1955/119



# THE SOCIAL SECURITY (DENTAL BENEFITS) REGULATIONS 1946, AMENDMENT NO. 3

C. W. M. NORRIE, Governor-General ORDER IN COUNCIL

At the Government House at Wellington this 2nd day of August 1955

Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Social Security Act 1938, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

## REGULATIONS

1. These regulations may be cited as the Social Security (Dental Benefits) Regulations 1946, Amendment No. 3, and shall be read together with and deemed part of the Social Security (Dental Benefits) Regulations 1946\* (hereinafter referred to as the principal regulations).

2. (1) The principal regulations are hereby amended by revoking the Schedule (as substituted by regulation 2 of the Social Security (Dental Benefits) Regulations 1946, Amendment No. 2), and substituting the new Schedule set out in the Schedule to these regulations.

(2) The fees specified in the new Schedule substituted by this regulation shall be payable in respect of dental benefits provided on or after the 1st day of July 1955.

3. The Social Security (Dental Benefits) Regulations 1946, Amendment No. 2<sup>+</sup>, are hereby consequentially revoked.

> \*S.R. 1946/189. Amendment No. 1: S.R. 1948/191. Amendment No. 2: S.R. 1951/67. †S.R. 1951/67.

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# 1955/119 Social Security (Dental Benefits) Regulations 1946, Ainendment No. 3

# SCHEDULE

# NEW SCHEDULE TO PRINCIPAL REGULATIONS

## "SCHEDULE

# DENTAL BENEFITS AND FEES

# For Contracting Dentists

| For Contracting Dentists  |            |               |           |             |                 |              |  |  |
|---|------------|---------------|-----------|-------------|-----------------|--------------|--|--|
| Examination and prophyl treatment period)   | axis (on   | ice in res    | pect of e | ach comp    | lete            | s. d.<br>106 |  |  |
| treatment period)<br>Synthetic fillings—<br>Each filling when done at a separate appointment<br>Nore.—The maximum fee for any number of synthetic<br>fillings inserted in an anterior tooth at any one period of<br>treatment shall be 35s.<br>Each of two approximal fillings on adjacent tooth surfaces when<br>done at the same time |            |               |           |             |                 |              |  |  |
| Amalgam fillings—<br>Each simple filling in an<br>premolars<br>Simple filling in molar (  | iterior an | nd back to    | o and inc | luding sec  | ond<br><br>face | 10 0         |  |  |
| of upper molar, and   | includin   | g all buc     | cal and I | ingual fiss | sure            |              |  |  |
| extension)  |            |               |           |             | <b>..</b>       | 12 6         |  |  |
| extension)<br>Two surface approximo-  | occlusal   | fillings      |           |             |                 |              |  |  |
| In premolar<br>In molar<br>Mesio-occluso-distal fi  |            |               |           |             |                 | 15 0         |  |  |
| In molar  |            |               |           |             |                 | 17 6         |  |  |
| Mesio-occluso-distal fi   | illings    |               |           |             |                 |              |  |  |
| In premolar   | 8-         |               |           |             |                 | 23 0         |  |  |
| In molar  |            |               |           |             |                 | 27 6         |  |  |
| In premolar<br>In molar<br>Restorations (includi<br>cusps)<br>Premolar  |            |               |           |             |                 | 27 6         |  |  |
| Molar   |            |               |           |             | •••••           | 33 0         |  |  |
| Maximum fee for tree  | tment o    | f any one     | tooth (e  | veluding    | cont            | 33 0         |  |  |
| Maximum fee for treatment of any one tooth (excluding root canal treatment)—  |            |               |           |             |                 |              |  |  |
| Premolar  |            |               |           |             |                 | 27 6         |  |  |
| Molar   |            |               |           |             | •••••           | <b>33</b> 0  |  |  |
|   |            |               |           |             |                 | 76           |  |  |
| Oxyphosphate cement fillings<br>Note.—This fee is payable only in respect of anterior teeth,<br>and only if the teeth have not fully erupted.   |            |               |           |             |                 |              |  |  |
| Emergency temporary dressings<br>Nore.—This fee is payable only when it is necessary to<br>afford urgent relief to a patient who presents himself for treat-<br>ment without an appointment. In all other circumstances<br>dressings are included in the fee for the completed operation.   |            |               |           |             |                 |              |  |  |
| Partial pulpectomy (perm  | anent an   | d decidu      | ous teeth | )           |                 | 21 0         |  |  |
| Partial pulpectomy (permanent and deciduous teeth)  |            |               |           |             |                 |              |  |  |
| Root canal treatment—<br>Pulp removal and roo<br>Treatment of septic root   | t filling  | <br>with subs |           | ot filling  | but             | <b>23</b> 0  |  |  |
| excluding X-ray: M  | aximum     | fee           |           |             |                 | <b>3</b> 3 0 |  |  |

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## Social Security (Dental Benefits) Regulations 1946, 1955/119 Amendment No. 3

#### SCHEDULE—continued

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| Extractions                                      |           |                        |          |       |  |      |  |  |  |  |
|--|-----------|------------------------|----------|-------|--|------|--|--|--|--|
| Extractions with local                           | anaest    | hetic : d <b>eci</b> d | uous tee | th—   |  |      |  |  |  |  |
| One tooth  | •••••     | ÷•••••                 | ••       | ••••• |  | 10 6 |  |  |  |  |
| Two teeth  | <b>..</b> |                        |          |       |  | 13 6 |  |  |  |  |
| Three teeth                                      |           |                        |          |       |  | 196  |  |  |  |  |
| Four teeth or more                               | e         |                        |          |       |  | 24 6 |  |  |  |  |
| Extractions with nitrous oxide: deciduous teeth- |           |                        |          |       |  |      |  |  |  |  |
| One tooth  |           |                        |          |       |  | 15 0 |  |  |  |  |
| Two teeth  |           |                        |          |       |  | 196  |  |  |  |  |
| Three teeth                                      |           |                        |          |       |  | 276  |  |  |  |  |
| Four teeth or more                               |           |                        |          |       |  | 34 6 |  |  |  |  |
| X-ravs—  |           |                        |          |       |  |      |  |  |  |  |
|  |           |                        |          |       |  |      |  |  |  |  |

Bite-wing, if necessary for diagnosis (two films—one each side) 10 6 For root treatment (two films—one before and one after) 10 6

## For Contracting Authorities

The fees specified above, less 25 per cent."

T. J. SHERRARD,

Clerk of the Executive Council.

## EXPLANATORY NOTE

[This note is not part of the regulations, but is intended to indicate their general effect.]

These regulations substitute a new Schedule of fees payable from the Social Security Fund in respect of dental benefits provided on or after 1 July 1955.

Issued under the authority of the Regulations Act 1936. Date of notification in *Gazette:* 4 August 1955. These regulations are administered in the Department of Health.

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