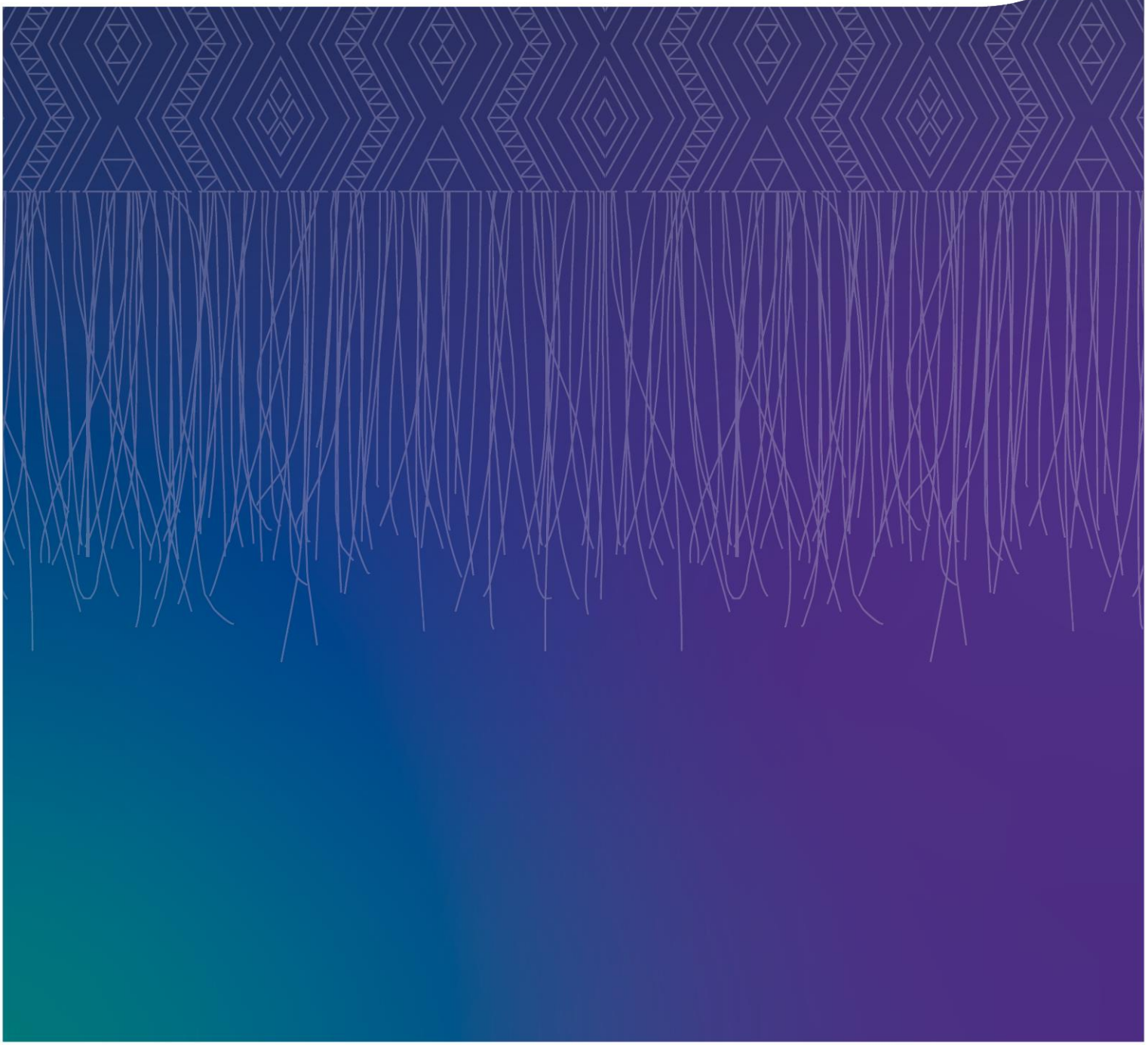
Health New Zealand
Te Whatu Ora

Operational Guidelines for the Combined Dental Agreement



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Document control summary

Amendment to the Operational Guidelines for the Combined Dental Agreement (CDA) will be numbered consecutively and dated by the issuer.

Version	Date issued	Sections re-issued	Initials
00	August 2025	New Document	Health NZ

Contents

1 About these guidelines

These guidelines are designed to help oral health providers deliver oral health services to adolescents and special dental services for children and adolescents, including services provided through mobile dental clinics, under the CDA.

These guidelines also outline the correct process for providers to submit dental claims. **10** of these guidelines lists the codes to use.

These guidelines cover a range of key topics, such as:

- definitions of treatments
- obligations of providers
- payment guidelines and process
- audit guidelines and process
- standard oral health services
- oral health services that do not require prior approval
- oral health services that require prior approval
- treatment guidelines.

These guidelines also refer to various pieces of legislation, such as the guidance about safety checks in the **Children's Act 2014**.

To help you navigate the guidelines, each section starts with a *'What you'll find in this section'*. Please keep these guidelines handy, to help you provide oral health services to adolescents and children under the CDA.

Please read these guidelines along with your CDA and any future amendments or variations. These guidelines may be updated in consultation with all Representative Bodies.

If you need help to interpret these guidelines, please contact the Approving Dental Officer (ADO) in your district.

The ADO is the appointed person who approves treatment in your district. You can find a list of ADOs by region at Approving Dental Officer's contacts – Health New Zealand | Te Whatu Ora.

2 General guidelines

What you'll find in this section

This section includes guidance about:

- **specific terms used in providing oral health services for adolescents and special dental services for children and adolescents**
- **instances where prior approval is required**
- **services for adolescents with high caries**
- **obligations of providers**
- **mobile providers**
- **queries about the agreement**
- **transferring or ending your agreement.**

2.1 Definitions of specific terms

The following definitions relate to specific terms used in the CDA.

2.1.1 Oral health services for children and adolescents

The term 'oral health services for children and adolescents' includes oral health services for:

- adolescents from Year 9 at school until the day before their 18th birthday and
- children, Year 8 and under at school, or pre-schoolers aged under five, either referred by the Community Oral Health Service, or which that Service has officially released early because it cannot treat the child or pre-schooler for medical or operational reasons.

2.1.2 Fee for service

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

2.1.3 Standard oral health services for adolescents

Standard oral health services for adolescents describes the range of dental services that are purchased as a capitated package (standard package). The standard package is a

method of funding services where a price is paid yearly (once every 12 months) for a prescribed list of treatment (**see clause E5.1 of the CDA**) for each enrolled adolescent.

The price covers a range of services from which a provider can choose the services that best meet the needs of each adolescent. This includes diagnostic services, operative treatment and preventive treatment.

A standard package delivers a range of benefits

The standard package enables the provider to meet each adolescent's needs, noting these will vary. Under the standard package, adolescents who require preventive care, occasional restorative work, or both, can be offered oral health care appropriate to their needs while ensuring providers are paid adequately. Capitation allows providers to deliver services to a group of adolescents with a mix of oral health needs.

A standard package offers a range of services

The standard package of services includes a yearly examination and may also include:

- bitewing and periapical radiographs (PBW1, RAD1)
- prophylaxis, including removal of supragingival calculus (SCL1)
- fissure sealants (FIS1)
- single surface restorations (FIL1)
- preventive treatment, including oral health education and topical fluoride applications (TOP1).

Further consultations are recorded using CON2

Use the CON2 code if the adolescent needs any other consultations within the 12-month period (excluding emergency consultations outside normal practice hours). While no fee is payable, recording this information is important for data collection.

2.1.4 Additional oral health services for adolescents not requiring prior approval

Some additional oral health services for adolescents do not need prior approval. These services are described in **clause E5.3 of the CDA**, and are outside the standard package of services. An ADO does not need to approve these services.

2.1.5 Additional oral health services for adolescents requiring prior approval

Some additional oral health services for adolescents need prior approval. These services are described in **clause E5.4 of the CDA**, and are outside the standard package of services. An ADO must approve these services before any claim is paid out.

2.1.6 Special dental services for children and adolescents

The term 'special dental services for children and adolescents' includes oral health services for:

- children, from birth until the end of school Year 8, who are enrolled with the Community Oral Health Service have been referred for treatments that are beyond the scope of a dental therapist or oral health therapist.
- 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.

A referral is required from the patient's Community Oral Health Services or from their regular oral health service provider, except in an emergency.

Special dental services for children and adolescents not requiring prior approval

Some special dental services for children and adolescents may be provided without the ADO's approval. These services are described in **clause E5.5 of the CDA**.

Special dental services for children and adolescents requiring prior approval

Some special dental services for children and adolescents may only be provided with the ADO's prior approval. These services are described in **clause E5.6 of the CDA**.

2.2 When prior approval is required

Prior approval is required for **all** treatment items listed in **clauses E5.4 and E5.6 of the CDA**. This applies to all enrolled patients.

Prior approval may not be practicable in all situations, such as urgent or emergency situations. In these situations, submit the prior approval form as soon as practical after providing the treatment.

The oral health professional providing the treatment must sign the prior approval form.

If prior approval is declined, the patient is not obliged to pay for the treatment provided.

2.3 Services for adolescents with high caries

Where the adolescent presents with high caries needs, the provider may seek approval from the ADO to deliver services through a High Caries Treatment Plan. Services within this Plan are paid on a 'fee for service' basis rather than as part of the standard package of care.

It is expected that High Caries Treatment Planning will result from one of five pathways.

1. The enrolling adolescent is in Year 9 and has left the Community Oral Health Service with extensive unmet treatment need.
2. The adolescent has not attended the Community Oral Health Service or any other health provider for an extended period of time, resulting in a large amount of unmet treatment need.
3. The adolescent has recently entered New Zealand from overseas and being an Eligible Person, presents to the oral health services provider with a large amount of unmet treatment need.
4. The adolescent's caries risk has changed dramatically.
5. The adolescent is at higher risk of caries due to cranio-facial anomalies or special care needs (see below).

The ADO will consider access to High Caries Treatment Plan funding if the adolescent shows a need for single surface restorations (FIL1) in four or more posterior teeth, in addition to any other treatment need. In some circumstances, adolescents may present with an elevated risk of dental caries and benefit from more frequent clinical reviews, even if they do not meet the threshold of requiring four or more single-surface posterior restorations. This includes individuals with cranio-facial anomalies or those with special care needs. For these individuals, the ADO will consider approval for a High Caries Treatment Plan, to facilitate six-monthly preventative and therapeutic care where clinically indicated.

Carious lesions requiring single surface restorations (FIL1) are expected to involve dentinal tooth structure.

You can apply for High Caries Treatment Plan funding in any 12-month period where the adolescent shows a need for the treatment.

High caries treatment plan is claimed using CON5 (high caries treatment planning consultation) and cannot be claimed in addition to a standard package of care (CON1).

Six months following completion of a high caries treatment plan, individuals are eligible for a standard package of care (CON1).

The ADO does not need to approve High Caries Treatment Plan funding solely because the adolescent is considered to have four or more teeth requiring single surface restorations (FIL1), without further evidence of high caries and the reason for them (noting one of the five criteria above).

Giving the adolescent four or more small, single surface restorations is not considered a need for High Caries Treatment Plan funding if they have received regular care and are showing no other evidence of high caries activity.

If a claim is made under High Caries Treatment Plan funding, you can make a further standard package claim in six months.

Approval process for High Caries Treatment Planning

1. Use **both** forms HP5958 (application for approval to provide treatment not covered by the standard package or fee schedule) and HP6656 (a High Caries Treatment Planning form) to apply for approval. Using these forms at the same time will help avoid delays in processing your application.
2. You may include a letter or computer-generated treatment plan. Either should include **all** dental treatment required and any supporting radiographs and clinical photographs. You must explain why the adolescent needs High Caries Treatment Plan funding.

3. Submit the forms, treatment plan and supporting evidence to the ADO, who will decide whether to approve your application.
4. If approved, the ADO will assign an approval number, sign the approval form and return it to you.
5. Attach the approved and signed form to the appropriate claim form. For high caries treatment, this form is HP5955 High Caries Treatment Planning (adolescents) Treatment Report / Claim Summary Form.

Discussions between the provider and the ADO about prior agreement may be useful when seeking approval for certain treatments outside the standard fee schedule. This discussion may help ensure timely completion of care.

You cannot claim a single surface restoration (FIL1) and a fissure sealant (FIS1) on the same tooth at the same appointment. The expectation is that any other at-risk surfaces are sealed at the same time as any single surface restoration.

2.4 Obligations of providers

You are required to provide services described within the CDA contract to children and adolescents that have enrolled with your practice.

You may subcontract the provision of services as outlined in **clause A14 of the CDA** as long as these services are undertaken under the CDA.

If another CDA provider (Second provider) is required to complete treatment under the standard package, only a single CON1 claim is permitted. The Second provider must not claim a CON1 or a CON3.

Private fees are not permitted for any treatment for which an item exists under the CDA (such as periodontal treatment or hygiene visits). Co-payments are not permitted.

2.5 Mobile providers

Mobile providers must meet all obligations of the CDA

A provider who provides oral health services for adolescents through a mobile dental clinic (Mobile provider) must meet all the obligations in the CDA.

A Mobile provider must ensure that adolescents can easily obtain the full range of services and treatments described within the CDA from the onsite mobile clinic within the expected timeframes after examination (schedule all treatments within two months of the initial consultation date).

A Mobile provider must ensure clinicians with appropriate scope of practice (including dentist and dental or oral health therapists) are available at the mobile clinic.

Mobile providers are expected to not approach schools to offer services under the CDA if another Mobile provider already provides services to these schools. If you are unsure, please check with your Health NZ Regional Commissioning contact.

Completing treatment

Completion of treatment must occur onsite while the mobile clinic is scheduled at a school. In a few situations this may not be practical. Examples are where a required treatment is complex, or during an emergency when care is urgently required during normal hours, but the mobile clinic is no longer onsite at a school.

In these few situations, the Mobile provider must arrange for their enrolled adolescents to be seen at:

- a fixed practice within the same company ownership as the Mobile provider
- a mobile clinic owned by the Mobile provider based at another school
- a Second provider with which it has a written subcontract.

Any alternative site must be within reasonable travelling distance for the adolescent. The required travel must not be a barrier to completing treatment.

Any Mobile provider who refers their enrolled adolescent to a Second provider to provide the services and treatments must:

- have a written subcontract with any Second provider it subcontracts to provide part of the treatment
- pay that subcontracted provider for any standard package of services treatments related to providing ongoing treatment (for example, FIL1 restorations out of the CDA standard package fee that the Mobile provider claims through a CON1).

Establishing a subcontract with a Second provider

The Mobile provider must have a written subcontract with a Second provider that covers the items noted below. Please ask your Health NZ Regional Commissioning contact if you require a subcontracting template. The subcontract must include the items below.

1. The Second provider agrees to provide follow-up consultations, treatments and emergency services for adolescents enrolled with the Mobile provider.
2. Only one standard package fee (through a CON1) is claimed for each adolescent yearly. As a result, the Second provider agrees to not claim a CON3 or standard package fee (such as through a CON1, COM1, COM2, or COM3) for the adolescent enrolled with a Mobile provider with which they have the subcontract.
3. The Mobile provider agrees to pay the Second provider a fee for any standard package of services treatments related to providing ongoing treatment, for example FIL1 restorations. The Mobile provider will pay any fees to the Second provider out of the standard package fee that the Mobile provider claims for the enrolled adolescent.
4. The Mobile provider agrees to not claim for any non-standard package treatment fees from the Second provider. The Second provider can claim in their usual way under their CDA for any non-standard package treatment fees. An example of such a fee is for High Caries Treatments of Additional Oral Health Services for adolescents.
5. The Mobile provider agrees to share dental radiographs or any other supporting clinical information with the Second provider, wherever possible, and in a secure and timely manner.

Informing adolescents so they know how and where to access emergency care

The Mobile provider will:

- inform adolescents enrolled with them about how and where to access emergency care
- ensure this information is also readily available on the Mobile provider's website and phone messaging service
- provide this information using methods (such as text messaging) acceptable to the adolescent or their whānau/caregiver.

Providing this information will help ensure the adolescent and their whānau/caregiver have timely access to emergency dental care throughout the year.

2.6 Queries about the agreement

If you have any queries about the CDA, please contact your Health NZ Regional Commissioning contact in the first instance.

2.7 Transferring or ending your agreement

The CDA contains specific clauses about transferring or ending your contract.

Transferring your agreement

You may transfer your rights and obligations to another CDA provider after seeking written approval from Health NZ. Health NZ will not unreasonably withhold this approval. The timeframes for such transfer are:

- six weeks if fewer than 1,000 enrolled patients
- 13 weeks if more than 1,000 enrolled patients.

These timeframes allow Health NZ, the provider, or both, enough time to complete their due diligence processes.

Ending your agreement

Clause A34 of the CDA lists specific notice periods that are required when ending your contract.

3 Audit guidelines

What you'll find in this section

This section includes guidance about:

- **the audit process**
- **when an audit may become an investigation.**

Audits and investigations are conducted in line with the terms of the CDA.

3.1 Audit process

The audit process involves these actions.

- **Comparison** of the provider's reporting levels or claims and trends with national, regional and district data.
- Desktop **analysis** of the provider's reporting or claims.
- A **visit** to a practice where a selection of reports is checked against patient records.
- A **survey** of a selection of patients to check that the services reported were provided.
- A clinical **audit** of patients.

Our aim is to be professional, objective, and fair. This aim is in line with the relationship principles outlined in **clause A6 of the CDA**.

Please refer to **clause A17 of the CDA** for further information about the audit requirements.

When an audit may become an investigation

Formal investigation systems are in place to detect and deal with rare cases of fraudulent and inappropriate reporting and service provision. In these cases, the audit may become an investigation where Police are involved.

4 Payment guidelines

What you'll find in this section

This section includes guidance about:

- **when you can expect payment**
- **Goods and Services Tax**
- **identifying payments and keeping records**
- **seeking approval for additional oral health services for adolescents requiring prior approval**
- **who is eligible to receive services.**

4.1 When you can expect payment

Health NZ will pay you by direct credit to your bank account **within 20 working days**. Health NZ can only pay out after receiving a valid claim.

Health NZ will email the following documents once a claim has been processed for payment:

- the Claim Determination Document
- Buyer-Created Tax Invoice Supply Information
- Remittance Advice.

4.2 Goods and Services Tax

All fees noted in the CDA are **exclusive** of Goods and Services Tax (GST).

4.3 Identifying payments and keeping records

Each claim summary form should have a unique reference number that you have given that form.

This reference number will show on the Claim Determination Document, Buyer Created Tax Invoice and Remittance Advice. The number identifies the group of services and treatments for which the payment is being made.

Keep records to help identify payments

Records you need to keep track of payments are:

- copies of all claims sent to Health NZ
- records of the date these claims were sent
- copies of approvals from the ADO.

4.4 Payment for additional oral health services for adolescents requiring prior approval

You need to have an approval number from the ADO **before** you claim for additional oral health services for adolescents who require prior approval.

The claim summary form must include the approval form and approval number issued by the ADO when they approved the treatment.

4.5 Who is eligible to receive services

Having a National Health Index (NHI) number does not guarantee the eligibility of a patient. The eligibility criteria are set out below and in **clause E4 of the CDA**.

Eligible Person for Oral Health Services for adolescents

The eligibility criteria for a Person to receive Oral Health Services for adolescents under the CDA are set out in this section.

Adolescents are eligible from the start of school Year 9 up to the day before their 18th birthday. This also includes adolescents who are home schooled, placed in alternative education, or who have left school.

Providers will not exclude enrolling Eligible Persons who present at enrolment with a high level of treatment need, or who likely have a high prevalence of oral disease.

Children are also eligible from Year 8 at school and under if **all** the following have occurred.

- Health NZ has identified CDA providers that have capacity and are willing to enrol children earlier in their practice.
- The Community Oral Health Service has advised that they are unable to treat them due to medical or operational reasons and provided options for continued care.
- One or both of the ADO and Regional Commissioning have approved the transfer.

- The enrolment form is complete. A note at the top must clearly state this is an approved early release from the Community Oral Health Service. The form must note the name of the school the child currently attends.

Eligible Person for Special Dental Services

Here are the eligibility criteria for a Person to receive Special Dental Services.

- Children are eligible from birth until the end of school Year 8 if they are enrolled with the Community Oral Health Service and are referred for care beyond the scope of a dental or oral health therapist, or they do not have reasonable access to their regular oral health services provider.
- Adolescents are eligible from and including school Year 9 up to their 18th birthday and if they do not have access to their regular oral health services provider.
- Eligible Persons for Special Dental Services include children and adolescents meeting the above criteria who are home schooled, placed in alternative education, or who have left school.

General eligibility criteria for publicly funded health services also apply

General eligibility criteria for publicly funded health services in New Zealand also apply, as specified in the Health and Disability Services Eligibility Direction. You can find this at **Eligibility for publicly funded health services – Health New Zealand | Te Whatu Ora**.

5 Treatment guidelines

What you'll find in this section

This section includes guidance about:

- **standard oral health services**
- **additional oral health services not requiring prior approval**
- **additional oral health services requiring prior approval.**

These treatment guidelines are intended to help providers interpret the CDA. Please read them when you read the CDA and any subsequent amendments.

5.1 Standard oral health services

This section lists the standard oral health services delivered under the CDA.

5.1.1 Consultations – oral health services for adolescents (covered in the standard package) (CON1)

Consultations for adolescents funded through the standard package include:

- examination and diagnosis
- prophylaxis
- preventive care, such as fluoride varnish and fissure sealants
- single surface restorations (up to 3 single surface restorations)
- education and advice on oral health care
- any special tests along with bitewing and periapical radiographs considered necessary.

Scheduling consultations and treatments

Consultations include regular consultations as necessary and any necessary emergency consultations during normal hours.

All adolescents will receive **one** yearly consultation. Such consultations are expected to be 12 months apart (the recall interval). All treatments should be scheduled **within two months** of the initial consultation date. Ensure each adolescent's treatment plan is designed to meet their level of need and their risk of caries.

If the adolescent turns 18 during the year of consultation

The exception is if the adolescent turns 18 during the year of consultation. If this happens, a consultation may be claimed before the adolescent's 18th birthday if **both** of these apply.

- The adolescent's previous consultation was nine or more months ago and
- The adolescent's 18th birthday would occur before 11 months and 1 day since the previous consultation.

Only one claim for each adolescent yearly

A consultation fee may only be claimed once in any 12-month period for each adolescent. Where an adolescent requires further consultations within a 12-month period, provide these at no further cost and record them as CON2.

The standard package has three payment bands

The standard package has three payment bands. These are based on the Ministry of Education Equity Index (EQI) for the school the adolescent attends, with payments being higher for adolescents attending schools with a higher EQI. The payment bands are described in **clause F2 (Pricing for Standard Oral Health Services for Adolescents) of the CDA**.

If adolescents are not enrolled at school

If providers treat adolescents who are home schooled or have left school, you must claim the 'middle' EQI band (COM2) as described in **clause F2 of the CDA**.

If adolescents attend a school without an EQI band rating

If providers treat adolescents who attend a school without an EQI rating, you must claim the lower EQI band (COM3) as described **clause F2 of the CDA**.

Description of services available within a standard package

The following is a list of services that providers may deliver within a standard package:

- Prophylaxis where required. Prophylaxis is considered the removal of all coronal calculus with or without a polish. Most adolescents will only need the removal of supragingival calculus. Prior approval is needed if further services are required for Treatment of Periodontal Disease (PDT1).
- Fissure sealants where required. All teeth considered at risk are expected to be fissure sealed to reduce the chance of decay. The aim is to improve the dental health of the adolescent and prevent further treatment.

Other preventive treatments where required. Examples are topical fluoride applications, excluding Silver Diamine Fluoride — see **5.3.1** of these guidelines for more information on Silver Diamine Fluoride.

Education and advice about oral health care.

Single surface restorations (FIL1) where required. The restorations are expected to involve dentinal tooth structure. If four or more teeth require FIL1, you can apply to provide this treatment as part of a High Caries Treatment Plan (refer to **2.3**).

Recording completed work supports data collection and further analysis

It is important to record all completed fissure sealants (FIS1), topical fluoride applications (TOP1) and single surface restorations (FIL1), even if these are not a paid individual code. This recorded data is essential to capture the breadth of treatments provided for ongoing analysis of the capitation model.

5.1.2 Consultations – special dental service (CON3)

A separate consultation fee applies for special dental consultations (CON3).

CON3 may be claimed when a patient is one of:

- a child or an adolescent who has been referred from the Community Oral Health Service or another provider for a service they are unable to provide
- a child or an adolescent who presents for emergency care and is enrolled with another provider or not enrolled with any provider.

It is expected that the patient will return to their usual provider as soon as practical.

CON3 should not be used for patients who are enrolled in your practice and have already received CON1 within your practice.

5.1.3 Single surface restorations (FIL1)

All posterior single surface restorations (FIL1) are included in the standard package for adolescents. The fee for any single surface occlusal restoration includes any carious pit on that surface filled at that treatment session. This includes:

- the anterior **and** posterior occlusal pits of molars if carious
- any carious buccal, lingual, or palatal fissure that is an extension of the occlusal lesion.

If single surface restorations are needed in four or more posterior teeth

Please refer to **2.3** (services for adolescents with high caries) of these guidelines if the adolescent is shown to need single surface restorations in four or more posterior teeth.

5.1.4 Preventive services – Fissure sealants, fluoride applications, oral health education

Fissure sealants (FIS1) as well as spot and general applications of fluoride are included and funded as part of the standard package. If High Caries Treatment Planning has been approved, fissure sealants may be paid for separately.

Special Dental Services do not cover fissure sealants because the Community Oral Health Service provides them.

You cannot claim fissure sealants as a single surface restoration.

5.2 Additional oral health services not requiring prior approval

This section lists the additional oral health services that do not require prior approval from an ADO.

5.2.1 Posterior restorations two-surface and three-surface restorations (FIL2 and FIL3)

You can claim individual two surface restorations (FIL2) for any separate mesio-occlusal and disto-occlussal fillings placed in the same tooth at the same course of treatment.

Use the two surface (FIL2) code for mesio-occlusal, or disto-occlussal restorations, including buccal, lingual, or palatal extensions.

Use the three surface (FIL3) code for mesio-occlusal-distal restorations, including any buccal, palatal, or lingual extensions.

FIL1 may not be claimed in addition to a FIL2 or FIL3 for the same posterior tooth.

Glass Ionomer cement or composite may be used as a filling material in primary molars where appropriate. The maximum fee is the same as for an equivalent amalgam filling.

5.2.2 Posterior complex restorations (FIL4)

You can claim for a complex restoration (FIL4). The fee is only payable when restoring a patient's cusp and includes the concurrent restoration of any other surface of the same tooth.

5.2.3 Anterior restorations – single surface non-metallic (FIL5)

You can claim for a restoration on any surface of an anterior tooth or buccal surface of a premolar tooth (FIL5). You can claim for two or more single surface restorations on the one anterior tooth.

A single surface restoration is when the palatal surface was involved only to gain access to the proximal surface. Mesiopalatal and distopalatal restorations in anterior teeth are classed as 'single surface' restorations.

A two-surface restoration is when decay was so extensive that it involved the palatal and the proximal surfaces.

5.2.4 Anterior restorations – multiple-surface (MI, DI, MID) non-metallic (FIL6)

Most anterior teeth that require multiple surface non-metallic fillings will have been damaged as the result of an accident. In such circumstances, claims must be made from the **Accident Compensation Corporation** (ACC). See **6.1** of these guidelines for treatment resulting from an accident.

If multiple surface anterior restorations on the same tooth are required due to caries, you can claim these restorations separately. You can claim separate single surface restorations in addition to a multiple surface restoration where the surfaces are filled at the same time in the same tooth.

5.2.5 Routine extractions (non-surgical) (EXT1)

All non-surgical extractions performed with local anaesthetic are claimed as EXT1, whether completed at the same appointment or across different appointments.

The EXT1 fee applies for the extraction of permanent and deciduous teeth. Deciduous teeth with resorbed roots will usually exfoliate. The clinical records must provide evidence of the need for extraction to justify the EXT1 fee in deciduous teeth.

You cannot claim for orthodontic extractions of permanent teeth under the CDA.

5.2.6 Emergency consultation outside normal hours (CON4)

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.

5.2.7 Emergency dressings (EMD1)

This service for emergency dressings only applies when a patient attends as an emergency patient and where the placement of a dressing is the only possible treatment in the time available.

This service covers only dressings placed within teeth, not medicaments placed on soft tissues or teeth. You can claim for these using code EMD1.

You cannot claim EMD1 separately for:

- **temporary fillings in any teeth that are being root filled**
- **temporary fillings placed during definitive permanent restoration.**

In these two instances, the dressings are included as part of the treatment fee.

5.2.8 Pre-formed metal crowns (CRN1)

You can claim a fee for placement of stainless-steel crowns (CRN1) on deciduous or permanent teeth with extensive caries or developmental deformities, or after pulp therapy.

5.2.9 Recementation of inlays or crowns (RCM1)

You can claim for recementation of inlays or crowns (RCM1) without needing prior approval.

5.2.10 Panoramic radiograph (RAD2)

Only take panoramic (orthopantomogram (OPG)) radiographs in special circumstances, such as instead of taking multiple periapical radiographs or where a larger view is required.

Routine use of OPGs for patient screening under the CDA is not clinically justified. In accordance with Dental Council NZ guidelines, radiographic imaging must be guided by specific clinical indications. Given the higher radiation dose associated with OPGs compared with intraoral radiographs, use of OPGs must be clearly warranted.

In most cases, well-positioned and properly processed periapical or bitewing radiographs provide superior diagnostic detail. This is particularly true for caries detection, where OPGs are generally not recommended due to their lower resolution of enamel and dentine compared to bitewing films.

Routine screening with OPG under the CDA is not justifiable. Dental Council NZ guidelines state a clinical reason must guide the usage of x-rays.

Examples of clinical indications for the use of an OPG film under the CDA are noted below.

- Family history or other evidence suggests missing or extra teeth are more likely.
- To assess dentition of multiple grossly hypo-mineralised or grossly carious permanent teeth if extraction is being considered.
- Bony fractures are evident.
- The patient cannot tolerate intra-oral films due to, for instance, facial swelling, gagging reflex or limited opening.
- Extensive pathology is evident.
- Rare occasions where symptoms exist in more than one area of the mouth.
- Routine OPG radiographs are only approved for wisdom teeth in specific situations, such as pain, pericoronitis, or extreme pressure.

5.2.11 Management of deep caries

Deep caries is diagnosed on a periapical radiograph (for anterior or posterior teeth) posterior bitewing radiograph (for posterior teeth) when the lesion is deep but does not

extend into the pulpal ¼ of the dentine and there is a mineralised barrier visible between the pulp and the front of the carious lesion. In these cases, there is a risk of a pulp exposure.

Selective caries removal to soft or firm dentine is recommended in most cases of reversible pulpitis (symptoms of mild to moderate pulpitis) to minimise the risk of pulpal exposure. A non-carious margin of 2-3mm is essential, alongside removal of caries which undermines the integrity of the remaining tooth structure. When managing reversible pulpitis with indirect pulp capping—whether partial or complete caries removal is performed, a self-curing hydraulic calcium silicate cement (e.g., Biodentine or Endosequence, BC Putty) should be applied to the dentine layer covering the pulp, followed by a resin-modified glass ionomer liner.

Management of deep caries may occasionally result in pinpoint or larger pulp exposures. In such cases, complete caries removal is recommended. Healthy pulp tissue typically bleeds bright red, and haemostasis can be achieved using 2.5% sodium hypochlorite (NaOCl) as an irrigant or by applying pressure with a moist cotton pellet soaked in NaOCl. While the time required to achieve haemostasis does not determine success of the capping procedure, persistent bleeding suggests pulpal inflammation or infection, warranting more invasive treatment such as pulpotomy or root canal treatment (RCT). Direct pulp capping with hydraulic calcium silicate cements has a high success rate when the diagnosis has accurately identified the pulpitis as reversible, the pulp is healthy i.e., it is red, bleeds and this is able to be controlled. Following haemostasis, a hydraulic calcium silicate cement (e.g., Biodentine or Endosequence, BC Putty) should be applied over the exposed pulp, followed by a resin-modified glass ionomer liner.

Patient treatment notes must include details of the procedure (indirect or direct pulp capping), and the materials used.

A flowchart and table can be found in **Appendix 1** (page 69) to help with clinical decisions, as part of the New Zealand Clinical Guidelines for the Management of Deep Caries in Permanent Teeth (published in the New Zealand Dental Association News of March 2025).

Pulp capping (PC1)

Techniques to selectively remove caries are recommended where there are signs and symptoms of reversible pulpitis to avoid exposing a pulp. Indirect pulp capping procedures are performed after removing part of or all caries. A hydraulic calcium silicate cement (such as Biodentine or Endosequence BC putty) is placed directly onto soft or firm dentine and sealed with a resin modified glass ionomer liner. Clinical notes should include the details of the procedure, **and** the materials used.

Managing deep caries may at times result in pinpoint or larger exposures. If this occurs, remove all caries and clearly visualise the pulp. This may necessitate enlarging the

exposure site and removing any dentine chips from the tissue. Healthy pulp tissue will bleed bright red, and haemostasis can be controlled. The recommended way to control haemostasis is to use 2.5% sodium hypochlorite (NaOCI) as an irrigant or by applying pressure with a moist cotton pellet soaked in NaOCI.

While the time to obtain haemostasis is not indicative of prognosis, continued bleeding indicates the pulp is inflamed (or perhaps infected). In this situation, a more invasive treatment is needed, such as a pulpotomy or RCT. Direct Pulp capping is only indicated where there are symptoms of reversible pulpitis and bleeding can be controlled. It is not indicated where there are symptoms of irreversible pulpitis. Place hydraulic calcium silicate cement (such as Biodentine or Endosequence BC putty) directly onto healthy pulp tissue and seal with a resin modified glass ionomer liner. Clinical notes should include the details of the procedure, **and** the materials used.

Vital Pulp Therapy (PUL1)

Vital Pulp Therapy (VPT) procedures, including partial and complete pulpotomy, are now recommended in teeth that once may have received complete RCT. This includes teeth with symptoms of irreversible pulpitis, a pain level between 4-6 out of 10, and instances where there is tenderness to percussion. Clinicians should prioritise techniques that preserve tooth structure and pulp vitality. VPT is not a routine stage for root canal therapy, but is an evidence-based therapy to preserve tooth structure.

Pulpotomy involves the partial or complete removal of inflamed pulp tissue from the coronal chamber. This is now international best practice and recognises the inflammation is localised beneath deep caries and vital tissue remains. Partial pulpotomy procedures remove 2mm to 3mm of inflamed pulp tissue at a time. If haemostasis is not obtained, more tissue is removed. Complete pulpotomy removes all the pulp tissue from the pulp chamber to the level of the root canal orifices. In single rooted teeth this is to the level of the cemento-enamel junction. The outcomes for partial and complete pulpotomy are similar.

The only preoperative factor shown to be associated with poorer outcomes is severe pain (levels between 7-10). The presence of mild or moderate symptoms and a preoperative periapical radiolucency associated with deep caries should not preclude pulpotomy treatment. Preoperative sensibility testing and control of the bleeding are the important measures.

More invasive treatment (RCT or extraction) is recommended in cases of deep caries when any of these exist:

- irreversible pulpitis symptoms are evident and pain is severe
- haemostasis is not achievable

- draining sinus is present
- swelling is present.

Place hydraulic calcium silicate cement (such as Biodentine or Endosequence BC putty) against healthy pulp tissue within the canal orifices and seal with a resin modified glass ionomer liner. Clinical notes should include the details of the procedure, **and** the materials used. International best practice does not recommend using other traditional materials such as calcium hydroxide, antibiotic corticosteroids cements or bioceramic cements that are mixed with resin and light cured.

5.2.12 Root canal treatment

Although VPT will replace RCT in many instances, a need will remain for RCT.

Extremely deep caries is diagnosed on a posterior bitewing radiograph when the caries extends the full thickness of the dentine and reaches the pulp. These cases are not suitable for VPT when there is severe pain.

Root canal fees are based on the number of root canals filled

VPT procedures, including partial and complete pulpotomy, are now recommended in teeth that once may have received complete RCT. Clinicians should prioritise techniques that preserve tooth structure and pulp vitality.

Root canal fees are based on the number of root canals filled. For example, if teeth have two canals, then the fee is twice the schedule fee.

After performing any root canal treatment, you must take a post-operative radiograph and add this to the patient's records.

Where additional visits are required (such as to manage difficult acute problems), contact your ADO. They may be able to approve additional fees.

Root canals are only advisable on teeth that can be successfully restored

The clinician is responsible for appropriately assessing and discussing not only the difficulties and risk of the root canal, but also the restorative success of the tooth.

Only try a root canal if the tooth can be successfully restored afterwards.

Posterior teeth (premolars and molars) usually require cuspal protection. Direct restoration can provide successful cuspal protection in most instances.

In some instances, a crown may provide better cuspal protection. Crowns may be applied for, with prior approval, after a period of six months (with interim cuspal protection). This timeframe gives a better chance to assess the success of the root canal treatment.

The long-term success of any molar root canal usually relies on the success of the restoration after root canal treatment. It is expected that interim restorations and future restorations, as well as other options (apart from root canal therapy) are discussed in the prior approval, as part of the treatment planning for any patients.

Maximum fee applies to treating deciduous teeth (RCT2)

A maximum fee applies to treating deciduous teeth regardless of the number of canals (RCT2), where root canals are filled in addition to the pulp chamber. Only consider carrying out a pulpectomy in deciduous teeth for primary teeth if their roots are intact. Severe infections associated with primary teeth do not respond well to pulpectomy.

On rare occasions, a pulpectomy is required on a deciduous second molar to keep this tooth long term.

Root canal treatment of permanent molar teeth requires prior approval (RCT5)

Prior approval is required for root canal treatment of permanent molar teeth (RCT5). The radiographs and statement to include with your prior approval application are:

- bitewing radiographs
- periapical radiographs, to assess whether the root canal treatment is possible, and the ability to restore the tooth after root canal treatment
- a statement about the patient's oral hygiene and risk of caries.

Consideration will be given to the long-term prognosis of the tooth that needs treating. Sometimes extraction will be considered a better long-term option for the patient.

Premolar root canal treatments do not require prior approval (RCT1)

You can claim for premolar root canal treatments as RCT1 for each canal. These treatments do not require prior approval.

5.3 Additional oral health services requiring prior approval

This section lists the additional oral health services requiring prior approval.

5.3.1 Silver Diamine Fluoride

Silver Diamine Fluoride (SDF) treatment represents a safe and effective minimal-intervention approach for children and adolescents, demonstrating high efficacy in stopping or slowing the progression of coronal carious lesions in both the primary and permanent dentition.

Additionally, SDF effectively reduces dentinal hypersensitivity in patients presenting with molar-incisor hypomineralisation (MIH). These guidelines contain the indications for use of SDF, and the prior approval process, under the CDA. These guidelines should be read together with the Oral Health National Clinical Advisory Network's 'Guidance on the Use of Silver Diamine Fluoride in Aotearoa New Zealand' (2025).

SDF should only be used as an adjunctive therapeutic regime in dental caries management, and should be integrated within a comprehensive, individualised caries management plan. It is recognised that adolescents may have previously had SDF therapy within the Community Oral Health Service or with another CDA provider. Therefore, prior to application, previous treatment history should be obtained.

Indications for using Silver Diamine Fluoride

These guidelines about the indications for use have been developed from the *'Guidance on the Use of Silver Diamine Fluoride in Aotearoa New Zealand'*, which provides evidence-based recommendations specifically applicable to children and adolescents.

The Oral Health Clinical Advisory Network's documents include situations when SDF should not be used, which include for individuals who:

- have allergies to a component of SDF (silver, fluoride or ammonia)
- suffer from mucosal conditions (ulcerative gingivitis, stomatitis and mucositis)
- have decayed teeth with clinical or radiographic signs of pulpal involvement.

Disadvantages of using the Silver Diamine Fluoride treatment

The main disadvantage of SDF therapy is the permanent black discoloration it causes in treated cavitated areas.

Additional concerns about SDF use include:

- temporary soft tissue staining and irritation that typically resolves within several days
- permanent staining of clothes and surfaces
- an unpleasant metallic taste during treatment

- cannot be used as a direct or indirect pulp cap.

Due to the nature of SDF treatment, before treatment it is essential to obtain written informed consent from the patient (if aged over 16 years) or from their caregiver (if the patient is aged under 16 years). A sample consent form (in English and Te Reo Māori) can be found in the published SDF guidelines (Appendix 4). A copy of the published SDF guidelines can be found below.

2025-OHCAN_SDF-Guidelines_FINAL.pc

Application fees for Silver Diamine Fluoride treatment

In most instances, SDF will consist of a two-stage treatment. The codes for SDF first application are SDF1 (for placement on 1 to 3 teeth) and SDF3 for placement on 4 or more teeth. The subsequent treatment codes are SDF2 (1 to 3 teeth) and SDF4 (4 or more teeth).

Prior approval process for Silver Diamine Fluoride treatment

Payment for the clinical application of SDF requires prior approval.

The criteria for prior approval is a diagnosis (such as high caries, or MIH). On the prior approval form, include the following:

- the objective of the SDF (as outlined in **Table 0.1**)
- the number of SDF applications
- the frequency of SDF applications
- the teeth requiring treatment.

To accompany the form, provide:

- clinical records (x-rays and/or clinical photos)
- a full treatment plan supporting the application (including items not requiring prior approval)
- confirmation that informed consent will be obtained before the clinical application.

The treatment plan for non-approval items can be provided as a printout from the patient management software or included on the prior approval form.

It is recognised that informed consent and SDF application may sometimes be achieved at the CON1 appointment. If this happens, the CDA provider can apply for prior approval retrospectively using the prior approval form. Include the pre-treatment and post-treatment clinical records, clinical photographs and full treatment plan.

Two applications of SDF within five weeks may be required to achieve the treatment objective. Further prior approval for SDF application may be applied after six-months. CDA providers are expected to record any previous applications of SDF and ensure that additional SDF applications are not provided within a six-month treatment period.

The application of SDF will be as set out in the manufacturer's instructions. Further detailed instructions are in the *'Summary Guidance on the Use of Silver Diamine Fluoride in Aotearoa New Zealand'*.

Table 0.1. Objectives of the Silver Diamine Fluoride Treatment

	Preventive	**Stabilising**	**Definitive**
Objective	To prevent further progression of carious lesions that do not involve the pulp or prevent dental caries developing on susceptible surfaces.	To slow or stop the progression of caries before using conventional restorative treatment. Short-term therapy in moderate/severe MIH-affected posterior teeth, with breakdown or caries or both, with or without hypersensitivity.	As a final procedure, where no further treatment may be required.
Examples	Arresting early enamel caries.	**For caries** Delaying conventional restorative treatments until a child matures. Child is on a hospital waiting list. **For MIH** Used in combination with glass Ionomer cement as part of a 'triage' plan until a definitive long-term plan made. If behaviour challenges and caries are present, use on own to manage hypersensitivity. Delay caries progression until placement of a long-term temporary restoration is possible.	Tooth due to exfoliate. When the carious lesion is in a location in the mouth or tooth that is difficult to access or restore.

	Preventive	Stabilising	Definitive
Follow-up	Initial follow-up in 2 to 4 weeks; a second application will increase the chance of arrest.	Initial follow-up in 2 to 4 weeks; a second application will increase the chance of stopping the caries progressing. Progress conventional treatment as planned. Apply SDF at recall appointments as needed.	For stopping the progress of coronal carious lesions, re-apply as needed based on the clinical assessment of the lesion's progression. Re-apply every 6 months for the first 2 years may be appropriate in cases with high caries.

5.3.2 Minor oral surgery (including surgical extraction)

Fees may be approved for minor oral surgery and/or other time-based procedures. The fees approved are based on the time used, with MSO1 for the first half hour and MSO2 for each additional quarter hour.

Minor oral surgery is defined as surgery normally considered to be within the practice of general dentistry. Examples are surgical removal of impacted teeth, root resection (apicectomy), cysts, and gingivectomy.

If a fee for minor oral surgery is approved, you **cannot then claim** for an extraction under local anaesthetic for the same tooth or teeth.

Make sure your approval application has enough clinical information. Where appropriate, also include radiographs to help the ADO make a decision.

Routine extraction of wisdom teeth is not approved

The need to extract the wisdom teeth must be demonstrable, such as pain or infection. Approval is not given for the routine extraction of wisdom teeth.

Antibiotics and simple lancing of an abscess

The prescribing of antibiotics and simple lancing of an abscess to control infection are included within the treatment fee. If further intervention is needed to control the infection (such as a tubal drainage), then you can request prior approval be granted on a limited time basis.

On your approval application, note the total time taken for the surgical procedures, including post-operative services (such as the removal of sutures).

5.3.3 Bleaching

Bleaching of permanent teeth is claimable on the basis of time used, at a fee level equivalent to that for a minor surgical operation (one or both of MSO1 and MSO2).

Bleaching is limited to discoloured non-vital teeth and intrinsic staining.

5.3.4 Splints (other than as a result of an accident)

This section refers to splints to support teeth which are mobile due to periodontal condition.

Approval may be given on a basis of time used. This would include cost of splint materials – see also **5.3.13** (bite splints) in these guidelines.

5.3.5 Periodontal treatment (PDT1)

Removal of supragingival calculus is expected to be completed under the standard package of care, accepting that:

- some patients will require longer treatment times
- a patient may require treatment more than once a year
- from time to time, a patient will require more extensive treatment.

Further treatments and who can perform them

It is considered appropriate to offer further treatment for patients who have one of:

- multi-site sub-gingival calculus and bleeding on probing
- pocket depths greater than 3.5mm with bleeding on probing (with or without attachment loss)
- bone loss.

Further treatment will allow for further appointments. It is expected, that due to the extent of the treatment required, a PDT1 treatment is undertaken at an appointment separate to the examination.

You can apply for a PDT1 fee. A dentist, dental hygienist, or oral health therapist may perform the treatment. This allows for all periodontal care to be completed by means of CON1 (coronal scaling within the standard package of care) or PDT1.

Prior approval requires evidence and sometimes a treatment plan

If you want approval to claim a PDT1 for additional periodontal treatment PDT1, you must provide evidence including a diagnosis of the periodontal disease state and a treatment plan. At a minimum, this information will include:

- Community Periodontal Index of Treatment Needs or Basic Periodontal Examination, providing charting with bleeding on probing
- diagnostic radiographs
- proposed treatment schedule (number and length of visits)
- photographs where these support the request for approval.

When more than one appointment is proposed, you (as the provider) can apply for more than one PDT1 at a time. However, you must justify the number of visits is necessary.

5.3.6 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 the provider's time. Please include an invoice for the laboratory costs in the prior approval request.

Precision cast metal partial dentures may be approved for adolescents aged over 15. A planned and well-designed partial denture in a stable mouth is expected to last many years. Replacement of metal partial dentures is unlikely to be approved. Consider using a plastic partial denture in an unstable mouth.

If you wish to discuss providing other partial denture materials such as 'Valplast', please contact your ADO.

5.3.7 Prosthetic appliances – full dentures

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

5.3.8 Crowns

The CDA allows for crowns to be constructed, usually in composite, ceramic, ceramic bonded to metal, or full gold 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 wellbeing.

Crowns are not approved if a patient has active caries. Oral hygiene must be good, and risk of caries assessed and considered as low.

Adolescents must be aged 15 or older, with consent given

The adolescent should be aged 15 or older. Providers should know that approval for payment is unlikely if a ceramic, ceramic bonded to metal crown, or a full gold crown needs replacing before the adolescent's 18th birthday.

Adolescents and their whānau/caregiver should only consent after being fully informed:

- about removal of tooth tissue
- about how likely the adolescent is to need a replacement tooth or teeth
- that they must pay to replace the tooth or teeth.

Prior approval application should include clinical information

The application for prior approval should include the following clinical information:

- periapical radiograph of the tooth or teeth
- if root canal filled, a film usually six months or more after the root canal treatment is completed
- posterior bitewing radiographs
- 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 a direct restoration would not be satisfactory
- description of the crown (such as full or partial coverage)
- photographs, where appropriate.

Hypo-mineralised teeth

Approval for a variety of treatment regimens may be given on a case-by-case basis. Please contact the ADO to discuss.

Posts – cast and pre-formed

While rarely used, approval of cast posts and pre-formed posts is possible. The higher price in the CDA is for a post and core cast in precious metal and includes the cost of that metal. Other non-precious metal posts are priced lower (such as plain stainless steel, or para or flexi posts).

Temporary crowns are not funded separately

A temporary crown used while a permanent crown is being constructed is considered part of the overall price of the permanent crown and is not funded as a separate item.

5.3.9 Anterior veneers

Approval is limited for:

- teeth that have severe intrinsic discolouration
- hypo-mineralised incisors
- turner's teeth
- teeth with congenital abnormalities
- teeth that have been extensively restored
- teeth where single surface repair is no longer possible.

Patient's age for composite veneers

Composite veneers mean full labial surface coverage. Composite veneers are the first choice for patients aged up to 17.

Patient's age for porcelain veneers

Porcelain veneers may be approved in adolescents aged over 15. Approval is at the discretion of the ADO as it is good clinical practice to delay placing porcelain veneers as long as possible.

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

5.3.10 Periapical radiograph (RAD1)

A periapical radiograph is generally considered part of the standard package and is included in the yearly consultation fee. On rare occasions, a fee may be justified after approval from the ADO (for example, instead of a panoramic radiograph).

5.3.11 Apexification (root filling teeth with an open apex) (APX1)

Approval may be given for a fee to cover the placement of a calcium hydroxide dressing or other appropriate materials in a root canal to promote the apexification of an immature tooth.

The approval application must include radiographic evidence of change **before** the bioceramics or other appropriate material is replaced.

The fee may be paid for each treatment.

5.3.12 Adhesive bridges (ABMT)

Adhesive (resin-bonded) bridges (such as of the Maryland type) are permitted if you have prior approval. Other forms of bridges are outside the scope of the CDA.

5.3.13 Occlusal bite splints (SPLT)

It is generally accepted that tooth wear in adolescents results from attrition, erosion, or more commonly, a combination of both. Accurate diagnosis and management of the underlying causes are essential prerequisites for effectively addressing tooth wear.

Occlusal bite splints (bite splints) are commonly used to manage temporomandibular disorders (TMD) and parafunctional habits such as bruxism. TMD is relatively uncommon and typically transient in adolescents, therefore, requests for occlusal splints in this age group are more often related to bruxism.

Bite splints for bruxism are reserved for severe cases involving significant tooth wear, where the primary cause is attrition, with or without an accompanying erosive component.

Bite splints are only used for permanent dentition. It is expected that any active caries will be managed prior to the construction of a bite splint.

Materials to use for bite splints

Hard acrylic materials are preferred for most splints, as some evidence shows that soft splints may make bruxism worse.

Types of splints covered under the CDA

CDA-funded splints are required to be laboratory-fabricated using heat-cured acrylic and provide complete occlusal coverage. A soft lining may be included if clinically indicated.

The CDA does not cover soft splints, as the advice is to use them only for a short time.

Significant wear required before a bite splint is approved

Significant wear is required for a bite splint to be approved. The ADOs will monitor the clinical circumstances being submitted for prior approval.

What to include in the prior approval application

The application should include information about:

- the degree of attrition noted and the differential diagnosis between attrition and erosion
- any mobility of the teeth affected
- any sensitivity of the teeth
- comments on the patient's temporomandibular joint disorder: pain, clicking, degree of trismus and deviation on opening
- include details of any previous treatment (including caries management and PBWs or OPG radiographs), particularly conservative approaches aimed at managing parafunctional activity and addressing dietary erosive factors.
- clinical photographs, models, or photographs of models, to assess the degree of wear
- the type of splint product confirming full coverage and made in a laboratory (with or without a soft lining) – simple suck-down soft splints are not funded.

5.3.14 Subsidised prescriptions

As a prescriber, you are responsible for coding any patient's prescription for subsidised medicines.

Provider of a service under a Health NZ contract (such as the Combined Dental Agreement)

This is an approved provider for the maximum $5 co-payment on prescriptions for subsidised medicines (including ACC).

Table 0.2. Prescription codes and co-payments for children

Ages	Prescription code	Co-payment applies on the prescription?
Adolescents aged 14 to 17	J4	Yes. $5
Younger children (13 years and under)	Y4	No

For more information about subsidies and co-payments, please refer to **Pharmaceutical co-payment – Health New Zealand | Te Whatu Ora**

6 Treatments outside the CDA's scope

What you'll find in this section

This section includes guidance about:

- **ACC – treatment as the result of an accident**
- **sedation**
- **implants**
- **orthodontic treatment and extractions for orthodontic purposes.**

6.1 Treatment as the result of an accident

Patients who are eligible for treatment through ACC are not funded through the CDA. If a patient's required treatment is due to an accident, then the patient must register the accident with ACC. Treatment under this agreement is only available when ACC declines the claim. Written evidence of ACC declining the claim is required.

Treatment as the result of an accident is not covered under the CDA. Refer this accident-related treatment to ACC for payment.

6.2 Sedation

The CDA excludes sedation services. If you propose to provide sedation, you must have the patient's informed consent and either their agreement to pay any fees or hold another contract that covers the fees.

6.3 Implants

Implants are outside the scope of the CDA.

6.4 Orthodontic treatment and extractions for orthodontic purposes

Orthodontic treatment, including space maintainers and extractions of permanent teeth for an orthodontic purpose, are outside the scope of the CDA. You might discuss any issue of congenital absence of a permanent tooth with the ADO.

7 Children's Act 2014

What you'll find in this section

This section includes guidance about:

- **who are considered children's workers under the CDA**
- **child protection policies**
- **safety checks for children's workers.**

7.1 All providers under the CDA are children's workers

Registered dental health professionals and dental assistants providing services to children under the CDA are publicly funded by Health NZ to deliver children's services, as defined in section 15 of the **Children's Act 2014** (the 2014 Act) and therefore meet the definition of children's workers under that Act.

7.2 Child protection policies

Under section 16 of the 2014 Act, service providers (including CDA contract holders) are required to:

- adopt, as soon as practical, a child protection policy (in respect of providing children's services) that complies with section 19 of the 2014 Act
- review that child protection policy at least every three years
- post a copy of the child protection policy on their website, or ensure a hard copy is available in the practice if the provider has no website.

7.3 Safety checks for children's workers

This section covers safety checks for providers of services delivered to children.

What a safety check involves, and who needs one

All children's workers must be safety checked by their employer or an external agency. Workforce safety checks involve:

- gathering a range of key information about the person
- evaluating this information to assess whether the person to be employed as a children's worker poses a risk when working with children.

Police vetting is only part of the requirement for a safety check. A Police vet under the 'Children's Legislation' opens up the **Criminal Records (Clean Slate) Act 2004** for certain offences and includes an assessment which is specific to vulnerable children. This is different to a pre-employment Police check. The 'Children's Legislation' is made up of the Children's Act 2014, and the **Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015.**

Core and non-core workers require safety checks

Safety checks are required for all people who provide regular services to children and who are employed or funded directly or indirectly by state services (including Health NZ). These safety checks are carried out in accordance with the 'Children's Legislation'.

The 2014 Act notes two categories of children's workers: core and non-core.

Core workers work regularly with children

Core children's workers are people who work regularly with children unsupervised or have primary responsibility for children. Oral health professionals who provide services under the CDA are an example.

Core workers have regular but limited child contact

Non-core workers are people who have regular but limited child contact. Dental assistants who have contact with children while supporting the provision of services under the CDA are an example.

Some people in a dental practice are not children's workers

Administrative and reception staff in the setting of a dental practice are generally not considered to be children's workers.

Currently working with children

For the purposes of a safety check, the two related groups considered to be existing children's workers are:

- oral health professionals who hold a current CDA or have previously held an agreement
- their existing staff who meet the definition of children's workers.

Working with children for the first time

Any oral health professional who intends to sign up to a CDA for the first time must undergo and complete a safety check before being issued a CDA. The safety check must meet the requirements of the Children's Legislation.

Staff newly employed by a CDA contract holder as a dental health professional, or as a dental assistant who will support the delivery of CDA services, must be safety checked. They can only provide services after sending the completed safety check documentation to Health NZ.

Re-checks must be completed for all children's workers every three years.

How to get a safety check

The type of safety check depends on whether the dental health professional is self-employed or employed by a CDA holder. Visit the **CV Check service** to find out the process and complete the check. You will need to pay a fee. If you need to talk to someone at the service, phone the CV Check helpline on 0800 282 432.

For professionals employed by a CDA holder, the safety check must meet the requirements of the Children's Legislation and include a completed Police vet specific to that legislation.

Safety checks of children's workers are transferable

Safety checks that meet the requirements of the Children's Legislation, whether carried out by CV Check or by an employer, are transferable to another employer. The safety check must be completed in the three years before the transfer.

More information is available at **Children's worker safety checking and child protection policies – Health New Zealand | Te Whatu Ora**

8 How to make a claim

What you'll find in this section

This section includes guidance about:

- **information you need to include**
- **forms required to make a claim**
- **claims form variations**
- **steps for making a claim – Oral Health Services for adolescents**
- **steps for making a claim – High Caries Treatment Planning**
- **Steps for making a claim – Special Dental Services**
- **how Health NZ processes a claim.**

These guidelines outline the required process for submitting CDA claims. A list of all codes is in **10** of these guidelines.

8.1 Identifying information you need to include

Providers are identified by an agreement number and a payee number. Your agreement number is on the front page of your CDA. You will not receive a new agreement number. You will receive your payee number when your contract is first activated.

Patients are identified by their first name, last name, date of birth, and National Health Index (NHI) number. This number is a unique number allocated to every user of health and disability services in New Zealand.

You may need the treating clinician's name and Dental Council NZ registration number

The name and Dental Council NZ registration number of the treating clinician is required on prescriptions and on these forms:

- HP5952 (adolescent claim summary form)
- HP5955 (high caries form)
- HP5958 (application for prior approval)
- HP5957 (special dental claim summary form).

Clinicians without a Dental Council NZ registration number should use their Dental Council NZ Person ID number.

8.2 Forms required to make a claim under the CDA

The three types of CDA claims are:

- Oral Health Services for adolescents
- High Caries Treatment Planning
- Special Dental Services.

For more details, see **General guidelines** of these guidelines.

Claims cannot be processed without a completed Individual Treatment Report (ITR) form and a claims summary form.

A prior approval form with an approval number from the ADO is also required if claiming services that require prior approval.

A completed enrolment form is required before making the first claim for the patient.

You will find all forms at **Dental claim and enrolment forms** on the Health NZ website. If you are unable to download forms or need more printed forms, please call Sector Operations on 0800 855 066.

Each form is described below.

- **Table 0.5. Individual Treatment Report form for Oral Health Services for Adolescents HP5953**
- **Table 0.6. High Caries Treatment Planning (Adolescents) Treatment Report/Claim Summary Form HP5955**
- **Table 0.7. Special Dental Services Individual Treatment Report Form HP5959**
- **Table 0.8. Application for approval to provide treatment not covered by standard fee schedule HP5958**
- Table 0.3. Enrolment form for Oral Health Services for Adolescents HP5956
- **Table 0.4. Claim Summary form for Oral Health Services for Adolescents and Special Dental Services HP5957**
- **Table 0.5. Individual Treatment Report form for Oral Health Services for Adolescents HP5953**
- **Table 0.6. High Caries Treatment Planning (Adolescents) Treatment Report/Claim Summary Form HP5955**

- **Table 0.7. Special Dental Services Individual Treatment Report Form HP5959**
- **Table 0.8. Application for approval to provide treatment not covered by standard fee schedule HP5958**

Table 0.3. Enrolment form for Oral Health Services for Adolescents HP5956

About the form	Action to take
When to use this form	Use this form for all adolescents when they enrol with you after leaving the Community Oral Health Service or when they change to you from another provider. A completed enrolment form is needed before you provide treatment and claim under the Oral Health Services for Adolescents contract.
How to complete this form	Complete all details in the top section labelled 'To be completed by agreement holder'. Ask the patient or their legal guardian to complete the lower section labelled 'To be completed by legal guardian or patient'.
Where to send this form	By email: **customerservice@health.govt.nz** By post: Health New Zealand, Private Bag 3015, Whanganui Mail Centre, Whanganui

Table 0.4. Claim Summary form for Oral Health Services for Adolescents and Special Dental Services HP5957

About the form	Action to take
When to use this form	Complete a Claims Summary Form for all Adolescent and Special Dental Service claims. A High Caries Treatment Planning Report does not require a claim summary form. This form is used to summarise the total number and total value of the individual claim forms that are attached.
How to complete this form	Complete this form in full (except areas labelled Te Whatu Ora/Health NZ use only) to avoid your claim being returned to you for further information.

About the form	Action to take
	Attach one or more Individual Treatment Report/s to each Claim Summary form. Make sure the Claim Summary form matches the attached individual treatment report/s.
Where to send this form	Send this form with the completed Individual Treatment Report/s form to **cdaclaims@health.govt.nz** The primary method for submitting claims is email for processing and payment. If you cannot use email, please post your completed forms to: Sector Operations Dental Claims, Health New Zealand, PO Box 1026, Wellington 6140.
What happens next	After your claim has been processed, you will receive three PDF documents for your reference. These are the Claim Determination Document, the Buyer Created Taxable Supply Information, and a Remittance Advice that is received with payment on the next business day.

Table 0.5. Individual Treatment Report form for Oral Health Services for Adolescents HP5953

About the form	Action to take
When to use this form	The Individual Treatment Report form is used to document the treatment and services provided for each adolescent. This form must be attached to a completed claim summary form.
How to complete this form	Enter one patient only on each form. Report all restorative and other work included in the Standard Package, even though it does not attract a separate fee. Include the approval number and attach the prior approval form if the claim includes treatment requiring prior approval.

About the form	Action to take
Where to send this form	Send this form with the completed Claims Summary to **cdaclaims@health.govt.nz** The primary method for submitting claims is email for processing and payment. If you cannot use email, please post your completed forms to: Sector Operations Dental Claims, Health New Zealand, PO Box 1026, Wellington 6140.
What happens next	After your claim has been processed, you will receive three PDF documents for your reference. These are the Claim Determination Document, the Buyer Created Taxable Supply Information, and a Remittance Advice that is received with payment on the next business day.

Table 0.6. High Caries Treatment Planning (Adolescents) Treatment Report/Claim Summary Form HP5955

About the form	Action to take
When to use this form	This form is used when four or more single surface posterior fillings are required. Your ADO must give approval for High Caries Treatment Planning before treatment starts. An Individual Treatment Report form is not required when submitting this form.
How to complete this form	Enter one patient only on each form. List all treatments and costs. Include the prior approval number.
Where to send this form	Once approved by the ADO, send this form to: **cdaclaims@health.govt.nz** The primary method for submitting claims is email for processing and payment. If you cannot use email, please post your completed forms to:

About the form	Action to take
	Sector Operations Dental Claims, Health New Zealand, PO Box 1026, Wellington 6140.

Table 0.7. Special Dental Services Individual Treatment Report Form HP5959

About the form	Action to take
When to use this form	This form is used for one of these two instances. • Children enrolled with the Community Oral Health Service who require treatment outside the scope of the oral health therapist or dental therapist. • Emergency care for a child or adolescent who is unable to access their usual provider or is not enrolled with a provider.
How to complete this form	This form must be attached to a completed claim summary form. Include the prior approval number if the claim includes one or more treatment that requires prior approval. Ask the patient or their legal guardian to complete the top section of the form. Complete all details in the bottom section labelled 'To be completed by agreement holder'.
Where to send this form	Send this form to: **cdaclaims@health.govt.nz** The primary method for submitting claims is email for processing and payment. If you cannot use email, please post your completed forms to: Sector Operations Dental Claims, Health New Zealand, PO Box 1026 Wellington 6140.
What happens next	After your claim has been processed, you will receive three PDF documents for your reference. These are the Claim Determination Document, the Buyer Created Taxable Supply Information, and a Remittance Advice that is received with payment on the next business day.

Table 0.8. Application for approval to provide treatment not covered by standard fee schedule HP5958+

About the form	Action to take
When to use this form	This form needs to be completed before providing any treatment (Oral Health Services for adolescents, Special Dental Services, or High Caries Treatment) that needs prior approval.
How to complete this form	Provide all required information. Include any radiographs or clinical photographs to support the application and the patient's proposed treatment plan. Sign and date the application as the treatment provider.
Where to send this form	To your ADO (**Districts approving dental officer**)
What happens next	The ADO will review the application, and the form will be returned to you either approved or declined. If the proposed treatment is approved, you will receive an approval number. If the proposed treatment is declined, you will receive an explanation. As the provider, when submitting the claim, you must attach the approved and signed form (Application for Approval to Provide Treatment Not Covered by the Standard Fee Schedule). Keep a copy of the signed form on file.

8.3 Where to find the full range of claims forms

You can find the full range of online forms for enrolling patients and claiming under the CDA at **Dental claim and enrolment forms – Health New Zealand | Te Whatu Ora**

Providers can use practice software to generate variations of these forms if they:

- contain **all** the information required
- use the same layout as Health NZ's online forms.

Providers should ensure that all software used for reporting complies with the reporting criteria and standards required under the CDA.

8.4 Steps for making a claim – Oral Health Services for adolescents

This section sets out the steps for making a claim for Oral Health Services for adolescents

Step 1. Complete the Oral Health Services for adolescents − Individual Treatment Report form

Step 2. Complete the claim summary form

Step 3. Send the reports, claims summary, and prior approval documentation

Step 1. Complete the Oral Health Services for adolescents – Individual Treatment Report form

Complete the Individual Treatment Report (**or** a High Caries Treatment Planning Report /Summary) for a patient whose care falls into the High Caries Treatment Planning area – see **8.5** in these guidelines).

Enter one patient only on each form.

On the form, enter:

- first name, middle initial (if known) and surname
- date of birth, gender and NHI number
- school's equity index
- the school ID number and name of the school that the adolescent attends.

School Equity Index (EQI) Score and school ID numbers are at **Schooling Equity Index | Education Counts**. However, you only need to submit the school ID number and name of school on your claim form.

The form has three claiming sections

This Individual Treatment form has three claim sections:

- standard package of care
- additional services requiring prior approval
- additional services not requiring prior approval.

Each section includes specific information where appropriate.

Standard package of care

The appropriate completion (COM1, COM2 or COM3) or non-completion (NCO1, NCO2 or NCO3) codes are based on the EQI score of the school the adolescent attends.

If the adolescent no longer attends secondary school or is home schooled, they will be allocated the middle decile band (COM2/NCO2).

If the adolescent attends a secondary school that does not have an equity index rating, they will be allocated the low decile band (COM3/NCO3).

Provide the appropriate treatment codes where relevant, noting the tooth number and whether the treatment was completed.

Table 0.9 sets out the list of appropriate codes.

Table 0.9. List of treatment codes

Code	Description
CON1	Consultation once a year
CON2	Other scheduled consultation (for example, every six months)
CON3	Initial oral consultation for Community Oral Health Service children or adolescents who are not able to access their regular oral health provider in an emergency during normal practice hours. See the explanation about CON3 below this table.
CON4	Emergency consultation outside normal practice hours
FIL1	Single surface restorations in a posterior tooth
FIS1	Fissure sealant
PBW1	Bitewing radiography
SCL1	Routine scaling and prophylaxis
OPT 1	Other preventive treatment
TOP1	Topical fluoride treatment
RAD1	Periapical radiography

Explanation about CON3

If you have already claimed the yearly standard package fee through a CON1 for an adolescent, CON3 should not apply. You should not attract a separate fee for a CON3 claimed for a patient enrolled at your practice.

Record such fee as either a non-chargeable CON3 for emergency consultations or a non-chargeable CON2 for other scheduled consultations (for example, every six months).

You can claim the CON3 when seeing any of these patients.

- You see a child referred from the Community Oral Health Services.
- You see an adolescent enrolled with another Provider as an emergency. The other practice cannot be a Mobile provider that subcontracts to your practice.
- You see the adolescent on referral from another provider for a service they are unable to provide. This other provider cannot be a Mobile provider that subcontracts to your practice or that is in the same company ownership as your practice.

Second provider has a subcontract with a Mobile provider within or outside the same company ownership

Mobile providers are expected to complete all required treatment at the onsite mobile clinic, so that no adolescent is left requiring the services of another CDA provider.

The Mobile provider may have a Second provider with which it has a written subcontract in

- a few situations where a required treatment is complex
- emergencies when care is urgently required during normal hours, but the mobile clinic is no longer onsite at a school.

Where a Second provider has a subcontract with a Mobile provider, or within the same company ownership as the Mobile provider, the Mobile provider is expected to pay the Second provider a fee for examination related to providing ongoing treatment, or for an emergency consultation.

The Mobile provider will pay the fee to the Second provider out of the standard package fee that the Mobile provider claims for the adolescent.

Additional services not requiring prior approval

See **clause F2.1 of the CDA** for fees claimed in this section.

Enter all other treatment that does not require prior approval.

For each treatment provided, enter:

- the date of treatment
- the appropriate code (see the list in **10** of these guidelines or on the writing shield on the claim summary form pad)
- any relevant comments
- under 'Quantity', enter the number of treatments being claimed on this line
- under 'Tooth', enter the number(s) of the tooth/teeth on which the treatment was performed
- under 'Value $', enter the total of fees being claimed for each code multiplied by the number of teeth treated on this line.

Additional services requiring prior approval

See clause F2.2 of the CDA for fees claimed in this section.

Enter all treatment that requires prior approval.

For each treatment provided, enter:

- the prior approval numbers, as payment of a claim is not possible without this
- the date of treatment
- the appropriate code (see the list in **10** of these guidelines or on the writing shield on the claim summary form pad).
- any relevant comments
- under 'Quantity', the number of treatments being claimed on this line
- under 'Tooth', the number(s) of the tooth/teeth on which the treatment was performed
- under 'Value $', the total of the fees being claimed for each code multiplied by the number of teeth treated on this line.

Add all fees on the Treatment Report together.

Enter this total in 'Total Claimed' (the total is **GST exclusive**).

Step 2. Complete the claim summary form

When all Individual Treatment Reports are completed, the information from them is brought together and summarised on an Oral Health Services for Adolescents Claim Summary Form.

Failure to provide any of the details noted below may result in the claim being returned to you unpaid.

On the Claim Summary Form, enter:

- the Claim reference number (maximum of 10 characters only)
- the Payee number and Agreement number
- the Agreement Holder's name
- the name and Dental Council New Zealand (DCNZ) registration number (or the DCNZ Person ID for clinicians without a DCNZ registration number) of the clinician who provided the most treatment to each patient on the attached Individual Treatment Reports
- the number of Individual Treatment Reports attached to the form
- the value of the attached treatment reports (GST exclusive)
- the GST amount, and the total (GST inclusive).

Sign and date the form at the bottom of the page below the certification.

The Claim Summary Form must be signed by a person, not the name of the practice.

Step 3. Send the reports, claims summary, and prior approval documentation

Send the following to Sector Operations for processing and payment:

- completed forms
- Individual Treatment Reports
- claim summary form
- prior approval documentation.

In the first instance, email them to **cdaclaims@health.govt.nz**

If you cannot email your documents, please post them to Sector Operations Dental Claims, Health New Zealand, PO Box 1026, Wellington.

8.5 Steps for making a claim – High Caries Treatment Planning

This section sets out the steps for making a claim for High Caries Treatment Planning.

All claims for High Caries Treatment Planning must have prior approval.

Step 1. Complete the claim summary form

Step 2. Send your documents

Step 1. Complete the claim summary form

Complete the claim on the High Caries Treatment Planning (Adolescents) Treatment Report / Claim Summary Form.

Each patient requires a separate form.

Failure to provide any of the details noted below may result in the claim being returned to you unpaid.

On the form, enter:

- the Claim reference number (maximum of 10 characters)
- the Payee number and Agreement number
- the Agreement Holder's name

- the name and DCNZ registration number of the treating clinician (or the DCNZ Person ID for clinicians without a DCNZ registration number)
- the surname and first name (in BLOCK LETTERS)
- the date of birth and gender
- the school ID number and name of the school that the adolescent attends.
- the prior approval number.

For each treatment provided, enter:

- the treatment date
- the appropriate code (see the list of codes in **10** of these guidelines)
- any relevant comments
- under 'Quantity', the number of treatments being claimed for on this line
- under 'Tooth', the number(s) of the tooth/teeth on which the treatment was provided
- under 'Value $', the total of the fees being claimed for on this line.

Add all fees on the Treatment Report together. Enter this total in 'Total Claimed' (the total is **GST exclusive**).

Calculate the GST if you are registered for GST. Enter the **GST inclusive** total.

Sign and date below the certification at the bottom of the page.

The signature on the Claim Summary Form must be a person's signature, not the name of the practice.

Step 2. Send your documents

Send the following documents to Sector Operations for processing and payment:

- completed forms
- Individual Treatment Reports
- claim summary form

- prior approval documentation.

In the first instance, email them to **cdaclaims@health.govt.nz**

If you cannot email your documents, please post them to Sector Operations, Dental Claims, Health New Zealand, PO Box 1026, Wellington.

8.6 Steps for making a claim – Special Dental Services

This section sets out the steps for making a claim for Special Dental Services.

Step 1. Complete the Special Dental Services – Individual Treatment Report

Step 2. Tick the box to confirm treatment provided, and category

Step 3. Complete the bottom part of the form

Step 4. Complete the claim summary form

Step 5. Send your forms

Step 1. Complete the Special Dental Services – Individual Treatment Report

This form is to be used either for children who have been referred by the Community Oral Health Service or for children or adolescents who have been treated as an emergency patient when unable to access the Community Oral Health Service or their usual oral health practitioner.

Use one report for each patient.

Ensure the patient or their legal guardian completes the top part of the form before they receive treatment. Complete all relevant boxes.

Step 2. Tick the box to confirm treatment provided, and category

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

The claim will be rejected if the box is not ticked.

Step 3. Complete the bottom part of the form

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

- the date of treatment
- the treatment code (see the list in **10** of these guidelines or on the reverse of the Individual Treatment Report form)
- any relevant comments
- the Community Oral Health Service referral number and ADO approval number (where applicable)
- under 'Quantity', the number of treatments being claimed on this line
- under 'Tooth', the number(s) of the tooth/teeth on which the treatment was provided
- under 'Value $', the total of the fees being claimed on this line.

Add all fees together.

Enter this total in 'Total Claimed' (the total is **GST exclusive**).

Step 4. Complete the claim summary form

When all the Individual Treatment Reports have been completed, the information from them is brought together and summarised on a Special Dental Services claim summary form.

Failure to provide any of the details noted below may result in the claim being returned to you unpaid.

On this form, enter:

- the Claim reference number (maximum of 10 characters)
- the Payee number and Agreement number
- the Agreement Holder's name
- the name and DCNZ registration number (or the DCNZ Person ID for clinicians without a DCNZ registration number) of the clinician who provided the most treatment to each patient on the attached Individual Treatment Reports

- the number of patient reports attached to the form
- the value of the attached treatment reports (GST exclusive)
- the GST amount, and the total (GST inclusive).

Sign and date below the certification at the bottom of the page.

The signature on the Claim Summary Form must be a person's signature, not the name of the practice.

Step 5. Send your forms

Send the following documents to Sector Operations for processing and payment:

- completed forms
- Individual Treatment Reports
- claim summary form
- prior approval documentation.

In the first instance, email your forms to **cdaclaims@health.govt.nz**. It is preferred that each email contains only one submitted claim. This helps to ensure claims are processed correctly.

If you cannot email your documents, please post them to Sector Operations, Dental Claims, Health New Zealand, PO Box 1026, Wellington.

8.7 How your claim is processed

Here is how to process your claim.

1. Complete the claims form using the process appropriate to your type of claim, as noted earlier in section 8 about making a claim. Carefully check your claim is correct, and you have provided all required information.
2. Send your claim to Health NZ for processing.
3. Health NZ will process all claims received for processing. If Health NZ requires additional information to process your claim, it will be returned to you to amend and resubmit.

4. Check your bank account for receipt of payment. Health NZ will pay into your nominated bank account within the time period noted in the CDA.
5. Check your email for the Claim Determination Document from Health NZ that includes:
    - an overview of the treatments accepted and rejected (receive day of payment)
    - a Buyer Created Taxable Supply Information (BCTSI) (receive the next business day)
    - a Remittance Advice (receive the next business day).
6. Review the Claim Determination Document. If correct, no further action is required.
7. If you believe the claim needs adjusting, provide Health NZ with details about your requested adjustment.
8. If Health NZ accepts your request to adjust the claim, you'll receive:
    - a Claim Adjustment Document
    - a Credit Note or Debit Note.

To find out more about claims in general:

- **call 0800 855 066**
- **email cdaclaims@health.govt.nz**

9 Conflicts of interest

Contracted dentists, dental therapists, oral health therapists and dental hygienists must declare to Health NZ any potential conflict of interest with any parties at the time of signing onto the CDA.

Contracted providers are responsible for declaring any conflicts of interest that may arise while they are contracted to provide services.

Dentists contracted to provide CDA services may also be appointed as the ADO. However, any ADO who is also a contracted dentist and making applications for approval to perform treatment (in line with these guidelines) must refer their applications to another ADO.

10 Codes and descriptions

The table below identifies all codes that are used within the CDA and their descriptions. The descriptions also help identify and confirm which form to use.

Code	Description
COM1	Completion – Band 1
COM2	Completion – Band 2
COM3	Completion – Band 3
NCO1	Non-completion – Band 1
NCO2	Non-completion – Band 2
NCO3	Non-completion – Band 3
CON1	Yearly consultation
CON2	Other scheduled consultation (for example every 6 months)
CON3	Emergency consultation within normal practice hours
CON4	Emergency consultation outside normal practice hours
CON5	High Caries Treatment Planning consultation every 12 months
PBW1	Bitewing radiograph
FIS1	Fissure sealant
SCL1	Removal of supragingival calculus
RAD1	Periapical radiography
TOP1	Topical fluoride application
OPT1	Other preventative treatment
FIL1	Posterior tooth restoration of Occlusal or Buccal / Palatal / Lingual surfaces
FIL2	Approximo-occusal (mesio-occlusal / disto-occlusal) restoration
FIL3	Mesio-occusal-distal restoration
FIL4	Complex coronal reconstructions (including restoration of one or more cusps)

Code	Description
FIL5	Simple restoration in anterior tooth or buccal surface of premolar tooth
FIL6	More than one surface filling in an anterior tooth
RCT1	Root canal treatment and root fillings in permanent anterior and premolar teeth (for each canal treated), including: • all necessary radiographs performed during treatment • a mandatory post-operative radiograph for the patient's records
RCT2	Pulp removal and root filling in a deciduous tooth (maximum for each tooth)
RCT3	Pulpotomy in deciduous tooth
RCT5	Root canal treatment and root fillings in permanent molar teeth (for each canal treated) including all necessary radiographs performed during treatment and a mandatory post-operative radiograph for the patient's records.
EXT1	First extraction with local anaesthetic
EXT3	First extraction with general anaesthetic
EMD1	Emergency dressing
PDT1	Treatment of Periodontal Disease
RAD1	Periapical radiograph
RAD2	Panoramic radiograph
RAD3	Occlusal radiograph
MSO1	Minor surgical operation or time-based treatment – 1st half hour
MSO2	Minor surgical operation or time-based treatment – each additional ¼ hour
CRN1	Pre-formed metal crown
CRN2	Ceramic to metal crown

Code	Description
CRN3	All ceramic crown (partial or full coverage)
CRN4	Gold crown (partial or full coverage)
CRN5	Full coverage composite crown
RCM1	Recement inlay or crown
PST1	Cast post and core
PST2	Pre-formed post (such as para or flexi) and core
VEN1	Porcelain veneers
VEN2	Labial composite veneers
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 denture (upper or lower)
DEN7	Pair of full dentures
ABMT	Adhesive bridges – Maryland type
APX1	Apexification/root filling teeth with an open apex
SPLT	Bite splints
SDF1	First application of SDF on 1 to 3 teeth
SDF2	Second application of SDF on 1 to 3 teeth
SDF3	First application of SDF on 4 or more teeth
SDF4	Second application of SDF on 4 or more teeth
PUL1	Pulpotomy in permanent teeth (full or partial)
PC1	Pulp capping (direct or indirect)

11 Abbreviations used in these guidelines

This section lists the acronyms and initialisms used in these guidelines. The guidelines use Health NZ when referring to Health New Zealand |Te Whatu Ora.

Abbreviation	Meaning
ACC	Accident Compensation Corporation
ADO	Approving Dental Officer
BCTSI	Buyer Created Taxable Supply Information
CDA	Combined Dental Agreement
DCNZ	Dental Council New Zealand
EQI	Equity Index
GST	Goods and Services Tax
MIH	molar-incisor hypomineralisation
NHI	National Health Index
OPG	orthopantomogram (panoramic x-ray film)
PBW	periapical bitewing (film)
RCT	Root Canal Treatment
SDF	Silver Diamine Fluoride
VPT	Vital Pulp Therapy

Appendix 1

Flowchart and table to help with clinical decisions for the Management of Deep Caries in Permanent teeth

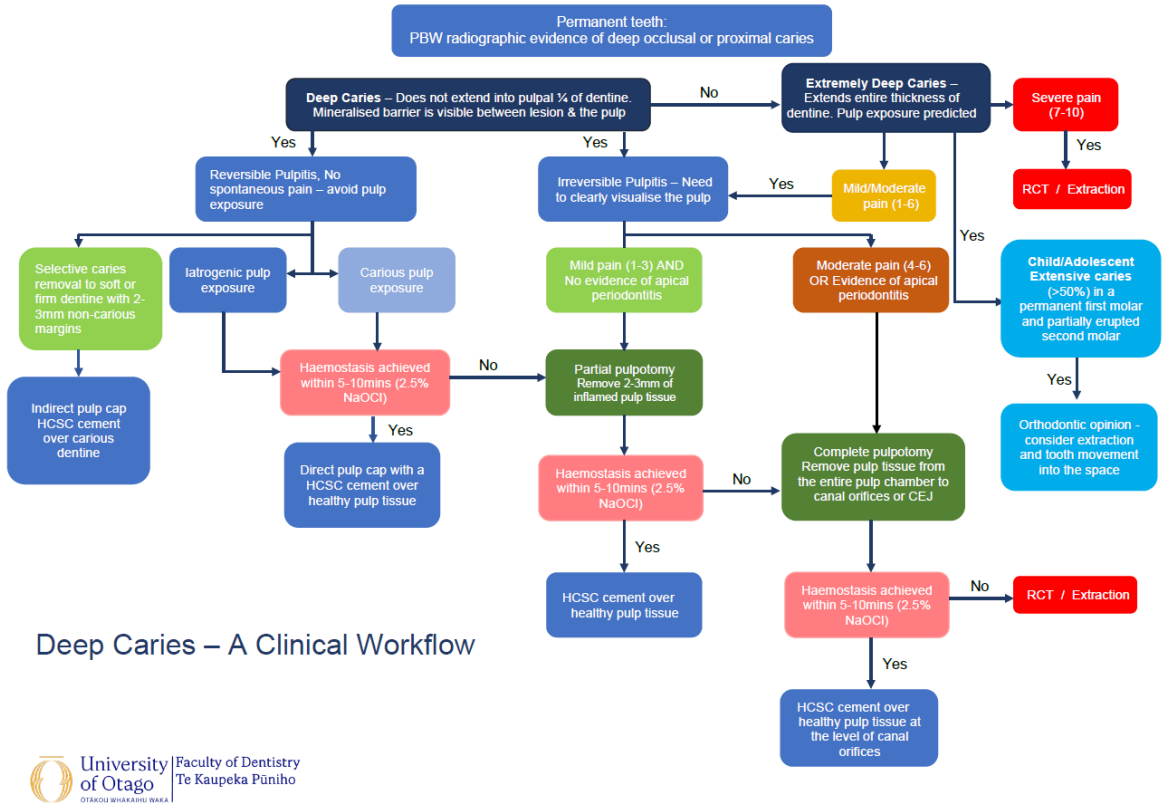


Table: Let's be consistent

Clinical diagnosis and symptoms	Recommended treatment
Extremely deep caries	
Severe Pain (7–10)	RCT / Extraction
Child or adolescent	Orthodontic opinion
Mild / Moderate pain (1–6)	Complete pulpotomy
Deep caries	
Reversible pulpitis – no/mild pain which subsides (1–3)	Selective caries removal
Reversible pulpitis with pulp exposure	All caries removed, DPC or partial/complete pulpotomy

Clinical diagnosis and symptoms	Recommended treatment
Irreversible pulpitis – mild pain (1–3)	Partial/complete pulpotomy
Irreversible pulpitis – moderate pain (4–6) or evidence of apical periodontitis	Complete pulpotomy
Irreversible pulpitis – spontaneous/severe pain (7–10)	RCT

Notes:

- Control of pulpal bleeding is essential for VPT – 2.5% NaOCl
- Complete pulpotomy to the level of canal orifices is recommended (easier) for general dental practitioners
- Hydraulic Calcium Silicate cement putty is the recommended material (e.g., BioDentine™, Endosequence BC)
- Coronal seal is critical – preferably at the same visit.

12 References used in these guidelines

Thylstrup, A & Bruun, C. 1992. 'The use of dentifrices in the treatment of dental caries', in G Embery & G Rolla (eds), Clinical and biological aspects of dentifrices. Oxford University Press, Oxford, pp 131–44.

Tyas, MJ, Anusavice KJ, Frencken JE & Mount GJ. 2000. 'Minimal intervention dentistry – A review', International Dental Journal, no. 50, 1–12. DOI: **10.1111/j.1875-595x.2000.tb00540.x**

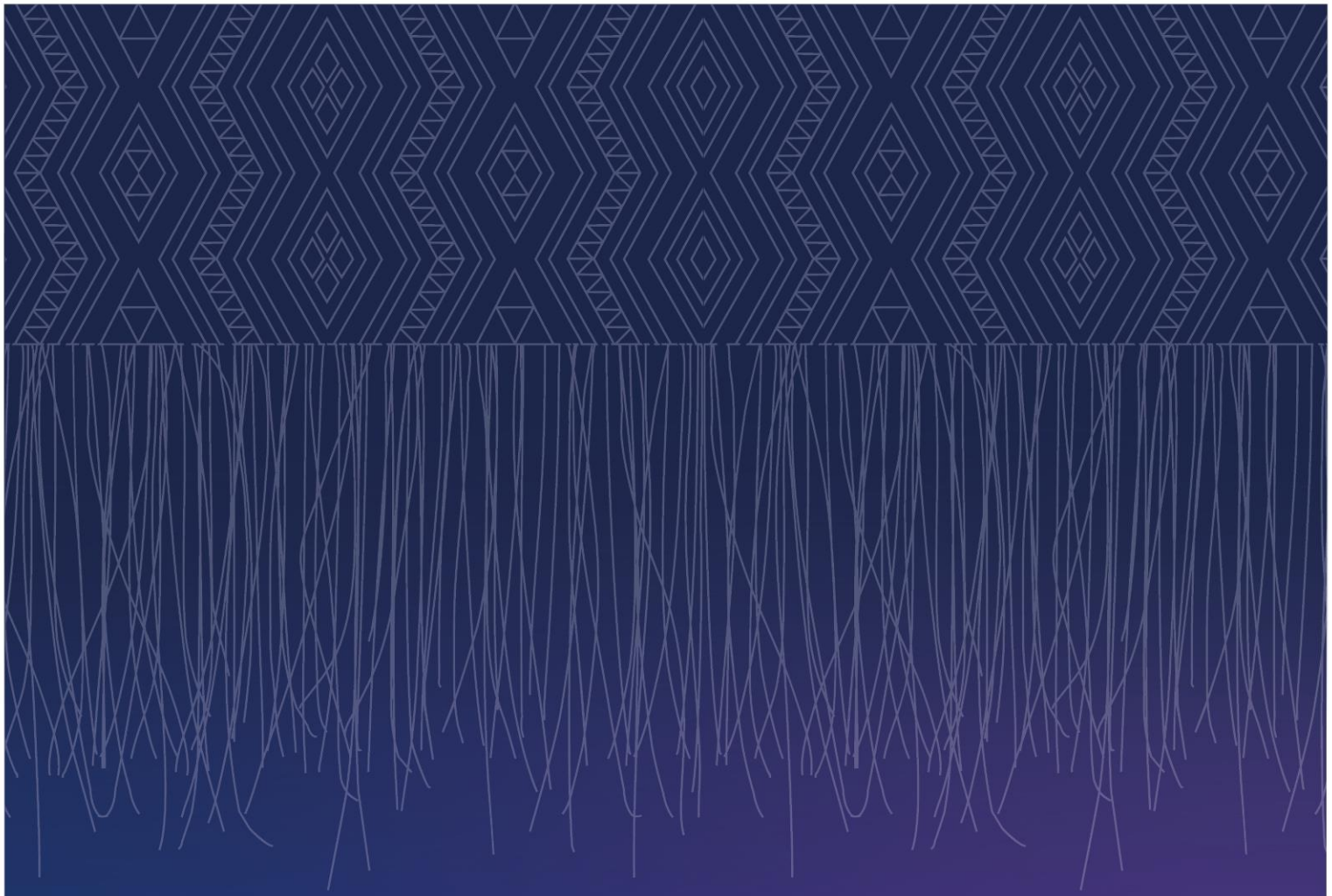
World Health Organization (1994). Technical Report Series 846. Fluorides and health. WHO, Geneva.

Legislation and regulations referred to in these guidelines

Children's Act 2014: see **www.legislation.govt.nz/act/public/2014/0040/latest/dlm5501618.html** (especially the guidance about safety checks)

Criminal Records (Clean Slate) Act 2004: see **www.legislation.govt.nz/act/public/2004/0036/latest/DLM280840.html**

Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015: see **www.legislation.govt.nz/regulation/public/2015/0106/latest/d3093086e72.html**



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