Medical practitioner, nurse and nurse practitioner costs

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| Effective 1 April 2023 |

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 |  |  |  |  | 16.51 | 18.99 |
| NC14 | Nurse consultation if the client is under 14 years old |  |  |  |  | 35.14 | 40.41 |
| NCCS | Nurse consultation – Community Services Card holder |  |  |  |  | 30.39 | 34.95 |
| NCCD | Nurse consultation – Dependant of Community Services Card holder (14 -17 years) |  |  |  |  | 36.13 | 41.55 |
| NUP1 | Nurse practitioner consultation if the client is 14 years old or over |  |  |  |  | 30.22 | 34.75 |
| NU14 | Nurse practitioner consultation if the client is under 14 years old |  |  |  |  | 57.64 | 66.29 |
| NUCS | Nurse practitioner consultation – Community Services Card holder |  |  |  |  | 54.00 | 62.10 |
| NUCD | Nurse practitioner consultation – Dependant of Community Services Card holder (14 – 17 years) |  |  |  |  | 59.27 | 68.16 |
| Combined |
| GPN | Nurse/GP consultation – if the client is 14 years old or over |  |  |  |  | 37.38 | 42.99 |
| GN14 | Nurse/GP consultation – if the client is under 14 years old |  |  |  |  | 63.97 | 73.57 |
| Combined continued |
| GNCS | Nurse/GP consultation – Community Services Card holder |  |  |  |  | 60.11 | 69.13 |
| GNCD | Nurse/GP consultation – Dependant of Community Services Card holder (14 -17 years) |  |  |  |  | 65.69 | 75.54 |
| NN1 | Nurse/Nurse Practitioner consultation – if the client is 14 years old or over |  |  |  |  | 30.68 | 35.28 |
| NN14 | Nurse/Nurse Practitioner consultation – if the client under 14 years old |  |  |  |  | 56.70 | 65.21 |
| NNCS | Nurse/Nurse Practitioner consultation – Community Services Card holder |  |  |  |  | 53.22 | 61.20 |
| NNCD | Nurse/Nurse Practitioner consultation – Dependant of Community Services Card holder (14 -17 years) |  |  |  |  | 58.27 | 67.01 |
| Medical practitioners |
| GP1 | GP consultation – if the client is 14 years old or over (also known as CON) |  |  |  |  | 34.54 | 39.72 |
| GP14 | GP consultation – if the client is under 14 years old |  |  |  |  | 61.42 | 70.63 |
| GPCS | GP consultation - Community Services Card holder |  |  |  |  | 57.52 | 66.15 |
| GPCD | GP consultation – Dependant of Community Services Card holder (14 -17 years) |  |  |  |  | 63.15 | 72.62 |
| DIS | GP Emergency travel per km | 0.73 | 0.84 |  |  |  |  |
| TIME | Attendance (including travel time) at an emergency |  |  | 47.58 | 54.72 |  |  |
| Burn/Abrasion |
| MB1 | Treatment of burn less than 4cm² | 33.56 | 38.59 |
| MB2 | Treatment of burn at a single site greater than 4cm² | 66.09 | 76.00 |
| MB3 | Treatment of significant abrasions less than 4cm² at a single site | 33.57 | 38.61 |
| MB4 | Treatment of significant abrasions greater than 4cm² at a single site | 66.09 | 76.00 |
| MB5 | Significant burns or abrasions (not including fractures) at multiple sites (greater than 4cm²): necessary wound cleaning, preparation, and dressing | 96.29 | 110.73 |
| Dislocation |
| MD1 | Dislocation of finger/toe with splint/strapping | 38.89 | 44.72 |
| MD2 | Dislocation of thumb: closed reduction and immobilisation | 108.97 | 125.32 |
| MD3 | Dislocation of elbow with radiological confirmation: closed reduction and immobilisation | 100.93 | 116.07 |
| MD4 | Dislocation of shoulder: closed reduction and collar and cuff immobilisation | 72.71 | 83.62 |
| MD5 | Dislocation of patella: closed reduction and cast immobilisation | 172.98 | 198.93 |
| Fracture |
| MF1 | Fractured finger or toe (proximal, middle, or distal phalanx): closed reduction and immobilisation | 38.89 | 44.72 |
| MF2 | Fractured finger or toe (proximal, middle, or distal phalanx): requiring local anaesthetic | 53.76 | 61.82 |
| MF3 | Fractured metatarsal: closed reduction (not requiring cast): immobilisation by strapping | 38.89 | 44.72 |
| MF4 | Fractured metacarpal(s) hand: with or without local anaesthetic: immobilisation by strapping | 53.76 | 61.82 |
| MF5 | Fractured carpal bone, including scaphoid: treatment by cast immobilisation, not requiring reduction | 121.12 | 139.29 |
| MF6 | Fractured tarsal or metatarsal bones (excluding calcaneum or talus): treatment by cast immobilisation | 172.98 | 198.93 |
| MF7 | Fractured calcaneum or talus: treatment by cast immobilisation | 172.98 | 198.93 |
| MF8 | Fractured clavicle | 72.71 | 83.62 |
| Fracture continued |
| MF9 | Fractured distal radius and ulna: cast immobilisation not requiring reduction | 121.12 | 139.29 |
| MF10 | Fractured distal radius and ulna requiring closed reduction, involving regional or other form of anaesthesia | 144.81 | 166.53 |
| MF11 | Fractured shaft radius and ulna: treatment by cast immobilisation | 121.12 | 139.29 |
| MF12 | Fractured distal humerus (supracondylar or condylar): by cast immobilisation | 121.12 | 139.29 |
| MF13 | Fractured proximal or shaft humerus: immobilisation by collar and cuff or U-slab | 73.45 | 84.47 |
| MF14 | Fractured shaft tibia and/or fibula: treatment by cast immobilisation with reduction | 172.98 | 198.93 |
| MF15 | Fractured distal tibia and/or fibula: treatment by cast immobilisation with reduction | 172.98 | 198.93 |
| MF16 | Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping | 73.45 | 84.47 |
| Miscellaneous |
| MM1 | Abscess or haematoma: drainage with incision (with or without local anaesthetic agent) | 30.29 | 34.83 |
| MM2 | Insertion of IV line for administration of IV medications or electrolytes or transfusion (if provided under local or national guideline approved by ACC) | 60.57 | 69.66 |
| MM3 | Nail, simple removal of | 24.26 | 27.90 |
| MM4 | Nail, removal of or wedge resection: requiring the use of digital anaesthesia | 100.93 | 116.07 |
| 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 |  32.61 | 37.50 |
| MM6 | Pinch skin graft |  75.73 | 87.09 |
| MM7 | Dental anaesthetic | 28.29 | 32.53 |
| MM8 | Epistaxis: arrest during episode by nasal cavity packing with or without cautery | 44.73 | 51.44 |
| 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 | 35.66 | 41.01 |
| 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 | 68.05 | 78.26 |
| 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 | 90.05 | 103.56 |
| MW4 | Amputation of digit, including use of anaesthetic, debridement of bone and soft tissue, and closure of wound | 100.93 | 116.07 |
| 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 | 18.22 |
| 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 | 84.47 |
| MT3 | Aspiration of inflamed joint, tendon, bursa or other subcutaneous tissue or space (with or without injection) | 35.63 | 40.97 |
| MT4 | Extensor tendon, primary repair | 181.68 | 208.93 |
| MT5 | Ruptured Tendon Achilles; management by plaster immobilisation | 178.09 | 204.80 |
|  |  |  |  |
| Maternal Birth Injury from 1 October 2022 (to be incorporated into the COTR in the next review) |
| ME1 | Internal Examination for Maternal Birth Injury | 41.34 | 47.54 |
|  |  |  |  |
| Ear Toileting by Ear Nurse Specialists and Nurses not in general practice  |
| EAR1 | Ear/Aural Toileting by microscope – Ear Nurse Specialist |  |  |  |  | 43.14 | 49.61 |
| RN10 | Ear Toileting by general nurse (not in General Practice) |  |  |  |  | 16.51 | 18.99 |
|  |  |  |  |  |  |  |  |

**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 2023.

**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”. 61

2) For each visit the Corporation is liable to pay –

 a) whichever of the following applies:

(i) $61.42, if the claimant is under 14 years old when the visit takes place:

(ii) $34.54, 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) $57.52, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:

(iv) $63.15, 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) $47.58 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) $35.14, if the claimant is under 14 years old when the visit takes place:

(ii) $16.51, 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) $30.39, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:

(iv) $36.13, 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) $63.97, if the claimant is under 14 years old when the visit takes

place:

(ii) $37.38 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) $60.11, if the claimant is 14 years old or over when the visit takes

place and is the holder of a community services card:

(iv) $65.69, 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) $57.64, if the claimant is under 14 years old when the visit takes place:

(ii) $30.22, 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) $54.00, if the claimant is 14 years old or over when the visit takes place and is the holder of a community services card:

(iv) $59.27 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 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’, 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.

***Disclaimer***

*All information in this publication was correct at the time of printing, March 2023. 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.*