

# Operational Guidelines

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For the Service Agreement for the Provision of  
Oral Health Services for Adolescents and  
Special Dental Services for Children and  
Adolescents

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# 20 District Health Boards

## Document Control Summary

Amendment to the Operational Guidelines for Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents will be numbered consecutively and dated by the issuer.

Please ensure that all amendments are inserted, and complete the record below.

Version	Date Issued	Sections Re-issued	Initials
0	January 2006	New Document	MoH
1	July 2007		
2			
3	July 2008		21 DHBs
4	March 2011	New Document	20 DHBs

## Summary of Changes to Operational Guidelines effective from 1 July 2011

The Operational Guidelines have been amended to reflect the changes in the CDA 2011-2012 variation as well as other changes made within the guidelines, and include:

1. Removal of the requirements for recording the DMFT and the DMFT is to be removed from the dental claims form when next printed
2. Dental services with more than 1000 enrolled adolescent and special dental clients will be required to give a six month notice of exit from the CDA
3. The Oral Health Group is reviewing the 'Quality On' clause in the CDA to establish a monitoring framework to ensure the quality standards of dental practice are met. There are no changes to the 2011 version 4 of the Operational Guidelines
4. There have been some definition changes to the guidelines and include:
  - a. 7.3.5 – calculus
  - b. 7.3.8 – crowns – anterior and posterior
  - c. 7.3.12 – panoramic radiograph
  - d. 7.3.15 – splints for bruxism
5. There have been two new definitions included into the guidelines:
  - a. 7.3.9 – Anterior veneer
  - b. Section 13. – Conflicts of interest

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## Introduction

These guidelines have been developed to assist oral health providers in providing oral health services to adolescents and special dental services for children and adolescents.

These guidelines cover a range of issues including:

- definitions of treatments
- information and reporting requirements
- payment processes
- audit protocols.

These guidelines should be read in conjunction with your Agreement for Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (Combined Dental Agreement) and subsequent amendments. These guidelines may be updated from time to time in consultation with 20 District Health Boards and the New Zealand Dental Association.

Please retain these guidelines to assist your provision of oral health services to adolescents and children under the Agreement.

For further assistance in interpreting these Guidelines at a regional level, please contact the Dental Officer who approves treatment for your District Health Board (DHB).

## General Guidelines

### 2.1 General definitions

The following are a list of general definitions relating to the provision of oral health services for adolescents and special dental services for children and adolescents. Dentists may contract to provide both oral health services for adolescents and special dental services for children and adolescents or either only oral health services for adolescents or special dental services for children and adolescents.

#### 2.1.1 Oral Health Services for Adolescents

A term describing oral health services for adolescents from Year 9 at school until the day before their 18th birthday and children, year 8 at school and under, who have been referred or officially released early from the school dental service as not being able to be treated by them due to medical or management reasons.

#### 2.1.2 Fee for service

A method for funding services where a fee is paid for each item of treatment provided.

#### 2.1.3 Standard (capitated) package of Oral Health Services for Adolescents

A method of funding services where a price is paid per annum for a prescribed list of treatment for each enrolled patient. The price covers a range of services from which a provider can choose the combination that best meet individual patient's needs. This includes preventive treatment and health education.

The purchase unit of services (services within the package) for Oral Health Services for Adolescents contains the following:

1. Consultation, including examination and diagnosis, prophylaxis, advice on dental care and any special tests and bitewing radiographs considered necessary. This includes all consultations with the exception of emergency consultations outside normal practice hours.
2. All necessary one surface fillings in posterior teeth.
3. Periapical X-rays where required.
4. Fissure sealants where required.
5. Other preventive treatments (eg, topical fluoride applications) where required.
6. Chair side education on oral health care.

The consultation may be claimed only once each calendar year (1st January to 31st December) for each patient. It is expected that such consultations will be at approximately 12 monthly intervals, except in the year when the patient reaches their 18th birthday when a consultation may be claimed prior to the birthday providing there is an interval of nine months or more since the previous consultation. This is at the dentist's discretion.

#### **2.1.4 Additional Oral Health Services for Adolescents not requiring prior approval**

These are services described in Clause E5.3 of the Combined Dental Agreement that are outside the Standard Package of Services and that may be provided without the approval of a designated Dental Officer of the DHB

#### **2.1.5 Additional Oral Health Services for Adolescents requiring prior approval**

These are services described in Clause E5.4 of the Combined Dental Agreement that are outside the Standard Package of Services and that require the approval of a designated Dental Officer of the DHB before a claim will be paid.

#### **2.1.6 Special Dental Services for Children & Adolescents**

A term describing a set of oral health services available to children and adolescents.

These services cover:

- Services provided to children, from birth to year 8 at school, who are enrolled at a school dental clinic and are referred to you by a dental therapist employed by the School Dental Service as requiring treatment that is outside the scope of treatment provided by the dental therapist.
- Emergency services provided to adolescents who are not able to access their regular oral health provider.

#### **2.1.7 Special Dental Services for Children and Adolescents not requiring prior approval**

These are services described in Clause E 5.5 of the Combined Dental Agreement that will be purchased on a fee-for-service basis and may be provided without the approval of a designated dental officer of the DHB.

#### **2.1.8 Special Dental Services for Children and Adolescents requiring prior approval**

These are services described in Clause E5.6 of the Combined Dental Agreement that may be provided with the prior approval of a designated dental officer of the DHB.

### **2.2 Where prior approval is required**

Prior approval is required for *all* treatment items listed in Clauses E5.4 and E5.6 of the Combined Dental Agreement. This applies to all enrolled patients. Obviously, in some urgent or emergency situations, prior approval for the service may not be practicable. In this circumstance approval should be sought as soon as possible after the treatment is provided.

The dentist providing the treatment must sign the prior approval application form.

**Please Note:** If prior approval has not been sought and is subsequently declined, then the patient is not obliged to pay for the treatment provided.

### **2.3 Exceptional Circumstances**

Additional services may be provided, as described in Exceptional Circumstances Clause E5.2 of Combined Dental Agreement. These services are purchased on a fee-for-service basis. The service funds oral health treatment for adolescents who are enrolled with an oral health provider, and who present with exceptionally high treatment needs.

It is expected that Exceptional Circumstances will arise in one of three ways:

1. The enrolling adolescent is in Year 9 and has left the School Dental Service with extensive unmet treatment need. The Principal Dental Officer (PDO) of the relevant School Dental Service should be made aware, (if not already so), of such individuals leaving the service; OR
2. The adolescent has not attended the School Dental Service or any other health provider for an extended period of time, resulting in a large amount of unmet treatment need; OR
3. The adolescent has recently entered New Zealand from overseas and, being an eligible person presents to the oral health service provider with a large amount of unmet treatment need.

Consideration will be given by the approving Dental Officer for access to Exceptional Circumstances funding where the adolescent can be shown to be in need of one surface restoration in six or more posterior teeth in addition to any other treatment need. Exceptional circumstances is not confined to the first 12 months after enrolment but applies to any 12 monthly consultation which meets the criteria.

**Please Note:** If a claim is made under Exceptional Circumstances, a further claim cannot be made within 12 months unless the patient's 18<sup>th</sup> birthday is within the next 12 months.

#### **Approving Process**

1. The contracting dentist (Provider) will submit an application for approval to provide treatment not covered by standard package or the fee schedule, outlining the treatment required and including bitewing and any other appropriate radiographs. This may be accompanied by a letter or computer generated treatment plan (the radiographs will be returned to the dentist). The treatment plan submitted therefore should include all dental treatment required.
2. Having approved the request and assigned an 'approval number', the approving Dental Officer will return the top copy of the form to the provider, forward one copy to sector Services, and retain one copy for District Health Board records.
3. The Provider must note the approval number on the appropriate claim form - Oral Health Services in Exceptional Circumstances (Adolescents) Treatment Report/Claim Summary Form

#### **Please Note**

- Many cases with high treatment need are already covered under Sections F2.1 and F2.2 of the Combined Dental Agreement – Schedules for Additional Oral Health Services for Adolescents.
- The guideline will be reviewed as part of the annual review of the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (Combined Dental Agreement).

## **2.4 Services not provided under this agreement**

When you propose to provide a service other than as a service funded under this agreement you are obliged to have the patient's informed consent and agreement to the payment of any fees.

This situation may occur where the proposed services are not included in the agreement (eg, extractions for orthodontic purposes, sedation).

Patients who are eligible for treatment through Accident Compensation Commission (ACC) are not funded through the Combined Dental Agreement. If a patient's required treatment is due to an accident then the patient must register the accident with the Accident Compensation Corporation. Treatment under this agreement is only available when ACC declines the claim; written evidence is required.

## **2.5 Queries**

If you have any queries regarding the Agreement with us please contact the person named on the front of your Combined Dental Agreement contract.

## **2.6 Providers required to provide treatment**

In general, you are required to provide all the services to which you have contracted in this Agreement to enrolled adolescents and/or children and adolescents.

However, you may subcontract the provision of services as outlined in Clause A13 of the Combined Dental Agreement.

## **Audit Guidelines**

Audits can be initiated by either the District Health Board or by the Audit & Compliance Unit of Sector Services (Dunedin) which monitors information and payments to ensure that they are justified. Since these services are funded by taxpayers' money, they are closely monitored to provide accountability. The Audit & Compliance Unit conducts audits and investigations following strict procedures set down in consultation with the New Zealand Dental Association (NZDA). If you would like a copy of the audit protocols please contact the Audit & Compliance Unit at Sector Services, PO Box 4166, Dunedin. (Freephone 0800 732 584)

### **3.1 Audit**

The audit process involves:

1. a comparison of the provider's reporting levels and trends with national, regional and district data;
2. desktop analysis of the dentist's reporting over a recent 12-month period;
3. a visit to the practice where a selection of reports are checked against the patients' records;
4. a survey of a selection of patients to check that the services reported were provided;
5. a clinical audit of patients.

### **3.2 Investigation**

Formal investigation systems have been developed to detect and deal with the rare cases where fraudulent and inappropriate reporting and service provision is encountered. In these cases, the audit may become an investigation with police involvement. Our aim is to be professional, objective and fair. Please refer to Part A, Standard Terms and Conditions in the Combined Dental Agreement, 1<sup>st</sup> July 2007.

## Information Guidelines

### 4.1 Computer claiming

Computer claiming is acceptable provided the computer-generated printout contains all the information required and has the same layout as the forms supplied.

Please ensure that computer-generated forms include all information to demonstrate the full sequence of treatment items.

Items of treatment which fall within the standard capitated package must be reported separately even though there is no individual fee for the item; this is vital to ensuring accurate oral health records.

### 4.2 Agreement number

Your Oral Health Services Agreement will have your Agreement number written on the front page. This number is issued by the Payment Agent and identifies you as a contractor. This number must be on all information reporting approval applications and correspondence you submit to the DHB.

Your Dental Council (DCNZ) number is required on the claim summary sheet to Sector Services and on prescriptions.

You will need to use your Sector Services payee number when claiming payment for services.

### 4.3 Identification of patients and providers

The agreement number is to be used for the purpose of identification of providers.

The first name, last name, date of birth and NHI number where available are to be used for identification of patients.

### 4.4 National Health Index (NHI) number

This is the unique number allocated to every user of health and disability services in New Zealand. This number is encouraged and required to be provided where available and in the future it may become a mandatory requirement.

### 4.5 Electronic reporting

In time, all reporting for oral health services for adolescents and special dental services for children and adolescents may be by electronic transfer. Providers should ensure that all software used for reporting complies with the reporting criteria and standards required under the Combined Dental Agreement.

## Payment Guidelines

### 5.1 Goods and Services Tax (GST)

All fees contained in the Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents Agreement are GST exclusive.

## 5.2 Identification of payments

Each Claim Summary form should have a unique Reference Number, ie. the number YOU have given that particular form. This number will be shown on any Remittance Advice and identifies the group of services for which the payment is being made.

If your records are in order, and we notify you of any changes to your payments, you will have all the information required.

Records you need to keep enabling you to identify payments are:

- copies of all claims sent to Sector Services
- records of the date that these claims were sent
- copies of approvals from the approving Dental Officer of your DHB.

## 5.3 Seeking approval for additional oral health services for adolescents requiring prior approval

Approval for these items should be sought by sending all three copies of the approval form to the designated approving Dental Officer appointed by your DHB. This enables the top copy to be returned to the dentist, the yellow carbon copy to be sent to Sector Services and the grey carbon copy to be retained by the Dental Officer. For computer generated requests, three copies must be sent to the approving Dental Officer.

The Approving Dental Officer will issue you with an approval number which must be included when you submit any claims requiring Prior Approval. Do not claim for these services until you have the approval of the Dental Officer of the DHB as payment will not be made for these services without the approval of the Dental Officer and an approval number.

## 5.4 When can you expect payments?

On receipt of a valid claim Sector Services will make payment by direct credit to your bank account within 20 working days.

Please keep all correspondence from our payment agent to check against remittance advice and copies of information reported.

## General Eligibility Guidelines

The eligibility criteria are set out below and in Clause E4 of the Combined Oral Health Services Agreement.

An Eligible Person for Oral Health Services for Adolescents comprises:

- adolescents from the start of school year 9 up to the day before their 18th birthday.
- children, year 8 at school and under, who have been referred or officially released early from the school dental service as not being able to be treated by them due to medical or management reasons and whose transfer has been approved by the DHB Approving Dental

Officer. On the top of the child's dental enrolment form it must be clearly written that this is an approved early release from the School Dental Service (this is to inform Sector Services that the transfer is accepted by the DHB). In addition the name of the school the child currently attends should be noted on the enrolment form.

- Providers will not exclude from enrolment Eligible Persons based on their presentation at enrolment with a high level of treatment need or their likelihood to have a high prevalence of oral disease based on their membership of a particular social group.

An Eligible Person for Special Dental Services comprises:

- All children from Birth until the end of school Year 8 enrolled with the school dental service.
- adolescents from and including school year 9 up to their 18th birthday, who otherwise would not have access to their regular oral health services provider.

Those eligible include:

- New Zealand citizens
- Those ordinarily resident in New Zealand
- A person who has refugee status in New Zealand or is the process of having an application for or an appeal against refugee status determined
- A student funded under the International Development Official Development Assistance Programme, or the partner, or children under 18 years.
- The holder of a Commonwealth Scholarship

The general eligibility criteria for publicly funded health services in New Zealand can be found on the Ministry of Health's website: [www.moh.govt.nz](http://www.moh.govt.nz). The 'Quick Guide' is particularly useful to dental practitioners and their practice managers.

## Treatment Guidelines

The Treatment Guidelines should be read in conjunction with the Agreement for Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents (2006) and subsequent amendments. They are intended to be of assistance to contracting dentists in interpretation of the Agreement.

### 7.1 Standard Oral Health Services

#### 7.1.1 Consultations -Oral Health Services for Adolescents (capitated)

Consultations include examination and diagnosis, prophylaxis, advice on dental care and any special tests and bitewing and periapical radiographs considered necessary. This includes both regular consultations as necessary and any necessary emergency consultations in normal hours.

All patients will receive at least one annual consultation per calendar year (1 January to 31 December). It is expected that such consultations will be at approximately 12 monthly intervals except in the year when the patient reaches their 18th birthday, when a consultation may be

claimed prior to the birthday, providing there is an interval of nine months or more since the previous consultation. This is at the dentist's discretion.

All treatments should be scheduled within two months of the initial consultation date. All patients should have their treatment plans designed to meet their level of need and caries risk.

A consultation fee may be claimed once each Calendar Year for each patient. Where a patient is at risk, it is expected that such consultations will meet the needs of the patient at no further consultation cost.

### **7.1.2 Consultations - Special Dental Service**

There is an initial consultation fee which includes any further consultation regarding the same problem for treatment within one month. Should a further consultation be required after the one month period as a follow up, then this would require approval from the designated DHB approving dentist.

### **7.1.3 Posterior fillings – one-surface**

All posterior one-surface fillings are included in the standard capitated package and these may be placed in amalgam or a non-metallic material but at the same fee.

The fee for any one-surface occlusal filling includes any carious pit on that surface filled at that treatment episode. This includes both the anterior and posterior occlusal pits of upper molars if carious. The fee also includes any carious buccal, lingual, or palatal fissure which is an extension of the occlusal lesion. If the buccal, lingual, or palatal carious lesion requires a separate filling it may be claimed as such.

### **7.1.4 Preventive services - Fissure sealants, Fluoride applications, Oral health education**

Fissure sealants as well as spot and general applications of fluoride are included and funded as part of the standard (capitated) oral health services for adolescents package unless Exceptional Circumstances have been approved. Fissure sealants are outside the scope of Special Dental Services because they are provided by the School Dental Service. Fissure sealants may not be claimed as a single surface filling.

## **7.2 Additional Oral Health Services Not Requiring Prior Approval**

### **7.2.1 Posterior fillings – two- and three-surface amalgams**

These guidelines recognise the changing technology of dental practice, greater utilisation of minimal intervention strategies and non-metallic restorations. For further information on the MOH policy on non-metallic fillings see the Oral Health Toolkit on the MOH website [[www.moh.govt.nz/oral health](http://www.moh.govt.nz/oral%20health)]

- a. Separate MO and DO fillings placed in the same tooth at the same course of treatment may be claimed separately as individual two surface fillings.
- b. Where clinically appropriate, you may at your discretion substitute non-metallic for amalgam fillings taking into consideration that the fee for equivalent non-metallic and amalgam restorations will be the same.

## **Non metallic restorations in Posterior teeth**

With regard to the above services, providers may place non metallic or amalgam restorations, taking into consideration that under this Agreement the fee for equivalent non metallic and amalgam restorations will be the same. However, providers may, subject to them obtaining the prior consent of the patient (or guardian where the patient is under 16 years), charge the patient a private fee for non-metallic restorations. In this case, providers must not split the fee for these services but may either:

- a. claim the relevant fee under this Agreement; or
- b. with the prior consent of the patient, charge the patient a private fee, in which case the provider must inform the patient that they have the option of either attending a dentist who provides special dental services, or transferring and enrolling with another provider who may provide the Service under this Agreement at no charge.

### **7.2.2 Posterior fillings – complex amalgam restorations**

The fee for a complex restoration is payable only in cases where a cusp is being restored. The fee for a complex restoration includes the concurrent restoration of any other surface of the same tooth.

### **7.2.3 Anterior fillings – one-surface non-metallic**

These may be claimed for any surface of an anterior. Mesio palatal and distopalatal non-metallic fillings in anterior teeth are classed as ‘one-surface’ fillings. If the palatal surface was involved only to gain access to the proximal then this is a one surface filling. If decay was so extensive that it involved the palatal and the proximal surfaces then it would be a two surface filling. Two or more single surface fillings on the one anterior tooth may be claimed for.

### **7.2.4 Anterior fillings – multiple-surface (MI, DI, MID) non-metallic**

It is anticipated that most anterior teeth requiring multiple surface non-metallic fillings will have been damaged as the result of an accident. In such circumstances, claims must be made from the ACC.

However, if there are multiple surface anterior restorations required due to caries then these restorations can be claimed separately and are no longer claimed per tooth, even if done at the same appointment.

Separate single surface fillings may be claimed in addition to a multiple surface filling where they are filled concurrently in the same tooth.

### **7.2.5 Routine Extractions (non-surgical)**

The extraction of a single permanent tooth or a deciduous quadrant is a specific fee. If an additional permanent tooth or deciduous quadrants are extracted at the same time (maximum of four or a deciduous quadrant) then these are claimable at a lower fee as shown in the Fee Schedule. The first tooth extracted at each appointment is claimable at the higher rate with subsequent extractions at the same appointment claimed at the lower rate.

If there are more than four permanent teeth to be extracted then a fee may be negotiated with an Approving Dental Officer.

Orthodontic extractions are not claimable under the Agreement.

### 7.2.6 Emergency consultation outside normal hours

A fee is provided for an emergency consultation outside the practice's normal practice opening hours. This fee is intended to compensate a practitioner for having to make a special visit to the surgery. The time and date of the consultation should be recorded in the patient's surgery records and on the claim form.

### 7.2.7 Emergency dressings

This service is applicable only in those circumstances where a patient attends as an emergency patient and where the placement of a dressing is the only treatment that can be provided in the time available. It covers only dressings that are placed within teeth and not medicaments placed on soft tissues or teeth. The fee does not cover temporary fillings in teeth that are being root filled or temporary fillings placed during definitive permanent restoration, as all such dressings are included as part of the treatment fee.

### 7.2.8 Pulp and root canal treatment

Best clinical practice for pulpally involved permanent teeth suggests that management by root canal therapy and not by pulpotomy is the preferred option. Fees are based on the number of root canals filled; for example, for teeth with two canals the fee is twice the schedule fee. After performing any root canal treatment a post-operative radiograph must be taken and placed with the patient's records.

With deciduous teeth there is a maximum fee for treatment regardless of the number of canals, where root canals are filled in addition to the pulp chamber.

**Deciduous Pulp therapy related to age:** If less than 2/3 of a root (or roots) remain due to re-absorption then approval supported by radiographs needs to be obtained before the treatment is commenced.

### 7.2.9 Stainless Steel Crowns

Stainless steel crowns may be placed on deciduous or permanent teeth with extensive caries or developmental deformities or after pulp therapy.

### 7.2.10 Recementation

Recementation of inlays or crowns may be included as items not requiring prior approval.

## 7.3 Additional Oral Health Services Requiring Prior Approval

### 7.3.1 Minor oral surgery (including surgical extraction) and periodontal treatment

Fees may be approved for minor oral surgery including periodontal treatment. The removal of calculus and/or oral hygiene instruction in the absence of a surgical procedure however, is not covered. On the rare occasion when the treatment of a periodontal condition is required, eg. ANUG, this is available on a time base on approval. The request for approval should be supported with brief details of the proposed treatment, radiographs, photographs, and an indication of the pocket depth (eg CPITN).-

Minor oral surgery is defined as surgery normally considered to be within the practice of general dentistry, eg, surgical removal of impacted teeth, roots, cysts, gingivectomy. Fees are on a time basis. Adequate clinical information and, where appropriate the inclusion of radiographs, should be

supplied with the application for approval form to the approving dental officer. Radiographs will assist the approving dental officer in making a decision. If a fee for minor oral surgery is approved, then an extraction under local anaesthetic cannot be claimed as well for the same tooth or teeth.

Approval is not given for the routine extraction of wisdom teeth. There must be a demonstrable need to extract the wisdom teeth, eg, because of pain or infection.

Root resection (apicectomy) is claimed as a minor surgical operation.

The prescribing of antibiotics and the simple lancing of an abscess to control infection is considered to be included within the treatment fee. However, should further intervention be required to control the infection then prior approval can be granted on a limited time base on request e.g. tubal drainage.

**NB:** *The fee claimed should be for the total time taken for the surgical procedures including post-operative services such as the removal of sutures. The time taken must be shown on the approval form.*

### **7.3.2 Bleaching**

Bleaching of permanent teeth may be claimed on a time basis at a fee equivalent to that for a minor surgical operation. Bleaching is limited to discoloured non-vital teeth and intrinsic staining.

### **7.3.3 Behavioural Management**

Conscious sedation is not part of this contract. The NZDA / DCNZ Code of Practice on sedation states in section 4 that practitioners administering nitrous oxide or IV sedation must attend an additional training course and demonstrate competence in these techniques. DHBs have therefore taken the view that it is inappropriate to incorporate a standard fee to be claimed in this contract for all contractors.

DHBs are discussing provision of this service, as appropriate for their area, with individual providers taking into consideration the level of need for the service, funding and demand for other services such as GA and the skills and training of the practitioners contracting to provide the services.

Behaviour management not requiring sedation may be negotiated on a case by case basis with the approving dental officer.

### **7.3.4 Splints (other than as a result of an accident)**

In most cases the splints are provided as emergency treatment for accident cases and therefore should be claimed from ACC.

These splints are to support teeth which are mobile due to periodontal condition. Approval may be given on a time basis. This would include cost of splint materials.

Also see 7.3.15. – Splints for Bruxism

### **7.3.5 Calculus**

The removal of supra-gingival calculus is regarded as part of the prophylaxis procedure and is, therefore, included under consultation in the standard package.

There are, however, some patients for whom more frequent attention may be necessary because of the rapid accumulation of sub-gingival calculus. In such cases, a fee may be approved for visits between the annual routine treatment periods. These visits would be at not less than three monthly intervals.

Additional information may be required for the approval for MSO1 and MSO2 use in periodontal treatment and may include:

1. Diagnosis of disease state - localized or widespread
2. Diagnostic x-rays
3. Further diagnostic assistors
  - CPITN
  - Photographs pre-treatment
  - Recession and/or pocket depths
4. Proposed treatment schedule

Contractors should indicate the date of the annual consultation when submitting the prior approval application. No additional consultation fee is payable in connection with this service.

### **7.3.6 Prosthetic appliances – partial dentures**

Acrylic partial dentures may be approved at the scheduled fee.

Repairs and additions to dentures may be approved and claimed at laboratory costs plus dentist's time. An invoice for the laboratory costs should be available to the approving dental officer on request.

Precision cast metal partial dentures may be approved for patients over 15 years of age.

Replacement of metal partial dentures is unlikely to be approved.

To discuss the provision of other partial denture materials such as "Valplast", please contact your Approving Dental Officer.

### **7.3.7 Prosthetic appliances – full dentures**

These are rarely required but may be approved in appropriate circumstances. Fees for relining of immediate dentures may also be approved.

### **7.3.8 Crowns**

#### **a. Anterior Crowns**

The Agreement allows for crowns to be constructed, usually in composite, acrylic or ceramic (including porcelain) materials. In general, approval is limited to cases where restoration is required as the result of tooth tissue loss or absence that adversely affects function, or where malformation or discolouration is sufficiently severe to affect the patient's well being.

Anterior Crowns on deciduous teeth should have at least 2/3 of the length of the root remaining before an application for approval is made. The application should be supported with radiographs.

The patient should be 15 years of age or older. Providers should be aware that if a ceramic or ceramic bonded to metal crown requires replacement before the adolescent's 18th birthday it is unlikely to be approved for payment.

In all cases parents and/or patients should give consent only after being fully informed regarding removal of tooth tissue, the likelihood of the need for replacement and their responsibility for the cost of replacement.

The prior approval application should include clinical information:

- Periapical radiograph of the tooth / teeth
- If root canal filled, a film usually six months or more after completion of RCT
- Posterior Bitewing Films
- A statement indicating that the dentition is well cared for and free from periodontal disease and significant levels of active dental caries
- A statement showing why no other restoration would be satisfactory
- Photographs where appropriate
- The reason for placement (if the proposed crown is a replacement)

A complex composite restoration, (with its own price) includes a full coverage composite crown; 'full coverage' includes at least half of each of the mesial, distal, labial and palatal/lingual surfaces;

Please specify one of these categories when applying for approval for a composite crown

**b. Posterior crowns**

The justification for approval for a cast (gold) crown or ceramic bonded to metal crown would arise only rarely and would be restricted to cases where no other restoration is possible and to teeth which are sufficiently erupted to allow for margins to be correctly placed. The patient should be at least 15 years of age.

- The same clinical information as required for anterior crowns should be supplied.

**c. Hypo-mineralised teeth.**

A variety of treatment regimes can be approved on a case-by-case basis.

**d. Posts**

Both cast and preformed posts may be approved. The higher price in the agreement is for a post and core cast in precious metal and includes the cost of the metal. Other non-precious metal posts attract a lower fee, eg, plain stainless steel or others such as para or flexi posts.

**e. A temporary crown**

while a permanent crown is being constructed is not paid for under the Agreement as a separate item as it is considered to be part of the overall price of the permanent crown.

### 7.3.9 Anterior Veneers

Approval will be limited to teeth which have severe intrinsic discolouration, hypomineralised incisors, Turners teeth, teeth with congenital abnormalities and those that have been extensively restored and single surface repair is no longer possible.

Composite veneers means full labial surface coverage and are the first choice on children up to the age of 17yrs.

Porcelain veneers – may be approved in children over the age of 15 years. However, approval is at the discretion of the approving officer as it is good clinical practice to delay the placement of porcelain veneers as long as possible.

Requests for approval for all veneers should include periapical radiographs and clinical photographs.

### 7.3.10 Inlays

Inlays are not provided for under this Agreement.

### 7.3.11 Occlusal radiograph

This may be approved in appropriate circumstances.

### 7.3.12 Panoramic radiograph

This may only be approved in special circumstances, eg. in lieu of taking multiple periapical radiographs or where a larger view is required. To assist you in deciding the appropriateness of seeking approval, please consider the following:

- An OPG (panoramic) x-ray film is an aid to oral diagnosis that is available in some dental practices and at Hospital Dental Departments.
- Under the Combined Dental Agreement, radiographs will most commonly be PBW films (especially for caries diagnosis), and PA films. In most cases, a well-placed and well-processed PBW or PA film will provide superior information to that given by an OPG; this is especially the case with caries diagnosis for which an OPG is generally not indicated, since definition of enamel and dentine radiolucencies is inferior to that given by the PBW film.
- Routine patient screening with OPG's is not justifiable.
- The fee for an OPG film is a non-scheduled item, requiring approval. It is appreciated that prior application may not always be practicable, as the OPG may be of the greatest value at the examination visit, before a care-plan can be devised. Contractors should not however, presume an approval for all OPG films, whether in advance or retrospectively.
- The clinical indications for the use of an OPG film under dental benefits in general practice could include:
  - a. Family history or other evidence that suggests increased probability of missing or extra teeth.
  - b. Assessment of the dentition in planning treatment when multiple grossly hypomineralised or grossly carious permanent teeth are present, if extraction of such teeth is being considered. (But please note that approval for a claim is not available for an OPG taken to assist in orthodontic treatment or for the routine extraction of third molars).
  - c. Evidence of bony fracture.

- d. When a client cannot tolerate intra-oral films, for instance because of facial swelling, gagging reflex, limited opening, or some degree of handicap. This is probably the sole indication for using an OPG to aid in caries diagnosis.
- e. Evidence of extensive pathology.
- f. Those rare occasions where symptoms exist in more than one area of the mouth.
- g. Routine OPG radiographs are not approved for wisdom teeth unless there is a specific reason to do so e.g. pain, pericoronitis, extreme pressure.

### 7.3.13 Periapical radiograph

Generally this is considered a part of the capitation package and is included in the Annual Consultation fee. However, on rare occasions, a fee may be justified after approval from the Approving Dental Officer, eg in lieu of a panoramic radiograph.

### 7.3.14 Apexification / root filling teeth with an open apex

Approval may be given for a fee to cover the placement of a calcium hydroxide dressing in a root canal to promote the apexification of an immature tooth. The treatment requires prior approval. The fee may be paid on more than one occasion but there should be radiographic evidence of change before replacement of the calcium hydroxide dressing. This should be submitted with the approval form.

### 7.3.15 Splints for Bruxism

This provides coverage for a splint appliance to protect teeth from the damage caused by bruxism. The fee is that of a single tooth plastic denture and clasps if necessary. The splint is expected to be a laboratory processed heat-cured acrylic product. Approving Dental Officers will monitor the clinical circumstances being submitted for prior approval. Applications should provide the following information:

- The degree of attrition noted (primary, secondary or tertiary)
- Any mobility of the teeth affected
- Any sensitivity of the teeth
- Comments on the TMJ: pain, clicking, deviation on opening
- Did the patient complain of the problem or was it the dentists observation?

## General

### 7.4.1 Pulp capping

This is considered as part of the routine treatment and thus there is no additional fee.

**NB:** *This treatment may not be claimed as a pulpotomy.*

### 7.4.2 Pins

There is no payment for pins as this is included within the price for the particular treatment provided.

### 7.4.3 Orthodontic treatment and extractions for orthodontic purposes

Orthodontic treatment, including space maintainers, and extractions of either deciduous or permanent teeth for an orthodontic purpose are outside the scope of this Agreement. The issue of congenital absence of a permanent tooth can be discussed with the Approving Dental Officer.

### 7.4.4 Implants

This treatment is outside the scope of this Agreement.

### 7.4.5 Bridges

Adhesive bridges (of the Maryland type) are permitted subject to prior approval. Other forms of bridges are outside the scope of this Agreement.

### 7.4.6 Glass Ionomer Cement or Composite Fillings in Primary Teeth

Glass Ionomer Cement or Composite may be used as a filling material in primary molars where appropriate. The maximum fee is that for the equivalent amalgam filling.

### 7.4.7 Vitality Test

This is normally included within the consultation fee. If an exceptional case was to arise this could be negotiated with the approving dental officer. It is expected that in most cases this would be an ACC charge.

### 7.4.8 ACC

Treatment as the result of an accident is not covered under this Agreement and should be referred to ACC for payment.

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## Guideline for the Use of Fluoride and Minimal Intervention Strategies

Water fluoridation is considered the safest, most effective and socially equitable population approach to the prevention of dental decay (WHO, 1994). In areas of low, or an absence of, fluoride in community water supplies, fluoride toothpastes appear to have made the greatest impact on reducing dental decay (Thylstrup & Bruun, 1992).

Information on the practical application of topical fluorides is available on the Ministry of Health web-site Oral Health Tool-kit at:

<http://www.newhealth.govt.nz/toolkits/oralhealth/Fluorides.pdf>

Minimal intervention dentistry has been increasingly incorporated into public dental health programs as the evidence-base for newer materials and techniques has evolved. The principles underpinning minimal intervention dentistry include

- Remineralisation of early dental caries lesions;

- Reduction in cariogenic bacteria, in order to eliminate the risk of further demineralisation and cavitation;
- Repair rather than replacement of defective restorations; and
- Disease control.

(Tyas et al, 2000):

The advent of new generations of adhesive materials makes fissure sealants especially, important adjuncts to practical prevention. However, certain techniques still lack a suitable level of evidence, reproducibility or predictive value to permit them being endorsed as public health interventions (and thus suitable for incorporation into the Agreement) at this time.

## References

Thylstrup A and Bruun,C (1992). The use of dentifrices in the treatment of dental caries. In: Embery G and Rolla G (eds) Clinical and biological aspects of dentifrices. Oxford: Oxford University Press, pp 131-144.

Tyas MJ, Anusavice KJ, Frencken JE and Mount GJ (2000). Minimal intervention dentistry – A review. International Dental Journal 50:1-12.

World Health Organisation (1994). Technical Report Series 846. Fluorides and health. Geneva: WHO.

## Quality On Payments

Under the Combined Dental Agreement those providers who have a Quality Plan implemented within their practice may be paid at a higher rate. The Combined Dental Agreement has tables showing the different rates of payment for providers depending on whether or not they have complied with the requirements for Quality On payments.

Providers who have complied and are being paid at “Quality On” rates under the previous Adolescent Oral Health Services Agreement will continue to be paid at that rate under the new Agreement.

Providers wishing to apply for Quality On payments should contact their District Health Board or their Approving Dental Officer.

## Claiming Guidelines

These guidelines outline the correct procedure when providers are submitting dental claims. A list of all codes is provided at the end of these Guidelines.

### 11.1 The Forms

Under the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents there are 8 forms.

#### **Enrolment Form for Adolescent Oral Health Services**

An Enrolment form must be completed for all patients in order for you to provide treatment and claim under the Adolescent Oral Health Services contract. This form is completed when the adolescent enrolls with you as their dentist after leaving the school dental service or when they change to you from another dentist. The Agreement Holder must complete all details in the top section of the form. The lower half of this form must be completed by the patient or their legal guardian.

The completed forms are to be sent to HealthPAC, P O Box 3015, Wanganui

**Please note:** A claim cannot be made for treatment provided under the Agreement if the patient is not enrolled with you. Failure to enrol will mean that the claim will be rejected and no payment made.

#### **Oral Health Services for Adolescents and Special Dental Services Claim Summary Forms**

The Claim Summary Forms are used to summarise the total of the individual claim forms attached. Each claim must contain only those forms which relate to the services identified in the title. A Claim

Summary Form must have one or more Treatment Reports attached. Please complete this form in full or your claim may be returned to you for further information.

**Please Note:** An Exceptional Circumstances Treatment Report does **not** require a Claim Summary form.

### **The Annual Consultation Only Treatment Report – Oral Health Services for Adolescents**

If a patient has only a 12-month consultation and no other treatment is done, this is the form to be completed. Up to 6 patients may be claimed per form. Please attach this form to an Oral Health Services for Adolescents Claim Summary form, either by itself or with any number of Individual Treatment reports and transfer the total claim amount onto that form.

### **The Oral Health Services for Adolescents Individual Treatment Report**

This form is used if a patient requires any other work besides the 12 monthly consultation and includes 6 monthly and emergency consultations (except where an Exceptional Circumstances Treatment Report is used – see below for details). If this form is used then the patient **is not** entered or claimed on the Annual Consultation Only Treatment Report form. Only 1 patient can be entered on each form. All restorative and other work included in the Standard Capitated Package (even though it does not attract a separate fee) must be reported.

**Please Note:** If the claim includes treatment requiring Prior Approval you need to ensure that the Approval number is provided.

### **Oral Health Services in Exceptional Circumstances (Adolescents) Treatment Report/Claim Summary Form**

This form is used when there is an exceptionally high number of caries to treat. All treatments and costs must be listed. Approval must have been obtained from the Approving Dental Officer of your District Health Board prior to commencing treatment, and the Approval number must be included on the form. Each claim form provides the details of one patient only.

**Please Note:** A Claim Summary Form is **not** required when submitting this form.

### **Special Dental Services Agreement Individual Treatment Form**

This form is used for patients enrolled with the school dental service requiring treatment outside the scope of the dental therapist, or for adolescents who are unable to access their usual provider. If the claim is for treatment requiring prior approval you need to ensure that the Prior Approval number is provided. The top portion of this form is to be completed by either the patient or the legal guardian of the patient. The bottom portion is completed by the dentist.

### **Application for Approval to Provide Treatment Not Covered By Standard Fee Schedule**

This form is to be used prior to providing any treatment (OHSA, SDS or Ex/Circs) requiring prior approval. The form comes in triplicate and all 3 copies, preferably with radiographs supporting the application and the patient's proposed treatment plan, must be sent to the Approving Dental Officer

of the District Health Board. **Please ensure that all information required is provided and that the application is signed and dated by the treatment provider.** After consideration of the application and if the proposed treatment is approved, the Dental Officer will assign an approval number and retain one copy of the application, forward another copy to HealthPAC and return the remaining copy with radiographs to the dentist.

## 11.2 Steps for Making a Standard Claim - Adolescents

There are 3 claiming sections on this form and specific information is required in each where appropriate.

### Step 1

Decide the correct form for claiming for the patient. Choose **either** an Annual Consultation Only Treatment Report (for a patient who only had a 12 monthly consultation), **or** an Individual Treatment Report (for a patient who had a 12 monthly consultation plus additional treatment) **or** an Exceptional Circumstances Treatment Report (for a patient whose care falls into the Exceptional Circumstances area – refer to your Agreement for clarification).

**Please Note:** A patient must be entered on only one of these forms.

### Step 2

Select all the patients who have **only** had a 12 monthly consultation and enter them on the **Annual Consultation Only Treatment Report**.

Enter the following information on this form:

- The Agreement Holder's Payee number.
- The patient's first name, middle initial (if known) and surname.
- The patient's date of birth, gender and NHI number (if known).
- The patient's school's decile score.
- DMFT ( if aged 15 or 17 years).
- The appropriate Completion or Non-Completion code (COM1, COM2, COM3, NCO1, NCO2 or NCO3)
- The date of the consultation.
- The claim amount for each patient.
- Repeat for each patient – up to 6 patients per page.
- Calculate the Total at the end of the form.

**Please note:** If the patient no longer attends secondary school they will be allocated the middle (4-6) decile band.

### Step 3

Select the patients who have had a 12 monthly consultation **plus** additional treatment (except those to be claimed on an Exceptional Circumstances Treatment Report) and enter them on the **Individual Treatment Report**. Only 1 patient per report.

Enter the following information on this form:

- The patient's NHI number if known
- The patient's surname and first name.
- The patient's date of birth, gender and DMFT score (if aged 15 or 17 years).
- The name of the patient's school and the school's decile score (if applicable).

**Please note:** If the patient no longer attends secondary school they will be allocated the middle (4-6) decile band.

### **11.2.1 Standard Services (Annual Consultation and all treatments included in the Capitated Package).**

Refer to F2 of the Combined Dental Agreement for fees claimed in this section.

Enter whether the annual consultation was completed or not. (CON 1)

Alongside the appropriate codes for the following treatments

- Other scheduled consultation or emergency consultation in practice hours, (CON2, or CON3,)
- Topical fluoride treatment (TOP1)
- Other preventative treatment (OPT1)
- Periapical radiography (RAD1)
- One surface filling in posterior tooth (FIL1)
- Fissure sealant (FIS1)

Enter the following information for each treatment provided:

- The date of treatment,
- Under the heading Tooth enter the number(s) of the tooth/teeth on which the treatment was performed.
- Whether the treatment was completed or not.

### **11.2.2 Additional Services Not Requiring Prior Approval**

Refer to F2.1 of the Combined Dental Agreement for fees claimed in this section.

In this section enter all other treatment that does not require prior approval.

Enter the following information for each treatment provided:

- The date of treatment.
- The appropriate code (see list at end of this document or on back of Claim Summary form).
- Any relevant comments.

- Under Quantity enter the number of treatments being claimed for on this line.
- Under the heading Tooth enter the number(s) of the tooth/teeth on which the treatment was performed.
- Under Value \$ enter the total of the fees being claimed for each code multiplied by then number of teeth treated on this line.

### 11.2.3 Additional Services Requiring Prior Approval

Refer to F2.2 of the Combined Dental Agreement for fees claimed in this section.

In this section enter all treatment that requires prior approval.

Enter the following information for each treatment provided:

- The Prior Approval number.
- The date of treatment.
- The appropriate code (see list at end of this document or on the back of the Claim Summary form).
- Any relevant comments.
- Under Quantity enter the number of treatments being claimed for on this line.
- Under the heading Tooth enter the number(s) of the tooth/teeth on which the treatment was performed
- Under Value \$ enter the total of the fees being claimed for each code multiplied by the number of teeth treated on this line.

**Please Note:** The claim will not be paid if the prior approval number is not entered.

- Add all fees on the Treatment Report together and enter in Total Claimed (note that the total is **GST exclusive**).

#### Step 4

When all the Annual Consultation Only Treatment Reports and Individual Treatment Reports have been completed, the information from them is brought together and summarised on a **Claim Summary Form**.

Enter the following information on this form:

- The Claim Reference number
- The Payee Number
- The Agreement Number
- The Agreement Holder's Name
- The Dental Council of NZ Registration number
- The number of Treatment Reports attached to the form.
- The value of the attached treatment reports (GST exclusive)
- The GST amount, and the total (GST inclusive)

- Ensure the Dentist signs and dates the form at the bottom of the page below the certification.

**Please Note:** Failure to provide any of the above information may result in the claim being returned to you unpaid.

### Step 5

When forms are completed, attach all Annual Consultation Only Treatment Reports and Individual Treatment Reports to the back of the Claim Summary form and submit to HealthPAC, P O Box 1026, Wellington for the process of checking and payment.

## 11.3 Steps for Making an Exceptional Circumstances Claim

### Step 1

Claims for treatment for patients who fall into the category of Exceptional Circumstances are made on the Exceptional Circumstances (Adolescents) Treatment Report /Claim Summary Form. Each patient requires a separate form.

**Please Note:** All claims for Exceptional Circumstances must have prior approval

Enter the following information on this form:

- The Claim Reference Number, Payee number and Agreement number.
- The Agreement Holder's name and DCNZ number
- The patient's NHI number (if known).
- The patient's surname and first name (in BLOCK LETTERS).
- The patient's date of birth and gender, and DMFT if aged either 15 or 17 years
- The patients school and the school's decile score ( if applicable)
- The Prior Approval Number

For each treatment provided enter:

- Treatment date.
- The appropriate code (see list of Codes at end of this document or on the back of the Claim Summary form).
- Any relevant comments.
- Under Quantity enter the number of treatments being claimed for on this line.
- Under the heading Tooth enter the number(s) of the tooth/teeth on which the treatment was provided
- Under Value \$ enter the total of the fees being claimed for on this line.
- Add all fees together and enter in Total Claimed (GST exclusive)
- Calculate the GST if you are registered for GST
- Enter the GST inclusive total

- Ensure the Agreement Holder signs and dates the certification at the bottom of the page.

**Please Note:** Failure to provide any of the above information may result in the claim being returned to you unpaid.

## Step 2

Attach a copy of the approved treatment plan and submit claim to HealthPAC, P O Box 1026, Wellington, for the process of checking and payment.

## 11.4 Steps for making a Special Dental Service Treatment Claim

### Step 1

This form is to be used either for children who have been referred by the school dental service or for children or adolescents who have been treated as an emergency patient when unable to access the school dental therapist or their usual dentist. Use one report per patient.

Ensure that the patient or their legal guardian has completed the top portion of the form on entering your practice and prior to receiving treatment. All boxes must be completed as applicable and the ethnicity question must be answered by the patient.

### Step 2

Tick the box appropriate for the treatment provided and the category of the patient.

**Please Note:** The claim will be denied if a box is not ticked.

### Step 3

In the appropriate section in the bottom portion of the form, (either standard services or services requiring prior approval), enter the following information:

- Date of treatment
- Treatment code (see the list of codes at the end of this document or on the back of the Claim Summary form).
- Any relevant comments
- School dental referral number or approval number (where applicable)
- Under Quantity enter the number of treatments being claimed on this line
- Under the heading Tooth enter the number(s) of the tooth/teeth on which the treatment was provided
- Under value \$ enter the total of the fees being claimed on this line
- Add all fees together and enter in Total Claimed (GST exclusive)

### Step 4

When all the Individual Treatment Reports have been completed, the information from them is brought together and summarised on a **Claim Summary Form**.

Enter the following information on this form:

- The Claim Reference number
- The Payee Number
- The Agreement Number
- The Agreement Holder's Name
- The Dental Council of NZ Registration number
- The number of Treatment Reports attached to the form.
- The value of the attached treatment reports (GST exclusive)
- The GST amount, and the total (GST inclusive)
- Ensure the Dentist signs and dates the form at the bottom of the page below the certification.

**Please Note:** Failure to provide any of the above information may result in the claim being returned to you unpaid.

### **Step 5**

When forms are completed, attach all Special Dental Service Agreement Individual Treatment Reports to the back of the Claim Summary form and submit to HealthPAC, P O Box 1026, Wellington for the process of checking and payment.

### **11.5 Processing System**

Once claims are received at HealthPAC, they are date-stamped and checked to ensure accuracy of data provided. If the claim has been completed correctly it is entered on the computer payment program and payment is lodged in the provider's bank account within the time allowance noted in the Agreement.

If required information is not provided the claim is returned to the provider for correction. For inquiries regarding claims, call: HealthPAC Helpline – 0800 458 448

## Codes and Descriptions

Code	Description	Code	Description
<b>COM1</b>	Completion - Decile 1-3	<b>EMD1</b>	Emergency dressing
<b>COM2</b>	Completion – Decile 4-6	<b>CAL1</b>	Calculus scaling (not associated with routine prophylaxis)
<b>COM3</b>	Completion – Decile 7-10	<b>RAD1</b>	Periapical radiograph
<b>NCO1</b>	Non-completion – Decile 1-3	<b>RAD2</b>	Panoramic radiograph
<b>NCO2</b>	Non-completion – Decile 4-6	<b>RAD3</b>	Occlusal radiograph
<b>NCO3</b>	Non-completion –Decile 7-10	<b>MSO1</b>	Minor surgical operation or periodontal or time based treatment– 1 <sup>st</sup> half hour
<b>CON1</b>	Annual consultation	<b>MSO2</b>	Minor surgical operation or periodontal or time based treatment – each additional ¼ hour
<b>CON2</b>	Other scheduled consultation (e.g. 6 monthly)	<b>CRN1</b>	Preformed stainless steel crown
<b>CON3</b>	Emergency consultation within normal practice hours	<b>CRN2</b>	Porcelain-ceramic to metal crown
<b>CON4</b>	Emergency consultation outside normal practice hours	<b>CRN3</b>	Porcelain jacket crown
<b>CON5</b>	Exceptional circumstances 12 monthly consultation	<b>CRN4</b>	Processed acrylic jacket crown
<b>FIS1</b>	Fissure sealant	<b>CRN5</b>	Full coverage composite crown
<b>TOP1</b>	Topical fluoride application	<b>CRN6</b>	Posterior gold crown
<b>OPT1</b>	Other preventative treatment	<b>RCM1</b>	Re-cement inlay or crown
<b>FIL1</b>	One surface filling in posterior teeth	<b>PST1</b>	Cast post and core
<b>FIL2</b>	Two surface amalgam (approximo-occlusal) filling	<b>PST2</b>	Preformed post (para, flexi etc) and core
<b>FIL3</b>	Three surface amalgam (mesio-occlusal-distal) filling	<b>VEN1</b>	Porcelain veneers
<b>FIL4</b>	Amalgam restoration including restoration of one or more cusps	<b>VEN2</b>	Labial composite veneers
<b>FIL5</b>	Simple non-metallic fillings in anterior tooth	<b>DEN1</b>	Precision-cast metal partial denture
<b>FIL6</b>	More than one surface non-metallic	<b>DEN2</b>	Precision-cast metal partial denture –

	fillings in an anterior tooth		each extra tooth
<b>RCT1</b>	Root canal treatment & root filling in a permanent tooth ( per canal treated)	<b>DEN3</b>	Acrylic partial denture
<b>RCT2</b>	Pulp removal and root filling in a deciduous tooth (maximum per tooth)	<b>DEN4</b>	Acrylic partial denture – each extra tooth
<b>RCT3</b>	Pulpotomy in deciduous tooth	<b>DEN5</b>	Acrylic partial denture – each clasp
<b>RCT4</b>	Pulpotomy in permanent tooth	<b>DEN6</b>	Single full denture
<b>EXT1</b>	First extraction with local anaesthetic	<b>DEN7</b>	Pair of full dentures
<b>EXT2</b>	Subsequent extraction with local or general anaesthetic	<b>ABMT</b>	Adhesive Bridges- Maryland type
<b>EXT3</b>	First extraction with general anaesthetic	<b>APX1</b>	Apexification/root filling teeth with an open apex
		<b>SPLT</b>	Splints for TMJ dysfunction/bruxism

## Conflict of Interest

Contracted dentists are required to declare potential conflict of interest with any parties to their contracting DHB portfolio manager. A process to check conflicts of interest should be completed by the contracting DHB at the time of signing a dentist onto the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents and contracted dentists are responsible for declaring any conflicts of interest that may arise while they are contracted to provide services..

Dentists contracted to provide adolescent oral health services may also be appointed as an Approving Dental Officer. However, an Approving Dental Officer who is also a contracted dentist and making applications for approval to perform treatment (in accordance with these guidelines) must refer their applications to another Approving Dental Officer. The Approving Dental Officer must be agreed with the DHB that holds the Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children and Adolescents with the dentist as a contractor.