

Dental Practitioners 2004

INTRODUCTION

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

A. Preface

The existence of a code in this publication does not mean that the procedure will be reimbursed by medical schemes. Medical schemes have the right to limit the scope, the frequency and/or combinations of dental procedures that is covered or reimbursed. It is the responsibility of the patient to know what procedures are covered and what are excluded from his/her dental benefit plan, and not that of the dental office. Certain medical schemes may require predetermination for particular procedures and/or when charges are expected to exceed a certain amount.

B. Administrative and invoicing rules

001	<p>Invoices:</p> <ul style="list-style-type: none"> a. A practitioner shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded. B. An invoice shall contain the following particulars: <ul style="list-style-type: none"> i. The surname and initials of the member; ii. The first name of the patient; iii. The name of the scheme; iv. The membership number of the member; v. The practice number; vi. The date on which every service was rendered; vii. The code number, description and fee/benefit of the procedure or service; viii. The name of the dentist rendering the service; ix. The name of the general dental practitioner/specialist assistant (when applicable); <p>Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.</p>
002	<p>Cost of direct materials:</p> <p>The expenses incurred for direct materials identified in the Schedule may be billed in addition to the procedure code. These expenses are limited to the net acquisition cost of the materials. The price of the materials should be VAT inclusive.</p>
003	<p>Dental laboratory services:</p> <p>Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 – Dental laboratory service with the appropriate laboratory fee on the line following the relevant procedure code. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician (or a copy thereof) shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for record purposes.</p> <p>Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 – Dental laboratory service with the appropriate laboratory fee on the line following the relevant procedure code and on the date on which the relevant procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.</p>

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005	<p>Procedure accompanied by unusual circumstances:</p> <p>In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/medical scheme may be billed. Use Modifier 8011 with a narrative description.</p> <p>Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances a lower fee may be billed. The service provided can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service is reduced</p>
C.	General coding rules
006	<p>Dental procedures not listed for a specific category of dental provider:</p> <p>Dentists in general practice shall be entitled to charge two-thirds of the fees/benefits of specialists only for procedures that is not listed in the code list for general dental practitioners. Modifier 8004 must be reported with the procedure code from the specialist code list (Previously Rule 009).</p> <p>Benefits in respect of specialists charging treatment procedures not listed in the code list for that specialty, shall be allocated as follows:</p> <p>General Dental Practitioner's Code List - 100%</p> <p>Other Dental Specialists' Code List - 2/3</p>
D.	Services rules
008	<p>Oral evaluations and completion of treatment plans:</p> <p>All oral evaluations include an evaluation, diagnosis and treatment planning. Unless otherwise indicated (in the descriptor of the code), no further fees/benefits shall be billed for an oral evaluation (full mouth evaluation [comprehensive evaluation excluded]) until the treatment plan resulting from these type of evaluations is completed.</p> <p>The completion of a treatment plan effected from a full mouth evaluation and/or comprehensive evaluation should be indicated by reporting Code 8120 – Treatment plan completed.</p>
009	<p>Surgery guidelines:</p> <p>1. Follow-up care for therapeutic surgical procedures:</p> <p>The fee/benefit for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee/benefit for post-operative treatment of a prolonged or specialised nature may be charged as agreed upon between the practitioner and the scheme.</p> <p>2. Multiple Procedures (Maxillo-facial and oral surgery):</p> <p>The fee/benefit for more than one operation or procedure performed through the same incision shall be determined as the fee for the major operation plus fee/benefit for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (Modifier 8005).</p> <p>The fee/benefit for more than one operation or procedure performed under the same anaesthetic but through another incision shall be determined on the fee/benefit for the major operation plus:</p> <p>75% for the second procedure/operation (Modifier 8009).</p> <p>50% for the third and subsequent procedures/operations (Modifier 8006).</p> <p>This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialties, in which case each practitioner shall be entitled to the full fee/benefit of the operation.</p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee/benefit for the second operation shall be 50% of that of the first operation (Modifier 8006).</p> <p>3. Assistant Surgeon (Maxillo-facial and periodontal surgery):</p> <p>The fee payable to a specialist assistant is determined as 1/3 (of the fee of the practitioner performing the procedure (Modifier 8001).</p> <p>The fee payable to a general dental practitioner assistant is determined as 15% (of the fee of the practitioner performing the procedure (Modifier 8007).</p> <p>The patient must be informed beforehand that another dentist/specialist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.</p> <p>4. Surgical team (Maxillo-facial and oral surgery):</p> <p>The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (Modifier 8008).</p>

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010	<p>Orthodontic guidelines:</p> <ol style="list-style-type: none"> 1. The documentation and first invoice to the patient/medical scheme regarding orthodontic services will include the following information: <ol style="list-style-type: none"> a. The treatment plan and type of treatment (treatment code number), and b. an orthodontic payment plan indicating the following: <ol style="list-style-type: none"> i. The total fee that will be levied for the treatment; ii. the total months of orthodontic treatment (retention period excluded); iii. the initial fee payable by the patient (approximately 20% of the total fee); and iv. the monthly payments of the balance of the fee. 2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. <p>The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the treatment plan (retention phase included) are excluded and should be reported in addition to corrective orthodontic treatment as separate procedures (Code 8803 x3).</p> <p>Intra/post orthodontic treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed (retention phase included).</p> <ol style="list-style-type: none"> 3. The fee for 'Fixed appliance therapy' (items 8861 and 8865 to 8888), as determined by the individual practitioner, will be levied on a monthly manner over the treatment period (retention phase excluded). 4. When partial fixed appliance or preliminary orthodontic treatment (8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (8873 to 8888) provided by the same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will be deducted from the fee quoted for the full fixed appliance orthodontic treatment. 5. The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the same orthodontist may not exceed the most recent fee (determined on commencement date of the final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure. 6. When the patient transfers to another practitioner during treatment, or treatment is terminated for any reason, the original treating practitioner must report the number of treatment months remaining and determine the balance of the fee by applying the following formula: Total payment (for treatment only) minus 20% of the total fee (for banding – when applicable) multiplied by the percentage of treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00 – R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will be used to determine the number of treatment months remaining. The practitioner continuing treatment will provide the information stipulated in paragraph 1 above. Report Code 8111 (Orthodontic transfer) with the fee that will be levied for continuation of the treatment in addition to the appropriate orthodontic treatment code. The fee for continuous treatment is subject to prior authorisation by the patient's medical scheme. 7. When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report Code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme
011	<p>Dento-legal fees:</p> <p>Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use Code 9991 - Dental testimony to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists. Reimbursement of this service by medical schemes is optional.</p>
E.	Modifiers

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012	<p>Modifiers:</p> <p>Modifiers should be used with procedures identified with a M/W (Modifier/Wysiger)</p> <p>Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that:</p> <p>a. A service or procedure was performed by more than one practitioner.</p> <p>b. A service or procedure has been increased or reduced.</p> <p>c. Only part of a service was performed.</p> <p>d. An adjunctive service was performed.</p> <p>e. A service or procedure was provided more than once.</p> <p>f. The fee/benefit was altered due to a financial agreement</p>									
8001	Modifier - assistant surgeon – specialist (1/3)	- (-)								
8002	Modifier - specialist fee/benefit (+50%)	- (-)								
8003	Modifier - minimum assistant surgeon	106.86 (93.74)								
8004	Modifier - unlisted/specialist procedure (2/3)	- (-)								
8005	Modifier - maximum multiple procedures	165.91 (145.54)								
8006	Modifier - third and subsqnt surgical procedure (50%)	- (-)								
8007	Modifier - assistant surgeon – general dental (15%). Minimum amount R107.	- (-)								
8008	Modifier - after hours emergency surgery (+25%)	- (-)								
8009	Modifier - second surgical procedure (75%)	- (-)								
8010	Modifier - open reduction (+75%)	- (-)								
8011	Modifier - unusual circumstances	- (-)								
8012	Modifier - reduced services	- (-)								
8013	Modifier - multiple modifiers	- (-)								
8023	Modifier - fabrication of inlay/onlay (+25%)	- (-)								
8025	Modifier - handling fee (20% of material cost)	- (-)								
F.	Explanations									
Tooth identification and designation of areas of the oral cavity:										
	Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter (T), and other designation of areas of the oral cavity with the letter (Q) for a quadrant and the letter (M) for the maxillary or mandibular area in the mouth part (MP) column of the Dental Coding. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used. For supernumeraries, the abbreviation SUP should be used.									
Treatment categories:										
	Treatment categories (TC) of dental procedures are identified in the TC column of the Dental Coding as follows: Basic dentistry - designated as (B) in the treatment category column Advanced dentistry - designated as (A) in the treatment category column Surgery - designated as (S) in the treatment category column									
Abbreviations used in Dental Coding										

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	+D	Add fee/benefit for denture								
	+L	Add laboratory fee								
	+M	Add material fee								
	A	Advanced dentistry								
	DM	Direct material								
	B	Basic dentistry								
	M	Maxilla/Mandible								
	M/W	Modifier/Wysiger								
	MP	Mouth part								
	Q	Quadrant								
	S	Surgery								
	T	Tooth								
	TC	Treatment Category								
G.	Guidelines to medical schemes									
	Age of a Child. The determination of a child or adult status of the patient should be based on the clinical development of the patient's dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants									
	Frequency of benefits. The South African Dental Association recommends to medical schemes, where considered necessary and appropriate, that contract limitations on the frequency of providing care for certain services be stated as "twice a calendar year" rather than once in every six months.									
	Radiographs and records. Radiographs should be taken only for clinical reasons as determined by the treating dentist. Postoperative radiographs should only be required as part of dental treatment. When a dentist determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate set should be submitted and the originals retained by the dentist. Any additional costs incurred by the dentists in copying radiographs and clinical records for claims determination should be reimbursed by the third-party payer or the patient.									
	New vs. established patient. A new patient is one who has not received any professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. In the instance where a dentist is on call for or covering for another dentist, the patient's encounter will be classified as it would have been by the dentist who is not available									
I	GENERAL DENTAL PRACTITIONERS									
A.	Diagnostic									
Clinical oral evaluations										
Code	Description	54	62	64	92	94	98	D M	M P	T C
8101	Consultation - GP	70.30 (61.70)								B
	Code 8101 includes the issuing of a prescription where medication is prescribed. No further examination fees/benefits shall be chargeable until the treatment plan resulting from this consultation is completed, Code 8102 excluded.									
8102	Consultation - GP (comprehensive)	133.60 (117.20)								B

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	A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include a soft tissue examination; hard tissue examination; screening/probing of periodontal pockets; mucogingival examination; plaque index; bleeding index; occlusal Analysis; TMJ examination and a vitality screening of the complete dentition.									
8104	Consultation - GP (problem focused)	38.70 (33.90)								B
	Code 8104 includes the issuing of a prescription where medication is prescribed.									
Radiographs/Diagnostic imaging										
8107	Intra-oral film	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)				B
8108	Intra-oral film - maximum	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)				B
8113	Intra-oral film - occlusal	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)				B
8114	Hand-wrist radiograph	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				A
8115	Extra-oral film, per film	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				B
	Limitation: Benefits are limited to a maximum of two films per treatment plan.									
Tests and laboratory examinations										
8117	Diagnostic models, unmounted	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		+L		B
8119	Diagnostic models, mounted	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)		+L		B
8121	Diagnostic photograph	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		40.80 (35.80)				B
8122	Bacteriological studies	- (-)								B
8123	Caries susceptibility tests	- (-)								B
	Not to be used for carious dentine staining. Comment: A caries susceptibility test is a diagnostic test for determining a patient's saliva pH with a litmus strip to evaluate the patient's propensity for caries. The caries detectability test is an optional product to assist with determining if all the caries has been removed. Limitation: (1) A caries risk assessment must be made available at no charge when requested. (2) The use of this code is limited to general dental practitioners and specialists in community dentistry									
8124	Pulp vitality test	11.20 (9.82)								

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8811	Tracing and analysis, extra-oral film	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)				B
B.	Preventive									
Dental prophylaxis										
8155	Prophylaxis - polishing only	57.60 (50.50)				57.60 (50.50)				B
8159	Prophylaxis - scaling and polishing	113.20 (99.30)				113.20 (99.30)				B
	Where item 8159 is applied, Item 8155 can not be charged.									
8160	Removal of gross calculus	- (-)								B
	This procedure is used when profuse bleeding prevents immediate polishing. Where item 8160 is applied, item 8159 can only be carried out at a subsequent visit.									
Topical fluoride treatment (office procedure)										
8161	Topical application of fluoride	57.60 (50.50)				57.60 (50.50)				B
Other preventive services										
8149	Nutritional counseling	- (-)								
8150	Tobacco counseling	- (-)								
8151	Oral hygiene instructions	57.60 (50.50)								B
8153	Oral hygiene re-evaluation (follow-up)	42.20 (37.00)								B
8163	Fissure sealant, per tooth	38.00 (33.30)				38.00 (33.30)			T	B
	Limitation: Benefits are limited to a maximum of two teeth per quadrant.									
Space maintenance (passive appliances)										
8173	Space maintainer, fixed - per abutment	106.90 (93.80)						+L		B
8175	Space maintainer, removable	137.80 (120.90)						+L		B
C.	Restorative									
	All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately. See Codes 8345, 8347 and 8348 for post and/or pin retention. Limitation: Price exclude amalgam bonding agents (code 8146). Benefits are inclusive of direct pulp capping (code 8301)									
Amalgam restorations (including polishing)										
8341	Amalgam - one surface	114.60 (100.50)							T	B
8342	Amalgam - two surfaces	141.30 (123.90)							T	B

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8343	Amalgam - three surfaces	172.20 (151.10)							T	B
8344	Amalgam - four and more surfaces	191.90 (168.30)							T	B
Resin restorations										
	<p>Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers/compomers, when used as restorations should be reported with these codes. If pins are used, they should be reported separately.</p> <p>See Codes 8345, 8347 and 8348 for post and/or pin retention.</p> <p>Limitation Benefits are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304)</p>									
8351	Resin restoration - one surface, anterior	125.80 (110.40)							T	B
8352	Resin restoration - two surfaces, anterior	158.20 (138.80)							T	B
8353	Resin restoration - three surfaces, anterior	189.10 (165.90)							T	B
8354	Resin restoration - four and more surfaces	210.90 (185.00)							T	B
8367	Resin restoration - one surface, posterior	136.40 (119.60)							T	B
8368	Resin restoration - two surfaces, posterior	168.70 (148.00)							T	B
8369	Resin restoration - three surfaces, posterior	203.90 (178.90)							T	B
8370	Resin restoration - four and more surfaces, posterior	219.30 (192.40)							T	B
	<p>NOTES TO AMALGAM AND RESIN RESTORATIONS</p> <p>On anterior teeth, it is considered correct to charge for resin restorations, per restoration placed eg. a Class V and a Class IV restoration on a central incisor would attract fees for 8351 and 8354.</p> <p>On posterior teeth, it is considered correct to charge per surface treated if a similar material was used and not per restoration e.g., a Class I occlusal amalgam and a Class V buccal amalgam on tooth 28 would attract a fee for code 8342. In rare cases, it may occur that an occlusal amalgam on tooth 16 and a buccal resin on the same tooth in a patient with an unusually wide smile, may be necessary and fees could then be raised against code 8341 and 8367.</p> <p>For purposes of benefit allocation, items 8351 to 8354 are applicable per restoration (more than once per tooth), whereas items 8341 to 8344 or 8367 to 8370 are applicable once only per tooth.</p>									
Gold foil restorations										
	See the specialist prosthodontist schedule									

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Inlay/Onlay restorations										
Metal inlays										
	Benefits for metal inlays on anterior teeth (incisors and canines) are 'by arrangement'									
8358	Inlay - metallic - ant teeth, one surface	- (-)							T	A
8359	Inlay - metallic - ant teeth, two surfaces	- (-)							T	A
8360	Inlay - metallic - ant teeth, three surfaces	- (-)							T	A
8361	Inlay - metallic - premolars and molars, one surf	175.00 (153.50)						+L	T	A
8362	Inlay - metallic - premolars and molars, two surfs	255.90 (224.50)						+L	T	A
8363	Inlay - metallic - premolars and molars, three surfs	426.70 (374.30)						+L	T	A
8364	Inlay - metallic - premolars and molars, four+ surfs	516.00 (452.60)						+L	T	A
8365	Inlay - metallic - ant teeth, four or more surfaces	- (-)							T	A
Ceramic and/or resin inlays										
	<p>Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays.</p> <p>Comment: (1) Remuneration excludes the application of a rubber dam (code 8304) and may be reported in addition to these codes. (2) When computer generated inlays/onlays are fabricated, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes. (3) Report code 8560 for the cost of the ceramic block.</p> <p>Resin based composite inlays/onlays must utilise indirect technique.</p> <p>Comment: (1) Remuneration excludes the application of a rubber dam (code 8304) and may be reported in addition to these codes. (2) When the indirect technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes</p>									
8371	Inlay - ceramic/resin - one surface	210.90 (185.00)						+L	T	A
8372	Inlay - ceramic/resin - two surfaces	311.40 (273.20)						+L	T	A
8373	Inlay - ceramic/resin - three surfaces	513.20 (450.20)						+L	T	A
8374	Inlay - ceramic/resin - four or more surfaces	621.50 (545.20)						+L	T	A
8560	Cost of ceramic block	- (-)					- (-)		T	A
	Applicable to computer generated prosthesis only									
Crowns - single restorations										
	The fees/benefits include the cost of temporary and/or intermediate crowns. See code 8193 (osseo integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants									

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8401	Crown - full cast metallic	658.00 (577.20)						+L	T	A
8403	Crown - three-quarter cast metallic	658.00 (577.20)						+L	T	A
8405	Crown - acrylic jacket	- (-)							T	A
8407	Crown - acrylic veneered metal	658.00 (577.20)						+L	T	A
8409	Crown - ceramic jacket	658.00 (577.20)						+L	T	A
8410	Provisional crown	127.90 (112.20)			127.90 (112.20)			+L		
8411	Crown - ceramic veneered metal	658.00 (577.20)						+L	T	A
Other restorative services										
8133	Recement inlay, crown or bridge - per unit/abutment	57.60 (50.50)						+L	T	B
	In some cases where item 8133 is used +L may not apply									
8135	Remove inlay, crown or bridge - per unit/abutment	114.60 (100.50)						+L	T	A
8137	Temporary crown (emergency)	197.50 (173.20)						+L	T	A
	Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit									
8146	Resin bonding for restoration	- (-)								
	Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges									
8157	Re-burnishing and polishing of restorations	57.60 (50.50)								B
	(Not applicable to restorations recently done)									
8330	Removal/bypassing of fractured post or instrument	75.20 (66.00)							T	B
	NOTE: Excluding the application of a rubber dam (code 8304).									
8345	Prefabricated post reinforcement	113.20 (99.30)							T	B
8347	Pin retention for plastic restoration	56.90 (49.90)							T	B
8348	Pin retention for plastic restoration - each addnl pin	52.70 (46.20)							T	B
	A maximum of two additional pins may be charged									
8349	Carve restoration within an existing clasp or rest	23.20 (20.40)							T	B

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8355	Labial veneer - chairside	199.70 (175.20)							T	B
8357	Prefabricated metal crown	117.40 (103.00)							T	B
8366	Pin retention as part of cast restoration	85.10 (74.60)							T	A
8376	Prefabricated post and core in addition to crown	313.50 (275.00)							T	B
	The core is built around a prefabricated post(s)									
8379	Cost of prefabricated posts	- (-)							T	A
	Applicable to pre-fabricated noble metal, ceramic, iridium and pure titanium posts - see code 8345									
8391	Cast post and core in addition to crown - single	132.20 (116.00)						+L	T	A
8393	Cast post and core in addition to crown - double	210.90 (185.00)						+L	T	A
8395	Cast post and core in addition to crown - triple	305.10 (267.60)						+L	T	A
8396	Cast coping	85.80 (75.30)						+L	T	A
8397	Cast core with pins	210.90 (185.00)						+L	T	A
	This service is usually provided on grossly broken down vital teeth, and may not be charged when a post has been inserted in the tooth in question									
8398	Core buildup, including any pins	255.90 (224.50)							T	B
	Refers to building up of anatomical crown when restorative crown will be placed, irrespective of the number of pins used									
8413	Crown repair - facing replacement	127.90 (112.20)						+L	T	A
8414	Crown within an existing clasp or rest	38.00 (33.30)						+L	T	A
D.	Endodontics									
Preamble										

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	<p>1. The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees/benefits for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth.</p> <p>2. Benefits for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrently with the following procedures, otherwise no benefits.</p> <ul style="list-style-type: none"> • Gross pulpal debridement, primary and permanent teeth for the relief of pain (code 8132); • Apexification of a root canal (code 8305); • Pulpotomy (code 8307); • Complete root canal therapy (codes 8328, 8329 and 8332 to 8340); • Removal or bypass of a fractured post or instrument (code 8330); • Bleaching of non vital teeth (codes 8325 and 8327); and • Ceramic and or resin inlays (codes 8371 to 8374) <p>3. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied</p>									
Pulp capping										
8301	Pulp capping, direct	- (-)							T	B
8303	Pulp capping, indirect	76.60 (67.20)							T	B
	The permanent filling is not completed at the same visit									
Pulpotomy										
8307	Amputation of pulp (pulpotomy)	75.20 (66.00)							T	B
	No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded)									
Endodontic therapy (including treatment plan, clinical procedures and follow-up care)										
Preparatory visits (obturation not done at same visit)										
8332	Root canal preparation visit - single canal tooth	57.60 (50.50)							T	B
	A maximum of four visits per tooth may be charged									
8333	Root canal preparation visit - multi-canal tooth	80.80 (70.90)							T	B
	A maximum of four visits per tooth may be charged									
Obturation of root canals at a subsequent visit										
8328	Root canal obt - antrs & premolars (each addnl canal)	106.90 (93.80)							T	B
8335	Root canal obturation - antrs & premolars - 1st canal	261.50 (229.40)							T	B

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8336	Root canal obturation - molars (first canal)	359.90 (315.70)							T	B
8337	Root canal obturation - molars (each additional canal)	106.90 (93.80)							T	B
Preparation and obturation of root canals completed at a single visit										
8329	Root canal prep & obt - antrs & premolars, ea addnl canal	133.60 (117.20)							T	B
8338	Root canal prep & obt - antrs & premolars - 1st canal	400.00 (350.90)							T	B
8339	Root canal prep & obt - molars - 1st canal	549.70 (482.20)							T	B
8340	Root canal prep & obt - molars - each addnl canal	133.60 (117.20)							T	B
Endodontic retreatment										
8334	Root canal re-preparation of previous obturated canal	85.10 (74.60)							T	B
Apexification/recalcification procedures										
8305	Apexification of root canal - per visit	76.60 (67.20)							T	B
	No other endodontic procedures may, in respect of the same tooth, be charged concurrent to code 8305 at the same visit (code 8304 excluded)									
Apicoectomy/Periradicular services										
8229	Apicectomy (including retrograde filling) - anterior	284.00 (249.10)							T	S
Other endodontic procedures										
8132	Root canal therapy - gross pulpal debridement	94.20 (82.60)							T	B
	Where Code 8132 is charged, no other endodontic codes may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if Code 8132 was used for the initial relief of pain. (See note 2 in the preamble above)									
8136	Access through crown or inlay for endodontic therapy	51.30 (45.00)							T	B
E.	Periodontics									
Surgical services (including usual postoperative care)										
8185	Gingivectomy or gingivoplasty - per quadrant	300.90 (263.90)								A
8186	Gingivectomy or gingivoplasty - per sextant	240.40 (210.90)								A
Adjunctive periodontal services										

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	<p>1. A periodontal screening (code 8176) is a procedure carried out as part of a continuing maintenance programme in a periodontally compromised patient. The screening should include a complete charting, bleeding index and plaque index, measuring of all pocket depths and recording of all such measurements.</p> <p>2. Note to codes 8177, 8178, 8179, 8180, 8182 and 8184.: A periodontally compromised patient shall be defined as a patient presenting with a diagnosis of either chronic adult periodontitis, juvenile periodontitis or rapidly progressive periodontitis, confirmed by a CPITN index of 3 or 4; and which diagnosis has been arrived at by the carrying out of a periodontal screening (8176) and CPITN index or a comprehensive consultation (8102) with substantiated clinical records.</p> <p>3. This diagnosis must be reviewed within a period of three years using the same criteria as in 1 above</p>									
8182	Root planing - per quadrant	230.60 (202.30)								A
8184	Root planing - per sextant	183.50 (161.00)								A
	Codes 8182 and 8184 may not to be charged concurrently with a prophylaxis (Codes 8159, 8160 and 8180) and only if a comprehensive consultation (8102) or a periodontal screening (8176) has been performed at a prior visit.									
Other periodontal services										
8176	Periodontal screening	69.60 (61.10)								B
8177	Oral hygiene instruction (perio compromised patient)	87.20 (76.50)								B
	The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction.									
8178	Oral hygiene evaluation (perio compromised patient)	47.10 (41.30)								B
8179	Plaque removal (perio compromised patient)	66.10 (58.00)								B
8180	Prophylaxis (perio compromised patient)	123.00 (107.90)								B
F.	Prosthodontics (removable)									
Complete dentures (including routine post-delivery care)										
8231	Complete dentures - maxillary and mandibular	929.40 (815.30)						+L		B
8232	Complete denture - maxillary or mandibular	572.90 (502.50)						+L		B
8244	Immediate denture – maxillary	572.90 (502.50)								
8245	Immediate denture – mandibular	572.90 (502.50)								
Partial dentures (including routine post-delivery care)										

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8233	Partial denture (resin base) - one tooth	266.40 (233.70)						+L		B
8234	Partial denture (resin base) - two teeth	266.40 (233.70)						+L		B
8235	Partial denture (resin base) - three teeth	398.60 (349.60)						+L		B
8236	Partial denture (resin base) - four teeth	398.60 (349.60)						+L		B
8237	Partial denture (resin base) - five teeth	398.60 (349.60)						+L		B
8238	Partial denture (resin base) - six teeth	528.70 (463.80)						+L		B
8239	Partial denture (resin base) - seven teeth	528.70 (463.80)						+L		B
8240	Partial denture (resin base) - eight teeth	528.70 (463.80)						+L		B
8241	Partial denture (resin base) - nine or more teeth	528.70 (463.80)						+L		B
8281	Partial denture - metal framework	621.50 (545.20)						+L		A
	The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281									
Adjustments to dentures										
8275	Adjust complete or partial denture	42.20 (37.00)				42.20 (37.00)				B
Repairs to complete or partial dentures										
	Code 8267 may not be charged concurrent with codes 8231 to 8241.									
8269	Repair of/add to denture or other intraoral appliance	73.10 (64.10)						+L		B
	A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered.									
8270	Add clasp to existing partial denture	52.70 (46.20)						+L		B
	Code 8270 is in addition to code 8269									
8271	Add tooth to existing partial denture	52.70 (46.20)						+L		B
	Code 8271 is in addition to code 8269									
8273	Impression to repair/addition	42.20 (37.00)				42.20 (37.00)		+L		B
Denture rebase procedures										

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8259	Reline complete or partial denture (laboratory)	217.20 (190.50)						+L		B
8261	Rebase complete or partial denture (remodel)	348.70 (305.90)						+L		B
Denture reline procedures										
8263	Reline complete or partial denture (chairside)	137.80 (120.90)								B
8267	Soft base reline per denture (heat cured)	317.10 (278.20)						+L		B
Other removable prosthetic services										
8243	Soft base to denture	- (-)								
8251	Clasp or rest - cast gold	52.70 (46.20)						+L		A
8253	Clasp or rest - wrought gold	52.70 (46.20)						+L		A
8255	Clasp or rest - stainless steel	55.50 (48.70)						+L		B
8257	Lingual or palatal bar	65.40 (57.40)						+L		B
	Codes 8251, 8253, 8255 and 8257 may not be charged concurrent to codes 8169 (biteplate), 8175 (space maintainer), 8269 (repair of denture) or 8281 (metal framework).									
8265	Tissue conditioner, per denture	90.00 (78.90)								B
8277	Gold inlay in denture	- (-)								
8279	Metal base to complete denture	- (-)								
G.	Maxillofacial prosthetics									
	See the procedure code list for specialist prosthodontists.									
H.	Implant services									
Surgical implant procedures										
	Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes.									
8194	Endost implnt surg body plce - 1st	534.30 (468.70)							T	S
8195	Endost implnt surg body plce - 2nd	400.00 (350.90)							T	S
8196	Endost implnt surg body plce - 3rd	267.80 (234.90)							T	
8197	Cost of implants/components	- (-)								
8198	Endost implnt surg abut plce - 1st	198.20 (173.90)							T	S

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8199	Endost implant surg abut pice - 2nd	149.00 (130.70)							T	S
8200	Endost implant surg abut pice - 3rd	99.80 (87.50)							T	S
Implant supported prosthetics										
8193	Abutment/Implant supported crown	854.10 (749.20)						+L	T	A
I.	Prosthodontics, fixed									
	The words 'bridge' and 'bridgework' have been replaced by the statement 'fixed partial denture'. Each abutment and each pontic constitutes a unit in a fixed partial denture.									
Fixed partial denture pontics										
8420	Pontic - sanitary	321.30 (281.80)						+L	T	A
8422	Pontic - posterior	426.70 (374.30)						+L	T	A
8424	Pontic - anterior or premolar	537.10 (471.10)						+L	T	A
Fixed partial denture retainers - inlays/onlays										
	See inlay/onlay restorations for inlay/onlay retainers									
8356	Retainer - cast metal (resin bonded fixed prosthesis)	255.90 (224.50)						+L	T	A
	Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424)									
Fixed partial denture retainers - crowns										
	See crowns, single restorations for crown retainers									
J.	Oral and maxillofacial surgery									
	See the specialist maxillo-facial and oral surgeons schedule for surgical services not listed in this schedule.									
Extractions										
8201	Extraction, single tooth	57.60 (50.50)	57.60 (50.50)						T	B
	Code 8201 is charged for the first extraction in a quadrant.									
8202	Extraction, each add tooth	23.20 (20.40)	23.20 (20.40)						T	B
	Code 8202 is charged for each additional extraction in the same quadrant.									
Surgical extractions (includes routine postoperative care)/										
8209	Surgical removal of tooth	248.90 (218.30)							T	S
8210	Surgical removal of impacted tooth, first	412.70 (362.00)							T	S

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8211	Surgical removal of impacted tooth, second	221.40 (194.20)							T	S
8212	Surgical removal of impacted tooth, third and subsq	125.80 (110.40)							T	S
8213	Surgical removal of residual roots, first tooth	248.90 (218.30)							T	S
8214	Surgical removal of residual roots, second and subsq	191.90 (168.30)							T	S
Other surgical procedures										
8188	Biopsy of oral tissue - soft	145.50 (127.60)								S
	This item does not include the cost of the essential pathological evaluations									
8215	Surgical exposure of impacted or unerupted teeth	459.80 (403.30)							T	S
Reduction of dislocation and management of other temporomandibular joint dysfunction										
8169	Occlusal orthotic device	221.40 (194.20)						+L		B
8172	Cost of orthotic device	- (-)	- (-)	- (-)	- (-)	- (-)				
Repair of traumatic wounds										
8192	Repair of soft tissue trauma - minor	284.00 (249.10)								S
K.	Orthodontics									
	See the specialist orthodontist procedure code list for orthodontic services.									
L.	Adjunctive general services									
Unclassified treatment										
8131	Unspecified emergency treatment	57.60 (50.50)							T	B
	This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth.									
8221	Treatment of post-extraction haemorrhage	42.20 (37.00)								S
8223	Treatment of post-extraction haemorrhage (subsqa)	27.40 (24.00)								S
8225	Treatment of septic socket	42.20 (37.00)								S
8227	Treatment of septic socket (subsequent)	27.40 (24.00)								S
Anaesthesia										
8141	Inhalation sedation - first 15 minutes or part thereof	42.20 (37.00)								B

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8143	Inhalation sedation - each addnl 15 minutes	21.80 (19.10)								B
	No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143									
8144	Intravenous sedation	25.30 (22.20)								B
8145	Local anaesthetic - per visit	10.50 (9.21)								B
8147	Monitoring equipment for intravenous sedation	90.00 (78.90)								
8499	General anaesthetic	- (-)								
	The relevant medical practitioner services shall apply to general anaesthetics for dental procedures									
Professional visits										
8129	Emergency visit – after regularly scheduled hours	141.30 (123.90)								B
8140	House or hospital call	93.50 (82.00)			93.50 (82.00)					B
	Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001									
Drugs, medicaments and materials										
Drugs, medicaments and materials										
8183	Intra-muscular or sub-cutaneous injection treatment	25.30 (22.20)								B
	(Not applicable to local anaesthetic)									
8220	Cost of suture material	- (-)	- (-)		- (-)					
8304	Rubber dam application - per arch	45.00 (39.50)								B
8306	Cost of Mineral Trioxide Aggregate	- (-)				- (-)				B
8310	Cost of home bleaching materials supplied	- (-)								
Administrative and laboratory services										
8099	Dental laboratory service	- (-)	- (-)	- (-)	- (-)	- (-)				
8105	Appointment not kept - per half-hour (GP)	- (-)	- (-)	- (-)	- (-)	- (-)				
8106	Special report	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)				A
8111	Dental testimony	- (-)	- (-)	- (-)	- (-)	- (-)				
8120	Treatment plan completed	- (-)	- (-)	- (-)	- (-)	- (-)				
Miscellaneous services										
8109	Infection control/barrier techniques	8.44 (7.40)								B

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	Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient									
8110	Sterilized instrumentation	21.80 (19.10)								S
8158	Enamel microabrasion	52.70 (46.20)								
8167	Treatment of hypersensitive dentine, per visit	44.30 (38.90)				44.30 (38.90)				B
8168	Behaviour management	- (-)								
8170	Occlusal adjustment - minor	127.20 (111.60)								B
	(Not applicable to adjustment of restorations placed as part of a current treatment plan)									
8171	Athletic mouthgaurd	- (-)				- (-)		+L		B
8308	External bleaching – per arch	- (-)				- (-)				A
8309	Home bleaching instructions and applicator	- (-)								
8311	Home bleaching subsequent visit	- (-)								
8325	Internal bleaching – per tooth	136.40 (119.60)				136.40 (119.60)			T	A
8327	External bleaching, each additional visit	65.40 (57.40)				65.40 (57.40)			T	A
II.	ORAL PATHOLOGISTS									
Preamble										
	In cases where services are not listed in the Dental Coding, the appropriate fee(s) listed in the medical schedule(s) for pathologists shall be charged and the relevant fee/benefit in the medical schedule(s) must be indicated – See the rules									
A.	Diagnostic									
Clinical oral evaluations										
9201	Consultation - oral pathologist	62.30 (54.60)					93.50 (82.00)			
9205	Consultation - oral pathologist (subsequent)	46.40 (40.70)					69.60 (61.10)			
B.	Adjunctive general services									
Professional visits										
9203	Consultation - oral pathologist (house or hospital)	69.80 (61.20)					104.70 (91.80)			
9207	Consultation - oral pathologist (after regular hours)	102.20 (89.60)					153.30 (134.50)			
III	SPECIALIST PROSTHODONTISTS									
A.	Diagnostic									
Clinical oral evaluations										

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8501	Consultation - prosthodontist	62.30 (54.60)				93.50 (82.00)				A
8506	Consultation - prosthodontist (detailed)	208.50 (182.90)				312.80 (274.40)				A
8507	Consultation - prosthodontist (Dx & Rx plan)	127.90 (112.20)				191.90 (168.30)				A
	Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognathic surgery where extensive restorative procedures will be required.									
	In the case of treatment planning requiring the combined services of a Prosthodontist and/or Orthodontist and/or a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.									
Radiographs/Diagnostic imaging/ Röntgenfoto's										
8107	Intra-oral film	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)				B
8108	Intra-oral film - maximum	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)				B
8113	Intra-oral film - occlusal	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)				B
8114	Hand-wrist radiograph	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				A
8115	Extra-oral film, per film	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				B
	Chargeable to a maximum of two films per treatment plan.									
8121	Diagnostic photograph	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		40.80 (35.80)				B
Tests and laboratory examinations										
8117	Diagnostic models, unmounted	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		+L		B
8119	Diagnostic models, mounted	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)		+L		B
8503	Occlusal analysis on articulator	127.90 (112.20)				191.90 (168.30)				A
8505	Pantographic recording	185.60 (162.80)				278.40 (244.20)				A
8508	Electrognathographic recording	198.70 (174.30)				298.10 (261.50)				A
8509	Electrognathographic recording w/ computer analysis	329.90 (289.40)				494.90 (434.10)				A
8811	Tracing and analysis, extra-oral film	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)				B
B.	Preventive									
Dental prophylaxis										

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8155	Prophylaxis - polishing only	57.60 (50.50)				57.60 (50.50)				B
8159	Prophylaxis - scaling and polishing	113.20 (99.30)				113.20 (99.30)				B
	Where item 8159 is applied, Item 8155 can not be charged.									
Topical fluoride treatment (office procedure)										
8161	Topical application of fluoride	57.60 (50.50)				57.60 (50.50)				B
Other preventive services										
8163	Fissure sealant, per tooth	38.00 (33.30)				38.00 (33.30)			T	B
	Chargeable to a maximum of two teeth per quadrant									
8167	Treatment of hypersensitive dentine, per visit	44.30 (38.90)				44.30 (38.90)				B
8171	Athletic mouthguard	- (-)				- (-)		+L		B
8711	Oral hygiene instructions	76.90 (67.50)			115.30 (101.10)	115.30 (101.10)				B
8713	Oral hygiene re-evaluation (follow-up)	37.00 (32.50)			55.50 (48.70)	55.50 (48.70)				B
C.	Restorative									
Gold foil restorations										
8561	Gold Foil - Class I and Class VI	333.70 (292.70)				500.50 (439.00)			T	A
8563	Gold Foil - Class V	390.40 (342.50)				585.60 (513.70)			T	A
8565	Gold Foil - Class III	491.10 (430.80)				736.70 (646.20)			T	A
Inlay/Onlay restorations										
Metal inlays										
8571	Inlay - metallic - one surface	230.10 (201.80)				345.20 (302.80)		+L	T	A
8572	Inlay - metallic - two surfaces	333.70 (292.70)				500.50 (439.00)		+L	T	A
8573	Inlay - metallic - three surfaces	517.40 (453.90)				776.10 (680.80)		+L	T	A
8574	Inlay - metallic - four or more surfaces	517.40 (453.90)				776.10 (680.80)		+L	T	A
8577	Pin retention as part of cast restoration	76.90 (67.50)				115.30 (101.10)			T	A
Porcelain/ceramic inlays/onlays										

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	<p>Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays.</p> <p>Comment: (1) Remuneration excludes the application of a rubber dam (code 8304) and may be reported in addition to these codes. (2) When computer generated inlays/onlays are fabricated, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes. (3) Report code 8560 for the cost of the ceramic block.</p> <p>Resin based composite inlays/onlays must utilise indirect technique.</p> <p>Comment: (1) Remuneration excludes the application of a rubber dam (code 8304) and may be reported in addition to these codes. (2) When the indirect technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes</p>									
8554	Labial veneer (resin laminate) – laboratory	441.90 (387.60)				662.90 (581.50)		+L	T	A
8555	Inlay, porcelain/ceramic/resin – one surface	277.90 (243.80)				416.90 (365.70)		+L	T	A
8556	Inlay, porcelain/ceramic/resin – two surfaces	400.30 (351.10)				600.40 (526.70)		+L	T	A
8557	Inlay, porcelain/ceramic/resin - three surfaces	621.90 (545.50)				932.90 (818.30)		+L	T	A
8558	Inlay, porcelain/ceramic/resin - four or more surfaces	621.90 (545.50)				932.90 (818.30)		+L	T	A
8560	Cost of ceramic block	- (-)				- (-)			T	A
	Applicable to computer generated prosthesis only									
Crowns - single restorations										
8529	Crown - provisional	127.90 (112.20)				191.90 (168.30)		+L	T	A
8601	Crown - three-quarter cast metallic	645.80 (566.50)				968.70 (849.70)		+L	T	A
8603	Crown - full cast metallic	645.80 (566.50)				968.70 (849.70)		+L	T	A
8605	Crown - acrylic veneered metal	645.80 (566.50)				968.70 (849.70)		+L	T	A
8607	Crown - ceramic jacket	645.80 (566.50)				968.70 (849.70)		+L	T	A
8609	Crown - ceramic veneered metal	645.80 (566.50)				968.70 (849.70)		+L	T	A
Other restorative services										
8513	Temporary crown (emergency)	130.30 (114.30)				195.40 (171.40)		+L	T	A
	(Not applicable to temporary crowns placed during routine crown and bridge preparations)									
8515	Recent inlay, crown or bridge - per unit/abutment	48.70 (42.70)				73.10 (64.10)			T	B

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8530	Prefabricated metal crown	107.80 (94.60)				161.70 (141.80)			T	A
Posts and copings										
8581	Cast post and core in addition to crown - single	130.30 (114.30)				195.40 (171.40)		+L	T	A
8582	Cast post and core in addition to crown - double	185.60 (162.80)				278.40 (244.20)		+L	T	A
8583	Cast post and core in addition to crown - triple	230.10 (201.80)				345.20 (302.80)		+L	T	A
8587	Coping - metal	106.90 (93.80)				160.30 (140.60)		+L	T	A
8589	Cast core with pins	182.80 (160.40)				274.20 (240.50)		+L	T	A
Preformed posts and cores										
8591	Core buildup, including any pins	170.60 (149.60)				255.90 (224.50)			T	B
8593	Prefabricated post and core in addition to crown	194.50 (170.60)				291.70 (255.90)			T	B
8596	Cost of prefabricated posts	- (-)				- (-)			T	A
8618	Resin bonding for restoration	- (-)				- (-)				
D.	Endodontics									
Endodontic therapy										
8631	Root canal therapy - first canal	452.70 (397.10)				679.10 (595.70)			T	B
8633	Root canal therapy - each additional canal	113.90 (99.90)				170.80 (149.80)			T	B
Endodontic retreatment										
8636	Root canal re-preparation of previous obturated canal	68.40 (60.00)				102.60 (90.00)			T	B
Apexification/recalcification procedures										
8635	Apexification of root canal - per visit	75.50 (66.20)				113.20 (99.30)			T	B
Apicoectomy/Periradicular services										
9015	Apicectomy (including retrograde filling) - anterior	251.20 (220.40)	376.80 (330.50)			376.80 (330.50)			T	S
9016	Apicectomy (including retrograde filling) - posterior	501.00 (439.50)	751.50 (659.20)			751.50 (659.20)			T	S
Other endodontic procedures										
	Modifier 8002 is applicable to procedure codes 8325, 8327									
8308	External bleaching – per arch	- (-)				- (-)				A

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	Limitation: (1) Benefit by arrangement. (2) The unpredictability and lack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient									
8325	Internal bleaching – per tooth	136.40 (119.60)				136.40 (119.60)			T	A
8327	External bleaching, each additional visit	65.40 (57.40)				65.40 (57.40)			T	A
8637	Hemisection of a tooth, resection of root or tunnel prep	251.20 (220.40)				376.80 (330.50)			T	A
8640	Removal/bypassing of fractured post or instrument	133.10 (116.80)				199.70 (175.20)			T	B
	A maximum of two additional visits may be charged									
E.	Periodontics									
Non-surgical periodontal services										
8521	Prov splinting, extracoronal (wire) /sextant	106.90 (93.80)				160.30 (140.60)				A
8523	Prov splinting, extracoronal (wire plus resin) /sextant	155.10 (136.10)				232.70 (204.10)				A
8527	Provisional splinting, intracoronal - per tooth	48.70 (42.70)				73.10 (64.10)		+L		A
F.	Prosthodontics (removable)									
Complete dentures (including routine post-delivery care)										
8641	Dentures complete w/o prim compl	1293.50 (1134.60)				1940.30 (1702.00)		+L		B
8643	Dentures complete w/o maj compl	1678.70 (1472.50)				2518.10 (2208.90)		+L		B
8645	Dentures complete w/ maj compl	2064.90 (1811.30)				3097.40 (2717.00)		+L		B
8647	Denture complete - max or mand w/o compl	905.00 (793.90)				1357.50 (1190.80)		+L		B
8649	Denture complete w/o maj compl	1032.90 (906.10)				1549.40 (1359.10)		+L		B
8651	Denture complete w/ maj compl	1161.80 (1019.10)				1742.70 (1528.70)		+L		B
Partial dentures (including routine post-delivery care)										
8671	Partial denture - metal framework (incl resin denture)	1032.90 (906.10)				1549.40 (1359.10)		+L		A
Adjustments to dentures										
8275	Adjust complete or partial denture	42.20 (37.00)				42.20 (37.00)				B
8662	Adjust complete or partial dentures (remounting)	149.10 (130.80)				223.60 (196.10)		+L		B
Repairs to complete or partial dentures										

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8273	Impression to repair/addition	42.20 (37.00)				42.20 (37.00)		+L		B
8679	Repair of denture	52.50 (46.10)				78.70 (69.00)		+L		B
Denture rebase procedures										
8665	Rebase complete or partial denture	209.00 (183.30)				313.50 (275.00)		+L		B
Denture reline procedures										
8669	Reline complete or partial denture (chairside)	114.80 (100.70)				172.20 (151.10)				B
Interim prosthesis										
8661	Diagnostic dentures (including tissue conditioning)	1032.90 (906.10)				1549.40 (1359.10)		+L		A
Other removable prosthetic services										
8597	Connector, locks and milled rests	52.50 (46.10)				78.70 (69.00)		+L	T	A
8599	Connector, precision attachments	127.90 (112.20)				191.90 (168.30)		+L	T	A
8652	Complete overdenture	1032.90 (906.10)				1549.40 (1359.10)				
8653	Partial overdenture	619.60 (543.50)				929.40 (815.30)				
8663	Metal base to complete denture	311.20 (273.00)				466.80 (409.50)		+L		A
8664	Remount crown or bridge for prosthetics	149.10 (130.80)				223.60 (196.10)				A
8667	Soft base, per denture (heat cured)	311.20 (273.00)				466.80 (409.50)		+L		B
8668	Tissue conditioner, per denture	76.90 (67.50)				115.30 (101.10)				B
8672	Altered cast technique for partial denture	39.90 (35.00)				59.80 (52.50)		+L		B
8674	Partial denture - additive	468.70 (411.10)				703.00 (616.70)		+L		B
G.	Maxillo-facial prosthodontic prostheses									
	Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated									
Maxillary prostheses										
9101	Obturator prosthesis, surgical - modified denture	76.90 (67.50)				115.30 (101.10)		+L		
9102	Obturator prosthesis, surgical - continuous base	208.50 (182.90)				312.80 (274.40)		+L		

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9103	Obturator prosthesis, surgical - split base	310.70 (272.50)				466.10 (408.90)		+L		
9104	Obturator prosthesis, interim - on existing denture	468.70 (411.10)				703.00 (616.70)		+L		
9105	Obturator prosthesis, interim - on new denture	1447.30 (1269.60)				2170.90 (1904.30)		+L		
9106	Obturator prosthesis, definitive - open/hollow box	468.70 (411.10)				703.00 (616.70)		+D		
9107	Obturator prosthesis, definitive - silicone glove	905.00 (793.90)				1357.50 (1190.80)		+D		
Mandibular resection prostheses										
9108	Mandibular resec prosth w/ guide flange	1111.70 (975.20)				1667.50 (1462.70)		+L		
9109	Mandibular resec prosth w/o guide flange	1032.90 (906.10)				1549.40 (1359.10)		+L		
9110	Mandibular resec prosth, palatal augm	208.50 (182.90)				312.80 (274.40)		+D		
Glossal resection prostheses										
9111	Glossal resection prosthesis - simple	434.90 (381.50)				652.40 (572.30)		+D		
9112	Glossal resection prosthesis - complex	651.50 (571.50)				977.20 (857.20)		+D		
Radiotherapy appliances										
9113	Radiation carrier - simple	468.70 (411.10)				703.00 (616.70)		+L		
9114	Radiation carrier - complex	1293.50 (1134.60)				1940.30 (1702.00)		+L		
9115	Radiation shield - simple	468.70 (411.10)				703.00 (616.70)		+L		
9116	Radiation shield - complex	1293.50 (1134.60)				1940.30 (1702.00)		+L		
9117	Radiation cone locator	468.70 (411.10)				703.00 (616.70)		+L		
Chemotherapy appliances										
9118	Chemotherapeutic agent carrier	468.70 (411.10)				703.00 (616.70)		+L		
Cleft palate prostheses										
8855	Consultation - cleft palate therapy (house or hospital)	106.90 (93.80)		160.30 (140.60)		160.30 (140.60)				S
8856	Consultation - cleft palate (subsequent)	52.50 (46.10)		78.70 (69.00)		78.70 (69.00)				S
8857	Consultation - cleft palate (maximum)	365.10 (320.30)		547.60 (480.40)		547.60 (480.40)				S

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Neonatal prostheses										
9119	Feeding aid, neonatal	414.80 (363.90)		622.20 (545.80)		622.20 (545.80)		+L		S
9120	Presurg active orthop appliances - minor	414.80 (363.90)		622.20 (545.80)		622.20 (545.80)		+L		S
9121	Presurg active orthop appliances - moderate	613.90 (538.50)		920.90 (807.80)		920.90 (807.80)		+L		S
9122	Presurg active orthop appliances - severe	1032.90 (906.10)		1549.40 (1359.10)		1549.40 (1359.10)		+L		S
9123	Presurg active orthop appliances - modification	52.50 (46.10)		78.70 (69.00)		78.70 (69.00)				S
Intermediate/Definitive prostheses										
9125	Speech aid/obturator - palatal alteration	209.00 (183.30)				313.50 (275.00)		+D		
9126	Speech aid/obturator - velar alteration	468.70 (411.10)				703.00 (616.70)		+D		
9127	Speech aid/obturator - pharyngeal alteration	1032.90 (906.10)				1549.40 (1359.10)		+D		
9128	Speech aid/obturator - modification	52.50 (46.10)				78.70 (69.00)				
9129	Speech aid/obturator - surgical	414.80 (363.90)				622.20 (545.80)		+L		
Speech appliances										
9130	Speech aid appliance - palatal lift	208.50 (182.90)				312.80 (274.40)		+D		
9131	Speech aid appliance - palatal stimulating	468.70 (411.10)				703.00 (616.70)		+D		
9132	Speech aid appliance - bulb	1032.90 (906.10)				1549.40 (1359.10)		+D		
9133	Speech aid appliance - modification	52.50 (46.10)				78.70 (69.00)				
9134	Unspecified speech aid appliance	- (-)				- (-)		+L		
Extra-oral appliances										
9135	Auricular prosthesis - simple	1293.50 (1134.60)				1940.30 (1702.00)		+L		
9136	Auricular prosthesis - complex	1678.70 (1472.50)				2518.10 (2208.90)		+L		
9137	Nasal prosthesis - simplex	1293.50 (1134.60)				1940.30 (1702.00)		+L		
9138	Nasal prosthesis - complex	1678.70 (1472.50)				2518.10 (2208.90)		+L		
9139	Ocular prosthesis - interim	468.70 (411.10)				703.00 (616.70)		+L		

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9140	Ocular prosthesis - modified stock appliance	1162.70 (1019.90)				1744.10 (1529.90)		+L		
9141	Ocular prosthesis - custom appliance	1678.70 (1472.50)				2518.10 (2208.90)		+L		
9142	Orbital prosthesis - simple	1162.70 (1019.90)				1744.10 (1529.90)		+L		
9143	Orbital prosthesis - complex	1678.70 (1472.50)				2518.10 (2208.90)		+L		
9144	Facial prosthesis, combination - small	- (-)				- (-)				
9145	Facial prosthesis, combination - medium	- (-)				- (-)				
9146	Facial prosthesis, combination - large	- (-)				- (-)				
9147	Facial prosthesis, combination - complex	- (-)				- (-)				
9148	Unspecified body prosthesis - simple	1162.70 (1019.90)				1744.10 (1529.90)		+L		
9149	Unspecified body prosthesis - complex	1678.70 (1472.50)				2518.10 (2208.90)		+L		
9150	Facial prosthesis, surgical - simple	905.00 (793.90)				1357.50 (1190.80)		+L		
9151	Facial prosthesis, surgical - complex	1162.70 (1019.90)				1744.10 (1529.90)		+L		
9152	Extraoral appliance - additional prosthesis	- (-)				- (-)		+L		
9153	Extraoral appliance - replacement prosthesis	- (-)				- (-)		+L		
9155	Cranial prosthesis	468.70 (411.10)				703.00 (616.70)		+L		
Custom implants										
9156	Cranial implant prosthesis - custom made	565.70 (496.20)				848.50 (744.30)		+L		
9157	Facial implant prosthesis, custom made - simple	282.60 (247.90)				423.90 (371.80)		+L		
9158	Facial implant prosthesis, custom made - complex	565.70 (496.20)				848.50 (744.30)		+L		
9159	Ocular implant prosthesis, custom made	282.60 (247.90)				423.90 (371.80)		+L		
9160	Body implant prosthesis - custom made	1257.90 (1103.40)				1886.90 (1655.20)		+L		
Surgical appliances										
9161	Surgical splint (simple)	127.90 (112.20)				191.90 (168.30)		+L		
9162	Surgical splint (complex)	468.70 (411.10)				703.00 (616.70)		+L		
9163	Surgical template (simple)	127.90 (112.20)				191.90 (168.30)		+L		

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9164	Surgical template (complex)	468.70 (411.10)				703.00 (616.70)		+L		
9165	Surgical conformer - simple	127.90 (112.20)				191.90 (168.30)		+L		
9166	Surgical conformer - complex	468.70 (411.10)				703.00 (616.70)		+L		
Trismus appliances										
9167	Trismus appliance (simple)	52.50 (46.10)				78.70 (69.00)		+L		
9168	Trismus appliance (complex)	468.70 (411.10)				703.00 (616.70)		+L		
9169	Orthoses appliance	1032.90 (906.10)				1549.40 (1359.10)		+L		
9170	Facial palsy appliance	310.70 (272.50)				466.10 (408.90)		+D		
9171	Commissure splint	127.90 (112.20)				191.90 (168.30)		+L		
9172	Oral retractor, dynamic - per arm	127.90 (112.20)				191.90 (168.30)		+L		
9173	Hand splint	- (-)				- (-)				
9174	Unspecified burn appliance	- (-)				- (-)				
Attendance in theatre										
9175	Theatre attendance (MaxFac prosthodont) /hour	172.90 (151.70)				259.40 (227.50)				
H.	Implant services									
	Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes.									
Surgical implant procedures										
9190	Endost implant surg abut piece - 1st	179.00 (157.00)	268.50 (235.50)		268.50 (235.50)	268.50 (235.50)				S
9191	Endost implant surg abut piece - 2nd	134.50 (118.00)	201.80 (177.00)		201.80 (177.00)	201.80 (177.00)				S
9192	Endost implant surg abut piece - 3rd	90.50 (79.40)	135.70 (119.00)		135.70 (119.00)	135.70 (119.00)				S
Implant supported prosthetics										
8578	Prefabricated abutment	106.90 (93.80)				160.30 (140.60)				
8579	Custom abutment	487.40 (427.50)				731.10 (641.30)				
8584	Dental implant supported connecting bar	1032.90 (906.10)				1549.40 (1359.10)				

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8592	Crown - osseo-integrated abutment	753.10 (660.60)				1129.70 (991.00)		+L	T	A
8654	Denture fxd impl/abut sup cmpl	1161.80 (1019.10)				1742.70 (1528.70)				
8655	Denture fxd impl/abut sup prtl	697.40 (611.80)				1046.10 (917.60)				
Other implant services										
8590	Implant prosthesis maintenance - per abutment	47.30 (41.50)				71.00 (62.30)			T	A
8594	Repair implant supported prosthesis	52.50 (46.10)				78.70 (69.00)				
8595	Repair implant abutment	52.50 (46.10)				78.70 (69.00)				
8600	Cost of implants/components	- (-)				- (-)				
I.	Prosthodontics, fixed									
	The words 'bridge' and 'bridgework' have been replaced by the statement 'fixed partial denture' (FPD)									
Fixed partial denture pontics										
8611	Pontic - sanitary	390.40 (342.50)				585.60 (513.70)		+L	T	A
8613	Pontic - posterior	477.60 (418.90)				716.40 (628.40)		+L	T	A
8615	Pontic - anterior or premolar	516.00 (452.60)				774.00 (678.90)		+L	T	A
Fixed partial denture retainers - inlays/onlays										
	See inlay/onlay restorations for inlay/onlay retainers									
	Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424)									
8617	Retainer - resin bonded cast metal prosthesis	333.70 (292.70)				500.50 (439.00)		+L	T	A
Fixed partial denture retainers - crowns										
	See crowns, single restorations for crown retainers.									
Other fixed partial denture services										
8585	Connector bar	1032.90 (906.10)				1549.40 (1359.10)				
8586	Stress breaker	385.30 (338.00)				577.90 (506.90)				
J.	Oral and maxillofacial surgery									
Other surgical procedures										
8517	Reimplantation of evulsed tooth (include stabilisation)	133.10 (116.80)				199.70 (175.20)		+L	T	S
Reduction of dislocation and management of other temporomandibular joint dysfunction										

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8172	Cost of orthotic device	- (-)	- (-)	- (-)	- (-)	- (-)				
8850	Treatment of MPDS (first visit)	88.10 (77.30)		132.20 (116.00)		132.20 (116.00)				A
8851	Treatment of MPDS (subsequent visit)	46.40 (40.70)		69.60 (61.10)		69.60 (61.10)				A
8852	Occlusal orthotic device	194.50 (170.60)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)		+L		S
K.	Adjunctive general services									
Unclassified treatment										
8511	Unspecified emergency treatment	78.30 (68.70)				117.40 (103.00)				B
Drugs, medicaments, materials, administrative and laboratory services										
Drugs, medicaments and materials										
8306	Cost of Mineral Trioxide Aggregate	- (-)				- (-)				B
Administrative and laboratory services										
8099	Dental laboratory service	- (-)	- (-)	- (-)	- (-)	- (-)				
8105	Appointment not kept - per half-hour (GP)	- (-)	- (-)	- (-)	- (-)	- (-)				
8106	Special report	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)				A
8111	Dental testimony	- (-)	- (-)	- (-)	- (-)	- (-)				
8120	Treatment plan completed	- (-)	- (-)	- (-)	- (-)	- (-)				
Miscellaneous services										
8551	Occlusal adjustment - major	364.60 (319.80)				546.90 (479.70)				A
8553	Occlusal adjustment - minor	116.20 (101.90)				174.30 (152.90)				A
IV	SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS/ PERIODONTISTS									
A.	Diagnostic									
Clinical oral evaluations										
	Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.									
8701	Consultation - periodontist	62.30 (54.60)			93.50 (82.00)					A
	A periodontal consultation comprises a reasonably detailed examination and presentation and explanation of the findings to enable the patient to make a decision as to future treatment									
8703	Consultation - periodontist (comprehensive)	208.50 (182.90)			312.80 (274.40)					A
	Code 8703 is always a separate procedure from code 8701 and comprises inspection, percussion, probing and other diagnostic procedures and the systematic recording of every important feature in order to permit correct treatment planning.									

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8705	Consultation - periodontist (periodic)	62.30 (54.60)			93.50 (82.00)					A
8707	Periodontal screening	62.30 (54.60)			93.50 (82.00)					B
Oral medicine clinical oral evaluations										
8781	Consultation - oral medicine, straight forward	62.30 (54.60)			93.50 (82.00)					S
8782	Consultation - oral medicine, complex	109.70 (96.20)			164.50 (144.30)					S
8783	Consultation - oral medicine (subsequent)	46.40 (40.70)			69.60 (61.10)					S
Radiographs/Diagnostic imaging										
8107	Intra-oral film	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)				B
8108	Intra-oral film - maximum	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)				B
8113	Intra-oral film - occlusal	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)				B
8114	Hand-wrist radiograph	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				A
8115	Extra-oral film, per film	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				B
	Limitation: Benefits are limited to a maximum of two films per treatment plan.									
Tests and laboratory examinations										
8117	Diagnostic models, unmounted	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		+L		B
8119	Diagnostic models, mounted	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)		+L		B
8811	Tracing and analysis, extra-oral film	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)				B
B.	Preventive									
Dental prophylaxis										
8714	Prophylaxis - plaque removal	52.90 (46.40)			79.40 (69.60)					B
8715	Prophylaxis - scaling	106.40 (93.30)			159.60 (140.00)					B
Other preventive services										
8711	Oral hygiene instructions	76.90 (67.50)			115.30 (101.10)	115.30 (101.10)				B
	The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction									
8713	Oral hygiene re-evaluation (follow-up)	37.00 (32.50)			55.50 (48.70)	55.50 (48.70)				B

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	(If oral hygiene re-instruction is necessary, only Item 8711 shall apply)									
C.	Restorative									
Crowns - single restorations										
8410	Provisional crown	127.90 (112.20)			127.90 (112.20)			+L		
D.	Endodontics									
Apexification/recalcification procedures										
8760	Apicectomy (including retrograde filling) - anterior	251.20 (220.40)			376.80 (330.50)				T	S
	When Code 8760 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.									
8764	Apicectomy (including retrograde filling) - posterior	501.00 (439.50)			751.50 (659.20)				T	S
Other endodontic procedures										
8765	Hemisection of a tooth or resection of a root	251.20 (220.40)			376.80 (330.50)				T	A
E.	Periodontics									
Surgical services (including usual postoperative care)										
8741	Gingivectomy or gingivoplasty - per quadrant	275.10 (241.30)			412.70 (362.00)					A
8743	Gingivectomy or gingivoplasty - per sextant	218.40 (191.60)			327.60 (287.40)					A
8749	Flap procedure (1-3 surgical services) - per quadrant	624.70 (548.00)			937.10 (822.00)					A
8751	Flap procedure (1-3 surgical services) - per sextant	517.40 (453.90)			776.10 (680.80)					A
8753	Flap procedure (4+ surgical services) - per quadrant	774.30 (679.20)			1161.40 (1018.80)					A
8755	Flap procedure (4+ surgical services) - per sextant	627.50 (550.40)			941.30 (825.70)					A
	NOTES: 1. Each root resection, tooth hemisection, muco-gingival procedure, wedge resection and clinical crown lengthening shall be deemed to be one procedure. 2. Where a bone regeneration/repair procedure is included within a flap operation, Item 8766 shall apply in addition to the Item for the flap operation. 3. Where an apicectomy is included within a flap operation, either Code 8760 or Code 8764 with Modifier 8006 shall apply in addition to the item for the flap operation.									
8756	Clinical crown lengthening - hard tissue	380.50 (333.80)			570.80 (500.70)					A

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8759	Pedicle soft tissue graft procedure	285.90 (250.80)			428.80 (376.10)					A
8761	Masticatory mucosal autograft - up to four teeth	310.70 (272.50)	466.10 (408.90)		466.10 (408.90)			+L		A
8762	Masticatory mucosal autograft - five and more teeth	466.80 (409.50)			700.20 (614.20)			+L		A
8763	Distal or proximal wedge resection	182.80 (160.40)			274.20 (240.50)				T	A
8766	Bone regeneration - as part of flap procedure	149.50 (131.10)			224.30 (196.80)					A
8767	Bone regeneration - per site, per tooth	387.60 (340.00)	581.40 (510.00)		581.40 (510.00)					A
8769	Membrane removal (guided tissue regeneration)	182.80 (160.40)	274.20 (240.50)		274.20 (240.50)					A
8770	Cost of regenerative material	- (-)	- (-)		- (-)					
8772	Submucosal connective tissue autograph	314.00 (275.40)	471.00 (413.20)		471.00 (413.20)					
8979	Harvesting of autogenous grafts (intra-oral)	96.50 (84.60)	144.80 (127.00)		144.80 (127.00)					S
Non-surgical periodontal services										
8723	Prov splinting, extracoronaral (wire) /sextant	106.90 (93.80)			160.30 (140.60)			+L		A
8725	Prov splinting, extracoronaral (wire plus resin) /sextant	155.10 (136.10)			232.70 (204.10)			+L		A
8727	Provisional splinting, intracoronaral - per tooth	48.70 (42.70)			73.10 (64.10)			+L		A
8737	Root planing (incl curettage) - per quadrant	208.50 (182.90)			312.80 (274.40)					A
8739	Root planing (incl curettage) - per sextant	166.40 (146.00)			249.60 (218.90)					A
8773	Cost of intrapocket chemotherapeutic agent	- (-)			- (-)					
Other periodontal services										
8768	Unspecified periodontal procedure	182.80 (160.40)			274.20 (240.50)				T	A
8787	Unspecified oral medicine procedure	65.60 (57.50)			98.40 (86.30)					S
F.	Implant services									
Surgical implant procedures										
	Report surgical implant procedure using codes in this section.									
9182	Surgical placement of endosteal implant	379.60 (333.00)	569.40 (499.50)		569.40 (499.50)			+L		S
9183	Endost implnt surg body plce - 1st	484.10 (424.60)	726.20 (637.00)		726.20 (637.00)					S

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	If an implant is done as a one-stage procedure, Modifier 8009 may be added.									
9184	Endost implnt surg body pice - 2nd	363.20 (318.60)	544.80 (477.90)		544.80 (477.90)					S
9185	Endost implnt surg body pice - 3rd	243.30 (213.40)	364.90 (320.10)		364.90 (320.10)					S
9189	Cost of implants/components	- (-)	- (-)		- (-)					
9190	Endost implnt surg abut pice - 1st	179.00 (157.00)	268.50 (235.50)		268.50 (235.50)	268.50 (235.50)				S
9191	Endost implnt surg abut pice - 2nd	134.50 (118.00)	201.80 (177.00)		201.80 (177.00)	201.80 (177.00)				S
9192	Endost implnt surg abut pice - 3rd	90.50 (79.40)	135.70 (119.00)		135.70 (119.00)	135.70 (119.00)				S
Other implant services										
9198	Implant removal	247.00 (216.70)	370.50 (325.00)		370.50 (325.00)					
G.	Oral and maxillofacial surgery									
Other surgical procedures										
8758	Surgical exposure of impacted or unerupted teeth	417.60 (366.30)			626.40 (549.50)					A
8785	Biopsy of oral tissue - soft	129.30 (113.40)			194.00 (170.20)					S
Vestibuloplasty										
8997	Sulcoplasty / Vestibuloplasty	1148.70 (1007.60)	1723.10 (1511.50)		1723.10 (1511.50)			+L		S
Surgical excision of soft tissue lesions										
8786	Excision of tumour of the soft tissue	224.00 (196.50)			336.00 (294.70)					S
Surgical incision										
8731	Incision & drainage of abscess - intra-oral	91.90 (80.60)			137.80 (120.90)					A
Reduction of dislocation and management of other temporomandibular joint dysfunction										
8172	Cost of orthotic device	- (-)	- (-)	- (-)	- (-)	- (-)				
8852	Occlusal orthotic device	194.50 (170.60)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)		+L		S
Other repair procedures										
8757	Frenectomy	305.60 (268.10)			458.40 (402.10)					A
9005	Total alveolar ridge augm by bone graft	1171.20 (1027.40)	1756.80 (1541.10)		1756.80 (1541.10)			+L		S
9008	Alveolar ridge augmentation - 1-2 adjnt teeth	277.90 (243.80)	416.90 (365.70)		416.90 (365.70)			+L		S

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9009	Alveolar ridge augmentation - 3+ adjnt teeth	506.60 (444.40)	759.90 (666.60)		759.90 (666.60)			+L		S
9010	Sinus lift procedure	761.10 (667.60)	1141.70 (1001.50)		1141.70 (1001.50)			+L		S
H.	Adjunctive general services									
Professional visits										
8140	House or hospital call	93.50 (82.00)			93.50 (82.00)					B
Drugs, medicaments, materials, administrative and laboratory services										
Drugs, medicaments and materials										
8220	Cost of suture material	- (-)	- (-)		- (-)					
Administrative and laboratory services										
8099	Dental laboratory service	- (-)	- (-)	- (-)	- (-)	- (-)				
8105	Appointment not kept - per half-hour (GP)	- (-)	- (-)	- (-)	- (-)	- (-)				
8106	Special report	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)				A
8111	Dental testimony	- (-)	- (-)	- (-)	- (-)	- (-)				
8120	Treatment plan completed	- (-)	- (-)	- (-)	- (-)	- (-)				
Miscellaneous services										
8721	Occlusal adjustment - per visit	116.20 (101.90)			174.30 (152.90)					A
V	SPECIALIST ORTHODONTISTS									
A.	Diagnostic									
Clinical oral evaluations										
8801	Consultation - orthodontics	62.30 (54.60)		93.50 (82.00)						A
8803	Consultation - ortho (subsqnt, retentn & post-treat)	46.40 (40.70)		69.60 (61.10)						A
8837	Diagnosis and treatment planning - orthodontics	37.00 (32.50)		55.50 (48.70)						A
8840	Treatment planning - orthognathic surgery	269.90 (236.80)	404.90 (355.20)	404.90 (355.20)				+L		A
	In the case of treatment planning requiring the combined services of a Prosthodontist and/or Orthodontist and/or a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.									
Radiographs/Diagnostic imaging										
8107	Intra-oral film	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)				B
8108	Intra-oral film - maximum	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)				B

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8113	Intra-oral film - occlusal	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)				B
8114	Hand-wrist radiograph	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				A
8115	Extra-oral film, per film	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				B
	Chargeable to a maximum of two films per treatment plan.									
8121	Diagnostic photograph	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		40.80 (35.80)				B
Tests and laboratory examinations										
8117	Diagnostic models, unmounted	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		+L		B
8119	Diagnostic models, mounted	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)		+L		B
8811	Tracing and analysis, extra-oral film	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)				B
8839	Diagnostic setup, orthodontic	78.30 (68.70)		117.40 (103.00)						A
B.	Maxillo-facial prosthodontic prostheses									
Neonatal prostheses										
9119	Feeding aid, neonatal	414.80 (363.90)		622.20 (545.80)		622.20 (545.80)		+L		S
9120	Presurg active orthop appliances - minor	414.80 (363.90)		622.20 (545.80)		622.20 (545.80)		+L		S
9121	Presurg active orthop appliances - moderate	613.90 (538.50)		920.90 (807.80)		920.90 (807.80)		+L		S
9122	Presurg active orthop appliances - severe	1032.90 (906.10)		1549.40 (1359.10)		1549.40 (1359.10)		+L		S
9123	Presurg active orthop appliances - modification	52.50 (46.10)		78.70 (69.00)		78.70 (69.00)				S
C.	Oral and maxillofacial surgery									
Reduction of dislocation and management of other temporomandibular joint dysfunction										
Treatment of MPDS										
8172	Cost of orthotic device	- (-)	- (-)	- (-)	- (-)	- (-)				
8850	Treatment of MPDS (first visit)	88.10 (77.30)		132.20 (116.00)		132.20 (116.00)				A
8851	Treatment of MPDS (subsequent visit)	46.40 (40.70)		69.60 (61.10)		69.60 (61.10)				A
8852	Occlusal orthotic device	194.50 (170.60)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)		+L		S
D.	Orthodontics									
Removable appliance therapy										

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8862	Removable appliance	646.30 (566.90)		969.40 (850.40)				+L		A
8863	Removable appl - each addtnl	324.80 (284.90)		487.20 (427.40)				+L		A
	(Code 8862 may only be charged once per malocclusion. A maximum of two additional removable appliances per treatment plan may be charged)									
Functional appliance therapy										
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates component									
8858	Functional appliance	1164.20 (1021.20)		1746.30 (1531.80)				+L		A
	If additional functional appliances are required, +L can be charged but no further fee/benefit									
Fixed appliance therapy - partial (Preliminary treatment)										
	The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. The application of codes 8865 and/or 8866 requires the use of fixed bands and/or brackets as a major component of the appliances									
8861	Partial fixed appl - minor	774.30 (679.20)		1161.40 (1018.80)						A
8865	Partial fixed appl - max/mand	2065.40 (1811.80)		3098.10 (2717.60)						A
8866	Partial fixed appl -max & mand	2840.60 (2491.80)		4260.90 (3737.60)						A
Fixed appliance therapy - comprehensive										
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within each arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.									
Single arch treatment										
8867	Fixed appliance - mild 1 arch	2220.10 (1947.50)		3330.10 (2921.10)						A
8868	Fixed appliance - mod 1 arch	2738.40 (2402.10)		4107.60 (3603.20)						A
8869	Fixed appliance - sevre 1 arch	3202.90 (2809.60)		4804.30 (4214.30)						A
Combined maxillary and mandibular arch therapy										
Class I malocclusions										
8873	Fixed appl - CL1 mild 2 arch	4062.90 (3563.90)		6094.30 (5345.90)						A

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8875	Fixed appl - CL1 mod 2 arch	4987.60 (4375.10)		7481.30 (6562.50)						A
8877	Fixed appl - CL1 sev 2 arch	5814.30 (5100.30)		8721.40 (7650.40)						A
8879	Fixed appl - CL1 sev+ 2 arch	6534.20 (5731.80)		9801.20 (8597.50)						A
Class II and III malocclusions										
8881	Fxd appl - CL2/3 mild 2 arch	5814.30 (5100.30)		8721.40 (7650.40)						A
8883	Fxd appl - CL2/3 mod 2 arch	6534.20 (5731.80)		9801.20 (8597.50)						A
8885	Fxd appl - CL2/3 sev 2 arch	7335.20 (6434.40)		11002.70 (9651.50)						A
8887	Fxd appl - CL2/3 sev+ 2 arch	8264.50 (7249.60)		12396.70 (10874.30)						A
Lingual orthodontics										
	This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires.									
Single arch treatment										
8841	Fixed appliance - mild 1 arch (lingual appl)	4172.60 (3660.20)		6258.80 (5490.20)						A
8842	Fixed appliance - mod 1 arch (lingual appl)	4903.70 (4301.50)		7355.50 (6452.20)						A
8843	Fixed appliance - sevre 1 arch (lingual appl)	5587.00 (4900.90)		8380.50 (7351.30)						A
Combined maxillary and mandibular arch therapy										
Class I malocclusions										
8874	Fixed appl - CL1 mild 2 arch (lingual appl)	7959.90 (6982.40)		11939.80 (10473.50)						A
8876	Fixed appl - CL1 mod 2 arch (lingual appl)	9319.50 (8175.00)		13979.20 (12262.50)						A
8878	Fixed appl - CL1 sev 2 arch (lingual appl)	10576.50 (9277.60)		15864.60 (13916.30)						A
8880	Fixed appl - CL1 sev+ 2 arch (lingual appl)	11735.50 (10294.30)		17603.10 (15441.30)						A
Class II and III malocclusions										

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8882	Fxd appl - CL2/3 mild 2 arch (lingual appl)	9715.50 (8522.40)		14573.20 (12783.50)						A
8884	Fxd appl - CL2/3 mod 2 arch (lingual appl)	10868.50 (9533.80)		16302.60 (14300.50)						A
8886	Fxd appl - CL2/3 sev 2 arch (ling appl)	12104.80 (10618.20)		18157.10 (15927.30)						A
8888	Fxd appl - CL2/3 sev+ 2 arch (ling appl)	13469.10 (11815.00)		20203.50 (17722.40)						A
Other orthodontic services										
8846	Repair orthodontic appliance - removable	52.90 (46.40)		79.40 (69.60)				+L		A
8847	Replace orthodontic appliance - removable	182.80 (160.40)		274.20 (240.50)				+L		A
8848	Repair orthodontic appliance - fixed	78.30 (68.70)		117.40 (103.00)						A
8849	Retainer (orthodontic)	182.80 (160.40)		274.20 (240.50)				+L		A
8890	Monthly instalment - ortho rx	- (-)		- (-)						A
8891	Orthodontic transfer	- (-)		- (-)						
8892	Orthodontic re-treatment	- (-)		- (-)						
E.	Adjunctive general services									
Professional visits										
Cleft palate therapy										
8855	Consultation - cleft palate therapy (house or hospital)	106.90 (93.80)		160.30 (140.60)		160.30 (140.60)				S
8856	Consultation - cleft palate (subsequent)	52.50 (46.10)		78.70 (69.00)		78.70 (69.00)				S
8857	Consultation - cleft palate (maximum)	365.10 (320.30)		547.60 (480.40)		547.60 (480.40)				S
Drugs, medicaments, materials, administrative and laboratory services										
Administrative and laboratory services										
8099	Dental laboratory service	- (-)	- (-)	- (-)	- (-)	- (-)				
8105	Appointment not kept - per half-hour (GP)	- (-)	- (-)	- (-)	- (-)	- (-)				
8106	Special report	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)				A
8111	Dental testimony	- (-)	- (-)	- (-)	- (-)	- (-)				
8120	Treatment plan completed	- (-)	- (-)	- (-)	- (-)	- (-)				
Miscellaneous services										

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8853	Occlusal adjustment - major	364.60 (319.80)		546.90 (479.70)						A
8854	Occlusal adjustment - minor	116.20 (101.90)		174.30 (152.90)						A
VI	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS									
A.	Diagnostic									
Clinical oral evaluations										
8840	Treatment planning - orthognathic surgery	269.90 (236.80)	404.90 (355.20)	404.90 (355.20)				+L		A
8901	Consultation - MFOS	62.30 (54.60)	93.50 (82.00)							S
8902	Consultation - MFOS (comprehensive)	208.50 (182.90)	312.80 (274.40)							S
Radiographs/Diagnostic imaging										
8107	Intra-oral film	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)	38.00 (33.30)				B
8108	Intra-oral film - maximum	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)	293.90 (257.80)				B
8113	Intra-oral film - occlusal	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)	65.40 (57.40)				B
8114	Hand-wrist radiograph	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				A
8115	Extra-oral film, per film	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)	151.80 (133.20)				B
	Chargeable to a maximum of two films per treatment plan.									
8121	Diagnostic photograph	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		40.80 (35.80)				B
Tests and laboratory examinations										
8117	Diagnostic models, unmounted	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)	40.80 (35.80)		+L		B
8119	Diagnostic models, mounted	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)	102.60 (90.00)		+L		B
8811	Tracing and analysis, extra-oral film	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)	17.60 (15.40)				B
B.	Endodontics									
Apicoectomy/Periradicular services										
9015	Apicectomy (including retrograde filling) - anterior	251.20 (220.40)	376.80 (330.50)			376.80 (330.50)			T	S
9016	Apicectomy (including retrograde filling) - posterior	501.00 (439.50)	751.50 (659.20)			751.50 (659.20)			T	S
C.	Endodontics									
Surgical services (including usual postoperative care										

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8995	Gingivectomy - per jaw	445.70 (391.00)	668.60 (586.50)					+L		S
D.	Periodontics									
Surgical services (including usual postoperative care)										
8761	Masticatory mucosal autograft - up to four teeth	310.70 (272.50)	466.10 (408.90)		466.10 (408.90)			+L		A
8767	Bone regeneration - per site, per tooth	387.60 (340.00)	581.40 (510.00)		581.40 (510.00)					A
8769	Membrane removal (guided tissue regeneration)	182.80 (160.40)	274.20 (240.50)		274.20 (240.50)					A
	Codes 8761, 8767 and 8769 to be used only as part of implant surgery									
8770	Cost of regenerative material	- (-)	- (-)		- (-)					
8772	Submucosal connective tissue autograph	314.00 (275.40)	471.00 (413.20)		471.00 (413.20)					
E.	Implant services									
Surgical implant procedures										
	For items 9180 to 9192 the full fee may be charged, i.e. Note 2 of Rule 011 will not apply									
9180	Surgical placemnt of sub-periosteal implant, prep	758.30 (665.20)	1137.50 (997.80)							S
9181	Surgical placemnt of sub-periosteal implant	758.30 (665.20)	1137.50 (997.80)							S
9182	Surgical placement of endosteal implant	379.60 (333.00)	569.40 (499.50)		569.40 (499.50)			+L		S
9183	Endost implnt surg body plce - 1st	484.10 (424.60)	726.20 (637.00)		726.20 (637.00)					S
	If an implant is done as a one-stage procedure, Modifier 8009 may be added.									
9184	Endost implnt surg body plce - 2nd	363.20 (318.60)	544.80 (477.90)		544.80 (477.90)					S
9185	Endost implnt surg body plce - 3rd	243.30 (213.40)	364.90 (320.10)		364.90 (320.10)					S
9189	Cost of implants/components	- (-)	- (-)		- (-)					
9190	Endost implnt surg abut plce - 1st	179.00 (157.00)	268.50 (235.50)		268.50 (235.50)	268.50 (235.50)				S
9191	Endost implnt surg abut plce - 2nd	134.50 (118.00)	201.80 (177.00)		201.80 (177.00)	201.80 (177.00)				S
9192	Endost implnt surg abut plce - 3rd	90.50 (79.40)	135.70 (119.00)		135.70 (119.00)	135.70 (119.00)				S
Other implant services										
9198	Implant removal	247.00 (216.70)	370.50 (325.00)		370.50 (325.00)					

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F.	Oral and maxillofacial surgery									
Extractions										
8201	Extraction, single tooth	57.60 (50.50)	57.60 (50.50)						T	B
8202	Extraction, each add tooth	23.20 (20.40)	23.20 (20.40)						T	B
	Code 8202 is charged for each additional extraction in the same quadrant.									
Surgical extractions (includes routine postoperative care)										
8937	Surgical removal of tooth	224.00 (196.50)	336.00 (294.70)							S
8941	Removal of impacted tooth - first	361.80 (317.40)	542.70 (476.10)						T	S
8943	Removal of impacted tooth - second	194.90 (171.00)	292.40 (256.50)						T	S
8945	Removal of impacted tooth - third	110.60 (97.00)	165.90 (145.50)						T	S
8947	Removal of impacted tooth - fourth and subsequent	110.60 (97.00)	165.90 (145.50)						T	S
8953	Surgical removal of residual roots, first tooth	224.00 (196.50)	336.00 (294.70)						T	S
Other surgical procedures										
8909	Oral antral fistula closure	583.50 (511.80)	875.20 (767.70)							S
8911	Caldwell-Luc procedure	228.30 (200.30)	342.40 (300.40)							S
8917	Biopsy of oral tissue - soft	129.30 (113.40)	194.00 (170.20)							S
8919	Biopsy of bone - needle	224.00 (196.50)	336.00 (294.70)							S
8921	Biopsy – extra-oral bone/soft tissue	366.50 (321.50)	549.70 (482.20)							S
8961	Teeth transplantation	501.00 (439.50)	751.50 (659.20)					+L		S
	(See Rule 011 and Notes 2 and 3)									
8965	Peripheral neurectomy	501.00 (439.50)	751.50 (659.20)							S
8966	Repair of oronasal fistula (local flaps)	696.90 (611.30)	1045.40 (917.00)							S
8981	Surgical exposure of impacted or unerupted teeth	417.60 (366.30)	626.40 (549.50)						T	S
8983	Corticotomy - first tooth	332.70 (291.80)	499.10 (437.80)						T	S

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8984	Corticotomy - adjacent or subsequent tooth	168.70 (148.00)	253.10 (222.00)						T	S
Alveoloplasty - surgical preparation of ridge for dentures										
8957	Alveolotomy or alveolectomy (including extractions)	305.60 (268.10)	458.40 (402.10)							S
9003	Reposition mental foramen and nerve - per side	696.00 (610.50)	1044.00 (915.80)					+L		S
9004	Lateralization of inferior dental nerve	1121.50 (983.80)	1682.30 (1475.70)							
Vestibuloplasty										
8997	Sulcoplasty / Vestibuloplasty	1148.70 (1007.60)	1723.10 (1511.50)		1723.10 (1511.50)			+L		S
Surgical excision of soft tissue lesions										
8971	Excision of tumour of the soft tissue	224.00 (196.50)	336.00 (294.70)							S
Surgical excision of intraosseous lesions										
8967	Excision of cyst of jaws - intra-oral approach	696.00 (610.50)	1044.00 (915.80)							S
8969	Excision of cyst of jaws - extra-oral approach	1114.90 (978.00)	1672.40 (1467.00)							S
8973	Excision of tumour of the jaw	1114.90 (978.00)	1672.40 (1467.00)							S
Excision of bone tissue										
8987	Reduction of mylohyoid ridges - per side	501.00 (439.50)	751.50 (659.20)					+L		S
8989	Reduction of torus palatinus	501.00 (439.50)	751.50 (659.20)					+L		S
8991	Reduction of torus mandibularis - per side	501.00 (439.50)	751.50 (659.20)					+L		S
8993	Reduction of hypertrophic tuberosity - per side	224.00 (196.50)	336.00 (294.70)					+L		S
	See procedure code 8971 for excision of denture granuloma									
Maxillectomy (per side)										
9292	Alveolus and sinus or nasal floor Level II	- (-)	- (-)							
8975	Hemiresection of jaw excluding condyl	1171.20 (1027.40)	1756.80 (1541.10)							S
9290	Alveolus only, Level I	- (-)	- (-)							
9294	Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	- (-)	- (-)							
9296	Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	- (-)	- (-)							
9298	Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	- (-)	- (-)							
9300	Hemiresection of jaw including condyle and coronoid process	- (-)	- (-)							

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Surgical incision										
8908	Surgical removal of roots from maxillary antrum	761.10 (667.60)	1141.70 (1001.50)							S
9011	Incision & drainage of abscess - intra-oral (pyogenic)	142.50 (125.00)	213.70 (187.50)							S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	194.90 (171.00)	292.40 (256.50)							S
9017	Decortication, saucerisation and sequestrectomy	1031.50 (904.80)	1547.30 (1357.30)							S
9019	Sequestrectomy - intra oral per sextant and or ramus	224.00 (196.50)	336.00 (294.70)							S
Treatment of fractures										
9024	Dento-alveolar fracture - per sextant	251.20 (220.40)	376.80 (330.50)					+L		S
Mandibular fractures										
9025	Mandible fracture - closed reduction	556.30 (488.00)	834.50 (732.00)							S
9027	Mandible fracture - compound, with eyelet wiring	781.30 (685.40)	1171.90 (1028.00)							S
9029	Mandible fracture - splints	865.10 (758.90)	1297.70 (1138.30)					+L		S
9031	Mandible fracture - open reduction	1282.30 (1124.80)	1923.40 (1687.20)					+L		S
Maxillary fractures with special attention to occlusion										
	When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied									
9035	Maxilla fracture - Le Fort I or Guerin	782.70 (686.60)	1174.00 (1029.80)					+L		S
9037	Maxilla fracture - Le Fort II or middle third face	1282.30 (1124.80)	1923.40 (1687.20)					+L		S
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	1839.10 (1613.20)	2758.60 (2419.80)					+L		S
Zygoma/Orbit/Antral - complex fractures										
9041	Zygomatic arch fracture - closed reduction	556.30 (488.00)	834.50 (732.00)							S
9043	Zygomatic arch fracture - open reduction	1114.90 (978.00)	1672.40 (1467.00)							S
9045	Facial bones fracture - complicated	1670.30 (1465.20)	2505.50 (2197.80)							S
	Coronal approach. Modifier 8010 may be applied.									
9046	Placement of Zygomaticus fixture, per fixture	1103.30 (967.80)	1654.90 (1451.70)							
Reduction of dislocation and management of other temporomandibular joint dysfunction										

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	For Items 9081, 9083 and 9092 the full fee may be charged per side									
8172	Cost of orthotic device	- (-)	- (-)	- (-)	- (-)	- (-)				
8852	Occlusal orthotic device	194.50 (170.60)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)	291.70 (255.90)		+L		S
9053	Coronoidectomy (intra-oral approach)	695.50 (610.10)	1043.30 (915.20)							S
9074	Arthroscopy - diagnosis	553.50 (485.50)	830.20 (728.20)							S
9075	Condylectomy, coronoidectomy or both	1390.50 (1219.70)	2085.80 (1829.60)							S
9076	Arthrocentesis - TMJ	305.60 (268.10)	458.40 (402.10)							S
9077	Intra-articular injection TMJ	83.40 (73.20)	125.10 (109.70)							S
9079	Trigger point injection TMJ	65.10 (57.10)	97.70 (85.70)							S
9081	Condylectomy (Ward/Kostecka)	556.30 (488.00)	834.50 (732.00)							S
9083	Arthroplasty - TMJ	1390.50 (1219.70)	2085.80 (1829.60)							S
9085	Reduction of TMJ disloc w/o anaesthetic	110.60 (97.00)	165.90 (145.50)							S
9087	Reduction of TMJ disloc w/ anaesthetic	224.00 (196.50)	336.00 (294.70)							S
9089	Reduction of TMJ disloc w/ anaesthetic & immob	556.30 (488.00)	834.50 (732.00)							S
9091	Reduction of TMJ dislocation - open reduction	1390.50 (1219.70)	2085.80 (1829.60)							S
9092	Joint reconstruction	3712.40 (3256.50)	5568.50 (4884.60)					+L		S
	If more than one surgical approach is required for Codes 9083, 9091, 9092, Modifier 8101 may be used.									
Complicated suturing (Reconstruction requiring delicate handling of tissues and undermining for meticulous closure)										
9021	Repair of soft tissue trauma - minor	251.20 (220.40)	376.80 (330.50)							S
9023	Repair of soft tissue trauma - major	528.70 (463.80)	793.00 (695.60)							S
Other repair procedures										
8958	Tracheostomy	256.80 (225.30)	385.20 (337.90)							
8959	Pharyngostomy	256.80 (225.30)	385.20 (337.90)							

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8962	Harvest iliac crest graft	184.70 (162.00)	277.00 (243.00)							S
8963	Harvest rib graft, per rib	211.90 (185.90)	317.80 (278.80)							S
8964	Harvest cranium graft	165.90 (145.50)	248.90 (218.30)							S
8977	Surgical repair of maxilla or mandible - major	1170.30 (1026.60)	1755.40 (1539.80)							S
	(Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure)									
8979	Harvesting of autogenous grafts (intra-oral)	96.50 (84.60)	144.80 (127.00)		144.80 (127.00)					S
8985	Frenectomy	305.60 (268.10)	458.40 (402.10)							S
9005	Total alveolar ridge augm by bone graft	1171.20 (1027.40)	1756.80 (1541.10)		1756.80 (1541.10)			+L		S
9007	Total alveolar ridge augm by alloplastic material	737.20 (646.70)	1105.80 (970.00)					+L		S
9008	Alveolar ridge augmentation - 1-2 adjnt teeth	277.90 (243.80)	416.90 (365.70)		416.90 (365.70)			+L		S
9009	Alveolar ridge augmentation - 3+ adjnt teeth	506.60 (444.40)	759.90 (666.60)		759.90 (666.60)			+L		S
9010	Sinus lift procedure	761.10 (667.60)	1141.70 (1001.50)		1141.70 (1001.50)			+L		S
9032	Reduction of masseter muscle & bone - xtra oral appr	- (-)	- (-)							
9033	Reduction of masseter muscle & bone - intra oral appr	- (-)	- (-)							
9048	Removal of internal fixation devices, per site	214.20 (187.90)	321.30 (281.80)							
Functional correction of malocclusions										
9047	Surgical repair of occlusal and masticatory function	2337.70 (2050.60)	3506.60 (3076.00)					+L		S
9049	Mandibular osteotomy - anterior segment	1948.30 (1709.00)	2922.40 (2563.50)					+L		S
9050	Mandibular osteotomy - total subapical	3563.80 (3126.10)	5345.60 (4689.10)							S
9051	Genioplasty	1114.90 (978.00)	1672.40 (1467.00)							S
9052	Midfacial exposure	1765.00 (1548.20)	2647.50 (2322.40)							S
9055	Maxillary osteotomy - posterior segment	1948.30 (1709.00)	2922.40 (2563.50)					+L		S
9057	Maxillary osteotomy - anterior segment	1948.30 (1709.00)	2922.40 (2563.50)					+L		S

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9059	Le Fort I osteotomy - one segment	3666.00 (3215.80)	5498.90 (4823.60)					+L		S
9060	Le Fort I osteotomy - with repositioning	4115.40 (3610.00)	6173.00 (5414.90)							S
9061	Palatal osteotomy	1282.30 (1124.80)	1923.40 (1687.20)							S
9062	Le Fort I osteotomy - multiple segments	4679.70 (4105.00)	7019.50 (6157.50)					+L		S
9063	Le Fort II osteotomy	4682.00 (4107.00)	7023.00 (6160.50)					+L		S
9065	Le Fort III osteotomy	7016.90 (6155.20)	10525.30 (9232.70)					+L		S
9066	Surgical assisted max or mandr expansion	1114.90 (978.00)	1672.40 (1467.00)							
	Note: This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.									
9069	Glossectomy - partial	835.10 (732.50)	1252.70 (1098.90)							S
9071	Geniohyoidotomy	501.00 (439.50)	751.50 (659.20)							S
9072	Repair of oronasal fistula (complete procedure)	3666.00 (3215.80)	5498.90 (4823.60)					+L		S
Salivary glands										
9093	Removal of salivary stone	251.20 (220.40)	376.80 (330.50)							S
9095	Excision of sublingual salivary gland	619.10 (543.10)	928.70 (814.60)							S
9096	Excision of salivary gland (extra-oral)	917.20 (804.60)	1375.80 (1206.80)							S
Pedicle Flaps										
	Not subject to modifier use									
9284	Musculofascial flap	- (-)	- (-)							
9286	Musculocranial flap	- (-)	- (-)							
9288	Buccal fat pad (major repair)	- (-)	- (-)							
Trauma										
Repair of frontal bones : Bicoronal / hemicoronal approach										
9274	Anterior table, frontal sinus and/or supraorbital rim	- (-)	- (-)							
9276	Anterior and posterior wall with obturation and/or cranialisation of frontal sinus	- (-)	- (-)							
9278	Repair medial canthal ligament, per side	- (-)	- (-)							
Nasal Fractures										
9280	Open reduction and fixation of nasal fractures	- (-)	- (-)							

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9282	Manipulation and immobilisation of nasal fracture	- (-)	- (-)							
G.	Adjunctive general services									
9220	Repair cleft h/pal - unilat	2047.60 (1796.10)	3071.40 (2694.20)							S
9222	Repair cleft h/pal - bilat 1pr	2599.20 (2280.00)	3898.80 (3420.00)							S
9224	Repair cleft h/pal - bilat 2pr	3873.10 (3397.50)	5809.60 (5096.10)							S
9226	Repair cleft s/pal - w/o musc	1715.80 (1505.10)	2573.70 (2257.60)							S
9228	Repair cleft s/pal - w/ musc	2491.40 (2185.40)	3737.10 (3278.20)							S
9230	Repair subm cleft/bifid uvula	1855.00 (1627.20)	2782.50 (2440.80)							S
9232	Velopharyngeal recon uncompl	1908.90 (1674.50)	2863.30 (2511.70)							S
9234	Velopharyngeal recon compl	2041.10 (1790.40)	3061.60 (2685.60)							S
9238	Repair oral-nasal fist - 1pr	1167.50 (1024.10)	1751.20 (1536.10)							S
9240	Repair oral-nasal fist - 2pr	2036.80 (1786.70)	3055.20 (2680.00)							S
9246	Secondary periosteal flaps	1017.90 (892.90)	1526.90 (1339.40)							S
9248	Lipadhesion	380.50 (333.80)	570.80 (500.70)							S
9250	Repair cleft lip - unilat w/o	670.20 (587.90)	1005.30 (881.80)							S
9252	Repair cleft lip - unilat w/	908.70 (797.10)	1363.10 (1195.70)							S
9254	Repair cleft lip - bilat w/o	935.90 (821.00)	1403.90 (1231.50)							S
9256	Repair cleft lip - bilat w/	1445.90 (1268.30)	2168.80 (1902.50)							S
9258	Repair ant nasal floor	365.10 (320.30)	547.60 (480.40)							S
9260	Secondary cleft lip - partial	365.10 (320.30)	547.60 (480.40)							S
9262	Secondary cleft lip - total	824.90 (723.60)	1237.30 (1085.40)							S
9264	Abbe-flap - two stages	934.10 (819.40)	1401.10 (1229.00)							S
9266	Reconstruct columella	552.10 (484.30)	828.10 (726.40)							S

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9268	Reconstruct nose - partial	701.60 (615.40)	1052.40 (923.20)							S
9270	Reconstruct nose - complete	1108.90 (972.70)	1663.30 (1459.00)							S
9272	Paranasal augm for deviation	552.10 (484.30)	828.10 (726.40)							S
Professional visits										
8903	Consultation - MFOS (house or hospital)	69.80 (61.20)	104.70 (91.80)							S
8904	Consultation - MFOS (subsequent)	46.40 (40.70)	69.60 (61.10)							S
8905	Consultation - MFOS (after regularly hours)	102.20 (89.60)	153.30 (134.50)							S
8907	Consultation - MFOS (maximum per week)	116.20 (101.90)	174.30 (152.90)							S
	"Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation									
Drugs, medicaments and materials										
Drugs, medicaments and materials										
8220	Cost of suture material	- (-)	- (-)		- (-)					
Administrative and laboratory services										
8099	Dental laboratory service	- (-)	- (-)	- (-)	- (-)	- (-)				
8105	Appointment not kept - per half-hour (GP)	- (-)	- (-)	- (-)	- (-)	- (-)				
8106	Special report	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)	96.30 (84.50)				A
8111	Dental testimony	- (-)	- (-)	- (-)	- (-)	- (-)				
8120	Treatment plan completed	- (-)	- (-)	- (-)	- (-)	- (-)				
Miscellaneous services										
8931	Treatment of post-extraction haemorrhage	168.70 (148.00)	253.10 (222.00)							S
8933	Treatment of haemorrhage (blood dyscracias)	583.50 (511.80)	875.20 (767.70)							S
8935	Treatment of septic socket (referral)	44.10 (38.70)	66.10 (58.00)							S