

High Caries Treatment Planning (Adolescents) Application to provide treatment

Practitioners should use this high caries treatment planning form (in addition to the prior approval form HP5958) to avoid delays in processing their applications.

The requirements for approval for high caries treatment planning are as follows:

High caries treatment planning

Where an adolescent presents with high caries needs, these services may be purchased on a fee-for-service basis.

It is expected that High Caries Treatment Planning will arise in one of four ways:

1. The enrolling adolescent is in Year 9 and has left the Community Oral Health Service with extensive unmet treatment need (the Principal Dental Officer or Clinical Director of the relevant Community Oral Health Service should be made aware, if not already so, of such individuals leaving the service); OR
2. The adolescent has not attended the Community Oral Health Service or any other health provider for an extended period of time, resulting in a large amount of unmet treatment need; OR
3. The adolescent has recently entered New Zealand from overseas and, being an eligible person, presents to the oral health service provider with a large amount of unmet treatment need; OR
4. The adolescent's caries risk has changed.

Consideration will be given by the Approving Dental Officer (ADO) of the district health board (DHB) for access to High Caries Treatment Plan funding where the adolescent can be shown to be in need of one-surface restoration in four or more posterior teeth, in addition to any other treatment needed. **Single surface restorations are expected to involve dentinal tooth structure.** High Caries Treatment Plan funding is not confined to the first 12 months after enrolment. It can be applied for in any 12-month period where the patient demonstrates a need for the treatment. For clarity High Caries Treatment Plan funding can only be applied for once in any 12-month period.

The ADO is not obliged to approve High Caries Treatment Plan funding just because an adolescent is deemed to have four or more teeth requiring single surface restorations, without further evidence of high caries and an explanation of the reasons as to why this has occurred (as described above). **For example, the provision of four or more small one surface restorations for an adolescent who has received regular care and is not showing other evidence of high caries activity, would not be considered in need of High Caries Treatment Plan funding.**

Please note: If a claim is made under High Caries Treatment Plan funding, a further capitation package claim cannot be made within 12 months unless the patient's 18th birthday is within the next 12 months.

High Caries Treatment Planning (Adolescents)

Application to provide treatment



Agreement number

Regarding prior approval for:

Patient's last name

Patient's first name

Patient NHI (mandatory)

Proposed treatment

Please note: All treatment must be included on the prior approval form – not just the restorations which may have qualified the patient for High Caries Treatment Plan funding.

Indicate which of the four criteria this patient belongs to (*please tick*):

- In Year 9 and has left the Community Oral Health Service with extensive unmet treatment need.
- Has not attended the Community Oral Health Service or another health provider for an extended period of time and has extensive unmet treatment need.
- Recently entered New Zealand and has extensive unmet treatment need.
- His/Her caries risk has changed.

Questions required to be answered in order for High Caries Treatment Planning to be considered

Dates of all previous examinations at your practice

Have these teeth which require FIL1 restorations previously been fissure sealed? Yes No

If so, when? If not, why not?

Have these teeth which require FIL1 restorations previously been restored? Yes No

If so, when?

Other comments as to why this patient is in need of High Caries Treatment Planning

Do the teeth which require the FIL1 restorations involve dentinal tooth structure? Yes No

Practitioner name

DCNZ number of practitioner

Practitioner signature

Date