



## ACC Dental Assessment Report and Treatment Plan (DARTP) EXAMPLE

Request to Accident Compensation Corporation for Prior Approval for Dental Treatment

To ensure ACC can make prompt and informed decisions, we need full and accurate information. Please ensure you complete the DARTP form fully, otherwise we will have to return it for your further attention. This may lead to unnecessary delay for your patient.	Email to: <a href="mailto:hndental@acc.co.nz">hndental@acc.co.nz</a> Postal Address: PO Box 952, Waikato Mail Centre, Hamilton 3240  ACC provider phone number: 0800 222 070
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Client & Claim Details	
Claim Number:	1234567890
Full Name:	Sarah Smile
Address:	12 Straightened Way, Wellington
Date of Birth:	28/05/1970
Telephone (Home):	
Telephone (Mobile):	02101234567
Telephone (Work):	
NHI Number:	123456
Date of Injury:	25/02/1988
Referring Provider:	Apple Aday Dentists

History, Examination and Diagnosis <i>(to be completed by specialist)</i>	
<b>Causal Link Between Proposed Treatment &amp; Covered Injury</b>  History of injury and how that injury and subsequent treatment has caused the current pathology that you wish to treat.	<b>Example 1</b> Tooth 24 was extracted 10 years ago due to internal root resorption which occurred as a result of injury from accident. Patient has worn a partial denture since this time and would now like to have a more fixed replacement for this tooth.  <b>Example 2</b> Tooth 11 was avulsed in the patient's accident. It was re-implanted and endodontically treated however this subsequently failed because of ankylosis and intractable infection/split root, leading to current need for extraction and replacement.  <b>Example 3</b> Previous ACC implant care failed due to infection of bone graft. Approval gained for level 3 block graft which has been successful and now reapplying for updated implant approval in new sites.
<b>Relevant Pre-Existing Factors</b> Relevant medical history, presence of degenerative disease, co-morbidities, diabetes.  Refer to medical section of the <a href="#">ACC Dental Implant Patient Selection Criteria 2021</a> .  Medical signoff from treating clinician to be provided.	<b>Example 1</b> Nil medical. Not under GP treatment, no conditions being managed by GP, no current relevant medications.  <b>Example 2</b> Patient has Type 2 diabetes with HBA1C <55 mmol/mol for over a year to indicate stability. Attached are notes from GP to confirm that HBA1C levels are within <a href="#">ACC Dental Implant Patient Selection Criteria 2021</a> range for the last 12 months.

	<p><b>Example 3</b></p> <p>Patient has undergone open heart surgery with valve replacement four months ago. Attached is confirmation from the cardiologist that the patient is medically fit to undergo dental implant surgery.</p>
<p><b>Clinical Examination</b></p> <p>Outline of findings at clinical examination, progress since previous visits and the indicated clinical pathology.</p> <p>Provide full notes: oral status; periodontal charting; treatment plan.</p> <p><a href="#">ACC Dental Implant Patient Selection Criteria 2021</a> – Good oral status:</p> <p>Charting required is 6-point pocketing charting on all teeth.</p> <ul style="list-style-type: none"> <li>• periodontal pockets and no greater than &gt;4mm</li> <li>• minimal bleeding on probing (BOP)</li> <li>• healthy gums</li> <li>• plaque and calculus are minimal</li> <li>• absence of gingivitis</li> <li>• presence of tooth caries and cavities is minimal to none.</li> </ul> <p>Most practice management systems have software to do this e.g., Exact, Practiceworks or similar.</p>	<p><b>Example 1</b></p> <p>Good oral hygiene. Regular attender and restored dentition. No periodontal pockets &gt; 4mm (other than tooth 24, 27, 48). Low risk periodontal patient. Periodontal charting attached.</p> <ol style="list-style-type: none"> <li>1. Localised pocket at tooth 24 due to subgingival restorative margin.</li> <li>2. Localised pocket at tooth 27 due to pseudo-pocket distally from thick retromolar tissue.</li> <li>3. localised pocket at un-erupted wisdom tooth (48).</li> </ol> <p><b>Example 2</b></p> <p>Initially presented 12 months ago to this practice and has been a regular dental attender elsewhere. Periodontal assessment noted ineffective oral hygiene, generalised bleeding on probing and regular pocketing &gt; 5mm. The patient was assessed as a higher risk periodontal patient.</p> <p>The patient has returned three-monthly for hygiene treatment and their homecare routine is now effectively removing most plaque. The patient now presents with minimal plaque, localised bleeding on probing and all pockets reduced to &lt;4 mm. Periodontal charting attached.</p> <p><b>Example 3</b></p> <p>Initially presented 6 months ago to this practice and has a history of sporadic attendance for relief of pain. Periodontal assessment noted regular oral hygiene, but generalised calculus accumulation and bleeding consistent with ineffective inter-dental cleaning. Initial periodontal charting found generalised bleeding on probing and regular pocketing 4 - 5mm. The patient was categorised as moderate risk periodontal.</p> <p>Patient has presented three-monthly for hygiene treatment and their homecare routine is now effectively removing most plaque including interdentally. The patient now presents with minimal plaque, localised bleeding on probing and all pockets reduced to &lt;4 mm. Periodontal charting attached.</p> <p><b>Example 4</b></p> <p>The patient is new to this practice and has no regular dental history due to low dental need. Periodontal assessment noted regular oral hygiene, but generalised calculus accumulation and bleeding consistent with ineffective inter-dental cleaning. Initial periodontal charting found generalised bleeding on probing and isolated pocketing 4 - 5mm. The patient was categorised</p>

	<p>as low risk periodontal.</p> <p>Patient has presented for hygiene care and review after 4 weeks. Their homecare routine is now effectively removing most plaque including inter-dentally and all pockets reduced to &lt;4 mm. The patient understands the need for and is committed to regular maintenance in the future especially if implant is approved.</p> <p>Periodontal charting attached.</p>
<p><b>Diagnostic Tests and Imaging</b></p> <p>Summarise your radiological findings.</p> <p>Provide copies of reports, OPG, photos, X-rays etc current and dated.</p>	<p><b>Example of information to include:</b></p> <ul style="list-style-type: none"> <li>• Summarise condition of overall dentition.</li> <li>• Are there any teeth with questionable prognosis? - If yes, which teeth? - Why? - What will be the likely replacement option?</li> <li>• Any questionable shadowing found on imaging? If yes, what is the treatment plan? If no treatment plan, please explain.</li> </ul> <p><b>Example 1</b></p> <p>CBCT taken to confirm bone volumes at implant sites – very good and able to take implant safely.</p> <p>RCT on 37 completed with endodontist.</p>

<b>Proposed Management &amp; Prognosis (to be completed by lead clinician)</b>	
<p><b>Pre/Post-Operative Care</b></p> <p>Expectations for preoperative care and any other post-operative care including hygiene recalls and the frequency of these, bite splint, periodontal treatment, restorations, privately funded implants etc.</p> <p><b>Prognosis:</b> Taking into account your patient's overall medical and oral status, what do you anticipate the likely outcome is from this intervention for this patient?</p> <p>What are your patient's expectations from this treatment?</p>	<p><b>Example 1</b></p> <p>Standard recall six monthly. Regular hygiene six monthly. Other restorations planned – teeth 24, 46 will be completed prior to implant surgery.</p> <p>Prognosis is good, patient is motivated, minimal active caries.</p> <p><b>Example 2</b></p> <p>Patient strongly wants implant under ACC. Due to lack of motivation in current hygiene prognosis of implant is un-determined/poor. Recommend partial denture.</p> <p><b>Example 3</b></p> <p>Patient has started to attend but until oral hygiene and periodontal condition has improved and can be maintained for recommended time frame in the <a href="#">ACC Dental Implant Patient Selection Criteria 2021</a>. Recommend partial denture.</p> <p><b>Example 4</b></p> <p>Hygiene appointment scheduled prior to implant surgery. No caries detected during examination. Under active review with periodontist.</p> <p>High motivation – good results expected. Patient expects functional bridge in anterior maxilla.</p>

<b>Treatment Details (to be completed by specialist)</b>	
Date of Consultation:	16/07/2021
Recommended Treatment:	Implant 12 and crown.

<b>Specialist Procedure Details</b>	
ACC Specialist Funding Codes (list each code & tooth number against each code):	D101 (12) D105(12) DM4 (12)
Procedure Description:	Implant surgery and stent plus componentry.

<b>Certificate &amp; Specialist Details</b>	
<p>I certify that, on the date shown, I have personally examined and/or treated the patient. I have discussed the treatment options with the client and advised why the recommendation is the appropriate treatment in this case. The Client (or their representative) has authorised me to provide this information to ACC on their behalf.</p>	
Specialist Name:	Anna Smilenow
Provider ID:	123456789
Practice Name:	Smiling Forever NZ Ltd
Vendor ID:	1234
Vendor address:	11 Gingivitis Way, Berhampore, Wellington.
Specialist signature:	
Date Signed:	12/6/21

<b>Restorative Provider Details</b>	
Restorative Provider Name:	Jack Crowning
Provider ID:	987654321
Practice Name:	Crowning NZ Ltd
Vendor ID:	4321
Vendor address:	23 Perio Place, Karori, Wellington.
Provider signature:	
Date Signed:	14/6/21
Provider Comments/Notes (if required):	

<b>Restorative Procedure Details</b>	
ACC Regulation Funding Codes (list each code & tooth number against each code):	All tooth 12 DE1 DM2 DM3 DM5

## **Checklist**

Please provide us with all of the following information with your application to assist ACC to make a decision as soon as possible. This will ensure that ACC does not need to return your application to you for your further attention.

- ☐ Current OPG
- ☐ Photos of study models in the following positions:
  - separate upper and lower
  - occluding from each side
  - occluding front on.
- ☐ Current periapical and bitewing X-rays
- ☐ Full intra-oral photos, in colour
- ☐ Last 5 years of dental maintenance clinical records
- ☐ Last 5 years of periodontal maintenance clinical records
- ☐ Supporting recommendation/s for medical condition/s (see section 2.1 in the [ACC Dental Implant Patient Selection Criteria 2021](#)).

Please ensure all diagnostics are dated.

While it is the patient's responsibility to obtain any records from their previous dental practitioner, please ensure you include your current clinical records with this application.

Please ensure all diagnostics and clinical notes provided are to the standard expected by the [NZ Dental Council](#).



# ACC Dental Implant Patient Information

## Applying for Prior Approval for Dental Implant Treatment

Dental implants can provide a non-removable option for replacing a missing tooth/teeth. The process involves the placement of a titanium screw into the jawbone and attaching either a crown, bridge or denture to the screw once there has been sufficient healing. The entire process can take up to 12 months to complete, depending on whether bone grafting is required prior to implant placement.

While a dental implant is one option for replacing a missing tooth/teeth, not every patient is a candidate for dental implants. ACC has developed evidence-based guidelines to help ensure that a dental implant is both necessary and appropriate for your specific situation.

### ACC Dental Implant Patient Selection Criteria

The accepted, evidence-based guidelines indicate that you must have:

1. All of your teeth, however there are some exceptions which your dentist can discuss further with you.
2. A high standard of oral hygiene and a healthy periodontal status which is supported with regular dental check-ups and preventative dental care for a period of at least 5 years.
3. A stable and well-maintained mouth with no outstanding treatment needs, such as fillings or root canal treatment.
4. Be at least 21 years of age.

In addition, there are some medical and dental conditions that may indicate a person is not an appropriate candidate for dental implant treatment. These conditions include, but are not limited to:

1. Previous head and neck radiation treatment
2. Bisphosphonate treatment
3. Bruxism (grinding of the teeth)
4. Chemotherapy
5. Poorly controlled diabetes

**Alternatives to implant treatment:** If you do not meet these criteria your dentist will be able to discuss other treatment options for replacing your missing tooth/teeth. These options can be medium term replacement while you work towards meeting the criteria for an implant or a longer-term replacement.

**Financial Considerations:** As with all dental treatment, your dentist and dental specialist should clearly outline and document the costs involved with your dental implant treatment, so you are aware of your surcharges prior to commencing treatment.

**Maintenance:** Excellent oral hygiene, regular check-ups are the keys to the long-term success of dental implant treatment. It is your responsibility to have regular preventative dental care for the dental implant, just as you need to do for all your other teeth. ACC may be able to contribute towards your regular examination.

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I have read and understand the information above. My dentist has outlined all my treatment options, including the risks and benefits of each option. My dentist has outlined the time and costs that I will need to pay in relation to the proposed implant treatment:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date