounts ACC can pay for medical practitioner, nurse and paramedic 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					17.81	20.48
NC14	Nurse consultation if the client is under 14 years old					37.92	43.61
NCCS	Nurse consultation – Community Services Card holder					32.79	37.71
NCCD	Nurse consultation – dependant of Community Services Card holder (14 -17 years)					38.98	44.83
NUP1	Nurse practitioner consultation if the client is 14 years old or over					32.61	37.50
NU14	Nurse practitioner consultation if the client is under 14 years old					62.19	71.52
NUCS	Nurse practitioner consultation – Community Services Card holder					58.27	67.01
NUCD	Nurse practitioner consultation – Dependant of Community Services Card holder (14 – 17 years)					63.95	73.54
Combined							
GPN	Nurse/GP consultation – if the client is 14 years old or over					38.94	44.78
GN14	Nurse/GP consultation – if the client is under 14 years old					66.64	76.64

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Combined continued							
GNCS	Nurse/GP consultation – Community Services Card holder					62.62	72.01
GNCD	Nurse/GP consultation – dependant of Community Services Card holder (14 -17 years)					68.43	78.69
NN1	Nurse/Nurse Practitioner consultation – if the client is 14 years old or over					33.10	38.07
NN14	Nurse/Nurse Practitioner consultation – if the client under 14 years old					61.18	70.36
NNCS	Nurse/Nurse Practitioner consultation – Community Services Card holder					57.42	66.03
NNCD	Nurse/Nurse Practitioner consultation – dependant of Community Services Card holder (14 -17 years)					62.87	72.30
Paramedics							
PM1	Paramedic consultation if the client is 14 years old or over					16.99	19.54
PM14	Paramedic consultation if the client is under 14 years old					36.17	41.60
PMCS	Paramedic consultation – Community Services Card holder					31.27	35.96
PMCD	Paramedic consultation – dependant of Community Services Card holder (14 -17 years)					37.18	42.76
Medical practitioners							
GP1	GP consultation – if the client is 14 years old or over (also known as CON)					35.77	41.14
GP14	GP consultation – if the client is under 14 years old					63.61	73.15
GPCS	GP consultation - Community Services Card holder					59.57	68.51

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Medical practitioners continued							
GPCD	GP consultation – dependant of Community Services Card holder (14 -17 years)					65.40	75.21
DIS	GP Emergency travel per km	0.73	0.84				
TIME	Attendance (including travel time) at an emergency			49.27	56.66		
Burn/Abrasion							
MB1	Treatment of burn less than 4cm ²					34.96	40.20
MB2	Treatment of burn at a single site greater than 4cm ²					68.85	79.18
MB3	Treatment of significant abrasions less than 4cm ² at a single site					34.97	40.22
MB4	Treatment of significant abrasions greater than 4cm ² at a single site					68.85	79.18
MB5	Significant burns or abrasions (not including fractures) at multiple sites (greater than 4cm ²): necessary wound cleaning, preparation, and dressing					100.31	115.36
Dislocation							
MD1	Dislocation of finger/toe with splint/strapping					40.51	46.59
MD2	Dislocation of thumb: closed reduction and immobilisation					113.51	130.54
MD3	Dislocation of elbow with radiological confirmation: closed reduction and immobilisation					105.14	120.91
MD4	Dislocation of shoulder: closed reduction and collar and cuff immobilisation					75.74	87.10
MD5	Dislocation of patella: closed reduction and cast immobilisation					180.19	207.22

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Fracture							
MF1	Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation					40.51	46.59
MF2	Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic					56.00	64.40
MF3	Fractured metatarsal: closed reduction (not requiring cast): immobilisation by strapping					40.51	46.59
MF4	Fractured metacarpal(s) hand: with or without local anaesthetic: immobilisation by strapping					56.00	64.40
MF5	Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction					126.17	145.10
MF6	Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation					180.19	207.22
MF7	Fractured calcaneum or talus: treatment by cast immobilisation					180.19	207.22
MF8	Fractured clavicle					75.74	87.10
MF9	Fractured distal radius and ulna: cast immobilisation not requiring reduction					126.17	145.10
MF10	Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia					150.85	173.48
MF11	Fractured shaft radius and ulna: treatment by cast immobilisation					126.17	145.10
MF12	Fractured distal humerus (supracondylar or condylar): by cast immobilisation					126.17	145.10

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Fracture continued							
MF13	Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab					76.51	87.99
MF14	Fractured shaft tibia and/or fibula: treatment by cast immobilisation with reduction					180.19	207.22
MF15	Fractured distal tibia and/or fibula: treatment by cast immobilisation with reduction					180.19	207.22
MF16	Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping					76.51	87.99
Maternal Birth Injuries							
ME1	Internal Examination for Maternal Birth Injury					41.34	47.54
Miscellaneous							
MM1	Abscess or haematoma: drainage with incision (with or without local anaesthetic agent)					31.55	36.28
MM2	Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by ACC)					63.10	72.57
MM3	Nail, simple removal of					25.27	29.06
MM4	Nail, removal of or wedge resection: requiring the use of digital anaesthesia					105.14	120.91
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			33.97			39.07

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Miscellaneous continued							
MM6	Pinch skin graft			78.89			90.72
MM7	Dental anaesthetic					29.47	33.89
MM8	Epistaxis: arrest during episode by nasal cavity packing with or without cautery					46.60	53.59
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					37.15	42.72
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					70.89	81.52
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					93.81	107.88
MW4	Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound					105.14	120.91

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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					16.50	18.98
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)					76.51	87.99
MT3	Aspiration of inflamed joint, tendon, bursa or other subcutaneous tissue or space (with or without injection)					37.12	42.69
MT4	Extensor tendon, primary repair					189.26	217.65
MT5	Ruptured Tendon Achilles; management by plaster immobilisation					185.52	213.35
Ear Toileting by Ear Nurse Specialists and Nurses not in general practice							
EAR1	Ear/Aural Toileting by microscope – Ear Nurse Specialist					46.55	53.53
RN10	Ear Toileting by general nurse (not in General Practice)					17.81	20.48

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 2024.

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', nurse practitioners', and paramedics' costs".
- 2) For each visit the Corporation is liable to pay –
 - a) whichever of the following applies:
 - (i) \$63.61, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$35.77, 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) \$59.57, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$65.40, 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) \$49.27 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', nurse practitioners', and paramedics' costs".
- 2) For each visit the Corporation is liable to pay –
 - a) whichever of the following applies:
 - (i) \$37.92, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$17.81, 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) \$32.79, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$38.98, 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', nurse practitioners', and paramedics' costs".
- 2) For each combined visit the Corporation is liable to pay –
 - a) whichever of the following applies:
 - (i) \$66.64, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$38.94 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) \$62.62, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$68.43, 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', nurse practitioners', and paramedics' costs".
- 2) For each visit the Corporation is liable to pay –
- (a) whichever of the following applies:
 - (i) \$62.19, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$32.61, 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) \$58.27, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$63.95 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.

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', nurse practitioners', and paramedics' costs".
- (2) For each combined visit the Corporation is liable to pay—
- (a) whichever of the following applies:
 - (i) \$61.18, if the claimant is under 14 years old when the visit takes place;
 - (ii) \$33.10, 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) \$57.42, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
 - (iv) \$62.87, 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.

15C Paramedics' costs

(1) This regulation applies if—

- (a) a claimant visits or is visited by a paramedic; and
- (b) any treatment received by the claimant during the visit is specified in the Schedule under the heading "Medical practitioners', nurses', nurse practitioners', and paramedics' costs".

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

(a) whichever of the following applies:

- (i) \$36.17, if the claimant is under 14 years old when the visit takes place;
- (ii) \$16.99, 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) \$31.27, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card;
- (iv) \$37.18, 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 paramedic using the most effective treatment materials available to the paramedic, having regard to the nature of the claimant's personal injury.

Disclaimer

All information in this publication was correct at the time of printing, May 2024. 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.