Code	Description —	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Hedicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
8753	Flap procedure, root planing and four or more surgical services - per quadrant	06.03	944.70 (828.70)			1417.00 (1243.00)			Q		Α
	Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant. 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 aptoectomy is included within a flap operation, either Code 9015 or Code 9016 with Modifier 8006 shall apply in addition to the item for the flap operation.										
8755	Flap procedure, root planing and four or more surgical services - per sextant	06.03	765.60 (671.60)			1148.40 (1007.40)			S		Α
	See code 8753, per sextant.										
8756	Clinical crown lengthening (isolated procedure)	06.03	464.20 (407.20)			696.40 (610.90)			Т		Α
	A surgical procedure designed to increase the amount of tooth structure projecting into the mouth to facilitate a reconstructive or operative procedure. The procedure involves the reflection of a flap and the removal of marginal bone and gingival tissues.										
8759	Pedicle flapped graft (isolated procedure)	06.03	348.80 (306.00)			523.20 (458.90)			М		Α
	E.g. lateral sliding double papilla, rotated and similar.										
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	05.02	379.10 (332.50)	568.70 (498.90)		568.70 (498.90)			М	+L	Α
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	05.02	569.50 (499.60)			854.30 (749.40)				+L	Α
8763	Wedge resection (isolated procedure)	06.03	223.00 (195.60)			334.50 (293.40)			Q		A
	A surgical procedure that involves the removal of a wedge of tissue. This is normally done in an edentulous area, distal of the last molar of the maxilla or mandible, to result in minimal probing depth of the adjacent tooth. Do not use for a biopsy.	ļ									
8766	Bone regeneration/repair procedure - as part of a flap operation	06.03	182.40 (160.00)			273.70 (240.10)					A
	See code 8749, 8751, 8753 and 8755, per procedure. Excluding cost of regenerative material - See code 8770										
8767	Bone regeneration/repair procedure - at a single site	06.03	472.90 (414.80)			709.30 (622.20)					Α
	Excluding cost of regenerative material - See code 8770										
8769	Membrane removal (used for guided tissue regeneration)	06.03	223.00 (195.60)	334.50 (293.40)		334.50 (293.40)					Α
	Note: Maxillo-facial Surgeons may, according to SADA's Dental Coding, use codes 8761, 8767 and 8769 only as part of implant surgery.										
8770	Cost of bone regenerative/repair material	06.03									Α
	See Rule 002 and Modifier 8025 for direct material costs									1	

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	MP	Lat	b T
8772	Submucosal connective tissue autograft (isolated procedure)	05.02	383.10 (336.10)	574.70 (504.10)		574.70 (504.10)					Α
8995	Gingivectomy - per jaw	06.03	543.80 (477.00)						M	+L	S
	See also codes 8741 and 8743.									1	
NON-SI	JRGICAL PERIODONTAL SERVICES	· :					· ; ·			_	
8723	Provisional splinting - extracoronal (wire) - per sextant	05.02	130.40 (114.40)			195.60 (171.60)			М	+L	A
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	05.02	189.20 (166.00)			283.90 (249.00)			M	+L	Α
8727	Provisional splinting - intracoronal - per tooth	06.03	59.40 (52.10)			89.20 (78.20)	89.20 (78.20)		T	+Ł	Α
	Include intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint								L		
8737	Root planing - four or more teeth per quadrant	06.03	281.30 (246.80)			381.60 (334.70)			Q		Α
	A procedure that smooths the surface of a root by removing abnormal toxic cementum or dentin that is rough, contaminated, or permeated with calculus. May include a subgingival curettage (controversial procedure). When this periodontal procedure extends over the midline, report a combination of procedure codes 8737 and 8739, as appropriate. Other separate procedures including, but not limited to a comprehensive oral evaluation (8102) or periodontal screening (8176) and diagnostic radiographs (8107/8108), are a prerequisite to reporting Code 8737, Should not be reported concurrent with Codes 8159, 8160, 8179 or 8180.										
8739	Root planing - one to three teeth per quadrant	06.03	223.90 (196.40)			304.50 (267.10)			Q		Α
	See code 8737.										
8773	Cost of intrapocket chemotherapeutic agent	06.03	-								
	Used to report intrapocket chemotherapeutic agents provided by the practitioner. See Rule 002 and Modifier 8025 for direct material costs.										
OTHER	PERIODONTAL SERVICES				<u> </u>						
8768	Unlisted periodontal procedure	04.00	223.00 (195.60)			334.50 (293.40)			Т		Α
8787	Unlisted oral medicine procedure	04.00	80.00 (70.20)			120.10 (105.40)					S
F.	REMOVABLE PROSTHODONTICS		<u> </u>		· <u>. </u>						:
	The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is Removable prosthodontic services include routine post-operative care.	readily	removable.							06	6.03
COMPL	ETE DENTURES			· ·							
8231	Complete dentures - maxillary and mandibular	06.03	1133.90 (994.60)				2367.30 (2076.60)		М	+L	В
	Inclusive of soft bases or metal bases, where applicable.										
8232	Complete denture - maxillary or mandibular	06.03	699.00 (613.20)				1656.20 (1452.80)		М	+L	В
	Inclusive of soft bases or metal bases, where applicable.					1				1	

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	MP	Lat	C
8244	Immediate denture - maxillary	06.03	699.00 (613.20)				1048.50 (919.70)			+L	
	A removable complete denture constructed for placement immediately after removal of the remaining natural teeth. This procedure includes limited follow-up care only and excludes subsequent rebasing/relining racedure(s) and/or the replacement with new complete denture. See interim prosthesis for immediate and/or provisional partial dentures.										
8245	Immediate denture - mandibular	06.03	699.00 (613.20)				1048.50 (919.70)			+L	
	See 8244 descriptor.										
8643	Complete dentures - maxillary and mandibular (with complications)	04.00					3072.20 (2694.90)			+L	В
8645	Complete dentures - maxillary and mandibular (with major complications)	04.00					3779.00 (3314.90)			+L	В
8649	Complete denture - maxillary or mandibular (with complications)	05.02					1890.40 (1658.20)				В
8651	Complete denture - maxillary or mandibular (with major complications)	05.02					2126.20 (1865.10)		M	+L	В
PARTIA	L DENTURES		4.0								
8233	Partial denture - resin base - one tooth	05.02	325,00 (285,10)						M	+L	В
8234	Partial denture - resin base - two teeth	05.02	325.00 (285.10)						M	+L	В
8235	Partial denture - resin base - three teeth	05.02	486.30 (426.60)						M	+L	В
8236	Partial denture - resin base - four teeth	05.02	486.30 (426.60)						M	+L	В
8237	Partial denture - resin base - five teeth	05.02	486.30 (426.60)						М	+L	В
8238	Partial denture - resin base - six teeth	05.02	645.00 (565.80)							+L	В
823 9	Partial denture - resin base - seven teeth	05.02	645.00 (565.80)							+L	В
8240	Partial denture - resin base - eight teeth	05.02	645.00 (565.80)							+L	В
8241	Partial denture - resin base - nine or more teeth	05.02	645.00 (565.80)						М	+L	В
8281	Partial denture - cast metal framework only	06.03	758.30 (665.20)						M	+L	Α
	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 concurrently with 8281.										
8671	Partial denture - cast metal framework with resin denture base	06.03		_			1890.40 (1658.20)		М	+L	Α
	See also GDP Code 8281.										

	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P		ab 1
ADJUS	TMENTS TO DENTURES		10 10 1							_	
8275	Adjust complete or partial denture	06.03	51.50 (45.20)				51.50 (45.20)		ļ	┼-	E
	After six months or for patient of another practitioner.										
8662	Adjust complete or partial dentures (remounting)	04.00	181.90 (159.60)				272.80 (239.30)			+L	L E
REPAI	RS TO DENTURES	:				•					
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitio	ner did r	ot examine the	patient. Labo	ratory costs, h	owever, may b	e recovered.			C	06.03
8269	Repair denture or other intra-oral appliance	06.03	89.20 (78.20)				96.00 (84.20)		M	+L	_ E
	See code 8273 (Impression to repair/modify a denture)								Г	Π	T
8270	Add clasp to existing partial denture	06.03	64.30 (56.40)						м	I +L	LE
02.0	One or more clasps. Code 8270 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).										
8271	Add tooth to existing partial denture	06.03	64.30 (56.40)						M	+L	L E
	One or more teeth. Code 8271 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).										
8273	Impression to repair or modify a denture or other intra-oral appliance	06.03	51.50 (45.20)		1		51.50 (45.20)		\perp	+ <u>L</u>	L JE
	May be reported in addition to the appropriate code in this subsection when an impression is										
	required. Includes any number of impressions.									\perp	
DENTU	required. Includes any number of impressions. RE REBASE PROCEDURES	:			76 (193)	: . 1 2 "	·		:	 	
DENTU				<u> </u>	7 Fair	1 . 1 . 7 . 7			:	<u> </u>	06.03
DENTU 82 59	RE REBASE PROCEDURES	05.02	265.00 (232.50)				382.50 (335.50)		M	, L	
	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base.	05.02			W-1823				M	 +L	_ E
82 59 8261	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory)		(232.50) 425.40		(+L	_ E
82 59 8261	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture		(232.50) 425.40							+L	_ E
82 59 8261	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture		(232.50) 425.40							+L	_ E
8259 8261 DENTL	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline - The addition of material to the fitting surface of a denture base.	05.02	(232.50) 425.40 (373.20)		W + 5.5)		(335.50)		M	+L	DE D
8259 8261 DENTL 8263 8267	Rebase PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline - The addition of material to the fitting surface of a denture base. Reline complete or partial denture (chair-side) Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes 8231 to 8241. See code 8243 (soft base to new denture).	05.02	(232.50) 425.40 (373.20) 168.10 (147.50) 386.90				(335.50) 210.10 (184.30) 386.90		M	+L	DE D
8259 8261 DENTL 8263 8267	RE REBASE PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline - The addition of material to the fitting surface of a denture base. Reline complete or partial denture (chair-side) Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be	05.02	(232.50) 425.40 (373.20) 168.10 (147.50) 386.90				(335.50) 210.10 (184.30) 386.90		M	+L	DE D
8259 8261 DENTL 8263 8267	Rebase PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline - The addition of material to the fitting surface of a denture base. Reline complete or partial denture (chair-side) Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes 8231 to 8241. See code 8243 (soft base to new denture).	05.02 05.02 06.03	(232.50) 425.40 (373.20) 168.10 (147.50) 386.90 (339.40)			ction or occlusi	210.10 (184.30) 386.90 (339.40)		M	+L	E E E E E E E E E E E E E E E E E E E
8259 8261 DENTL 8263 8267	Rebase PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline - The addition of material to the fitting surface of a denture base. Reline complete or partial denture (chair-side) Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes 8231 to 8241. See code 8243 (soft base to new denture). M DENTURES Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a	05.02 05.02 06.03	(232.50) 425.40 (373.20) 168.10 (147.50) 386.90 (339.40)	or reasons of a		ction or occlusi	210.10 (184.30) 386.90 (339.40)	which it is	M	+L C	E E E E E E E E E E E E E E E E E E E
8259 8261 DENTU 8263 8267 INTER	Rebase PROCEDURES Rebase – The partial or complete removal and replacement of the denture base. Rebase complete or partial denture (laboratory) Remodel complete or partial denture RE RELINE PROCEDURES Reline – The addition of material to the fitting surface of a denture base. Reline complete or partial denture (chair-side) Reline complete or partial denture (laboratory) This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes 8231 to 8241. See code 8243 (soft base to new denture). M DENTURES Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a replaced by a more definitive prosthesis.	05.02 05.02 06.03	(232.50) 425.40 (373.20) 168.10 (147.50) 386.90 (339.40) eriod of time for	or reasons of a		ction or occlusi	210.10 (184.30) 386.90 (339.40)	which it is	M	+L	E E E E E E E E E E E E E E E E E E E

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
	May be used to submit the use of a flipper (stayplate). A stayplate is an acrylic partial, with or without wire clasps, that replaces one or more teeth usually temporary in nature. Includes any necessary clasps and rests. This code should not be used in lieu of space maintainers.										
8661	Diagnostic dentures (including tissue conditioning)	06.03					1890.40 (1658.20)			+L	Ā
ĺ	See also codes 8658, 8659 and 8265.										
OTHER	REMOVABLE PROSTHETIC PROCEDURES					<u> </u>			-		
8251	Clasp or rest - cast gold	06.03	64.30 (56.40)							+L_	Α
	Codes 8251, 8253, 8255 and 8257 may not be levied concurrently with codes 8169 (occlusal orthotic device), 8175 (space maintainer), 8269 (repair of denture) or 8281 (metal framework).										
8253	Clasp or rest - wrought gold	06.03	64.30 (56.40)						L	+L	В
	See code 8251 descriptor.	1	!				{				1 1
8255	Clasp or rest - stainless steel	06.03	67.70 (59.40)						Г	+L	В
	See code 8251 descriptor.	ΙΤ									\Box
8257	Bar - lingual or palatal	06.03	79.80 (70.00)			1			м	+L	В
	See code 8251 descriptor.	-									†
8265	Tissues conditioning per arch (including soft self-cure reline)	05.02	109.80				140.70 (123.40)		М		В
8277	Inlay in denture	06.03	(00.00)		<u> </u>		(120:10)			+L	Α
	Limitation: Benefits by arrangement.										
8597	Locks and milled rests	04.00	64.10 (56.20)				96.00 (84.20)		т	+L	A
8599	Precision attachment (removable denture)	06.03	156.00 (136.80)				234.10 (205.40)		М	+L	A
	Each set of male and female components should be reported as one precision attachment, Includes semi-precision attachments.										
8652	Overdenture - complete	06.04	1260.20 (1105.40)				1890.40 (1658.20)		M	+L	В
	Other separate procedures may be required concurrent to 8652.								l		
8653	Overdenture - partial	06.04	1008.10 (884.30)				1512.30 (1326.60)		М	+L	В
	Other separate procedures may be required concurrent to 8653.								Г		П
8657	Replacement of precision attachment	06.03	89.20 (78.20)				96.00 (84.20)		м	+L	A
	This procedure involves the replacement of the replaceable part (male for female component) of a semi-precision or precision attachment. Report per denture.		, , , , ,				3				П
8663	Metal base to complete denture	06.03	379.70 (333.10)				569.50 (499.60)		M	+L	A
	E.g. chrome cobalt, gold, etc.										
8664	Remount crown or bridge for prosthetics	04.00	181.90 (159.60)				285.00 (250.00)				A

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lat	C
8667	Soft base to denture (heat cured)	05.02	379.70 (333.10)	l			569.50 (499.60)		4	+L	В
8672	Altered cast technique (in addition to partial denture)	05.02	48.70 (42.70)		_		73.00 (64.00)		M	+L	В
8674	Additive partial denture	05.02	571.80 (501.60)				857.70 (752.40)		M	+L	В
G.	MAXILLO-FACIAL PROSTHETICS						, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 - 7	_	<i>.</i> .	
	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Where plus the fee/benefit indicated	struct	res that have opears the pra	been affected ctitioner will ch	by disease, in arge the relev	jury, surgery o ant fee/benefit	for the denture	fect. in the Schedu	ıle	06	3.03
MAXILL	LARY PROSTHESIS				<u> </u>		1 14/11 1 1 1 1 1	<u> </u>	·		•
9101	Obturator prosthesis, surgical - modified denture	04.00	93.80 (82.30)				140.70 (123.40)			+L	
9102	Obturator prosthesis, surgical - continuous base	04.00	254.40 (223.20)				381.60 (334.70)			+L	
9103	Obturator prosthesis, surgical - split base	04.00	379.10 (332.50)				568.70 (498.90)			+L	
9104	Obturator prosthesis, interim - on existing denture	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9105	Obturator prosthesis, interim - on new denture	04.00	1765.80 (1548.90)				2648.60 (2323.30)			+L	
9106	Obturator prosthesis, definitive - open/hollow box	04.00	571.80 (501.60)				857.70 (752.40)			+D	
9107	Obturator prosthesis, definitive - silicone glove	04.00	1104.20 (968.60)				1656.20 (1452.80)			+D	
MANDI	BULAR RESECTION PROSTHESES					·					
9108	Mandibular resection prosthesis w/ guide flange	04.00	1356.30 (1189.70)				2034.40 (1784.60)			+L	
9109	Mandibular resection prosthesis w/o guide flange	04.00	1260.20 (1105.40)	1			1890.40 (1658.20)			+L	
9110	Mandibular resection prosthesis, palatal augmentation	04.00	254.40 (223.20)				381.60 (334.70)			+D	
GLOSS	AL RESECTION PROSTHESES	i ii.		<u> </u>		isi :	: 1, 1 in 1		٧.	Ţ	1.7
9111	Glossal resection prosthesis - simple	04.00	530.60 (465.40)				796.00 (698.20)			+D	T
9112	Glossal resection prosthesis - complex	04.00	794.90 (697.30)	ı			1192.20 (1045.80)			+D	
RADIO	THERAPY APPLIANCES			F. (2)	-,:::	:	• • • • • •	1497 A	_		v.
9113	Radiation carrier - simple	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9114	Radiation carrier - complex	04.00	1578.10 (1384.30)				2367.30 (2076.60)			+L	
9115	Radiation shield - simple	04.00	571.80 (501.60)				857.70 (752.40)	-		+L	
9116	Radiation shield - complex	04.00	1 578 .10 (1384.30)			-	2367.30 (2076.60)			+L	

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P		C
9117	Radiation cone locator	04.00	571.80 (501.60)			857.70 (752.40)			+L	
CHEMO	THERAPY APPLIANCES	-			•					
9118	Chemotherapeutic agent carrier	04.00	571.80 (501.60)			857.70 (752.40)			+L	
CLEFT	PALATE PROSTHESES		1							
8855	Consultation - cleft palate therapy (house or hospital)	04.00	130.40 (114.40)	195.6 (171.60		195.60 (171. <u>60</u>)				s
8856	Consultation - cleft palate (subsequent)		64.10 (56.20)	96.00 (84.20))	96.00 (84.20)		ļ	 	S
8857	Consultation - cleft palate (maximum)	04.00	445.40 (390.70)	668.1 (586.10		668.10 (586.10)				S
NEONA	TAL PROSTHESES									
9119	Feeding aid prosthesis, neonatal	04.00	506.10 (443.90)	759.1 (6 65.90		759.10 (665.90)			+L	S
9120	Orthopaedic appliance, active presurgical - minor	04.00	506.10 (443.90)	(665.90		759.10 (665.90)			+L	s
9121	Orthopaedic appliance, active presurgical - moderate	04.00	749.00 (657.00)	1123.6 (985.60		1123.60 (98 <u>5.60)</u>			+L	s
9122	Orthopaedic appliance, active presurgical - severe	04.00	1260.20 (1105.40)	1890.4 (1658.20		1890.40 (1658.20)			+L	S
9123	Orthopaedic appliance, active presurgical - modification	04.00	64.10 (56.20)	96.00 (84.20	<u>) </u>	96.00 (84.20)			<u></u>	S
INTERN	EDIATE/DEFINITIVE PROSTHESES				<u> </u>			_		
9125	Speech aid/obturator prosthesis - palatal alteration	04.00	255.00 (223. 70)			382.50 (335.50)			+D	
9126	Speech aid/obturator prosthesis - velar alteration	04.00	571.80 (501.60)			857.70 (752.40)			+D	
9127	Speech aid/obturator prosthesis - pharyngeal alteration	04.00	1260.20 (1105.40)			1890.40 (1658.20)			+D	
9128	Speech aid/obturator prosthesis - modification	04.00	64.10 (56.20)			96.00 (84.20)		1	<u> </u>	
9129	Speech aid/obturator prosthesis - surgical	04.00	506.10 (443.90)			759.10 (665.90)			+L	
SPEAC	APPLIANCES	E ::	<u> </u>					<u> </u>	<u> </u>	
9130	Speech aid appliance - palatal lift	04.00	254.40 _(223.20)			381.60 (334.70)			+D	
9131	Speech aid appliance - palatal stimulating	04.00	571.80 (501.60)			857.70 (752.40)			+D	
9132	Speech aid appliance - bulb	04.00	1260.20 (1105.40)			1890.40 (1658.20)			+D	
9133	Speech aid appliance - modification	04.00	64.10 (56.20)			96.00 (84.20)				
9134	Unspecified speech aid appliance	04.00				_			+L	
EXTRA	ORAL APPLIANCES	<u> </u>				Y				
9135	Auricular prosthesis - skmple	04.00	1578.10 (1384.30)			2367.30 (2076.60)			+L	

Code	Description	Ver	General Dental	Maxillo- facial and	Orthodontic	Oral Medicine	Prosthodont ics	Oral Pathology	M	Lab	T
			Practice	Oral Surgery		and Periodontics		radiciogy			
9136	Auricular prosthesis - complex	04.00	2059.10				3072.20 (2694.90)		П	+L	
9137	Nasal prosthesis - simple	04.00	1578.10 (1384.30)	-			2367.30 (2076.60)		П	+L	
9138	Nasal prosthesis - complex	04.00	2059.10 (1806.20)				3072.20 (2694.90)			+L	
9139	Ocular prosthesis - interim	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9140	Ocular prosthesis - modified stock appliance	04.00	1418.60 (1244.40)				2127.90 (1866.60)			+L	
9141	Ocular prosthesis - custom appliance	04.00	2059.10 _(1806.20)				3072.20 (2694.90)			+L	
9142	Orbital prosthesis - simple	04.00	1418.60 (1244.40)				2127.90 (1866.60)			+L	
9143	Orbital prosthesis - complex	04.00	2059.10 (1806.20)				3072.20 (2694.90)			+L	
9144	Facial prosthesis, combination - small	04.00					}				
9145	Facial prosthesis, combination - medium	04.00				(
9146	Facial prosthesis, combination - large	04.00						_			\perp
9147	Facial prosthesis, combination - complex	04.00			ļ					Ĺ	
9148	Unspecified body prosthesis - simple	04.00	1418.60 (1244.40)				2127.90 (1866.60)			+L	
9149	Unspecified body prosthesis - complex	04.00	2059.10 (1806.20)				3072.20 (2694.90)			+L	
9150	Facial prosthesis, surgical - simple	04.00	1104.20 (968.60)		,		1656.20 (1452.80)			+L	
9151	Facial prosthesis, surgical - complex	04.00	1418.60 (1244.40)				2127.90 (1866.60)			+L	
9152	Extraoral appliance - additional prosthesis	04.00								+L	
9153	Extraoral appliance - replacement prosthesis	04.00				1				+L	
9155	Cranial prosthesis	04.00	571.80 (501.60)				857.70 (752.40)			+L	
CUSTO	M IMPLANTS	at .				* * *		1 4			,
9156	Cranial implant prosthesis, custom made	04.00	690.20 (605.40)				1035.20 (908.10)			+L	
9157	Facial implant prosthesis, custom made - simple	04.00	344.80 (302.50				517.20 (453.70)		П	+L	
9158	Facial implant prosthesis, custom made - complex	04.00	690.20 (605.40				1035.20 (908.10)			+L	
9159	Ocular implant prosthesis, custom made	04.00	344.80 (302.50)				517.20 (453.70)		П	+L	
9160	Body implant prosthesis - custom made	04.00	1534.70 (1346.20				2302.10 (2019.40)			+L	

30410-2

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
SURGIO	CAL APPLIANCES				•						
9161	Surgical splint - simple	04.00	156.00 (136.80)				234.10 (205.40)			+L	
91 62	Surgical splint - complex	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9163	Surgical template - simple	04.00	156.00 (136.80)				234.10 (205.40)			+L	
91 64	Surgical template - complex	04.00	571.80 (501.60)				857.70 (752.40)			+L	
91 65	Surgical conformer - simple	04.00	156.00 (136.80)				234.10 (205.40)			+L	
9166	Surgical conformer - complex	04.00	571.80 (501.60)				857.70 (752.40)			+L	نا
TRISML	S APPLIANCES										
9167	Trismus appliance (simple)	04.00	64.10 (56.20)				96.00 (84.20)		\square	+L	\perp
9168	Trismus appliance (complex)	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9169	Orthoses appliance	04.00	1260.20 (1105.40)				1890.40 (1658.20)			+L	
9170	Facial palsy appliance	04.00	379.10 (332.50)				568.70 (498.90)			+D	
9171	Commissure splint	04.00	156.00 (136.80)				234.10 (205.40)		'	+L	
9172	Oral retractor, dynamic - per arm	04.00	156.00 (136.80)				234.10 (205.40)			+L_	
9173	Hand splint	05.02								+L	
	Unspecified burn appliance	05.02					<u> </u>			+L_	
ATTEN	DANCE IN THEATRE	121.		11.		<u> </u>		•		:	
9175	Theatre attendance (MaxFac prosthod) /hour	04.00	211.00 (185.10)				316.50 (277.60)				
H.	IMPLANT SERVICES	· <u>:</u>	<u> </u>				<u> </u>				
	Services/procedures concerned with the surgical insertion of materials and devices into, onto an cosmetic corrections.			cavity for purp	oses of oral n	naxillofacial or	oral occlusal re	habilitation or	1	06	5.03
SURGIO	ALIMPLANT PROCEDURES	7 1 200 8					·				.: '
	The codes in this subsection are intended to report surgical procedures for the placement of implacing the implant into or onto the bone and preparation for the prosthetic phase.	lants to be	used as prosth	netic abutment	s. The surgica	d phase includ	es all procedur	es concerned	with	1 06	6.03
9180	Surgical placement of sub-periosteal implant - preparatory stage	05.02	925.20 (811.60)						M		S
9181	Surgical placement of sub-periosteal implant - placement stage	05.02	925.20 (811.60)	1387.80					М	+L	s
9182	Surgical placement of endosteal implant plate	04.00	463.10 (406.20)	694.70		694.70 (609.40				+L	s
9183	Surgical placement of endosteal implant - first per jaw	06.03	651.90 (571.80)	886.00		886.00 (777.20	Ď		T	+M	s

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	tc
	Also known as a root form implant; endosseus or an osseo-integrated implant. This procedure involves (1) the surgical placement of a one stage and/or the first stage of a two stage surgery endosteal implant (foture) and (2) the placement of a healing abutment/cap (when appropriate). Code 9183 includes the surgical placement of a one-piece endosteal implant (incorporating both the implant and integral fixed abutment) and should also be used to report the placement of an endosteal plate form implant. In such instances laboratory fees applies. See code 9190 hereunder for second stage surgery and code 9187 located in the "Other implant services" section to report the cost of the endosteal implant body.										
9184	Surgical placement of endosteal implant - second per jaw	05.02	488.00 (428.10)			664.70 (583.10			Т	+M	S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	05.02	326.70 (286.60)			445.20 (390.50			Т	+M	S
9190	Surgical placement of abutment - first per jaw	06.03	241.80 (212.10)			327.60 (287.40			Т	+M	S
	This procedure involves the (1) surgical re-exposure (uncovery or second stage surgery) of that portion of the submerged endosteal implant that receives the attachment device, and (2) the connection of a healing abutment or temporary prosthesis. This is usually done after the implant has matured in the bone for several moriths. The purpose of a healing abutment or collar is to create an emergence profile in the gum tissues for the future implant crown. Some implants are designed to remain exposed in the mouth right after they are placed, abolishing an uncovery procedure. Report codes 8578 or 8579 (in the prosthodontists' code list) for the placement of the final abutment to permit fabrication of a dental prosthesis in addition to this code. See Codes 9188 and 9189 located in the "Other implant services" section to submit the cost of other implant components.	r									
9191	Surgical placement of abutment - second per jaw	05.02	181.80 (159.50)			246.20 (216.00			Т	+M	S
9192	Surgical placement of abutment - third and subsequent per jaw	05.02	121.80 (106.80)			165.60 (145.30			Т	+M	S
IMPLA	T SUPPORTED PROSTHETICS Services/procedures concerned with the construction and placement of fixed or removable prosthes reported using existing fixed or removable prosthetic codes.			ce. Prosthetic	+542 - 1	are not listed	in this subsecti	on should be		06	.03
Abutme	ents and Bars				i idhari		10.	1.00	,		; :
	These codes are intended to report the placement of final restorations and should not be used to reputurents, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating be should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189	oth the i	mplant and int	egral fixed abo	utment) are co	nsidered being	part of the imp	plant body and	ога	у 06	.03
8584	Connector bar - implant supported	06.03	1260.20 _(1105.40)				1890.40 (1658.20)				
	Any bar that connects two or more implants to stabilise and anchor removable overdentures or fixed-detachable dentures. Report code 8578 (prefabricated abutment) for implant abutments separated from connecting bar (bar attachment) and code 8579 (custom abutment) for implant abutments as part of connecting bar in addition to this code. Includes attachments that are inserted in the denture for holding onto the bar. Use to report Preci Bar (Dolder) System attached to implant abutments. When the prefabricated metal Preci Bar is soldered to prefabricated abutments, report codes 8584 and 8578. When the plastic-wax Preci Bar is cast directly with the abutments, report codes 8584 and 8579.	r									

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
8578	Prefabricated abutment	06.03	130.40 (114.40)	_			195.60 (171.60)				
	A prefabricated connection (abutment/precision attachment) to an implant that serves to support and/or retain any prosthesis or superstructure. Modification of a prefabricated abutment may be necessary. Code 8578 should not be used to report the placement of a healing abutment. See Code 9188 located in the "Other implant services" section to submit the cost of the prefabricated abutment.										
8579	Custom abutment	06.03	594.70 (521.70)				892.00 (782.50)				
	A tailor-made connection to an implant that serves to support and/or retain any prosthesis or superstructure. A custom made abutment is usually manufactured by a dental laboratory using a casting process.										
Remov	able Dentures							<u> </u>		<u> </u>	Д
8533	Implant supported removable complete overdenture	06.03	1260.20 (1105.40)				1890.40 (1658.20)		M	+L	В
	A removable complete denture supported by dental implants to provide improved retention and stability. Overdentures are retained by abutments or bars (attachments) and can be removed by the patient at will. Currently includes acrylic and acrylic with metal base overdentures. A complete overdenture normally requires a minimum of two implants in the mandibula and four in the maxilla for effective support, retention and stability. Report the appropriate mesostructures in addition to this code.										
8534	Implant supported removable partial overdenture	06.03	1008.10 (884.30)				1512.30 (1326.60)		M	+L	В
	See code 8533 for descriptor.										
Fixed-d	etachable Dentures		- 1 mg 1								7
8654	Implant supported fixed-detachable complete overdenture	06.03	1417.50 (1243.40)		· ·		2126.20 (1865.10)		M	+L	Α
	A fixed complete denture supported by dental implants, or abutments placed on implants, to provide improved retention and stability; may be screw retained or cemented and cannot be removed by the patient; also known as a "hybrid prosthesis." Currently includes acrylic and acrylic with metal base fixed dentures. A fixed-detachable complete denture normally requires a minimum of five implants in the mandibula and six in the maxilla for effective support, retention and stability. When abutments are used, report code 8578 (prefabricated abutment) or code 8579 (custom abutment), as appropriate, in addition to this code. When the denture is supported directly on the implant body (no mesostructure or abutments are used), report code 8660 in addition to this code. When the design of the denture includes a metal base, report code 8663 (Metal base to complete denture) in addition to this code.										
8655	Implant supported fixed-detachable partial overdenture	06.03	1133.90 (994.60)				1457.00 (1278.10)		M	+L	A
	See code 8654 for descriptor.										П
8660	Additional fee to implant supported fixed-detachable denture - per implant	06.03	195.60 (171.60)				195.60 (171.60)	1	Т		A

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont lcs	Oral Pathology	M P		b T	
	This code may be reported when an implant supported fixed denture is attached to an implant body (no mesostructure or abutments are used). Report per implant and identify the position (replaced tooth's number) of the implant(s). May only be used in conjunction with codes 8654 and 8655.											
Crowns	- Single Restorations											
8536	Crown - implant/abutment supported - porcelain/ceramic	06.03	1042.10 (914.10)				1378.30 (1209.00)		T	+L	A	
	An artificial crown that is retained, supported, and stabilised by an implant or abutment on an implant; may be screw retained or cemented.											
8537	Crown - Implant/abutment supported - porcelain with metal	05.02	1042.10 (914.10)				1378.30 (1209.00)		T	+L	A	
8538	Crown - implant/abutment supported - cast metal	05.02	1042.10 (914.10)				1378.30 (1209.00)		T	+L	A	
8592	Crown - implant/abutment supported	06.03					1378.30 (1209.00)		T	+L	A	
	An artificial crown that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented. See also codes 8536, 8537 and 8538.											
Bridge	Retainers - Crowns					1.5			•			1
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	06.03	1042.10 (914.10)				1378.30 (1209.00)		T	+L	Α	Ī
	A crown attaching a pontic(s) that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented.		·									
8547	Crown retainer - implant/abutment supported - porcelain with metal	05.02	1042.10 (914.10)				1378.30 (1209.00)		T	-		
8548	Crown retainer - implant/abutment supported - cast metal	05.02	1042.10 (914.10)				1378.30 (1209.00)		Ţ	+L	A	
OTHER	IMPLANT SERVICES		·									
8590	Implant maintenance procedures - per implant	06.03	57.70 (50.60)				86.60 (76.00)		T		Ā	
	This procedure involves the (1) removal of the superstructure(s), cleansing and reinsertion; (2) active deposit removal (debriding) of the implant; (3) examination of all aspects of the implant system (periimplant and prosthetic evaluation, including the occlusion and stability of the superstructure); and (4) patient home care reinforcement and modification. Report per implant and identify the position of the implant (replaced tooth's number) from which the superstructure has been removed. This procedure involves the maintenance of the implant and should not be reported when the superstructure is not removed. See code 8159 (prophylaxis – complete dentition) in the "Preventive Section". The procedure also involves pasient home care reinforcement and modification, and codes 8151 (Oral hygine instructions) or code 8153 (Oral hygine instructions – each additional visit) should not be reported with this code. Radiographs, when indicated, may be reported in addition to this code (usually at each three months recall visit for the first year and annually thereafter).											
8594	Repair of implant supported prosthesis	06.03	64.10 (56.20)				96.00 (84.20)				$oxed{T}$	_
	Use this code to report the repair or replacement of any part of the implant supported prosthesis. See Codes 9189 to submit the cost of implant components (e.g. replacement clips).											
8595	Repair of implant abutment	06.03	64.10 (56.20)				96.00 (84.20)				\Box	

	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	P	Lab	C
	Use this code to report the repair or replacement of any part of the implant abutment. See code 9188 to submit the cost of implant abutment and code 9189 to submit the cost of implant components (e.g. abutment screw).										
8600	Cost of implant components	06.03		-					Ш		s
	See Rule 002 and Modifier 8025 for direct material costs. See also codes 9187, 9188 and 9189.	1 !			1)					
9187	Cost of endosteal implant body	06.03		-		-					S
	Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant body.										
9188	Cost of prefabricated abutment	06.03	-								S
	Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9187 and Modifier 8025 per implant abutment.										
9189	Cost of other implant compnts	06.03								_	S
	Use this code to report all other implant components (implant fixtures and abutments excluded) which are a component part of the definite implant/implant prosthesis system. Comment: See Rule 002 and Modifier 8025 for direct material costs. Report both code 9189 and Modifier 8025 per component.										
9198	Surgical removal of implant	06.03	301.40 (264.40)			452.00 (396. <u>50)</u>			Т	L_	S
	This procedure Involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.										
L	Control of the Market Control of the										
	FIXED PROSTHODONTICS The branch of posthodontics concerned with the replacement or restoration of teeth by additical sub-) (17 ¹)	-Jr. 191	11 11 12		06	5.03
<u> </u>	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/intay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each portic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons.	stitutes hat atta- to meta pressure	that are not re ches a pontic of retainers and coured resin re	adily removab to the abutmen d pontics. naterials.	ile. nt tooth. A poi	ntic is that part		ich replaces a	1	06	5.03
PONTIC	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial subtained prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or	stitutes hat atta- to meta pressure	that are not re ches a pontic of retainers and coured resin re	adily removab to the abutmen d pontics. naterials.	le.	ntic is that part		ich replaces a		06	5.03
PONTIC	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/intay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each portic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons.	to meta pressure forming	that are not reches a ponticular retainers and e-cured resin resistants.	adily removab to the abutmen pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ich replaces a	ves		3.03
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each portic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons. Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the	to meta pressure forming	that are not reches a ponticular retainers and e-cured resin resistants.	adily removab to the abutmen of pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ich replaces a	ves		
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/Inlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each portic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons. Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised.	stitutes that attact to meta pressure forming ne pontic as brid	that are not reches a pontice of retainers and recurred resin notes have been rege retainers.	adily removab to the abutmen d pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ich replaces a	wes	06	3.03 A
8415 8416	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each portic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons. Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised Pontic - porcelain/ceramic	to meta pressure forming ne pontic as brid 05.03	that are not reches a pontice of retainers and e-cured resin not receive the retainers and residual to the retainers. 655.30 (574.80) 520.60	adily removab to the abutmen of pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ich replaces a	ves	06 +L	3.03 A
8415 8416 8417	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons. Comment: Codes 8415, 8416, 8417and 8418 include ovate pontic designs. The nomenclatures of the accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised. Pontic - porcelain/ceramic	to meta pressure forming ne pontice as bride 05.03	that are not reches a ponticular retainers and ecured resin research retainers. Shave been rege retainers. 655.30 520.60 (456.70) 655.30	adily removab to the abutmen of pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ich replaces a	ves	06 +L +L +L	3.03 A A A
8415	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial sub A prosthetic retainer (e.g., crown/lnlay/onlay retainer) in this section is defined as a part of a bridge missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused Resin retainers and pontics include all reinforced heat and/or Metal components include structures manufactured by means of conventional casting and/or electrons. Comment: Codes 8415, 8416, 8417 and 8418 include ovate pontic designs. The nomenclatures of the accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised Pontic - porcelain/ceramic Pontic - resin with metal	stitutes that attack to meta pressure forming the pontice as bride 05.03 05.03	that are not reches a pontice of retainers and ecured resin research for the course of	adily removab to the abutmen of pontics. naterials.	ile. nt tooth. A poi	ntic is that part	of a bridge whi	ch replaces a	ves	06 +L +L +L	3.03 A A A

Code	Description	Ver	General Dental Practice	Maxillo- factal and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M	Lab	C
8611	Pontic - sanitary	06.03					714.50 (62@.80)		T	+L	A
	See GDP codes 8415 to 8418.										\Box
8613	Pontic - posterior	06.03					874.00 (766.70)	1	Т	+L	Α
	See GDP codes 8415 to 8418.					i					
8615	Pontic - anterior/premolar	06.03					944.30 (828.30)		Т	+L	A
	See GDP codes 8415 to 8418.										
BRIDG	RETAINERS - INLAYS/ONLAYS		7,41,7,3	teles partition		· · ·					
	An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.	tip must	be overlayed	to be consider	red an onlay.					06	.03
8432	Inlay/onlay retainer - metal - two surfaces	05.02	312.20 (273.90)				610.60 (535.60)		T	+L	Α
8433	Inlay/onlay retainer - metal - three surfaces	05.02	520.60 (456.70)				946.90 (830.60)		Т	+L	Α
8434	Inlay/onlay retainer - metal - four or more surfaces	05.02	629.60 (552.30)				946.90 (830. <u>60)</u>		Т		Α
8436	Inlay/onlay retainer - porcelain - two surfaces	05.02	379.90 (333.20)				732.50 (642.50)		Т		A
8437	Inlay/onlay retainer - porcelain - three surfaces	05.02	626.10 (<u>54</u> 9.20)				1138.20 (998.40)		Т	+L	Α
8438	Inlay/onlay retainer - porcelain - four or more surfaces	05.02	758.30 (665.20)				1138.20 (998.40)		Т	+L	Α
8617	Retainer cast metal (Maryland type retainer)	06.03	312.20 (273.90)				610.60 (535.60)		<u> </u> T	+L	A
	Use for Maryland type bridges; Report per retainer; See codes 8415 to 8418 for pontics.					<u> </u>			L,	<u></u>	Ш
BRIDG	RETAINERS - CROWNS						<u> </u>			Tax	
	A crown retainer for a bridge that gains retention, support and stability from a tooth.								_		5.03
8441	Crown retainer - full cast metal	05.02	802.80 (704.20))			1181.90 (1036.80)		L	+L	A
8442	Crown retainer - 3/4 cast metal	05.02	802.80 (704.20)				1181.90 (1036.80)		T	+L	A
8443	Crown retainer - porcelain/ceramic	05.02	802.80 (704.20))			1181.90 (1036.80)	i	T	+L	Α
8444	Crown retainer - 3/4 porcelain/ceramic	05.02	802.80 (704.20)				1181.90 (1036.80)		Т		A
8445	Crown retainer - porcelain with metal	05.02	802.80 				1181.90 (1036.80)		Т	+L	Α
8446	Crown retainer - resin with metal	05.02	80 2.80 (704.20)				1181.90 (1036.80)		T	+L	A

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 5	Oral Medicine and Periodontics	Prosthodont lcs	Oral Pathology	N P	Lab	C
8447	Provisional crown retainer	06.03	156.00 (136.80)				234.10 (205.40)		T	(+L)	Α
	The intended use of a provisional crown retainer is to allow adequate time (of at least six weeks duration) for healing or completion of other procedures during restorative treatment and should not to be used as a temporary prosthesis. Comment: Code 8410 (Provisional crown) previously included both provisional pontics (code 8425) and provisional crown retainers (code 8447).										
OTHER	FIXED PROSTHODONTIC PROCEDURES		•								
	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section	òn.						_		06	.03
8514	Recement bridge	06.03	70.30 (61.70)				89.20 (78.20)		T		В
	Use to report the recementation of a permanent inlay-, onlay-, or crown retainer - reported per retainer. May be used to report the recementation of a Maryland bridge. Report code 8133 for the recementation of a single permananet inlay, onlay or crown. Comment: This code may not be used for the recementation of temporary or provisional restorations, which is included as part of the restoration. Previouly code 8133 included the recementation of bridge retainers.										
8516	Remove bridge	06.03	139.80 (122.60)				139.80 (122.60)		T		A
	This procedure involves the removal of a permananet bridge retainer - reported per retainer. Report code 8135 for the removal of a single permananet inlay, onlay or crown. Comment: This code may not be used for the removal of temporary or provisional restorations, which is included as part of the restoration. Previouly code 8135 included the removal of bridge retainers.										
8518	Repair bridge	06.03	156.00 (136.80)				156.00 (136.80)		T	(+L)	A
	This procedure involves the repair or replacement of the face of a permanent crown retainer or pontic. Excludes the removal (8516) and recementation (8514) of the permanent bridge. This code may also be reported for the repair/replacement of a provisional crown retainer (8447) or pontic (8425) after a period of two months. The code may not be used for the repair/replacement of a temporary bridge, which is included as part of the restoration.										
8585	Connector bar	06.03	1260.20 (1105.40)				1890.40 (1658.20)	i	M	+L	Α
	Any bar that connects two or more inlay/onlay/crown retainers or pontics to stabilise and anchor removable overdentures. Report the appropriate retainer(s) or pontic(s) in addition to this code. Use to report Preci Bar (Dolder) System attached to inlay/onlay/crown retainers or pontics. Report code 8585 for both the prefabricated metal Preci Bar which is soldered to and plastic-wax Preci Bar which is casted directly with the inlay/onlay/crown retainers or pontics. Report the appropriate retainer(s) or pontic(s) in addition to this code.										
8586	Stress breaker	06.03	470.10 (412.40)				705.10 (618.50)		М	+L	A
	A non-ridgid connector.										
8587	Coping metal	06.03	104.70 (91.80)				195.60 (171.60)		Т	+L	Α

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
	A thimble coping may utilise pins for additional retention. Generally used to parallel an abutment tooth for bridge and splints. May be similarly used to parallel an implant abutment where implant bodies are not parallel. A dome-shaped coping is generally used on an endodontically treated abutment tooth for an overdenture.										
J.	ORAL AND MAXILLO-FACIAL SURGERY	• • ["					_
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures									06.0)3
EXTRA	CTIONS: 100 CTIONS		arania (ili	1010			12. j		. et .		
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	06.03	70.30 (61.70)	105.40 (92.50)					Т		В
	The removal of an erupted tooth or exposed tooth roots by means of elevators and/or forceps. This includes the routine removal of tooth structure and suturing when necessary. Report per tooth. The removal of more than one exposed root of the same tooth should be reported as one extraction. When a normal extraction fails and residual tooth roots are surgically removed during the same visit, code 8937 should be reported.										
8202	Extraction - each additional tooth or exposed tooth roots	06.03	28.30 (24.80)	42.50 (37.30)					Т		В
	To be reported for an additional extraction in the same quadrant at the same visit.										
SURGI	CAL EXTRACTIONS				1				++	*	\exists
	Report code 8220 when sutures are provided by the practitioner.						_			06.0)3
8213	Surgical removal of residual roots, first tooth - per tooth	06.03	303.70 (266.40)						Т		s
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of tooth roots and closure. Report per tooth. The removal of more than one root of the same tooth should be reported as one surgical removal. A residual root is defined as the remaining root structure following the loss of the major portion (over 75%) of the crown.										
8214	Surgical removal of residual roots, second and subsequent teeth's roots	04.00	234.10 (205.40)						T		s
8937	Surgical removal of tooth	06.03	303.70 (266.40)						T		s
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of the tooth and closure. Use code 8937 for the surgical removal of residual tooth roots following the failure of a normal extraction during the same visit.										
8941	Surgical removal of impacted tooth - first tooth	06.03	503.50 (441.70)						Т		s
	Use to report when the occlusal surface of the tooth is covered by soft tissue and/or bone. This procedure requires mucoperiosteal flap elevation with or without bone removal, removal of the tooth and closure.										
8943	Surgical removal of impacted tooth - second tooth	04.00	270.10 (236.90)					_	T		s
8945	Surgical removal of impacted tooth - third and subsequent teeth	04.00	153.50 (134.60)		1				T		s
8953	Surgical removal of residual roots, first tooth - per tooth	06.03		409.90 (359.60)					T		s

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of tooth structure and closure. Report per tooth. The removal of more than one exposed root of the same tooth should be reported as one surgical removal. A residual root is defined as the remaining root structure following the loss of the major portion (over 75%) of the crown. Note 1: Maxillo-Facial Surgeons - See Surgery Guidelines, Notes 2 and 3 for the removal of residual tooth roots of each subsequent tooth. Report per tooth. Note 2: General Dental Practitiones to report codes 8213 and 8214.										
OTHER	SURGICAL PROCEDURES				-		<u> </u>	·		<u> </u>	4
8517	Reimplantation of avulsed tooth (include stabilisation)	05.04	162.40 (142.50)				243.60 (213.70)		T	+L	S
8909	Oral antral fistula closure	04.00	711.90 (624.50)	(936.70)							S
8911	Caldwell-Luc procedure	04.00	278.50 (244.30)	(366.50)							S
8917	Biopsy of oral tissue - soft	06.03	177.50 (155.70)			236.70 (207.60)			М	<u> </u>	S
	Incisional/excisional (e.g. epulis). This procedure does not include the cost of the essential pathological evaluations.								1	<u> </u>	
8919	Biopsy of bone - needle	05.02	273.30 (239.70)	(359.60)		_			M		S
8921	Biopsy – extra-oral bone/soft tissue	05.02	447.20 (392.30)	(588.30)					M		s
8961	Tooth transplantation	06.03	611.20 _(536.10)						T	+L	s
	See Surgery Guidelines, Notes 2 and 3.										
8965	Peripheral neurectomy	04.00	611.20 (536.10)								s
8966	Repair of oronasal fistula (local flaps)	04.00	850.30 (745.90)	(1118.90)	1						s
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	06.03	561.00 (492.1 <u>0</u>)			764.20 (670.40			Т		S
	An incision is made and the tissue is reflected and bone removed as necessary to expose the crown. This procedure may include but is not limited to a situation whereby an attachment is laced to facilitate eruption. In some instances, a free soft tissue graft is needed as a concurrent but separate procedure. Comment: The orthodontic attachment is usually supplied by the referring orthodontist.										
8983	Corticotomy - first tooth	04.00	405.90 (356.10)						Т		S
8984	Corticotomy - each additional tooth	04.00	205.80 (180.50)	(270.90)					Т		s
3 -9	OPLASTY	en e			rkali (m. 1		<u> </u>	<u> </u>		11/1/20	
8957	Alveolotomy or alveolectomy (including extractions)	06.03	372.90 (327.10)						М	$oxed{oxed}$	s
	Report per jaw.			1	1					1	

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Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
9003	Reposition mental foramen and nerve - per side	05.02	849.20 (744.90)	1273.70 (1117.30)					М	+L	s
9004	Lateralization of inferior dental nerve	05.02	1368.30 (1200.30)	2052.50 (1800.40)					П		s
VESTIB	ULOPLASTY		, (1200.00,		:: : :::::::::::::::::::::::::::::::::	* E (*)	1				ㅋ
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.									06.	03
8997	Sulcoplasty / Vestibuloplasty	05.02	1401.50 (1229.40)	2102.30 (1844.10)		2102.30 (1844.10)			M	+L	s
SURGIO	AL EXCISION OF SOFT TISSUE LESIONS				- A 17			1			П
8971	Excision of tumour of the soft tissue	04.00	273.30 (239.70)	409.90 (359.60)		409.90 (359.60)					s
	AL EXCISION OF INTRA-08SEOUS LESIONS				****	1.7		7			11.
8967	Surgical removal of jaw cyst - intra-oral approach	05.02	849.20 (744.90)	1273.70 (1117.30)					М		S
8969	Surgical removal of jaw cyst - extra-oral approach	05.02	1360.20 (1193.20)	2040.40 (1789.80)					М		S
8973	Surgical excision of turnours of the jaw	05.02	1360.20 (1193.20)	2040.40 (1789.80)					М		S
9290	Maxillectomy - Alveolus only, Level I	06.03									
	Report per side.										
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	06.03									П
	Report per side.								П		
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	06.03						·			Ħ
	Report per side.										
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV Report per side.	06.03							H		Н
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V Report per side.	06.03							\parallel		Ħ
		 							\perp	<u> </u>	Н
9300	Hemiresection of jaw including condyle and coronoid process Report per side.	06.03							\vdash		Н
EXCISI	ON OF BONE TISSUE	 	- 1 · 1		i sindu		* *				ㅐ
8975	Hemiresection of jaw excluding condyl	06.03	1428.90	2143.40					М		s
	Include splintage of segments.		(1200.40)	(1000.20)					T		Н
8987	Reduction of mylohyoid ridges - per side	04.00	611.20 (536.10)	916.90 (804.30)					П	+L	s
8989	Removal torus mandibularis	04.00	611.20 (536.10)	916.90 (804.30)					П	+L	s
8991	Removal of torus palatinus	04.00	611.20 (536.10)	916.90 (804.30)					П	+L	s

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
8993	Surgical reduction of osseous tuberosity - per side	06.03	273.30 (239.70)	409.90 (359.60)					М	+L	s
	See procedure code 8971 for excision of denture granuloma.		•								
SURGIO	AL INCISION					l					_
8731	Incision & drainage of abscess - intra-oral	06.03	112.10 (98.30)			168.10 (147.50)					Α
	Periodontal abscess - treatment of acute phase (with or without flap procedure).										
8908	Surgical removal of roots from maxillary antrum	06.03	928.60 (814.60)	1392.90 (1221.80)							s
	Involves Caldwell-Luc and closure of oral antral communication.										
9011	Incision & drainage of abscess - intra-oral (pyogenic)	05.02	173.90 (152.50)	260.70 (228.70)					M		s
9013	Incision & drainage of abscess - extra-oral (pyogenic)	06.03	237.80 (208.60)	356.70 (312.90)					M		s
	E.g., Ludwig's angina.										
9017	Decortication, saucerisation and sequestrectomy	06.03	1258.50 (1103.90)	1887.80 (1656.00)							S
	For osteomyelitis of the mandible.									i —	Γ
9019	Sequestrectomy - intra oral per sextant and or ramus	05.02	273.30 (239.70)	409.90 (359.60)					М		s
	MENT OF FRACTURES		7. a - 1	<u> </u>				,,,			
-	s Fractures		<u> </u>	2 .00	<u>, </u>	<u> </u>		. :		: <i>:</i>	<u>:</u> :
9024	Dento-alveolar fracture - per sextant	04.00	306.50 (268.90)	459.70 (403.20)						+L	S
	ular Fractures	1			. :		· · · · · · · · · · · · · · · · · · ·			<u> </u>	_
9025	Mandible fracture - closed reduction	06.03	678.70 (595.40)	1018.10 (893.10)				_	Ш		s
	Includes intermaxillary fixation.									l	
9027	Mandible fracture - compound, with eyelet wiring	04.00	953.20 (836.10)	1429.80 (1254.20)							s
9029	Mandible fracture - splints	06.03	1055.50 (925.90 <u>)</u>	1583.30 (1388.90)						+L	s
	Metal cap splintage or Gunning's splints.										
9031	Mandible fracture - open reduction	06.03	1564.50 (1372.40)	2346.70 (2058.50)						+L	S
	Includes restoration of occlusion by splintage.										
Maxillia	ry Fractures					- ,::	.:. :.	· · · · · · · ·			
9035	Maxilla fracture - Le Fort I or Guerin	06.03	954.90 (837.60)							+L	s
	When open reduction is required for Codes 9035 and 9037, Modifier 8010 may be applied.										

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
9037	Maxilla fracture - Le Fort II or middle third face	06.03	1564.50 (1372.40)	2346.70 (2058.50)				_		+L	S
	When open reduction is required for Codes 9035 and 9037, Modifier 8010 may be applied.			•					Γ		
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	06.03	2243.80 (1968.20)	3365.60 (2952.30)						+L	s
	Includes comminuted mid-facial fractures requiring open reduction and splintage.										
Zygoma	/Orbital/Antral Fractures	!	: / .						-1-		\neg
9041	Zygomatic arch fracture - closed reduction	06.03	678.70 (595.40)	1018.10 (893.10)							s
	Gillies or temporal elevation.										
9043	Zygomatic arch fracture - open reduction	06.03	1360.20 (1193.20)	2040.40 (1789.80)							s
	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation								İ	1	
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	04.00	2037.90 (1787.60)	3056.90 (2681.50)							S
9046	Placement of Zygomaticus fixture, per fixture	05.02	1346.10 (1180.80)	-							S
Nasal F	ractures www.						: - : : : : : : : : : : : : : : : : : :				٠.
9280	Open reduction and fixation of nasal fractures	04.00							ļ	\perp	
	Manipulation and immobilisation of nasal fracture	04.00					_				Ь.
TEMPO	ROMANDIBULAR JOINT	• • •	<u> </u>		<u> 1. a.j. (%).</u>	<u> </u>		<i></i>			
	Procedures which are an integral part of a primary procedure should not be reported separately.									06	.03
8172	Cost of orthotic appliance	06.03	-	-							Γ_
	Comment: Applicable to pre-fabricated devices. See Rule 002 and Modifier 8025 for direct material costs.										_
8850	Treatment of MPDS - first visit	04.00	107.50 (94.30)		161.30 (141.50)		161.30 (141.50)				A
8851	Treatment of MPDS - subsequent visit	04.00	56.60 (49.60)		84.90 (74.50)	<u> </u>	84.90 (74.50)		丄		A
8852	Occlusal orthotic appliance	06.03	270.10 (236.90)	355.90 (312.20)						+L	s
	Presently Includes splints provided for treatment of temporomandibular joint dysfunction and NTI Tention Supression System (NTI-tss) devices.										L
9053	Coronoldectomy (intra-oral approach)	04.00	848.50 (744.30)	(1116.60)							s
9074	Tmj arthroscopy diagnostic	04.00	675.30 (592.40)								s
9075	Condylectomy, coronoidectomy or both	04.00	1696.50 (1488.20)								s
9076	TMJ artrocentesis	04.00	372.90 (327.10)								S
9077	TMJ intra-articular injection	04.00	101.70 (89.20)								s

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
9079	Trigger point injection	04.00	79.40 (69.60)	119.20 (104.60)							S
9081	Condylectomy (Ward/Kostecka)	06.03	678.70 (595.40)	1018.10 (893.10)							S
,	For Codes 9081, 9083 and 9092 the full fee may be charged per side.		<u> </u>								
9083	TMJ srthroplasty	06.03	1696.50 (1488.20)	2544.80 (2232.30)							s
	For Codes 9081, 9083 and 9092 the full fee may be charged per side.										
9085	Reduction of TMJ disloc w/o anaesthetic	04.00	134.90 (118.30)	202.40 (177.50)							S
9087	Reduction of TMJ disloc w/ anaesthetic	04.00	273.30 (239.70)	409.90 (359.60)							S
9089	Reduction of TMJ disloc w/ anaesthetic and immobobilisation	04.00	678.70 (595.40)	1018.10 (893.10)							S
9091	Reduction of TMJ dislocation - open reduction	04.00	1696.50 (1488.20)	2544.80 (2232.30)							S
9092	Joint reconstruction	06.03	4529.30 (3973.10)							+L	S
	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) For Codes 9081, 9083 and 9092 the full fee may be charged per side.							_			
REPAIR	OF TRAUMATIC WOUNDS	2	11 1	: .':	<u> </u>	· 2500		· .			\sqcup
8192	Suture - minor	06.03	346.50 (303.90)								s
	Use to report the suturing of recent small wounds. Excludes the closure of surgical incisions.										
COMPL	ICATED SUTURING					<u> </u>				<u>. </u>	
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Exclu	des the	closure of sur	gical incisions.						06.	03
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	04.00	346.50 (303.90)								s
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	04.00	645.00 (565.80)		ol .						S
OTHER	REPAIR PROCEDURES	* 400 mm	13 14 (CS)					V. HALLS			
8958	Emergency tracheotomy	04.00	313.30 (274.80)								
8959	Pharyngostomy	04.00	313.30 (274.80)								
0000					.1						S
8962	Harvest iliac crest graft	. 04.00	225.30 (197.60)								1 1
	Harvest iliac crest graft Harvest rib graft	04.00		(243.00) 387.70)		_				S

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
8977	Surgical repair of maxilla or mandible - major	06.03	1427.80 (1252.50)	2141.70 (1878.70)					Ш		S
	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) 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)	04.00	117.70 (103.20)	176.70 (155.00)		176.70 (155.00)					S
8985	Frenulectomy/frenulotomy	04.00	372.90 (327.10)			559.30 (490.60)					S
9005	Alveolar ridge augmentation - total (by bone graft)	05.02	1428.90 (1253.40)			2143.40 (1880.20)	1		М	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	05.02	899.40 (788.90)						М	+L	s
9008	Alveolar ridge augmentation - one to two tooth sites	05.02	278.00 (243.90)			508.60 (446.10)	1		М	+L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	05.02	618.10 (542.20)	927.10 (813.20)		927.10 (813.20)	1		M	+L	S
9010	Sinus lift procedure	05.02	928.60 (814.60)	1392.90 (1221.80)		1392.90 (1221.80)			М	+L	S
9032	Reduction of masseter muscle and bone - extra-oral approach	06.03								_	
	Eg., for treatment of benign masseteric hypertrophy; extraoral approach (Alt Code: CPT 21295)										
9033	Reduction of masseter muscle and bone - intra-oral approach	06.03								_	
	Eg., for treatment of benign masseteric hypertrophy, intraoral approach (Alt Code: CPT 21296)										Ш
9048	Surgical removal of internal fixation devices, per site	05.02	261.30 (229.20)	392.00 (343.90)							s
Functio	nal Correction of Malocclusion	<u> </u>	<u> </u>			<u> </u>					:
	For Codes 9047 to 9072 the full fee may be charged.									06	.03
9047	Osteotomy - open with stabilisation	06.03	2852.10 (2501.80)	4278.30 (3752.90)						+L	S
	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)		,								
9049	Osteotomy - mandible body, anterior segmental	06.03	2377.00 (2085.10)							+L	S
	E.g. Köle										
9050	Osteotomy - total subapical	04.00	4348.00 (3814.00)								S
9051	Genioplasty	04.00	1360.20 (1193.20)								s
9052	Midfacial exposure	06.03	2153.40 (1888.90)								s
	For maxillary and nasal augmentation or pyramidal Le Fort II osteotomy.										

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery		Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
055	Osteotomy - segmented, posterior	06.03	2377.00 (2085.10)						М	+L	S
	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure.	\vdash	(2000.70)	(0121100)					Τ		T
057	Osteotomy - segmented, anterior	06.03	2377.00 (2085.10)						M	+L	s
	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure.										
059	Reconstruct maxilla - Le Fort I osteotomy, one piece	04.00	4472.70 (3923.40)							+L	s
060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	05.02	5021.00 (4404.40)							+L	s
061	Palatal osteotomy	04.00	1564.50 (1372.40)								s
062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	04.00	5709.50 (5008.30)							+L	s
063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	04.00	5712.30 (5010.80)							+L	s
065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	06.03	8561.00 (7509.60)					_		+L	s
	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.									L	
066	Surgical expansion - maxilliary or mandibular	06.03	1360.20 (1 <u>193.20)</u>						M		s
	This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.										
069	Glossectomy - partial	04.00	1018.90 (893.80)	(1340.70))						s
071	Geniohyoidotomy	04.00	611.20 (536.10)	(804.30)							S
072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	04.00	4472,70 (3923,40 <u>)</u>							+L	s
alivary	Glands to a visitable of the second second with the second			<u></u>	1. (2.1	- :		. ! :		_	
093	Removal of salivary stone (Sialolithotomy)	04.00	306.50 (268.90)	(403.20))					L	s
095	Excision of sublinglual salivary gland	04.00	755.30 (662.50)	(993.90)							s
096	Excision of salivary gland - extra oral approach	04.00	1119.00 (981.60)	(1472.50)							s
edicle	Flaps to ade 0294 0296 and 0299 for flore taken for market front and other market front and other market front and other flore flore flore taken for market front and other flore fl					· · · · · · · · · · · · · · · · · · ·				100	
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post –cancer/ trauma/ tumour surger	•	are not vesti	oulopiasty pro	cedures. Thé u	SE OT THE CODE	s are not subje	ca to modifier	use	06	.03
284	Musculofascial flap	04.00								_	\perp
286	Musculocranial flap	04.00							-	-	
	Musculocranial flap Buccal fat pad (major repair)	04.00									

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
Repair	of Frontal Bones The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach.		<u> </u>	1 1 1	1,1 1 1	· · · ·			-:::	06.0	03
		(1		$\ddot{\dashv}$
9274	Repair anterior table, frontal sinus and/or supraorbital rim	04.00				<u> </u>			-		Н
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus	04.00				_			1		Н
9278	Repair medial canthal ligament (canthopexy), per side	04.00			<u> </u>		:				Ч
	and Palat	1						 	1		႕
9220	Repair cleft hard palate - unileteral	04.00	2498.20 (2191.40)	3747.30 (3287.10)							S
9222	Repair cleft hard palate - bilateral (one procedure)	04.00	3171.20 (2781.80)	4756.80 (4172.60)							S
9224	Repair cleft hard palate - bilateral (two procedures)	04.00	4725.40 (4145.10)	7087.30 (6216.90)							S
9226	Repair cleft soft palate - w/o muscle reconstruction	04.00	2093.40	3140.10 (2754.50)					П		s
9228	Repair cleft soft palate - w/ muscle reconstruction	04.00	3039.60 (2666.30)	4559.50 (3999.60)					\Box		s
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	04.00	2263.20	3394.80					П		s
9232	Velopharyngeal reconstruction - uncomplicated	04.00	(1985.30)	(2977.90) 3493.40					П		s
9234	Velopharyngeal reconstruction - complicated	04.00	(2043.00) 2490.30 (2184.50)	(3064.40) 3735.30 (3276.60)	1				H		s
9238	Repair oronasal fistula (one procedure)	04.00	1424.40 (1249.50)				-		П		s
9240	Repair oronasal fistula (two procedures)	04.00	2485.00 (2179.80)						П		s
9246	Secondary periosteal flaps	04.00	1241.90 (1089.40)								S
9248	Lipadhesion	04.00	464.20 (407.20))						S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	04.00	817.70 (717.30)	1226.50 (1075.90)							S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	04.00	1108.70 (972.50))						s
9254	Repair cleft lip - bilateral w/o muscle reconstruction	04.00	1141.80 (1001.60)	1712.80 (1502.50)							s
9256	Repair cleft lip - bilateral w/ muscle reconstruction	04.00	1764.10 (1547.50)								s
9258	Repair anterior nasal floor	. 04.00	445.40 (390.70)	668.10)						S
9260	Revision of secondary cleft lip deformity - partial	04.00	445.40 (390.70)	668.10							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	04.00	1006.40 (882.80)	1509.60							S

	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M	Lab	C
9264	Abbe-flap - two stages	04.00	1139.70 (999.70)	1709.40 (1499.50)							s
9266	Reconstruct columella	04.00	673.60 (590.90)		1						S
9268	Reconstruct nose due to cleft deformity - partial	04.00	856.00 (750.90)						Ш		S
9270	Reconstruct nose due to cleft deformity - complete	04.00	1352.90 (1186.80)								S
9 2 72	Paranasal augmentation for nasal base deviation	04.00	673.60 (590.90)								S
K.	ORTHODONTIC SERVICES			itan teri		V					
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignme correction of the growing and mature dentofacial structures.	nt and fu	nction. Include	es all services.	/procedures co	ncerned with t	the supervision	, guidnance a	nd	06.	.03
REMOV	ABLE APPLIANCE THERAPY	٠	1. 41		-17		'				
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g. harmful habits (e.g., thumb sucking and tongue trusting).	., partial	treatment to o	pen spaces o	r upright of a to	oth) and mino	r orthodontic tn	eatment to co	ntrol		
8862	Ortho Tx - removable appliance	04.00	788.50 (691.70)		1182.70 (1037.50)					+L	A
8863	Ortho Tx - each additional removable appliance	06.03	396.30 (347.60)		594.40 (521.40)					+L	A
	Limitation: Code 8862 may only be charged once per malocclusion. A maximum of two additional								1	1	
	removable appliances per treatment plan may be charged.	j									
FUNCTI	ONAL APPLIANCE THERAPY	· . : : : :	· .:· .	9.2 o.s.	:				<u> </u>	<u> </u>	
	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance.	nandibul nodontic i nce, will	ess the forces ar arches and reatment utilis be deducted f	generated by should be diff sing fixed orthor rom the fee qu	erentiated from adontic applian- loted for compl	a simple rem ces. When bot ehensive orth	ovable applian th phases of ort	ce including thodontic trea		06. nt	.03
FUNCTI 8858	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance	m an dibul iodontic i	ess the forces ar arches and reatment utilis	generated by should be diff sing fixed orthorom the fee qu	erentiated from adontic applian	a simple rem ces. When bot ehensive orth	ovable applian th phases of ort	ce including thodontic trea		06. nt	.03
	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance.	nandibul nodontic i nce, will	ess the forces ar arches and reatment utilis be deducted f 1420.40	generated by should be diff sing fixed orthorom the fee qu	derentiated from dontic applian- loted for comp 2130.60	a simple rem ces. When bot ehensive orth	ovable applian th phases of ort	ce including thodontic trea		06. nt	.03
8858	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance	nandibul nodontic i nce, will	ess the forces ar arches and reatment utilis be deducted f 1420.40	generated by should be diff sing fixed orthorom the fee qu	derentiated from dontic applian- loted for comp 2130.60	a simple rem ces. When bot ehensive orth	ovable applian th phases of ort	ce including thodontic trea		06. nt	.03
8858	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orth is provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance If additional functional appliances are required, +L can be charged but no further fee. PPLIANCE THERAPY ppliance Therapy - Partial	nodontic noce, will 06.03	ess the forces ar arches and reatment utilis be deducted f 1420.40 (1246.00)	generated by should be diff sing fixed orthorom the fee qu	erentiated from odontic applian loted for compression (1868.90)	a simple rem ces. When bot ehensive orth	novable applian th phases of ort odontic treatme	ce including		1t +L	.03
8858	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance If additional functional appliances are required, +L can be charged but no further fee. APPLIANCE THERAPY ppliance Therapy - Partial The intention of this phase in treatment is to intercept and modify the development of skeletal, dent When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive or the preliminary/interceptive phase(s) or the preliminary interceptive phase(s) or the phase in the preliminary interceptive phase(s) or the phase in the preliminary interceptive phase(s) or the phase in the preliminary interceptive phase in the phase in the ph	nandibul nodoritic nce, will 06.03	rest the forces are arches and reatment utilis be deducted from 1420.40 (1246.00)	generated by should be diff sing fixed orthorom the fee qua- connects of devend both phase	erentiated from odontic applian toted for comp 2130.60 (1868.90) eloping malocc s of orthodonti	a simple rem ces. When bot ehensive orth	in the mixed do	ce including	tmer	06.	.03
8858	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance If additional functional appliances are required, +L can be charged but no further fee. APPLIANCE THERAPY ppliance Therapy - Partial The intention of this phase in treatment is to intercept and modify the development of skeletal, dentiled.	nandibul nodoritic nce, will 06.03	rest the forces are arches and reatment utilis be deducted from 1420.40 (1246.00)	generated by should be diff sing fixed orthorom the fee quantum or the fee quantum of devind both phase orthodontic trees.	erentiated from odontic applian toted for comp 2130.60 (1868.90) eloping malocc s of orthodonti	a simple rem ces. When bot ehensive orth design usually treatment is	in the mixed do	ce including	tmer	06.	A
8858 FIXED / Fixed A	ONAL APPLIANCE THERAPY A removable functional appliance is an appliance with no fixed dental component which is designed the oro-facial region. This appliance incorporates components which act on both the maxillary and appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthis provided by the same practitioner, the fees levied for treatment by means of the functional appliance. Ortho Tx - functional appliance If additional functional appliances are required, +L can be charged but no further fee. APPLIANCE THERAPY ppliance Therapy - Partial The intention of this phase in treatment is to intercept and modify the development of skeletal, dent When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive of the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quote	nandibul nodomic ince, will 06.03	rest the forces are arches and reatment utilis be deducted from 1420.40 (1246.00) rectional complicit reatment amprehensive company of the force of	generated by should be diff sing fixed orthorom the fee quenches of developments of developmen	erentiated from adontic applian toted for comp 2130.60 (1868.90) eloping malocc s of orthodontiatment.	a simple removes. When both the control of the cont	in the mixed do	ce including	tmer	06.	.03

Code	Description	Ver	General Dental Practice	Maxillo- facial and Drai Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M L	Lab T C
Fixed A	ppliance Therapy - Comprehensive: Single Arch	7	·	1. 1.41	- 111		-			
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teel completion of active treatment excluding the retention phase.	th within ar	arch and the	subsequent pla	cement of ac	tive arch wires	to treat the ca	se through to		06.03
8867	Ortho Tx - fixed appliance - one arch	04.00	2708.70 (2376.10)		4062.90 (3563.90)					Α
8868	Ortho Tx - fixed appliance - one arch, modeate	04.00	3341,00 (2930,70)		5011.50 (4396.10)					A
8869	Ortho Tx - fixed appliance - one arch, severe	04.00	3907.70 (3427.80)		5861.50 (5141.70)	1				Α
Fixed A	ppliance Therapy - Comprehensive: Both Arches	· .	`	· · · · · · · · · · · · · · · · · · ·		a, ·			: -	·
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teel completion of active treatment excluding the retention phase.	th within bo	th arches and	the subsequer	nt placement o	of active arch	wires to treat th	e case throug	h to	06.03
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	04.00	4957.00 (4348.20)		7435.40 (6522.30)					Α
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	04.00	6085.20 (5337.90)		9127.60 (8006.70)	1				Α
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	04.00	7093.80 (6222.60)	1 1	10640.60 (9333.90)					Α
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	04.00	7972.10 (6993.10)		11958.00	1				A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	04.00	7093.80 (6222.60)		10640.60	1				Α
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	04.00	7972.10 (6993.10)		11958.00 (10489.50)	1				A
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	04.00	8949.40 (7850.40)	1 ;	13423.90 (11775.40)					Α
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	04.00	10083.20 (8844.90)		15124.70 (13267.30)					Α
Lingua	Orthodontics - Comprehensive: Single Arch	· .			And Alexander			A CHANG	: <u>.</u>	
	This form of therapy requires the placement of bands and or brackets on the lingual aspect of the	majority o	f teeth within a	at least one arc	h and must in	clude the plac	ement of active	arch wires.		06.03
8841	Ortho Tx - fixed lingual appliance - one arch	04.00	5090.80 (4465.60)		7636.10 (6698.30)					^A
8842	Ortho Tx - fixed lingual appliance - one arch, modeate	04.00	5982.80 (5248.10)	1 }	8974.10 (7872.00)					Α
8843	Ortho Tx - fixed lingual appliance - one arch, severe	04.00	6816.50 (5979.40)		10224.70					A
Lingua	Orthodontics - Comprehensive: Both Arches		• •	#. + ·		jarajamas	:::		·	. :
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	04.00	9711.50 (8518.90)		14567.20 (12778.20)					A
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	04.00	11370.30 (9973.90)		17955.40 (14960.90)					A
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	04.00	12903.90 (11319.20)	1 1	19355.70 (16978.70	1				Α

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	04.00	14318.00 (12559.60)		21476.80 (18839.30)				П		Α
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	04.00	11853.50 (10397.80)	I	17780.10 (15596.60)						Α
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	04.00	13260.20		19890.10 (17447.50)						Α
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	04.00	14768.50 (12954.80)		22152.70 (19432.20)				П		A
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	04.00	16433.10 (14415.00)		24649.40 (21622.30)						A
OTHER	ORTHODONTIC SERVICES	-:-	1	<u> </u>	(4.022.00)		14				
8846	Repair orthodontic appliance - removable	04.00	64.50 (56.60)		96.90 (85.00)					+L	A
8847	Replace orthodontic appliance - removable	04.00	223.00 (195.60)	_	334.50 (293.40)					+L	A
8848	Repair orthodontic appliance - fixed	06.03	95.50 (83.80)		143.20 (125.60)				П	+L	Α
	As a result of the patient's negligence. Report per retainer.				, , , , ,				П		П
8849	Retainer (orthodontic)	04.00	223.00		334.50 (293.40)				Н	+L	Α
8890	Monthly instalment ortho tx	06.03	(100,000)		-				17		Α
	Refer to code number of treatment.										П
8891	Orthodontic transfer	06.03							\Box	-	A
-	Limitation: Benefit by arrangement.	1							П		Ň
8892	Orthodontic re-treatment	06.03									Α
	Limitation: Benefit by arrangement.										
L.	SUPPLEMENTARY SERVICES								÷.		コ
	The branch of dentistry for unclassified treatment including palliative care and anaesthesia.									06.)3
ANAES	THESIA	. :::	- :			" :			ī.	,	ᄀ
8499	General anaesthetic	05.02	Γ .			-			П		В
8141	Inhalation sedation - first 15 minutes or part thereof	06.03	51.50 (45.20)								В
	No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143.										П
8143	Inhalation sedation - each addni 15 minutes	06.03	26.60 (23.30)								В
	See 8141 descriptor.	İ			1		Ì				
8144	Intravenous sedation	04.00	30.90 (27.10)								В
8145	Local anaesthetic - per visit	06.03	44.70 (39.20)								В
	Use for infiltrative anaesthesia (anaesthetic agent is infiltrated directly into the surgical site by means of an injection). Excludes topical anaesthesia (anaesthetic agent is applied topically to the mucosa/skin). Report per visit. Comment: The fee for topical anaesthesia are considered to be part of, and included in the fee for the local anaesthesia (injection). Code 8145 includes the use of the Wand.										

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
8147	Monitoring equipment for intravenous sedation	06.03	109.80 (96.30)								В
	Apllies to own monitoring equipment in rooms for procedures performed under intravenous sedation		(33,34)					_			П
PROFE	SSIONAL VISITS			• ::							\Box
8129	Office/hospital visit – after regularly scheduled hours	06.03	172.40 (151.20)								В
	Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to appropriate code numbers for actual services rendered. After regularly scheduled hours is definend as weekends and night visits between 18h00 and 07h00 the following day. Limitation: Code 8129 may only be reported for emergency treatment rendered outside normal working hours. Not applicable where a practice offers an extended hours service as the norm.										
8140	House/extended care facility/hospital call	06.03	114.10 (100.10)			114.10 (100.10)					В
	Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report per visit in addition to reporting appropriate code numbers for actual services performed. Limitation: The fee/benefit for house/extended care facility/hospital calls are limited to five calls per treatment plan.										
8903	House/Hosp/Nursing home consultation - MFOS	04.00		127.70 (112.00)	1						S
8904	House/Hosp/Nursing home consultation (subsequent) - MFOS	06.03		84.90 (74.50)							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.										
8905	After regularly hours consultation - MFOS	04.00		187.00 (164.00)							S
8907	House/Hosp/Nursing home consultation (maximum per week) - MFOS	06.03		212.70 (186.60)							S
	See Code 8904 descriptor.			•							П
9203	House/Hosp/Nursing home consultation - Oral pathologist	04.00						127.70 (112.00)			
9207	After hours visit - Oral pathologist	04.00						187.00 (164.00)			
	MEDICAMENTS AND MATERIALS	1 1 1	<u> </u>					<u> </u>	,		
8109	Infection control/barrier techniques	06.03	10.30 (9.04)						Ш	\vdash	В
	Comment: This is typically reported on a "per visit" basis for new rubber gloves, masks, etc. provided by the dentist. Report per provider per visit.										
8110	Sterilized instrumentation	06.03	26.60 (23.30)						Ш		S
	Limitation: The use of this code is limited to autoclaved, vapour or heat sterilised instruments (i.e. set(s) of long handled instruments and/or forceps) provided by the dentist/hygienist for use in the surgery. Report per visit.										
8183	Therapeutic drug injection	06.03	30.90 (27.10)								В
	Not applicable to local anaesthetic.										
8220	Cost of suture material	06.03	-			<u> </u>					В

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodoritic S	Oral Medicine and Periodontics	Prosthodont lcs	Oral Pathology	M P	Lab	T C
	Comment: Use in conjunction with procedure(s) when suture material is provided by the practitioner. Report per pack. See Rule 002 and Modifier 8025 for direct material costs.										
8304	Rubber dam per arch	06.03	54.90 (48.20)								В
	The use of this code is limited to selected procedures for benefit purposes. These procedures are identified throughout the NHRPL.										
8306	Cost of MTA	06.03	_				-		İ		В
	Comment: See Rule 002 and Modifier 8025 for direct material costs.										
8310	Supply of bleaching materials	06.03	-								П
	See Rule 002 and Modifier 8025 for direct material costs. Limitation: Benefit by arrangement.										
ADMINI	STRATIVE AND LABORATORY SERVICES	:	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11.			:	· • : •]
8099	Dental laboratory service	06.03	-				-				
	Use to submit dental laboratory services. See Rule 003.										
8106	Special report	06.03	117.50 (103.10)	117.50 (103.10)							Α
	Special written reports such as insurance forms requiring more than the information conveyed in the usual dental communications or standard reporting form. Excludes pre-treatment estimate and orthodontic treatment/payment plan.										
8111	Dental testimony	06.03									
	Use to report dento-legal fees when the practitioner is present at Court at the request of an advocate or attorney. Report per hour.										
8120	Treatment plan completed	06.03									
	Use to report the completion of a treatment plan effected from an oral evaluation - See Rule 008.										
8139	Appointment not kept /30min	06.03	-		_						В
	Comment: By arrangement with patient										
MISCEL	LANEOUS SERVICES	!		387 17.5	9 100	<u> </u>					Н
Palliativ	ve Treatment	A			- 477	grini i r	7. F 17	#14	. :	Ť:	
8131	Emergency dental treatment	06.03	70.30 (61.70)				143.20 (125.60)		T		В
	This code is intended to be used for emergency treatment to alleviate dental pain but is not curative - report per visit. This code should not be used when more adequately described procedures exists and may not be reported with other procedure codes (diagnostic procedures and professional visits excluded).										
8166	Application of desensitising resin, per tooth	06.03	46.40 (40.70)						Т		В
	This procedure involves the application of adhesive resins on a cervical and/or root surface and should not to be used for bases, liners, or adhesives under restorations - report per tooth.										
8167	Application of desensitising medicament, per visit	06.03	54.10 (47.50)								В
	This procedure involves the application of topical fluoride on teeth and/or root surfaces and should not to be used for bases, liners, or adhesives under restorations - report per visit (irrespective of number of teeth treated). The intention of this code is to treat persistent pain and not to prevent decay. Fluoride application is considered treatment for caries control – See codes 8161 and 8162. Comment: This code should not be reported together with codes 8161 and 8162.										
8165	Sedative filling	06.03	70.30 (61.70)						Т	+L	В

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Örthodontic 9	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	T C
	The intention of this code is to report a temporary restoration to relieve pain. It should not be used as a temporary restoration in conjunction with root canal therapy, a base or liner under a restoration. Use this code to report a ZOE restoration or ART technique. May not be reported with other procedure codes on the same visit for a tooth.										
Post St	urgical Complications			.,							
8931	Treatment of post-extraction haemorrhage	06.03	51.50 (45.20)	308.80 (270.90)							s
	Involves the treatment of local haemorrhage following extraction. Report per visit. Excludes treatment of bleeding in the case of blood dyscrasias (8933), e.g. hærnophilia. Routine post operative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for the surgical service.										
8933	Treatment of haemormage (blood dyscracias)	04.00	711.90 (624.50)								s
8935	Treatment of septic socket	06.03	51.50 (45.20)	80.60 (70.70)							S
	Involves the treatment of localised inflammation of the tooth socket following extraction due to infection or loss of blood clot, osteitis. Report per visit. Routine postoperative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for, the surgical service.										
Bleach		1111	<u>, , , , , , , , , , , , , , , , , , , </u>		.7; 13	<u> </u>	<u> </u>	<u> </u>		-	
8308	External bleaching - per arch	06.03							М		Α
	Comment: (1) The unpredictability and tack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient. (2) The benefits provided by some medical schemes for external bleaching may be subject to pre-authorisation.										
8309	Home bleaching - instructions and applicator	06.03								+L	Α
	See code 8310 in the section 'Adjunctive general services' for materials supplied Limitation: Benefits by arrangement.										
8311	Home bleaching - subsequent visit	06.03									A
	Limitation: A maximum of three additional visits may be charged. Benefits by arrangement.										
8325	Internal bleaching - per tooth	06.03	166.40 (146.00)				249.60 (218.90)		T		Α
	Report code 8304 (application of a rubber dam) in addition to this code.				-		,		П		
8327	Internal bleaching - each additional visit	06.03	79.80 (70.00)).			119.70 (105.00)	I	Т		Α
	Comment: (1) Report the application of a rubber dam code (8304) in addition to this code. (2) The submission of fees is limited to two additional visits.						(100.00)		П		
Unclas	sined Treatment		74" ();						· · ·		
8158	Enamel microabrasion	06.03	64.30 (56.40)				1				
	This procedure involves the removal of superficial enamel defects due to decalcification or altered mineralisation. It is typically used for complex procedures when removing stain from anterior teeth (e.g., fluorosis stain) and should not be confused with air abrasion. Submit per visit.										
8168	Behavior management	06.03							П		В

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic 8	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	Lab	C
	Comment: (1) May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. (2) The Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general ansesthesia. Includes any and all pharmacological, psychological, physical management adjuncts required or utilised. (3) Notation and justification must be written in the patient record identifying the specific behaviour problem and the technique used to manage it. (4) Report in 15-minute units. (maximum 4 units per visit and allowed once per patient per day) Limit of 12 units per year. (5) If requested, the report must be made available at no charge. (6) The benefits provided by some medical schemes for behaviour management may be subject to preauthorisation.										
8551	Occlusal adjustment - major	06.03	444.80 (390.20)		667.20 (585.30)		667.20 (585.30)				Α
	Comment: (1) A complete occlusal adjustment involves the grinding of teeth to the equivalent of two or more quadrants. (2) Several appointments of varying length and sedation to attain relaxation of the muscularity muscles may be necessary. Submit code 8551 for payment at the last visit if several appointments to complete the procedure are required.	1									
8553	Occlusal adjustment - minor	06.03	155.20 (136.10)		212.70 (186.60)						Α
	An occlusal adjustment involves the grinding of the occluding surfaces of teeth to develop harmonious relationships between each other, their supporting structures, muscles of mastication and temporomandibular joints. Comment: (1) Partial occlusal adjustment for the relief of symptomatic teeth involves the selective grinding of teeth to the equivalent of one quadrant or less. (2) Payment for this procedure is limited to one visit per treatment plan. (3) May not be submitted for the adjustment of dentures or restorations provided as part of a treatment plan (including opposing teeth).										
	Unlisted dental procedure or service (By report)	06.03									
	The intention of this code is to report a dental procedure or service which is not adequately described by a code. Describe procedure.										
MODIFIE	RS	· .		9 - 1 A - 1							
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)									06.	03
	Surgical assistant services should be identified by adding Modifier 8001 to the usual procedure code	(s) - Se	e Rule 009.								
8003	Minimum assistant surgeon	06.03	130.38 (114.37)			130.38 (114.37					
	The minimum fee/benefit for surgical assistant services is identified by adding Modifier 8003 to the primary procedure code – See Rule 009.										L
8005	Maximum multiple procedures (same incision) - MFO surgeon	06.03	202.42 (177.56)			202.43 (177.56					
	When multiple surgical procedures through the same incision are performed on the same day or at the same session by the same provider, the primary procedure may be reported as listed. The maximum fee/benefit for each additional procedure should be identified by adding Modifier 8005 to the additional procedure code.										
	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)									06.	03
	See Modifier 8009.										
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)									06.	03

Code	Description Ver General Dental Facial and Practice Dental Practice Oral Prosthodont Coral Prosthodont ics And Periodontics Prosthodont Practice Oral Surgery Oral Surgery Periodontics	Lab T C
	Surgical assistant services should be identified by adding Modifier 8007 to the usual procedure code(s) - See Rule 009.	
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	06.03
	When emergency surgery is performed after hours, such surgical procedures can be identified by adding Modifier 8008 to the procedure codes by each participating member of the surgical team.	
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	06.03
	When multiple procedures (under the same anaesthetic but through another incision) are performed on the same day or at the same session by the same provider, the primary procedure may be reported as listed. The additional procedures should be identified by adding the appropriate modifier (M8009 or M8006) to the additional procedure codes.	
8010	Open reduction (PLUS 75% of the appropriate benefit)	06.03
	When an open reduction is required for surgical procedures indicated in the schedule, the open reduction should be identified by adding Modifier 8010 in addition to the usual procedure code. TEMPORARY NOTE: Modifier 8010 applies only to codes 9035 and 9037. Two codes for "Open Reduction" was introduced so that the use of this modifier can be eliminated.	
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)	06.03
	When the service provided by a practitioner is greater than that is usually required for the listed procedure, it may be identified by adding Modifier 8030 to the usual procedure code - See Rule 007.	
8012	Reduced services (benefit MINUS X % as determined by the practitioner)	06.03
	Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances the service provided can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service is reduced.	
8013	Multiple modifiers	06.03
	Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations Modifier 8013 should be added to the basic procedure and the other applicable modifiers may be listed as part of the description of the service.	
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	06.03
	When the direct technique is used to provide resin based inlays/onlays (see codes 8381 to 8384), laboratory costs do not apply. An additional fee may be levied by adding Modifier 8023 to the appropriate inlay/onlay codes.	
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00) 06.03	
	When listed direct dental materials are provided by the practitioner, a handling fee may be levied by reporting Modifier 8025 in addition to the appropriate direct material code – See Rule 002.	

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<u></u>		Γ		26400	26200	26400	29200	29400	29800	!		\Box
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2008	Version	Add		Value	Value	Value	Value	Value	МР	Lab	TO
	The following reference price list is not a set of tariffs that must be applied by medical schemes			74,744	1	7 111 120	1 1 1 1 1 1 1	-	74,40	 		 ' '
1	and/or providers. It is rather intended to serve as a baseline against which medical schemes can		ΙI		l			l			1	ı
	individually determine benefit levels and health service providers can individually determine fees	ı	ΙI			1		l	1	l	1	1
ı	charged to patients. Medical schemes may, for example, determine in their rules that their benefit in		1 1		ĺ	l	[1		1
l	respect of a particular health service is equivalent to a specified percentage of the national health	l	ll			ŀ]			l		1
[reference price list. It is especially interided to serve as a basis for negotiation between individual		H		l					l		1
	funders and individual health care providers with a view to facilitating agreements which will minimise	[! !		1		ſ			l		1
l	balance billing against members of medical schemes. Should individual medical schemes wish to									l		1
	determine benefit structures, and individual providers determine fee structures, on some other basis		ΙÍ							l		1
ľ	without reference to this list, they may do so as well.□		1 1		ľ					l		1
	In calculating the prices in this schedule, the following rounding method is used: Values R10 and	l					}	l]	l		1
L.,	below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2005.02	4 1		1		1	ļ		ı	1	1
	The existence of a code in this publication does not mean that the procedure will be reimbursed by		П							Т	_	\vdash
	medical schemes. Medical schemes have the right to limit the scope, the frequency and/or		l		ł		i			Ι.	!	1
	combinations of dental procedures that is covered or reimbursed. It is the responsibility of the patient		ΙI			l				l	l	1
l	to know what procedures are covered and what are excluded from his/her dental benefit plan, and	ł	ΙI		l					l	l	ı
l	not that of the dental office. Certain medical schemes may require predetermination for particular	1					ľ			l	l	1
	procedures and/or when charges are expected to exceed a certain amount.		Ιł						1			
L_		2005.02										
l	The schedule includes procedures and services for use by Oral Health Care Providers for purposes											\Box
	of keeping accurate patient records, reporting procedures on patients, and processing orzi health						i					
	care related insurance caims. The procedures are those performed by general dental practitioners,		ı				ļ				1	1
	oral pathologists, prosthodontists, periodontists, orthodontists, maxillo-facial and oral surgeons and										1	1
	dental therapists.		ΙI							i i	1	1
			iΙ							ı	1	1
	The procedures codes listed in the schedule have, for the convenience in using the schedule, been							İ	1	l	ĺ	1
	divided into categories of services, based on the branches of clinical dental practice. The procedures		1					i				
	are grouped under the category of service with which the procedures are most frequently identified						ĺ					1
	and should not be interpreted as excluding certain categories of Oral Health Care Providers from											
	performing such procedures. Individual procedure codes consist of a procedure code, procedure											
ļ	description (nomenclature), and when necessary, a descriptor, that provides further definition and/or		1									1
		2006.03									1.	1
<u>!</u>	INTRODUCTION										Γ	\Box
	Administrative and invoicing rules									П	\Box	
	Invoices:	2005.02										
	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.		,									
		2005,02	oxed									
	b. □An Invoice shall contain the following particulars:□	2005.02										

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	i. The surname and initials of the member:										\neg
1	ii. The first name of the patient;					1					
1	iii. The name of the scheme;					[- 1
1	lv. The membership number of the member;□									- 1	ſ
	v. The practice number;□	l								- 1	- 1
	vi. The date on which every service was rendered;□	l					1			- 1	
	vii. The code number, description and fee/benefit of the procedure or service;□		ΙI							- 1	
	viii. The name of the dentist rendering the service;									ŀ	
	ix. The name of the general dental practitioner/specialist assistant (when applicable);□										- 1
	x. The appropriate ICD-10 code(s) for the procedures performed.	2006.03									
	Note: Photocopies of original invoices shall be certifled by way of a rubber stamp or the signature of										\Box
	the dentist.	2005.02									
	Cost of direct materials:										
	The expenses incurred for direct materials identified in the Schedule may be billed in addition to the	l						1 1			
	procedure code. These expenses are limited to the net acquisition cost of the materials and a	1					1				
	handling fee. The price of the materials should be VAT inclusive. Use Modifier 8025 for handling fee.						1				
002		2005.02		 							_
003	Dental laboratory services:	2005.02	1								
	Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L)					1		Ī			1
	shall be indicated on the dentist's invoice by reporting code 8099 - Dental laboratory service with the				1						ĺ
	appropriate laboratory fee on the line following the relevant dental procedure code.□				1						
1	The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for		l			1	l				
1	correctness by means of a signature. The original invoice of the dental technician (or a copy thereof)									- 1	
1	shall accompany the involce of the dentist and a copy (or the original) shall be filed by the dentist for				1				ΙI	ı	
	record purposes.	l	1		i				ΙI		- 1
<u> </u>		2005.02	1	 					Ш		\dashv
	Electronic submission of invoices. Fees charged by dental technicians for laboratory services						1				
	(PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory	1									
	service with the appropriate laboratory fee on the line following the relevant dental procedure code on				1						
1	the date on which the dental procedure was rendered. The laboratory fee shall be submitted for										
1	payment on the date on which the procedure code is submitted for payment, and the appropriate				İ			1 1		- 1	
	dental laboratory service codes shall be reported on the lines following code 8099.	l									
	The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for										- 1
	correctness by means of a signature. The original invoice of the dental technician shall be filed by		İ								
	the dentist for record purposes.										ı
		2005.02	4			L		<u> </u>			\Box

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	Procedure accompanied by unusual circumstances:					 	_	\neg	\neg	\neg
1	In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual								- 1	- 1
1	an exceptional cases where the proposed feerbeilett is disproportionately low in relation to the actual		ll		i				- 1	- 1
1	services rendered by a practitioner, such higher fee as may be mutually agreed upon between the									- 1
1	dental practitioner and the patient/medical scheme may be billed. Use Modifier 8011 with a narrative		ll							- 1
1	description.								1	
1	Under certain circumstances a service or procedure is partially reduced or eliminated at the	1								- 1
1	practitioner's election. Under these circumstances a lower fee may be billed. The service provided		ll		1			- 1		- 1
	can be identified by its usual procedure code and the addition of Modifier 8012, signifying the service		ll					- 1		
	is reduced.□		ll					- 1		
005		2005.02]	- 1		
B.	General coding rules							\neg	\neg	П
	The schedule does not prescribe the scope of practice of a particular category of Oral Health Care							\neg	\neg	\neg
1	Provider; neither does it confine the performing of procedures or services to a registered speciality.								- 1	l
1	Fees listed within a column of a particular category of Oral Health Care Provider are customary fees,							- 1		- i
1	should the procedure or service be rendered by that provider category.	1								- 1
1	Specialists are however encouraged to confine their practice to the speciality or related specialities in									- 1
1	which they are registered. Specialist may charge fees for procedures or services which usually				1					
1	perfain to some other speciality, if such procedures or services are also recognised in their speciality,									
1										
1	and if it is carried out only for their bona fide patients. Such fees shall not be higher than those								- 1	
	charged by general practitioners for the same procedures or services (HPCSA, Rule 25).									ı
	Fees for procedures or services not listed within the column of dental therapists that do fall within the									- 1
l	field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until									- 1
006		2006.03						\rightarrow		_
007		2005.02							ightharpoonup	_
	When a procedure is performed that is not listed in the schedule, an appropriate procedure code,									- 1
		2006.03								_
	Unlisted procedures. Any procedure that is neither described in the schedule, nor in the medical		\neg							\neg
	schedule, should be reported using code 9099 - Unlisted dental procedure or service. The fee for an									
	unlisted dental procedure or service should be based on the fee of a comparable procedure. Code									
1	9099 codes should not be used to report procedures where the fee is determined "by arrangement"									
		2006.03								
C.	Services rules		\dashv					\rightarrow	\dashv	ᅥ
-										

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Oral evaluations and completion of treatment plans: Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). 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. 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. Oral diagnosis defined. The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical alds and tests as may be necessary in the judgement of the dentist. Treatment plan defined. The treatment plan is the sequential guide for the patient's care as	
determined by the dentist's diagnosis and is used by the dentists for the restoration and/or	2006.03
009 Surgery guidelines:	2005.02
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 of specialised nature may be charged as agreed upon between the practitioner and the scheme. 2. Multiple Procedures (Maxilio-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).	
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.	
4. DSurgical 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 (Modifler 8008). O10 Orthodontic guidelines:	2005.02
OTO TOTAIOUOTIAG GAIGEMITES:	[2000.02]

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);□				1					- 1
b. A diagnostic code (ICD-10) and	1					1			- 1
c. An orthodontic payment plan indicating the following:									- 1
i. The total fee that will be levised for the treatment;□	1								- 1
ii. The total months of orthodontic treatment (retention period excluded);□									- 1
iii. The initial fee payable by the patient (approximately 20% of the total fee); and □									- 1
iv. The monthly payments of the balance of the fee.	2006.03			1		1			- 1
2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary	12000.03	Н			1			\rightarrow	-
diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and				1	1				- 1
no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-				1	1				- 1
orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the				1			1		- 1
treatment plan (retention phase included) are excluded and should be reported in addition to				1					- 1
corrective orthodontic treatment as separate procedures (Code 8803 x3). Intra/post orthodontic				1					- 1
treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5				1					- 1
oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan		ΙI		1					- 1
is completed (retention phase included).	0005 00	ΙI		1					- 1
3. The fee for 'Fixed appliance therapy' (codes 8861 and 8865 to 8888), as determined by the	2005.02	Ш					 	\rightarrow	
individual practitioner, will be levied on a monthly manner over the treatment period (retention phase	1								- 1
excluded).	CDDF 00	l							- 1
4.□When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or	2005.02	\dashv				ļ		\dashv	-
8868) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the									- 1
same orthodontist, the fees levied for the partial fixed appllance therapy or preliminary treatment will				1					- 1
be deducted from the fee quoted for the full fixed appliance orthodontic treatment.				1	1	1			- 1
and according to the residence of the rule like appliance orthogonic treatment.	2005.02								- 1
5. ☐The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the	2005.02	\dashv		<u> </u>				\rightarrow	-
same orthodontist may not exceed the most recent fee (determined on commencement date of the	l i								- 1
final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.									- 1
in an away or real race applicance deadners) for the appropriate full fixed orthodomic procedure.	2005.02					l		- 1	- 1
6. ☐ When the patient transfers to another practitioner during treatment, or treatment is terminated for	2005.02							\dashv	_
any reason, the original treating practitioner must report the number of treatment months remaining		- 1						- 1	- 1
and determine the balance of the fee by applying the following formula: Total payment (for treatment						l .			- 1
only) minus 20% of the total fee (for banding - when applicable) multiplied by the percentage of	1 1	l				l			- 1
treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment		- 1							- 1
plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00	.l l	_ !							- 1
- R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will	Ί Ι								- 1
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	2005.02								
proprieta in a subject to proprieta in a sub	12000.02			<u> </u>				\perp	

			—									_		
	7. When an established orthodontic patient requires re-treatment, the information stipulated in					l								
	paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892			l										
	(Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the			l		l								
	appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by		ı l	l		l								
\vdash	the patient's medical scheme.	2005.02	\blacksquare	!		⊢		\vdash			_	\vdash	_	—
	Dento-legal fees:					l								
	Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or													
044	attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the	0005 00]											
011	adjunctive general services sections in the code lists.	2005.02	1_	├		⊢		╀				\vdash		⊢
<u>U,</u>	Modifiers	-	\vdash			_		+				\vdash		! —
	Modifiers:					l								
	Modifiers should be used with procedures identified throughout the NHRPL.					l		1						
	Modifiers provide the means by which the reporting practitioner can indicate that a service or					l								
	procedure that has been performed has been altered by some specific circumstance but not					l								
	changed it its definition or code. The sensible application of modifiers obviates the necessity for					l						1		
	separate procedure listings that may describe the modifying circumstance. Modifiers may be used					l						i		ı
	to indicate to the recipient of the report that:					l								
	a. □A service or procedure was performed by more than one practitioner. □					l								1
	b.□A service or procedure has been increased or reduced.□					l								
	c.□Only part of a service was performed.□					l								l
	d. □An adjunctive service was performed. □					l								l
	e. □A service or procedure was provided more than once. □					l								l
_	f.□The fee/benefit was altered due to a financial agreement.	2006.03				Щ.								
	Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03	_	_										
	Minimum assistant surgeon	2006.03		R	130.38		130.38	R	130.38					
8005	Maximum multiple procedures (same incision) - MFO surgeon	2006.03	*	R	202.42	R	202.42	R	202.42					
	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)													
8006		2006.03				$ldsymbol{ldsymbol{ldsymbol{eta}}}$								
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03	_											
	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03												
	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03												
8010	Open reduction (PLUS 75% of the appropriate benefit)	2006.03	1											
	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the													
	practitioner and agreed upon by patient/medical scheme)	2006.03				<u> </u>								
	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03												
8013	Multiple modifiers	2006.03	3											
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03	3											
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03	3	R		R	-	R	-	R -				
E.	Explanations													
	Tooth identification and designation of areas of the oral cavity:							Т						
													-	_

	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 maxiliary 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.	1							
	Treatment categories:						 _	_	\dashv
	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	2004.00							
<u> </u>			\vdash				\neg		\neg
	DM□Direct Material Column□□ +D□Add fee/benefit for denture□□ +L□Add laboratory fee□□								
<u> </u>	+M□Add material fee□	2005.02	╄		 		 _		$\overline{}$
	MP□Mouth Part Column□ M□Maxilla/Mandible□ Q□Quadrant□ S□Sextant□ T□Tooth	2005.02	,						
1	TC□Treatment Category Column□ A□Advanced dentistry□ B□Basic dentistry□ S□Surgery	2005.02							
	Practice type codes:□ 25400 General Dental Practitioner□ 26200 Specialist Maxillo Facial and Oral Surgeon□ 26400 Specialist Orthodontist□ 29200 Specialist in Oral Medicine and Periodontics□ 29400 Specialist Prosthodontist□ 29800 Specialist Oral Pathologist□ 39500 Dental Therapist	2006.03							
_	Guidelines to medical schemes		匚						\vdash
	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.	2005.02	2						

	Frequency of benefits.		1					T	1	I	П		
	The South African Dental Association recommends to medical schemes, where considered					ł			1		ΙI		
	necessary and appropriate, that contract limitations on the frequency of providing care for certain		Ιİ			ĺ				1	l l		
	services be stated as "twice a calendar year" rather than once in every six months.	2005.02				1					1 1		
	Radiographs and records.[]	2000.02	\vdash			\vdash		+	+		┪		H
	Radiographs should be taken only for clinical reasons as determined by the treating dentist.							1			ΙI		
	Postoperative radiographs should only be required as part of dental treatment. When a dentist										ΙI		
	determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate										ΙI		. !
	set should be submitted and the originals retained by the dentist. Any additional costs incurred by the										ΙI		
	dentists in copying radiographs and clinical records for claims determination should be reimbursed	1									ΙI		
	by the third-party payer or the patient.	2005.02							1		ΙI		1
	New vs. established patient.□		\vdash			-					\Box		\vdash
l '	A new patient is one who has not received any professional services from the dentist or another		ll			l							
	dentist of the same speciality who belongs to the same group practice, within the past three years.		ll			l			1		1 1		
	An established patient (patient of record) is one who has received professional services from the		ΙÍ			l			1		ΙI		
	dentist or another dentist of the same speciality who belongs to the same group practice, within the		ll			ļ					ΙI		
	past three years.		ll			1			1		ll		
	In the instance where a dentist is on call for or covering for another dentist, the patient's encounter		ll			l				1			
	will be classified as it would have been by the dentist who is not available.	2005.02				l				1			
	DENTAL PROCEDURES AND SERVICES		П			T			1				
	DIAGNOSTIC SERVICES									İ	\sqcap		
	The branch of dentistry used to identify and prevent dental disorders and disease, includes all		П										\sqcap
	services/procedures available to the dentist for evaluating existing conditions and determining any					l				l			
	further dental care that may be required.	2006.03				l		1					
	CLINICAL ORAL EXAMINATIONS		П	-									
	The purpose of oral examinations is to observe and record pertinent information, past and present,		П								П		
	necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan	ı				1			i		ΙI		1
	is a list of procedures or services the dentist proposes to perform on a dental patient based on the					1				ł	ΙI		1
	results of the examination and diagnosis. Often more than one treatment plan is presented.□		ΙI			1					ΙI		l
	Oral examinations may require the integration of information that is acquired through additional		ΙI			1				i	ΙI		1
	diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and		ΙI			1				1	ΙI		1
	treatment planning are the responsibility of the dentist. The collection and recording of some data		ΙI			1					ΙI		1
	and components of the oral examination may however be delegated. Oral examinations and		ΙI			1				1	1 (1
	consultations include the issuing of prescriptions where medication is required.		lΙ			1				i	1 1		
			ΙI			1					ΙÍ		
		2006.03									$oxedsymbol{oxed}$		
	General Dental Practitioner		oxdot										
_	Oral examination	2006.03	_	R	114.40	_							В
	Comprehensive oral examination	2006.03	_	R	184.90	\vdash							В
	Limited oral examination	2006.03		R	55.50			 			\sqcup		В
	Re-examination - existing condition	2006.03		R	55,50	_	_	\vdash	 _		ш	_	В
	Periodontal screening	2006.03	ightharpoonup	R	96.40	_					\sqcup	_	В
	Consultation - second opinion or advice	2006.03	\sqcup	R	114.40	⊢					\sqcup		В
	Maxillo Facial Surgeon		\vdash			 					Щ		
8901	Consultation - MFOS	2004.00				R	145.80						S

8902	Consultation - MFOS (detailed)	2006.03		Г		R	381.60									\exists	S
	Treatment planning for orthognathic surgery - ALL	2006.03		R	329.30	R	494.00	R	494.00			_			+L	. [S
	Orthodontist			Ë	-	1											
8801	Consultation - Orthodontist	2004.00		\vdash		-		R	145.80								Α
8803	Consultation - Orthodontis (subsequent, retention and post treatment)	2004.00		\vdash		Т		R	84.90			İ				1	A
	Diagnosis and treatment planning - Orthodontist	2004.00		\vdash		\vdash		R	67.70	_						7	Α
	Periodontist/Oral Medicine		П	\vdash		T			*****		_				\top		
	Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.	2006.03	Н			Т		-									\Box
8701	Consultation - periodontist	2006.03		\vdash						R	145.80						Á
8703	Consultation - Periodontist (detailed)	2006.03		\vdash		\vdash				R	381.60	\vdash					Α
	Re-examination - Periodontist	2004.00				\vdash				R	114.10						A
	Periodontal screening - Periodontist	2006.03		_		\vdash				R	114.10						Α
	Consultation - Oral medicine (simple)	2006.03				т		Т		R	114.10						s
	Consultation - Oral medicine (complex)	2006.03				\vdash				R	200.70	\vdash					\$
	Consultation - Oral medicine (subsequent)	2006.03				Т				R	84.90	\Box					S
	Prosthodontist		\vdash	\vdash		Т		\vdash		Ė				-			
8501	Consultation - Prosthodontis	2004.00		\vdash								Ŕ	145.80			\neg	Α
	Comprehensive consultation - Prosthodontist	2006.03						\vdash				R	234.10			\neg	Α
	Detailed consultation - Prosthodontist	2006.03		\vdash				Ι-				R	381.60		\neg	\neg	Ā
	Oral Pathologist					\vdash		Г									
9201	Consultation - oral pathologist	2004.00		_		Т		\vdash				-		R 145.80		\neg	
	Consultation - oral pathologist (subsequent)	2004.00		_				Н						R 84.90			
	RADIOGRAPHS/DIAGNOSTIC IMAGING							\vdash									
	Diagnostic radiographs/diagnostic images include interpretation.□			\vdash				\vdash								\neg	\Box
	Radiographs/diagnostic images should only be taken for clinical reasons as determined by the			l		l		ı		l		l					.
	dentist and practitioners should comply with the Regulations concerning safe radiological practice					l		l				l					
	and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images			l]											
	are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated.			l]				ı					
	The dentist should retain the original images and only copies should be used to fulfil requests made			l		1				l		ı					
	by patients or third party funders.□			ı		l				l		ı					i
	A complete series of intra-oral radiographs/images for diagnostic purposes is required once per	l		l		1		1									i
	treatment plan only. A second series may be required in exceptional cases e.g., following periodontal	ıl		l								1					i
	surgery. The same applies to panoramic films, where additional films may be required for follow-			1		1				ľ		l					
	up/re-evaluation purposes.□			ı		1						l					
1	Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment,			l		1		i				l			- 1		1
	the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical	2006.03		l		1						ı					
8107	Intraoral radiograph - periapical	2006.03		R	46.40	R	46.40	R	46.40	R	46.40	R	46.40				В
	intraoral radiographs - complete series	2006.03		R	358.60				358.60		358.60	R	358.60				В
	Intraoral radiograph - bitewing	2006.03		R	46.40		46.40		46.40		46.40	R	46.40				B
	Intraoral radiograph - occlusal	2004.00		R	79.80		79.80	R	79.80		79.80	R	79.80				В
	Extraoral radiograph - hand-wrist	2006.03		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20				B
	Extraoral radiograph - panoramic	2004.00		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20				₿
8116	Extraoral radiograph - cephalometric	2005.02		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20				₿
	Extraoral radiograph - skull/facial bone	2005.02	2	R	185.20	R	185.20	R	185.20	R	185.20	R	185.20			_	В
8121	Oral and/or facial image (digital/conventional)	2006.03		R	49.80		49.80	R	49.80	R	49.80	R	49.80				В

	OTHER DIAGNOSTIC PROCEDURES																\Box
	Diagnostic models	2006.03	Н	R	49,80	R	49.80	R	49.80	R	49.80	R	49.80		1	Ţ	В
	Diagnostic models mounted	2006.03	Н	R	125.20		125.20		125.20		125.20	R	125.20		□ •	Ţ	В
8122	Microbiological studies	2006.03	\Box			Ħ											В
	Carles susceptibility tests (By Arrangement)	2006.03		R	51.70	<u> </u>											В
	Pulp tests	2006.03	П	R	13.70	\vdash									\Box		
8503	Occlusion analysis mounted	2004.00		R	156.00	Т	,					æ	234.10				Α
	Pantographic recording	2004.00	П	R	226.40	Г	•	\vdash				R	339.70				Α
	Electrognathographic recording	2004.00		R	242.40			\Box				R	363.70				Α
	Electrognathographic recording with computer analysis	2004.00		R	402.50	П		г				R	603.80		\Box		A
	Tracing and analysis of extra-oral film	2004.00		R	21.50	R	21.50	R	21.50	R	21.50	R	21.50				B
	Diagnostic setup (orthodontics)	2004.00		R	95.50			R	143.20								A
	PREVENTIVE SERVICES																
	Services/procedures intended to eliminate or reduce the need for future dental treatment.	2006.03				1 -							_				
	DENTAL PROPHYLAXIS																
8155	Polishing - complete dentition	2006.03		R	70.30					R	96.90	Ŕ	70.30				В
	Prophylaxis - complete dentition	2006.03		R	138.10	П				R	194.70	R	138.10				В
	Removal of gross calculus	2006.03															В
	Polishing - complete dentition (periodontally compromised patient)	2006.03		R	80,60												В
	Prophylaxis - complete dentition (periodontally compromised patient)	2006.03		R	150,10									}			В
	TOPICAL FLUORIDE TEATMENT																
	Topical fluoride treatment procedures involve the professionally application of topical fluoride within							Т						•			\Box
	the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or					1		l									
	"swish."□																
	For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary																1 1
	section.	2006.03															Ш
8161	Topical application of fluoride - child	2006.03		R	70.30	_				R	70,30		70.30				В
	Topical application of fluoride - adult	2006.03		R	70.30					R	70.30	R	70.30				В
	SPACE MAINTENANCE (PASSIVE APPLIANCES)																
	Passive appliances are designed to prevent tooth movement.	2006.03		Γ													
8173	Space maintainer - fixed, per abutment	2005.02		R	130.40										Τ -		[8_
8175	Space maintainer - removable	2004.00	1	R	168,10	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				<u> </u>		<u> </u>			•	·L	В
i	OTHER PREVENTIVE PROCEDURES			_			_										Ш
8149	Nutritional counselling	2006.03															В
8150	Tobacco counselling	2006.03	1														В
8151	Oral hygiene Instruction	2006.03		R	70.30					R	140.70		140.70				В
8153	Oral hygiene instruction - each additional visit	2006.03	_	R	51.50	_				R	67.70	_	67.70				В
	Dental sealant	2006.03		R	46.40			_				R	46.40		Т		В
	Occlusal guard	2006.03		R	270.10										_		В
	Mouth guard	2006.03	3	R	81.70										1	·L	В
8177	Oral hygiene instruction (periodontally compromised patient)	2006.03	_	R	106.40												В
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	2006.03		R	57.50												В
	RESTORATIVE SERVICES																

	The human of destinate that deals with the recognitivation of the hand the case of the state of	1										$\neg \tau$	\neg	\neg
	The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of							'						
	teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore		ll											L
	the function of a natural tooth.□ Anterior teeth include Incisors and canines. Posterior teeth include premolars and molars.□		ΙI											
			ΙI					Į į			. 1	- L	- 1	
	The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular		ΙI											
	(buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for		ΙI				1					- 1		- 1
	example, involves only one of the surfaces, while a two-surface restoration extends to two of the five		ΙI				1							- 1
	surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the	l	ΙI				1				1		1	
	Incisal angle is involved.□	l	ΙI				1							
	Limitations on amalgam and resin-based composite restorations:		ΙI											
	(1) The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam	l	ΙI				1					- 1		- 1
	restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its	ļ					1							- 1
		2006.03						ļ <u> </u>		_			\longrightarrow	\dashv
<u> </u>	AMALGAM RESTORATIONS	<u> </u>	╙┩				<u> </u>	↓				\dashv	\dashv	\dashv
	All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used,							ļ						- 1
	they should be reported separately.□		1											- 1
	See codes 8345, 8347 and 8348 for post and/or pin retention.	2006.03					<u> </u>	<u> </u>				_	 -	_
	Amaigam - one surface	2004.00	_	R	139.80					_		- 		В
	Amalgam - two surfaces	2004.00		R	172.40			<u> </u>				<u>.</u>		В
	Amalgam - three surfaces	2004.00	_	R	210.10			<u> </u>				<u></u>		В
8344	Amalgam - four or more surfaces	2004.00		R	234.10							T 	—	В
L	RESIN-BASED COMPOSITE RESTORATIONS	<u>! </u>	ĻЦ						<u> </u>			\rightarrow	 +	-
	Resin restorations refer to a broad category of materials including but not limited to composites.	1	1 I				1	1					- 1	
	Report these codes when glass ionomers/componers are used as restorations. The procedures	1	ΙI				1		l					1
	include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. \Box		ΙI				1		l					
	Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays"	1	ΙI				1		l				1	- 1
	If pins are used, they should be reported in addition to these codes - See codes 8345, 8347 and		ΙI				i		l			il		- 1
	8348 for post and/or pin retention.		ΙI				1		l			ΙI		- 1
		1	ΙI				1		l			ΙI		- 1
		2006.03	_					<u> </u>				Щ		_
8350	Resin crown - anterior primary tooth (direct)	2006.03		R	305,00			l	Ц			Т		В
8351	Resin - one surface, anterior	2004.00		R	153.50	•			<u> </u>			T		В
8352	Resin - two surfaces, anterior	2004.00		R	193.00							┖		В
	Resin - three surfaces, anterior	2004.00		R	230.70				匚					В
8354	Resin - four or more surfaces, anterior	2006.03		R	257.30							τ_		В
8367	Resin - one surface, posterior	2006.03		R	166.40							ш		В
8368	Resin - two surfaces, posterior	2004.00		R	205.80				<u>L</u> .			T		В
8369	Resin - three surfaces, posterior	2004.00		R	248.80							T	_	В
8370	Resin - four or more surfaces, posterior	2004.00		Ŕ	267.60		1					Τ.	\blacksquare	В
	GOLD FOIL RESTORATIONS]	
8561	Gold foll class I or IV	2004.00		R	407.10				R	610.60				Α
	Gold foil class V	2004.00		R	476.30				R	714.50		Т		Α
8565	Gold foil class III	2004.00		R	599.20				R	898.80		Т	\Box	A
	INLAY/ONLAY RESTORATIONS													
														

	Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent						1	1	Т		1		I	1
	restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an						1							
	1	2006.03							1					
<u> </u>	Metal Inlavs/Onlavs	2000.00	\vdash				1	····	\vdash					t^{-}
├	Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service		\vdash				1	_	+			_	1	\vdash
	section for metal inlay/only bridge retainers.	1 1					1							
	Metal components include structures manufactured by means of conventional casting and/or						1		1					
	electroforming.						1							
	The benefits provided by some medical schemes for metal inlays on anterior teeth (inclsors and	1												
		2006.03												
8381		2004.00		R	213,50		-	+	R	421.20		Ŧ	+L	Α
		2004.00	_	R	312.20		+	 	R	610.60	_	_	+L	A
	<u> </u>	2004.00		R	520.60		 	 	R	946.90		Ŧ	+L	Α
	The principal was a second of the second of	2004.00	_	R	629.60		1 -	 	R	946.90	_	T	+L	A
0004	Porcelain/Ceramic Inlavs/Onlavs	200 1.00	Н		02,0,00		 	1	 ``	<u> </u>		H		Ħ
	Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic		Н				 	 	1					t
	Service section for porcelain/ceramic inlay/only bridge retainers.		ΙI					1						
	Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced		ΙI											
	porcelain type inlays/onlays.	ł	ΙI			ŀ								
	Fees for the application of a rubber dam (8304) may be levied in addition to these codes. □		ΙI										1	1
	TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated		ΙI				1						ļ	1
	by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer		ΙI											
	generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the		ΙI											
		2006.03	1 1										1	1
8371		2005.02	_	R	257.30				R	508.60		Т	(+L)	A
		2005.02		R	379.90				R	732.50	†	Т	(+L)	A
	inlay/onlay - porcelain - three surfaces	2005.02		R	626.10				R	1 138.20		T	(+L)	A
	inlay/onlay - porcelain - four or more surfaces	2005.02		R	758.30				R	1 138.20		Т	(+L)	A
_	Cost of ceramic block	2006.03		R	-				R	-		T		Α
	Fabrication of computer generated ceramic restoration	2006.03							1			Α		П
1	Resin-based Inlays/Onlays													\top
	Resin based inlays/onlays usually utilise the indirect technique.□	1							1					\top
1	Fees for the application of a rubber dam (8304) may be levied in addition to these codes.□	1	1				1		1					
1	When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by	1	1								1			
1		2006.03	y I			1	1	1	1		ļ			1
8381	Inlay - resin - one surface	2005.02	2	R	257.30				R	508.60		Т	(+L)	Α
_	Inlay/onlay - resin - two surfaces	2005.02		R	379.90	·	1		R	732.50		Т	(+L)	Α
	Inlay/onlay - resin - three surfaces	2005.02		R	626.10				R	1 138.20		Т		A
	Inlay/onlay - resin - four or more surfaces	2005.02	4	R	758.30				R	1 138.20		T	(+L)	Α
	CROWNS - SINGLE RESTORATIONS								T					Т

	Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for												1		
	crown bridge retainers and the implant Services section for crowns on osseo-integrated implants.														
	Porcelain/ceramic crowns include all ceramic, porcelain and porcelain fused to metal crowns. Resin	1 .													
	crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials.					1					1				
	Metal components include structures manufactured by means of conventional casting and/or electroforming.														
	Temporary and/or intermediate crowns, the removal thereof (provisional crowns included) and														
	cementing of the permanent restorations are included as part of the restorations.	l i	ll					l				. !			l l
	TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated		ΙI												ΙI
	by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer		l					l				, ,			ΙI
	generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the		1 1					l							1
	restoration.		l					l			1	,			1
		2006.03										<u> </u>		<u> </u>	H
8401	Crown - full cast metal	2004.00		R	802.80						1 181.90	ļ			<u> </u>
8403	Crown - 3/4 cast metal	2004.00		R	802.80			<u> </u>			1 181.90				À
8404	Crown - 3/4 porcelain/ceramic	2005.02		R	758.10			Щ.		_	1 138.20			+L	A
8405	Crown - resin laboratory	2006.03	_	R	758.10			Щ			1 138.20		<u> </u>	_	A
8407	Crown - resin with metal	2004.00		R	802.80			_		_	1 181,90				A
	Crown - porcelain/ceramic	2004.00	_	œ	802.80			_		_	1 181.90		1	+ <u>L</u>	IA-
8411	Crown - porcelain with metal	2004.00	-	R	802.80			Ļ			1 181.90		_		Α_
8410	Provisional crown	2006.03	Ш	R	156.00		<u> </u>	R	156.00	R	234.10		1	(+L)	
	VENEERS							╙		<u> </u>	2 12 22	└	 -	┝	
8355	Veneer - resin (chair-side)	2006.03		R	243.60			╙		R	243.60	——	<u> </u>	 -	B
8552	Veneer - porcelain (laboratory)	2006.03	_	R	539.10			⊢		R	808.80	 	 	+L	A
8554	Veneer - resin (laboratory)	2006.03		R	539.10			┞—		R	808.80	 	μ_	+L	A
	TEMPORARY RESTORATIONS						<u> </u>	_		_		↓	-	(11)	
8137	Emergency crown (chair-side)	2006.03		R	241.00					P-	241.00		Ι-	(+L)	_
8357	Prefabricated metal crown	2006.03		R	143.20			_		К	143.20	<u> </u>	1	—	B
8375	Prefabricated resin crown	2006.03		R	143.20			╙		R	143.20	 	1	├	В
	OTHER RESTORATIVE PROCEDURES			<u> </u>			<u> </u>	╙		⊢			↓_	╀	╁
	Pin Retention and Cores							╙		_		↓	 	₩	 -
8345	Prefabricated post retention, per post (in addition to restoration)	2006.03		R	138.10			ㄴ		╙			1	₩	В
8347	Pin retention - first pin (in addition to restoration)	2006.03		R	69.40			<u> </u>		ļ	-		11	ļ	В
8348	Pin retention - each additional pin (in addition to restoration)	2006.03		R	64.30	_		₩		۱_	4 15 75		1	1	В
8366	Pin retention as part of cast restoration (any number of pins)	2005.02		R	103.80			ــ		R	140.70		T_	+L	A
8376	Core build-up with prefabricated posts	2006.03	_	R	382.50			₩		R	382.50		1	\vdash	В
8379	Cost of prefabricated posts	2006.03	_	R				₩		R	-	-	11	1	A
8391	Cast core with single post	2006.03	_	R	161.30			₩		⊢		+	╬	+L	A
	Cast post (each additional)	2006.03	_	R	96.00			┺		١	00455	+	1	+L	A
8397	Cast core with pins (any number of pins)	2006.03	_	R	257.30			╄		R	334.50		1-	+L	A
8398	Core build-up with or without pins	2006.03	_	R	312,20	<u> </u>		-		R	312.20		부	1	В
8581	Cast core with single post	2006.03	_	L_				₩		R	238,40	-	╬	+L	A
	Cast core with double post	2006.03	_	\vdash				╄-		R	339.70		╫	+L	A
8583	Cast core with triple post	2006.03	1	!			 	+		R	421.20	+	+-	+L	 ^-
	Unclassified Restorative Procedures		<u></u>	Щ.											

No. 30410 519

8133	Recement inlay, onlay, crown or veneer	2006.03		R	70.30		I	l	R 89.20	[7	۲ ٦	+L	В
	Transfer of the state of the st	2006.03	\neg	R	139.80		` <u> </u>		· 139.80	7	Г.	+L	Ā
		2006.03		R	91.70				1	1	7	\neg	В
		2006.03	\neg			_				17	7	\neg	Ā
		2006.03		R	70.30	_					\neg	\neg	В
	The service was a service with the service was a service w	2004.00		R	28.30					17	г	\neg	В
		2006.03		R	156.00				R 156.00	17	r	+L	Ā
	The state of the s	2004.00	\neg	R	46.40					13	r -	+L	Ā
	ENDODONTIC SERVICES		\rightarrow			_					\neg	\neg	\neg
		2006.03				_					\neg	\neg	
	PULP CAPPING							 			\neg	コ	_
	These codes should not be used as a base or liner under a restoration. Certain funders (medical					_			1			\neg	_
		2006.03]				- 1		
		2006.03		R	93.50				1		Г	\neg	В
		2006.03		R	93.50					1	Г	\neg	В
	PULPOTOMY										\neg	\neg	_
		2006.03		R	91.70			 	1	1	r	\neg	В
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2006.03		R	114.90				1		7	\neg	В
	ENDODONTIC THERAPY								1		_	\neg	_
	includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary	_							1		┪	一	_
	radiographs/ diagnostic images.												
	Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth										ı		
	and five on a multi-canal tooth for each completed endodontic therapy.												
		2006.03											
	Preparatoty Visits	2000.00	Н	\vdash							_	\dashv	_
		2006.03	Н	R	70.30					<u> </u>	r 1	\dashv	В
	Root canal preparatory visit - multi canal tooth	2006.03		R	98.60					 	7	_	B
۳	Obtuation of Canals	2000.0	\vdash	 ``	00.00				 	<u> </u>	\vdash	\dashv	_
-	Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to	_		\vdash				1	 		-+	\dashv	_
	be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-								1				
	preparation of previously obturated canal).	2006.03							1		- 1		
9335	Root canal obturation - anteriors and premolars - first canal	2004.00		R	319.00			 	 	1	- 1	-+	В
	Root canal obturation - anteriors and premolars - each additional canal	2004.00		Ŕ	130.40			 	1	-			B
	Root canal obturation - posteriors - first canal	2004.00		R	439.10		 	 	<u> </u>	1	_		B
	Root canal obturation - posteriors - each additional canal	2004.00		R	130.40		 	 	 	1-	+		B
0337	Complete Therapy	2004.00		۲,	100,40		 		 	 	\vdash	-+	<u> </u>
	Complete Therapy Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be			\vdash	_		1	1		<u>-</u>	\rightarrow	-+	
	used with codes 8332, 8333 and 8334 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously										- 1		
	obturated canal).	2006.03											
9220	Root canal therapy - anteriors and premolars - first canal	2004.00		R	488.00	_	 	-	_	1	- +	\dashv	В
	Root canal therapy - anteriors and premoiars - first canal Root canal therapy - at 🗗 fors and premoiars - each additional canal	2004.00		R	163.00			 			┰		<u>B</u>
	Root canal therapy - at the first canal Root canal therapy - posteriors - first canal	2004.00		R	670.70		 	+	 		_		<u>B</u>
		2004.00		R	163.00		 	-	 	- 19	_		<u>В</u> В
	Root canal therapy - posteriors - each additional canal	2004.00		 ``	103.00		 	_	R 828.50	- 1	_	_	<u>B</u>
	Root canal therapy - first canal	2006.03		\vdash		-			R 208.40		-	\dashv	-
5033	Root canal therapy - each additional canal	12000.00	1						17 200,40				

that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services of the services includes usual postoperative of the services of the service	ing) ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care.	2006.03 2006.03 2006.03 2006.03 2004.00 2006.03 2006.03 2006.03		R R R R	93.50 93.50 346.50 611.20 91.70 62.60 306.50	R R	459.70 916.90	RRR	459.70 916.90		125.20 138.10 459.70 916.90 243.60 459.70		T T T T T T		S S B B B A
APEXIFICATION/RECALCIFICATION PROCE 8635 Apexification/recalcification – per visit PERIRADICULAR PROCEDURES 9015 Apicectomy - anteriors (including retrograde filli 9016 Apicectomy - posteriors (including retrograde filli OTHER ENDODONTIC PROCEDURES 8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or ture E. PERIODONTIC SERVICES The branch of dentistry used to treat and preventhat supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services of the service	ing) ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care.	2006.03 2006.03 2006.03 2004.00 2006.03 2006.03 2006.03		R R R	93.50 346.50 611.20 91.70 62.60			R	916.90	R R	459.70 916.90 243.60		T T T T T		S B B B
8635 Apexification/recalcification – per visit PERIRADICULAR PROCEDURES 9015 Aploectomy - anteriors (including retrograde filli 9016 Aploectomy - posteriors (including retrograde fill OTHER ENDODONTIC PROCEDURES 8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and preventhat supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services includes usual postoperative of the services of the services includes usual postoperative of the services includes usual postoperative of the services of the	ing) ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03 2004.00 2006.03 2006.03 2006.03		R R R	346.50 611.20 91.70 62.60			R	916.90	R R	459.70 916.90 243.60		T T T T		S B B B
PERIRADICULAR PROCEDURES 9015 Aploectomy - anteriors (including retrograde filli 9016 Aploectomy - posteriors (including retrograde fill OTHER ENDODONTIC PROCEDURES 8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and preventhat supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03 2004.00 2006.03 2006.03 2006.03		R R R	346.50 611.20 91.70 62.60			R	916.90	R	916.90		T T T		B B B
9015 Aploectomy - anteriors (including retrograde filli 9016 Aploectomy - posteriors (including retrograde fil 9016 Aploectomy - posteriors (including retrograde fil 9016 Aploectomy - posteriors (including retrograde fil 9016 Aploectomy - posteriors (including retrograde fil 9018 Access through a prosthetic crown or inlay to fa 9018 Access through a prosthetic crown or inlay to fa 9019 Access through a prosthetic crown or	ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03 2006.03 2006.03 2006.03		R R	91.70 62.60			R	916.90	R	916.90		T T T		B B B
9016 Apicectomy - posteriors (including retrograde fill OTHER ENDODONTIC PROCEDURES 8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and preventhat supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	ling) acilitate root canal treatment bot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03 2006.03 2006.03 2006.03		R R	91.70 62.60			R	916.90	R	243.60		T T T		B B
OTHER ENDODONTIC PROCEDURES 8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services of the services o	acilitate root canal treatment pot canal nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2004.00 2006.03 2006.03 2006.03		R R	91.70 62.60		010.50			R	243.60		T T		B B
8330 Removal of root canal obstruction 8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2004.00 2006.03 2006.03 2006.03 2006.03		R	62.60			R	459.70				T T T		B B
8136 Access through a prosthetic crown or inlay to fa 8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services of the services includes usual postoperative of the services of t	nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2004.00 2006.03 2006.03 2006.03 2006.03		R	62.60			R	459.70				T T		В
8640 Removal of fractured post or instrument from ro 8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the services of the services includes usual postoperative of the services of the servic	nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03 2006.03						R	459.70				Ī		В
8765 Hemisection of a tooth, resection of a root or tur E. PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the supports of the support of the	nnel preparation (isolated procedure) nt disease affecting the gingivae, ligaments and bone care. per quadrant	2006.03 2006.03 2006.03		R	306.50			R	459.70				- 	$\overline{}$	_
PERIODONTIC SERVICES The branch of dentistry used to treat and prevent that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the support of the s	nt disease affecting the gingivae, ligaments and bone care.	2006.03			300.30			10					1 1		
The branch of dentistry used to treat and prever that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	care.	2006.03		_				1	100170	 	400.70		∸	\neg	\dashv
that supports the teeth. SURGICAL SERVICES Surgical services includes usual postoperative of the support of t	care.	2006.03						-		-	$\overline{}$		\neg	\dashv	\neg
SURGICAL SERVICES Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	per quadrant	2006.03								1		+			
Surgical services includes usual postoperative of 8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	per quadrant							⊢		├—	-	-	_	\rightarrow	$\overline{}$
8741 Gingivectomy/gingivoplasty - four or more teeth 8743 Gingivectomy or gingivoplasty - one to three tee	per quadrant		\rightarrow					 ⊢		⊢			-	-	${\color{red} -}$
8743 Gingivectomy or gingivoplasty - one to three tee				_	227.42	_		 _	F00 F0	₩	\longrightarrow			-	Α
8743 Gingivectomy or gingivoplasty - one to three tee		2006.03	-	R	367.10			R	503.50	₩			Q		Ā
	eth per quadrant	2006.03		R	293.30	_		 R	399.70	╄			Q Q		Ā
8749 Flap procedure, root planing and one to three st	urgical services - per quadrant	2006.03		R	762.20	<u> </u>			1 143.30	┞					A
8751 Flap procedure, root planing and one to three st		2006.03		R	631.30	<u> </u>		R	946.90	ऻ—	\longrightarrow		S		
8753 Flap procedure, root planing and four or more s		2006.03		R	944.70				1 417.00				Q		Α
8755 Flap procedure, root planing and four or more s	surgical services - per sextant	2006.03		R	765.60				1 148.40	Ь_			S_		Α
8756 Clinical crown lengthening (isolated procedure)		2006.03		R	464.20			R	696.40	↓			T		Α
8759 Pedicle flapped graft (isolated procedure)		2006.03		R	348.80			R	523.20				M		Α
8761 Masticatory mucosal autograft - one to four teet		2005.02		R		R	568.70	R	568.70				***		Α
8762 Masticatory mucosal autograft - four or more te	eth (isolated procedure)	2005.02		R		R	854.30	R	854.30						Α
8763 Wedge resection (isolated procedure)		2006.03		R	223,00			R	334.50				œ		Α
8766 Bone regeneration/repair procedure - as part of	a flap operation	2006.03		R	182.40			R	273.70						Α
8767 Bone regeneration/repair procedure - at a single	e site	2006.03		R	472.90	R	709.30	R	709.30						Ą
8769 Membrane removal (used for guided tissue rege	eneration)	2006.03		R	223.00	R	334.50	R	334.50						Α
8770 Cost of bone regenerative/repair material		2006.03		R	•	R		 R	-	L			$oxed{oxed}$		Α
8772 Submucosal connective tissue autograft (isolate	ed procedure)	2005.02		R	383.10	R	574.70	R	574.70						Α
8995 Gingivectomy - per jaw		2006.03		R	543.80	R	815.70						М	+L	S
NON-SURGICAL PERIODONTAL SERVICES	<u> </u>		П					П							
8723 Provisional splinting - extracoronal (wire) - per s		2005.02		R	130.40			R	195.60		195.60				Α
8725 Provisional splinting - extracoronal (wire plus re		2005.02		R	189.20			R	283.90	R	283.90				Α_
8727 Provisional splinting - intracoronal - per tooth		2006.03		R	59.40			R	89.20	R	89.20		Τ_	+L	Α
8737 Root planing - four or more teeth per quadrant		2006.03	\Box	R	281.30			R	381.60				Q		Α
8739 Root planing - one to three teeth per quadrant		2006.03		R	223.90			R	304.50				Q		A
8773 Cost of intrapocket chemotherapeutic agent		2006.03		R				R	-	\Box					
OTHER PERIODONTAL SERVICES			П					1		Т					
8768 Unlisted periodontal procedure		2004.00	\Box	R	223.00			R	334.50				T		Α
8787 Unlisted oral medicine procedure		2004.00		R	80.00			R							1
F. REMOVABLE PROSTHODONTICS			\vdash			-							_		S

	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a		П						П		_		П	Т
	limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced	l	ΙI						l				l	1
		2006.03	l k						l	ŀ			l	
3658		2006.03		R	699.00				R	1 048.50		М	+L	В
		2006.03	1	R	559.20				R	838.80		М	+L	В
		2006.03							R	1 890.40		_	+L	A
	OTHER REMOVABLE PROSTHETIC PROCEDURES								 	, ===, :=			<u> </u>	+
3251		2006.03	1	R	64.30								+L	A
		2006.03		R	64.30				\vdash				+L	В
	Clasp or rest - stainless steel	2006.03	\rightarrow	R	67.70				\vdash				+L	В
	Bar - lingual or palatal	2006.03		R	79.80				\vdash			М	+L	TB
	Tissues conditioning per arch (including soft self-cure reline)	2005.02		R	109.80				R	140.70		М		В
		2006.03											+L	A
		2004.00	1	R	64.10				R	96.00		Т	+L	ĪĀ
		2006.03		R	156.00				R	234.10		М	+L	A
		2006.04			260.20				R	1 890.40		М	+L	В
		2006.04			008.10					1 512.30		М	+L	В
		2006.03		R	89.20				R	96.00		М	+L	A
		2006.03		R	379.70				R	569.50	_	М	+L	TA
		2004.00		R	181.90				R	285.00			\vdash	TA
	Soft base to denture (heat cured)	2005.02		R	379.70				R	569.50		М	+L	TE
		2005.02		R	48.70				R	73.00		М	+L	E
		2005.02		R	571.80				R	857.70	_	М	+L	18
	MAXILLO-FACIAL PROSTHETICS													Ť
_	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial		\Box						一			\vdash	т	十
	structures that have been affected by disease, injury, surgery or congenital defect.		1 1						l			l	l	Т
	Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Where		1 1						l			l	l	Т
	"+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus	1	1 1						l			l	1	Т
	the fee/benefit indicated	l	1 1						l			l		Т
		2006.03	al			1			l			l	1	Т
	MAXILLIARY PROSTHESIS		\Box						П					+
9101		2004.00		R	93.80				R	140.70			+L	+
	Obturator prosthesis, surgical - continuous base	2004.00		R	254.40				R	381.60			+L	au
		2004.00	9	R	379.10				R	568.70			+L	+
	Obturator prosthesis, interim - on existing denture	2004.00	3	R	571.80				R	857.70			+L	十
	Obturator prosthesis, interim - on new denture	2004.00		R	765.80				R	2 648.60		_	+L	十
		2004.00	0	R	571.80				R	857.70			+D	†
		2004.00	0	R '	1 104.20	1			R	1 656.20			+D	十
	MANDIBULAR RESECTION PROSTHESES		\Box				-						Г	Ť
9108		2004.00	9	R '	1 356.30				R	2 034.40		\vdash	+L	T
		2004.00			260.20					1 890.40			+L	†
	Mandibular resection prosthesis, palatal augmentation	2004.00		R	254.40				R	381.60	_		+D	†
	GLOSSAL RESECTION PROSTHESES		П						T				Ť	十
9111	Glossal resection prosthesis - simple	2004.0	ol I	R	530.60			_	Ŕ	796.00			+D	+
	Glossal resection prosthesis - complex	2004.0	_	R	794.90					1 192.20		\vdash	+D	+

	The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is		\neg							П		П
	readily removable.□						1			- 1	-	
L	Removable prosthodontic services include routine post-operative care.	2006.03								_		\sqcup
	COMPLETE DENTURES									_		Ш
8231	Complete dentures - maxillary and mandibular	2006.03		R 1	133.90			2 367.30				В
8232	Complete denture - maxillary or mandibular	2006.03		R	699.00			1 656.20		_		В
8244	Immediate denture - maxillary	2006.03	<u> </u>	R	699.00			1 048.50	_	_	+L	Ш
8245	Immediate denture - mandibular	2006.03	\neg	R	699.00			1 048.50			+ <u>L</u>	Ш
8643	Complete dentures - maxillary and mandibular (with complications)	2004.00	\neg					3 072.20				В
	Complete dentures - maxillary and mandibular (with major complications)	2004.00						3 779.00				В
8649	Complete denture - maxillary or mandibular (with complications)	2005.02						1 890.40				В
8651	Complete denture - maxillary or mandibular (with major complications)	2005.02					R	2 126.20		N	+L	В
	PARTIAL DENTURES						Ι			_		Ш
8233	Partial denture - resin base - one tooth	2005.02		R	325.00					y		В
8234	Partial denture - resin base - two teeth	2005.02		Ŕ	325.00							В
8235	Partial denture - resin base - three teeth	2005.02		R	486.30							В
8236	Partial denture - resin base - four teeth	2005.02		R	486.30							В
8237	Partial denture - resin base - five teeth	2005.02		R	486.30							В
	Partial denture - resin base - six teeth	2005.02		R	345.00						,	В
8239	Partial denture - resin base - seven teeth	2005.02		R	645.00							В
8240	Partial denture - resin base - eight teeth	2005.02		R	645.00						_	В
8241	Partial denture - resin base - nine or more teeth	2005.02		R	€45.00							В
8281	Partial denture - cast metal framework only	2006.03		R	758.30							Α
8671	Partial denture - cast metal framework with resin denture base	2006.03					R	1 890.40		8	,	Α
	ADJUSTMENTS TO DENTURES											
	Adjust complete or partial denture	2006.03		R	51.50		R	51. 50				В
8662	Adjust complete or partial dentures (remounting)	2004.00		R	181.90		R	272.80			+L	В
	REPAIRS TO DENTURES											
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the						\Box					i I
	practitioner did not examine the patient. Laboratory costs, however, may be recovered.	2006.03										
8269	Repair denture or other intra-oral appliance	2006.03	\neg	R	89.20		R	96,00	,		_	В
8270	Add clasp to existing partial denture	2006.03		R	64.30							В
8271	Add tooth to existing partial denture	2006.03	\neg	R	64.30					Μ	+L	В
	Impression to repair or modify a denture or other intra-oral appliance	2006.03		R	51.50		R	51.50			+L	В
	DENTURE REBASE PROCEDURES											
	Rebase - The partial or complete removal and replacement of the denture base.	2006.03										
8259	Rebase complete or partial denture (laboratory)	2005.02		R	265.00		R	382.50			+L_	В
	Remodel complete or partial denture	2005.02		R	425.40					M	+L	В
	DENTURE RELINE PROCEDURES											
	Reline - The addition of material to the fitting surface of a denture base.	2006.03										
8263	Reline complete or partial denture (chair-side)	2005.02		R	168.10		R	210.10		M		В
	Reline complete or partial denture (laboratory)	2006.03		R	386,90		R	386.90		M_	+L	В
	INTERIM DENTURES											

RADIOTHERAPY APPLIANCES					
9113 Radiation carrier - simple	2004.00	R 571.80		R 857.70	+L
9114 Radiation carrier - complex	2004.00	R 1578.10		R 2367.30	+L
9115 Radiation shield - simple	2004.00	R 571.80		R 857.70	+L
9116 Radiation shield - complex	2004.00	R 1 578.10		R 2367.30	+L
9117 Radiation cone locator	2004.00	R 571.80		R 857.70	+L
CHEMOTHERAPY APPLIANCES					\neg
9118 Chemotherapeutic agent carrier	2004.00	R 571.80		R 857.70	+L
CLEFT PALATE PROSTHESES			1		
8855 Consultation - cleft palate therapy (house or hospital)	2004.00	R 130.40	R 195.60	R 195.60	S
8856 Consultation - cleft palate (subsequent)	2004.00	R 64.10	R 96.00	R 96.00	s
8857 Consultation - cleft palate (maximum)	2004.00	R 445.40	R 668.10	R 668.10	S
NEONATAL PROSTHESES					
9119 Feeding aid prosthesis, neonatal	2004.00	R 506.10	R 759.10	R 759.10	+L S
9120 Orthopaedic appliance, active presurgical - minor	2004.00	R 506.10	R 759.10	R 759.10	+L S
9121 Orthopaedic appliance, active presurgical - moderate	2004.00	R 749.00	R 1 123.60	R 1123.60	+L S
9122 Orthopaedic appliance, active presurgical - severe	2004.00	R 1 260.20	R 1 890.40	R 1890.40	+L S
9123 Orthopaedic appllance, active presurgical - modification	2004.00	R 64.10	R 96.00	R 96.00	s
INTERMEDIATE/DEFINITIVE PROSTHESES					
9125 Speech aid/obturator prosthesis - palatal alteration	2004.00	R 255.00		R 382.50	+D
9126 Speech aid/obturator prosthesis - velar atteration	2004.00	R 571.80		R 857.70	+D
9127 Speech aid/obturator prosthesis - pharyngeal alteration	2004.00	R 1 260.20		R 1 890.40	+D
9128 Speech aid/obturator prosthesis - modification	2004.00	R 64.10		R 96.00	
9129 Speech aid/obturator prosthesis - surgical	2004.00	R 506.10		R 759.10	+L
SPEACH APPLIANCES					
9130 Speech aid appliance - palatal lift	2004.00	R 254.40		R 381.60	+D
9131 Speech aid appliance - palatal stimulating	2004.00	R 571.80	1	R 857.70	+D
9132 Speech aid appliance - bulb	2004.00	R 1 260.20		R 1 890,40	+D
9133 Speech aid appliance - modification	2004.00	R 64.10		R 96.00	
9134 Unspecified speech aid appliance	2004.00	R -		R -	
EXTRA-ORAL APPLIANCES					
9135 Auricular prosthesis - simple	2004.00	R 1 578.10		R 2367.30	+L
9136 Auricular prosthesis - complex	2004.00	R 2 059.10		R 3072.20	+L
9137 Nasal prosthesis - simple	2004.00	R 1 578.10		R 2367.30	+L
9138 Nasal prosthesis - complex	2004.00	R 2059.10		R 3 072.20	+L
9139 Ocular prosthesis - Interim	2004.00	R 571.80		R 857.70	+L
9140 Ocular prosthesis - modified stock appliance	2004.00	R 1 418.60		R 2127.90	+L
9141 Ocular prosthesis - custom appliance	2004.00	R 2 059.10		R 3 072.20	+L
9142 Orbital prosthesis - simple	2004.00	R 1 418.60		R 2127.90	+L
9143 Orbital prosthesis - complex	2004.00	R 2 059.10		R 3 072.20	+L
9144 Facial prosthesis, combination - small	2004.00				- - - -
9145 Facial prosthesis, combination - medium	2004.00				-
9146 Facial prosthesis, combination - large	2004.00				
9147 Facial prosthesis, combination - complex	2004.00				
9148 Unspecified body prosthesis - simple	2004.00	R 1 418,60		R 2127.90	+L +L

01.40	Unspecified body prosthesis - complex	2004.00		P	2 059,10		_				R 3	072.20	- 1	+	\Box	П
		2004.00			1 104.20							656.20		- +		\neg
		2004.00	\vdash		1 418.60	_						127.90		1		\neg
		2004.00		N	1 410.00	\vdash						127.22		- +	<u>. </u>	\neg
		2004.00	\rightarrow			\vdash	$\overline{}$					-		1+	·L	\neg
	The second secon	2004.00		R	571.80	_					R	857.70		+	ī	\neg
9133	THE PROPERTY OF THE PROPERTY O	2004.00		Υ_	3/1.00	⊢					-	007.70		_		\neg
24.50	CUSTOM IMPLANTS	000400	-	_	200 00					- 	D 1	035.20		- -	·L	⊣
9150		2004.00		R	690.20 344.80	_					,	517.20	-		-[ᅥ
	Transfer productions; Capterit made Citable	2004.00		R		<u> </u>						035.20			ī	ᅥ
		2004.00		R	690.20	_	_					517.20		_	ī	\dashv
		2004.00		2	344.80	⊢						317.20	-		FL I	\dashv
9160		2004.00	-	R	1 534.70	╙					R 2	2 302.10				\dashv
<u> </u>	SURGICAL APPLIANCES		-							\rightarrow	_	20440		- 1	+L	\dashv
	- angree - interes	2004.00	\sqcup	R	156.00	<u> </u>				\longrightarrow	R	234.10				\dashv
		2004.00		R	571.80	<u> </u>					R	857.70			+	\dashv
		2004.00	Ш	R	156.00	<u> </u>					R	234.10		_	<u>+L</u>	\dashv
	Out to the plant of the plant o	2004.00	\Box	R	571.80	_					R	857.70		_	_	-
	THE STATE OF THE S	2004.00		R	156.00	_					R	234.10		_	+L	
9166		2004.00	Ш	R	571.80	Ш					R	857.70			+L	
	TRISMUS APPLIANCES					Ш								-	-	
9167	Trismus appliance (simple)	2004.00		R	64.10						R	96.00		_	+L	$\boldsymbol{\dashv}$
9168	Trismus appliance (complex)	2004.00		R	571.80						R	857.70		_	+L	-
9169	1 Olimpood applianted	2004.00		R	1 260.20							1 890.40		_	+L	ш
9170		2004.00		R	379,10						R	568.70		_	+D	\vdash
9171	Commissure splint	2004.00		R	156.00						R	234.10			+L	\vdash
9172	Oral retractor, dynamic - per arm	2004.00		R	156,00						R	234.10		_	+L	_
9173	Hand splint	2005.02												$\overline{}$	+L	
	Unspecified burn appliance	2005.02	П	R		П					R	-			+ <u>L</u>	
	ATTENDANCE IN THEATRE		П	\Box		П										
9175	Theatre attendance (MaxFac prosthod) /hour	2004.00		R	211.00						R	316.50				
H.	IMPLANT SERVICES			Г		Г										
<u> </u>	Services/procedures concerned with the surgical insertion of materials and devices into, onto and		П													l
1	about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or					ı					ĺ					l
l		2006.03				l					l					
\vdash	SURGICAL IMPLANT PROCEDURES		П	\vdash		Т										
\vdash	The codes in this subsection are intended to report surgical procedures for the placement of		П			Т										
	implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned															1
	with placing the implant into or onto the bone and preparation for the prosthetic phase.										l					ĺ
	1110 bigging and unless that at allies are make and bigher and it at an abiging bigger	2006.03														
9180	Surgical placement of sub-periosteal implant - preparatory stage	2005.02		R	925.20	R	1 387.80							М		S
	Surgical placement of sub-periosteal implant - placement stage	2005.02		R			1 387.80	_			Ι-			М	+L	S
	Surgical placement of endosteal implant plate	2004.00		R	463,10		694.70		R	694.70				П	+L	Ś
0192	Surgical placement of endosteal implant - first per jaw	2006.03		R	651.90				R	886.00				T	+M	S
	Surgical placement of endosteal implant - second per jaw	2005.02		Ŕ	488.00		664.70		R	664.70	\Box			Т	+M	s
	Surgical placement of endosteal implant - third and subsequent per law	2005.02		Ŕ	326.70		445.20		R	445.20				Т	+M	s
3100	Jonifice: biggemein of euthopiest unbigur - mind and anhaedhein her law	000.02		<u>'''</u>	020.1V	, ,,	110.50									

	Surgical placement of abutment - first per jaw	2006.03		'n	241.80	R	327.60		R	327.60	R	327.60	۲		S
9191 8	Surgical placement of abutment - second per jaw	2005.02		R	181.80	R	246.20		R	246.20	R	246.20	T	+M	S
9192 8	Surgical placement of abutment - third and subsequent per jaw	2005.02		R	121.80	R	165.60		R	165.60	R	165.60	Τ	+M	S
I	MPLANT SUPPORTED PROSTHETICS					Γ									
5	Services/procedures concerned with the construction and placement of fixed or removable														П
l F	prosthesis on any Implant device. Prosthetic devices which are not listed in this subsection should														ΙI
L E	pe reported using existing fixed or removable prosthetic codes.	2006.03		l					1						Ш
1	Abutments and Bars														П
7	These codes are intended to report the placement of final restorations and should not be used to					П									П
r	eport the placement of temporary/provisional components e.g., healing abutments/collars, temporary					l			l		ı				H
a	abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating					l			l		ĺ				H
∤	both the implant and integral fixed abutment) are considered being part of the implant body and					l									H
	should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189														
l k	ocated in the "Other implant services" section to submit the cost of implant components.														1 1
	· , ,	2006.03		l		l									1 1
8584 (Connector bar - implant supported	2006.03		R	1 260.20	Γ					R	1 890.40			П
8578 F	Prefabricated abutment	2006.03		R	130.40						R	195.60			П
8579	Custom abulment	2006.03		R	594.70						Ř	892.00			
	Removable Dentures														
8533	mplant supported removable complete overdenture	2006.03			1 260.20						R	1 890.40	М	+L	В
8534	mplant supported removable partial overdenture	2006.03		R	1 008.10						R	1 512.30	M	+L	В
F	Fixed-detachable Dentures														П
8654	mplant supported fixed-detachable complete overdenture	2006.03		R	1 417.50			_			R	2 126.20	M	+L	Α
8655	mplant supported fixed-detachable partial overdenture	2006.03		R	1 133.90	П					R	1 457.00	M	+L	Α
8660 /	Additional fee to implant supported fixed-detachable denture - per implant	2006.03		R	195.60						R	195.60	Ť		Α
	Crowns - Single Restorations								\Box						П
8536	Crown - implant/abutment supported - porcelain/ceramic	2006.03		R	1 042.10			-			R	1 378.30	Τ	+L	Α
8537 (Crown - implant/abutment supported - porcelain with metal	2005.02		R	1 042.10	Π					R	1 378.30	 Ţ	+L	Α
	Crown - implant/abutment supported - cast metal	2005.02		R	1 042.10						R	1 378.30	T	+L	Α
8592 (Crown - implant/abutment supported	2006.03									R	1 378.30	Ŧ	+L	Α
F	Bridge Retainers - Crowns														П
8546 (Crown retainer - implant/abutment supported - porcelain/ceramic	2006.03		R	1 042.10						R	1 378.30	Τ	+L	Α
8547 (Crown retainer - implant/abutment supported - porcelain with metal	2005.02			1 042.10						R	1 378.30	 T	+L	Α
8548	Crown retainer - implant/abutment supported - cast metal	2005.02		R	1 042.10						R	1 378.30	Т	+L	Α
	OTHER IMPLANT SERVICES														
	mplant maintenance procedures - per implant	2006,03		R	57.70						Ŕ	86.60	Т		Α
	Repair of implant supported prosthesis	2006.03		R	64.10						R	96.00			
8595	Repair of implant abutment	2006.03		R	64.10						R	96,00			\Box
8600	Cost of implant components	2006.03				R			R	-	R				s
	Cost of endosteal implant body	2006.03		R	-	R	•		R						s
9188	Cost of prefabricated abutment	2006.03		R	-										s
	Cost of other implant compnts	2006.03	_	R	•										s
9198	Surgical removal of implant	2006.03		R	301.40	R	452.00		R	452.00			T	$\overline{}$	s
1 17	FIXED PROSTHODONTICS														\Box

The branch of prosthodricles concerned with the replacement or relativation of leath by sufficial substitutions that are not ready immovable. If A prosthator retainer (e.g., crown/inlayoring/ trailery) in this section is defined as a part of a bridge that statistics as portice for the substruction. A prosts is leaf part of a bridge with replaces a missing both or teeth. Each retainer and each portice constitutes a until in a bridge. If Provinces are provided to teeth. Each retainer and each portice constitutes a until in a bridge. If Provides are retainer retainers and portices presently include all ceremic, provided in and porcelain fused in a section in a bridge. If Provides are retainer retainers and portices and restain material retainers and portices and restain retainers. If Provides are retainers and portices are retained and provides and provides are retained and provides and provides and provides and provides and provides are retained and provides and provides and provides are retained and provides and provides and provides and provides are retained and provides and provides and provides and provides are retained and provides and provi	 											\neg		
A prosthetic retainer (e.g., crown/ralgy/mary staller) in this section is defined as a part of a bridge that attaches point to the abstrainer toot. A positic is the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of a bridge of the part of t	 The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial						1							
Interest attaches a ponition to the abstract tooth. A ponition is that part of a bridge which replaces a missing both or testh. Each relation and accordance and are bridge. If Portice is the part of the ponition is the part of the ponition is bridge. If Portice is the part of the ponition is the part of the ponition is the part of the ponition in the part of the ponition is the part of the ponition is the part of the ponition in the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of the ponition is the part of t							1				1	- 1	1	(I
missing tooth or teeth. Each relativer and each profice constitutios a unit in a bridge II Protein information relativers and portices and profices proceeding includes all reinforced heet and/or pressure-cured realn materials. (I)] 1			1	- 1		, ,
Procesin/ceramic retainers and portices Processing include all ceramic, porcelain and porcelain fused to melal retainers and portices.							1					- 1		
No metal retainers and portics and resin metal retainers and portics and resin metal retainers and portics and resin metal retainers and portics and resin metal retainers and portics and resin metal retainers and portics and resin metal retainers and portics include all reinforced heat and/or persuars—cured resin materials. CI Metal components include structures manufactured by means of conventional casting and/or electroforming. 2006.03 2006.0							1			- 1	.	I		
Resin retainers and portice and resin metal retainers and portice include all reinforced heat and/or pressure-curd retain materials. □ Metal components include structures manufactured by means of conventional casting and/or electroforming. PONTICS Comment: Codes 6415, 6416, 6417 and 6416 include ovate pontic designs. The nomenclatures of the portice have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onleys utilised as bridge retainers. 2006, 03 8415 Pontic - postellable/ceramic 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8417, 1-1, A. 2007, 03 8416 Pontic - postellable/ceramic 2007, 03 8417, 1-1, A. 2007, 03 8418 Pontic - postellable/ceramic 2007, 03 8419 Pontic-postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic - postellable/ceramic 2007, 03 8410 Pontic-postellable/ceramic									- 1		- 1			
Personance Per	 · · · · · · · · · · · · · · · · · · ·													(l
Metal components include structures manufactured by means of conventional casting and/or electroforming.			1.				i							l
electrofroming.		i					1							
PONTICS Comment: Codes 8415, 8416, 8417 and 8416 include overlap portic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves as output record keeping. A smilar approach has been followed for crowns and inlays/cinitys utilised as hidge retainers. 2005.03 R 655.30 T 4. A 8417 Pontic - porcelain/cearnic 2005.03 R 655.30 T 4. A 8417 Pontic - porcelain/cearnic 2005.03 R 655.30 T 4. A 8417 Pontic - porcelain with metal 2005.03 R 655.30 T 4. A 8417 Pontic - poncelain fused to metal 2005.03 R 655.30 T 4. A 8418 Pontic - poncelain fused to metal 2005.03 R 655.30 T 4. A 8419 Pontic - poncelain fused to metal 2005.03 R 655.30 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 234.10 T (ct.) A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 234.10 T (ct.) A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 74.450 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 74.450 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 74.450 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 87.450 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 87.450 T 4. A 8419 Pontic - poncelain fused to metal 2006.03 R 156.00 R 844.30 T 4. A 8421 R 84	 •						1							
Comment: Codes 8415, 8415, 84178 Ad 8418 include overle point designs. The nomenclatures of the portices have been revised to coincide with the nomenclature used for crows, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers. 2006.03 R 520.60 T 1 + L A 8416 Pontic - coast metal 2005.03 R 520.60 T 7 + L A 8416 Pontic - coast metal 2005.03 R 520.60 T 7 + L A 8417 Pontic - resin with metal 2005.03 R 520.60 T 7 + L A 8418 Pontic - porcelain/used to metal 2005.03 R 520.60 T 7 + L A 8418 Pontic - porcelain/used to metal 2005.03 R 520.60 T 7 + L A 8418 Pontic - posterior 2006.03 R 520.60 T 7 + L A 8418 Pontic - posterior 2006.03 R 520.60 R 7 + L A 8418 Pontic - posterior 2006.03 R 520.60 R 7 + L A 8418 Pontic - posterior 2006.03 R 7 + L A 8418 Pontic - posterior 2006.03 R 7 + L A 8418 Pontic - posterior 2006.03 R 7 + L A 8418 Pontic - posterior 2006.03 R 7 + L A 8418 Pontic - posterior 2006.03 R 7 + L A 8418 Pontic - posterior 2006.03 R 8 843.00 T + L A 8418 Pontic - posterior 2006.03 R 8 843.00 T + L A 8418 Pontic - posterior 2006.03 R 8 843.00 T + L A 8418 Pontic - posterior 2006.03 R 8 843.00 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T + L A 8431 Pontic - posterior 2006.03 R 8 844.30 T T + L A 8431 Pontic - posterior 2006.03 R 8 946.90 T + L A 8432 Pontic - posterior 2006.03 R 8 946.90 T + L A 8432 Pontic - posterior 2006.03 R 946.90 T + L A 8432 Pontic - posterior 2006.03 R 946.90 T + L A 8435 Pontic - posterior 2006.03 R 946.90 T + L A 8436 Pontic - posterior 2006.03 R 946.90 T + L A 8436 Pontic - posterior 2006.03 R 946.90 R 946.90 T + L A 8436 Pontic - posterior 2006.03 R 946.90 R 946.90 T + L A 8436 Pontic - posterior 2006.03 R 946.90 R 946.90 T + L A 8436 Pontic - posterior 2006.03 R 946.90 R 946.90 T + L A 8436 Ponti		2006.03	$\vdash \vdash$		_		├					_		Н
the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and injus/onlays utilised as bridge retainers. 2006.03 R 655.30 T T +L A A A A A A A A A A A A A A A A A A			Ш						_					\vdash
Second S														
as bridge retainers. 2006.03 416 Pontic - porcelain/ceramic 2005.03 R 855.30 T 1+L A 2417 Pontic - cast metal 2005.03 R 855.30 R 234.10 T 1+L A 2418 Pontic - retain with metal 2005.03 R 855.30 R 234.10 T 1+L A 2419 Pontic - retain with metal 2005.03 R 855.30 R 234.10 T 1+L A 2419 Provisional pontic 2006.03 R 234.10 T 1+L A 2419 Provisional pontic 2006.03 R 234.10 T 1+L A 2419 Provisional pontic 2006.03 R 234.10 T 1+L A 2419 Provisional pontic 2006.03 R 234.10 T 1+L A 2419 Provisional pontic 2006.03 R 234.10 T 1+L A 2419 Provisional pontic 2419 Provisional pontic 2420.00 R 234.10 T 1+L A 2431 Provisional pontic R 234.10 T 1+L A 2441 Provisional pontic R 234.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 T 1+L A 2441 Provisional pontic R 244.10 R 244.10 T 1+L A 2441 Provisional														
8415 Pontio - porcelain/ceramic 2005.03 R 655.30														
Alf Pontic - cast metal	as bridge retainers.			_					_			Ŧ-	<u>+1</u>	┰┤
2005.03 R 555.30 T +L A									├	_			_	_
1			_				—	 	<u> </u>			-		-
Act Provisional pontic 2006.03 R 234.10 T (+L) A			_				├		⊢			_		
2006.03 R 714.50 T +L A			_				₩	 	<u> </u>	22440				-
8611 Pontic - Santary			_	R	156,00			 	_			1	-	_
2006.03 R 344.30 T +L A A			_								<u> </u>			_
RRIDGE RETAINERS - INLAYS/ONLAYS R 610.60 T + L A							 	 						_
An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlayed to be considered an onlay.□ See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers. 2006.03 8432 [inlay/onlay retainer - metal - two surfaces 2005.02 R 312.20 R 610.60 R 946.90 T +L A 8433 [inlay/onlay retainer - metal - four or more surfaces 2005.02 R 520.60 R 946.90 T +L A 8436 [inlay/onlay retainer - procelain - four or more surfaces 2005.02 R 379.90 R 732.50 T +L A 8437 [inlay/onlay retainer - porcelain - two surfaces 2005.02 R 379.90 R 732.50 T +L A 8438 [inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 789.90 R 1138.20 T +L A 8438 [inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 789.90 R 1138.20 T +L A 8438 [inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 789.90 R 1138.20 T +L A 8438 [inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 789.30 R 1138.20 T +L A 8617 [Retainer cast metal (Maryland type retainer) 8 BRIDGE RET'AllRERS – CROWNS A crown retainer for a bridge that gains retention, support and stability from a toolh. 8441 [Crown retainer - 3l/4 cast metal 2005.02 R 802.80 R 1181.90 T +L A 8443 [Crown retainer - 3l/4 cast metal 2005.02 R 802.80 R 1181.90 T +L A 8444 [Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8445 [Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8446 [Crown retainer - porcelain/ceramic mith metal 2005.02 R 802.80 R 1181.90 T +L A 8447 [Provisional crown retainer - porcelain with metal		2006.03						 	R	944.30	 	-	+1_	╇
tip must be overlayed to be considered an onlay. □ see inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers. 2005.02 R 312.20 R 610.60 T +L A 8432 Inlay/onlay retainer - metal - two surfaces 2005.02 R 520.60 R 946.90 T +L A 8434 Inlay/onlay retainer - metal - four or more surfaces 2005.02 R 629.60 R 946.90 T +L A 8436 Inlay/onlay retainer - porcelain - two surfaces 2005.02 R 379.90 R 732.50 T +L A 8437 Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 626.10 R 1138.20 T +L A 8438 Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 626.10 R 1138.20 T +L A 8438 Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1138.20 T +L A 8617 Retainer cast metal (Maryland type retainer) 2006.03 R 312.20 R 610.60 T +L A 8610.60			ш				ļ		▙			-	-	╀┯┥
See Inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers. 2006.03		1	ΙI						l					
8432 Inlay/onlay retainer - metal - two surfaces 2005.02 R 312.20 R 610.60 T +L A		1	ΙI					l	l			1		i
Add Inlay/onlay retainer - metal - two surfaces 2005.02 R 520.60 R 946.90 T +L A	See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.							<u> </u>	<u> </u>			-		╁┤
8434 [Inlay/onlay retainer - metal - four or more surfaces 2005.02 R 629.60 R 946.90 T +L A 8436 [Inlay/onlay retainer - porcelain - two surfaces 2005.02 R 379.90 R 732.50 T +L A 8437 [Inlay/onlay retainer - porcelain - two surfaces 2005.02 R 626.10 R 1138.20 T +L A 8438 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 626.10 R 1138.20 T +L A 8438 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1138.20 T +L A 8438 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1138.20 T +L A 8458 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1138.20 T +L A 8459 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1181.90 T +L A 8450 [Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 802.80 R 1181.90 T +L A 8441 [Crown retainer - full cast metal 2005.02 R 802.80 R 1181.90 T +L A 8442 [Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A	(All of the state						_	└		*		ᆣ		
Mayonlay retainer - procelain - two surfaces 2005.02 R 379.90 R 732.50 T +L A							└				<u> </u>	1		
Mayonlay retainer - porcelain - three surfaces 2005.02 R 626.10 R 1 138.20 T +L A							 _			4 /4	<u> </u>	╠		
8438 Inlay/onlay retainer - porcelain - four or more surfaces 2005.02 R 758.30 R 1 138.20 T +L A 8617 Retainer cast metal (Maryland type retainer) 2006.03 R 312.20 R 610.60 T +L A 841 Retainer cast metal (Maryland type retainer) 2006.03 R 312.20 R 610.60 T +L A 842 Crown retainer for a bridge that gains retention, support and stability from a tooth. 2006.03 R 1181.90 T +L A 8441 Crown retainer - full cast metal 2005.02 R 802.80 R 1181.90 T +L A 8442 Crown retainer - 3/4 cast metal 2005.02 R 802.80 R 1181.90 T +L A 8443 Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8444 Crown retainer - 3/4 porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8445 Crown retainer - porcelain with metal 2005.02 R 802.80 R 1181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1181.90 T +L A 8447 Provisional crown retainer R 1381.90 R 14L A R 14L A R 14L A			-				<u> </u>				├	 -		_
Retainer cast metal (Maryland type retainer) 2006.03 R 312.20 R 610.60 T +L A			-				↓				<u> </u>	╬╌	_	_
Retainer cast metal (warytaint type retainer) 2000.03 N 312.20							——		_			 		╬┤
A crown retainer for a bridge that gains retention, support and stability from a tooth. 2005.02 R 802.60 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A 2005.02 R 802.80 R 1 181.90 T +L A		2006.03		R	312.20				R	610.60		╙╌	+-	╇-
8441 Crown retainer - full cast metal 2005.02 R 802.60 R 1181.90 T +L A 8442 Crown retainer - 3/4 cast metal 2005.02 R 802.80 R 1181.90 T +L A 8443 Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8444 Crown retainer - 3/4 porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8445 Crown retainer - porcelain with metal 2005.02 R 802.80 R 1181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A		<u> </u>	\sqcup						₩			⊢		+
8447 Crown retainer - full dast field 2005.02 R 802.80 R 1181.90 T +L A 8442 Crown retainer - 3/4 cast metal 2005.02 R 802.80 R 1181.90 T +L A 8443 Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8444 Crown retainer - 3/4 porcelain/ceramic 2005.02 R 802.80 R 1181.90 T +L A 8445 Crown retainer - porcelain with metal 2005.02 R 802.80 R 1181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A			-				↓		۱_	1 101 00	 	 	1.1	╂┈┤
8442 Crown retainer - 3/4 cash fine all 2005.02 R 802.80 R 1 181.90 T +L A 8443 Crown retainer - porcelain/ceramic 2005.02 R 802.80 R 1 181.90 T +L A 8444 Crown retainer - 3/4 porcelain/ceramic 2005.02 R 802.80 R 1 181.90 T +L A 8445 Crown retainer - porcelain with metal 2005.02 R 802.80 R 1 181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1 181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A			-	_	_						<u> </u>	 	_	
8444 Crown retainer - 3/4 porcelain/ceramic 2005.02 R 802.80 R 1 181.90 T +L A 8445 Crown retainer - 9/4 porcelain/ceramic 2005.02 R 802.80 R 1 181.90 T +L A 8445 Crown retainer - porcelain with metal 2005.02 R 802.80 R 1 181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1 181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A	 		_						_		 	T	_	_
8445 Crown retainer - 3/4 porceiannee 2005.02 R 802.80 R 1 181.90 T +L A 8446 Crown retainer - resin with metal 2005.02 R 802.80 R 1 181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A			_									╬		_
8445 Crown retainer - porcean with metal 2005.02 R 802.80 R 1 181.90 T +L A 8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A			_					+			 	 - -		
8447 Provisional crown retainer 2006.03 R 156.00 R 234.10 T (+L) A			-								├ ──	 - -		_
OHY Flovisional crown recalled							-	-			 	╬		
OTHER FIXED PROSTHODONTIC PROCEDURES		12006.03		R	156.00				 K	234.10	├ ──	+'-	(TL)	+^-
	OTHER FIXED PROSTHODONTIC PROCEDURES		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			<u> </u>			1				1	

	See "other restorative services" for procedures related to fixed protithesis not listed in this sub-	П	Т			П						1				\top
	section.	2006.03									l	1				
		2006.03	寸	R	70.30	\vdash		_	t —		R	89.20		т		В
	Remove bridge	2006.03		R	139.80				1		R	139.80		Т		Α
	Repair bridge	200G.03	寸	R	156.00	\vdash					R	156.00		Ť	(+L)	A
		2006.03		R							R	1 890.40				Α
	Stress breaker	2006.03		R	470.10						R	705.10		М	+L	Α
	Coping metal	2006.03		R	104.70	\vdash				_	R	195.60				Α
	ORAL AND MAXILLO-FACIAL SURGERY															\Box
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures	1														\Box
	include routine postoperative care.	2006.03										- 1		l		1 1
	EXTRACTIONS		一			Г		-				1			\Box	\Box
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	2006.03		Ř	70.30	R	105.40	•						Т		В
	Extraction - each additional tooth or exposed tooth roots	2006.03		R	28.30	R	42.50							T		В
	SURGICAL EXTRACTIONS											1				
	Report code 8220 when sutures are provided by the practitioner.	2006.03														
8213	Surgical removal of residual roots, first tooth - per tooth	2006.03		R	303.70									T		S
8214	Surgical removal of residual roots, second and subsequent teeth's roots	2004.00		R	234.10									Т		S
8937	Surgical removal of tooth	2006.03		R	303.70		409.90							T		S
	Surgical removal of impacted tooth - first tooth	2006.03		R	503.50		66 <u>2</u> ,10							T		S
	Surgical removal of impacted tooth - second tooth	2004.00		R	270.10		356.70							T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	2004.00		R	153.50	R	202.40						-	T		S
	Surgical removal of residual roots, first tooth - per tooth	2006,03				R	409.90							T		s
	OTHER SURGICAL PROCEDURES															
8517	Reimplantation of avulsed tooth (include stabilisation)	2005.04		R	162.40						R	243.60		T	+L	Ŝ
	Oral antral fistula closure	2004.00		R			1 067.80									S
	Caldwell-Luc procedure	2004.00		R	278.50	R	417.80									S
	Biopsy of oral tissue - soft	2006.03		R	177.50	R	236.70		R	236.70	<u> </u>			М		S
	Biopsy of bone - needle	2005.02		R			409.90							М		S
8921	Biopsy – extra-oral bone/soft tissue	2005.02		R		R	670.70							М	\Box	S
	Tooth transplantation	2006.03		R	611.20	R	916.90							T	÷L	S
	Peripheral neurectomy	2004.00		R	611.20	R	916.90									S
	Repair of oronasal fistula (local flaps)	2004.00		R	850,30		1 275.50				<u> </u>			L	<u> </u>	S
	Surgical exposure of impacted or unerupted teeth to aid eruption	2006.03		R	561.00	R	764.20		R	764.20				T		S
	Corticotomy - first tooth	2004.00		R	405.90	R	608.90							T		S
	Corticotomy - each additional tooth	2004.00	\Box	R	205.80	R	308.80		<u> </u>					T	\sqsubseteq	S
	ALVEOLOPLASTY					ـــــ			<u> </u>							
	Alveolotomy or alveolectomy (including extractions)	2006.03		R	372.90		559.30							М		S
	Reposition mental foramen and nerve - per side	2005.02		R			1 273.70				Ц_			М	+L	S
	Lateralization of inferior dental nerve	2005.02	Ш	R	1 368.30	<u> R</u>	2 052.50		<u> </u>		Щ				_	S
-	VESTIBULOPLASTY	$oxed{oxed}$	\sqcup			L			<u> </u>		<u> </u>					
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.	2006.03				Ļ			<u> </u>		Щ					$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
	Sulcoplasty / Vestibuloplasty	2005.02	oxdot	R	1 401.50	<u> R</u>	2 102.30		R 2	102.30	<u> </u>			М	+L	S
	SURGICAL EXCISION OF SOFT TISSUE LESIONS					Ļ										
8971	Excision of tumour of the soft tissue	2004.00		R	273.30	R	409.90	<u> </u>	R	409.90						S

St	JRGICAL EXCISION OF INTRA-OSSEOUS LESIONS	_							T	_		Τ	Г		\neg
	irgical removal of jaw cyst - intra-oral approach	2005.02	\vdash	R	849 20	R	1 273.70		 			 	м		S
8969 Su	rgical removal of jaw cyst - extra-oral approach	2005.02			360.20				+	_		-	м	\Box	s
8973 Su	rgical excision of tumours of the jaw	2005.02			360.20				$\overline{}$	_		 	м	\Box	s
	axillectomy - Alveolus only, Level i	2006.03		11 1	000,20	 ``	2 0-10.10		 					\Box	\Box
	axillectomy - Alveolus and sinus or nasal floor, Level II	2006.03				┢			+-				$\vdash \vdash$		\Box
	axillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	2006.03							+				\vdash		\Box
9296 Ma	axillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	2006.03				-			+	_		 	Н	\Box	-
9298 Ma	axiliectomy - Alveolus, sinus, nasai floor, zygoma, orbital rim and pterygoid plates Level V	2006.03				\vdash	_		+	_		 	\vdash		\Box
9300 He	emiresection of jaw including condyle and coronold process	2006.03				┝	_		+			 	Н	$\vdash \vdash$	\Box
FX	(CISION OF BONE TISSUE	2000.00	\vdash			 			+				\vdash		\sqcap
8975 He	emiresection of jaw excluding condyt	2006.03	ᅪ	D 1	429.00	-	2 143.40		+-			+-	M		s
8987 Re	eduction of mylohyoid ridges - per side	2004.00		R	611.20		916.90		+	_	 				s
8989 Re	emoval torus mandibularis	2004.00		R	611.20		916.90		+				${f au}$		S
	emoval of torus palatinus	2004.00		R	611.20		916.90		+			 	\vdash		s
	rigical reduction of osseous tuberosity - per side	2004.00		R	273.30		409.90		+				М		s
91	JRGICAL INCISION	2000.03	$\vdash \vdash$	Λ.	210.00	ι.	-103.30		+			 - -		┌	Ĺ
	cision & drainage of abscess - intra-oral	2006.03	\vdash	R	112.10	⊢	_	_	۱,	168,10		 	 	\vdash	Α
	rgical removal of roots from maxillary antrum	2006.03		R		-	1 392.90		1.	100,10		 	\vdash	\vdash	s
	cision & drainage of abscess - intra-oral (pyogenic)	2005.02		R	173.90		260.70		+-	_		 	м		s
9013 Inc	cision & drainage of abscess - extra-oral (pyogenic)	2006.03		R	237.80		356.70		+		 		м		s
	cortication, saucerisation and sequestrectomy	2006.03		R 1			1 887.80		+			 	₩	\vdash	s
	questrectomy - intra oral per sextant and or ramus	2005.02		R	273.30		409.90		+				M	\vdash	s
	REATMENT OF FRACTURES	2000.02	┟╼┪		213.30	 ``	409.90	_	+			 	 '''	-	ř
	veolus Fractures	 	┝─┤			├─		 -	+			+	+-	-	\vdash
-	ento-alveolar fracture - per sextant	2004.00	┢═┥	R	306,50	-	459.70		+			+	+	+L	s
	andibular Fractures	2004.00	$\vdash\vdash\vdash$	K	300,00	 ^ 	409.70		+-		 	 	+	 	<u> </u>
	andible fracture - closed reduction	2006.03	\vdash	R	679.70	┢	1 018.10		+-				+	\vdash	s
	andible fracture - compound, with eyelet wiring	2004.00		R			1 429.80		+-			 	+	+-	s
	andible fracture - splints	2006.03					1 583.30		+			 	┿	+L	š
	andible fracture - open reduction	2006.03					2 346.70		+	_	 	 	\vdash	+L	Š
	and the fractures	2000.00	\vdash	Κ_	304.00	<u> </u>	2 340.70		+-			+	+	 	۳
	avilla fracture - Le Fort I or Guerin	2006.03	⊣	R	954.90	 	1 432.40		+-			 	+	+L	s
	adila fracture - Le Fort II or middle third face	2006.03					2 346.70		+	_		+	+-	+L	ŝ
	avilla fracture - Le Fort III or craniofacial disjunction	2006.03					3 365.60		+			 	+	+L	š
	goma/Orbital/Antral Fractures	2000.00	⊢	Α 4	£ 243.0U	 ^-	3 303.00		+			 	+-	 -	Ť
	gomatic arch fracture - closed reduction	2006.03	\vdash	Ŕ	678 70	<u> </u>	1 018.10		+		 	+	+	 	s
	gomatic arch fracture - closed reduction	2006.03					2 040.40		+	_	 	+	+-	$\overline{}$	s
	gomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	2004.00					3 056.90		+-		 	 	+	+	s
	acement of Zygomaticus fixture, per fixture	2005.02					2 019.10		+		 		+	 	Š
	sal Fractures	2000.02	├─┤	Α_	J40,10	┞~	4 0 (3.10		+		 	+	+	+	Ť
	sar Fractures pen reduction and fixation of nasal fractures	2004.00	⊣			\vdash			+			+	+	+	\vdash
	anipulation and immobilisation of nasal fracture	2004.00		_		 			+			+ -	+-	+-	\vdash
	MPOROMAND/BULAR JOINT	2004,00	$\vdash \vdash$			 -			+-		 	+	+	 - - - - - - - - - -	\vdash
Į TE	MPOKOMANDIBULAR JOINT	L	ш											Ь_	Ь

	Procedures which are an integral part of a primary procedure should not be reported separately.	1 1	- 1					Π		1		I	ſ				Т
		2006.03	1							1						l	
8172	Cost of orthotic appliance	2006.03		R	-	R		R	-	R		R					
	Treatment of MPDS - first visit	2004.00		R	107.50			R	161.30			R	161.30		T		Α
8851	Treatment of MPDS - subsequent visit	2004.00		R	56.60			R	84.90			R	84.90	•			Α
	Occlusal orthotic appliance	2006.03		R	270.10	R	355.90	R	355.90	R	355,90	R	355.90			+L	S
	Coronoldectomy (Intra-oral approach)	2004.00		R	848.50	R	1 272.90										S
	Tmj arthroscopy diagnostic	2004.00		R	675.30	R	1 012.90										S
	Condylectomy, coronaidectomy or both	2004.00		R	1 696.50	R	2 544.80										S
	TMJ artrocentesis	2004.00		R	372.90	R	559.30										S
9077	TMJ intra-articular injection	2004.00		R	101.70	R	152.60										S
9079	Trigger point injection	2004.00		R	79.40	R	119.20										S
9081	Condylectomy (Ward/Kostecka)	2006.03		æ			1 018.10										S
	TMJ srthroplasty	2006.03		R	1 696.50	R	2 544.80										S
9085	Reduction of TMJ disloc w/o anaesthetic	2004.00		æ	134.90				_								S
	Reduction of TMJ disloc w/ anaesthetic	2004.00		R	273.30	R	409.90										\$
9089	Reduction of TMJ disloc w/ anaesthetic and immobobilisation	2004.00		R	678,70		1 018.10					<u> </u>					S
9091	Reduction of TMJ dislocation - open reduction	2004.00		R			2 544.80					_					S
	Joint reconstruction	2006.03		R	4 529.30	R	6 793.90	ł				<u> </u>				+L	s
	REPAIR OF TRAUMATIC WOUNDS											L .					
8192	Suture - minor	2006.03		R	346.50					Γ							S
	COMPLICATED SUTURING																Ь.
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure.							l					1				
	Excludes the closure of surgical incisions.	2006.03								<u> </u>							
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	2004,00		R	346.50		459.70										S
	Suture - reconstruction, major (excludes closure of surgical incisions)	2004.00		R	645.00	R	967.50								<u>L</u>		S
	OTHER REPAIR PROCEDURES														<u> </u>		
	Emergency tracheotomy	2004.00		R	313,30		470.00									Щ.	
8959	Pharyngostomy	2004.00		R	313,30												
	Harvest iliac crest graft	2004.00		R	225.30												S
	Harvest rib graft	2004.00		R	258.50			_								Ц.	s
	Harvest cranium graft	2004.00		R	202.40			1_								<u> </u>	S
	Surgical repair of maxilla or mandible - major	2006.03		R			2 141.70	<u> </u>							<u> </u>		S
	Harvesting of autogenous grafts (intra-oral)	2004.00	Ш	R	117.70					R	<u> 1</u> 76.70				<u> </u>	<u> </u>	S
	Frenulectomy/frenulotomy	2004.00	Ш	R	372.90	R		<u> </u>		R	559.30						S
9005	Alveolar ridge augmentation - total (by bone graft)	2005.02		R			2 143.40	╙		R	2 143.40	<u> </u>				+L	S
	Alveolar ridge augmentation - total (by alloplastic material)	2005.02		R	899.40			<u>.</u>	_	<u> </u>						+L_	s
	Alveolar ridge augmentation - one to two tooth sites	2005.02		R	278.00					R	508.60					+L	S
	Alveolar ridge augmentation - three across 3 or more tooth sites	2005.02		R	618.10			Ц_		R	927,10	<u> </u>			М	+L	S
	Sinus lift procedure	2005.02		R	928.60	R	1 392.90			R	1 392.90	<u> </u>			M	+L	s
	Reduction of masseter muscle and bone - extra-oral approach	2006.03											i				
	Reduction of masseter muscle and bone - intra-oral approach	2006.03								L_							
9048	Surgical removal of internal fixation devices, per site	2005.02		R	261.30	R	392.00								L]s_
	Functional Correction of Malocclusion				·												
	For Codes 9047 to 9072 the full fee may be charged.	2006.03												<u> </u>			

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2006.03 R 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 377.00 R 3 565.50 N 2 370.00 R 4 472.70 R 6 709.00 N 2 370.00 R 2 37	+L	S	
GOSTO Calestormy - Lotal subaplical 2004.00 R 4348.00 R 6 521.90	+L	s	<i></i> ,⊤.
Good Genioplasty	 	s	_
SOSE Midfetale exposure 2006,005 R. 2 f153.40 R. 3 230.10	-	ls	\neg
\$6055 Osterdomy - segmented, posterior \$2006,003 R. 23770 R. 3565.50 9	\top	İs	_
2006.03 R. 2.577.00 R. 3.565.50	1 +L	_	
Section Sect	_	_	
9060 Reconstruct maxilla - Le Fort osteolorny w repositioning and graft	+L		
Special patient osteotomy 2004.00 R 1584.50 R 2348.70	 +L	_	
S062 Reconstruct maxilla - Le Fort osteotomy, multiple segments 2004 00 R 5705 0 R 8564 20	+-	s	
S063 Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities) 2004 00 R. 5712 30 R. 558.50 S065 Reconstruct maxilla - Le Fort 3 osteotomy (aevere congenital deformities) 2006.03 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580.20 R. 2 040.40 S065 R. 1580	+L	_	
S065 Reconstruct maxilla - Le Fort 3 esteotomy (severe congenital deformities) 2006.03 R. 8 561.00 R. 12.841.50	+L	_	_
Surgical expansion - madillary or mandibular 2006.03 R 1 360.20 R 2 040.40	+L	_	_
Surgest expension Trackman 2004.00 R 1018.30 R 1528.40	ر ا '' '	-	_
S071 Clenishyclidatormy 2004.00 R 611.20 R 916.90	'	- 5	
Solidary Oransas Institute w/ bone grafting (complete procedure) 2004.00 R 4 472.70 R 6 709.00 Salivary Glands Salivary Glands 2004.00 R 306.50 R 459.70 Salivary Glands 2004.00 R 306.50 R 459.70 Salivary Gland 2004.00 R 755.30 R 1133.10 Solidary Gland 2004.00 R 755.30 R 1133.10 Solidary Gland 2004.00 R 1119.00 R 1678.60 Solidary Gland 2004.00 R 1119.00 R 1678.60 Solidary Gland 2004.00 R 1119.00 R 1678.60 Solidary Gland 2004.00 R 1119.00 R 1678.60 Solidary Gland 2004.00 R 1119.00 R 1678.60 Solidary Gland 2004.00 Solidary G	+	1	
Salivary Glands South Salivary Gland Salivary Gland Salivary (Salivary Stone (Salivalithotomy) 2004.00 R 306.50 R 459.70 South Salivary Gland 2004.00 R 755.30 R 1133.10 South Salivary Gland 2004.00 R 1119.00 R 1678.60 South Salivary Gland	+L	_	_
Secretary Secr	- 	- `	\dashv
Secretarian Secretarian		1	↲
Section of salivary gland - extra oral approach 2004.00 R 1119.00 R 1119.00 R 1678.60	-	- 15	
Pedicle Flaps Report codes 9284, 9286 and 9288 for flaps taken for repair of post -cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use. 2006.03	+	18	_
Report codes 9284, 9286 and 9288 for flaps taken for repair of post -cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use. 2006.03 9284 Musculofascial flap	+	—"	∸⊢
surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use. 2006.03 2284 Musculofascial flap 2004.00 2286 Musculocranial flap 2004.00 288 Buccal fat pad (major repair) 2004.00 Repair of Frontal Bones The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach. 2006.03 274 Repair anterior table, frontal sinus and/or supraorbital rlm 2004.00 276 Repair anterior and posterior wall w/ obturation and/or crantalisation of frontal sinus 2004.00 278 Repair medial canthal ligament (canthopexy), per side 2004.00 Cleft lip and Palat 2004.00 R 2498.20 R Repair cleft hard palate - unilateral 2024. Repair cleft hard palate - bilateral (one procedure) 204.00 R 2498.20 R 3747.30 204.00 R 3171.20 R 4755.80 204.00 R 7 087.30 204.00 R 3 174.01 R 7 087.30 205.00 R 3 174.01 R 7 087.30 R 2 033.40 R 3 140.10 R 2 033.40 R 3 140.10 R 2 033.40 R 3 140.10 R 2 033.40 R 3 140.10 R 2 033.40 R 3 140.10 R 3 039.60 R 2 2 033.40 R 3 394.60 R 2 2 033.40 R 3 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40 R 3 493.40	+	\dashv	\dashv
Use. 2006.03 2004.00		- 1	
9284 Musculofascial flap		- 1	
2004.00 2004	+	-+	\dashv
Seed Succal fat pad (major repair) 2004.00 Repair of Frontal Bones 2004.00 Repair of Frontal Bones 2006.03 Repair anterior table, frontal sinus and/or supraorbital rim 2004.00	$-\!\!\!\!\!+\!\!\!\!\!-$	\dashv	
Repair of Frontal Bones 2006.03 2006.03 2006.03 2006.03 2006.03 2006.03 2006.03 2006.03 2006.03 2006.03 2006.00	+	\rightarrow	—
The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach. 9274 Repair anterior table, frontal sinus and/or supraorbital r/m 9276 Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus 9278 Repair medial canthal ligament (canthopexy), per side 9278 Repair cleft ip and Palat 9270 Repair cleft hard palate - unilateral 9270 Repair cleft hard palate - bilateral (one procedure) 9270 Repair cleft hard palate - bilateral (two procedures) 9270 Repair cleft soft palate - bilateral (two procedures) 9270 Repair cleft soft palate - w/o muscle reconstruction 9270 Repair cleft soft palate - w/o muscle reconstruction 9270 Repair cleft soft palate - w/o muscle reconstruction 9270 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 9270 Repair submucosal reconstruction - uncomplicated	+	\rightarrow	
9274 Repair anterior table, frontal sinus and/or supraorbital r/m 2004.00 9276 Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus 2004.00 9278 Repair medial canthal ligament (canthopexy), per side 2004.00 Cleft lip and Palat 2004.00 9220 Repair cleft hard palate - unilateral 2004.00 9222 Repair cleft hard palate - bilateral (one procedure) 2004.00 9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 9228 Repair cleft soft palate - w/o muscle reconstruction 2004.00 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 9232 Velopharyngeal reconstruction - uncomplicated 2004.00	$-\!\!\!\!-$		—
9276 Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus 2004.00 9278 Repair medial canthal ligament (canthopexy), per side 2004.00 Cleft lip and Palat 2004.00 9220 Repair cleft hard palate - unilateral 2004.00 9222 Repair cleft hard palate - bilateral (one procedure) 2004.00 9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 9225 Repair cleft soft palate - w/o muscle reconstruction 2004.00 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 9230 Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction 2004.00 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 8 2 329.00 8 3 493.40	\dashv	\dashv	—
9278 Repair medial canthal ligament (canthopexy), per side 2004.00 2	$-\!\!\!\!-$	\rightarrow	
Cleft lip and Palat 2004.00 R 2 498.20 R 3 747.30 9222 Repair cleft hard palate - unilateral 2004.00 R 2 498.20 R 3 747.30 9222 Repair cleft hard palate - bilateral (one procedure) 2004.00 R 3 171.20 R 4 756.80 9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 R 4 725.40 R 7 087.30 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 R 2 093.40 R 3 140.10 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	\dashv	\rightarrow	
9220 Repair cleft hard palate - unilateral 2004.00 R 2 498.20 R 3 747.30 9222 Repair cleft hard palate - bilateral (one procedure) 2004.00 R 3 171.20 R 4 756.80 9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 R 4 725.40 R 7 087.30 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 R 2 093.40 R 3 140.10 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	\rightarrow	-	
9222 Repair cleft hard palate - bilateral (one procedure) 2004.00 R 3 171.20 R 4 756.80 9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 R 4 725.40 R 7 087.30 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 R 2 093.40 R 3 140.10 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	+	—	ب
9224 Repair cleft hard palate - bilateral (two procedures) 2004.00 R 4725.40 R 7 087.30 9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 R 2 093.40 R 3 140.10 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	\rightarrow	_	S
9226 Repair cleft soft palate - w/o muscle reconstruction 2004.00 R 2 093.40 R 3 140.10 9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	\dashv		s_
9228 Repair cleft soft palate - w/ muscle reconstruction 2004.00 R 3 039.60 R 4 559.50 9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40			S
9230 Repair submucosal cleft and/or bifld uvula - w/ muscle reconstruction 2004.00 R 2 263.20 R 3 394.80 9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	\dashv		<u>s_</u>
9232 Velopharyngeal reconstruction - uncomplicated 2004.00 R 2 329.00 R 3 493.40	_	_	s_
		_	8
9234 Velopharyngeal reconstruction - complicated 2004 00 R 2 490 30 R 3 735 30	+	_	S
		_	S
9238 Repair oronasal fistula (one procedure) 2004.00 R 1 424.40 R 2 136.60	\bot	_	S
9240 Repair oronasal fistula (two procedures) 2004.00 R 2 485.00 R 3 727.50	\bot	_	S
9246 Secondary periosteal flaps 2004.00 R 1 241.90 R 1 862.90		\Box	\$

9248	Lipadhesion	2004.00		R	464.20	R	696,40							s
		2004.00	П	R	817.70	R	1 226.50	,				\neg		s
	Repair cleft fip - unitateral w/ muscle reconstruction	2004.00	\Box	R 1			1 663.10					\neg	\neg	s
_	Repair cleft lip - bilateral w/o muscle reconstruction	2004.00					1 712.80						\neg	s
		2004.00					2 646.10					\neg		s
	Repair anterior nasal floor	2004.00		R	445.40		668,10	-				\neg		s
		2004.00		R	445.40		668.10					\neg		s
	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	2004.00		R			1 509.60					\neg	\neg	s
	Abbe-flap - two stages	2004.00	Н				1 709.40					一		s
		2004.00		R			1 010.30					一		s
	Reconstruct nose due to cleft deformity - partial	2004.00	П	R	856.00	R	1 284.00					\neg	\neg	s
	Reconstruct nose due to cleft deformity - complete	2004.00		R			2 029.30					\neg		s
	Paranasai augmentation for nasal base deviation	2004.00	_	R			1 010.30				1	\dashv	\neg	s
	ORTHODONTIC SERVICES		Н		***************************************	 						一	\neg	\dashv
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment		⇈			Т					-		$\neg +$	\neg
	and function. Includes all services/procedures concerned with the supervision, guidnance and					l	- 1					- 1		1
1 !		2006.03	1			l				1		- 1		
	REMOVABLE APPLIANCE THERAPY		1			\vdash				l -	_	_	\neg	\dashv
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g.,		Н			H		•				\dashv	\neg	\dashv
	partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control					1			ł					
		2006.03				l				1		- 1		
		2004.00		R	788.50	┪		R 1 182.70		 	_	┪,	· L	A
	Ortho Tx - each additional removable appliance	2006.03	_	Ŕ	396.30	Н		R 594.40		l		_		$\frac{\hat{A}}{A}$
	FUNCTIONAL APPLIANCE THERAPY	2000.00	1	<u></u>				7. 554.45		 		+	- 	褝
	A removable functional appliance is an appliance with no fixed dental component which is designed	_	\vdash	_		Н						-+	_	
	to harness the forces generated by the muscles of mastication and the associated soft tissues of the		ΙI			l								
	oro-facial region. This appliance incorporates components which act on both the maxillary and		ΙI			l							- 1	
	mandibular arches and should be differentiated from a simple removable appliance including		ΙI			l								
	appliances incorporating an anterior and posterior bite plane.		H			l								
	Orthodontic treatment by means of a functional appliance is usually followed by comprehensive		ΙI											
	orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic		ΙI			l								
	treatment is provided by the same practitioner, the fees levied for treatment by means of the	l	ΙI			l						- 1	- 1	
1	functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.		ΙI			l								
1	junctional appliance, will be deducted from the fee quoted for comprehensive of diodocitic freatment.	2006.03	JI			l							٠ ا	
8850	Ortho Tx - functional appliance	2006.03		R	1 420.40	1		R 2130.60						\overline{A}
0000	FIXED APPLIANCE THERAPY	2000.00	┧		1 420.40	\vdash		1 2 150.00	_			- 	-	귀
_	Fixed Appliance Therapy - Partial		$\vdash \vdash$		_	\vdash					-	\dashv	\dashv	\dashv
\vdash	The intention of this phase in treatment is to intercept and modify the development of skeletal, dental	 	\vdash			✝			_		 	\dashv		\dashv
	and functional components of developing malocclusion usually in the mixed dentition.					1								
	When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive					l								
	orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner,												- 1	ŀ
	the fees levied for preliminary/interceptive orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted					1								
	the rees revied for preliminary/interceptive orthodonic treatment will be deducted from the ree quoted for comprehensive orthodontic treatment.	2006.03	J			ı								
2064		2004.00		R	944.70	\vdash		R 1417,00	1	 	 	\dashv	\dashv	一
	Ortho Tx - partial fixed appliance - minor	2004.00			2 519.90	⊢	_	R 3779.90				\rightarrow		쒸
9900	Ortho Tx - partial fixed appliance - one arch	J2004.00	1	К	2 319,90	1		K 3//9.90				L		٩

8866	Ortho Tx - partial fixed appliance - both arches	2004.00		R 3 465.70	R 5198.50				Α
	Fixed Appliance Therapy - Comprehensive: Single Arch							\sqcup	
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth							1	ا ،
	within an arch and the subsequent placement of active arch wires to treat the case through to						1 1		ıl
	completion of active treatment excluding the retention phase.	2006.03	1			_		ш	ш
8867	Ortho Tx - fixed appliance - one arch	2004.00		R 2708.70	R 4062.90			_	Α
8868	Ortho Tx - fixed appliance - one arch, modeate	2004.00		R 3341.00	R 5 011.50				Α
8869	Ortho Tx - fixed appliance - one arch, severe	2004.00		R 3907.70	R 5861.50			igspace	Α
	Fixed Appliance Therapy - Comprehensive: Both Arches							\sqcup	
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth			·					1
	within both arches and the subsequent placement of active arch wires to treat the case through to				1			1 1	l
	completion of active treatment excluding the retention phase.	2006.03						igsquare	Ш
8873	Ortho Tx - fixed appliance - both arches, Class 1 mlld	2004.00		R 4957.00	R 7435.40				Α
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	2004.00		R 6085.20	R 9127.60				Α
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	2004.00		R 7093.80	R 10 640.60				A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	2004.00		R 7972.10	R 11 958.00				Α
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	2004.00		R 7093.80	R 10 640,60				Α
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	2004.00		R 7972.10	R 11 958.00				Α
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	2004.00		R 8 949.40	R 13 423.90				Α_
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	2004.00		R 10 083.20	R 15 124.70			<u> </u>	Α_
	Lingual Orthodontics - Comprehensive: Single Arch							↓ '	╙
	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.		H						
		2006.03						<u> </u>	ـــــ
8841	Ortho Tx - fixed lingual appliance - one arch	2004.00		R 5 090.80	R 7636.10				Α
8842	Ortho Tx - fixed lingual appliance - one arch, modeate	2004.00		R 5 982.80	R 8 974.10				Α
8843	Ortho Tx - fixed lingual appliance - one arch, severe	2004.00		R 6816.50	R 10 224.70				Α
	Lingual Orthodontics - Comprehensive: Both Arches							Щ	┺
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	2004.00		R 9711.50	R 14 567.20			_	Α
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	2004.00		R 11 370.30	R 17 055.40			Ь.	A_
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	2004.00		R 12 903.90	R 19 355.70			↓	Α
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	2004.00		R 14 318.00	R 21 476.80			—	Α
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	2004.00		R 11 853.50	R 17 780.10			—	Α
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	2004.00		R 13 260.20	R 19 890.10			Ь	Α
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	2004.00	П	R 14768.50	R 22 152.70			<u> </u>	Α
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	2004.00		R 16 433.10	R 24 649.40			<u> </u>	Α
	OTHER ORTHODONTIC SERVICES						<u> </u>	⊥	┺
8846	Repair orthodontic appliance - removable	2004.00		R 64.50	R 96.90	l <u> </u>		+L	Α
8847	Replace orthodontic appliance - removable	2004.00		R 223.00	R 334.50			+L_	Α
8848	Repair orthodontic appliance - fixed	2006.03		R 95.50	R 143.20				Α
8849	Retainer (orthodontic)	2004.00		R 223.00	R 334.50			+L	Α_
	Monthly instalment ortho bx	2006.03		R -	R				A
8891	Orthodontic transfer	2006.03		R -	R -				Α
8892	Orthodontic re-treatment	2006.03		R -	R -				Α
L.	SUPPLEMENTARY SERVICES							<u>_</u>	

	The branch of dentistry for unclassified treatment including palliative care and anaesthesia.	2006.03	į į						_				_					
	ANAESTHESIA							_				_						\Box
	General anaesthetic	2005.02		R	•					✝								В
	inhalation sedation - first 15 minutes or part thereof	2006.03		R	51.50					1								В
	Inhalation sedation - each addn! 15 minutes	2006.03		R	26.60					\vdash			_			t i		В
	Intravenous sedation	2004.00		R	30.90					┢								В
	Local anaesthetic - per visit	2006.03		R	44.70													В
	Monitoring equipment for Intravenous sedation	2006.03		R	109.80	1												В
	PROFESSIONAL VISITS		\vdash															
	Office/hospital visit after regularly scheduled hours	2006.03		R	172.40													В
	House/extended care facility/hospital call	2006.03		R	114.10					R	114.10							В
	House/Hosp/Nursing home consultation - MFOS	2004.00				R	127.70											s
	House/Hosp/Nursing home consultation (subsequent) - MFOS	2006.03				R	84.90											s
8905	After regularly hours consultation - MFOS	2004.00				R	187.00		_									s
	House/Hosp/Nursing home consultation (maximum per week) - MFOS	2006.03				R	212.70											S
	House/Hosp/Nursing home consultation - Oral pathologist	2004.00				1								R	127.70			
	After hours visit - Oral pathologist	2004.00	X											R	187.00			
	DRUGS, MEDICAMENTS AND MATERIALS		1		_													
	Infection control/barrier techniques	2006.03		R	10.30	1							·					В
8110	Sterifized instrumentation	2006.03	*	R	26,60											ļ .		S
	Therapeutic drug injection	2006.03	3	R	30.90													В
	Cost of suture material	2006.03		R	•	R	•			R								В
	Rubber dam per arch	2006.03	*	R	54.90													В
8306	Cost of MTA	2006.03	3	R	-							R	-					В
	Supply of bleaching materials	2006.0	3	R	-		_											
	ADMINISTRATIVE AND LABORATORY SERVICES																	
8099	Dental laboratory service	2006.0	3	R	-	Ŕ	-	R	-	R	+	R	•					
8106	Special report	2006.0		R	117.50	R	117.50	R	117.50	R	117.50	R	117.50					Α
	Dental testimony	2006.0	3															
	Treatment plan completed	2006.0	3	R	-	R		R	-	R	•	R	•					
	Appointment not kept /30min	2006.0	3	R		R		R		R	-	R	•					В
	MISCELLANEOUS SERVICES									1								
	Palliative Treatment		1															
8131	Emergency dental treatment	2006.0	3	R	70.30	L		•				R	143.20			Т		₿
8166	Application of desensitising resin, per tooth	2006.0		R	46.40											T		В
	Application of desensitising medicament, per visit	2006.0	3	R	<u>54</u> .10													В
	Sedative filling	2006.0	3	R	70.30											T	+_	В
	Post Surgical Complications																	
	Treatment of post-extraction haemorrhage	2006.0		R	51.50		308.80											S
8933	Treatment of haemorrhage (blood dyscracias)	2004.0		R	711.90		1 067.80											S
8935	Treatment of septic socket	2006.0	3	R	51.50	R	80.60											S
	Bleaching																	
8308	External bleaching - per arch	2006.0														М		Α
	Home bleaching - instructions and applicator	2006.0	3														+	Α
	Home bleaching - subsequent visit	2006.0	3															A

8325	Internal bleaching - per tooth	2006.03		Ŕ	166.40							R	249.60		T	—-4′	<u> </u>
8327	Internal bleaching - each additional visit	2006.03		R	79.80							R	119.70		T	— {	<u>^</u>
	Unclassified Treatment														$\vdash \downarrow$		—
8158	Enamel microabrasion	2006.03		R	64.30										\sqcup		_
8168	Behavior management	2006.03													\vdash	\rightarrow	В
8551	Occlusal adjustment - major	2006.03		R	444.80			R	667.20			R	667.20		\vdash		A
8553	Occlusal adjustment - minor	2006.03		R	155.20			R_	212.70	R	212.70	R	212.70		$oldsymbol{\sqcup}$		<u> </u>
9099	Unlisted dental procedure or service (By report)	2006.03		R	_ •							<u></u>			ш		-
	MODIFIERS											<u> </u>			\vdash		$\boldsymbol{-}$
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03										<u> </u>			↤		_
8003	Minimum assistant surgeon	2006.03		R	130.38		130.38	L_		R	130.38				┡	—	$\boldsymbol{-}$
8005	Maximum multiple procedures (same incision) - MFO surgeon	2006.03		R	202.42	R	202.42	l		R	202.42	<u> </u>			} →		—
	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	1						ľ				l			ΙI		ı
8006		2006.03						L				_			₽		$\boldsymbol{-}$
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03	_			Щ				<u> </u>		—			₩	\dashv	-
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03	_	Щ				ᆫ		<u> </u>		╙			\vdash		\vdash
	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03				<u> </u>						╙					
	Open reduction (PLUS 75% of the appropriate benefit)	2006.03						_				╙			\vdash		
	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the					1		1				1				1	
8011	practitioner and agreed upon by patient/medical scheme)	2006.03	_	<u> </u>		<u> </u>		<u> </u>		<u> </u>		╙			₩		Н
8012	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03	_					<u> </u>		L_					┅		$\boldsymbol{\vdash}$
8013	Multiple modifiers	2006.03										Ļ			↤		ш
	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03										L.		<u> </u>	↤		Н
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03		R	-	R	•			R	_ •	R			\vdash		ш
					The second second							1		<u> </u>			$ldsymbol{\sqcup}$

Code	Description	RCF
150	Dental	8.577
152	Dental - Modelled	11.443

Code	Description
25400	General Dental Practice
26200	Maxillo-facial and Oral Surgery
26400	Orthodontics
29200	Oral Medicine and Periodontics
29400	Prosthodontics
29800	Oral Pathology

				25400	26200	26400	29200	29400	29800			
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL PRACTITIONERS,		П							_		\sqcap
	EFFECTIVE FROM 1 JANUARY 2008	Version	Add	Value	Value	Value	Value	Value	Value	MP	Lab	тс
	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		ΙI]	l	
1	below rounded to the nearest cent, R10+ rounded to the nearest 10cent, Modifier values are rounded	2005.02								l		
	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.	2005.02										
	The schedule includes procedures and services for use by Oral Health Care Providers for purposes of keeping accurate patient records, reporting procedures on patients, and processing oral health care related insurance claims. The procedures are those performed by general dental practitioners, oral pathologists, prosthodontists, periodontists, orthodontists, maxillo-facial and oral surgeons and dental therapists.											
	are grouped under the category of service with which the procedures are most frequently identified and should not be interpreted as excluding certain categories of Oral Health Care Providers from performing such procedures. Individual procedure codes consist of a procedure code, procedure description (nomenclature), and when necessary, a descriptor, that provides further definition and/or guidelines to clarify the intended use of the procedure code.											
1.	INTRODUCTION											
A.	Administrative and invoicing rules											
001	Invoices:	2005.02										
	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. □ □	2005.02					:			·		
	b. An involce shall contain the following particulars:	2005.02	1				ł		<u> </u>			

			_								\neg
	i. The surname and initials of the member;									- 1	
	ii. The first name of the patient;□									ļ	
	iii. The name of the scheme;			1			1				- 1
1	iv. The membership number of the member;□		ı	1			1		1	- 1	- 1
1	v. The practice number;		1	1					1 1		- 1
	vi. The date on which every service was rendered;□	1	1	1			ł	i	ΙI		
	vii. The code number, description and fee/benefit of the procedure or service;	1		1				l .	ΙI		
1	viii. The name of the dentist rendering the service;□	1		1				l .	ΙI		
	IX. The name of the general dental practitioner/specialist assistant (when applicable);□	1	1	1				l .	ΙI		l
L	x. The appropria CD-10 code(s) for the procedures performed.	2006.03				l .			Ш	_	_
	Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of	1									1
L	the dentist.	2005.02			1	1			\sqcup	\rightarrow	
	Cost of direct materials:			1					lΙ		
1	The expenses incurred for direct materials identified in the Schedule may be billed in addition to the	1		1	1	1			ΙI		
	procedure code. These expenses are limited to the net acquisition cost of the materials and a	1		1	1	1			ΙI		
	handling fee. The price of the materials should be VAT inclusive, Use Modifier 8025 for handling fee	.		1	1	l			ΙI		
002		2005.02	1	1	1		_		Ш		
003	Dental laboratory services:	2005.02									
	Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L)								1		
1	shall be indicated on the dentist's invoice by reporting code 8099 - Dental laboratory service with the	1		1	j	1				- 1	
1	appropriate laboratory fee on the line following the relevant dental procedure code.	1		1	1					- 1	
1	The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for	1	l	1	1	1			ΙI	- 1	
1	correctness by means of a signature. The original invoice of the dental technician (or a copy thereof)	1		1	1	1	l		ΙI	- 1	
1	shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for	1		1	1	1			ΙI	- 1	
1	record purposes.	ł		1	1				1 1	ı	ı
1		2005.02		1							
	Electronic submission of invoices. Fees charged by dental technicians for laboratory services	1					1		П		
1	(PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 - Dental laboratory				1	1			ΙI	- 1	- 1
	service with the appropriate laboratory fee on the line following the relevant dental procedure code on			1					ΙI		
1	the date on which the dental procedure was rendered. The laboratory fee shall be submitted for					ı			lΙ	- 1	
	payment on the date on which the procedure code is submitted for payment, and the appropriate		l i								ļ
	dental laboratory service codes shall be reported on the lines following code 8099.□			1							
	The technician's invoice shall be certifled by the dentist (or a person appointed by the dentist) for										
	correctness by meane of a signature. The original invoice of the dental technician shall be filed by								Ιl		
	the dentist for record purposes.			1							
1		2005.02		l							
\vdash	·	_000,02		 							_

005	Procedure accompanied by unusual circumstances: 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. 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.	2005.02						
B.	General coding rules	2000.02				\dashv	-	-
006	The schedule does not prescribe the scope of practice of a particular category of Oral Health Care Provider; neither does it confine the performing of procedures or services to a registered speciality. Fees listed within a column of a particular category of Oral Health Care Provider are customary fees, should the procedure or service be rendered by that provider category. Specialists are however encouraged to confine their practice to the speciality or related specialities in which they are registered. Specialist may charge fees for procedures or services which usually pertain to some other speciality, if such procedures or services are also recognised in their speciality, and if it is carried out only for their bona fide patients. Such fees shall not be higher than those charged by general practitioners for the same procedures or services (HPCSA, Rule 25). Fees for procedures or services not listed within the column of dental therapists that do fall within the field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until such fees are listed.	2006.03						
007		2005.02			_			
	When a procedure is performed that is not listed in the schedule, an appropriate procedure code, listed in the NHRPL for medical practitioners may be reported. Unlisted procedures. Any procedure that is neither described in the schedule, nor in the medical	2006.03				_	_	4
	schedule, should be reported using code 9099 - Unlisted dental procedure or service. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. Code 9099 codes should not be used to report procedures where the fee is determined "by amangement" with the patient and/or medical scheme.	2006.03						
C.	Services rules	L.						

	Oral evaluations and completion of treatment plans: Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). 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. 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. Oral diagnosis defined. The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct					·				
	examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the dentist. Treatment plan defined. The treatment plan is the sequential guide for the patient's care as									
008	determined by the dentist's diagnosis and is used by the dentists for the restoration and/or	2006.03				<u> </u>		\dashv	\rightarrow	-
009	Surgery guidelines:	2005.02	\sqcup		 	 		$\vdash\vdash$		\dashv
	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.	2005.02								
	2.□Multiple Procedures (Maxillo-facial and oral surgery): The fee/benefit for more than one operation or procedure performed through the same inclsion 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).	2005.02		,						
	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 (Modifler 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.	2005.02								
	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).	2005.02								
010	Orthodontic guidelines:	2005.02					1	Ш		لــــ

	_				-				_	
The documentation and first invoice to the patient/medical scheme regarding orthodontic services	1	1 1		ļ		1				
will include the following information:□	1			1	1		i			
a. The treatment plan and type of treatment (treatment code number);	1	ll		1	1		l	l 1		- 1
b. A diagnostic code (ICD-10) and	1	1 1]	1]		- 1
c. An orthodontic payment plan indicating the following:□	1	ll			1					
i. The total fee that will be levied for the treatment;□							•			
II. The total months of orthodontic treatment (retention period excluded);□	1			1						
ill. The initial fee payable by the patient (approximately 20% of the total fee); and □		ll]						
iv. The monthly payments of the balance of the fee.	2006.03	Ш								
2. □ The fee for orthodontic treatment does not include a clinical oral evaluation and necessary									1	1
diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and		ll		1	i	ł			- 1	
no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-	1	ΙI		l	1	!				
orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the	1	ΙI		l	1	i				
treatment plan (retention phase included) are excluded and should be reported in addition to	1	ΙI		l	1	1			l	
corrective orthodontic treatment as separate procedures (Code 8803 x3), intra/post orthodontic	1	ΙI		l	1	1		l i		
treatment records consisting of radiographs/diagnostic images (limited to a cephalometric film and 5		ΙI		1	1	1		l I		
oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan		ΙI		•						
is completed (retention phase included).	2005.02	1 1	i	l	1					
3.0 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		i I		İ	İ	i		i l	l	i
excluded).	2005.02			1		i .			1	- 1
4. DWhen partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or	1	П							\Box	
8866) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the	1	1		1	1			t I		
same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will	1	ΙI		.	1					
be deducted from the fee quoted for the full fixed appliance orthodontic treatment.	1			1						
<u> </u>	2005.02							!		- 1
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				1						
final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.				1			,	1		
	2005.02						ļ			
6.□When the patient transfers to another practitioner during treatment, or treatment is terminated for	-	П								
any reason, the original treating practitioner must report the number of treatment months remaining	1	ΙI			1	1				
and determine the balance of the fee by applying the following formula: Total payment (for treatment	1				1	1				
only) minus 20% of the total fee (for banding - when applicable) multiplied by the percentage of	1	1		1	1		l			- 1
treatment remaining. For example, if the practitioner was paid R 10,000,00 for a 24-month treatment	1			1	1	1	l		.	- 1
plan and 18 months of treatment were completed. The balance would be R 2,000.00 (or R 10,000.00	ol .	lł						l i		- 1
- 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				1						
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	2005.02									
1	2000.02	لـــــا								

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	7. When an established orthodontic patient requires re-treatment, the information stipulated in													İ	1
	paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892													- 1	
	(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	2005 20													
-	the patient's medical scheme.	2005.02		⊢		-		+			+		\rightarrow	_	
	Dento-legal fees:	1	1												
	Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or	1													
044	attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the	2005 00													
	adjunctive general services sections in the code lists.	2005.02	 -	-	_	\vdash		 +			\dashv		-		_
D.	Modifiers	1		\vdash		\vdash		 +-			+		-		
	Modifiers:														
	Modifiers should be used with procedures identified throughout the NHRPL.							1							
	Modifiers provide the means by which the reporting practitioner can indicate that a service or					1		-							
	procedure that has been performed has been altered by some specific circumstance but not							1							
	changed it 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.□	1													
	b. □ A service or procedure has been increased or reduced. □														
	c.□Only part of a service was performed.□	1													
	d. An adjunctive service was performed.														
042	e. □ A service or procedure was provided more than once. □	2006.03	ļ												
	f. The fee/benefit was attered due to a financial agreement. Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03	_			\vdash		 +							
	Assistant surgeon - specialist (1/3 or the appropriate penerit) Minimum assistant surgeon	2006.03	_	R	130.38	 	130.38	 R	130.38		+		\vdash		-
	Maximum multiple procedures (same incision) - MFO surgeon	2006.03		R	202.42	-	202.42	 R	202.42		+		\vdash		-
0000		2000.03	1	 ^	202.42	╀	202.42	 +~	202.42		$\overline{}$		\vdash	_	
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	2006.03													
		2006.03				├—		 +			+	_	\vdash	-	
	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03		\vdash		\vdash		 +			-+-		\vdash		
	Emergency surgery - after hours (PLUS 25% of the appropriate benefit) Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03				\vdash		+	_		+	_	\vdash		-
	Open reduction (PLUS 75% of the appropriate benefit)	2006.03	_	\vdash		\vdash		+			+		\vdash		-
0010	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the	2000.03	1	\vdash		\vdash		+			\dashv		Н		-
2014	procedure accompanied by unusual circumstances (benefit PLOS X % as determined by the practitioner and agreed upon by patient/medical scheme)	2006.03													l
	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03		-		\vdash		 +			\rightarrow		\vdash		\vdash
	Multiple modifiers	2006.03	-			┼		 +			+		Н		\vdash
	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03		\vdash		╁━		+-			\dashv				\vdash
	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03	-	R		R		 T _R		R -	+		Н		\vdash
	Explanations	2000.00	1	 ^		╀		 +~	<u> </u>	<u>'`</u>	-		Н	\vdash	\vdash
E.	Tooth identification and designation of areas of the oral cavity.	 	\vdash	-		\vdash		 +	_		-+		\vdash		\vdash
	TOOKIT METILITOOKIOT AIRU VESIYITAVOT OF AIRAS UF LIFE OFAL CAVITY.	1	_	_		_	_								

	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□	2004.00								
	Abbreviations used in Dental Coding	1								
	DM_Direct Material Column_0 +DDAdd fee/benefit for denture_0 +L_DAdd faboratory fee_0 +MDAdd malerial fee_0	2005.02								
	MP□Mouth Part Column□ M□Maxilia/Mandibie□ Q□Quadrant□ S□Sextant□	1				_				
	TOTooth	2005.02								
	TC□Treatment Category Column□ A□Advanced dentistry□ B□Basic dentistry□ S□Surgery	2005.02		!					ļ	
	Practice type codes: ☐ 25400 General Dental Practitioner ☐ 26200 Specialist Maxillo Facial and Oral Surgeon ☐ 26400 Specialist Orthodontist ☐ 29200 Specialist in Oral Medicine and Periodontics ☐ 29400 Specialist Prosthodontist ☐ 29800 Specialist Oral Pathologist ☐	0000 50								
<u></u>	39500 Dental Therapist	2006.03	1		 	ļ	ļ	 \vdash		—
F	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.	2005.02	4]			