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| **Codes and Descriptions - Oral Health Services for Adolescents** |  |

| Code | Description |
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| ABMT | Adhesive bridges – Maryland type |
| APX1 | Apexification/root filling teeth with an open apex |
| COM1 | Completion – Decile 1–3 |
| COM2 | Completion – Decile 4–6 |
| COM3 | Completion – Decile 7–10 |
| CON1 | Annual consultation |
| CON2 | Other scheduled consultation (eg, six-monthly) |
| CON3 | Emergency consultation during normal hours - $0.00 value as part of the annual consultation fee or capitated package. For your enrolled patients only. |
| CON3 | Emergency consultation during normal hours with a fee depending on date of treatment/service. Note: you cannot claim CON3 with a fee for your enrolled patients. |
| CON4 | Emergency consultation after hours (indicate time) |
| CON5 | Consultation including examination, bitewing radiographs and diagnosis advice on dental care |
| CRN1 | Preformed metal crown |
| CRN2 | Porcelain-ceramic to metal crown |
| CRN3 | All ceramic crown (partial or full coverage, bonded or cemented) |
| CRN4 | Gold crown (partial or full coverage) |
| CRN5 | Complex reconstruction in composite resin |
| DEN1 | Precision-cast metal partial denture |
| DEN2 | Precision-cast metal partial denture – each extra tooth |
| DEN3 | Acrylic partial denture |
| DEN4 | Acrylic partial denture – each extra tooth |
| DEN5 | Acrylic partial denture – each clasp |
| DEN6 | Single full dentures |
| DEN7 | Dentures full upper and lower |
| EMD1 | Emergency dressing |
| EXT1 | Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with local anaesthetic |
| FIL1 | One surface restoration in posterior teeth (including the anterior and posterior pit and all buccal, palatal and lingual fissure extensions of molars) |
| FIL2 | Two surface (approximo occusal) restorations in posterior teeth |
| FIL3 | Three surface (mesio occusal-distal) restorations in posterior teeth |
| FIL4 | Complex coronal reconstructions in (including restoration of one or more cups) |
| FIL5 | Simple non-metallic restorations in anterior teeth |
| FIL6 | More than one surface non-metallic restorations in anterior teeth |
| FIS1 | Fissure sealant |
| MSO1 | Minor surgical operation or other time based procedures – 1st half hour |
| MSO2 | Minor surgical operation or other time based procedures – each additional quarter hour |
| NCO1 | Non-completion – Decile 1–3 |
| NCO2 | Non-completion – Decile 4- 6 |
| NCO3 | Non-completion – Decile 7–10 |
| OPT1 | Other preventative treatment |
| PBW1 | Bitewing radiograph |
| PDT1 | Treatment of Periodontal Disease |
| PST1 | Cast post and core |
| PST2 | Preformed post (para, flexi, etc) and core |
| RAD1 | Periapical radiograph |
| RAD2 | Panoramic radiograph |
| RAD3 | Occlusal radiograph |
| RCM1 | Re-cement inlay or crown |
| RCT1 | Root canal treatment and root filling in permanent anterior or premolar teeth (per canal) including all necessary radiographs performed during treatment and mandatory post-operative radiology for patient's record |
| RCT2 | Pulp removal and root filling in a deciduous tooth (maximum fee per tooth) |
| RCT3 | Pulpotomy in deciduous tooth |
| RCT4 | Pulpotomy in permanent tooth |
| RCT5 | Root Canal treatment and root fillings in permanent molar teeth (per canal treated) including all necessary radiographs performed during treatment and a mandatory post-operative radiograph for the patient's record. |
| SCL1 | Removal of supragingival calculus |
| SPLT | Bite splints |
| TOP1 | Topical fluoride application |
| VEN1 | Porcelain veneers |
| VEN2 | Labial composite veneers |

Te Whatu Ora, PO Box 1026, Wellington, New Zealand. Telephone 0800 855 066. Jun 2023– HP5953

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| **Oral Health Services for Adolescents Individual Treatment Report**  This form must be attached to a completed claim summary form (HP5952) | | | | | | | |  | |
| Patient NHI (mandatory) | | |  |  | | | | | |
|  |  |  | |  | | | | | |
| Patient’s last name | | |  | Patient’s first name | | | | | |
|  | | |  |  | | | | | |
| Date of birth (DD/MM/YYYY) | |  | | Sex | | | | | |
|  | |  | | Male | Female | | other | | |
| School attended | | |  | School number | | School EQI Code | | | |
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| **Standard package of care** |

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| Date of annual consultation – CON1 | | Completed | |  |  | | | | | | | | | |
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|  | | Yes  No | | Annual capitated fee (GST exclusive) | | | | | | |  | $ |  |
|  | |  | |  |  |
| **Date of treatment** (DD/MM/YYYY) | **Code** | | **Completed ()** |  | **Date of treatment** (DD/MM/YYYY) | | | | | | **Code** | | **Teeth** | **Completed ()** |
|  |
|  | CON2 | |  |  |  |  |  |  |  |  | FIL1 | |  |  |
|  | CON3 | |  |  |  | | | | | |
|  | TOP1 | |  |  |  |  |  |  |  |  |
|  | OPT1 | |  |  |  |  |  |  |  |  | FIS1 | |  |  |
|  | RAD1 | |  |  |  | | | | | |
|  | PBW1 | |  |  |  |  |  |  |  |  |
|  | SCL1 | |  |  | \*CON3 - Emergency consultation during normal hours with a fee depending on date of treatment/service. Note: you cannot claim CON3 with a fee for your enrolled patients. | | | | | | | | | |

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| **Additional services not requiring prior approval** |

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| **Date of treatment** (DD/MM/YYYY) | **Code** | **Comment** | **Quantity** | **Teeth** | **Value $** | **Te Whatu Ora only** |
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| **Additional services requiring prior approval** | Approval no |  |

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|  |  |  | Total claimed (GST exclusive) | $ | $ |

Please complete and email to [cdaclaims@health.govt.nz](mailto:cdaclaims@health.govt.nz). Telephone 0800 855 066 HP 5953 June 2023