

The survey on the proposed list of treatment items set out in this document can be accessed [here](#).

Please note that orthodontics has not been included in this list of treatments as it will be considered in a separate phase of the reform.

| Oral Health Examination & Diagnosis |                           |                                                                                                                                                                                                                                                           |
|-------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnosis                           | Extended examination      | To include medical and dental history, soft tissue exam, basic periodontal exam, oral hygiene status, non-carious tooth surface loss, charting of missing/present teeth, information regarding habits (including dietary, smoking and alcohol).           |
|                                     | Virtual consultation      | For telephone and virtual appointments to aid triage and initial diagnosis, to determine clinical priority, to review patient post-treatment, to undertake oral health education and to discuss patient management concerns and additional support needs. |
|                                     | Radiographs               | Dependent on size of radiograph.                                                                                                                                                                                                                          |
|                                     | Models / Digital scan     | Per set of physical models / digital scans.                                                                                                                                                                                                               |
|                                     | Clinical photographs      | Per set of photographs.                                                                                                                                                                                                                                   |
|                                     | Referral / Prior approval |                                                                                                                                                                                                                                                           |

| Urgent Dental Care |                                              |                                                                                                                                                    |
|--------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Urgent             | Assessment & management of urgent conditions | Includes irrigation, incision & drainage, issue of prescription where required, and management of soft tissue conditions and abnormal haemorrhage. |
|                    | Temporary crown                              | Includes loss of crown, damage to crown or supporting structure.                                                                                   |
|                    | Dressing                                     | One dressing per tooth to maintain tooth structure prior to permanent filling, includes curettage and cleaning.                                    |

|  |                                                                  |                                               |
|--|------------------------------------------------------------------|-----------------------------------------------|
|  | Extirpation of pulp                                              | Including necessary dressings.                |
|  | Re-implant avulsed / repositioning luxated tooth, plus splinting | Including all necessary fixation and bonding. |
|  | Re-cement crown / fixed bridge / acid etched bridge              |                                               |

| Preventive Care |                             |                                                                                                                |
|-----------------|-----------------------------|----------------------------------------------------------------------------------------------------------------|
|                 | Caries & tooth surface loss | Oral Hygiene Instruction, dietary advice, sensitivity, self-care advice.                                       |
|                 | Childsmile                  | Oral Hygiene Instruction, dietary advice, sensitivity, self-care advice, fluoride varnish and fissure sealant. |
|                 | Oral cancer                 | Diet, smoking cessation and alcohol reduction brief intervention.                                              |

| Routine Treatments          |                                    |                                                                                                                                               |
|-----------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Stabilisation & Maintenance | Fillings                           | Dependent on complexity of the filling.                                                                                                       |
|                             | Pulpotomy                          | For children only. Includes dressing / filling.                                                                                               |
|                             | Endodontics                        | Anterior teeth up to and including 1 <sup>st</sup> molars. Dependent on the number of canals.                                                 |
|                             | Periodontal - stable               | Initial periodontal therapy & review + maintenance of stable perio, including dietary advice, smoking cessation and oral hygiene instruction. |
|                             | Periodontal - unstable             | As above, with repeated pocket chart, re-instrumentation, and behaviour change support.                                                       |
|                             | Crown (< 2 teeth)                  | To replace failed crowns or stabilisation of tooth.                                                                                           |
|                             | Acrylic dentures                   | Full or partial denture (dependent on number of teeth).                                                                                       |
|                             | Denture repair / addition / reline | Including impression.                                                                                                                         |

|                    |                        |                                                                              |
|--------------------|------------------------|------------------------------------------------------------------------------|
| Patient Management | Lab-made splints       | Hard or soft splints.                                                        |
|                    | Extractions            | Dependent on complexity of the extraction.                                   |
|                    | Oral sedation          | Includes pre-assessment, treatment, and recovery.                            |
|                    | De-sensitisation visit | For adult and child patients with anxiety and / or additional support needs. |

| Advanced Treatments |                                                                       |                                                                                                              |
|---------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|                     | Molar endodontics                                                     | 2 <sup>nd</sup> and 3 <sup>rd</sup> molars.                                                                  |
|                     | Veneer / Inlay (< 2 teeth)                                            | To replace existing NHS veneers or for initial cases where a crown is not warranted or filling not possible. |
|                     | Minor oral surgery extractions (inc. bony impacted lower third molar) | To include, soft tissue incision, bony removal, and root sectioning.                                         |
|                     | Intravenous / Inhalational sedation                                   | Includes pre-assessment, treatment, and recovery.                                                            |

| Advanced Aesthetic Care |                                    |                                                                                                                                                                     |
|-------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | Veneer / Inlay / Crown (> 2 teeth) | To replace failed crowns or stabilisation of teeth.<br>To replace existing NHS veneers or for initial cases where a crown is not warranted or filling not possible. |
|                         | Acid etch bridge                   | Where adjacent teeth are mainly non-restored.                                                                                                                       |
|                         | Other permanent bridge             | To replace 1 or more missing teeth.                                                                                                                                 |
|                         | Chrome dentures                    | Partial denture based on number of teeth.                                                                                                                           |