Dentist costs

|  |
| --- |
| Effective 01 April 2023 |

ACC Information sheet

This information sheet lists the Cost of Treatment Regulations amounts ACC can pay for dentistry treatments.

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Item description | Flat rate $ (excl. GST) | Flat rate $ (incl. GST) |
| DE1 | Dental consultation, including examination (6 monthly or for a new treatment plan) | 50.26 | 57.80 |
| DE2 | Periodic oral examination/review (not to be claimed the same day as treatment) | 32.31 | 37.16 |
| DE3 | Extended initial examination (complex cases relating to dental implants, orthodontics, and advanced restorative work) – including study models and photographs, and tomography | 138.76 | 159.57 |
| Radiological examination and interpretation |
| DX1 | Periapical or bitewing film (each) | 25.12 | 28.89 |
| DX2 | Occlusal (each) | 25.12 | 28.89 |
| DX3 | Panorex | 65.67 | 75.52 |
| DX4 | Other additional images (per treatment episode) | 9.91 | 11.40 |
| DX7 | Acute sedation (IV only) (initial consultation only) | 173.44 | 199.46 |
| Emergency temporary cover |
| DT1 | Emergency temporary cover (not to be used with a definitive treatment code) | 48.65 | 55.95 |
| General oral surgery |
| Extractions |
| DG1 | Extraction of permanent or deciduous tooth per first tooth (deciduous teeth must have sufficient root to be classified as an extraction – evidence of this is required) | 129.79 | 149.26 |
| DG2 | Surgical removal of tooth (includes insertion and removal of sutures) | 208.13 | 239.35 |
| DG4 | Extraction of subsequent permanent or deciduous tooth in same quadrant as for DG1 | 70.92 | 81.56 |
| Code | Item description | Flat rate $ (excl. GST) | Flat rate $ (incl. GST) |
| Surgery |
| DG5 | Management of minor lacerations by suturing per operative site (initial examination or emergency use only, includes removal of sutures) | 135.29 | 155.58 |
| DG7 | Incision and drainage abscess cellulitis  | 152.62 | 175.51 |
| DG8 | Excision of traumatic mucous cyst  | 180.39 | 207.45 |
| DG10 | Splint application or removal (for 3 splint units) | 104.06 | 119.67 |
| DG11 | Cleaning of wound and removal of debris (initial examination or emergency use only) | 47.57 | 54.71 |
| DG14 | Reduction of fractured alveolar process | 101.31 | 116.51 |
| DG15 | Repositioning of displaced tooth (per tooth) or replacing avulsed tooth | 50.64 | 58.24 |
| DG17 | Occlusal adjustment (simple) (for use on accident related teeth only and not to be used with restorative codes) | 33.74 | 38.80 |
| DG22 | Minor surgical operations not otherwise covered by this schedule (provide clinical reasoning at time of invoice) | 145.28 | 167.07 |
| DG23 | Provision of bite splints | 208.13 | 239.35 |
| Restorative |
| DR1 | Amalgam 1 surface filling (including 2 fillings on the one surface) | 92.17 | 106.00 |
| DR2 | Amalgam 2 surface filling (approximo-occlusal) | 120.56 | 138.64 |
| DR3 | Complex amalgam restoration | 174.42 | 200.58 |
| DR6 | Non-metallic simple fillings (including 2 fillings on the one surface) | 106.33 | 122.28 |
| DR7 | Non-metallic filling (2 or more surfaces per tooth) | 141.82 | 163.09 |
| DR8 | Rebonding tooth fragment or coronal portion (if used with a restorative code DR6 – must show justification)  | 95.33 | 109.63 |
| DR9 | Complex reconstruction in composite resin (direct) | 189.35 | 217.75 |
| Prosthodontics |
| DP1 | Plastic denture (1 tooth – material of choice) | 530.87 | 610.50 |
| DP2 | Each additional tooth (all dentures) | 23.78 | 27.35 |
| DP5 | Metal-framed partial denture (1 tooth) | 1,215.71 | 1,398.07 |
| DP7 | Transitional denture replacing missing tooth or teeth | 483.65 | 556.20 |
| DP8 | Full upper or lower denture | 792.87 | 911.80 |
| DP11 | Reline or rebase denture | 248.22 | 285.45 |
| DP13 | Repair (all types) | 81.07 | 93.23 |
| Prosthodontics continued |
| DP14 | Addition of tooth to existing denture (includes additional tooth) | 148.91 | 171.25 |
| Inlay/Onlay and veneers |
| DC3 | Indirect inlay/onlay | 302.71 | 348.12 |
| DC6 | Porcelain veneer (includes any temporary treatment) | 891.19 | 1,024.87 |
| DC7 | Composite resin veneer | 194.24 | 223.38 |
| Posts and cores |
| DC8 | Post (wrought or pre-formed) | 104.06 | 119.67 |
| DC9 | Composite or amalgam core | 124.88 | 143.61 |
| DC11 | Cast post and core (metal or ceramic) | 238.66 | 274.46 |
| Crowns |
| DC15 | All ceramic crown | 1,053.73 | 1,211.79 |
| DC16 | Porcelain fused to metal crown | 1,013.28 | 1,165.27 |
| DC17 | Cast gold crown (full and three-quarters) | 952.53 | 1,095.41 |
| Bridges |
| DC19 | Maryland bridge (per unit) | 734.20 | 844.33 |
| DC20 | Composite bridge (per unit) | 242.80 | 279.22 |
| DC25 | Recementing crown/bridge/veneer/inlay | 36.47 | 41.94 |
| DC26 | Non-composite bridge – on injured teeth that meet the requirement for a crown (3 units) | 2,481.68 | 2,853.93 |
| DC27 | Replacement of non-composite bridge | 2,969.29 | 3,414.68 |
| Endodontics |
| DN1 | Pulpotomy or pulpectomy (includes dressing) | 138.76 | 159.57 |
| DN2 | Irrigation and dressing of root canal system (includes all temporary dressings) | 140.85 | 161.98 |
| DN3 | Complete preparation and obturation of root canal (per canal) – open or closed apex | 312.20 | 359.03 |
| DN5 | Apicoectomy and retrograde filling (per canal) | 303.95 | 349.54 |
| DN6 | Removal of root filling (per canal) | 243.85 | 280.43 |
| DN7 | Removal of post or post crown, or crown | 243.85 | 280.43 |
| DN8 | Bleaching, 1 non-vital tooth (per treatment) (includes vital teeth) | 173.44 | 199.46 |
| DN9 | Pulp capping | 40.53 | 46.61 |
| DN10 | Removal of a fractured post or instrument | 243.85 | 280.43 |
| DN11 | Repair of perforation | 243.85 | 280.43 |
| Endodontics continued |
| DN13 | Negotiation of a calcified canal (can be used with item DN3) | 243.85 | 280.43 |
| Periodontics |
| DD1 | Gingivectomy (per tooth) | 116.20 | 133.63 |
| DD2 | Crown lengthening (per tooth) | 242.80 | 279.22 |
| DD4 | Sub gingival curettage (per tooth) | 96.95 | 111.49 |
| DD7 | Site preparation for dental implant (bone grafting cannot be claimed with this code or with implant surgery) | 354.59 | 407.78 |
| DD8 | Placement of membrane | 379.91 | 436.90 |
| DD9 | Substitute bone material | 151.95 | 174.74 |
| Dental implants |
| DM1 | Resilient linings (tooth or teeth) (one per arch if required in cases where upper and lower implants are placed at the same time) | 72.95 | 83.89 |
| DM2 | Fixture head impressions and copings (per fixture) | 390.03 | 448.53 |
| DM3 | Dental implant crown (per single unit) | 1,215.73 | 1,398.09 |
| DM4 | Dental stent and guide (per fixture) | 131.71 | 151.47 |
| DM5 | Definitive abutment (per fixture) | 390.03 | 448.53 |
| DM6 | Temporary abutment (per fixture) | 48.62 | 55.91 |
| DM7 | Repairs to abutments (per fixture) | 84.38 | 97.04 |
| Clients under 18 years old |
| DY1 | Dental consultation, including examination (6 monthly or for a new treatment plan) | 65.42 | 75.23 |
| DY14 | Temporary crown | 121.58 | 139.82 |
| DY15 | Temporary bridge (per unit) | 121.58 | 139.82 |
| DY21 | Surgical decoronation | 425.52 | 489.35 |
| DY22 | Removal of deciduous teeth | 29.72 | 34.18 |
| Codes no longer in the Cost of Treatment Regulations but still used for billing |
| DG18 | Removal of plates, wires and screws | 422.16 | 485.48 |
| DX6 | Lateral or antero-posterior head films | 66.70 | 76.71 |

**Specific clauses**

The clauses below are taken from the principal regulations that are in effect – the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. The clauses have been updated in line with the amendments in the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2023.

**10 Dentists’ costs**

This regulation applies to the treatments specified in the Schedule under the heading “Dentists’ costs”.

The Corporation is liable to pay, -

* 1. for a claimant less than 18 years old at the time the claimant receives a treatment, -
		1. the amount specified under the subheading “Claimants under 18 years old”, if the treatment is specified under the subheading; or
		2. the amount specified elsewhere under the heading, if the treatment is not specified under the subheading referred to in subparagraph (i); and
	2. for any other claimant, the amount specified for the treatment other than under the subheading “Claimants under 18 years old”.

However, if at the same visit the claimant receives a treatment and a more comprehensive treatment for the same injury, the Corporation is liable to pay only the amount specified for the more comprehensive treatment.

***Disclaimer***

*All information in this publication was correct at the time of printing, March 2023. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and Regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.*

Disclaimer

All information in this publication was correct at the time of printing, April 2014. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.