

Code	Description
ABMT	Adhesive bridges – Maryland type
APX1	Apexification/root filling teeth with an open apex
COM1	Completion – Decile 1–3
COM2	Completion – Decile 4–6
COM3	Completion – Decile 7–10
CON1	Annual consultation
CON2	Other scheduled consultation (eg, six-monthly)
CON3	Emergency consultation during normal hours - \$0.00 value as part of the annual consultation fee or capitated package. For your enrolled patients only.
CON3	Emergency consultation during normal hours with a fee depending on date of treatment/service. Note: you cannot claim CON3 with a fee for your enrolled patients.
CON4	Emergency consultation after hours (indicate time)
CON5	Consultation including examination, bitewing radiographs and diagnosis advice on dental care
CRN1	Preformed metal crown
CRN2	Porcelain-ceramic to metal crown
CRN3	All ceramic crown (partial or full coverage, bonded or cemented)
CRN4	Gold crown (partial or full coverage)
CRN5	Complex reconstruction in composite resin
DEN1	Precision-cast metal partial denture
DEN2	Precision-cast metal partial denture – each extra tooth
DEN3	Acrylic partial denture
DEN4	Acrylic partial denture – each extra tooth
DEN5	Acrylic partial denture – each clasp
DEN6	Single full dentures
DEN7	Dentures full upper and lower
EMD1	Emergency dressing
EXT1	Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with local anaesthetic
FIL1	One surface restoration in posterior teeth (including the anterior and posterior pit and all buccal, palatal and lingual fissure extensions of molars)
FIL2	Two surface (approximo occusal) restorations in posterior teeth

Code	Description
FIL3	Three surface (mesio occusal-distal) restorations in posterior teeth
FIL4	Complex coronal reconstructions in (including restoration of one or more cups)
FIL5	Simple non-metallic restorations in anterior teeth
FIL6	More than one surface non-metallic restorations in anterior teeth
FIS1	Fissure sealant
MSO1	Minor surgical operation or other time based procedures – 1st half hour
MSO2	Minor surgical operation or other time based procedures – each additional quarter hour
NCO1	Non-completion – Decile 1–3
NCO2	Non-completion – Decile 4- 6
NCO3	Non-completion – Decile 7–10
OPT1	Other preventative treatment
PBW1	Bitewing radiograph
PDT1	Treatment of Periodontal Disease
PST1	Cast post and core
PST2	Preformed post (para, flexi, etc) and core
RAD1	Periapical radiograph
RAD2	Panoramic radiograph
RAD3	Occlusal radiograph
RCM1	Re-cement inlay or crown
RCT1	Root canal treatment and root filling in permanent anterior or premolar teeth (per canal) including all necessary radiographs performed during treatment and mandatory post-operative radiology for patient's record
RCT2	Pulp removal and root filling in a deciduous tooth (maximum fee per tooth)
RCT3	Pulpotomy in deciduous tooth
RCT4	Pulpotomy in permanent tooth
RCT5	Root Canal treatment and root fillings in permanent molar teeth (per canal treated) including all necessary radiographs performed during treatment and a mandatory post-operative radiograph for the patient's record.
SCL1	Removal of supragingival calculus
SPLT	Bite splints
TOP1	Topical fluoride application
VEN1	Porcelain veneers
VEN2	Labial composite veneers

Oral Health Services for Adolescents

Individual Treatment Report

This form must be attached to a completed claim summary form (HP5952)

Patient NHI (mandatory)

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Patient's last name

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Patient's first name

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Date of birth (DD/MM/YY)

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Sex

Male Female other

School attended

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School number

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School EQI Code

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Standard package of care

Date of annual consultation (DD/MM/YY) – CON1 Completed

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Yes No

Date of treatment (DD/MM/YY)	Code	Completed (✓)
	CON2	<input type="checkbox"/>
	CON3	<input type="checkbox"/>
	TOP1	<input type="checkbox"/>
	OPT1	<input type="checkbox"/>
	RAD1	<input type="checkbox"/>
	PBW1	<input type="checkbox"/>
	SCL1	<input type="checkbox"/>

Annual capitated fee (GST exclusive)

\$					
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Date of treatment (DD/MM/YY)	Code	Teeth	Completed (✓)
	FIL1		<input type="checkbox"/>
	FIS1		<input type="checkbox"/>

*CON3 - Emergency consultation during normal hours with a fee depending on date of treatment/service. Note: you cannot claim CON3 with a fee for your enrolled patients.

Additional services not requiring prior approval

Date of treatment (DD/MM/YY)	Code	Comment	Quantity	Teeth	Value \$	Te Whatu Ora only

Additional services requiring prior approval

Approval no

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Total claimed (GST exclusive) \$

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\$