

Dental Practitioners 2005

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2005

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. C

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.

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. U

Dental services listed in the National Health Reference Price List (NHRPL) consist of procedure codes and abbreviated procedure descriptions. Please refer to the South African Dental Association's Dental Coding for complete nomenclatures, descriptors and guidelines. A

I. INTRODUCTION

A. Administrative and invoicing rules

001	Invoices:	U
	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.	A
	b. An invoice shall contain the following particulars:	C
	<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); 	A
	Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.	A
002	Cost of direct materials: 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 and a handling fee. The price of the materials should be VAT inclusive. Use Modifier 8025 for handling fee.	U
003	Dental laboratory services:	C
	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 dental 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.	A

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	<p>Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099.</p> <p>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>	A
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>	U
B. 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>	U
007	Procedures not listed in the Dental Schedule	A
	When a procedure is performed that is not listed in the Dental Coding, an appropriate procedure code, including the fee/benefit listed in the medical schedules may be reported.	A
	Unspecified procedures. Any procedure that is neither described in the Dental Coding, nor in the medical schedule, should be reported using the appropriate "unspecified" code with a description, which is included in each category of services in the general practitioner's code list (See code 9099). The fee for an "unspecified" code should be based on the fee of a comparable procedure. "Unspecified" codes should not be used to report procedures where the benefit of a medical scheme is determined "by arrangement" with the patient and/or medical scheme.	A
C. Services rules		
008	<p>Oral evaluations and completion of treatment plans:</p> <p>Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). Unless otherwise indicated (in the descriptor of the code), no further fees/benefits shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these type of examinations is completed.</p> <p>The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 - Treatment plan completed.</p>	U
009	Surgery guidelines:	U
	1. Follow-up care for therapeutic surgical procedures: 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.	A
	2. Multiple Procedures (Maxillo-facial and oral surgery): 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). 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: 75% for the second procedure/operation (Modifier 8009). 50% for the third and subsequent procedures/operations (Modifier 8006). This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee/benefit of the operation. 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).	A
	3. Assistant Surgeon (Maxillo-facial and periodontal surgery): The fee payable to a specialist assistant is determined as 1/3 (of the fee of the practitioner performing the procedure (Modifier 8001). The fee payable to a general dental practitioner assistant is determined as 15% (of the fee of the practitioner performing the procedure (Modifier 8007). 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.	A

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	4. Surgical team (Maxillo-facial and oral surgery): 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).	A
010	Orthodontic guidelines:	U
	1. The documentation and first invoice to the patient/medical scheme regarding orthodontic services will include the following information: a. The treatment plan and type of treatment (treatment code number), and b. an orthodontic payment plan indicating the following: 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.	A
	2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. 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). 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).	A
	3. The fee for 'Fixed appliance therapy' (codes 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).	A
	4. When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (codes 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.	A
	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.	A
	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 8891 (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.	A
	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.	A
011	Dento-legal fees: Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.	U
D.	Modifiers	
012	Modifiers: Modifiers should be used with procedures identified with a M (Modifier) in the Dental Coding. 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: a. A service or procedure was performed by more than one practitioner. b. A service or procedure has been increased or reduced. c. Only part of a service was performed. d. An adjunctive service was performed. e. A service or procedure was provided more than once. f. The fee/benefit was altered due to a financial agreement.	U
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	U
8002	Specialist fee/benefit (Plus 50% of the appropriate benefit)	U

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8003	Minimum assistant surgeon	U	112.43 (98.62)	112.43 (98.62)		112.43 (98.62)						
8004	Unlisted procedure - specialist procedure code list (2/3 of the appropriate benefit)											U
8005	Maximum multiple procedures (same incision) - MFO surgeon	U	174.55 (153.11)	174.55 (153.11)		174.55 (153.11)						
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)											U
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)											U
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)											U
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)											U
8010	Open reduction (PLUS 75% of the appropriate benefit)											U
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)											U
8012	Reduced services (benefit MINUS X % as determined by the practitioner)											U
8013	Multiple modifiers											U
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)											U
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	U	-	-		-	-					
E.	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.											C
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											C
Abbreviations used in Dental Coding												
	DM	Direct Material Column										U
	+D	Add fee/benefit for denture										
	+L	Add laboratory fee										
	+M	Add material fee										
	MP	Mouth Part Column										A
	M	Maxilla/Mandible										
	Q	Quadrant										
	S	Sextant										
	T	Tooth										
	TC	Treatment Category Column										A
	A	Advanced dentistry										
	B	Basic dentistry										
	S	Surgery										
F.	Guidelines to medical schemes											

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	<p>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.</p>	U									
	<p>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.</p>	U									
	<p>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.</p>	U									
	<p>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.</p>	U									
II.	DENTAL PROCEDURES AND SERVICES										
A.	DIAGNOSTIC SERVICES										
CLINICAL ORAL EXAMINATIONS											
General Dental Practitioner											
Code	Description	St	25400	26200	26400	29200	29400	29800	M P	Lab	T C
8101	Oral examination - GDP	U	87.00 (76.30)								B
8102	Comprehensive oral examination - GDP	U	140.60 (123.30)								B
8104	Limited oral examination - GDP	U	42.20 (37.00)								B
8189	Re-examination, existing condition - GDP	A	42.20 (37.00)								B
8176	Periodontal screening - GDP	U	73.30 (64.30)								B
8190	Consultation - GDP	U	87.00 (76.30)								B
Maxillo Facial Surgeon											
8901	Consultation - MFOS	C		110.90 (97.30)							S
8902	Consultation - MFOS (extensive)	U		329.10 (288.70)							S
8840	Treatment planning for orthognathic surgery - ALL	U	284.00 (249.10)	426.00 (373.70)	426.00 (373.70)					+L	S
Orthodontist											
8801	Consultation - Orthodontist	U			110.90 (97.30)						A

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8803	Consultation - Orthodontis (subsequent, retention and post treatment)	U				73.20 (64.20)														A		
8837	Diagnosis and treatment planning - Orthodontist	U				58.40 (51.20)															A	
Periodontist/Oral Medicine																						
8701	Consultation - periodontist	C										110.90 (97.30)									A	
8703	Consultation - Periodontist (extensive)	U										329.10 (288.70)									A	
8705	Re-examination - Periodontist	U										98.40 (86.30)									A	
8707	Periodontal screening - Periodontist	U										98.40 (86.30)									A	
8781	Consultation - Oral medicine (simple)	U										98.40 (86.30)									S	
8782	Consultation - Oral medicine (complex)	U										173.10 (151.80)									S	
8783	Consultation - oral medicine (subsequent)	C										73.20 (64.20)									S	
Prosthodontist																						
8501	Consultation - Prosthodontis	U											110.90 (97.30)								A	
8507	Comprehensive consultation - Prosthodontist	U											201.90 (177.10)								A	
8506	Extensive consultation - Prosthodontist	U											329.10 (288.70)								A	
Oral Pathologist																						
9201	Consultation - oral pathologist	C																				
9205	Consultation - oral pathologist (subsequent)	C																				
RADIOGRAPHS/DIAGNOSTIC IMAGING																						
8107	Intraoral radiograph - periapical	U		40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)												B	
8108	Intraoral radiographs - complete series	U		309.20 (271.20)	309.20 (271.20)	309.20 (271.20)	309.20 (271.20)	309.20 (271.20)	309.20 (271.20)													B
8112	Intraoral radiograph - bitewing	U		40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)	40.00 (35.10)													B
8113	Intraoral radiograph - occlusal	U		68.80 (60.40)	68.80 (60.40)	68.80 (60.40)	68.80 (60.40)	68.80 (60.40)	68.80 (60.40)													B
8114	Extraoral radiograph - hand-wrist	U		159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)													B

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8115	Extraoral radiograph - panoramic	U	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)					B
8116	Extraoral radiograph - cephalometric	U	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)					B
8118	Extraoral radiograph - skull/facial bone	U	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)	159.70 (140.10)					B
8121	Oral and/or facial image (digital/conventional)	U	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)					B
OTHER DIAGNOSTIC PROCEDURES												
8117	Diagnostic models	U	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)	42.90 (37.60)				+L	B
8119	Diagnostic models mounted	U	107.90 (94.60)	107.90 (94.60)	107.90 (94.60)	107.90 (94.60)	107.90 (94.60)				+L	B
8122	Microbiological studies	U										B
8123	Caries susceptibility tests (By Arrangement)	U	44.60 (39.10)									B
8124	Pulp tests	U	11.80 (10.40)									
8503	Occlusion analysis mounted	U	134.60 (118.10)					201.90 (177.10)				A
8505	Pantographic recording	C	195.30 (171.30)					292.90 (256.90)				A
8508	Electrognathographic recording	C	209.00 (183.30)					313.60 (275.10)				A
8509	Electrognathographic recording with computer analysis	U	347.10 (304.50)					520.70 (456.80)				A
8811	Tracing and analysis of extra-oral film	U	18.50 (16.20)	18.50 (16.20)	18.50 (16.20)	18.50 (16.20)	18.50 (16.20)					B
8839	Diagnostic setup (orthodontics)	U	82.40 (72.30)			123.50 (108.30)						A
B.	PREVENTIVE SERVICES											
DENTAL PROPHYLAXIS												
8155	Polishing - complete dentition	U	60.60 (53.20)				83.50 (73.20)	60.60 (53.20)				B
8159	Prophylaxis - complete dentition	U	119.10 (104.50)				167.90 (147.30)	119.10 (104.50)				B
8160	Removal of gross calculus	C										B
8179	Polishing - complete dentition (periodontally compromised patient)	U	69.50 (61.00)									B
8180	Prophylaxis - complete dentition (periodontally compromised patient)	U	129.40 (113.50)									B
TOPICAL FLUORIDE TREATMENT												

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8161	Topical application of fluoride - child	U	60.60 (53.20)			60.60 (53.20)	60.60 (53.20)				B
8162	Topical application of fluoride - adult	U	60.60 (53.20)			60.60 (53.20)	60.60 (53.20)				B
SPACE MAINTENANCE (PASSIVE APPLIANCES)											
8173	Space maintainer - fixed, per abutment	U	112.50 (98.70)						T	+L	B
8175	Space maintainer - removable	U	145.00 (127.20)							+L	B
OTHER PREVENTIVE PROCEDURES											
8149	Nutritional counselling	U									B
8150	Tobacco counselling	U									B
8151	Oral hygiene instruction	U	60.60 (53.20)			121.30 (106.40)	121.30 (106.40)				B
8153	Oral hygiene instruction - each additional visit	U	44.40 (38.90)			58.40 (51.20)	58.40 (51.20)				B
8163	Dental sealant	U	40.00 (35.10)				40.00 (35.10)		T		B
8169	Occlusal guard	U	232.90 (204.30)							+L	B
8171	Mouth guard (By Arrangement)	U	70.50 (61.80)							+L	B
8177	Oral hygiene instruction (periodontally compromised patient)	U	91.70 (80.40)								B
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	U	49.60 (43.50)								B
C.	RESTORATIVE SERVICES										
AMALGAM RESTORATIONS											
8341	Amalgam - one surface	C	120.60 (105.80)						T		B
8342	Amalgam - two surfaces	C	148.70 (130.40)						T		B
8343	Amalgam - three surfaces	C	181.20 (158.90)						T		B
8344	Amalgam - four or more surfaces	U	201.90 (177.10)						T		B
RESIN-BASED COMPOSITE RESTORATIONS											
8350	Resin crown - anterior primary tooth (direct)	U	263.00 (230.70)						T		B
8351	Resin - one surface, anterior	U	132.40 (116.10)						T		B
8352	Resin - two surfaces, anterior	U	166.40 (146.00)						T		B

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8353	Resin - three surfaces, anterior	U	198.90 (174.50)						T		B
8354	Resin - four or more surfaces, anterior	U	221.90 (194.60)						T		B
8367	Resin - one surface, posterior	U	143.50 (125.90)						T		B
8368	Resin - two surfaces, posterior	U	177.50 (155.70)						T		B
8369	Resin - three surfaces, posterior	U	214.50 (188.20)						T		B
8370	Resin - four or more surfaces, posterior	U	230.70 (202.40)						T		B
GOLD FOIL RESTORATIONS											
8561	Gold foil class I or IV	U	351.10 (308.00)				526.60 (461.90)		T		A
8563	Gold foil class V	U	410.70 (360.30)				616.10 (540.40)		T		A
8565	Gold foil class III	U	516.70 (453.20)				775.10 (679.90)		T		A
INLAY/ONLAY RESTORATIONS											
Metal Inlays/Onlays											
8361	Inlay - metal - one surface	U	184.10 (161.50)				363.20 (318.60)		T	+L	A
8362	Inlay/onlay - metal - two surfaces	U	269.20 (236.10)				526.60 (461.90)		T	+L	A
8363	Inlay/onlay - metal - three surfaces	U	448.90 (393.80)				816.50 (716.20)		T	+L	A
8364	Inlay/onlay - metal - four or more surfaces	U	542.90 (476.20)				816.50 (716.20)		T	+L	A
Porcelain/Ceramic Inlays/Onlays											
8371	Inlay - porcelain - one surface	U	221.90 (194.60)				438.60 (384.70)		T	(+L)	A
8372	Inlay/onlay - porcelain - two surfaces	U	327.60 (287.40)				631.70 (554.10)		T	(+L)	A
8373	Inlay/onlay - porcelain - three surfaces	U	539.90 (473.60)				981.50 (861.00)		T	(+L)	A
8374	Inlay/onlay - porcelain - four or more surfaces	U	653.90 (573.60)				981.50 (861.00)		T	(+L)	A
8560	Cost of ceramic block	C	-				-		T		A
Resin-based Inlays/Onlays											
8381	Inlay - resin - one surface	U	221.90 (194.60)				438.60 (384.70)		T	(+L)	A

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8382	Inlay/onlay - resin - two surfaces	U	327.60 (287.40)				631.70 (554.10)		T	(+L)	A
8383	Inlay/onlay - resin - three surfaces	U	539.90 (473.60)				981.50 (861.00)		T	(+L)	A
8384	Inlay/onlay - resin - four or more surfaces	U	653.90 (573.60)				981.50 (861.00)		T	(+L)	A
CROWNS – SINGLE RESTORATIONS											
8401	Crown - full cast metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8403	Crown - 3/4 cast metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8404	Crown - 3/4 porcelain/ceramic	U	653.80 (573.50)				981.50 (861.00)		T	+L	A
8405	Crown - resin laboratory	U	653.80 (573.50)				981.50 (861.00)		T	+L	A
8407	Crown - resin with metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8409	Crown - porcelain/ceramic	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8411	Crown - porcelain with metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8410	Provisional crown	U	134.60 (118.10)			134.60 (118.10)	201.90 (177.10)		T	(+L)	A
VENEERS											
8355	Veneer - resin (chair-side)	U	210.10 (184.30)				210.10 (184.30)		T		B
8552	Veneer - porcelain (laboratory)	U	464.90 (407.80)				697.40 (611.80)		T	+L	A
8554	Veneer - resin (laboratory)	U	464.90 (407.80)				697.40 (611.80)		T	+L	A
TEMPORARY RESTORATIONS											
8137	Emergency crown (chair-side)	U	207.80 (182.30)				207.80 (182.30)		T	(+L)	A
8357	Prefabricated metal crown	C	123.50 (108.30)				123.50 (108.30)		T		B
8375	Prefabricated resin crown	A	123.50 (108.30)				123.50 (108.30)		T		B
OTHER RESTORATIVE PROCEDURES											
Pin Retention and Cores											
8345	Prefabricated post retention, per post (in addition to restoration)	U	119.10 (104.50)						T		B
8347	Pin retention - first pin (in addition to restoration)	U	59.90 (52.50)						T		B

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8348	Pin retention - each additional pin (in addition to restoration)	U	55.40 (48.60)						T		B
8366	Pin retention as part of cast restoration (any number of pins)	U	89.50 (78.50)				121.30 (106.40)		T	+L	A
8376	Core build-up with prefabricated posts	U	329.80 (289.30)				329.80 (289.30)		T		B
8379	Cost of prefabricated posts	C	-				-		T		A
8391	Cast core with single post	U	139.10 (122.00)						T	+L	A
8392	Cast post (each additional)	U	82.80 (72.60)						T	+L	A
8397	Cast core with pins (any number of pins)	U	221.90 (194.60)				288.50 (253.10)		T	+L	A
8398	Core build-up with or without pins	U	269.20 (236.10)				269.20 (236.10)		T		B
8581	Cast core with single post	U					205.60 (180.40)		T	+L	A
8582	Cast core with double post	U					292.90 (256.90)		T	+L	A
8583	Cast core with triple post	U					363.20 (318.60)		T	+L	A
Unclassified Restorative Procedures											
8133	Recement inlay, onlay, crown or veneer	U	60.60 (53.20)				76.90 (67.50)		T	+L	B
8135	Remove inlay, onlay or crown	U	120.60 (105.80)				120.60 (105.80)		T	+L	A
8138	Remove retention post (prefabricated or cast)	U	79.10 (69.40)						T		B
8146	Resin bonding for restorations	U							T		A
8157	Re-burnishing and polishing of restorations - complete dentition	U	60.60 (53.20)								B
8349	Carve restoration to accommodate existing removable prosthesis	U	24.40 (21.40)						T		B
8413	Repair crown (permanent or provisional)	U	134.60 (118.10)				134.60 (118.10)		T	+L	A
8414	Additional fee for provision of crown within an existing clasp or rest	U	40.00 (35.10)						T	+L	A
D.	ENDODONTIC SERVICES										
PULP CAPPING											
8301	Pulp cap - direct	U	80.60 (70.70)						T		B
8303	Pulp cap - indirect	U	80.60 (70.70)						T		B

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PULPOTOMY												
8307	Pulp amputation (pulpotomy)	U	79.10 (69.40)							T		B
8132	Pulp removal (pulpectomy)	U	99.10 (86.90)							T		B
ENDODONTIC THERAPY												
Preparatory Visits												
8332	Root canal preparatory visit - single canal tooth	U	60.60 (53.20)							T		B
8333	Root canal preparatory visit - multi canal tooth	U	85.00 (74.60)							T		B
Obtuation of Canals												
8335	Root canal obturation - anteriors and premolars - first canal	U	275.10 (241.30)							T		B
8328	Root canal obturation - anteriors and premolars - each additional canal	U	112.50 (98.70)							T		B
8336	Root canal obturation - posteriors - first canal	U	378.60 (332.10)							T		B
8337	Root canal obturation - posteriors - each additional canal	U	112.50 (98.70)							T		B
Complete Therapy												
8338	Root canal therapy - anteriors and premolars - first canal	U	420.80 (369.10)							T		B
8329	Root canal therapy - anteriors and premolars - each additional canal	U	140.60 (123.30)							T		B
8339	Root canal therapy - posteriors - first canal	U	578.30 (507.30)							T		B
8340	Root canal therapy - posteriors - each additional canal	U	140.60 (123.30)							T		B
8631	Root canal therapy - first canal	C						714.50 (626.80)		T		B
8633	Root canal therapy - each additional canal	C						179.70 (157.60)		T		B
ENDODONTIC RETREATMENT												
8334	Re-preparation of previously obturated root canal	U	89.50 (78.50)					107.90 (94.60)		T		B
APEXIFICATION/RECALCIFICATION PROCEDURES												
8635	Apexification/recalcification – per visit	U	80.60 (70.70)					119.10 (104.50)		T		S
PERIRADICULAR PROCEDURES												
9015	Apicectomy - anteriors (including retrograde filling)	U	298.80 (262.10)	396.40 (347.70)			396.40 (347.70)	396.40 (347.70)		T		S

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9016	Apicectomy including retrograde root filling where necessary – posterior teeth	U	527.10 (462.40)	790.60 (693.50)		790.60 (693.50)	790.60 (693.50)		T		S
OTHER ENDODONTIC PROCEDURES											
8330	Removal of root canal obstruction	U	79.10 (69.40)						T		B
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	U	54.00 (47.40)						T		B
8640	Removal of fractured post or instrument from root canal	U					210.10 (184.30)		T		B
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	U	264.30 (231.80)			396.40 (347.70)	396.40 (347.70)		T		A
E.	PERIODONTIC SERVICES										
SURGICAL SERVICES											
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	U	316.60 (277.70)			434.20 (380.90)			Q		A
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	U	252.90 (221.80)			344.70 (302.40)			Q		A
8749	Flap procedure, root planing and one to three surgical services - per quadrant	U	657.20 (576.50)			985.90 (864.80)			Q		A
8751	Flap procedure, root planing and one to three surgical services - per sextant	U	544.30 (477.50)			816.50 (716.20)			S		A
8753	Flap procedure, root planing and four or more surgical services - per quadrant	U	814.60 (714.60)			1221.90 (1071.80)			Q		A
8755	Flap procedure, root planing and four or more surgical services - per sextant	U	660.20 (579.10)			990.30 (868.70)			S		A
8756	Clinical crown lengthening (isolated procedure)	U	400.30 (351.10)			600.50 (526.80)			T		A
8759	Pedicle flapped graft (isolated procedure)	U	300.80 (263.90)			451.10 (395.70)			M		A
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	U	326.90 (286.80)	490.40 (430.20)		490.40 (430.20)			M	+L	A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	U	491.10 (430.80)	736.70 (646.20)		736.70 (646.20)			M	+L	A
8763	Wedge resection (isolated procedure)	U	192.30 (168.70)			288.50 (253.10)			Q		A
8766	Bone regeneration/repair procedure - as part of a flap operation	U	157.30 (138.00)			236.00 (207.00)					A
8767	Bone regeneration/repair procedure - at a single site	U	407.80 (357.70)	611.70 (536.60)		611.70 (536.60)					A
8769	Membrane removal (used for guided tissue regeneration)	U	192.30 (168.70)	288.50 (253.10)		288.50 (253.10)					A
8770	Cost of bone regenerative/repair material	U	-	-		-					A

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8772	Submucosal connective tissue autograft (isolated procedure)	U	330.30 (289.70)	495.50 (434.60)		495.50 (434.60)						A
8995	Gingivectomy - per jaw	U	468.90 (411.30)	703.40 (617.00)					M	+L		S
NON-SURGICAL PERIODONTAL SERVICES												
8723	Provisional splinting - extracoronal (wire) - per sextant	U	112.50 (98.70)			168.60 (147.90)	168.60 (147.90)		M	+L		A
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	U	163.20 (143.20)			244.80 (214.70)	244.80 (214.70)		M	+L		A
8727	Provisional splinting - intracoronal - per tooth	U	51.20 (44.90)			76.90 (67.50)	76.90 (67.50)		T	+L		A
8737	Root planing - four or more teeth per quadrant	U	242.60 (212.80)			329.10 (288.70)			Q			A
8739	Root planing - one to three teeth per quadrant	U	193.10 (169.40)			262.60 (230.40)			Q			A
8773	Cost of intrapocket chemotherapeutic agent	C	-			-						
OTHER PERIODONTAL SERVICES												
8768	Unlisted periodontal procedure	U	192.30 (168.70)			288.50 (253.10)			T			A
8787	Unlisted oral medicine procedure	U	69.00 (60.50)			103.50 (90.80)						S
F.	REMOVABLE PROSTHODONTICS											
COMPLETE DENTURES												
8231	Complete dentures - maxillary and mandibular	U	977.80 (857.70)				2041.30 (1790.60)		M	+L		B
8232	Complete denture - maxillary or mandibular	U	602.80 (528.80)				1428.20 (1252.80)		M	+L		B
8244	Immediate denture - maxillary	U	602.80 (528.80)				904.20 (793.20)			+L		
8245	Immediate denture - mandibular	U	602.80 (528.80)				904.20 (793.20)			+L		
8643	Complete dentures - maxillary and mandibular (with complications)	U					2649.20 (2323.90)			+L		B
8645	Complete dentures - maxillary and mandibular (with major complications)	U					3258.70 (2858.50)			+L		B
8649	Complete denture - maxillary or mandibular (with complications)	U					1630.10 (1429.90)		M	+L		B
8651	Complete denture - maxillary or mandibular (with major complications)	U					1833.40 (1608.20)		M	+L		B
PARTIAL DENTURES												
8233	Partial denture - resin base - one tooth	U	280.30 (245.90)						M	+L		B

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8234	Partial denture - resin base - two teeth	U	280.30 (245.90)						M	+L	B
8235	Partial denture - resin base - three teeth	U	419.40 (367.90)						M	+L	B
8236	Partial denture - resin base - four teeth	U	419.40 (367.90)						M	+L	B
8237	Partial denture - resin base - five teeth	U	419.40 (367.90)						M	+L	B
8238	Partial denture - resin base - six teeth	U	556.20 (487.90)						M	+L	B
8239	Partial denture - resin base - seven teeth	U	556.20 (487.90)						M	+L	B
8240	Partial denture - resin base - eight teeth	U	556.20 (487.90)						M	+L	B
8241	Partial denture - resin base - nine or more teeth	U	556.20 (487.90)						M	+L	B
8281	Partial denture - cast metal framework only	U	653.90 (573.60)						M	+L	A
8671	Partial denture - cast metal framework with resin denture base	U					1630.10 (1429.90)		M	+L	A
ADJUSTMENTS TO DENTURES											
8275	Adjust complete or partial denture	C	44.40 (38.90)				44.40 (38.90)				B
8662	Adjust complete or partial dentures (remounting)	C	156.90 (137.60)				235.20 (206.30)			+L	B
REPAIRS TO DENTURES											
8269	Repair denture or other intra-oral appliance	U	76.90 (67.50)				82.80 (72.60)		M	+L	B
8270	Add clasp to existing partial denture	U	55.40 (48.60)						M	+L	B
8271	Add tooth to existing partial denture	U	55.40 (48.60)						M	+L	B
8273	Impression to repair or modify a denture or other intra-oral appliance	U	44.40 (38.90)				44.40 (38.90)			+L	B
DENTURE REBASE PROCEDURES											
8259	Rebase complete or partial denture (laboratory)	U	228.50 (200.40)				329.80 (289.30)		M	+L	B
8261	Remodel complete or partial denture	U	366.90 (321.80)						M	+L	B
DENTURE RELINE PROCEDURES											
8263	Reline complete or partial denture (chair-side)	U	145.00 (127.20)				181.20 (158.90)		M		B

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8267	Reline complete or partial denture (laboratory)	U	333.60 (292.60)				333.60 (292.60)		M	+L	B
INTERIM DENTURES											
8658	Interim complete denture	U	602.70 (528.70)				904.10 (793.10)		M	+L	B
8659	Interim partial denture	U	482.20 (423.00)				723.30 (634.50)		M	+L	B
8661	Diagnostic dentures (including tissue conditioning)	C					1630.10 (1429.90)			+L	A
OTHER REMOVABLE PROSTHETIC PROCEDURES											
8251	Clasp or rest - cast gold	C	55.40 (48.60)							+L	A
8253	Clasp or rest - wrought gold	U	55.40 (48.60)							+L	B
8255	Clasp or rest - stainless steel	C	58.40 (51.20)							+L	B
8257	Bar - lingual or palatal	U	68.80 (60.40)						M	+L	B
8265	Tissues conditioning per arch (including soft self-cure reline)	U	94.70 (83.10)				121.30 (106.40)		M		B
8277	Inlay in denture	U								+L	A
8597	Locks and milled rests	U	55.20 (48.40)				82.80 (72.60)		T	+L	A
8599	Precision attachment (removable denture)	U	134.60 (118.10)				201.90 (177.10)		M	+L	A
8652	Overdenture - complete	U	1086.70 (953.20)				1630.10 (1429.90)				
8653	Overdenture - partial	U	869.30 (762.50)				1304.00 (1143.90)				
8657	Replacement of precision attachment	U	76.90 (67.50)				82.80 (72.60)		M	+L	A
8663	Metal base to complete denture	U	327.40 (287.20)				491.10 (430.80)		M	+L	A
8664	Remount crown or bridge for prosthetics	C	156.90 (137.60)				245.80 (215.60)				A
8667	Soft base to denture (heat cured)	U	327.40 (287.20)				491.10 (430.80)		M	+L	B
8672	Altered cast technique (in addition to partial denture)	U	42.00 (36.80)				62.90 (55.20)		M	+L	B
8674	Additive partial denture	U	493.10 (432.50)				739.60 (648.80)		M	+L	B
G.	MAXILLO-FACIAL PROSTHETICS										
MAXILLIARY PROSTHESIS											

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9101	Obturator prosthesis, surgical - modified denture	C	80.90 (71.00)				121.30 (106.40)			+L	
9102	Obturator prosthesis, surgical - continuous base	C	219.40 (192.50)				329.10 (288.70)			+L	
9103	Obturator prosthesis, surgical - split base	C	326.90 (286.80)				490.40 (430.20)			+L	
9104	Obturator prosthesis, interim - on existing denture	C	493.10 (432.50)				739.60 (648.80)			+L	
9105	Obturator prosthesis, interim - on new denture	C	1522.70 (1335.70)				2283.90 (2003.40)			+L	
9106	Obturator prosthesis, definitive - open/hollow box	C	493.10 (432.50)				739.60 (648.80)			+D	
9107	Obturator prosthesis, definitive - silicone glove	C	952.10 (835.20)				1428.20 (1252.80)			+D	
MANDIBULAR RESECTION PROSTHESES											
9108	Mandibular resection prosthesis w/ guide flange	U	1169.60 (1026.00)				1754.30 (1538.90)			+L	
9109	Mandibular resection prosthesis w/o guide flange	U	1086.70 (953.20)				1630.10 (1429.90)			+L	
9110	Mandibular resection prosthesis, palatal augmentation	U	219.40 (192.50)				329.10 (288.70)			+D	
GLOSSAL RESECTION PROSTHESES											
9111	Glossal resection prosthesis - simple	C	457.50 (401.30)				686.40 (602.10)			+D	
9112	Glossal resection prosthesis - complex	C	685.40 (601.20)				1028.10 (901.80)			+D	
RADIOTHERAPY APPLIANCES											
9113	Radiation carrier - simple	C	493.10 (432.50)				739.60 (648.80)			+L	
9114	Radiation carrier - complex	C	1360.80 (1193.70)				2041.30 (1790.60)			+L	
9115	Radiation shield - simple	C	493.10 (432.50)				739.60 (648.80)			+L	
9116	Radiation shield - complex	C	1360.80 (1193.70)				2041.30 (1790.60)			+L	
9117	Radiation cone locator	C	493.10 (432.50)				739.60 (648.80)			+L	
CHEMOTHERAPY APPLIANCES											
9118	Chemotherapeutic agent carrier	C	493.10 (432.50)				739.60 (648.80)			+L	
CLEFT PALATE PROSTHESES											
8855	Consultation - cleft palate therapy (house or hospital)	C	112.50 (98.70)		168.60 (147.90)		168.60 (147.90)				S

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8856	Consultation - cleft palate (subsequent)	C	55.20 (48.40)		82.80 (72.60)		82.80 (72.60)				S
8857	Consultation - cleft palate (maximum)	C	384.10 (336.90)		576.10 (505.40)		576.10 (505.40)				S
NEONATAL PROSTHESES											
9119	Feeding aid prosthesis, neonatal	U	436.40 (382.80)		654.60 (574.20)		654.60 (574.20)			+L	S
9120	Orthopaedic appliance, active presurgical - minor	U	436.40 (382.80)		654.60 (574.20)		654.60 (574.20)			+L	S
9121	Orthopaedic appliance, active presurgical - moderate	U	645.90 (566.60)		968.80 (849.80)		968.80 (849.80)			+L	S
9122	Orthopaedic appliance, active presurgical - severe	U	1086.70 (953.20)		1630.10 (1429.90)		1630.10 (1429.90)			+L	S
9123	Orthopaedic appliance, active presurgical - modification	U	55.20 (48.40)		82.80 (72.60)		82.80 (72.60)				S
INTERMEDIATE/DEFINITIVE PROSTHESES											
9125	Speech aid/obturator prosthesis - palatal alteration	U	219.90 (192.90)				329.80 (289.30)			+D	
9126	Speech aid/obturator prosthesis - velar alteration	U	493.10 (432.50)				739.60 (648.80)			+D	
9127	Speech aid/obturator prosthesis - pharyngeal alteration	U	1086.70 (953.20)				1630.10 (1429.90)			+D	
9128	Speech aid/obturator prosthesis - modification	U	55.20 (48.40)				82.80 (72.60)				
9129	Speech aid/obturator prosthesis - surgical	U	436.40 (382.80)				654.60 (574.20)			+L	
SPEECH APPLIANCES											
9130	Speech aid appliance - palatal lift	C	219.40 (192.50)				329.10 (288.70)			+D	
9131	Speech aid appliance - palatal stimulating	C	493.10 (432.50)				739.60 (648.80)			+D	
9132	Speech aid appliance - bulb	C	1086.70 (953.20)				1630.10 (1429.90)			+D	
9133	Speech aid appliance - modification	C	55.20 (48.40)				82.80 (72.60)				
9134	Unspecified speech aid appliance	C	-				-			+L	
EXTRA-ORAL APPLIANCES											
9135	Auricular prosthesis - simple	C	1360.80 (1193.70)				2041.30 (1790.60)			+L	
9136	Auricular prosthesis - complex	C	1775.60 (1557.50)				2649.20 (2323.90)			+L	
9137	Nasal prosthesis - simple	U	1360.80 (1193.70)				2041.30 (1790.60)			+L	

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9138	Nasal prosthesis - complex	C	1775.60 (1557.50)				2649.20 (2323.90)			+L	
9139	Ocular prosthesis - interim	C	493.10 (432.50)				739.60 (648.80)			+L	
9140	Ocular prosthesis - modified stock appliance	C	1223.20 (1073.00)				1834.90 (1609.60)			+L	
9141	Ocular prosthesis - custom appliance	C	1775.60 (1557.50)				2649.20 (2323.90)			+L	
9142	Orbital prosthesis - simple	C	1223.20 (1073.00)				1834.90 (1609.60)			+L	
9143	Orbital prosthesis - complex	C	1775.60 (1557.50)				2649.20 (2323.90)			+L	
9144	Facial prosthesis, combination - small	C									
9145	Facial prosthesis, combination - medium	C									
9146	Facial prosthesis, combination - large	C									
9147	Facial prosthesis, combination - complex	C									
9148	Unspecified body prosthesis - simple	C	1223.20 (1073.00)				1834.90 (1609.60)			+L	
9149	Unspecified body prosthesis - complex	C	1775.60 (1557.50)				2649.20 (2323.90)			+L	
9150	Facial prosthesis, surgical - simple	C	952.10 (835.20)				1428.20 (1252.80)			+L	
9151	Facial prosthesis, surgical - complex	C	1223.20 (1073.00)				1834.90 (1609.60)			+L	
9152	Extraoral appliance - additional prosthesis	C								+L	
9153	Extraoral appliance - replacement prosthesis	C								+L	
9155	Cranial prosthesis	C	493.10 (432.50)				739.60 (648.80)			+L	
CUSTOM IMPLANTS											
9156	Cranial implant prosthesis, custom made	U	595.10 (522.00)				892.70 (783.10)			+L	
9157	Facial implant prosthesis, custom made - simple	C	297.30 (260.80)				446.00 (391.20)			+L	
9158	Facial implant prosthesis, custom made - complex	C	595.10 (522.00)				892.70 (783.10)			+L	
9159	Ocular implant prosthesis, custom made	C	297.30 (260.80)				446.00 (391.20)			+L	
9160	Body implant prosthesis - custom made	C	1323.40 (1160.90)				1985.10 (1741.30)			+L	
SURGICAL APPLIANCES											
9161	Surgical splint - simple	U	134.60 (118.10)				201.90 (177.10)			+L	

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9162	Surgical splint - complex	U	493.10 (432.50)				739.60 (648.80)			+L	
9163	Surgical template - simple	U	134.60 (118.10)				201.90 (177.10)			+L	
9164	Surgical template - complex	U	493.10 (432.50)				739.60 (648.80)			+L	
9165	Surgical conformer - simple	C	134.60 (118.10)				201.90 (177.10)			+L	
9166	Surgical conformer - complex	C	493.10 (432.50)				739.60 (648.80)			+L	
TRISMUS APPLIANCES											
9167	Trismus appliance (simple)	C	55.20 (48.40)				82.80 (72.60)			+L	
9168	Trismus appliance (complex)	C	493.10 (432.50)				739.60 (648.80)			+L	
9169	Orthoses appliance	C	1086.70 (953.20)				1630.10 (1429.90)			+L	
9170	Facial palsy appliance	C	326.90 (286.80)				490.40 (430.20)			+D	
9171	Commissure splint	C	134.60 (118.10)				201.90 (177.10)			+L	
9172	Oral retractor, dynamic - per arm	C	134.60 (118.10)				201.90 (177.10)			+L	
9173	Hand splint	U								+L	
9174	Unspecified burn appliance	U	-				-			+L	
ATTENDANCE IN THEATRE											
9175	Theatre attendance (MaxFac prosthodont) /hour	C	181.90 (159.60)				272.90 (239.40)				
H.	IMPLANT SERVICES										
SURGICAL IMPLANT PROCEDURES											
9180	Surgical placement of sub-periosteal implant - preparatory stage	U	797.80 (699.80)	1196.70 (1049.70)						M	S
9181	Surgical placement of sub-periosteal implant - placement stage	U	797.80 (699.80)	1196.70 (1049.70)						M	+L S
9182	Surgical placement of endosteal implant plate	U	399.40 (350.40)	599.00 (525.40)			599.00 (525.40)				+L S
9183	Surgical placement of endosteal implant - first per jaw	U	562.10 (493.10)	764.00 (670.20)			764.00 (670.20)			T	+M S
9184	Surgical placement of endosteal implant - second per jaw	U	420.80 (369.10)	573.20 (502.80)			573.20 (502.80)			T	+M S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	U	281.70 (247.10)	383.90 (336.80)			383.90 (336.80)			T	+M S

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9190	Surgical placement of abutment - first per jaw	U	208.50 (182.90)	282.50 (247.80)		282.50 (247.80)	282.50 (247.80)		T	+M	S
9191	Surgical placement of abutment - second per jaw	U	156.80 (137.50)	212.30 (186.20)		212.30 (186.20)	212.30 (186.20)		T	+M	S
9192	Surgical placement of abutment - third and subsequent per jaw	U	105.00 (92.10)	142.80 (125.30)		142.80 (125.30)	142.80 (125.30)		T	+M	S
IMPLANT SUPPORTED PROSTHETICS											
Abutments and Bars											
8584	Connector bar - implant supported	U	1086.70 (953.20)				1630.10 (1429.90)				
8578	Prefabricated abutment	C	112.50 (98.70)				168.60 (147.90)				
8579	Custom abutment	C	512.80 (449.80)				769.20 (674.70)				
Removable Dentures											
8533	Implant supported removable complete overdenture	U	1086.70 (953.20)				1630.10 (1429.90)		M	+L	B
8534	Implant supported removable partial overdenture	U	869.30 (762.50)				1304.00 (1143.90)		M	+L	B
Fixed-detachable Dentures											
8654	Implant supported fixed-detachable complete overdenture	U	1222.30 (1072.20)				1833.40 (1608.20)		M	+L	A
8655	Implant supported fixed-detachable partial overdenture	U	977.80 (857.70)				1256.40 (1102.10)		M	+L	A
8660	Additional fee to implant supported fixed-detachable denture - per implant	U	168.60 (147.90)				168.60 (147.90)		T		A
Crowns - Single Restorations											
8536	Crown - implant/abutment supported - porcelain/ceramic	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
8537	Crown - implant/abutment supported - porcelain with metal	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
8538	Crown - implant/abutment supported - cast metal	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
8592	Crown - implant/abutment supported	U					1188.50 (1042.50)		T	+L	A
Bridge Retainers - Crowns											
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
8547	Crown retainer - implant/abutment supported - porcelain with metal	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	U	898.60 (788.20)				1188.50 (1042.50)		T	+L	A
OTHER IMPLANT SERVICES											

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8590	Implant maintenance procedures - per implant	U	49.80 (43.70)				74.70 (65.50)		T		A
8594	Repair of implant supported prosthesis	U	55.20 (48.40)				82.80 (72.60)				
8595	Repair of implant abutment	U	55.20 (48.40)				82.80 (72.60)				
8600	Cost of implant components	U		-		-	-				S
9187	Cost of endosteal implant body	A	-	-		-					S
9188	Cost of prefabricated abutment	A	-								S
9189	Cost of other implant compnts	U	-								S
9198	Surgical removal of implant	U	259.90 (228.00)	389.80 (341.90)		389.80 (341.90)			T		S
I.	FIXED PROSTHODONTICS										
PONTICS											
8415	Pontic - porcelain/ceramic	A	565.10 (495.70)						T	+L	A
8416	Pontic - cast metal	A	448.90 (393.80)						T	+L	A
8417	Pontic - resin with metal	A	565.10 (495.70)						T	+L	A
8418	Pontic - porcelain fused to metal	A	565.10 (495.70)						T	+L	A
8419	Provisional pontic	A	134.60 (118.10)				201.90 (177.10)		T	(+L)	A
8611	Pontic - sanitary	C					616.10 (540.40)		T	+L	A
8613	Pontic - posterior	C					753.70 (661.10)		T	+L	A
8615	Pontic - anterior/premolar	U					814.30 (714.30)		T	+L	A
BRIDGE RETAINERS – INLAYS/ONLAYS											
8432	Inlay/onlay retainer - metal - two surfaces	U	269.20 (236.10)				526.60 (461.90)		T	+L	A
8433	Inlay/onlay retainer - metal - three surfaces	U	448.90 (393.80)				816.50 (716.20)		T	+L	A
8434	Inlay/onlay retainer - metal - four or more surfaces	U	542.90 (476.20)				816.50 (716.20)		T	+L	A
8436	Inlay/onlay retainer - porcelain - two surfaces	U	327.60 (287.40)				631.70 (554.10)		T	+L	A
8437	Inlay/onlay retainer - porcelain - three surfaces	U	539.90 (473.60)				981.50 (861.00)		T	+L	A
8438	Inlay/onlay retainer - porcelain - four or more surfaces	U	653.90 (573.60)				981.50 (861.00)		T	+L	A

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8617	Retainer cast metal (Maryland type retainer)	U	269.20 (236.10)				526.60 (461.90)		T	+L	A
BRIDGE RETAINERS – CROWNS											
8441	Crown retainer - full cast metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8442	Crown retainer - 3/4 cast metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8443	Crown retainer - porcelain/ceramic	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8444	Crown retainer - 3/4 porcelain/ceramic	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8445	Crown retainer - porcelain with metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8446	Crown retainer - resin with metal	U	692.30 (607.30)				1019.10 (893.90)		T	+L	A
8447	Provisional crown retainer	U	134.60 (118.10)				201.90 (177.10)		T	(+L)	A
OTHER FIXED PROSTHODONTIC PROCEDURES											
8514	Recement bridge	A	60.60 (53.20)				76.90 (67.50)		T		B
8516	Remove bridge	A	120.60 (105.80)				120.60 (105.80)		T		A
8518	Repair bridge	A	134.60 (118.10)				134.60 (118.10)		T	(+L)	A
8585	Connector bar	C	1086.70 (953.20)				1630.10 (1429.90)		M	+L	A
8586	Stress breaker	C	405.40 (355.60)				608.00 (533.30)		M	+L	A
8587	Coping metal	U	90.30 (79.20)				168.60 (147.90)		T	+L	A
J.	ORAL AND MAXILLO-FACIAL SURGERY										
EXTRACTIONS											
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	U	60.60 (53.20)	60.60 (53.20)					T		B
8202	Extraction - each additional tooth or exposed tooth roots	U	24.40 (21.40)	24.40 (21.40)					T		B
SURGICAL EXTRACTIONS											
8213	Surgical removal of residual roots, first tooth - per tooth	U	261.90 (229.70)						T		S
8214	Surgical removal of residual roots, second and subsequent teeth's roots	U	201.90 (177.10)						T		S
8937	Surgical removal of tooth	U	261.90 (229.70)	353.50 (310.10)					T		S

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8941	Surgical removal of impacted tooth - first tooth	U	434.20 (380.90)	571.00 (500.90)					T		S
8943	Surgical removal of impacted tooth - second tooth	U	232.90 (204.30)	307.60 (269.80)					T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	U	132.40 (116.10)	174.50 (153.10)					T		S
8953	Surgical removal of residual roots, first tooth - per tooth	U		353.50 (310.10)					T		S
OTHER SURGICAL PROCEDURES											
8517	Reimplantation of avulsed tooth (include stabilisation)	U	140.00 (122.80)				210.10 (184.30)		T	+L	S
8909	Oral antral fistula closure	C	613.90 (538.50)	920.80 (807.70)							S
8911	Caldwell-Luc procedure	C	240.20 (210.70)	360.20 (316.00)							S
8917	Biopsy of oral tissue - soft	U	153.10 (134.30)	204.10 (179.00)		204.10 (179.00)			M		S
8919	Biopsy of bone - needle	U	235.70 (206.80)	353.50 (310.10)					M		S
8921	Biopsy – extra-oral bone/soft tissue	U	385.60 (338.20)	578.30 (507.30)					M		S
8961	Tooth transplantation	U	527.10 (462.40)	790.60 (693.50)					T	+L	S
8965	Peripheral neurectomy	C	527.10 (462.40)	790.60 (693.50)							S
8966	Repair of oronasal fistula (local flaps)	C	733.20 (643.20)	1099.80 (964.70)							S
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	U	483.70 (424.30)	659.00 (578.10)		659.00 (578.10)			T		S
8983	Corticotomy - first tooth	C	350.00 (307.00)	525.10 (460.60)					T		S
8984	Corticotomy - each additional tooth	U	177.50 (155.70)	266.30 (233.60)					T		S
ALVEOLOPLASTY											
8957	Alveolotomy or alveolectomy (including extractions)	U	321.50 (282.00)	482.30 (423.10)					M		S
9003	Reposition mental foramen and nerve - per side	U	732.20 (642.30)	1098.40 (963.50)					M	+L	S
9004	Lateralization of inferior dental nerve	U	1179.90 (1035.00)	1769.90 (1552.50)							S
VESTIBULOPLASTY											
8997	Sulcoplasty / Vestibuloplasty	U	1208.50 (1060.10)	1812.80 (1590.20)		1812.80 (1590.20)			M	+L	S

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SURGICAL EXCISION OF SOFT TISSUE LESIONS											
8971	Excision of tumour of the soft tissue	C	235.70 (206.80)	353.50 (310.10)				353.50 (310.10)			S
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS											
8967	Surgical removal of jaw cyst - intra-oral approach	U	732.20 (642.30)	1098.40 (963.50)						M	S
8969	Surgical removal of jaw cyst - extra-oral approach	U	1172.90 (1028.90)	1759.50 (1543.40)						M	S
8973	Surgical excision of tumours of the jaw	U	1172.90 (1028.90)	1759.50 (1543.40)						M	S
9290	Maxillectomy - Alveolus only, Level I	U									
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	U									
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	U									
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	U									
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	U									
9300	Hemiresection of jaw including condyle and coronoid process	C									
EXCISION OF BONE TISSUE											
8975	Hemiresection of jaw excluding condyl	U	1232.20 (1080.90)	1848.30 (1621.30)						M	S
8987	Reduction of mylohyoid ridges - per side	C	527.10 (462.40)	790.60 (693.50)						+L	S
8989	Removal torus mandibularis	U	527.10 (462.40)	790.60 (693.50)						+L	S
8991	Removal of torus palatinus	U	527.10 (462.40)	790.60 (693.50)						+L	S
8993	Surgical reduction of osseous tuberosity - per side	U	235.70 (206.80)	353.50 (310.10)						M	+L S
SURGICAL INCISION											
8731	Incision & drainage of abscess - intra-oral	C	96.70 (84.80)					145.00 (127.20)			A
8908	Surgical removal of roots from maxillary antrum	C	800.70 (702.40)	1201.10 (1053.60)							S
9011	Incision & drainage of abscess - intra-oral (pyogenic)	U	149.90 (131.50)	224.80 (197.20)						M	S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	U	205.00 (179.80)	307.60 (269.80)						M	S
9017	Decortication, saucerisation and sequestrectomy	C	1085.20 (951.90)	1627.90 (1428.00)							S
9019	Sequestrectomy - intra oral per sextant and or ramus	U	235.70 (206.80)	353.50 (310.10)						M	S
TREATMENT OF FRACTURES											
Alveolus Fractures											

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9024	Dento-alveolar fracture - per sextant	C	264.30 (231.80)	396.40 (347.70)							+L	S
Mandibular Fractures												
9025	Mandible fracture - closed reduction	C	585.30 (513.40)	877.90 (770.10)								S
9027	Mandible fracture - compound, with eyelet wiring	C	822.00 (721.10)	1232.90 (1081.50)								S
9029	Mandible fracture - splints	C	910.10 (798.30)	1365.30 (1197.60)							+L	S
9031	Mandible fracture - open reduction	C	1349.10 (1183.40)	2023.50 (1775.00)							+L	S
Maxillary Fractures												
9035	Maxilla fracture - Le Fort I or Guerin	C	823.40 (722.30)	1235.10 (1083.40)							+L	S
9037	Maxilla fracture - Le Fort II or middle third face	C	1349.10 (1183.40)	2023.50 (1775.00)							+L	S
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	C	1934.80 (1697.20)	2902.20 (2545.80)							+L	S
Zygoma/Orbital/Antral Fractures												
9041	Zygomatic arch fracture - closed reduction	C	585.30 (513.40)	877.90 (770.10)								S
9043	Zygomatic arch fracture - open reduction	C	1172.90 (1028.90)	1759.50 (1543.40)								S
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	U	1757.30 (1541.50)	2635.90 (2312.20)								S
9046	Placement of Zygomaticus fixture, per fixture	U	1160.70 (1018.20)	1741.10 (1527.30)								S
Nasal Fractures												
9280	Open reduction and fixation of nasal fractures	C										
9282	Manipulation and immobilisation of nasal fracture	C										
TEMPOROMANDIBULAR JOINT												
8172	Cost of orthotic appliance	U	-	-	-	-	-	-				
8850	Treatment of MPDS - first visit	U	92.70 (81.30)		139.10 (122.00)			139.10 (122.00)				A
8851	Treatment of MPDS - subsequent visit	U	48.80 (42.80)		73.20 (64.20)			73.20 (64.20)				A
8852	Occlusal orthotic appliance	U	232.90 (204.30)	306.90 (269.20)	306.90 (269.20)	306.90 (269.20)	306.90 (269.20)				+L	S
9053	Coronoidectomy (intra-oral approach)	C	731.70 (641.80)	1097.60 (962.80)								S
9074	Tmj arthroscopy diagnostic	U	582.30 (510.80)	873.40 (766.10)								S

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9075	Condylectomy, coronoidectomy or both	C	1462.90 (1283.20)	2194.40 (1924.90)																S		
9076	TMJ arthrocentesis	U	321.50 (282.00)	482.30 (423.10)																	S	
9077	TMJ intra-articular injection	U	87.70 (76.90)	131.60 (115.40)																	S	
9079	Trigger point injection	U	68.50 (60.10)	102.80 (90.20)																	S	
9081	Condylectomy (Ward/Kostecka)	C	585.30 (513.40)	877.90 (770.10)																	S	
9083	TMJ srthroplasty	U	1462.90 (1283.20)	2194.40 (1924.90)																	S	
9085	Reduction of TMJ disloc w/o anaesthetic	C	116.40 (102.10)	174.50 (153.10)																	S	
9087	Reduction of TMJ disloc w/ anaesthetic	C	235.70 (206.80)	353.50 (310.10)																	S	
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation	U	585.30 (513.40)	877.90 (770.10)																	S	
9091	Reduction of TMJ dislocation - open reduction	C	1462.90 (1283.20)	2194.40 (1924.90)																	S	
9092	Joint reconstruction	C	3905.70 (3426.10)	5858.40 (5138.90)																	+L	S
REPAIR OF TRAUMATIC WOUNDS																						
8192	Suture - minor	U	298.80 (262.10)																		S	
COMPLICATED SUTURING																						
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	U	298.80 (262.10)	396.40 (347.70)																	S	
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	U	556.20 (487.90)	834.30 (731.80)																	S	
OTHER REPAIR PROCEDURES																						
8958	Emergency tracheotomy	U	270.20 (237.00)	405.30 (355.50)																		
8959	Pharyngostomy	C	270.20 (237.00)	405.30 (355.50)																		
8962	Harvest iliac crest graft	C	194.30 (170.40)	238.80 (209.50)																	S	
8963	Harvest rib graft	U	222.90 (195.50)	334.30 (293.20)																	S	
8964	Harvest cranium graft	C	174.50 (153.10)	261.90 (229.70)																	S	
8977	Surgical repair of maxilla or mandible - major	C	1231.20 (1080.00)	1846.80 (1620.00)																	S	

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8979	Harvesting of autogenous grafts (intra-oral)	C	101.50 (89.00)	152.30 (133.60)		152.30 (133.60)					S
8985	Frenulectomy/frenulotomy	U	321.50 (282.00)	482.30 (423.10)		482.30 (423.10)					S
9005	Alveolar ridge augmentation - total (by bone graft)	U	1232.20 (1080.90)	1848.30 (1621.30)		1848.30 (1621.30)			M	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	U	775.60 (680.40)	1163.40 (1020.50)					M	+L	S
9008	Alveolar ridge augmentation - one to two tooth sites	U	239.80 (210.40)	438.60 (384.70)		438.60 (384.70)			M	+L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	U	533.00 (467.50)	799.50 (701.30)		799.50 (701.30)			M	+L	S
9010	Sinus lift procedure	U	800.70 (702.40)	1201.10 (1053.60)		1201.10 (1053.60)			M	+L	S
9032	Reduction of masseter muscle and bone - extra-oral approach	U									
9033	Reduction of masseter muscle and bone - intra-oral approach	U									
9048	Surgical removal of internal fixation devices, per site	U	225.30 (197.60)	338.00 (296.50)							S
Functional Correction of Malocclusion											
9047	Osteotomy - open with stabilisation	U	2459.40 (2157.40)	3689.20 (3236.10)						+L	S
9049	Osteotomy - mandible body, anterior segmental	U	2049.70 (1798.00)	3074.50 (2696.90)						+L	S
9050	Osteotomy - total subapical	U	3749.30 (3288.90)	5623.90 (4933.20)							S
9051	Genioplasty	C	1172.90 (1028.90)	1759.50 (1543.40)							S
9052	Midfacial exposure	C	1856.90 (1628.90)	2785.30 (2443.20)							S
9055	Osteotomy - segmented, posterior	U	2049.70 (1798.00)	3074.50 (2696.90)					M	+L	S
9057	Osteotomy - segmented, anterior	U	2049.70 (1798.00)	3074.50 (2696.90)					M	+L	S
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	U	3856.90 (3383.20)	5785.20 (5074.70)						+L	S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	U	4329.70 (3798.00)	6494.40 (5696.80)						+L	S
9061	Palatal osteotomy	C	1349.10 (1183.40)	2023.50 (1775.00)							S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	U	4923.30 (4318.70)	7385.00 (6478.10)						+L	S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	U	4925.80 (4320.90)	7388.60 (6481.20)						+L	S

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9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	U	7382.20 (6475.60)	11073.30 (9713.40)							+L	S
9066	Surgical expansion - maxillary or mandibular	U	1172.90 (1028.90)	1759.50 (1543.40)						M		S
9069	Glossectomy - partial	C	878.60 (770.70)	1317.90 (1156.10)								S
9071	Geniohyoidotomy	C	527.10 (462.40)	790.60 (693.50)								S
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	U	3856.90 (3383.20)	5785.20 (5074.70)							+L	S
Salivary Glands												
9093	Removal of salivary stone (Sialolithotomy)	U	264.30 (231.80)	396.40 (347.70)								S
9095	Excision of sublingual salivary gland	U	651.30 (571.30)	977.00 (857.00)								S
9096	Excision of salivary gland - extra oral approach	U	964.90 (846.40)	1447.40 (1269.60)								S
Pedicle Flaps												
9284	Musculofascial flap	C										
9286	Musculocranial flap	C										
9288	Buccal fat pad (major repair)	C										
Repair of Frontal Bones												
9274	Repair anterior table, frontal sinus and/or supraorbital rim	U										
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus	U										
9278	Repair medial canthal ligament (canthopexy), per side	U										
Cleft lip and Palat												
9220	Repair cleft hard palate - unilateral	U	2154.20 (1889.60)	3231.30 (2834.50)								S
9222	Repair cleft hard palate - bilateral (one procedure)	U	2734.50 (2398.70)	4101.80 (3598.10)								S
9224	Repair cleft hard palate - bilateral (two procedures)	U	4074.70 (3574.30)	6111.40 (5360.90)								S
9226	Repair cleft soft palate - w/o muscle reconstruction	U	1805.10 (1583.40)	2707.70 (2375.20)								S
9228	Repair cleft soft palate - w/ muscle reconstruction	U	2621.10 (2299.20)	3931.70 (3448.90)								S
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	U	1951.60 (1711.90)	2927.40 (2567.90)								S
9232	Velopharyngeal reconstruction - uncomplicated	U	2008.30 (1761.70)	3012.40 (2642.50)								S
9234	Velopharyngeal reconstruction - complicated	U	2147.40 (1883.70)	3221.00 (2825.40)								S

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9238	Repair oronasal fistula (one procedure)	U	1228.30 (1077.50)	1842.40 (1616.10)								S
9240	Repair oronasal fistula (two procedures)	U	2142.80 (1879.60)	3214.30 (2819.60)								S
9246	Secondary periosteal flaps	C	1070.90 (939.40)	1606.40 (1409.10)								S
9248	Lipadhesion	C	400.30 (351.10)	600.50 (526.80)								S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	U	705.10 (618.50)	1057.60 (927.70)								S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	U	956.00 (838.60)	1434.10 (1258.00)								S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	U	984.60 (863.70)	1477.00 (1295.60)								S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	U	1521.20 (1334.40)	2281.70 (2001.50)								S
9258	Repair anterior nasal floor	U	384.10 (336.90)	576.10 (505.40)								S
9260	Revision of secondary cleft lip deformity - partial	U	384.10 (336.90)	576.10 (505.40)								S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	U	867.80 (761.20)	1301.70 (1141.80)								S
9264	Abbe-flap - two stages	C	982.70 (862.00)	1474.00 (1293.00)								S
9266	Reconstruct columella	C	580.80 (509.50)	871.20 (764.20)								S
9268	Reconstruct nose due to cleft deformity - partial	U	738.10 (647.50)	1107.20 (971.20)								S
9270	Reconstruct nose due to cleft deformity - complete	U	1166.60 (1023.30)	1749.90 (1535.00)								S
9272	Paranasal augmentation for nasal base deviation	U	580.80 (509.50)	871.20 (764.20)								S
K.	ORTHODONTIC SERVICES											
REMOVABLE APPLIANCE THERAPY												
8862	Ortho Tx - removable appliance	U	680.00 (596.50)		1019.90 (894.60)							+L A
8863	Ortho Tx - each additional removable appliance	U	341.70 (299.70)		512.60 (449.60)							+L A
FUNCTIONAL APPLIANCE THERAPY												
8858	Ortho Tx - functional appliance	U	1224.80 (1074.40)		1837.20 (1611.60)							+L A
FIXED APPLIANCE THERAPY												
Fixed Appliance Therapy - Partial												

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8861	Ortho Tx - partial fixed appliance - minor	U	814.60 (714.60)		1221.90 (1071.80)						A
8865	Ortho Tx - partial fixed appliance - one arch	U	2172.90 (1906.10)		3259.40 (2859.10)						A
8866	Ortho Tx - partial fixed appliance - both arches	U	2988.50 (2621.50)		4482.70 (3932.20)						A
Fixed Appliance Therapy - Comprehensive: Single Arch											
8867	Ortho Tx - fixed appliance - one arch	U	2335.70 (2048.90)		3503.50 (3073.20)						A
8868	Ortho Tx - fixed appliance - one arch, moderate	U	2881.00 (2527.20)		4321.50 (3790.80)						A
8869	Ortho Tx - fixed appliance - one arch, severe	U	3369.70 (2955.90)		5054.40 (4433.70)						A
Fixed Appliance Therapy - Comprehensive: Both Arches											
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	U	4274.40 (3749.50)		6411.60 (5624.20)						A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	U	5247.30 (4602.90)		7870.80 (6904.20)						A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	U	6117.00 (5365.80)		9175.50 (8048.70)						A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	U	6874.40 (6030.20)		10311.50 (9045.20)						A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	U	6117.00 (5365.80)		9175.50 (8048.70)						A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	U	6874.40 (6030.20)		10311.50 (9045.20)						A
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	U	7717.10 (6769.40)		11575.50 (10153.90)						A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	U	8694.80 (7627.00)		13042.10 (11440.40)						A
Lingual Orthodontics - Comprehensive: Single Arch											
8841	Ortho Tx - fixed lingual appliance - one arch	U	4389.80 (3850.70)		6584.70 (5776.10)						A
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	U	5159.00 (4525.40)		7738.40 (6788.10)						A
8843	Ortho Tx - fixed lingual appliance - one arch, severe	U	5877.90 (5156.10)		8816.80 (7734.00)						A
Lingual Orthodontics - Comprehensive: Both Arches											
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	U	8374.30 (7345.90)		12561.40 (11018.80)						A

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8166	Application of desensitising resin, per tooth	U	40.00 (35.10)							T		B
8167	Application of desensitising medicament, per visit	U	46.60 (40.90)									B
8165	Sedative filling	U	60.60 (53.20)							T	+L	B
Post Surgical Complications												
8931	Treatment of post-extraction haemorrhage	C	44.40 (38.90)	266.30 (233.60)								S
8933	Treatment of haemorrhage (blood dyscracias)	C	613.90 (538.50)	920.80 (807.70)								S
8935	Treatment of septic socket	U	44.40 (38.90)	69.50 (61.00)								S
Bleaching												
8308	External bleaching - per arch	U								M		A
8309	Home bleaching - instructions and applicator	U									+L	A
8311	Home bleaching - subsequent visit	U										A
8325	Internal bleaching - per tooth	U	143.50 (125.90)					143.50 (125.90)		T		A
8327	Internal bleaching - each additional visit	U	68.80 (60.40)					68.80 (60.40)		T		A
Unclassified Treatment												
8158	Enamel microabrasion	C	55.40 (48.60)									
8168	Behavior management	U										B
8551	Occlusal adjustment - major	C	383.60 (336.50)		575.40 (504.70)			575.40 (504.70)				A
8553	Occlusal adjustment - minor	C	133.80 (117.40)		183.40 (160.90)	183.40 (160.90)		183.40 (160.90)				A
9099	Unlisted dental procedure or service (By report)	U	-									
MODIFIERS												
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	U										
8002	Specialist fee/benefit (Plus 50% of the appropriate benefit)	U										
8003	Minimum assistant surgeon	U	112.43 (98.62)	112.43 (98.62)				112.43 (98.62)				
8004	Unlisted procedure - specialist procedure code list (2/3 of the appropriate benefit)	U										
8005	Maximum multiple procedures (same incision) - MFO surgeon	U	174.55 (153.11)	174.55 (153.11)				174.55 (153.11)				
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	U										
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	U										
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	U										

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8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	U										
8010	Open reduction (PLUS 75% of the appropriate benefit)	U										
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)	U										
8012	Reduced services (benefit MINUS X % as determined by the practitioner)	U										
8013	Multiple modifiers	U										
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	U										
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	U	-	-			-	-				