

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
8753	Flap procedure, root planing and four or more surgical services - per quadrant	06.03	944.70 (828.70)			1417.00 (1243.00)			Q		A
	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 apicectomy 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		A
	See code 8753, per sextant.										
8756	Clinical crown lengthening (isolated procedure)	06.03	464.20 (407.20)			696.40 (610.90)			T		A
	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)			M		A
	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)			M	+L	A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	05.02	569.50 (499.60)	854.30 (749.40)		854.30 (749.40)			M	+L	A
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.										
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)		709.30 (622.20)					A
	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)					A
	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	-	-		-					A
	See Rule 002 and Modifier 8025 for direct material costs										

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8772	Submucosal connective tissue autograft (isolated procedure)	05.02	383.10 (336.10)	574.70 (504.10)		574.70 (504.10)					A
8995	Gingivectomy - per jaw	06.03	543.80 (477.00)	815.70 (715.50)					M	+L	S
	See also codes 8741 and 8743.										
<b>NON-SURGICAL PERIODONTAL SERVICES</b>											
8723	Provisional splinting - extracoronar (wire) - per sextant	05.02	130.40 (114.40)			195.60 (171.60)	195.60 (171.60)		M	+L	A
8725	Provisional splinting - extracoronar (wire plus resin) - per sextant	05.02	189.20 (166.00)			283.90 (249.00)	283.90 (249.00)		M	+L	A
8727	Provisional splinting - intracoronar - per tooth	06.03	59.40 (52.10)			89.20 (78.20)	89.20 (78.20)		T	+L	A
	Include intracoronar wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint										
8737	Root planing - four or more teeth per quadrant	06.03	281.30 (246.80)			381.60 (334.70)			Q		A
	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		A
	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.										
<b>OTHER PERIODONTAL SERVICES</b>											
8768	Unlisted periodontal procedure	04.00	223.00 (195.60)			334.50 (293.40)			T		A
8787	Unlisted oral medicine procedure	04.00	80.00 (70.20)			120.10 (105.40)					S
<b>F. REMOVABLE PROSTHODONTICS</b>											
	The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable. Removable prosthodontic services include routine post-operative care.									06.03	
<b>COMPLETE DENTURES</b>											
8231	Complete dentures - maxillary and mandibular	06.03	1133.90 (994.60)				2367.30 (2076.60)		M	+L	B
	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)		M	+L	B
	Inclusive of soft bases or metal bases, where applicable.										

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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 procedure(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	B
8645	Complete dentures - maxillary and mandibular (with major complications)	04.00					3779.00 (3314.90)			+L	B
8649	Complete denture - maxillary or mandibular (with complications)	05.02					1890.40 (1658.20)		M	+L	B
8651	Complete denture - maxillary or mandibular (with major complications)	05.02					2126.20 (1865.10)		M	+L	B
<b>PARTIAL DENTURES</b>											
8233	Partial denture - resin base - one tooth	05.02	325.00 (285.10)						M	+L	B
8234	Partial denture - resin base - two teeth	05.02	325.00 (285.10)						M	+L	B
8235	Partial denture - resin base - three teeth	05.02	486.30 (426.60)						M	+L	B
8236	Partial denture - resin base - four teeth	05.02	486.30 (426.60)						M	+L	B
8237	Partial denture - resin base - five teeth	05.02	486.30 (426.60)						M	+L	B
8238	Partial denture - resin base - six teeth	05.02	645.00 (565.80)						M	+L	B
8239	Partial denture - resin base - seven teeth	05.02	645.00 (565.80)						M	+L	B
8240	Partial denture - resin base - eight teeth	05.02	645.00 (565.80)						M	+L	B
8241	Partial denture - resin base - nine or more teeth	05.02	645.00 (565.80)						M	+L	B
8281	Partial denture - cast metal framework only	06.03	758.30 (665.20)						M	+L	A
	The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrently with 8281.										
8671	Partial denture - cast metal framework with resin denture base	06.03					1890.40 (1658.20)		M	+L	A
	See also GDP Code 8281.										

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<b>ADJUSTMENTS TO DENTURES</b>											
8275	Adjust complete or partial denture After six months or for patient of another practitioner.	06.03	51.50 (45.20)				51.50 (45.20)				B
8662	Adjust complete or partial dentures (remounting)	04.00	181.90 (159.60)				272.80 (239.30)			+L	B
<b>REPAIRS TO DENTURES</b>											
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered.										06.03
8269	Repair denture or other intra-oral appliance See code 8273 (Impression to repair/modify a denture)	06.03	89.20 (78.20)				96.00 (84.20)		M	+L	B
8270	Add clasp to existing partial denture One or more clasps. Code 8270 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).	06.03	64.30 (56.40)						M	+L	B
8271	Add tooth to existing partial denture One or more teeth. Code 8271 may be reported in addition to code 8269. See code 8273 (Impression to repair/modify a denture).	06.03	64.30 (56.40)						M	+L	B
8273	Impression to repair or modify a denture or other intra-oral appliance May be reported in addition to the appropriate code in this subsection when an impression is required. Includes any number of impressions.	06.03	51.50 (45.20)				51.50 (45.20)			+L	B
<b>DENTURE REBASE PROCEDURES</b>											
	Rebase - The partial or complete removal and replacement of the denture base.										06.03
8259	Rebase complete or partial denture (laboratory)	05.02	265.00 (232.50)				382.50 (335.50)		M	+L	B
8261	Remodel complete or partial denture	05.02	425.40 (373.20)						M	+L	B
<b>DENTURE RELINE PROCEDURES</b>											
	Reline - The addition of material to the fitting surface of a denture base.										06.03
8263	Reline complete or partial denture (chair-side)	05.02	168.10 (147.50)				210.10 (184.30)		M		B
8267	Reline complete or partial denture (laboratory)	06.03	386.90 (339.40)				386.90 (339.40)		M	+L	B
	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).										
<b>INTERIM DENTURES</b>											
	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.										06.03
8658	Interim complete denture See code 8659 for descriptor.	06.03	699.00 (613.20)				1048.50 (919.70)		M	+L	B
8659	Interim partial denture	06.03	559.20 (490.50)				838.80 (735.80)		M	+L	B

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	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	A
	See also codes 8658, 8659 and 8265.										
<b>OTHER REMOVABLE PROSTHETIC PROCEDURES</b>											
8251	Clasp or rest - cast gold	06.03	64.30 (56.40)							+L	A
	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	B
	See code 8251 descriptor.										
8255	Clasp or rest - stainless steel	06.03	67.70 (59.40)							+L	B
	See code 8251 descriptor.										
8257	Bar - lingual or palatal	06.03	79.80 (70.00)						M	+L	B
	See code 8251 descriptor.										
8265	Tissues conditioning per arch (including soft self-cure reline)	05.02	109.80 (96.30)				140.70 (123.40)		M		B
8277	Inlay in denture	06.03								+L	A
	Limitation: Benefits by arrangement.										
8597	Locks and milled rests	04.00	64.10 (56.20)				96.00 (84.20)		T	+L	A
8599	Precision attachment (removable denture)	06.03	156.00 (136.80)				234.10 (205.40)		M	+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	B
	Other separate procedures may be required concurrent to 8652.										
8653	Overdenture - partial	06.04	1008.10 (884.30)				1512.30 (1326.60)		M	+L	B
	Other separate procedures may be required concurrent to 8653.										
8657	Replacement of precision attachment	06.03	89.20 (78.20)				96.00 (84.20)		M	+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.										
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

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8667	Soft base to denture (heat cured)	05.02	379.70 (333.10)				569.50 (499.60)		M	+L	B
8672	Altered cast technique (in addition to partial denture)	05.02	48.70 (42.70)				73.00 (64.00)		M	+L	B
8674	Additive partial denture	05.02	571.80 (501.60)				857.70 (752.40)		M	+L	B
<b>G. MAXILLO-FACIAL PROSTHETICS</b>											
The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated											06.03
<b>MAXILLARY PROSTHESIS</b>											
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	
<b>MANDIBULAR RESECTION PROSTHESES</b>											
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)				1890.40 (1658.20)			+L	
9110	Mandibular resection prosthesis, palatal augmentation	04.00	254.40 (223.20)				381.60 (334.70)			+D	
<b>GLOSSAL RESECTION PROSTHESES</b>											
9111	Glossal resection prosthesis - simple	04.00	530.60 (465.40)				796.00 (698.20)			+D	
9112	Glossal resection prosthesis - complex	04.00	794.90 (697.30)				1192.20 (1045.80)			+D	
<b>RADIOTHERAPY APPLIANCES</b>											
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	1578.10 (1384.30)				2367.30 (2076.60)			+L	

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9117	Radiation cone locator	04.00	571.80 (501.60)				857.70 (752.40)			+L	
<b>CHEMOTHERAPY APPLIANCES</b>											
9118	Chemotherapeutic agent carrier	04.00	571.80 (501.60)				857.70 (752.40)			+L	
<b>CLEFT PALATE PROSTHESES</b>											
8855	Consultation - cleft palate therapy (house or hospital)	04.00	130.40 (114.40)		195.60 (171.60)		195.60 (171.60)				S
8856	Consultation - cleft palate (subsequent)	04.00	64.10 (56.20)		96.00 (84.20)		96.00 (84.20)				S
8857	Consultation - cleft palate (maximum)	04.00	445.40 (390.70)		668.10 (586.10)		668.10 (586.10)				S
<b>NEONATAL PROSTHESES</b>											
9119	Feeding aid prosthesis, neonatal	04.00	506.10 (443.90)		759.10 (665.90)		759.10 (665.90)			+L	S
9120	Orthopaedic appliance, active presurgical - minor	04.00	506.10 (443.90)		759.10 (665.90)		759.10 (665.90)			+L	S
9121	Orthopaedic appliance, active presurgical - moderate	04.00	749.00 (657.00)		1123.60 (985.60)		1123.60 (985.60)			+L	S
9122	Orthopaedic appliance, active presurgical - severe	04.00	1260.20 (1105.40)		1890.40 (1658.20)		1890.40 (1658.20)			+L	S
9123	Orthopaedic appliance, active presurgical - modification	04.00	64.10 (56.20)		96.00 (84.20)		96.00 (84.20)				S
<b>INTERMEDIATE/DEFINITIVE PROSTHESES</b>											
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)				
9129	Speech aid/obturator prosthesis - surgical	04.00	506.10 (443.90)				759.10 (665.90)			+L	
<b>SPEECH APPLIANCES</b>											
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	
<b>EXTRA-ORAL APPLIANCES</b>											
9135	Auricular prosthesis - simple	04.00	1578.10 (1384.30)				2367.30 (2076.60)			+L	

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9136	Auricular prosthesis - complex	04.00	2059.10 (1806.20)				3072.20 (2694.90)			+L	
9137	Nasal prosthesis - simple	04.00	1578.10 (1384.30)				2367.30 (2076.60)			+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									
9147	Facial prosthesis, combination - complex	04.00									
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								+L	
9155	Cranial prosthesis	04.00	571.80 (501.60)				857.70 (752.40)			+L	
<b>CUSTOM IMPLANTS</b>											
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)			+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)			+L	
9160	Body implant prosthesis - custom made	04.00	1534.70 (1346.20)				2302.10 (2019.40)			+L	



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SURGICAL APPLIANCES											
9161	Surgical splint - simple	04.00	156.00 (136.80)				234.10 (205.40)			+L	
9162	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	
9164	Surgical template - complex	04.00	571.80 (501.60)				857.70 (752.40)			+L	
9165	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	
TRISMUS APPLIANCES											
9167	Trismus appliance (simple)	04.00	64.10 (56.20)				96.00 (84.20)			+L	
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	
9174	Unspecified burn appliance	05.02	-				-			+L	
ATTENDANCE IN THEATRE											
9175	Theatre attendance (MaxFac prosthodont) /hour	04.00	211.00 (185.10)				316.50 (277.60)				
H.	IMPLANT SERVICES										
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.										06.03
SURGICAL IMPLANT PROCEDURES											
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.										06.03
9180	Surgical placement of sub-periosteal implant - preparatory stage	05.02	925.20 (811.60)	1387.80 (1217.40)						M	S
9181	Surgical placement of sub-periosteal implant - placement stage	05.02	925.20 (811.60)	1387.80 (1217.40)						M	+L S
9182	Surgical placement of endosteal implant plate	04.00	463.10 (406.20)	694.70 (609.40)		694.70 (609.40)				+L	S
9183	Surgical placement of endosteal implant - first per jaw	06.03	651.90 (571.80)	886.00 (777.20)		886.00 (777.20)				T	+M S

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
	Also known as a root form implant; endosseous 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 (fixture) 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)		664.70 (583.10)			T	+M	S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	05.02	328.70 (286.60)	445.20 (390.50)		445.20 (390.50)			T	+M	S
9190	Surgical placement of abutment - first per jaw	06.03	241.80 (212.10)	327.60 (287.40)		327.60 (287.40)	327.60 (287.40)		T	+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 months. 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.										
9191	Surgical placement of abutment - second per jaw	05.02	181.80 (159.50)	246.20 (216.00)		246.20 (216.00)	246.20 (216.00)		T	+M	S
9192	Surgical placement of abutment - third and subsequent per jaw	05.02	121.80 (106.80)	165.60 (145.30)		165.60 (145.30)	165.60 (145.30)		T	+M	S
<b>IMPLANT SUPPORTED PROSTHETICS</b>											
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.										06.03
<b>Abutments and Bars</b>											
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.										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.										

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
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.										
<b>Removable Dentures</b>											
8533	Implant supported removable complete overdenture	06.03	1260.20 (1105.40)				1890.40 (1658.20)		M	+L	B
	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	B
	See code 8533 for descriptor.										
<b>Fixed-detachable Dentures</b>											
8654	Implant supported fixed-detachable complete overdenture	06.03	1417.50 (1243.40)				2126.20 (1865.10)		M	+L	A
	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.										
8660	Additional fee to implant supported fixed-detachable denture - per implant	08.03	195.60 (171.60)				195.60 (171.60)		T		A

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
	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.										
<b>Crowns - Single Restorations</b>											
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.										
<b>Bridge Retainers - Crowns</b>											
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	06.03	1042.10 (914.10)				1378.30 (1209.00)		T	+L	A
	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	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	05.02	1042.10 (914.10)				1378.30 (1209.00)		T	+L	A
<b>OTHER IMPLANT SERVICES</b>											
8590	Implant maintenance procedures - per implant	06.03	57.70 (50.60)				86.60 (76.00)		T		A
	This procedure involves the (1) removal of the superstructure(s), cleansing and reinsertion; (2) active deposit removal (debridging) 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 patient home care reinforcement and modification, and codes 8151 (Oral hygiene instructions) or code 8153 (Oral hygiene 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)				
	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)				

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
	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		-		-	-				S
	See Rule 002 and Modifier 8025 for direct material costs. See also codes 9187, 9188 and 9189.										
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 (396.50)		452.00 (396.50)			T		S
	This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.										
I.	<b>FIXED PROSTHODONTICS</b>										
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable. A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a 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 to metal retainers and pontics. Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.									06.03	
	<b>PONTICS</b>										
	Comment: Codes 8415, 8416, 8417 and 8418 include ovate pontic designs. The nomenclatures of 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 inlays/onlays utilised as bridge retainers.										06.03
8415	Pontic - porcelain/ceramic	05.03	655.30 (574.80)						T	+L	A
8416	Pontic - cast metal	05.03	520.60 (456.70)						T	+L	A
8417	Pontic - resin with metal	05.03	655.30 (574.80)						T	+L	A
8418	Pontic - porcelain fused to metal	05.03	655.30 (574.80)						T	+L	A
8419	Provisional pontic	06.03	156.00 (136.80)				234.10 (205.40)		T	(+L)	A
	The intended use of a provisional pontic 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 for routine bridges. Comment: Code 8410 (Provisional crown) previously included both provisional pontics (code 8419) and provisional crown retainers (code 8447)										

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
8611	Pontic - sanitary	06.03					714.50 (629.80)		T	+L	A
	See GDP codes 8415 to 8418.										
8613	Pontic - posterior	06.03					874.00 (766.70)		T	+L	A
	See GDP codes 8415 to 8418.										
8615	Pontic - anterior/premolar	06.03					944.30 (828.30)		T	+L	A
	See GDP codes 8415 to 8418.										
<b>BRIDGE RETAINERS – INLAYS/ONLAYS</b>											
	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.										06.03
8432	Inlay/onlay retainer - metal - two surfaces	05.02	312.20 (273.90)				610.60 (535.60)		T	+L	A
8433	Inlay/onlay retainer - metal - three surfaces	05.02	520.60 (456.70)				946.90 (830.60)		T	+L	A
8434	Inlay/onlay retainer - metal - four or more surfaces	05.02	629.60 (552.30)				946.90 (830.60)		T	+L	A
8436	Inlay/onlay retainer - porcelain - two surfaces	05.02	379.90 (333.20)				732.50 (642.50)		T	+L	A
8437	Inlay/onlay retainer - porcelain - three surfaces	05.02	626.10 (549.20)				1138.20 (998.40)		T	+L	A
8438	Inlay/onlay retainer - porcelain - four or more surfaces	05.02	756.30 (665.20)				1138.20 (998.40)		T	+L	A
8617	Retainer cast metal (Maryland type retainer)	06.03	312.20 (273.90)				610.60 (535.60)		T	+L	A
	Use for Maryland type bridges; Report per retainer; See codes 8415 to 8418 for pontics.										
<b>BRIDGE RETAINERS – CROWNS</b>											
	A crown retainer for a bridge that gains retention, support and stability from a tooth.										06.03
8441	Crown retainer - full cast metal	05.02	802.80 (704.20)				1181.90 (1036.80)		T	+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)		T	+L	A
8444	Crown retainer - 3/4 porcelain/ceramic	05.02	802.80 (704.20)				1181.90 (1036.80)		T	+L	A
8445	Crown retainer - porcelain with metal	05.02	802.80 (704.20)				1181.90 (1036.80)		T	+L	A
8446	Crown retainer - resin with metal	05.02	802.80 (704.20)				1181.90 (1036.80)		T	+L	A

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
8447	Provisional crown retainer	06.03	156.00 (136.80)				234.10 (205.40)		T	(+L)	A
	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).										
<b>OTHER FIXED PROSTHODONTIC PROCEDURES</b>											
	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.										06.03
8514	Recement bridge	06.03	70.30 (61.70)				89.20 (78.20)		T		B
	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 permanent 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. Previously 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 permanent bridge retainer - reported per retainer. Report code 8135 for the removal of a single permanent 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. Previously 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)		M	+L	A
	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)		M	+L	A
	A non-rigid connector.										
8587	Coping metal	06.03	104.70 (91.80)				195.60 (171.60)		T	+L	A

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
	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.										
<b>J.</b>	<b>ORAL AND MAXILLO-FACIAL SURGERY</b>										
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care.										06.03
<b>EXTRACTIONS</b>											
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	06.03	70.30 (61.70)	105.40 (92.50)					T		B
	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)					T		B
	To be reported for an additional extraction in the same quadrant at the same visit.										
<b>SURGICAL EXTRACTIONS</b>											
	Report code 8220 when sutures are provided by the practitioner.										06.03
8213	Surgical removal of residual roots, first tooth - per tooth	06.03	303.70 (266.40)						T		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)	409.90 (359.60)					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)	662.10 (580.80)					T		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)	356.70 (312.90)					T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	04.00	153.50 (134.60)	202.40 (177.50)					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	T 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 Practitioners to report codes 8213 and 8214.										
<b>OTHER SURGICAL PROCEDURES</b>											
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)	1067.80 (936.70)							S
8911	Caldwell-Luc procedure	04.00	278.50 (244.30)	417.80 (366.50)							S
8917	Biopsy of oral tissue - soft	06.03	177.50 (155.70)	236.70 (207.60)		236.70 (207.60)			M		S
	Incisional/excisional (e.g. epulis). This procedure does not include the cost of the essential pathological evaluations.										
8919	Biopsy of bone - needle	05.02	273.30 (239.70)	409.90 (359.60)					M		S
8921	Biopsy - extra-oral bone/soft tissue	05.02	447.20 (392.30)	670.70 (588.30)					M		S
8961	Tooth transplantation	06.03	611.20 (536.10)	916.90 (804.30)					T	+L	S
	See Surgery Guidelines, Notes 2 and 3.										
8965	Peripheral neurectomy	04.00	611.20 (536.10)	916.90 (804.30)							S
8966	Repair of oronasal fistula (local flaps)	04.00	850.30 (745.90)	1275.50 (1118.90)							S
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	06.03	561.00 (492.10)	764.20 (670.40)		764.20 (670.40)			T		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)	608.90 (534.10)					T		S
8984	Corticotomy - each additional tooth	04.00	205.80 (180.50)	308.80 (270.90)					T		S
<b>ALVEOLOPLASTY</b>											
8957	Alveolotomy or alveolectomy (including extractions)	06.03	372.90 (327.10)	559.30 (490.60)					M		S
	Report per jaw.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	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)					M	+L	S
9004	Lateralization of inferior dental nerve	05.02	1368.30 (1200.30)	2052.50 (1800.40)							S
<b>VESTIBULOPLASTY</b>											
	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
<b>SURGICAL EXCISION OF SOFT TISSUE LESIONS</b>											
8971	Excision of tumour of the soft tissue	04.00	273.30 (239.70)	409.90 (359.60)		409.90 (359.60)					S
<b>SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS</b>											
8967	Surgical removal of jaw cyst - intra-oral approach	05.02	849.20 (744.90)	1273.70 (1117.30)					M		S
8969	Surgical removal of jaw cyst - extra-oral approach	05.02	1360.20 (1193.20)	2040.40 (1789.80)					M		S
8973	Surgical excision of tumours of the jaw	05.02	1360.20 (1193.20)	2040.40 (1789.80)					M		S
9290	Maxillectomy - Alveolus only, Level I Report per side.	06.03									
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II Report per side.	06.03									
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III Report per side.	06.03									
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV Report per side.	06.03									
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V Report per side.	06.03									
9300	Hemiresection of jaw including condyle and coronoid process Report per side.	06.03									
<b>EXCISION OF BONE TISSUE</b>											
8975	Hemiresection of jaw excluding condyl Include splintage of segments.	06.03	1428.90 (1253.40)	2143.40 (1880.20)					M		S
8987	Reduction of mylohyoid ridges - per side	04.00	611.20 (536.10)	916.90 (804.30)						+L	S
8989	Removal torus mandibularis	04.00	611.20 (536.10)	916.90 (804.30)						+L	S
8991	Removal of torus palatinus	04.00	611.20 (536.10)	916.90 (804.30)						+L	S

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodontic s	Oral Pathology	M P	Lab	T C
8993	Surgical reduction of osseous tuberosity - per side	06.03	273.30 (239.70)	409.90 (359.60)					M	+L	S
	See procedure code 8971 for excision of denture granuloma.										
<b>SURGICAL INCISION</b>											
8731	Incision & drainage of abscess - intra-oral	06.03	112.10 (98.30)			168.10 (147.50)					A
	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)	05.03	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.										
9019	Sequestrectomy - intra oral per sextant and or ramus	05.02	273.30 (239.70)	409.90 (359.60)					M		S
<b>TREATMENT OF FRACTURES</b>											
<b>Alveolus Fractures</b>											
9024	Dento-alveolar fracture - per sextant	04.00	306.50 (268.90)	459.70 (403.20)						+L	S
<b>Mandibular Fractures</b>											
9025	Mandible fracture - closed reduction	06.03	678.70 (595.40)	1018.10 (893.10)							S
	Includes intermaxillary fixation.										
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)	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.										
<b>Maxillary Fractures</b>											
9035	Maxilla fracture - Le Fort I or Guerin	06.03	954.90 (837.60)	1432.40 (1256.50)						+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	Prosthodontic s	Oral Pathology	M P	Lab	T 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.										
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.										
<b>Zygoma/Orbital/Antral Fractures</b>											
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										
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)	2019.10 (1771.10)							S
<b>Nasal Fractures</b>											
9280	Open reduction and fixation of nasal fractures	04.00									
9282	Manipulation and immobilisation of nasal fracture	04.00									
<b>TEMPOROMANDIBULAR JOINT</b>											
	Procedures which are an integral part of a primary procedure should not be reported separately.										06.03
8172	Cost of orthotic appliance	06.03	-	-	-	-	-	-			
	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)		84.90 (74.50)				A
8852	Occlusal orthotic appliance	06.03	270.10 (236.90)	355.90 (312.20)	355.90 (312.20)	355.90 (312.20)	355.90 (312.20)			+L	S
	Presently includes splints provided for treatment of temporomandibular joint dysfunction and NTI Tension Suppression System (NTI-tss) devices.										
9053	Coronoidectomy (intra-oral approach)	04.00	848.50 (744.30)	1272.90 (1116.60)							S
9074	Tmj arthroscopy diagnostic	04.00	675.30 (592.40)	1012.90 (888.50)							S
9075	Condylectomy, coronoidectomy or both	04.00	1696.50 (1488.20)	2544.80 (2232.30)							S
9076	TMJ arthrocentesis	04.00	372.90 (327.10)	559.30 (490.60)							S
9077	TMJ intra-articular injection	04.00	101.70 (89.20)	152.60 (133.90)							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	T 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.										
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 immobilisation	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)	6793.90 (5959.60)						+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.										
<b>REPAIR OF TRAUMATIC WOUNDS</b>											
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.										
<b>COMPLICATED SUTURING</b>											
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions.									06.03	
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	04.00	346.50 (303.90)	459.70 (403.20)							S
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	04.00	645.00 (565.80)	967.50 (848.70)							S
<b>OTHER REPAIR PROCEDURES</b>											
8958	Emergency tracheotomy	04.00	313.30 (274.80)	470.00 (412.30)							
8959	Pharyngostomy	04.00	313.30 (274.80)	470.00 (412.30)							
8962	Harvest iliac crest graft	04.00	225.30 (197.60)	277.00 (243.00)							S
8963	Harvest rib graft	04.00	258.50 (226.80)	387.70 (340.10)							S
8964	Harvest cranium graft	04.00	202.40 (177.50)	303.70 (266.40)							S

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodontic ics	Oral Pathology	M P	Lab	T C
8977	Surgical repair of maxilla or mandible - major	06.03	1427.80 (1252.50)	2141.70 (1878.70)							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)		559.30 (490.60)					S
9005	Alveolar ridge augmentation - total (by bone graft)	05.02	1428.90 (1253.40)	2143.40 (1880.20)		2143.40 (1880.20)			M	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	05.02	899.40 (788.90)	1349.10 (1183.40)					M	+L	S
9008	Alveolar ridge augmentation - one to two tooth sites	05.02	278.00 (243.90)	508.60 (446.10)		508.60 (446.10)			M	+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)			M	+L	S
9010	Sinus lift procedure	05.02	928.60 (814.60)	1392.90 (1221.80)		1392.90 (1221.80)			M	+L	S
9032	Reduction of masseter muscle and bone - extra-oral approach Eg., for treatment of benign masseteric hypertrophy; extraoral approach (Alt Code: CPT 21295)	06.03									
9033	Reduction of masseter muscle and bone - intra-oral approach Eg., for treatment of benign masseteric hypertrophy; intraoral approach (Alt Code: CPT 21296)	06.03									
9048	Surgical removal of internal fixation devices, per site	05.02	261.30 (229.20)	392.00 (343.90)							S
<b>Functional Correction of Malocclusion</b>											
	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 E.g. K��le	06.03	2377.00 (2085.10)	3565.50 (3127.60)						+L	S
9050	Osteotomy - total subapical	04.00	4348.00 (3814.00)	6521.90 (5721.00)							S
9051	Genioplasty	04.00	1360.20 (1193.20)	2040.40 (1789.80)							S
9052	Midfacial exposure	06.03	2153.40 (1888.90)	3230.10 (2833.40)							S
	For maxillary and nasal augmentation or pyramidal Le Fort II osteotomy.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M	Lab	P	T	C
9055	Osteotomy - segmented, posterior	06.03	2377.00 (2085.10)	3565.50 (3127.60)					M	+L			S
	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure.												
9057	Osteotomy - segmented, anterior	06.03	2377.00 (2085.10)	3565.50 (3127.60)					M	+L			S
	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure.												
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	04.00	4472.70 (3923.40)	6709.00 (5885.10)						+L			S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	05.02	5021.00 (4404.40)	7531.40 (6606.50)						+L			S
9061	Palatal osteotomy	04.00	1564.50 (1372.40)	2346.70 (2058.50)									S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	04.00	5709.50 (5008.30)	8564.20 (7512.50)						+L			S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	04.00	5712.30 (5010.80)	8568.50 (7516.20)						+L			S
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	06.03	8561.00 (7509.60)	12841.50 (11264.50)						+L			S
	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.												
9066	Surgical expansion - maxillary or mandibular	06.03	1360.20 (1193.20)	2040.40 (1789.80)					M				S
	This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.												
9069	Glossectomy - partial	04.00	1018.90 (893.80)	1528.40 (1340.70)									S
9071	Geniohyoidotomy	04.00	611.20 (536.10)	916.90 (804.30)									S
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	04.00	4472.70 (3923.40)	6709.00 (5885.10)						+L			S
<b>Salivary Glands</b>													
9093	Removal of salivary stone (Sialolithotomy)	04.00	306.50 (268.90)	459.70 (403.20)									S
9095	Excision of sublingual salivary gland	04.00	755.30 (662.50)	1133.10 (993.90)									S
9096	Excision of salivary gland - extra oral approach	04.00	1119.00 (981.60)	1678.60 (1472.50)									S
<b>Pedicle Flaps</b>													
	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.												06.03
9284	Musculofascial flap	04.00											
9286	Musculocranial flap	04.00											
9288	Buccal fat pad (major repair)	04.00											

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodontic s	Oral Pathology	M P	Lab	T C
<b>Repair of Frontal Bones</b>											
The use of codes 9274, 9275 and 9278 imply the bicoronal/ hemicoronal approach.										06.03	
9274	Repair anterior table, frontal sinus and/or supraorbital rim	04.00									
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus	04.00									
9278	Repair medial canthal ligament (canthopexy), per side	04.00									
<b>Cleft lip and Palat</b>											
9220	Repair cleft hard palate - unilateral	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 (1836.30)	3140.10 (2754.50)							S
9228	Repair cleft soft palate - w/ muscle reconstruction	04.00	3039.60 (2666.30)	4559.50 (3999.60)							S
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	04.00	2263.20 (1985.30)	3394.80 (2977.90)							S
9232	Velopharyngeal reconstruction - uncomplicated	04.00	2329.00 (2043.00)	3493.40 (3064.40)							S
9234	Velopharyngeal reconstruction - complicated	04.00	2490.30 (2184.50)	3735.30 (3276.60)							S
9238	Repair oronasal fistula (one procedure)	04.00	1424.40 (1249.50)	2136.60 (1874.20)							S
9240	Repair oronasal fistula (two procedures)	04.00	2485.00 (2179.80)	3727.50 (3269.70)							S
9246	Secondary periosteal flaps	04.00	1241.90 (1089.40)	1862.90 (1634.10)							S
9248	Lipadhesion	04.00	464.20 (407.20)	696.40 (610.90)							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)	1663.10 (1458.90)							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)	2646.10 (2321.10)							S
9258	Repair anterior nasal floor	04.00	445.40 (390.70)	668.10 (586.10)							S
9260	Revision of secondary cleft lip deformity - partial	04.00	445.40 (390.70)	668.10 (586.10)							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	04.00	1006.40 (882.80)	1509.60 (1324.20)							S



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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)	1010.30 (886.20)							S
9268	Reconstruct nose due to cleft deformity - partial	04.00	856.00 (750.90)	1284.00 (1126.30)							S
9270	Reconstruct nose due to cleft deformity - complete	04.00	1352.90 (1186.80)	2029.30 (1780.10)							S
9272	Paranasal augmentation for nasal base deviation	04.00	673.60 (590.90)	1010.30 (886.20)							S
<b>K. ORTHODONTIC SERVICES</b>											
The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidance and correction of the growing and mature dentofacial structures.											06.03
<b>REMOVABLE APPLIANCE THERAPY</b>											
Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue thrusting).											06.03
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 removable appliances per treatment plan may be charged.											
<b>FUNCTIONAL APPLIANCE THERAPY</b>											
A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.											06.03
8858	Ortho Tx - functional appliance	06.03	1420.40 (1246.00)		2130.60 (1868.90)					+L	A
If additional functional appliances are required, +L can be charged but no further fee.											
<b>FIXED APPLIANCE THERAPY</b>											
<b>Fixed Appliance Therapy - Partial</b>											
The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment.											06.03
8861	Ortho Tx - partial fixed appliance - minor	04.00	944.70 (828.70)		1417.00 (1243.00)						A
8865	Ortho Tx - partial fixed appliance - one arch	04.00	2519.90 (2210.40)		3779.90 (3315.70)						A
8866	Ortho Tx - partial fixed appliance - both arches	04.00	3465.70 (3040.10)		5198.50 (4560.10)						A

Code	Description	Ver	General Dental Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodontic s	Oral Pathology	M P	Lab	T C
<b>Fixed Appliance Therapy - Comprehensive: Single Arch</b>											
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.										06.03
8867	Ortho Tx - fixed appliance - one arch	04.00	2708.70 (2376.10)		4062.90 (3563.90)						A
8868	Ortho Tx - fixed appliance - one arch, moderate	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)						A
<b>Fixed Appliance Therapy - Comprehensive: Both Arches</b>											
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.										06.03
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	04.00	4957.00 (4348.20)		7435.40 (6522.30)						A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	04.00	6085.20 (5337.90)		9127.60 (8006.70)						A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	04.00	7093.80 (6222.60)		10640.60 (9333.90)						A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	04.00	7972.10 (6993.10)		11958.00 (10489.50)						A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	04.00	7093.80 (6222.60)		10640.60 (9333.90)						A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	04.00	7972.10 (6993.10)		11958.00 (10489.50)						A
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	04.00	8949.40 (7850.40)		13423.90 (11775.40)						A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	04.00	10083.20 (8844.90)		15124.70 (13267.30)						A
<b>Lingual Orthodontics - Comprehensive: Single Arch</b>											
	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.										06.03
8841	Ortho Tx - fixed lingual appliance - one arch	04.00	5090.80 (4465.60)		7638.10 (6698.30)						A
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	04.00	5982.80 (5248.10)		8974.10 (7872.00)						A
8843	Ortho Tx - fixed lingual appliance - one arch, severe	04.00	6816.50 (5979.40)		10224.70 (8969.00)						A
<b>Lingual Orthodontics - Comprehensive: Both Arches</b>											
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)		17055.40 (14960.90)						A
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	04.00	12903.90 (11319.20)		19355.70 (16978.70)						A

Cqds	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
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	04.00	14318.00 (12559.60)		21476.80 (18839.30)						A
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	04.00	11853.50 (10397.80)		17780.10 (15596.60)						A
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	04.00	13260.20 (11631.80)		19890.10 (17447.50)						A
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	04.00	14788.50 (12954.80)		22152.70 (19432.20)						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
<b>OTHER ORTHODONTIC SERVICES</b>											
8846	Repair orthodontic appliance - removable	04.00	64.50 (58.60)		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)					+L	A
	As a result of the patient's negligence. Report per retainer.										
8849	Retainer (orthodontic)	04.00	223.00 (195.60)		334.50 (293.40)					+L	A
8890	Monthly instalment ortho tx Refer to code number of treatment.	06.03	-		-						A
8891	Orthodontic transfer Limitation: Benefit by arrangement.	06.03	-		-						A
8892	Orthodontic re-treatment Limitation: Benefit by arrangement.	06.03	-		-						A
<b>L SUPPLEMENTARY SERVICES</b>											
	The branch of dentistry for unclassified treatment including palliative care and anaesthesia.										06.03
<b>ANAESTHESIA</b>											
8499	General anaesthetic	05.02	-								B
8141	Inhalation sedation - first 15 minutes or part thereof No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143.	06.03	51.50 (45.20)								B
8143	Inhalation sedation - each addnl 15 minutes See 8141 descriptor.	06.03	26.60 (23.30)								B
8144	Intravenous sedation	04.00	30.90 (27.10)								B
8145	Local anaesthetic - per visit	06.03	44.70 (39.20)								B
	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	T C
8147	Monitoring equipment for intravenous sedation	06.03	109.80 (96.30)								B
	Applies to own monitoring equipment in rooms for procedures performed under intravenous sedation										
<b>PROFESSIONAL VISITS</b>											
8129	Office/hospital visit – after regularly scheduled hours	06.03	172.40 (151.20)								B
	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 defined 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)					B
	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)							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.										
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)			
<b>DRUGS, MEDICAMENTS AND MATERIALS</b>											
8109	Infection control/barrier techniques	06.03	10.30 (9.04)								B
	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)								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)								B
	Not applicable to local anaesthetic.										
8220	Cost of suture material	06.03	-	-		-					B

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
	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)								B
	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	-				-				B
	Comment: See Rule 002 and Modifier 8025 for direct material costs.										
8310	Supply of bleaching materials	06.03	-								
	See Rule 002 and Modifier 8025 for direct material costs. Limitation: Benefit by arrangement.										
<b>ADMINISTRATIVE AND LABORATORY SERVICES</b>											
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)	117.50 (103.10)	117.50 (103.10)	117.50 (103.10)				A
	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	-	-	-	-	-				B
	Comment: By arrangement with patient										
<b>MISCELLANEOUS SERVICES</b>											
<b>Palliative Treatment</b>											
8131	Emergency dental treatment	06.03	70.30 (61.70)				143.20 (125.60)		T		B
	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 exist 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)						T		B
	This procedure involves the application of adhesive resins on a cervical and/or root surface and should not 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)								B
	This procedure involves the application of topical fluoride on teeth and/or root surfaces and should not 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)						T	+L	B

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
	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.										
<b>Post Surgical Complications</b>											
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. haemophilia. 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 haemorrhage (blood dyscrasias)	04.00	711.90 (624.50)	1067.80 (936.70)							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.										
<b>Bleaching</b>											
8308	External bleaching - per arch	06.03							M		A
	Comment: (1) The unpredictability and lack 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	A
	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		A
	Report code 8304 (application of a rubber dam) in addition to this code.										
8327	Internal bleaching - each additional visit	06.03	79.80 (70.00)				119.70 (105.00)		T		A
	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.										
<b>Unclassified Treatment</b>											
8158	Enamel microabrasion	06.03	64.30 (56.40)								
	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									B

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
	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 anaesthesia. 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 pre-authorisation.										
8551	Occlusal adjustment - major	06.03	444.80 (390.20)		667.20 (585.30)		667.20 (585.30)				A
	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.										
8553	Occlusal adjustment - minor	06.03	155.20 (136.10)		212.70 (186.60)	212.70 (186.60)	212.70 (186.60)				A
	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).										
9099	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.										
<b>MODIFIERS</b>											
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) - See Rule 009.										
8003	Minimum assistant surgeon	06.03	130.38 (114.37)	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.										
8005	Maximum multiple procedures (same incision) - MFO surgeon	06.03	202.42 (177.56)	202.42 (177.56)		202.42 (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.										
8006	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 Practice	Maxillo- facial and Oral Surgery	Orthodontic s	Oral Medicine and Periodontics	Prosthodont ics	Oral Pathology	M P	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.										



# Dental Practitioners 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2008			Version	Add	26400 Value	26200 Value	26400 Value	29200 Value	29400 Value	29800 Value	MP	Lab	T
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded			2005.02										
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.□ □ The procedures codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures 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.			2006.03										
I. 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 invoice shall contain the following particulars:□			2005.02										

# Dental Practitioners 2008

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

508 No. 30410 GOVERNMENT GAZETTE, 16 NOVEMBER 2007

14 Sep 2007

STAATSKOERANT, 16 NOVEMBER 2007

No. 30410 509



**STAATSKOERANT, 16 NOVEMBER 2007**

No. 30410 511

**Dental Practitioners 2008**

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.	2004.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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**Dental Practitioners 2008**[illegible]



## Dental Practitioners 2008

8902	Consultation - MFOS (detailed)	2006.03			R	381.60							S	
8840	Treatment planning for orthognathic surgery - ALL	2006.03		R	329.30	R	494.00	R	494.00				+L	S
	Orthodontist													
8801	Consultation - Orthodontist	2004.00						R	145.80					A
8803	Consultation - Orthodontist (subsequent, retention and post treatment)	2004.00						R	84.90					A
8837	Diagnosis and treatment planning - Orthodontist	2004.00						R	67.70					A
	Periodontist/Oral Medicine													
	Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.	2006.03												
8701	Consultation - periodontist	2006.03						R	145.80					A
8703	Consultation - Periodontist (detailed)	2006.03						R	381.60					A
8705	Re-examination - Periodontist	2004.00						R	114.10					A
8707	Periodontal screening - Periodontist	2006.03						R	114.10					A
8781	Consultation - Oral medicine (simple)	2006.03						R	114.10					S
8782	Consultation - Oral medicine (complex)	2006.03						R	200.70					S
8783	Consultation - Oral medicine (subsequent)	2006.03						R	84.90					S
	Prosthodontist													
8501	Consultation - Prosthodontis	2004.00								R	145.80			A
8507	Comprehensive consultation - Prosthodontist	2006.03								R	234.10			A
8506	Detailed consultation - Prosthodontist	2006.03								R	381.60			A
	Oral Pathologist													
9201	Consultation - oral pathologist	2004.00									R	145.80		
9205	Consultation - oral pathologist (subsequent)	2004.00									R	84.90		
	RADIOGRAPHS/DIAGNOSTIC IMAGING													
	Diagnostic radiographs/diagnostic images include interpretation.□ Radiographs/diagnostic images should only be taken for clinical reasons as determined by the dentist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated. The dentist should retain the original images and only copies should be used to fulfil requests made by patients or third party funders.□ A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes.□ Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical	2006.03												
8107	Intraoral radiograph - periapical	2006.03		R	46.40	R	46.40	R	46.40	R	46.40	R	46.40	B
8108	Intraoral radiographs - complete series	2006.03		R	358.60	R	358.60	R	358.60	R	358.60	R	358.60	B
8112	Intraoral radiograph - bitewing	2006.03		R	46.40	R	46.40	R	46.40	R	46.40	R	46.40	B
8113	Intraoral radiograph - occlusal	2004.00		R	79.80	R	79.80	R	79.80	R	79.80	R	79.80	B
8114	Extraoral radiograph - hand-wrist	2006.03		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20	B
8115	Extraoral radiograph - panoramic	2004.00		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20	B
8118	Extraoral radiograph - cephalometric	2005.02		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20	B
8118	Extraoral radiograph - skull/facial bone	2005.02		R	185.20	R	185.20	R	185.20	R	185.20	R	185.20	B
8121	Oral and/or facial image (digital/conventional)	2006.03		R	49.80	R	49.80	R	49.80	R	49.80	R	49.80	B

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OTHER DIAGNOSTIC PROCEDURES															
8117	Diagnostic models	2006.03		R	49.80	R	49.80	R	49.80	R	49.80			+L	B
8119	Diagnostic models mounted	2006.03		R	125.20	R	125.20	R	125.20	R	125.20			+L	B
8122	Microbiological studies	2006.03													B
8123	Caries susceptibility tests (By Arrangement)	2006.03		R	51.70										B
8124	Pulp tests	2006.03		R	13.70										
8503	Occlusion analysis mounted	2004.00		R	156.00						R	234.10			A
8505	Pantographic recording	2004.00		R	226.40						R	339.70			A
8508	Electrognathographic recording	2004.00		R	242.40						R	363.70			A
8509	Electrognathographic recording with computer analysis	2004.00		R	402.50						R	603.80			A
8811	Tracing and analysis of extra-oral film	2004.00		R	21.50	R	21.50	R	21.50	R	21.50				B
8839	Diagnostic setup (orthodontics)	2004.00		R	95.50			R	143.20						A
B. PREVENTIVE SERVICES															
	Services/procedures intended to eliminate or reduce the need for future dental treatment.	2006.03													
DENTAL PROPHYLAXIS															
8155	Polishing - complete dentition	2006.03		R	70.30					R	96.90	R	70.30		B
8159	Prophylaxis - complete dentition	2006.03		R	138.10					R	194.70	R	138.10		B
8160	Removal of gross calculus	2006.03													B
8179	Polishing - complete dentition (periodontally compromised patient)	2006.03		R	80.60										B
8180	Prophylaxis - complete dentition (periodontally compromised patient)	2006.03		R	150.10										B
TOPICAL FLUORIDE TREATMENT															
	Topical fluoride treatment procedures involve the professionally application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or "swish." For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section.	2006.03													
8161	Topical application of fluoride - child	2006.03		R	70.30					R	70.30	R	70.30		B
8162	Topical application of fluoride - adult	2006.03		R	70.30					R	70.30	R	70.30		B
SPACE MAINTENANCE (PASSIVE APPLIANCES)															
	Passive appliances are designed to prevent tooth movement.	2006.03													
8173	Space maintainer - fixed, per abutment	2005.02		R	130.40									T	+L B
8175	Space maintainer - removable	2004.00		R	168.10									+L	B
OTHER PREVENTIVE PROCEDURES															
8149	Nutritional counselling	2006.03													B
8150	Tobacco counselling	2006.03													B
8151	Oral hygiene instruction	2006.03		R	70.30					R	140.70	R	140.70		B
8153	Oral hygiene instruction - each additional visit	2006.03		R	51.50					R	67.70	R	67.70		B
8163	Dental sealant	2006.03		R	46.40							R	46.40	T	B
8169	Occlusal guard	2006.03		R	270.10									+L	B
8171	Mouth guard	2006.03		R	81.70									+L	B
8177	Oral hygiene instruction (periodontally compromised patient)	2006.03		R	106.40										B
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)	2006.03		R	57.50										B
C. RESTORATIVE SERVICES															

**Dental Practitioners 2008**[illegible]

STAATSKOERANT, 16 NOVEMBER 2007

No. 30410 517

# Dental Practitioners 2008

<p>Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for 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 crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. 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. □            TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.</p>									
	2006.03								
8401 Crown - full cast metal	2004.00	R	802.80				R 1 181.90		T +L A
8403 Crown - 3/4 cast metal	2004.00	R	802.80				R 1 181.90		T +L A
8404 Crown - 3/4 porcelain/ceramic	2005.02	R	758.10				R 1 138.20		T +L A
8405 Crown - resin laboratory	2006.03	R	758.10				R 1 138.20		T +L A
8407 Crown - resin with metal	2004.00	R	802.80				R 1 181.90		T +L A
8409 Crown - porcelain/ceramic	2004.00	R	802.80				R 1 181.90		T +L A
8411 Crown - porcelain with metal	2004.00	R	802.80				R 1 181.90		T +L A
8410 Provisional crown	2006.03	R	156.00			R 156.00	R 234.10		T (+L) A
VENEERS									
8355 Veneer - resin (chair-side)	2006.03	R	243.60				R 243.60		T B
8552 Veneer - porcelain (laboratory)	2006.03	R	539.10				R 808.80		T +L A
8554 Veneer - resin (laboratory)	2006.03	R	539.10				R 808.80		T +L A
TEMPORARY RESTORATIONS									
8137 Emergency crown (chair-side)	2006.03	R	241.00				R 241.00		T (+L) A
8357 Prefabricated metal crown	2006.03	R	143.20				R 143.20		T B
8375 Prefabricated resin crown	2006.03	R	143.20				R 143.20		T B
OTHER RESTORATIVE PROCEDURES									
Pin Retention and Cores									
8345 Prefabricated post retention, per post (in addition to restoration)	2006.03	R	138.10						T B
8347 Pin retention - first pin (in addition to restoration)	2006.03	R	69.40						T B
8348 Pin retention - each additional pin (in addition to restoration)	2006.03	R	64.30						T B
8366 Pin retention as part of cast restoration (any number of pins)	2005.02	R	103.80				R 140.70		T +L A
8376 Core build-up with prefabricated posts	2006.03	R	382.50				R 382.50		T B
8379 Cost of prefabricated posts	2006.03	R	-				R -		T A
8391 Cast core with single post	2006.03	R	161.30						T +L A
8392 Cast post (each additional)	2006.03	R	96.00						T +L A
8397 Cast core with pins (any number of pins)	2006.03	R	257.30				R 334.50		T +L A
8398 Core build-up with or without pins	2006.03	R	312.20				R 312.20		T B
8581 Cast core with single post	2006.03						R 238.40		T +L A
8582 Cast core with double post	2006.03						R 339.70		T +L A
8583 Cast core with triple post	2006.03						R 421.20		T +L A
Unclassified Restorative Procedures									

# Dental Practitioners 2008

8133	Recement inlay, onlay, crown or veneer	2006.03	R	70.30			R	89.20	T	+L	B
8135	Remove inlay, onlay or crown	2006.03	R	139.80			R	139.80	T	+L	A
8138	Remove retention post (prefabricated or cast)	2006.03	R	91.70					T		B
8146	Resin bonding for restorations	2006.03							T		A
8157	Re-burnishing and polishing of restorations - complete dentition	2006.03	R	70.30							B
8349	Carve restoration to accommodate existing removable prosthesis	2004.00	R	28.30					T		B
8413	Repair crown (permanent or provisional)	2006.03	R	156.00			R	156.00	T	+L	A
8414	Additional fee for provision of crown within an existing clasp or rest	2004.00	R	46.40					T	+L	A
D.	ENDODONTIC SERVICES										
	Services/procedures intended to treat diseases of the dental pulp and their sequelae.	2006.03									
	PULP CAPPING										
	These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit.	2006.03									
8301	Pulp cap - direct	2006.03	R	93.50					T		B
8303	Pulp cap - indirect	2006.03	R	93.50					T		B
	PULPOTOMY										
8307	Pulp amputation (pulpotomy)	2006.03	R	91.70					T		B
8132	Pulp removal (pulpectomy)	2006.03	R	114.90					T		B
	ENDODONTIC THERAPY										
	Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/ diagnostic images. □ Limitation: Intra-operative radiographs/ diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy. □ Report code 8304 (application of a rubber dam) in addition to these codes.	2006.03									
	Preparatory Visits										
8332	Root canal preparatory visit - single canal tooth	2006.03	R	70.30					T		B
8333	Root canal preparatory visit - multi canal tooth	2006.03	R	98.60					T		B
	Obturation of Canals										
	Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).	2006.03									
8335	Root canal obturation - anteriors and premolars - first canal	2004.00	R	319.00					T		B
8328	Root canal obturation - anteriors and premolars - each additional canal	2004.00	R	130.40					T		B
8336	Root canal obturation - posteriors - first canal	2004.00	R	439.10					T		B
8337	Root canal obturation - posteriors - each additional canal	2004.00	R	130.40					T		B
	Complete Therapy										
	Codes 8329, 8338, 8339 and 8340 (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 obturated canal).	2006.03									
8338	Root canal therapy - anteriors and premolars - first canal	2004.00	R	488.00					T		B
8329	Root canal therapy - anteriors and premolars - each additional canal	2004.00	R	163.00					T		B
8339	Root canal therapy - posteriors - first canal	2004.00	R	670.70					T		B
8340	Root canal therapy - posteriors - each additional canal	2004.00	R	163.00					T		B
8631	Root canal therapy - first canal	2006.03					R	828.50	T		B
8633	Root canal therapy - each additional canal	2006.03					R	208.40	T		B

# Dental Practitioners 2008

ENDODONTIC RETREATMENT										
8334	Re-preparation of previously obturated root canal	2006.03	R	103.80				R	125.20	T B
APEXIFICATION/RECALCIFICATION PROCEDURES										
8635	Apexification/recalcification - per visit	2006.03	R	93.50				R	138.10	T S
PERIRADICULAR PROCEDURES										
9015	Apicoectomy - anteriors (including retrograde filling)	2006.03	R	346.50	R	459.70		R	459.70	T S
9016	Apicoectomy - posteriors (including retrograde filling)	2006.03	R	611.20	R	916.90		R	916.90	T S
OTHER ENDODONTIC PROCEDURES										
8330	Removal of root canal obstruction	2006.03	R	91.70						T B
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	2004.00	R	62.60						T B
8640	Removal of fractured post or instrument from root canal	2006.03						R	243.60	T B
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	2006.03	R	306.50			R	459.70	R	459.70 T A
E. PERIODONTIC SERVICES										
	The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.	2006.03								
SURGICAL SERVICES										
	Surgical services includes usual postoperative care.	2006.03								
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	2006.03	R	367.10			R	503.50		Q A
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	2006.03	R	293.30			R	399.70		Q A
8749	Flap procedure, root planing and one to three surgical services - per quadrant	2006.03	R	762.20			R	1 143.30		Q A
8751	Flap procedure, root planing and one to three surgical services - per sextant	2006.03	R	631.30			R	946.90		S A
8753	Flap procedure, root planing and four or more surgical services - per quadrant	2006.03	R	944.70			R	1 417.00		Q A
8755	Flap procedure, root planing and four or more surgical services - per sextant	2006.03	R	765.60			R	1 148.40		S A
8756	Clinical crown lengthening (isolated procedure)	2006.03	R	464.20			R	696.40		T A
8759	Pedicle flapped graft (isolated procedure)	2006.03	R	348.80			R	523.20		M A
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	2005.02	R	379.10	R	568.70		R	568.70	M +L A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	2005.02	R	569.50	R	854.30		R	854.30	M +L A
8763	Wedge resection (isolated procedure)	2006.03	R	223.00			R	334.50		Q A
8768	Bone regeneration/repair procedure - as part of a flap operation	2006.03	R	182.40			R	273.70		A
8767	Bone regeneration/repair procedure - at a single site	2006.03	R	472.90	R	709.30		R	709.30	A
8769	Membrane removal (used for guided tissue regeneration)	2006.03	R	223.00	R	334.50		R	334.50	A
8770	Cost of bone regenerative/repair material	2006.03	R	-	R	-		R	-	A
8772	Submucosal connective tissue autograft (isolated procedure)	2005.02	R	383.10	R	574.70		R	574.70	A
8995	Gingivectomy - per jaw	2006.03	R	543.80	R	815.70				M +L S
NON-SURGICAL PERIODONTAL SERVICES										
8723	Provisional splinting - extracoronal (wire) - per sextant	2005.02	R	130.40			R	195.60	R	195.60 M +L A
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	2005.02	R	189.20			R	283.90	R	283.90 M +L A
8727	Provisional splinting - intracoronal - per tooth	2006.03	R	59.40			R	89.20	R	89.20 T +L A
8737	Root planing - four or more teeth per quadrant	2006.03	R	281.30			R	361.60		Q A
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	-		A
OTHER PERIODONTAL SERVICES										
8768	Unlisted periodontal procedure	2004.00	R	223.00			R	334.50		T A
8787	Unlisted oral medicine procedure	2004.00	R	80.00			R	120.10		S
F. REMOVABLE PROSTHODONTICS										

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<b>RADIOTHERAPY APPLIANCES</b>									
9113	Radiation carrier - simple	2004.00	R 571.80				R 857.70		+L
9114	Radiation carrier - complex	2004.00	R 1 578.10				R 2 367.30		+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 2 367.30		+L
9117	Radiation cone locator	2004.00	R 571.80				R 857.70		+L
<b>CHEMOTHERAPY APPLIANCES</b>									
9118	Chemotherapeutic agent carrier	2004.00	R 571.80				R 857.70		+L
<b>CLEFT PALATE PROSTHESES</b>									
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
<b>NEONATAL PROSTHESES</b>									
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 1 123.60		+L S
9122	Orthopaedic appliance, active presurgical - severe	2004.00	R 1 260.20		R 1 890.40		R 1 890.40		+L S
9123	Orthopaedic appliance, active presurgical - modification	2004.00	R 64.10		R 96.00		R 96.00		S
<b>INTERMEDIATE/DEFINITIVE PROSTHESES</b>									
9125	Speech aid/obturator prosthesis - palatal alteration	2004.00	R 255.00				R 382.50		+D
9126	Speech aid/obturator prosthesis - velar alteration	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
<b>SPEECH APPLIANCES</b>									
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				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 -		+L
<b>EXTRA-ORAL APPLIANCES</b>									
9135	Auricular prosthesis - simple	2004.00	R 1 578.10				R 2 367.30		+L
9136	Auricular prosthesis - complex	2004.00	R 2 059.10				R 3 072.20		+L
9137	Nasal prosthesis - simple	2004.00	R 1 578.10				R 2 367.30		+L
9138	Nasal prosthesis - complex	2004.00	R 2 059.10				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 2 127.90		+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 2 127.90		+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 2 127.90		+L

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9149	Unspecified body prosthesis - complex	2004.00	R 2 059.10				R 3 072.20		+L	
9150	Facial prosthesis, surgical - simple	2004.00	R 1 104.20				R 1 656.20		+L	
9151	Facial prosthesis, surgical - complex	2004.00	R 1 418.60				R 2 127.90		+L	
9152	Extraoral appliance - additional prosthesis	2004.00							+L	
9153	Extraoral appliance - replacement prosthesis	2004.00							+L	
9155	Cranial prosthesis	2004.00	R 571.80				R 857.70		+L	
	<b>CUSTOM IMPLANTS</b>									
9156	Cranial implant prosthesis, custom made	2004.00	R 690.20				R 1 035.20		+L	
9157	Facial implant prosthesis, custom made - simple	2004.00	R 344.80				R 517.20		+L	
9158	Facial implant prosthesis, custom made - complex	2004.00	R 690.20				R 1 035.20		+L	
9159	Ocular implant prosthesis, custom made	2004.00	R 344.80				R 517.20		+L	
9160	Body implant prosthesis - custom made	2004.00	R 1 534.70				R 2 302.10		+L	
	<b>SURGICAL APPLIANCES</b>									
9161	Surgical splint - simple	2004.00	R 156.00				R 234.10		+L	
9162	Surgical splint - complex	2004.00	R 571.80				R 857.70		+L	
9163	Surgical template - simple	2004.00	R 156.00				R 234.10		+L	
9164	Surgical template - complex	2004.00	R 571.80				R 857.70		+L	
9165	Surgical conformer - simple	2004.00	R 156.00				R 234.10		+L	
9166	Surgical conformer - complex	2004.00	R 571.80				R 857.70		+L	
	<b>TRISMUS APPLIANCES</b>									
9167	Trismus appliance (simple)	2004.00	R 64.10				R 96.00		+L	
9168	Trismus appliance (complex)	2004.00	R 571.80				R 857.70		+L	
9169	Orthoses appliance	2004.00	R 1 260.20				R 1 890.40		+L	
9170	Facial palsy appliance	2004.00	R 379.10				R 568.70		+D	
9171	Commissure splint	2004.00	R 156.00				R 234.10		+L	
9172	Oral retractor, dynamic - per arm	2004.00	R 156.00				R 234.10		+L	
9173	Hand splint	2005.02							+L	
9174	Unspecified burn appliance	2005.02	R -				R -		+L	
	<b>ATTENDANCE IN THEATRE</b>									
9175	Theatre attendance (MaxFac prosthodont) /hour	2004.00	R 211.00				R 316.50			
H.	<b>IMPLANT SERVICES</b>									
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.	2006.03								
	<b>SURGICAL IMPLANT PROCEDURES</b>									
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.	2006.03								
9180	Surgical placement of sub-periosteal implant - preparatory stage	2005.02	R 925.20	R 1 387.80					M	S
9181	Surgical placement of sub-periosteal implant - placement stage	2005.02	R 925.20	R 1 387.80					M	+L S
9182	Surgical placement of endosteal implant plate	2004.00	R 463.10	R 694.70		R 694.70				+L S
9183	Surgical placement of endosteal implant - first per jaw	2006.03	R 651.90	R 886.00		R 886.00			T	+M S
9184	Surgical placement of endosteal implant - second per jaw	2005.02	R 488.00	R 664.70		R 664.70			T	+M S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	2005.02	R 326.70	R 445.20		R 445.20			T	+M S

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9190	Surgical placement of abutment - first per jaw	2006.03	R	241.80	R	327.60		R	327.60	R	327.60		T	+M	S
9191	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	Surgical placement of abutment - third and subsequent per jaw	2005.02	R	121.80	R	165.60		R	165.60	R	165.60		T	+M	S
	<b>IMPLANT SUPPORTED PROSTHETICS</b>														
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.	2006.03													
	<b>Abutments and Bars</b>														
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.	2006.03													
8584	Connector bar - implant supported	2006.03	R	1 260.20						R	1 890.40				
8578	Prefabricated abutment	2006.03	R	130.40						R	195.60				
8579	Custom abutment	2006.03	R	594.70						R	892.00				
	<b>Removable Dentures</b>														
8533	Implant supported removable complete overdenture	2006.03	R	1 260.20						R	1 890.40		M	+L	B
8534	Implant supported removable partial overdenture	2006.03	R	1 008.10						R	1 512.30		M	+L	B
	<b>Fixed-detachable Dentures</b>														
8654	Implant supported fixed-detachable complete overdenture	2006.03	R	1 417.50						R	2 126.20		M	+L	A
8655	Implant supported fixed-detachable partial overdenture	2006.03	R	1 133.90						R	1 457.00		M	+L	A
8660	Additional fee to implant supported fixed-detachable denture - per implant	2006.03	R	195.60						R	195.60		T		A
	<b>Crowns - Single Restorations</b>														
8536	Crown - implant/abutment supported - porcelain/ceramic	2006.03	R	1 042.10						R	1 378.30		T	+L	A
8537	Crown - implant/abutment supported - porcelain with metal	2005.02	R	1 042.10						R	1 378.30		T	+L	A
8538	Crown - implant/abutment supported - cast metal	2005.02	R	1 042.10						R	1 378.30		T	+L	A
8592	Crown - implant/abutment supported	2006.03								R	1 378.30		T	+L	A
	<b>Bridge Retainers - Crowns</b>														
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	2006.03	R	1 042.10						R	1 378.30		T	+L	A
8547	Crown retainer - implant/abutment supported - porcelain with metal	2005.02	R	1 042.10						R	1 378.30		T	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	2005.02	R	1 042.10						R	1 378.30		T	+L	A
	<b>OTHER IMPLANT SERVICES</b>														
8590	Implant maintenance procedures - per implant	2006.03	R	57.70						R	86.60		T		A
8594	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				
8600	Cost of implant components	2006.03			R	-		R	-	R	-				S
9187	Cost of endosteal implant body	2006.03	R	-	R	-		R	-						S
9188	Cost of prefabricated abutment	2006.03	R	-											S
9189	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		S
I.	<b>FIXED PROSTHODONTICS</b>														



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	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.	2006.03											
8514	Recement bridge	2006.03	R	70.30				R	89.20		T		B
8516	Remove bridge	2006.03	R	139.80				R	139.80		T		A
8518	Repair bridge	2006.03	R	156.00				R	156.00		T	(+L)	A
8585	Connector bar	2006.03	R	1 260.20				R	1 890.40		M	+L	A
8586	Stress breaker	2006.03	R	470.10				R	705.10		M	+L	A
8587	Coping metal	2006.03	R	104.70				R	195.60		T	+L	A
J.	ORAL AND MAXILLO-FACIAL SURGERY												
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care.	2006.03											
	EXTRACTIONS												
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	2006.03	R	70.30	R	105.40					T		B
8202	Extraction - each additional tooth or exposed tooth roots	2006.03	R	28.30	R	42.50					T		B
	SURGICAL EXTRACTIONS												
	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							T		S
8937	Surgical removal of tooth	2006.03	R	303.70	R	409.90					T		S
8941	Surgical removal of impacted tooth - first tooth	2006.03	R	503.50	R	662.10					T		S
8943	Surgical removal of impacted tooth - second tooth	2004.00	R	270.10	R	356.70					T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	2004.00	R	153.50	R	202.40					T		S
8953	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	S
8909	Oral antral fistula closure	2004.00	R	711.90	R	1 067.80							S
8911	Caldwell-Luc procedure	2004.00	R	278.50	R	417.80							S
8917	Biopsy of oral tissue - soft	2006.03	R	177.50	R	236.70		R	236.70		M		S
8919	Biopsy of bone - needle	2005.02	R	273.30	R	409.90					M		S
8921	Biopsy - extra-oral bone/soft tissue	2005.02	R	447.20	R	670.70					M		S
8961	Tooth transplantation	2006.03	R	611.20	R	916.90					T	+L	S
8965	Peripheral neurectomy	2004.00	R	611.20	R	916.90							S
8966	Repair of oronasal fistula (local flaps)	2004.00	R	850.30	R	1 275.50							S
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	2006.03	R	561.00	R	764.20		R	764.20		T		S
8983	Corticotomy - first tooth	2004.00	R	405.90	R	608.90					T		S
8984	Corticotomy - each additional tooth	2004.00	R	205.80	R	308.80					T		S
	ALVEOLOPLASTY												
8957	Alveolotomy or alveolectomy (including extractions)	2006.03	R	372.90	R	559.30					M		S
9003	Reposition mental foramen and nerve - per side	2005.02	R	849.20	R	1 273.70					M	+L	S
9004	Lateralization of inferior dental nerve	2005.02	R	1 368.30	R	2 052.50							S
	VESTIBULOPLASTY												
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.	2006.03											
8997	Sulcoplasty / Vestibuloplasty	2005.02	R	1 401.50	R	2 102.30		R	2 102.30		M	+L	S
	SURGICAL EXCISION OF SOFT TISSUE LESIONS												
8971	Excision of tumour of the soft tissue	2004.00	R	273.30	R	409.90		R	409.90				S

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SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS									
8967	Surgical removal of jaw cyst - intra-oral approach	2005.02	R 849.20	R 1 273.70				M	S
8969	Surgical removal of jaw cyst - extra-oral approach	2005.02	R 1 360.20	R 2 040.40				M	S
8973	Surgical excision of tumours of the jaw	2005.02	R 1 360.20	R 2 040.40				M	S
9290	Maxillectomy - Alveolus only, Level I	2006.03							
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	2006.03							
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	2006.03							
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	2006.03							
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	2006.03							
9300	Hemiresection of jaw including condyle and coronoid process	2006.03							
EXCISION OF BONE TISSUE									
8975	Hemiresection of jaw excluding condyl	2006.03	R 1 428.90	R 2 143.40				M	S
8987	Reduction of mylohyoid ridges - per side	2004.00	R 611.20	R 916.90				+L	S
8989	Removal torus mandibularis	2004.00	R 611.20	R 916.90				+L	S
8991	Removal of torus palatinus	2004.00	R 611.20	R 916.90				+L	S
8993	Surgical reduction of osseous tuberosity - per side	2006.03	R 273.30	R 409.90				M	+L S
SURGICAL INCISION									
8731	Incision & drainage of abscess - intra-oral	2006.03	R 112.10			R 168.10			A
8908	Surgical removal of roots from maxillary antrum	2006.03	R 928.60	R 1 392.90					S
9011	Incision & drainage of abscess - intra-oral (pyogenic)	2005.02	R 173.90	R 260.70				M	S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	2006.03	R 237.80	R 356.70				M	S
9017	Decortication, saucerisation and sequestrectomy	2006.03	R 1 258.50	R 1 887.80					S
9019	Sequestrectomy - intra oral per sextant and or ramus	2005.02	R 273.30	R 409.90				M	S
TREATMENT OF FRACTURES									
Alveolus Fractures									
9024	Dento-alveolar fracture - per sextant	2004.00	R 306.50	R 459.70				+L	S
Mandibular Fractures									
9025	Mandible fracture - closed reduction	2006.03	R 678.70	R 1 018.10					S
9027	Mandible fracture - compound, with eyelet wiring	2004.00	R 953.20	R 1 429.80					S
9029	Mandible fracture - splints	2006.03	R 1 055.50	R 1 583.30				+L	S
9031	Mandible fracture - open reduction	2006.03	R 1 564.50	R 2 346.70				+L	S
Maxillary Fractures									
9035	Maxilla fracture - Le Fort I or Guerin	2006.03	R 954.90	R 1 432.40				+L	S
9037	Maxilla fracture - Le Fort II or middle third face	2006.03	R 1 564.50	R 2 346.70				+L	S
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	2006.03	R 2 243.80	R 3 365.60				+L	S
Zygoma/Orbital/Antral Fractures									
9041	Zygomatic arch fracture - closed reduction	2006.03	R 678.70	R 1 018.10					S
9043	Zygomatic arch fracture - open reduction	2006.03	R 1 360.20	R 2 040.40					S
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	2004.00	R 2 037.90	R 3 058.90					S
9046	Placement of Zygomaticus fixture, per fixture	2005.02	R 1 346.10	R 2 019.10					S
Nasal Fractures									
9280	Open reduction and fixation of nasal fractures	2004.00							
9282	Manipulation and immobilisation of nasal fracture	2004.00							
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9248	Lipadhesion	2004.00	R 464.20	R 696.40							S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	2004.00	R 817.70	R 1 226.50							S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	2004.00	R 1 108.70	R 1 663.10							S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	2004.00	R 1 141.80	R 1 712.80							S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	2004.00	R 1 764.10	R 2 646.10							S
9258	Repair anterior nasal floor	2004.00	R 445.40	R 668.10							S
9260	Revision of secondary cleft lip deformity - partial	2004.00	R 445.40	R 668.10							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	2004.00	R 1 006.40	R 1 509.60							S
9264	Abbe-flap - two stages	2004.00	R 1 139.70	R 1 709.40							S
9266	Reconstruct columella	2004.00	R 673.60	R 1 010.30							S
9268	Reconstruct nose due to cleft deformity - partial	2004.00	R 856.00	R 1 284.00							S
9270	Reconstruct nose due to cleft deformity - complete	2004.00	R 1 352.90	R 2 029.30							S
9272	Paranasal augmentation for nasal base deviation	2004.00	R 673.60	R 1 010.30							S
K.	ORTHODONTIC SERVICES										
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidance and correction of the growing and mature dentofacial structures.	2006.03									
	REMOVABLE APPLIANCE THERAPY										
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue thrusting).	2006.03									
8862	Ortho Tx - removable appliance	2004.00	R 788.50	R 1 182.70						+L	A
8863	Ortho Tx - each additional removable appliance	2006.03	R 396.30	R 594.40						+L	A
	FUNCTIONAL APPLIANCE THERAPY										
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. □ Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.	2006.03									
8858	Ortho Tx - functional appliance	2006.03	R 1 420.40	R 2 130.60						+L	A
	FIXED APPLIANCE THERAPY										
	Fixed Appliance Therapy - Partial										
	The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. □ When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment.	2006.03									
8861	Ortho Tx - partial fixed appliance - minor	2004.00	R 944.70	R 1 417.00							A
8865	Ortho Tx - partial fixed appliance - one arch	2004.00	R 2 519.90	R 3 779.90							A

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8866	Ortho Tx - partial fixed appliance - both arches	2004.00	R 3 465.70	R 5 198.50						A
	Fixed Appliance Therapy - Comprehensive: Single Arch									
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.	2006.03								
8867	Ortho Tx - fixed appliance - one arch	2004.00	R 2 708.70	R 4 062.90						A
8868	Ortho Tx - fixed appliance - one arch, moderate	2004.00	R 3 341.00	R 5 011.50						A
8869	Ortho Tx - fixed appliance - one arch, severe	2004.00	R 3 907.70	R 5 861.50						A
	Fixed Appliance Therapy - Comprehensive: Both Arches									
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.	2006.03								
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	2004.00	R 4 957.00	R 7 435.40						A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	2004.00	R 6 085.20	R 9 127.60						A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	2004.00	R 7 093.80	R 10 640.60						A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	2004.00	R 7 972.10	R 11 958.00						A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	2004.00	R 7 093.80	R 10 640.60						A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	2004.00	R 7 972.10	R 11 958.00						A
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	2004.00	R 8 949.40	R 13 423.90						A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	2004.00	R 10 083.20	R 15 124.70						A
	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.	2006.03								
8841	Ortho Tx - fixed lingual appliance - one arch	2004.00	R 5 090.80	R 7 636.10						A
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	2004.00	R 5 982.80	R 8 974.10						A
8843	Ortho Tx - fixed lingual appliance - one arch, severe	2004.00	R 6 816.50	R 10 224.70						A
	Lingual Orthodontics - Comprehensive: Both Arches									
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	2004.00	R 9 711.50	R 14 567.20						A
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	2004.00	R 11 370.30	R 17 055.40						A
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	2004.00	R 12 903.90	R 19 355.70						A
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	2004.00	R 14 318.00	R 21 476.80						A
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	2004.00	R 11 853.50	R 17 780.10						A
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	2004.00	R 13 260.20	R 19 890.10						A
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	2004.00	R 14 768.50	R 22 152.70						A
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	2004.00	R 16 433.10	R 24 649.40						A
	OTHER ORTHODONTIC SERVICES									
8846	Repair orthodontic appliance - removable	2004.00	R 64.50	R 96.90						+L A
8847	Replace orthodontic appliance - removable	2004.00	R 223.00	R 334.50						+L A
8848	Repair orthodontic appliance - fixed	2006.03	R 95.50	R 143.20						+L A
8849	Retainer (orthodontic)	2004.00	R 223.00	R 334.50						+L A
8890	Monthly instalment ortho tx	2006.03	R -	R -						A
8891	Orthodontic transfer	2006.03	R -	R -						A
8892	Orthodontic re-treatment	2006.03	R -	R -						A
L.	SUPPLEMENTARY SERVICES									

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8325	Internal bleaching - per tooth	2006.03	R	166.40				R	249.60		T		A
8327	Internal bleaching - each additional visit	2006.03	R	79.80				R	119.70		T		A
	Unclassified Treatment												
8158	Enamel microabrasion	2006.03	R	64.30									
8168	Behavior management	2006.03											B
8551	Occlusal adjustment - major	2006.03	R	444.80		R	667.20		R	667.20			A
8553	Occlusal adjustment - minor	2006.03	R	155.20		R	212.70	R	212.70	R	212.70		A
9099	Unlisted dental procedure or service (By report)	2006.03	R	-									
	MODIFIERS												
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03											
8003	Minimum assistant surgeon	2006.03	R	130.38	R	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											
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03											
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03											
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03											
8010	Open reduction (PLUS 75% of the appropriate benefit)	2006.03											
	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)												
8011		2006.03											
8012	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03											
8013	Multiple modifiers	2006.03											
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03											
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03	R	-	R	-		R	-	R	-		

# Dental Practitioners 2008

Code	Description	RCF
150	Dental	8,577
152	Dental - Modelled	11,443

**Dental Practitioners 2008**

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

# Dental Practitioners 2008

		25400	26200	26400	29200	29400	29800					
NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DENTAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2008		Version	Add	Value	Value	Value	Value	Value	Value	MP	Lab	TC
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded		2005.02										
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.□ □ The procedures codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures 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.		2006.03										
I. 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 invoice shall contain the following particulars:□		2005.02										



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

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	7. When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme.	2005.02																	
011	Dento-legal fees: Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.	2005.02																	
D.	Modifiers																		
012	Modifiers: Modifiers should be used with procedures identified throughout the NHRPL. Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that: a. A service or procedure was performed by more than one practitioner. b. A service or procedure has been increased or reduced. c. Only part of a service was performed. d. An adjunctive service was performed. e. A service or procedure was provided more than once. f. The fee/benefit was altered due to a financial agreement.	2006.03																	
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)	2006.03																	
8003	Minimum assistant surgeon	2006.03	R	130.38	R	130.38			R	130.38									
8005	Maximum multiple procedures (same incision) - MFO surgeon	2006.03	R	202.42	R	202.42			R	202.42									
8006	Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)	2006.03																	
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)	2006.03																	
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)	2006.03																	
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)	2006.03																	
8010	Open reduction (PLUS 75% of the appropriate benefit)	2006.03																	
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)	2006.03																	
8012	Reduced services (benefit MINUS X % as determined by the practitioner)	2006.03																	
8013	Multiple modifiers	2006.03																	
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)	2006.03																	
8025	Handling fee - direct materials (26% of material cost to a maximum of R26.00)	2006.03	R	-	R	-			R	-	R	-							
E.	Explanations																		
	Tooth identification and designation of areas of the oral cavity.																		

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