## 1975/282



# THE SOCIAL SECURITY (DENTAL BENEFITS) REGULATIONS 1960, AMENDMENT NO. 9

## DENIS BLUNDELL, Governor-General

### ORDER IN COUNCIL

At the Government House at Wellington this 24th day of November 1975

#### Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

Pursuant to the Social Security Act 1964, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

#### REGULATIONS

- 1. Title—These regulations may be cited as the Social Security (Dental Benefits) Regulations 1960, Amendment No. 9, and shall be read together with and deemed part of the Social Security (Dental Benefits) Regulations 1960\* (hereinafter referred to as the principal regulations).
- 2. Increasing dental fees—(1) The principal regulations are hereby amended by revoking the Second Schedule (as substituted by regulation 2 (1) of the Social Security (Dental Benefits) Regulations 1960, Amendment No. 8), and substituting the Second Schedule set out in the Schedule to these regulations.
- (2) These regulations shall apply with respect to dental benefits afforded on or after the 1st day of April 1975. In all other cases the principal regulations shall continue to apply as if these regulations had not been made.
- 3. Consequential revocations—Regulations 2 and 4 of, and the Schedule to, the Social Security (Dental Benefits) Regulations 1960, Amendment No. 8, are hereby revoked.

\*S.R. 1960/125
Amendment No. 1: S.R. 1962/34
Amendment No. 2: (Revoked by S.R. 1970/144)
Amendment No. 3: S.R. 1970/144
Amendment No. 4: S.R. 1971/130
Amendment No. 5: S.R. 1971/234
Amendment No. 6: (Revoked by S.R. 1974/187)
Amendment No. 7: S.R. 1973/261
Amendment No. 8: S.R. 1974/187

1975/282 Social Security (Dental Benefits) Regulations 1960, Amendment No. 9	, 1333
SCHEDULE	Reg. 2
NEW SECOND SCHEDULE TO PRINCIPAL REGULATIONS	<b>.</b>
"SECOND SCHEDULE Regs.	4, 18 (1)
DENTAL BENEFITS AND FEES For Contracting Dentists	\$
1. Examination and prophylaxis (once in respect of each co	η nm-
plete treatment period)	2.90
dental clinic patients enrolled for special dental benefits)  3. X-rays—	4.20
(a) Bitewing (if necessary for diagnosis—2 films; 1 e	ach
	2.20
side)	2.10
(a) Synthetic porcelain fillings—each filling (b) Composite fillings—	4.40
(i) Each simple filling	6.25
(i) Each simple filling (ii) Restorations (MI, DI, MID) with pin retent (c) Amalgam fillings—	tion 12.55
(i) Each simple filling	2.75
	3.90
5.1 mings. Decidadas anterior teetir	0.65
	2.65
(b) Maximum fee for treatment of any 1 tooth	2.75
6. Fillings: Premolar and deciduous molar teeth—	
(a) Amalgam fillings— (i) Each simple filling	2.75
(ii) Two-surface approximo-occlusal fillings	3.90
(iii) Mesio-occluso-distal fillings	5.75
(iv) Restorations (including the restoration of 1	
more cusps)	7.25
(v) Maximum fee for treatment of any 1 decidu	ious
molar	7.25
(b) Composite fillings: buccal surface only	6.25
7. Fillings: Permanent molar teeth— Amalgam fillings—	
(a) Simple fillings (including 2 fillings in occlusal surface	e of
upper molars, and including all buccal, palatal,	and
lingual fissure extensions) (b) Two-surface approximo-occlusal fillings	3.15
(b) Two-surface approximo-occlusal fillings	4.85
(c) Mesio-occluso-distal fillings (d) Restorations (including the restoration of 1 or m	6.80
(d) Restorations (including the restoration of 1 or m	iore
cusps)	8.35
	26.40
	30.80
	5.50
9. Crowns: Permanent anterior teeth—	
(a) Three-quarter gold crown (single unit only)	46.20
(b) Processed acrylic jacket crown (single unit only)	46.20
(c) Processed acrylic crown with post and metal b	ase
(single unit only)	66.00

## SCHEDULE—continued

	\$	
10. Pulp and root-canal treatment—		
(a) Partial pulpectomy	5.30	
(b) Pulp removal and root filling, each root canal	8.35	
(c) Septic root canal treatment with subsequent root filling		
(excluding X-ray): maximum fee		
(d) Root resection	13.75	
(e) Maximum fee for treatment of any deciduous tooth	8.35	
11. Miscellaneous treatment—		
(a) Emergency dressing	2.10	
(b) Stainless steel or copper bands, or plastic crown form		
	7.00	
(for fractured teeth) (c) Stainless steel crowns (for fractured anterior teeth)	13.95	
(d) Recementing inlay or crown	2.65	
12. Extractions—		
(a) General anaesthetic—		
(i) Permanent teeth (maximum four teeth)—		
First tooth	8.35	
Each succeeding tooth	2.75	
(ii) Deciduous teeth—		
	8.35	
Each succeeding quadrant	2.75	
(b) Local anaesthetic—		
(i) Permanent teeth (maximum four teeth)—		
First tooth	5.50	
Each succeeding tooth	2.75	
(ii) Deciduous teeth—		
First quadrant	4.20	
Each succeeding quadrant		
Note—The fees for extraction of deciduous teeth are irrespect		
the number of teeth extracted from any quadrant.		

For Contracting Authorities
The fees specified above, less 25 percent."

P. G. MILLEN, 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 increase, on and after 1 April 1975, the fees payable to contracting dentists and contracting authorities.

Issued under the authority of the Regulations Act 1936. Date of notification in *Gazette*: 27 November 1975.

These regulations are administered in the Department of Health.