

Codes and Descriptions - Special Dental Services

Code	Description
APX1	Apexification/root filling teeth with an open apex
CON3	Initial oral consultation for school dental clinic patients referred for Special Dental Services or for the school dental clinic patients or adolescents who are not able to access their regular oral health provider in an emergency during normal practice hours. PLEASE NOTE: You cannot claim CON3 for you own patients.
CON4	Emergency consultation after hours (indicate time)
CRN1	Preformed metal crown
CRN3	All Ceramic crown (partial or full coverage)
CRN4	Gold crown (partial or full coverage)
CRN5	Complex reconstruction in composite resin
DEN3	Acrylic partial denture
DEN4	Acrylic partial denture – each extra tooth
DEN5	Acrylic partial denture – each clasp
DEN6	Denture full upper or lower
DEN7	Dentures upper and lower
EMD1	Emergency dressing
EXT1	Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with local anaesthetic
EXT3	Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with general anaesthetic
FIL1	One surface restoration in posterior teeth (including the anterior and posterior pit and all buccal, palatal and lingual fissure extensions of molars)
FIL2	Two surface (approximo-occusal) restorations in posterior teeth
FIL3	Three surface (mesio-occusal-distal) restorations in posterior teeth
FIL4	Complex coronal reconstructions (including restoration of one or more cusps)
FIL5	Simple non-metallic restorations in anterior teeth
FIL6	More than one surface non-metallic restorations in anterior teeth
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
PBW1	Bitewing radiograph

Code	Description
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
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 deciduous tooth treated)
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.
RCM1	Re-cement inlay or crown
SPLT	Bite splints
VEN2	Labial composite veneers

Special Dental Services Individual Treatment Report

This form must be attached to a completed claim summary form (HP5957)

NHI number (mandatory)

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Date of birth (DD/MM/YY)

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Sex

Male Female Other

Name of school or oral health practitioner

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Town / city of school or oral health practitioner

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Patient's last name

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Patient's first name

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Address of patient

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Name of usual-oral health practitioner

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Town / city of usual oral health practitioner

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To be completed by agreement holder

The required treatment was (tick applicable box)

- 1. As referred: Referral letter attached (if referral letter is not attached, write referral number).
- 2. Emergency care for a child enrolled in the Community Oral Health Service (COHS). Give name of patient's school or dental clinic and town/city (mandatory).
- 3. Treatment for a child enrolled in the COHS who was presented to you without referral by a COHS oral health therapist or dental therapist. Indicate dental clinic or school and town/city (mandatory).
- 4. Emergency care for a child enrolled for Oral Health Services for Adolescents with another provider. Indicate the name of usual provider and town/city (mandatory).
- 5. Emergency care for a preschool, primary, intermediate or adolescent school child who is enrolled with neither the COHS nor a private patient of a dentist.

Date of treatment (DD/MM/YY)	Code	Comments	Quantity	Teeth	Value \$	Te Whatu Ora only
Standard services not requiring prior approval		Community Oral Health Service referral number				
Standard services requiring prior approval				Approval number		
					Total claimed (GST exclusive)	\$
						\$