

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
	Use for Maryland type bridges; Report per retainer; See codes 8415 to 8418 for pontics.										
BRIDGE RETAINERS – CROWNS											
	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	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8442	Crown retainer - 3/4 cast metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8443	Crown retainer - porcelain/ceramic	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8444	Crown retainer - 3/4 porcelain/ceramic	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8445	Crown retainer - porcelain with metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8446	Crown retainer - resin with metal	05.02	872.70 (765.50)				1284.80 (1127.00)		T	+L	A
8447	Provisional crown retainer	06.03	169.60 (148.80)				254.50 (223.20)		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).										
OTHER FIXED PROSTHODONTIC PROCEDURES											
	See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.										06.03
8514	Recement bridge	06.03	76.40 (67.00)				97.00 (85.10)		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	152.00 (133.30)				152.00 (133.30)		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	169.60 (148.80)				169.60 (148.80)		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.										

STATSKOERANT, 3 OKTOBER 2008

No. 31469 63

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
8585	Connector bar	06.03	1369.90 (1201.70)				2055.00 (1802.60)		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	511.00 (448.20)				766.50 (672.40)		M	+L	A
	A non-rigid connector.										
8587	Coping metal	06.03	113.80 (99.80)				212.60 (186.50)		T	+L	A
	A thimble coping may utilise pins for additional retention. Generally used to parallel an abutment tooth for bridge and splints. May be similarly used to parallel an implant abutment where implant bodies are not parallel. A dome-shaped coping is generally used on an endodontically treated abutment tooth for an overdenture.										
J.	ORAL AND MAXILLO-FACIAL SURGERY										
	The branch of dentistry using surgery to treat disorders/diseases of the mouth. Surgical procedures include routine postoperative care.										06.03
EXTRACTIONS											
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	06.03	76.40 (67.00)	114.60 (100.50)					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	30.80 (27.00)	46.20 (40.50)					T		B
	To be reported for an additional extraction in the same quadrant at the same visit.										
SURGICAL EXTRACTIONS											
	Report code 8220 when sutures are provided by the practitioner.										06.03
8213	Surgical removal of residual roots, first tooth - per tooth	06.03	330.10 (289.60)						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	254.50 (223.20)						T		S
8937	Surgical removal of tooth	06.03	330.10 (289.60)	445.60 (390.90)					T		S

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	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	547.40 (480.20)	719.80 (631.40)						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	293.70 (257.60)	387.80 (340.20)						T		S
8945	Surgical removal of impacted tooth - third and subsequent teeth	04.00	166.90 (146.40)	220.00 (193.00)						T		S
8953	Surgical removal of residual roots, first tooth - per tooth	06.03		445.60 (390.90)						T		S
	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.											
OTHER SURGICAL PROCEDURES												
8517	Reimplantation of avulsed tooth (include stabilisation)	05.04	176.50 (154.80)				264.90 (232.40)			T	+L	S
8909	Oral antral fistula closure	04.00	773.90 (678.90)	1160.80 (1018.20)								S
8911	Caldwell-Luc procedure	04.00	302.80 (265.60)	454.10 (398.30)								S
8917	Biopsy of oral tissue - soft	06.03	193.00 (169.30)	257.30 (225.70)		257.30 (225.70)				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	297.10 (260.60)	445.60 (390.90)						M		S
8921	Biopsy - extra-oral bone/soft tissue	05.02	486.10 (426.40)	729.10 (639.60)						M		S
8961	Tooth transplantation	06.03	664.50 (582.90)	996.70 (874.30)						T	+L	S
	See Surgery Guidelines, Notes 2 and 3.											
8965	Peripheral neurectomy	04.00	664.50 (582.90)	996.70 (874.30)								S
8966	Repair of oronasal fistula (local flaps)	04.00	924.30 (810.80)	1386.50 (1216.20)								S

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8981	Surgical exposure of impacted or unerupted teeth to aid eruption	06.03	609.80 (534.90)	830.80 (728.80)		830.80 (728.80)			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	441.30 (387.10)	662.00 (580.70)					T		S
8984	Corticotomy - each additional tooth	04.00	223.70 (196.20)	335.70 (294.50)					T		S
ALVEOLOPLASTY											
8957	Alveolotomy or alveolectomy (including extractions)	06.03	405.30 (355.50)	608.00 (533.30)					M		S
	Report per jaw.										
9003	Reposition mental foramen and nerve - per side	05.02	923.10 (809.70)	1384.70 (1214.60)					M	+L	S
9004	Lateralization of inferior dental nerve	05.02	1487.50 (1304.80)	2231.30 (1957.30)							S
VESTIBULOPLASTY											
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.										06.03
8997	Sulcoplasty / Vestibuloplasty	05.02	1523.50 (1336.40)	2285.40 (2004.70)		2285.40 (2004.70)			M	+L	S
SURGICAL EXCISION OF SOFT TISSUE LESIONS											
8971	Excision of tumour of the soft tissue	04.00	297.10 (260.60)	445.60 (390.90)		445.60 (390.90)					S
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS											
8967	Surgical removal of jaw cyst - intra-oral approach	05.02	923.10 (809.70)	1384.70 (1214.60)					M		S
8969	Surgical removal of jaw cyst - extra-oral approach	05.02	1478.70 (1297.10)	2218.10 (1945.70)					M		S
8973	Surgical excision of tumours of the jaw	05.02	1478.70 (1297.10)	2218.10 (1945.70)					M		S
9290	Maxillectomy - Alveolus only, Level I	06.03									
	Report per side.										
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II	06.03									
	Report per side.										
9294	Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III	06.03									
	Report per side.										
9296	Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV	06.03									
	Report per side.										

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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									
EXCISION OF BONE TISSUE											
8975	Hemiresection of jaw excluding condyl include splintage of segments.	06.03	1553.40 (1362.60)	2330.10 (2043.90)					M		S
8987	Reduction of mylohyoid ridges - per side	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8989	Removal torus mandibularis	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8991	Removal of torus palatinus	04.00	664.50 (582.90)	996.70 (874.30)						+L	S
8993	Surgical reduction of osseous tuberosity - per side See procedure code 8971 for excision of denture granuloma.	06.03	297.10 (260.60)	445.60 (390.90)					M	+L	S
SURGICAL INCISION											
8731	Incision & drainage of abscess - intra-oral Periodontal abscess - treatment of acute phase (with or without flap procedure).	06.03	121.90 (106.90)			182.80 (160.40)					A
8908	Surgical removal of roots from maxillary antrum Involves Caldwell-Luc and closure of oral antral communication.	06.03	1009.50 (885.50)	1514.30 (1328.30)							S
9011	Incision & drainage of abscess - intra-oral (pyogenic)	05.02	189.00 (165.80)	283.40 (248.60)					M		S
9013	Incision & drainage of abscess - extra-oral (pyogenic) E.g., Ludwig's angina.	06.03	258.50 (226.80)	387.80 (340.20)					M		S
9017	Decortication, saucerisation and sequestrectomy For osteomyelitis of the mandible.	06.03	1368.10 (1200.10)	2052.20 (1800.20)							S
9019	Sequestrectomy - intra oral per sextant and or ramus	05.02	297.10 (260.60)	445.60 (390.90)					M		S
TREATMENT OF FRACTURES											
Alveolus Fractures											
9024	Dento-alveolar fracture - per sextant	04.00	333.20 (292.30)	499.80 (438.40)						+L	S

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Mandibular Fractures											
9025	Mandible fracture - closed reduction	06.03	737.80 (647.20)	1106.80 (970.90)							S
	Includes intermaxillary fixation.										
9027	Mandible fracture - compound, with eyelet wiring	04.00	1036.30 (909.00)	1554.30 (1363.40)							S
9029	Mandible fracture - splints	06.03	1147.40 (1006.50)	1721.20 (1509.80)						+L	S
	Metal cap splintage or Gunning's splints.										
9031	Mandible fracture - open reduction	06.03	1700.70 (1491.80)	2551.00 (2237.70)						+L	S
	Includes restoration of occlusion by splintage.										
Maxillary Fractures											
9035	Maxilla fracture - Le Fort I or Guerin	06.03	1038.10 (910.60)	1557.10 (1365.90)						+L	S
	When open reduction is required for Codes 9035 and 9037, Modifier 8010 may be applied.										
9037	Maxilla fracture - Le Fort II or middle third face	06.03	1700.70 (1491.80)	2551.00 (2237.70)						+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	2439.20 (2139.60)	3658.80 (3209.50)						+L	S
	Includes comminuted mid-facial fractures requiring open reduction and splintage.										
Zygoma/Orbital/Antral Fractures											
9041	Zygomatic arch fracture - closed reduction	06.03	737.80 (647.20)	1106.80 (970.90)							S
	Gillies or temporal elevation.										
9043	Zygomatic arch fracture - open reduction	06.03	1478.70 (1297.10)	2218.10 (1945.70)							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	2215.30 (1943.20)	3323.10 (2915.00)							S
9046	Placement of Zygomaticus fixture, per fixture	05.02	1463.30 (1283.60)	2194.90 (1925.40)							S
Nasal Fractures											
9280	Open reduction and fixation of nasal fractures	04.00									
9282	Manipulation and immobilisation of nasal fracture	04.00									
TEMPOROMANDIBULAR JOINT											
	Procedures which are an integral part of a primary procedure should not be reported separately.										06.03
8172	Cost of orthotic appliance	06.03	-	-	-	-	-	-			

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	Comment: Applicable to pre-fabricated devices. See Rule 002 and Modifier 8025 for direct material costs.												
8850	Treatment of MPDS - first visit	04.00	116.80 (102.50)		175.30 (153.80)		175.30 (153.80)						A
8851	Treatment of MPDS - subsequent visit	04.00	61.50 (53.90)		92.30 (81.00)		92.30 (81.00)						A
8852	Occlusal orthotic appliance	06.03	293.70 (257.60)	386.90 (339.40)	386.90 (339.40)	386.90 (339.40)	386.90 (339.40)				+L		S
	Presently includes splints provided for treatment of temporomandibular joint dysfunction and NTI Tention Supression System (NTI-tss) devices.												
9053	Coronoidectomy (intra-oral approach)	04.00	922.50 (809.20)	1383.70 (1213.80)									S
9074	Tmj arthroscopy diagnostic	04.00	734.10 (643.90)	1101.10 (965.90)									S
9075	Condylectomy, coronoidectomy or both	04.00	1844.20 (1617.70)	2766.40 (2426.70)									S
9076	TMJ artrocentesis	04.00	405.30 (355.50)	608.00 (533.30)									S
9077	TMJ intra-articular injection	04.00	110.60 (97.00)	165.90 (145.50)									S
9079	Trigger point injection	04.00	86.30 (75.70)	129.60 (113.70)									S
9081	Condylectomy (Ward/Kostecka)	06.03	737.80 (647.20)	1106.80 (970.90)									S
	For Codes 9081, 9083 and 9092 the full fee may be charged per side.												
9083	TMJ srthroplasty	06.03	1844.20 (1617.70)	2766.40 (2426.70)									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	146.70 (128.70)	220.00 (193.00)									S
9087	Reduction of TMJ disloc w/ anaesthetic	04.00	297.10 (260.60)	445.60 (390.90)									S
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation	04.00	737.80 (647.20)	1106.80 (970.90)									S
9091	Reduction of TMJ dislocation - open reduction	04.00	1844.20 (1617.70)	2766.40 (2426.70)									S
9092	Joint reconstruction	06.03	4923.80 (4319.10)	7385.60 (6478.60)							+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.												
REPAIR OF TRAUMATIC WOUNDS													
8192	Suture - minor	06.03	376.70 (330.40)										S
	Use to report the suturing of recent small wounds. Excludes the closure of surgical incisions.												

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COMPLICATED SUTURING											
	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	376.70 (330.40)	499.80 (438.40)							S
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	04.00	701.20 (615.10)	1051.80 (922.60)							S
OTHER REPAIR PROCEDURES											
8958	Emergency tracheotomy	04.00	340.60 (298.80)	510.90 (448.20)							
8959	Pharyngostomy	04.00	340.60 (298.80)	510.90 (448.20)							
8962	Harvest iliac crest graft	04.00	245.00 (214.90)	301.10 (264.10)							S
8963	Harvest rib graft	04.00	281.00 (246.50)	421.50 (369.70)							S
8964	Harvest cranium graft	04.00	220.00 (193.00)	330.10 (289.60)							S
8977	Surgical repair of maxilla or mandible - major	06.03	1552.20 (1361.60)	2328.20 (2042.30)							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	128.00 (112.30)	192.00 (168.40)		192.00 (168.40)					S
8985	Frenulectomy/frenulotomy	04.00	405.30 (355.50)	608.00 (533.30)		608.00 (533.30)					S
9005	Alveolar ridge augmentation - total (by bone graft)	05.02	1553.40 (1362.60)	2330.10 (2043.90)		2330.10 (2043.90)			M	+L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	05.02	977.80 (857.70)	1466.60 (1286.50)					M	+L	S
9008	Alveolar ridge augmentation - one to two tooth sites	05.02	302.30 (265.20)	552.90 (485.00)		552.90 (485.00)			M	+L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	05.02	671.90 (589.40)	1007.90 (884.10)		1007.90 (884.10)			M	+L	S
9010	Sinus lift procedure	05.02	1009.50 (885.50)	1514.30 (1328.30)		1514.30 (1328.30)			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	264.10 (249.20)	426.10 (373.80)							S

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Functional Correction of Malocclusion												
	For Codes 9047 to 9072 the full fee may be charged.											06.03
9047	Osteotomy - open with stabilisation	06.03	3100.50 (2719.70)	4650.90 (4079.70)						+L		S
	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)											
9049	Osteotomy - mandible body, anterior segmental	06.03	2584.10 (2266.80)	3876.00 (3400.00)						+L		S
	E.g. Kle											
9050	Osteotomy - total subapical	04.00	4726.70 (4146.20)	7090.00 (6219.30)								S
9051	Genioplasty	04.00	1478.70 (1297.10)	2218.10 (1945.70)								S
9052	Midfacial exposure	06.03	2340.90 (2053.40)	3511.40 (3080.20)								S
	For maxillary and nasal augmentation or pyramidal Le Fort II osteotomy.											
9055	Osteotomy - segmented, posterior	06.03	2584.10 (2266.80)	3876.00 (3400.00)					M	+L		S
	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure.											
9057	Osteotomy - segmented, anterior	06.03	2584.10 (2266.80)	3876.00 (3400.00)					M	+L		S
	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure.											
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	04.00	4862.30 (4265.20)	7293.30 (6397.60)						+L		S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	05.02	5458.30 (4788.00)	8187.30 (7181.80)						+L		S
9061	Palatal osteotomy	04.00	1700.70 (1491.80)	2551.00 (2237.70)								S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	04.00	6206.80 (5444.60)	9310.10 (8166.80)						+L		S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	04.00	6209.80 (5447.20)	9314.70 (8170.80)						+L		S
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	06.03	9306.60 (8163.70)	13959.90 (12245.50)						+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	1478.70 (1297.10)	2218.10 (1945.70)					M			S
	This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.											
9069	Glossectomy - partial	04.00	1107.60 (971.60)	1661.50 (1457.50)								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
9071	Geniohyoidotomy	04.00	664.50 (582.90)	996.70 (874.30)							S
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	04.00	4862.30 (4265.20)	7293.30 (6397.60)						+L	S
Salivary Glands											
9093	Removal of salivary stone (Sialolithotomy)	04.00	333.20 (292.30)	499.80 (438.40)							S
9095	Excision of sublingual salivary gland	04.00	821.10 (720.30)	1231.70 (1080.40)							S
9096	Excision of salivary gland - extra oral approach	04.00	1216.50 (1067.10)	1824.70 (1600.60)							S
Pedicle Flaps											
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post-cancer/ trauma/ tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use.										06.03
9284	Musculofascial flap	04.00									
9286	Musculocranial flap	04.00									
9288	Buccal fat pad (major repair)	04.00									
Repair of Frontal Bones											
	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									
Cleft lip and Palat											
9220	Repair cleft hard palate - unilateral	04.00	2715.80 (2382.30)	4073.60 (3573.30)							S
9222	Repair cleft hard palate - bilateral (one procedure)	04.00	3447.40 (3024.00)	5171.00 (4536.00)							S
9224	Repair cleft hard palate - bilateral (two procedures)	04.00	5137.00 (4506.10)	7704.60 (6758.40)							S
9226	Repair cleft soft palate - w/o muscle reconstruction	04.00	2275.70 (1996.20)	3413.50 (2994.30)							S
9228	Repair cleft soft palate - w/ muscle reconstruction	04.00	3304.40 (2898.60)	4956.60 (4347.90)							S
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	04.00	2460.30 (2158.20)	3690.50 (3237.30)							S
9232	Velopharyngeal reconstruction - uncomplicated	04.00	2531.80 (2220.90)	3797.60 (3331.20)							S
9234	Velopharyngeal reconstruction - complicated	04.00	2707.10 (2374.60)	4060.60 (3561.90)							S
9238	Repair oronasal fistula (one procedure)	04.00	1548.50 (1358.30)	2322.60 (2037.40)							S
9240	Repair oronasal fistula (two procedures)	04.00	2701.40 (2369.60)	4052.20 (3554.60)							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
9246	Secondary periosteal flaps	04.00	1350.10 (1184.30)	2025.20 (1776.50)							S
9248	Lipadhesion	04.00	504.70 (442.70)	757.10 (664.10)							S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	04.00	888.90 (779.70)	1333.30 (1169.60)							S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	04.00	1205.20 (1057.20)	1807.90 (1585.90)							S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	04.00	1241.30 (1088.90)	1862.00 (1633.30)							S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	04.00	1917.70 (1682.20)	2876.50 (2523.20)							S
9258	Repair anterior nasal floor	04.00	484.20 (424.70)	726.30 (637.10)							S
9260	Revision of secondary cleft lip deformity - partial	04.00	484.20 (424.70)	726.30 (637.10)							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	04.00	1094.10 (959.70)	1641.10 (1439.60)							S
9264	Abbe-flap - two stages	04.00	1238.90 (1086.80)	1858.30 (1630.10)							S
9266	Reconstruct columella	04.00	732.30 (642.40)	1098.30 (963.40)							S
9268	Reconstruct nose due to cleft deformity - partial	04.00	930.50 (816.20)	1395.80 (1224.40)							S
9270	Reconstruct nose due to cleft deformity - complete	04.00	1470.70 (1290.10)	2206.10 (1935.20)							S
9272	Paranasal augmentation for nasal base deviation	04.00	732.30 (642.40)	1098.30 (963.40)							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.										06.03
	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).										06.03
8862	Ortho Tx - removable appliance	04.00	857.20 (751.90)		1285.70 (1127.80)						+L A
8863	Ortho Tx - each additional removable appliance	06.03	430.80 (377.90)		646.20 (566.80)						+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.										

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
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.										06.03
8858	Ortho Tx - functional appliance	06.03	1544.10 (1354.50)		2316.10 (2031.70)					+L	A
	If additional functional appliances are required, +L can be charged but no further fee.										
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.										06.03
8861	Ortho Tx - partial fixed appliance - minor	04.00	1027.00 (900.90)		1540.40 (1351.20)						A
8865	Ortho Tx - partial fixed appliance - one arch	04.00	2739.40 (2403.00)		4109.10 (3604.50)						A
8866	Ortho Tx - partial fixed appliance - both arches	04.00	3767.50 (3304.80)		5651.30 (4957.30)						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.										06.03
8867	Ortho Tx - fixed appliance - one arch	04.00	2944.60 (2583.00)		4416.80 (3874.40)						A
8868	Ortho Tx - fixed appliance - one arch, moderate	04.00	3632.00 (3186.00)		5448.00 (4778.90)						A
8869	Ortho Tx - fixed appliance - one arch, severe	04.00	4248.10 (3726.40)		6372.00 (5589.50)						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.										06.03
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	04.00	5388.70 (4726.90)		8083.00 (7090.40)						A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	04.00	6615.10 (5802.70)		9922.60 (8704.00)						A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	04.00	7711.60 (6764.60)		11567.30 (10146.80)						A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	04.00	8666.40 (7602.10)		12999.50 (11403.10)						A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	04.00	7711.60 (6764.60)		11567.30 (10146.80)						A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	04.00	8666.40 (7602.10)		12999.50 (11403.10)						A

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M	Lab	T	C
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	04.00	9728.80 (8534.00)		14593.10 (12801.00)							A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	04.00	10961.30 (9615.20)		16441.90 (14422.70)							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.											06.03
8841	Ortho Tx - fixed lingual appliance - one arch	04.00	5534.20 (4854.60)		8301.10 (7281.70)							A
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	04.00	6503.90 (5705.20)		9755.70 (8557.60)							A
8843	Ortho Tx - fixed lingual appliance - one arch, severe	04.00	7410.10 (6500.10)		11115.20 (9750.20)							A
Lingual Orthodontics - Comprehensive: Both Arches												
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	04.00	10557.30 (9260.80)		15835.90 (13891.10)							A
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	04.00	12360.80 (10842.60)		18540.80 (16263.90)							A
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	04.00	14027.80 (12305.10)		21041.50 (18457.50)							A
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	04.00	15565.00 (13653.50)		23347.30 (20480.10)							A
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	04.00	12885.80 (11303.30)		19328.70 (16955.00)							A
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	04.00	14415.10 (12644.80)		21622.40 (18967.00)							A
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	04.00	16054.80 (14083.20)		24082.00 (21124.60)							A
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	04.00	17864.30 (15670.40)		26796.20 (23505.40)							A
OTHER ORTHODONTIC SERVICES												
8846	Repair orthodontic appliance - removable	04.00	70.20 (61.60)		105.30 (92.40)						+L	A
8847	Replace orthodontic appliance - removable	04.00	242.50 (212.70)		363.70 (319.00)						+L	A
8848	Repair orthodontic appliance - fixed	06.03	103.90 (91.10)		155.70 (136.60)						+L	A
	As a result of the patient's negligence. Report per retainer.											
8849	Retainer (orthodontic)	04.00	242.50 (212.70)		363.70 (319.00)						+L	A
8890	Monthly instalment ortho tx	06.03										A
	Refer to code number of treatment.											
8891	Orthodontic transfer	06.03										A
	Limitation: Benefit by arrangement.											

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
8892	Orthodontic re-treatment	06.03	-								A
	Limitation: Benefit by arrangement.										
L.	SUPPLEMENTARY SERVICES										
	The branch of dentistry for unclassified treatment including palliative care and anaesthesia.										06.03
	ANAESTHESIA										
8499	General anaesthetic	05.02	-								B
8141	Inhalation sedation - first 15 minutes or part thereof	06.03	56.00 (49.10)								B
	No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143.										
8143	Inhalation sedation - each addnl 15 minutes	06.03	28.90 (25.40)								B
	See 8141 descriptor.										
8144	Intravenous sedation	04.00	33.60 (29.50)								B
8145	Local anaesthetic - per visit	06.03	48.60 (42.60)								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.										
8147	Monitoring equipment for intravenous sedation	06.03	119.40 (104.70)								B
	Applies to own monitoring equipment in rooms for procedures performed under intravenous sedation										
	PROFESSIONAL VISITS										
8129	Office/hospital visit - after regularly scheduled hours	06.03	187.40 (164.40)								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	124.00 (108.80)			124.00 (108.80)					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		138.90 (121.80)							S
8904	House/Hosp/Nursing home consultation (subsequent) - MFOS	06.03		92.30 (81.00)							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		203.30 (178.30)							S

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8907	House/Hosp/Nursing home consultation (maximum per week) - MFOS	06.03		231.20 (202.80)							S
	See Code 8904 descriptor.										
9203	House/Hosp/Nursing home consultation - Oral pathologist	04.00						138.90 (121.80)			
9207	After hours visit - Oral pathologist	04.00						203.30 (178.30)			
DRUGS, MEDICAMENTS AND MATERIALS											
8109	Infection control/barrier techniques	06.03	11.20 (9.82)								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	28.90 (25.40)								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	33.60 (29.50)								B
	Not applicable to local anaesthetic.										
8220	Cost of suture material	06.03	-	-	-	-	-	-			B
	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	59.70 (52.40)								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.										
ADMINISTRATIVE AND LABORATORY SERVICES											
8099	Dental laboratory service	06.03	-	-	-	-	-	-			
	Use to submit dental laboratory services. See Rule 003.										
8106	Special report	06.03	127.70 (112.00)	127.70 (112.00)	127.70 (112.00)	127.70 (112.00)	127.70 (112.00)	127.70 (112.00)			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

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: By arrangement with patient										
MISCELLANEOUS SERVICES											
Palliative Treatment											
8131	Emergency dental treatment	06.03	76.40 (67.00)				155.70 (136.60)		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	50.40 (44.20)						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	58.80 (51.60)								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	76.40 (67.00)						T	+L	B
	The intention of this code is to report a temporary restoration to relieve pain. It should not be used as a temporary restoration in conjunction with root canal therapy, a base or liner under a restoration. Use this code to report a ZOE restoration or ART technique. May not be reported with other procedure codes on the same visit for a tooth.										
Post Surgical Complications											
8931	Treatment of post-extraction haemorrhage	06.03	56.00 (49.10)		335.70 (294.50)						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	773.90 (678.90)		1160.80 (1018.20)						S
8935	Treatment of septic socket	06.03	56.00 (49.10)	87.70 (76.90)							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.										
Bleaching											
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-authorization.										
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.										

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8311	Home bleaching - subsequent visit Limitation: A maximum of three additional visits may be charged. Benefits by arrangement.	06.03									A
8325	Internal bleaching - per tooth Report code 8304 (application of a rubber dam) in addition to this code.	06.03	180.90 (158.70)				271.40 (238.10)		T		A
8327	Internal bleaching - each additional visit 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.	06.03	86.70 (76.10)				130.10 (114.10)		T		A
Unclassified Treatment											
8158	Enamel microabrasion 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.	06.03	69.90 (61.30)								
8168	Behavior management 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-authorization.	06.03									B
8551	Occlusal adjustment - major 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.	06.03	483.60 (424.20)		725.40 (636.30)		725.40 (636.30)				A
8553	Occlusal adjustment - minor 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).	06.03	168.70 (148.00)		231.20 (202.80)	231.20 (202.80)	231.20 (202.80)				A
9099	Unlisted dental procedure or service (By report) The intention of this code is to report a dental procedure or service which is not adequately described by a code. Describe procedure.	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
MODIFIERS											
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	141.73 (124.32)	141.73 (124.32)			141.73 (124.32)				
	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	220.05 (193.03)	220.05 (193.03)			220.05 (193.03)				
	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
	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 TECHNICIANS

Dental Technicians 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR DENTAL TECHNICIANS, EFFECTIVE FROM 1 JANUARY 2009

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

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

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

1 Preparatory Work

The following section includes consumables, however it excludes materials

Code	Description	Ver	Add	Dental Technology	
				RVU	Fee
9301	Casting and trimming of model in plaster (yellow/white), per model	09.00		2.714	21.80 (19.10)
9303	Casting and trimming of model in super-hard stone (die-stone) per model	09.00		3.857	30.90 (27.10)
9305	Casting and trimming of study model, per model	09.00		7.143	57.30 (50.30)
9307	Casting and trimming of gnathostatic model, per model.	09.00		9.286	74.50 (65.40)
9309	New trimmed base to supplied model, per model	09.00		3.286	26.40 (23.20)
9311	Trimming of supplied model, per model	09.00		2.000	16.00 (14.00)
9312	Gingival tissue mask per implant	09.00		15.429	123.80 (108.60)
9313	Duplicating model, per model	09.00		8.286	66.50 (58.30)
9314	Refractory model, per unit	09.00		8.143	65.30 (57.30)
9315	Models and duplicate models (virgin model) for crown and bridge, work inclusive of one removable die	09.00		11.286	90.50 (79.40)
9317	Sectional models for crown and bridge, work inclusive of one removable die	09.00		10.000	80.20 (70.40)
9319	Each additional removable die for items 9315 and 9317 per die	09.00	+	2.571	20.60 (18.10)
9320	Indexed or model tray per die (not more than 9319)	09.00		2.571	20.60 (18.10)
9321	Occlusion block, per block	09.00		9.857	79.10 (69.40)
9323	Occlusion block on baseplate, per block	09.00		12.429	99.70 (87.50)
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	09.00		1.857	14.90 (13.10)
9329	Fit and supply of disposable articulator	09.00		4.857	39.00 (34.20)
9330	Delivery / Collection fee per completed procedure (maximum 4)	09.00		5.143	41.30 (36.20)
	The tariff under all sections excludes the fees for models - occlusion blocks and delivery charge.	09.00			
2	Prosthetic Services Using Acrylic				
	The tariff under this section excludes the fees for models and occlusion blocks.				09.00
	The following section includes consumables, however it excludes materials				09.00
A	Full Dentures				
9331	Full upper and lower dentures	09.00		132.571	1063.40 (932.80)
9333	Full upper or lower denture	09.00		77.571	622.20 (545.80)
9335	Set-up and waxing of full upper and lower dentures	09.00		45.714	366.70 (321.70)
9337	Set-up and waxing of full upper or lower denture	09.00		30.571	245.20 (215.10)
9339	Waxing and finishing of full upper and lower dentures	09.00		81.286	652.00 (571.90)
9341	Waxing and finishing of full upper or lower denture	09.00		45.429	364.40 (319.60)

Code	Description	Ver	Add	Dental Technology	
				RVU	Fee
9343	Additional fee for dentures on fully adjustable articulator at request of dentist	09.00	+	129.429	1038.20 (910.70)
9345	Additional fee for immediate dentures, or tooth socketed	09.00	+	1.857	14.90 (13.10)
9346	Additional fee for immediate dentures, per tooth not socketed	09.00	+	1.000	8.02 (7.04)
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate	09.00	+	29.429	236.10 (207.10)
B	Partial Dentures				
9351	Set-up and finish of one-tooth denture	09.00		35.571	285.30 (250.30)
9352	Set-up and finish of two-tooth denture	09.00		37.857	303.70 (266.40)
9353	Set-up and finish of three-tooth denture	09.00		40.571	325.40 (285.40)
9354	Set-up and finish of four-tooth denture	09.00		42.857	343.80 (301.60)
9355	Set-up and finish of five-tooth denture	09.00		46.286	371.30 (325.70)
9356	Set-up and finish of six-tooth denture	09.00		55.286	443.40 (388.90)
9357	Set-up and finish of seven-tooth denture	09.00		65.714	527.10 (462.40)
9358	Set-up and finish of eight-tooth denture	09.00		69.714	559.20 (490.50)
9359	Set-up and finish nine or more tooth denture	09.00		71.429	572.90 (502.50)
9361	Set-up and waxing of one-tooth denture	09.00		10.143	81.40 (71.40)
9362	Set-up and waxing of two-tooth denture	09.00		12.286	98.50 (86.40)
9363	Set-up and waxing of three-tooth denture	09.00		14.000	112.30 (98.50)
9364	Set-up and waxing of four-tooth denture	09.00		16.286	130.60 (114.60)
9365	Set-up and waxing of five-tooth denture	09.00		18.000	144.40 (126.70)
9366	Set-up and waxing of six-tooth denture	09.00		21.286	170.70 (149.70)
9367	Set-up and waxing of seven-tooth denture	09.00		23.429	187.90 (164.80)
9368	Set-up and waxing of eight-tooth denture	09.00		25.143	201.70 (176.90)
9369	Set-up and waxing of nine or more tooth denture	09.00		26.857	215.40 (188.90)
9371	Waxing and finishing of one-tooth denture	09.00		27.857	223.40 (196.00)
9372	Waxing and finishing of two-tooth denture	09.00		28.429	228.00 (200.00)
9373	Waxing and finishing of three-tooth denture	09.00		28.857	231.50 (203.10)
9374	Waxing and finishing of four-tooth denture	09.00		29.429	236.10 (207.10)
9375	Waxing and finishing of five-tooth denture	09.00		30.571	245.20 (215.10)
9376	Waxing and finishing of six-tooth denture	09.00		31.714	254.40 (223.20)
9377	Waxing and finishing of seven-tooth denture	09.00		39.571	317.40 (278.40)
9378	Waxing and finishing of eighth-tooth denture	09.00		41.143	330.00 (289.50)
9379	Waxing and finishing of nine or more tooth denture	09.00		43.429	348.30 (305.50)
9383	Additional fee for finishing denture in tooth colour material, per tooth	09.00	+	6.857	55.00 (48.20)
9385	Additional fee for supplying finished denture on duplicate model	09.00	+	13.000	104.30 (91.50)
C	Repair Service				
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp	09.00		22.571	181.00 (158.80)
9393	Additional charge for each additional fracture, or tooth, or clasp	09.00	+	7.000	56.10 (49.20)

Code	Description	Ver	Add	Dental Technology	
				RVU	Fee
9395	Additional fee for using wire strengthener	09.00	+	8.000	64.20 (56.30)
9397	Additional fee for using pre-formed strengthener	09.00	+	8.571	68.70 (60.30)
9398	Additional fee for using mesh strengthener in repair procedure	09.00	+	13.571	108.90 (95.50)
D	Additional Services				
9401	Clear base	09.00		10.000	80.20 (70.40)
9403	Dox grinding of upper and lower dentures	09.00		12.714	102.00 (89.50)
9405	Inlay to artificial tooth, one surface only, per inlay	09.00		21.857	175.30 (153.80)
9406	Inlay to artificial tooth, multi-surfaces e.g. horseshoe or L-type inlay, per inlay	09.00		28.000	224.60 (197.00)
9407	Heka base technique per upper or lower denture	09.00		30.000	240.60 (211.10)
9409	Frego frame	09.00		13.000	104.30 (91.50)
9410	Bleaching tray	09.00		14.429	115.70 (101.50)
9411	Template per upper or lower denture	09.00		35.857	287.60 (252.30)
9413	Reline/rebase of single denture	09.00		45.143	362.10 (317.60)
9415	Remodel of single denture	09.00		69.429	556.90 (488.50)
9417	Soft base reline per denture	09.00		114.000	914.40 (802.10)
9419	Soft base to new denture, per denture	09.00		114.000	914.40 (802.10)
9421	Gum tinting per denture	09.00		21.143	169.60 (148.80)
9423	Lingual or palatal bar	09.00		17.000	136.40 (119.60)
9425	Cleaning and polishing of existing denture, per denture	09.00		13.857	111.10 (97.50)
9427	Mesh strengthener	09.00		11.857	95.10 (83.40)
9429	Theatre/ Consultation out of Laboratory per hour or part thereof	09.00		29.429	236.10 (207.10)
9431	Special Tray, acrylic, each	09.00		11.143	89.40 (78.40)
9432	Special Tray Light Cure, each	09.00		12.143	97.40 (85.40)
9433	Special Tray in base plate material, each	09.00		11.429	91.70 (80.40)
9435	Provision of single arm clasp, to partial denture	09.00		5.857	47.00 (41.20)
9437	Provision of double arm clasp, to partial denture	09.00		10.143	81.40 (71.40)
9439	Provision of single arm clasp with rest, to partial denture	09.00		13.143	105.40 (92.50)
9441	Provision of double arm clasp with rest, to partial denture	09.00		17.714	142.10 (124.60)
9443	Provision of preformed Roach clasp, to partial denture	09.00		7.571	60.70 (53.20)
9445	Provision of rest only to partial denture	09.00		7.571	60.70 (53.20)
9447	Cast Clasp	09.00		26.571	213.10 (186.90)
9448	Casting and trimming of Model from impression inside occlusion block or wax try in	09.00		4.857	39.00 (34.20)
9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis	09.00		10.143	81.40 (71.40)
3	Cobalt Chrome / Gold Prosthetic Services				
	The tariffs under this section excludes the tariff for models.				09.00
	The following section includes consumables, however it excludes materials				09.00