Combined Dental Agreement (CDA) Claims FAQ

How to submit a claim?

The primary method for submitting claims is to email cdaclaims@health.govt.nz with your claims summary and individual treatment reports (ITRs) for processing and payment. For those unable to email, please post completed CDA forms to:

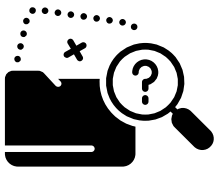
Sector Operations Dental Claims
PO Box 1026
Wellington 6140

If you are unable to download forms from the website and you need more forms, please call Sector Operations on 0800 855 066.

How long will it take for my claim to be paid?

Claims will be processed within 20 business days from the date received in the office. Payments are made the business day after your claim has been processed.

What happens if there is missing information in my claim?

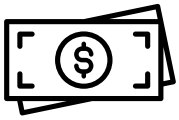


If the claims team can identify that information needed to process the claim is missing or inaccurate, they will email you requesting this information. You will be given three working days to email a response. This information cannot be provided over the phone for audit reasons. If the claims team do not get a response within three working days, they will process the claim with the information that has been provided. The Claims Determination Document (CDD) issued will provide details for rejections. If you do not receive a CDD within the processing timeframe (20 business days), please contact Sector Operations, customerservice@health.govt.nz or phone 0800 855 066

What to expect after you submit a claim?

After your claim has been processed you will receive three PDF documents for your reference. These are Claim Determination Document (CDD), Buyer Created Tax Invoice (BCTI) and a Remittance Advice (received with payment on the following business day).

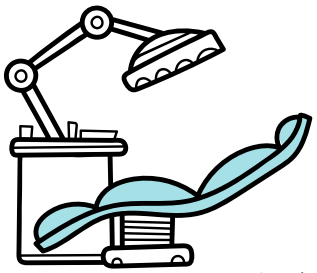
How are multiple claims for the same provider paid, do these get paid individually or in bulk?



If multiple claims are processed for you on the same day, this will be paid as a lump sum/one payment, however, you will receive a Claim Determination Document (CDD) and Buyer Created Tax Invoice (BCTI) for each claim. The following business day you will receive the Remittance Advice for the lump sum payment.

What happens if my claim gets rejected?

In the event your claim has been processed and rejected, the Claim Determination Document (CDD) will detail the reason(s) for the rejection. If appropriate, you can resubmit your rejected claim with amended information via email. If the reason for rejection is not clear, please contact Sector Operations customerservice@health.govt.nz or phone
0800 855 066.



Health New Zealand
Te Whatu Ora

Combined Dental Agreement (CDA) Claims FAQ

What do I do if I have only been partially paid for a claim?

The payment solution calculates the payment for each treatment based on the information provided. If you are in this position, please contact customerservice@health.govt.nz or phone 0800 855 066 (Sector Operations) to discuss.

What band pricing should be paid for a young person/patient that is attending a secondary school that is not assigned an EQI number by the Ministry of Education?

Band 3, unless there are local arrangements.

What band pricing should be paid for a young person/patient that is not enrolled at a school?

Band 2.

What is the process to provide treatment and claim for treatment that is not covered by the standard CDA fee schedule?

A Prior Approval Form (PAF) needs to be submitted directly to your assigned Approving Dental Officer (ADO) for approval. A PAF number is required to process claims. The PAF can be found here. The PAF will need to be submitted with the claim. If the PAF covers several claims, the PAF needs to be submitted with every claim that the approval covers.

How is the pay band determined in the CDA?

The CDA uses the Ministry of Education Equity Index (EQI) for schools to determine the payment band which is applied for each intervention provided under the agreement. See below the 2024/25 price table with EQI scores and equity index bands included.

New EQI Score	Equity Index	Code	Price (GST excl.)
569 to 491	Band 1	COM1	$239.19
490 to 448	Band 2	COM2	$184.27
447 to 365	Band 3	COM3	$150.84

How do I find who is my Approving Dental Officer (ADO)?

A list of ADOs and contact information can be found here.

Where can I find an enrolment form for Adolescent Oral Health Services and who do I send this too?

The form can be found here and please submit the form directly to customerservice@health.govt.nz to process.

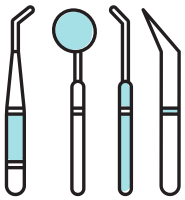
Combined Dental Agreement (CDA) Claims FAQ

What is included under CON1?

The CDA Oral Health Services for Adolescents (OHSA) provides a capitated package of services that includes an annual examination and where required:

- all other necessary consultations within the 12-month period (excluding emergency consultations outside of normal practice hours)
- bite wing and periapical radiographs
- prophylaxis, including removal of supragingival calculus
- fissure sealants
- single surface restorations (FIL1)
- preventive treatment, including oral health education and topical fluoride applications.

Any further necessary consultations throughout the year should be coded as a CON2. Whilst there is no fee payable it is important for data collection that this information is recorded.



How frequently can I claim for each patient consultation?

All patients are entitled to receive one annual consultation per calendar year (1 January to 31 December). It is expected that consultations will be at approximately 12 monthly intervals except in the year when the patient reaches their 18th birthday. For the last annual consultation before the young person turns 18 years, the date of the annual consultation needs to be at least 9 months after the date of treatment of the previous annual consultation. The persons 18th birthday also needs to occur before 11 months have passed since their previous annual consultation.

How to submit claims outside of the current claim rules?

For example, if a patient is over 18 or claims are submitted more than 12 months after the service date, please discuss with your ADO. ADO can approve exceptions if there's a strong rationale. For approval, include your agreement number, payee number, claim references, and submit them with the claims.

Top tips for successful claiming

- ✓ Double check you have claimed for the correct date.
- ✓ Double check the claiming amount is correct.
- ✓ Double check the correct patient details and school names are included.
- ✓ If prior approval has been provided, remember to submit this form alongside the claims summary and individual treatment reports (ITRs).
- ✓ Submit one claim per email, this avoids confusion and attachments going missing.