

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M	Lab	P	T	C
	Studies performed to determine pathological agents. May include, but is not limited to tests for susceptibility to periodontal disease. Report per visit. A perio risk assessment report must be made available at no cost when requested.												
8123	Caries susceptibility tests (By Arrangement)	06.03	56.20 (49.30)										B
	A caries susceptibility test is a diagnostic test for determining a patient's saliva pH with a litmus strip to evaluate the patient's propensity for caries. This code should not be used for a caries detectability test (carious dentine staining), which is performed to determine if all the caries has been removed. A caries risk assessment report must be made available at no cost when requested.												
8124	Pulp tests	06.03	14.90 (13.10)										
	Diagnostic tests to determine clinical pulp vitality and/or abnormality. Includes traditional pulp testing methods such as thermal and electronic pulp testing as well as the use of optical devices to detect the blood supply of the pulp. The tests involve multiple teeth and contra-lateral comparison(s), as indicated. Report per visit.												
8503	Occlusion analysis mounted	04.00	169.60 (148.80)				254.50 (223.20)						A
8505	Pantographic recording	04.00	246.20 (216.00)				369.20 (323.90)						A
8508	Electrognathographic recording	04.00	263.50 (231.10)				395.40 (346.80)						A
8509	Electrognathographic recording with computer analysis	04.00	437.50 (383.80)				656.40 (575.80)						A
8811	Tracing and analysis of extra-oral film	04.00	23.30 (20.40)	23.30 (20.40)	23.30 (20.40)	23.30 (20.40)	23.30 (20.40)						B
8839	Diagnostic setup (orthodontics)	04.00	103.90 (91.10)			155.70 (136.60)							A
B.	PREVENTIVE SERVICES												
	Services/procedures intended to eliminate or reduce the need for future dental treatment.												06.03
	DENTAL PROPHYLAXIS												
8155	Polishing - complete dentition	06.03	76.40 (67.00)				105.30 (92.40)	76.40 (67.00)					B
	A polishing involves the removal of stains and plaque from the clinical crowns of natural teeth, and making the surface smooth and glossy, to help minimise the loss of enamel and decrease the possibility of damage to restorations. Includes the complete primary, transitional or permanent dentition. This code should not be used concurrent with codes 8159 or 8160. See code 8157 in the restorative section for the re-burnishing and polishing of restorations.												
8159	Prophylaxis - complete dentition	06.03	150.10 (131.70)				211.70 (185.70)	150.10 (131.70)					B
	A prophylaxis involves a series of procedures whereby calculus, stain, and other accretions are removed from the clinical crowns of teeth. A prophylaxis includes, but is not limited to a scaling and polishing of the complete primary, transitional or permanent dentition. Code 8159 should not be used concurrent with code 8155 or 8160.												
8160	Removal of gross calculus	06.03											B
	This procedure is used when profuse bleeding prevents immediate polishing. May not be used concurrent with any other prophylactic procedure on the same day.												
8179	Polishing - complete dentition (periodontally compromised patient)	06.03	87.70 (76.90)										B

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	A periodontally compromised patient is defined as a patient presenting with either chronic adult periodontitis, juvenile periodontitis or rapidly progressive periodontitis, confirmed by a CPITN index of 3 or 4. The diagnosis is made with information acquired from at least a periodontal screening (code 8176) and CPITN index, or a comprehensive oral evaluation (code 8102). This diagnosis must be reviewed within a period of three years by means of a periodontal screening (code 8176).										
8180	Prophylaxis - complete dentition (periodontally compromised patient)	06.03	163.10 (143.10)								B
	Comment: See code 8177 descriptor; include codes 8155 (Polishing – complete dentition), 8159 (Prophylaxis – complete dentition) and 8179 (Plaque removal – periodontal compromised pst). Code 8180 should not be used concurrent with codes 8179.										
TOPICAL FLUORIDE TREATMENT											
	Topical fluoride treatment procedures involve the professional 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.										06.03
8161	Topical application of fluoride - child	06.03	76.40 (67.00)			76.40 (67.00)	76.40 (67.00)				B
	To be used for treatment of complete dentition to prevent dental decay. Report code 8167 in the miscellaneous section when fluoride is used as desensitising medicament. Should not be used concurrent with code 8167. A patient is defined as an adult beginning at age 12.										
8162	Topical application of fluoride - adult	06.03	76.40 (67.00)			76.40 (67.00)	76.40 (67.00)				B
	See code 8161.										
SPACE MAINTENANCE (PASSIVE APPLIANCES)											
	Passive appliances are designed to prevent tooth movement.										06.03
8173	Space maintainer - fixed, per abutment	05.02	141.80 (124.40)							T	+L B
8175	Space maintainer - removable	04.00	182.80 (160.40)							+L	B
OTHER PREVENTIVE PROCEDURES											
8149	Nutritional counselling	06.03									B
	Involves a dietary habit and food selection analysis, and providing of advice and guidance to the patient and/or patient's family on dietary habits and food selection as part of treatment and control of dental decay and periodontal disease. Comment: (1) The need for nutritional counselling must be confirmed by a caries/perio risk assessment (See also codes 8122 and 8123). (2) A dietary habit analysis and food selection programme must, on request, be made available at no charge. (3) Certain funders do not provide benefits for nutritional counselling for the control of dental disease.										
8150	Tobacco counselling	06.03									B

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	Involves the providing of advice, guidance and support services to the patient on tobacco cessation to prevent and control the development of tobacco related oral diseases and conditions and improve prognosis for certain dental treatments. Limitation: (1) The need for tobacco counselling must be confirmed by a caries/periodic risk assessment (See also codes 8122 and 8123). (2) If requested, a tobacco prevention and cessation services programme must be made available at no charge. (3) Treatment should be reserved for those persons who are not able to quite using tobacco by using basic intervention methods. Persons are only eligible for this treatment if a documented quit date has been established. Tobacco cessation is limited to 10 services. (4) Certain funders do not provide benefits for tobacco cessation treatment interventions.										
8151	Oral hygiene instruction	06.03	76.40 (67.00)			152.90 (134.10)	152.90 (134.10)				B
	The dental knowledge of the patient/parent to prevent oral diseases should be evaluated before oral hygiene instructions is provided e.g., do they know what is dental plaque, how can it be removed, what is fluoride, how does fluoride work to prevent dental caries, how can fluoride be used and what is a dental sealant. An oral hygiene instruction may include, but is not limited to: Plaque control information, e.g. instruction pamphlets or leaflets; Dietary instructions; Explanation and demonstration of plaque control (brushing and flossing); Self-practice session in the mouth under professional supervision; Use of special aids such as disclosing agents; and Scoring of plaque levels (plaque index). The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction. Oral hygiene instructions to a child should take place in the presence of a parent and/or guardian.										
8153	Oral hygiene instruction - each additional visit	06.03	56.00 (49.10)			73.60 (64.60)	73.60 (64.60)				B
	Report code 8153 when additional oral hygiene instructions is required as part of the treatment plan. No other preventive services may be reported at the same visit. See code 8151										
8163	Dental sealant	06.03	50.40 (44.20)				50.40 (44.20)		T		B
	Also known as pit-and fissure sealant. This procedure involves the mechanical and/or chemical preparation of an occlusal enamel surface and placement of a material to seal decay-prone pits, fissures, and grooves of a tooth. A preventive resin restoration is distinguished from a sealant in that in a restorative the decay penetrates into dentin. If the caries is limited to the enamel, it is still considered a sealant. Limitation: Certain funders limit benefits for sealants to two teeth per quadrant.										
8169	Occlusal guard	06.03	293.70 (257.60)							+L	B
	A removable intraoral appliance that is designed to cover the occlusal and incisal surfaces of the teeth of a dental arch to minimise the effects of bruxism (grinding) and other occlusal factors.										
8171	Mouth guard	06.03	88.90 (78.00)							+L	B
	A flexible intraoral appliance that is worn during participation in contact sports to reduce the potential for injury to the teeth and associated tissue. Limitation: Benefit by arrangement.										
8177	Oral hygiene instruction (periodontally compromised patient)	06.03	115.70 (101.50)								B

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8178	Oral hygiene instruction - each additional visit (periodontally compromised patient) See code 8177.	06.03	62.50 (54.80)								B
C. RESTORATIVE SERVICES											
	The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth. Anterior teeth include incisors and canines. Posterior teeth include premolars and molars. The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the incisal angle is involved. Limitations on amalgam and resin-based composite restorations: (1) The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its dental plan(s) that restricts coverage of the same tooth surface, such as an occlusal, twice on the same day and may require the reporting of a MOD restoration instead of a separate MO and DO restoration. (2) The current NHRPL rates include direct pulp capping (code 8301) and rubber dam application (code 8304).										06.03
AMALGAM RESTORATIONS											
	All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported separately. See codes 8345, 8347 and 8348 for post and/or pin retention.										06.03
8341	Amalgam - one surface	04.00	152.00 (133.30)							T	B
8342	Amalgam - two surfaces	04.00	187.40 (164.40)							T	B
8343	Amalgam - three surfaces	04.00	228.40 (200.40)							T	B
8344	Amalgam - four or more surfaces	04.00	254.50 (223.20)							T	B
RESIN-BASED COMPOSITE RESTORATIONS											
	Resin restorations refer to a broad category of materials including but not limited to composites. Report these codes when glass ionomers/composmers are used as restorations. The procedures include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays" If pins are used, they should be reported in addition to these codes - See codes 8345, 8347 and 8348 for post and/or pin retention.										06.03
8350	Resin crown - anterior primary tooth (direct) This procedure involves the full coverage of an anterior primary tooth with a resin based material.	06.03	331.60 (290.90)							T	B
8351	Resin - one surface, anterior	04.00	166.90 (146.40)							T	B
8352	Resin - two surfaces, anterior	04.00	209.80 (184.00)							T	B

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8353	Resin - three surfaces, anterior	04.00	250.80 (220.00)						T			B
8354	Resin - four or more surfaces, anterior	06.03	279.70 (245.40)						T			B
	Use to report the involvement of four or more surfaces or the incisal line angle. The incisal line angle is the junction of the incisal and the mesial or distal surface of an anterior tooth.											
8367	Resin - one surface, posterior	06.03	180.90 (158.70)						T			B
	This is not a preventative procedure and should only be used to restore a carious lesion or a deeply eroded area into a natural tooth. See also code 8163 - sealant.											
8368	Resin - two surfaces, posterior	04.00	223.70 (196.20)						T			B
8369	Resin - three surfaces, posterior	04.00	270.40 (237.20)						T			B
8370	Resin - four or more surfaces, posterior	04.00	290.90 (255.20)						T			B
GOLD FOIL RESTORATIONS												
8561	Gold foil class I or IV	04.00	442.60 (388.20)				663.80 (582.30)		T			A
8563	Gold foil class V	04.00	517.80 (454.20)				776.70 (681.30)		T			A
8565	Gold foil class III	04.00	651.40 (571.40)				977.10 (857.10)		T			A
INLAY/ONLAY RESTORATIONS												
	Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay.										06.03	
Metal Inlays/Onlays												
	Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service section for metal inlay/only bridge retainers. Metal components include structures manufactured by means of conventional casting and/or electroforming. The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorization.										06.03	
8361	Inlay - metal - one surface	04.00	232.10 (203.60)				457.80 (401.60)		T	+L		A
8362	Inlay/onlay - metal - two surfaces	04.00	339.40 (297.70)				663.80 (582.30)		T	+L		A
8363	Inlay/onlay - metal - three surfaces	04.00	565.90 (496.40)				1029.40 (903.00)		T	+L		A
8364	Inlay/onlay - metal - four or more surfaces	04.00	684.40 (600.40)				1029.40 (903.00)		T	+L		A
Porcelain/Ceramic Inlays/Onlays												
	Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic Service section for porcelain/ceramic inlay/only bridge retainers. Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. 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.										06.03	

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8371	Inlay - porcelain - one surface	05.02	279.70 (245.40)				552.90 (485.00)		T	(+L)	A
8372	Inlay/onlay - porcelain - two surfaces	05.02	413.00 (362.30)				796.30 (698.50)		T	(+L)	A
8373	Inlay/onlay - porcelain - three surfaces	05.02	680.70 (597.10)				1237.30 (1085.40)		T	(+L)	A
8374	Inlay/onlay - porcelain - four or more surfaces	05.02	824.30 (723.10)				1237.30 (1085.40)		T	(+L)	A
8560	Cost of ceramic block	06.03	-				-		T		A
	Applicable to computer generated prosthesis only. See Rule 002 and Modifier 8025.										
8570	Fabrication of computer generated ceramic restoration	06.03							A		
	This procedure involves the fabrication of a computer generated (CAD-CAM) ceramic restoration by the dental practitioner. Report code 8560 for the cost of the ceramic block in addition to this procedure.										
Resin-based Inlays/Onlays											
	Resin based inlays/onlays usually utilise the indirect technique. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by reporting Modifier 8023 in addition to these codes.										06.03
8381	Inlay - resin - one surface	05.02	279.70 (245.40)				552.90 (485.00)		T	(+L)	A
8382	Inlay/onlay - resin - two surfaces	05.02	413.00 (362.30)				796.30 (698.50)		T	(+L)	A
8383	Inlay/onlay - resin - three surfaces	05.02	680.70 (597.10)				1237.30 (1085.40)		T	(+L)	A
8384	Inlay/onlay - resin - four or more surfaces	05.02	824.30 (723.10)				1237.30 (1085.40)		T	(+L)	A
CROWNS - SINGLE RESTORATIONS											
	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.										06.03
8401	Crown - full cast metal	04.00	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8403	Crown - 3/4 cast metal	04.00	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8404	Crown - 3/4 porcelain/ceramic	05.02	824.20 (723.00)				1237.30 (1085.40)		T	+L	A
8405	Crown - resin laboratory	06.03	824.20 (723.00)				1237.30 (1085.40)		T	+L	A
	Refers to all resin-based crowns that are indirectly fabricated. All fiber, porcelain or ceramic reinforced polymer materials/systems are considered resin-based crowns. Targis®/Vectris® crowns should be reported as resin crowns.										

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8407	Crown - resin with metal	04.00	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8409	Crown - porcelain/ceramic	04.00	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8411	Crown - porcelain with metal	04.00	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8410	Provisional crown	06.03	169.60 (148.80)				169.60 (148.80) 254.50 (223.20)		T	(+L)	A
	The intended use of a provisional crown 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 excludes provisional pontics (code 8425) and provisional crown retainers (code 8447), which are listed in the Fixed Prosthodontics Section.										
VENEERS											
8355	Veneer - resin (chair-side)	06.03	264.90 (232.40)				264.90 (232.40)		T		B
	Involves direct layering of material over tooth. No laboratory processing.										
8552	Veneer - porcelain (laboratory)	06.03	586.10 (514.10)				879.20 (771.20)		T	+L	A
	Involves an impression being taken and laboratory processing. Porcelain/ceramic veneers presently include all ceramic, porcelain, and polymer-reinforced porcelain veneers.										
8554	Veneer - resin (laboratory)	06.03	586.10 (514.10)				879.20 (771.20)		T	+L	A
	Involves an impression being taken and laboratory processing.										
TEMPORARY RESTORATIONS											
8137	Emergency crown (chair-side)	06.03	261.90 (229.70)				261.90 (229.70)		T	(+L)	A
	A temporary crown, usually made of resin and in the surgery, which is fitted over a damaged tooth for the immediate protection in tooth injury. Includes emergency crowns manufactured for the replacement of previously fitted, lost or damaged permanent crowns. Comment: This code should not be used as an interim restoration during restorative treatment and should not be reported on the same day on which an impression is taken to replace a previously fitted lost or damaged permanent crown.										
8357	Prefabricated metal crown	06.03	155.70 (136.60)				155.70 (136.60)		T		B
	Includes all preformed metal crowns e.g. stainless steel, nickel-chrome and gold anodised crowns, with or without resin window.										
8375	Prefabricated resin crown	06.03	155.70 (136.60)				155.70 (136.60)		T		B
	Includes all preformed non-metal, non-strip- off crown forms e.g., resin and polycarbonate crowns.										
OTHER RESTORATIVE PROCEDURES											
Pin Retention and Cores											
8345	Prefabricated post retention, per post (in addition to restoration)	06.03	150.10 (131.70)						T		B

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	Should not be used with codes 8398 or 8376 (Core build-ups) Remuneration excludes cost of posts – See code 8379										
8347	Pin retention - first pin (in addition to restoration)	06.03	75.50 (66.20)						T		B
	Should not be used with codes 8398 or 8376 (Core build-ups).										
8348	Pin retention - each additional pin (in addition to restoration)	06.03	69.90 (61.30)						T		B
	Should not be used with codes 8398 or 8376 (Core build-ups). Limitation: A maximum of two additional pins may be levied.										
8366	Pin retention as part of cast restoration (any number of pins)	05.02	112.90 (99.00)				152.90 (134.10)		T +L		A
8376	Core build-up with prefabricated posts	06.03	415.80 (364.70)				415.80 (364.70)		T		B
	The direct build-up of a mutilated crown around a prefabricated post to provide a rigid base for retention of a crown restoration. This procedure includes posts and core material. Remuneration excludes cost of posts – See code 8379.										
8379	Cost of prefabricated posts	06.03	-				-		T		A
	Applicable to pre-fabricated noble metal, ceramic, iridium and titanium posts – see code 8345 and 8376. Comment: See Rule 002 and Modifier 8025 for direct material costs.										
8391	Cast core with single post	06.03	175.30 (153.80)						T +L		A
	Report in addition to crown.										
8392	Cast post (each additional)	06.03	104.40 (91.60)						T +L		A
	To be used with 8391 for each additional cast posts on the same tooth.										
8397	Cast core with pins (any number of pins)	06.03	279.70 (245.40)				363.70 (319.00)		T +L		A
	The cast core with pins is intended to be used on grossly broken down vital teeth. Report in addition to crown.										
8398	Core build-up with or without pins	06.03	339.40 (297.70)				339.40 (297.70)		T		B
	The direct build-up of a mutilated crown to provide a rigid base for retention of a crown restoration irrespective of the number of pins used. This code should not be reported when the procedure only involves a filler to eliminate any undercut, concave irregularity in the preparation, etc.										
8581	Cast core with single post	06.03					259.20 (227.40)		T +L		A
	See also GDP code 8391										
8582	Cast core with double post	06.03					369.20 (323.90)		T +L		A
	See also GDP code 8392										
8583	Cast core with triple post	06.03					457.80 (401.60)		T +L		A
	See also GDP code 8392										

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Unclassified Restorative Procedures											
8133	Recement inlay, onlay, crown or veneer Use to report the recementation of a permanent single inlay, onlay, crown or veneer. See code 8514 in the Fixed Prosthodontic Section for the recementation of a bridge retainer. Comment: This code may not be used for the recementation of temporary or provisional restorations, which is included as part of the restoration.	06.03	76.40 (67.00)				97.00 (85.10)		T	+L	B
8135	Remove inlay, onlay or crown This procedure involves the removal of a permanent inlay, onlay or crown. Report code 8516 for the removal of a permanent bridge retainer. Comment: This code may not be used for the removal of temporary or provisional restorations, which is included as part of the restoration.	06.03	152.00 (133.30)				152.00 (133.30)		T	+L	A
8138	Remove retention post (prefabricated or cast) This procedure involves the removal of an intact prefabricated and/or cast posts intended for retention purposes. Report per post. See code 8330 in the "Endodontic Section" for the removal of endodontic posts or instruments.	06.03	99.70 (87.50)						T		B
8146	Resin bonding for restorations Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges. Limitation: Benefits by arrangement.	06.03							T		A
8157	Re-burnishing and polishing of restorations - complete dentition Not applicable to restorations recently done.	06.03	76.40 (67.00)								B
8349	Carve restoration to accommodate existing removable prosthesis	04.00	30.80 (27.00)						T		B
8413	Repair crown (permanent or provisional) This procedure involves the repair of a permanent crown (e.g. facing replacement). Excludes the removal (8153) and recementation (8133) of the crown. See code 8518 in the Fixed Prosthodontic Section for the repair of a bridge. This code may also be reported for the repair/replacement of a provisional crown (8410) after a period of two months. This code may not be used for the repair/replacement of a temporary restorations, which is included as part of the restoration.	06.03	169.60 (148.80)				169.60 (148.80)		T	+L	A
8414	Additional fee for provision of crown within an existing clasp or rest	04.00	50.40 (44.20)						T	+L	A
D. ENDODONTIC SERVICES											
	Services/procedures intended to treat diseases of the dental pulp and their sequelae.										06.03
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.										06.03
8301	Pulp cap - direct This procedure involves the covering of the exposed dental pulp with a protective material to stimulate repair of the injured pulpal tissue. Excludes the final restoration.	06.03	101.60 (89.10)						T		B
8303	Pulp cap - indirect This procedure involves the covering of the nearly exposed pulp with a protective material to protect it from external irritants and to promote healing. Excludes the final restoration.	06.03	101.60 (89.10)						T		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
PULPOTOMY											
8307	Pulp amputation (pulpotomy) This procedure involves the removal of a portion of the tooth's pulp and the placement of a medicament to fix or modify the superficial pulp tissue. Excludes the final restoration. This code should not be used as the first stage of root canal therapy and may not be reported with other root canal therapy codes on the same tooth. Report code 8304 (application of a rubber dam) in addition to this code.	06.03	99.70 (67.50)							T	B
8132	Pulp removal (pulpectomy) This procedure involves the removal of the complete pulp from the pulp chamber and root canal(s) for the relief of acute pain prior to root canal therapy. The code is intended to be used for the emergency treatment of acute pain and should not be reported as the first stage of scheduled endodontic treatment. The practitioner reappoints the patient for complete root canal therapy at a later date. Report code 8304 (application of a rubber dam) in addition to this code.	06.03	124.90 (109.60)							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.										06.03
Preparatory Visits											
8332	Root canal preparatory visit - single canal tooth Limitation: A maximum of four visits per tooth may be charged.	06.03	76.40 (67.00)							T	B
8333	Root canal preparatory visit - multi canal tooth Limitation: A maximum of four visits per tooth may be charged.	06.03	107.20 (94.00)							T	B
Obtuation 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).										06.03
8335	Root canal obturation - anteriors and premolars - first canal	04.00	346.80 (304.20)							T	B
8328	Root canal obturation - anteriors and premolars - each additional canal	04.00	141.80 (124.40)							T	B
8336	Root canal obturation - posteriors - first canal	04.00	477.30 (418.70)							T	B
8337	Root canal obturation - posteriors - each additional canal	04.00	141.80 (124.40)							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).										06.03
8338	Root canal therapy - anteriors and premolars - first canal	04.00	530.50 (465.40)							T	B
8329	Root canal therapy - anteriors and premolars - each additional canal	04.00	177.20 (155.40)							T	B

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
8339	Root canal therapy - posteriors - first canal	04.00	729.10 (639.60)						T		B
8340	Root canal therapy - posteriors - each additional canal	04.00	177.20 (155.40)						T		B
8631	Root canal therapy - first canal	06.03					900.70 (790.10)		T		B
	Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
8633	Root canal therapy - each additional canal	06.03					226.50 (198.70)		T		B
	Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
ENDODONTIC RETREATMENT											
8334	Re-preparation of previously obturated root canal	06.03	112.90 (99.00)				136.10 (119.40)		T		B
	This procedure includes the removal of old root canal filling material and the procedures necessary to prepare the canals to place the canal filling. Report 8334 per canal. See codes 8328, 8335, 8336 and 8337 for the obturation of root canals. This procedure excludes the removal of retentions posts (code 8138) and/or endodontic posts (code 8330). Report code 8304 (application of a rubber dam) in addition to this code. Note (Applicable to prosthodontist only): Procedure codes 8631, 8633 and 8334 include all X-rays and repeat visits.										
APEXIFICATION/RECALCIFICATION PROCEDURES											
8635	Apexification/recalcification – per visit	06.03	101.60 (89.10)				150.10 (131.70)		T		S
	Apexification is the process of induced root development or apical closure of the root by hard tissue deposition. This code should also be used to report the repair of perforations and root resorption. Exclude the necessary radiographs. The first visit involves the opening of the tooth, pulpectomy, preparation of canal spaces, and the first placement of medication. This is followed by several visits to replace the intra-canal medication. The final visit includes the removal of the intra-canal medication and procedures necessary to place final root canal filling material. Code 8635 may not be reported with other root canal therapy codes on the same tooth. Report code 8304 (application of a rubber dam) in addition to this code.										
PERIRADICULAR PROCEDURES											
9015	Apicectomy - anteriors (including retrograde filling)	06.03	376.70 (330.40)	499.80 (438.40)		499.80 (438.40)	499.80 (438.40)		T		S
	Note applicable to periodontists only (according to SADA's Dental Coding): When Code 9015 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.										
9016	Apicectomy - posteriors (including retrograde filling)	06.03	664.50 (582.90)	996.70 (874.30)		996.70 (874.30)	996.70 (874.30)		T		S
	Note applicable to periodontists only (according to SADA's Dental Coding): When Code 9016 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.										
OTHER ENDODONTIC PROCEDURES											
8330	Removal of root canal obstruction	06.03	99.70 (87.50)						T		B

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	This procedure involves the treatment of a non-negotiable root canal blocked by foreign bodies (e.g., removal and/or bypassing of a fractured instrument) or calcification of 50% or more of a root to achieve an apical seal and forego surgical treatment – Report per canal. See code 8138 (Post removal) in the Restorative Section for the removal of retention posts. This code may be submitted by the servicing provider and on the same day as a root canal therapy if the obstruction is not iatrogenic by that provider.										
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	04.00	68.00 (59.60)							T	B
8640	Removal of fractured post or instrument from root canal	06.03					264.90 (232.40)			T	B
	See also GDP Code 8330.										
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	06.03	333.20 (292.30)			499.80 (438.40)	499.80 (438.40)			T	A
	Includes separation of a multirooted tooth into separate sections containing the root and overlying portion of the crown. It may also include the removal of one or more of those sections.										
E. PERIODONTIC SERVICES											
	The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.										06.03
SURGICAL SERVICES											
	Surgical services includes usual postoperative care.										06.03
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	06.03	399.10 (350.10)			547.40 (480.20)				Q	A
	A gingivectomy involves the surgical excision of unsupported gingival tissue to the level where it is attached, creating a new gingival margin apical in position of the old. A gingivoplasty involves the surgical contouring of the gingival tissues to secure the physiological architectural form necessary for the maintenance of tissue health and integrity. Edentulous areas are not counted as teeth. When this periodontal procedure extends over the midline, report a combination of procedure codes 8741 and 8743, as appropriate.										
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	06.03	318.80 (279.60)			434.50 (381.10)				Q	A
	See code 8741 for descriptor										
8749	Flap procedure, root planing and one to three surgical services - per quadrant	06.03	828.50 (726.80)			1242.90 (1090.30)				Q	A
	Flap operation with root planing and curettage and which may include not 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.										
8751	Flap procedure, root planing and one to three surgical services - per sextant	06.03	686.20 (601.90)			1029.40 (903.00)				S	A
	See code 8749, per sextant.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
8753	Flap procedure, root planing and four or more surgical services - per quadrant	06.03	1027.00 (900.90)			1540.40 (1351.20)			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	832.30 (730.10)			1248.50 (1095.20)			S		A
	See code 8753, per sextant.										
8756	Clinical crown lengthening (isolated procedure)	06.03	504.70 (442.70)			757.10 (664.10)			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	379.20 (332.60)			568.70 (498.90)			M		A
	E.g. lateral sliding double papilla, rotated and similar.										
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	05.02	412.10 (381.50)	618.20 (542.30)		618.20 (542.30)			M	+L	A
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	05.02	619.10 (543.10)	928.70 (814.60)		928.70 (814.60)			M	+L	A
8763	Wedge resection (isolated procedure)	06.03	242.50 (212.70)			363.70 (319.00)			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	198.30 (173.90)			297.50 (261.00)					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	514.10 (451.00)	771.10 (676.40)		771.10 (676.40)					A
	Excluding cost of regenerative material - See code 8770										
8769	Membrane removal (used for guided tissue regeneration)	06.03	242.50 (212.70)	363.70 (319.00)		363.70 (319.00)					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										