



# New Zealand Gazette

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## DISTRICT HEALTH BOARDS

### ADVICE NOTICE TO ORAL HEALTH PROVIDERS

PURSUANT TO SECTION 88 OF THE  
NEW ZEALAND PUBLIC HEALTH AND  
DISABILITY ACT 2000

## ORAL HEALTH SERVICES

This Notice is issued by all District Health Boards and is effective  
from 1 January 2004

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## ADVICE NOTICE TO ORAL HEALTH PROVIDERS UNDER SECTION 88 OF THE NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

### SCHEDULE A: APPLICATION OF THIS NOTICE

#### A1 PURPOSE OF THIS NOTICE

The purpose of this Notice, which is issued by all District Health Boards, is:

- (a) to defer until 1 July 2004 the intended 1 January 2004 implementation of the General Dental Benefits Notice and the Special Dental Benefits Notice (the **Proposed Notices**), which revoked the four existing regional section 88 notices for dental benefits, namely:
  - (i) the Section 51 Advice Notice to Dentists issued by the Northern Regional Health Authority with effect from 1 July 1993;
  - (ii) the Section 51 Advice Notice to Dentists issued by the Midland Regional Health Authority with effect from May 1996;
  - (iii) the Section 51 Advice Notice to Dentists issued by the Central Regional Health Authority with effect from 1 July 1995;
  - (iv) the Section 51 Advice Notice to Dentists issued by the Southern Regional Health Authority with effect from 1 July 1993,(the **Existing Notices**) and replaced them with nationally consistent terms and conditions for General Dental Benefits and Special Dental Benefits; and
- (b) consequential to the deferral, to continue from 1 January 2004 until 30 June 2004, the terms and conditions of the Existing Notices, subject to changes in respect of pricing and duration, under section 88 of the New Zealand Public Health and Disability Act 2000 (the **Act**).

#### A2 TERMS OF THIS NOTICE

- A2.1 This is a Notice issued by all District Health Boards, namely Auckland DHB, Bay of Plenty DHB, Canterbury DHB, Capital & Coast DHB, Counties Manukau DHB, Hawke's Bay DHB, Hutt DHB, Lakes DHB, MidCentral DHB, Nelson Marlborough DHB, Northland DHB, Otago DHB, South Canterbury DHB, Southland DHB, Tairāwhiti DHB, Taranaki DHB, Waikato DHB, Wairarapa DHB, Waitemata DHB, West Coast DHB and Whanganui DHB, under section 88 of the Act.

This Notice (this **Notice**) sets out the terms and conditions for the provision of the dental services set out in Schedule C of this Notice, for General Dental Benefits and Special Dental Benefits (the **Dental Benefits**).

- A2.2 This Notice defers the implementation of the Proposed Notices to 1 July 2004.

- A2.3 This Notice reinstates the terms and conditions of the Existing Notices under section 88 of the Act, with effect from 1 January 2004, on the basis that all of the terms and conditions under the relevant Existing Notice applicable to a Dentist as at 31 December 2003 will apply to that Dentist from 1 January 2004, subject to the following:

- (a) Appendices 1 and 2 of Schedule 2 of each Existing Notice are to be deleted and replaced by Schedule C of this Notice (and all references to those appendices

in the relevant Existing Notice are to be taken as references to Schedule C of this Notice); and

- (b) this Notice, including the terms and conditions applicable under it, applies until 30 June 2004 and expires on and from 1 July 2004.

A2.4 For the avoidance of doubt, this Notice includes terms and conditions in respect of pricing and payment that differ from the Existing Notices, in order to give effect to the prices that were to apply under the Proposed Notices from 1 January 2004. This clause is included in fulfilment of section 89(5) of the Act.

**SCHEDULE B: INTERPRETATION AND DEFINITIONS****B1 INTERPRETATION**

In this Notice:

- (a) “we”, “us” and “our” means the relevant District Health Board from within whose geographical area (as defined in Schedule 1 of the Act) you are providing Dental Benefits; and
- (b) “you” and “your” means a Dentist claiming payment under this Notice.

**B2 DEFINITIONS**

B2.1 Terms defined in clause B2.2 and elsewhere in this Notice are defined for the purpose of this Notice but in all other respects definitions in the Existing Notices apply.

B2.2 In this Notice the following terms have the stated meanings:

<b>Term</b>	<b>Meaning</b>
District Health Board	An organisation established by section 19 of the Act and as set out in Schedule 1 of the Act.
General Dental Benefits	The dental services set out in clauses C3 and C4 of Schedule C of this Notice and excludes Special Dental Benefits.
General Dental Benefits Notice	The advice notice published in the <i>Gazette</i> on 7 November 2003 pursuant to section 88 of the Act in relation to General Dental Benefits.
Payment Agent	Our payment and reporting agent, Health Payments, Agreements and Compliance (HealthPAC), a business unit of the Ministry of Health, and includes any successor body.
Special Dental Benefits	The dental services set out in clauses C5 and C6 of Schedule C of this Notice and excludes General Dental Benefits.
Special Dental Benefits Notice	The advice notice published in the <i>Gazette</i> on 7 November 2003 pursuant to section 88 of the Act in relation to Special Dental Benefits.

**SCHEDULE C: SERVICE PRICING****C1 APPLICATION**

This Schedule C replaces Appendices 1 and 2 of Schedule 2 of each Existing Notice and is effective from 1 January 2004.

**C2 GEOGRAPHICAL AREAS**

- C2.1 You agree to only claim payment from us for Dental Benefits provided within the geographical areas for which we are responsible as specified in Schedule 1 to the Act, whether or not a patient is resident within our geographical area.
- C2.2 If you provide Dental Benefits from a facility located in another District Health Board's geographical areas, then you agree not to claim for payment from us. Instead, it will be your responsibility to claim for payment from the relevant District Health Board.

**C3 SCHEDULE OF PRICES FOR GENERAL DENTAL BENEFITS NOT REQUIRING PRIOR APPROVAL**

- C3.1 The payments you will receive, per service provided, for the Dental Benefits that are General Dental Benefits not requiring prior approval are as follows:

Item	Price (GST excl.)
Consultation with examination and prophylaxis (once in respect of each complete treatment period and including bitewing x-rays when required for diagnostic purposes)	\$34.98
Emergency consultation in normal practice hours	\$16.09
Emergency consultation outside normal practice hours	\$32.09
Periapical radiograph where required (each film)	\$7.41
One surface amalgam restoration in posterior teeth (including the anterior and posterior pit and all buccal, palatal and lingual fissure extensions of molars);	\$22.02
Two surface (mesio-occlusal or distal-occlusal) restoration in posterior teeth	\$32.19
Three surface (mesio-occlusal-distal) restoration in posterior teeth	\$39.60
Complex coronal reconstruction in amalgam (including restoration of 1 or more cusps)	\$58.80
Simple non-metallic restoration in anterior teeth and buccal surfaces of premolars	\$29.32
More than one surface non-metallic restoration in anterior teeth	\$43.98
Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with local anaesthetic	\$36.68

Subsequent extraction of a permanent tooth (maximum 4 teeth) or deciduous quadrant (excluding extractions for orthodontic purposes)	\$18.39
Preparation and obturation of a root canal in a permanent tooth (per canal treated)	\$109.96
Pulp removal and root filling in a deciduous tooth (maximum fee per deciduous tooth treated)	\$87.96
Pulpotomy in a deciduous tooth	\$56.42
Emergency dressing	\$20.88
Re-cement inlay or crown	\$10.12

C3.2 Payment for these Dental Benefits will be based on the information reported by you as required by us or our Payment Agent.

#### **C4 SCHEDULE OF PRICES FOR GENERAL DENTAL BENEFITS REQUIRING PRIOR APPROVAL**

C4.1 The payments you will receive, per service provided, for the Dental Benefits that are General Dental Benefits requiring prior approval are as follows:

<b>Item</b>	<b>Price (GST excl.)</b>
Minor surgical operation or other time based procedure (each half hour or part thereof)	\$47.44
Calculus-scaling (not associated with routine prophylaxis)	\$24.35
Acrylic partial denture	\$250.00
Acrylic partial denture – each extra tooth	\$28.89
Acrylic partial denture – each clasp	\$15.00
1 lingual bar	\$14.88
Precision-cast metal partial denture	\$575.00
Precision-cast metal partial denture – each extra tooth	\$28.85
Gold inlay (MI, DI or incisal)	\$170.71
Gold inlay (MID)	\$256.22
Facing for inlay	\$21.69
Stainless steel crown	\$51.44



Acrylic jacket crown	\$298.14
Porcelain-bonded-to-metal-crown	\$512.17
Full coverage composite crown	\$96.76
Three-quarter composite crown	\$64.53
Porcelain jacket crown	\$426.82
Cast post and core	\$127.39
Stainless steel post	\$45.16
Preformed post and core	\$73.33
Labial composite veneer	\$53.78
Porcelain veneer	\$299.20
Multiple extractions of permanent teeth - extraction of more than 4 permanent teeth	\$105.64
Multiple extractions of permanent teeth - single jaw clearance	\$105.64
Multiple extractions of permanent teeth - extraction of more than 12 teeth involving both jaws	\$197.75
Panoramic radiograph	\$29.37
Occlusal radiograph	\$19.64
Second consultation (where approved)	\$22.89

- C4.2 Payment for these Dental Benefits will be based on the information reported by you as required by us or our Payment Agent. These additional Dental Benefits may only be provided with the prior approval of a dental officer of the relevant District Health Board. Where the prior approval of a dental officer of the District Health Board is not sought but an application is made subsequently and not approved, then neither the patient nor we will be liable to pay for those Dental Benefits.

**C5 SCHEDULE OF PRICES FOR SPECIAL DENTAL BENEFITS NOT REQUIRING PRIOR APPROVAL**

- C5.1 The payments you will receive, per service provided, for the Dental Benefits that are Special Dental Benefits not requiring prior approval are as follows:

Item	Price (GST excl.)
Initial oral consultation for school dental clinic patients referred for Special Dental Benefits or for school dental clinic patients or adolescents who are not able to access their regular oral health provider in an emergency during normal practice hours	\$29.56

Emergency consultation outside normal practice hours	\$45.21
Periapical or bitewing radiograph where required	\$8.23
One surface restoration in posterior teeth (including the anterior and posterior pit and all buccal, palatal and lingual fissure extensions of molars)	\$43.16
Two surface (mesio-occlusal or distal-occlusal) restoration in posterior teeth	\$45.72
Three surface (mesio-occlusal-distal) restoration in posterior teeth	\$55.46
Complex coronal reconstruction in amalgam	\$69.86
Simple non-metallic restoration in anterior teeth	\$40.07
More than one surface non-metallic restoration in anterior teeth	\$55.99
Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with local anaesthetic	\$48.80
Extraction of a single permanent tooth or deciduous quadrant (excluding extractions for orthodontic purposes) with general aesthetic	\$73.20
Subsequent extraction of a permanent tooth (maximum 4 teeth) or deciduous quadrant (excluding extractions for orthodontic purposes)	\$24.14
Preparation and obturation of a root canal in a permanent tooth (per canal treated)	\$145.35
Pulp removal and root filling in a deciduous tooth (maximum fee per deciduous tooth treated)	\$117.13
Pulpotomy in a deciduous tooth	\$75.13
Emergency dressing	\$22.15
Re-cement inlay or crown	\$19.35

C5.2 Payment for these Dental Benefits will be based on the information reported by you as required by us or our Payment Agent.

## **C6 SCHEDULE OF PRICES FOR SPECIAL DENTAL BENEFITS REQUIRING PRIOR APPROVAL**

C6.1 The payments you will receive, per service provided, for the Dental Benefits that are Special Dental Benefits requiring prior approval are as follows:

<b>Item</b>	<b>Price (GST excl.)</b>
Minor surgical operation or other time based procedures (first half hour)	\$66.45
Minor surgical operation, periodontal treatment or other time based procedures (each additional quarter hour)	\$33.22
Acrylic partial denture	\$250.00
Acrylic partial denture – each extra tooth	\$28.89
Acrylic partial denture – each clasp	\$15.00
Stainless steel crown	\$54.03
Acrylic jacket crown	\$312.88
Complex reconstruction in composite resin	\$120.03
Cast post and core	\$133.30
Preformed post and core	\$77.47
Labial composite veneer	\$59.65
Panoramic radiograph	\$32.01
Occlusal radiograph	\$21.54
Denture full upper or lower	\$528.00
Dentures upper and lower	\$783.22
Apexification	\$117.13

C6.2 Payment for these Dental Benefits will be based on the information reported by you as required by us or our Payment Agent. These additional Dental Services may only be provided with the prior approval of a dental officer of the relevant District Health Board. Where the prior approval of a dental officer of the District Health Board is not sought but an application is made subsequently and not approved, then neither the patient nor we will be liable to pay for those Dental Benefits.