

## GENERAL GUIDELINES

### COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2019

#### RULES

1. The following Rules apply to all practitioners
  - 001 Code 8101 refers to a Full Mouth Examination, charting and treatment planning and no further examination fees shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of code 8102. This includes the issuing of a prescription where only medication is prescribed Item code 8104 refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed
  - 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff code
  - 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether financial responsibility in respect of such treatment will be accepted
  - 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the Commissioner may be charged and Rule 004 must be indicated together with the tariff code
  - 005 Except in exceptional cases the service of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated in terms of the Compensation for Occupational Injuries and Diseases Act
  - 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays
  - 008 A dental practitioner shall submit his account for treatment to the employer of the employee concerned

(M/W) 009 Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code

Benefits in respect of specialists charging treatment procedures not listed in the schedule for that specialty, shall be allocated as follows

General Dental Practitioners Schedule

100%

#### Other Dental Specialists Schedules

2/3

- 010 Fees charged by dental technicians for their services (PLUS L) shall be indicated on the dentist's invoice against the code 8099. Such dentist's invoice shall be accompanied by the actual invoice of the dental technician (or a copy thereof) and the invoice of the dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, code 8231 is specified as follows (gold only applicable with prior authorization)

	Rc
8231 .....	X
8099 (8231) .....	Y
Total .....	<u>R(X+Y)</u>

- 011 Modifiers may only be used where (M/W) appears against the item code in the schedule.

8001 33 1/3% of the appropriate scheduled fee (see Note 4 - preamble to maxillo-facial

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and oral surgery schedule)

**8002** The appropriate scheduled fee + 50% (see Note 1 - preamble to maxillo-facial and oral surgery schedule)

**8003** The appropriate scheduled fee + 10% (see Note 5 - preamble to periodontal schedule)

**8004** Two-thirds of appropriate scheduled fee (see Rule 009)

**8005** The appropriate scheduled fee up to a maximum of **R633.88** (see Note 2 - preamble to maxillo-facial and oral surgery schedule)

**8006** 50% of the appropriate scheduled fee (see Note 3 – preamble to maxillo-facial and oral surgery schedule)

**8007** 15% of the appropriate scheduled fee with a minimum of **R322.34** (See preamble(s) under “oral surgery” in the schedule for GPs and the schedule for specialists in maxillo-facial and oral surgery)

**8008** The appropriate scheduled fee + 25% (see Note 5 – preamble to maxillo-facial and oral surgery schedule, GPs’ schedule)

**8009** 75% of the appropriate scheduled fee (see Note 3 under the preamble of the maxillo-facial and oral surgery schedule)

**8010** The appropriate schedule fee plus 75%

**012** In cases where treatment is not listed in the schedule for dentists in general practice or specialists, the appropriate fee listed in the medical schedules shall be charged and the relevant code in the medical schedules indicated

**013** Cost of material (VAT inclusive): This item provides for the charging of material costs where indicated against the relative item codes by the words “(See Rule 013)”. Material should be charged for at cost plus a handling fee not exceeding 35%, up to **R4618.06** A maximum handling fee of 10% shall apply above a cost of **R4618.06** A maximum handling fee of **R6926.97** will apply

Note: Item 8220 (suture) is applicable to all registered practitioners

## EXPLANATIONS

### 2. Additions, deletions and revisions

A summary listing all additions, deletions and revisions applicable to this Schedule is found in Appendix A

New codes added to the Schedule are identified with the symbol • placed before the code

In instances where a code has been revised, the symbol \* is placed before the code

### 3. Tooth identification

Tooth identification is compulsory for all invoices rendered. Tooth identification is only applicable to procedures identified with the letter “(T)” in the mouth part (MP) column. The designated system for teeth and areas of the oral cavity of the International Standards Organisation (ISO) in collaboration with the FDI, should be used

### 4. Abbreviations used in the Schedule

+D	Add fee for denture
+L	Add laboratory fee
GP	General practitioner
M/W	Modifier
MP	Mouth part
na	not applicable

## GENERAL GUIDELINES

T      Tooth

5.      VAT

**Fees are VAT exclusive**

I. GENERAL DENTAL PRACTITIONERS	
	<b>PREAMBLE</b>
(1)	The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped according to the category with which the procedures are most frequently identified. The categories are created solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. These categories are similar to that in the " <i>Current Dental Terminology</i> Third Edition (CDT-3).
(2) (M/W)	Procedures not described in the general practitioner's schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment codes that are not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.
(3) (M/W)	Oral and maxillofacial surgery (Section J of the Schedule): The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The Compensation Fund must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the Compensation Fund.

GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc	
		FEE	MP
	<b>A. DIAGNOSTIC</b>		
	<b>Clinical oral evaluation</b>		
8101	Full mouth examination, charting and treatment planning (see Rule 001)	331.15	
8102	Comprehensive consultation	432.27	
	A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following:		
	<ul style="list-style-type: none"> <li>• Soft tissue examination</li> <li>• Hard tissue examination</li> <li>• Screening / probing of periodontal pockets</li> <li>• Mucogingival examination</li> <li>• Plaque index</li> <li>• Bleeding index</li> <li>• Occlusal Analysis</li> <li>• TMJ examination</li> <li>• Vitality screening of complete dentition</li> </ul>		
8104	Examination or consultation for a specific problem not requiring a full mouth examination, charting and treatment planning	130.75	
	<b>Radiographs / Diagnostic imaging</b>		
8107	Intra-oral radiographs, per film	126.54	
8108	Maximum for 8107	950.21	
8113	Occlusal radiographs	196.82	
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	520.15	
	The fee is chargeable to a maximum of two films per treatment plan.		
	<b>Tests and laboratory examinations</b>		
8117	Study model – unmounted or mounted on a hinge articulator	141.96	+L
8119	Study model – mounted on a movable condyle articulator	365.00	+L
8121	Photograph (for diagnostic, treatment or dento-legal purposes) per photograph	141.96	
8122	Bacteriological studies for determination of pathologic agents  May include, but is not limited to tests for susceptibility to periodontal disease  If requested, a periodontal risk assessment must be made available at no charge  (The use of this code is limited to general dental practitioners and specialist in community dentistry)	133.95	
	<b>B. PREVENTIVE</b>		
	This schedule, applicable to occupational injuries and diseases, excludes preventive services		

I	GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc	MP
		FEE	
<b>C. RESTORATIVE</b>			
<b>Amalgam restorations (including polishing)</b>			
All adhesives, liners and bases 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			
8346	Restorative material factor	M/W800 3 + 10%	
Note / Nota: Restorative material factor - an additional 10% can be added to codes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369 and 8370 by general dental practitioners only.			
8341	Amalgam - one surface	337.96	T
8342	Amalgam - two surfaces	423.06	T
8343	Amalgam - three surfaces	508.34	T
8344	Amalgam - four or more surfaces	506.94	T
<b>Resin restorations</b>			
Resin refers to a broad category of materials including but not limited to composites and may include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers / compomers, when used as restorations should be reported with these codes. If pins are used, they should be reported separately.			
See codes 8345, 8347 and 8348 for post and / or pin retention			
The fees are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304)			
8351	Resin - one surface, anterior	330.55	T
8352	Resin - two surfaces, anterior	422.25	T
8353	Resin - three surfaces, anterior	558.40	T
8354	Resin - four or more surfaces, anterior	620.05	T
8367	Resin - one surface, posterior	399.63	T
8368	Resin - two surfaces, posterior	547.58	T
8369		597.24	T
8370	Resin - four or more surfaces, posterior	633.47	T
<b>Inlay / Onlay restorations</b>			
<b>METAL INLAYS</b>			
The fee for metal inlays on anterior teeth (incisors and canines) are determined 'by arrangement' with the Compensation Commissioner			
8358	Inlay, metallic - one surface, anterior	na / nvt	+L
8359	Inlay, metallic - two surfaces, anterior	na / nvt	+L
8360	Inlay, metallic - three surfaces, anterior	na / nvt	+L
8365	Inlay, metallic - four or more surfaces, anterior	na / nvt	+L
8361	Inlay, metallic - one surface, posterior	677.72	+L
8362	Inlay, metallic - two surfaces, posterior	876.73	+L
8363	Inlay, metallic - three surfaces, posterior	1808.10	+L
8364	Inlay, metallic - four or more surfaces, posterior	1808.30	+L

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I		GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc		MP
		FEE		
	CERAMIC AND / OR RESIN INLAYS  Porcelain / ceramic inlays include either all ceramic or porcelain inlays. Composite / resin inlays must be laboratory processed  NOTE: The fees exclude the application of a rubber dam (code 8304).			
8371	Inlay, ceramic / resin - one surface	613.65	+L	T
8372	Inlay, ceramic / resin - two surfaces	896.54	+L	T
8373	Inlay, ceramic / resin - three surfaces	1496.18	+L	T
8374	Inlay, ceramic / resin - four or more surfaces	1808.30	+L	T
(M/W)	NOTES			
	1. In some of the above cases (e.g. direct hybrid inlays) +L may not necessarily apply			
	2. In cases where direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used			
	3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays.			
<b>Crowns – single restorations</b>				
The fees include the cost of temporary and / or intermediate crowns. See code 8193 (osseointegrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseointegrated implants.				
8401	Cast full crown	2147.65	+L	T
8403	Cast three-quarter crown	2147.65	+L	T
8405	Acrylic jacket crown	Com Fee	+L	T
8407	Acrylic veneered crown	2292.60	+L	T
8409	Porcelain jacket crown	2292.60	+L	T
8411	Porcelain veneered crown	2292.60	+L	T
<b>Other restorative services</b>				
8133	Re-cementing of inlays, crowns or bridges - per abutment  In some cases where item code 8133 is used +L may not apply.	196.82	+L	T
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge	386.61	+L	T
8137	Temporary crown placed as an emergency procedure  Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit	661.31	+L	T
8330	Removal of fractured post or instrument and / or bypassing fractured endodontic instrument  NOTE: The fee excludes the application of a rubber dam (code 8304)	258.89		T
8345	Preformed post retention, per post	285.91		T
8347	Pin retention for restoration, first pin	196.82		T
8348	Pin retention for restoration, each additional pin  A maximum of two additional pins may be charged	169.99		T
8355	Composite veneers (direct)	626.86		T
8357	Preformed metal crown	416.25		T
8366	Pin retention as part of cast restoration, irrespective of number of pins	303.93		T
8376	Prefabricated post and core in addition to crown  The core is built around a prefabricated post(s)	1014.46		T

I		GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc		MP
		FEE		
8391	Cast post and core - single	460.69	+L	T
8393	Cast post and core - double	737.39	+L	T
8395	Cast post and core - triple	1062.92	+L	T
8396	Cast coping	300.46	+L	T
8397	Cast core with pins  This service is usually provided on grossly broken down vital teeth, and may not be charged when a post has been inserted in the tooth in question	737.39	+L	T
8398	Core build-up, including any pins  Refers to the building up of an anatomical crown when a restorative crown will be placed, irrespective of the number of pins used	737.39		T
8413	Facing replacement	450.21	+L	T
8414	Additional fee for provision of a crown within an existing clasp or rest	141.18	+L	T
	<b>D. ENDODONTICS</b>			
*	<p><b>Preamble:</b></p> <ol style="list-style-type: none"> <li>1. The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth</li> <li>2. The fee for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures <ul style="list-style-type: none"> <li>• Gross pulpal debridement, primary and permanent teeth, for the relief of pain (code 8132)</li> <li>• Apexification of a root canal (code 8305)</li> <li>• Pulpotomy (code 8307)</li> <li>• Complete root canal therapy (codes 8328, 8329 and 8332 to 8340)</li> <li>• Removal or bypass of a fractured post or instrument (code 8330)</li> <li>• Bleaching of non vital teeth (codes 8325 and 8327) and</li> <li>• Ceramic and or resin inlays (codes 8371 to 8374)</li> </ul> </li> <li>3. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, fees for endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied</li> </ol> <p><b>Pulp capping</b></p>			
8301	Direct pulp capping		Com Fee	T
8303	Indirect pulp capping  The permanent filling is not completed at the same visit	238.94		T

I	GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc	MP
		FEE	
	<b>Pulpotomy</b>		
8307	Amputation of pulp (pulpotomy) No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded)	153.77	T
	<b>Endodontic therapy (including the treatment plan, clinical procedures and follow-up care)</b>		
	PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT)		
8332	Single-canal tooth, per visit A maximum of four visits per tooth may be charged	196.82	T
8333	Multi-canal tooth, per visit A maximum of four visits per tooth may be charged	479.90	T
	OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT		
8335	First canal - anteriors and premolars	896.75	T
8328	Each additional canal - anteriors and premolars	345.16	T
8336	First canal - molars	1232.09	T
8337	Each additional canal - molars	365.00	T
	PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT		
8338	First canal - anteriors and premolars	1368.23	T
8329	Each additional canal - anteriors and premolars	434.87	T
8339	First canal - molars	1879.35	T
8340	Each additional canal - molars	458.29	T
	<b>Endodontic retreatment</b>		
8334	Re-preparation of previously obturated canal, per canal	291.11	T
	<b>Apexification / recalcification procedures</b>		
8305	Apexification of root canal, per visit No other endodontic procedures may, in respect of the same tooth, be charged concurrent with code 8305 at the same visit (code 8304 excluded)	246.87	T
	<b>Apicoectomy / Periradicular services</b>		
8229	Apicoectomy including retrograde filling where necessary – incisors and canines	979.44	T
	<b>Other endodontic procedures</b>		
8132	Gross pulpal debridement, primary and permanent teeth	317.94	T
*	Where code 8132 is charged, no other endodontic procedures may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if code 8132 was used for the initial relief of pain (See note 2 in the preamble above)		
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	153.38	T
8306	Cost of Mineral Trioxide Aggregate	Reël 013	
8325	Bleaching of non-vital teeth, per tooth as a separate procedure	443.68	T

I	GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc	
		FEE	MP
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure A maximum of two additional visits may be charged	210.84	T
	<b>E. PERIODONTICS</b>  This schedule, applicable to occupational injuries and diseases, do not include periodontic services.		
	<b>F. PROSTHODONTICS (REMOVABLE)</b>  <b>Complete dentures (including routine post-delivery care)</b> 8231 Full upper <b>and</b> lower dentures inclusive of soft base or metal base, where applicable 8232 Full upper <b>or</b> lower dentures inclusive of soft base or metal base, where applicable  <b>Partial dentures (including routine post-delivery care)</b> 8233 Partial denture, one tooth 8234 Partial denture, two teeth 8235 Partial denture, three teeth 8236 Partial denture, four teeth 8237 Partial denture, five teeth 8238 Partial denture, six teeth 8239 Partial denture, seven teeth 8240 Partial denture, eight teeth 8241 Partial denture, nine or more teeth 8281 Metal (e.g. chrome cobalt, etc.) base to partial denture, per denture  The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281  <b>Adjustments to dentures</b> 8275 Adjustment of denture (After six months or for patient of another practitioner)  <b>Repairs to complete or partial dentures</b> 8269 Repair of denture or other intra-oral appliance A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered. 8270 Add clasp to existing partial denture (One or more clasps) Code 8270 is in addition to code 8269. 8271 Add tooth to existing partial denture (One or more teeth) Code 8271 is in addition to code 8269. 8273 Additional fee where one or more impressions are required for 8269, 8270 and 8271	3131.69 1930.22  896.54 896.54 1340.20 1442.91 1340.20 1786.48 1786.48 1786.48 1786.48 1786.48 2385.11  135.36  256.79 169.99 169.99 135.32	+L +L +L +L +L +L +L +L +L +L +L +L +L +L +L

GENERAL DENTAL PRACTITIONERS				
Code	Procedure description	Rc		MP
		FEE		
	<b>Denture rebase procedures</b>			
8259	Re-base of denture (laboratory)	737.39	+L	
8261	Re-model of denture	1210.87	+L	
	<b>Denture reline procedures</b>			
8263	Reline of denture in selfcuring acrylic (intra-oral)	460.69		
8267	Soft base re-line per denture (heat cured) Code 8267 may not be charged concurrent with codes 8231 to 8241.	1062.92	+L	
	<b>Other removable prosthetic services</b>			
8243	Soft base to new denture	Com Fee	+L	
8255	Stainless steel clasp or rest, per clasp or rest	185.00	+L	
8257	Lingual bar or palatal bar Code 8257 may not be charged concurrent with codes 8269 (repair of denture) or 8281 (metal framework).	223.84	+L	
8265	Tissue conditioner and soft self-cure interim re-line, per denture	305.93		
	<b>G. MAXILLOFACIAL PROSTHETICS</b>			
	This schedule, applicable to occupational injuries and diseases, excludes maxillofacial prosthetic services.			
	<b>H. IMPLANT SERVICES</b>			
	Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes.			
	<b>Endosteal implants</b>			
	Endosteal dental implants are placed into the alveolar and / or basal bone of the mandible or maxilla and transecting only one cortical plate.			
8194	Placement of a single osseo-integrated implant per jaw	1954.25	T	
8195	Placement of a second osseo-integrated implant in the same jaw	1461.73	T	
8196	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant	958.01	T	
8197	Cost of implants	Reël 013		
8198	Exposure of a single osseo-integrated implant and placement of a transmucosal element	724.16	T	
8199	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	543.18	T	
8200	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	362.19	T	

I		GENERAL DENTAL PRACTITIONERS		
Code	Procedure description	Rc		MP
		FEE		
	<p><b>Eposteal implants / Eposteale inplantate</b> Eposteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone. Refer to the specialist maxillo-facial and oral surgeons schedule</p> <p><b>Transosteal implants</b> Transosteal dental implants penetrate both cortical plates and pass through the full thickness of the alveolar bone. Refer to the specialist maxillo-facial and oral surgeons schedule</p>			
	<p><b>I. PROSTHODONTICS, FIXED</b> The words 'bridge' and 'bridgework' have been replaced by the term 'fixed partial denture' Each abutment and pontic constitute a unit in a fixed partial denture.</p> <p><b>Fixed partial denture pontics</b></p> <p>8420 Sanitary pontic 1119.58 +L T</p> <p>8422 Posterior pontic 1496.18 +L T</p> <p>8424 Anterior pontic (including premolars) 1873.17 +L T</p> <p><b>Fixed partial denture retainers – inlays / onlays</b> Refer to inlay / onlay restorations for inlay / onlay retainers</p> <p>8356 Bridge per abutment - only applicable to Maryland type bridges 830.48 +L T Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424)</p> <p><b>Fixed partial denture retainers – crowns</b> Refer to crowns, single restorations for crown retainers</p> <p>8193 Osseo-integrated abutment restoration, per abutment 3038.19 +L T Refer to the DASA's 'General Practitioner's Guidelines to the correct use of treatment codes' for the application(s) of this code</p>			
	<p><b>J. ORAL AND MAXILLOFACIAL SURGERY</b> Refer to the specialist maxillo-facial and oral surgeon schedule for surgical services not listed in this schedule.</p> <p><b>Extractions</b></p> <p>8201 Single tooth 196.82 T Code 8201 is charged for the first extraction in a quadrant.</p> <p>8202 Each additional tooth in the same quadrant 276.10 T Code 8202 is charged for each additional extraction in the same quadrant.</p> <p><b>Surgical extractions (includes routine postoperative care)</b></p> <p>8209 Surgical removal of a tooth requiring elevation of mucoperiosteal flap, removal of bone and / or section of tooth 605.04 T Includes cutting of gingiva and bone, removal of tooth structure and closure.</p> <p>8210 Removal of unerupted or impacted tooth – first tooth 1415.89 T</p> <p>8211 Removal of unerupted or impacted tooth – second tooth 760.01 T</p>			

GENERAL DENTAL PRACTITIONERS				
Code	Procedure description	Rc		MP
		FEE		
8212	Removal of unerupted or impacted tooth – each additional tooth	432.66		T
8213	Surgical removal of residual tooth roots (cutting procedure) Includes cutting of gingiva and bone, removal of tooth structure and closure.	872.91		T
8214	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth Includes cutting of gingiva and bone, removal of tooth structure and closure.	672.65		T
	<b>Other surgical procedures</b>			
8188	Biopsy - intra-oral This item does <u>not</u> include the cost of the essential pathological evaluations.	476.11		
	<b>Repair of traumatic wounds</b>			
8192	Appositioning (i.e., suturing) of soft tissue injuries	986.25		
	<b>K. ORTHODONTICS</b>  This schedule, applicable to occupational injuries and diseases, excludes orthodontic services.			
	<b>L. ADJUNCTIVE GENERAL SERVICES</b>			
	<b>Unclassified treatment</b>			
8131	Palliative [emergency] treatment for dental pain This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth	196.82		T
8221	Local treatment of post-extraction haemorrhage – initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	138.14		
8223	Local treatment of post-extraction haemorrhage – each additional visit	88.71		
8225	Treatment of septic socket – initial visit	138.14		
8227	Treatment of septic socket – each additional visit	88.71		
	<b>Anaesthesia</b>			
8141	Inhalation sedation - first quarter-hour or part thereof	174.39		
8143	Inhalation sedation - each additional quarter-hour or part thereof No additional fee can be charged for gases used in the case of items 8141 and 8143	94.30		
8144	Intravenous sedation	91.70		
8145	Local anaesthetic, per visit * Code 8145 includes the use of the wand	43.05		
8499	The relevant codes published in the Government Gazette for Medical Practitioners shall apply to general anaesthetics for dental procedures			
	<b>Professional visits</b>			
8129	Additional fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers extended service hours as the norm	476.11		

GENERAL DENTAL PRACTITIONERS		Rc		MP
Code	Procedure description	FEE		
8140	<p>Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic and home visits; per visit</p> <p>Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001</p> <p><b>Drugs, medication and materials</b></p> <p>8183 Intra-muscular or sub-cutaneous injection therapy, per injection (Not applicable to local anaesthetic)</p> <p>8220 Use of suture material provided by practitioner</p> <p><b>Miscellaneous services</b></p> <p>8109 Infection control, per dentist, per hygienist, per dental assistant, per visit Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient</p> <p>8110 Provision of sterilized and wrapped instrumentation in consulting rooms The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments</p> <p>8168 Behaviour management, by report</p> <p>May be reported in addition to treatment provided. Should be reported in 15 minute increments</p> <p>Notes:</p> <p>If requested, the report must be made available at no charge</p> <p>The use of this code is limited to general dental practitioners and specialists in community dentistry</p> <p>Limitation</p> <p>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 utilising additional time, skill and / or assistance to render treatment.</p> <p>The code can only be billed where treatment requires extraordinary effort and is the only alternative to general anaesthesia. The fee includes all pharmacological, psychological and physical management adjuncts required or utilized.</p> <p>Notation and justification must be recorded in the patient record identifying the specific behavior problem and the technique used to manage it.</p> <p>Billed in 15-minute units. (maximum 4 units per visit and allowed once per patient per day). Limited to 12 units per year.</p>	303.72		
8304	<p>Rubber dam, per arch</p> <p>(Refer to the guidelines for the application of a rubber dam in the preamble to the category "Endodontics")</p>	144.56		

II		SPECIALIST PROSTHODONTISTS (M) See Rule 009		
Code	Procedure description	Rc		M P
		FEE		
	<b>A. DIAGNOSTIC PROCEDURES</b>			
8501	Consultation	365.00		
8503	Occlusal analysis on adjustable articulator	746.59		
8505	Pantographic recording	1089.14		
8506	Detailed clinical examination, recording, radiographic interpretation, diagnosis, treatment planning and case presentation.  Note: Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognathic surgery where extensive restorative procedures will be required	1211.08		
8507	Examination, diagnosis and treatment planning	746.59		
8508	Electrognathographic recording	1211.68		
8509	Electrognathographic recording with computer analysis.	1942.44		
	<b>B. Preventive procedures</b>  This schedule, applicable to occupational injuries and diseases, excludes preventive services.			
	<b>C. Treatment procedures</b>			
	Emergency treatment			
8511	Emergency treatment for relief of pain (where no other tariff code is applicable)	450.28		
8513	Emergency crown  (Not applicable to temporary crowns placed during routine crown and bridge preparation)	737.39	+L	T
8515	Re-cementing of inlay, crown or bridge, per abutment	285.91		T
8517	<b>RE-IMPLANTATION OF AN AVULSED TOOTH, INCLUDING FIXATION AS REQUIRED</b>	763.21	+L	T
	Provisional treatment			
8521	<b>PROVISIONAL SPLINTING – EXTRACORONAL WIRE, PER SEXTANT.</b>	613.65		
8523	<b>Provisional splinting – extracoronal wire plus resin, per sextant</b>	898.55		
8527	Provisional splinting – intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	285.91	+L	
8529	Provisional crown  Crown utilized as an interim restoration for at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This code should not be utilised for a temporary crown in a routine prosthetic restoration.	737.39	+L	T
8530	Preformed metal crown	626.06		T
	Occclusal adjustment			
8551	<b>Major occlusal adjustment</b>  This procedure can not be carried out without study models mounted on an adjustable articulator.	853.30		

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009		
Code	Procedure description	Rc	
		FEE	M P
8553	Minor occlusal adjustment	661.31	
8554	Ceramic and / or resin bonded inlays and veneers: In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply.	2150.60	+L T
8555	<b>One surface</b>	2772.11	+L T
8556	Two surfaces	4002.39	+L T
8557	Three surfaces	6449.96	+L T
8558	Four or more surfaces	6449.96	+L T
	<b>Gold restorations (only applicable with prior authorization)</b>		
8571	One surface	1331.20	+L T
8572	Two surfaces	1924.63	+L T
8573	Three surfaces	2979.32	+L T
8574	Four or more surfaces	2979.32	+L T
8577	Pin retention	444.67	+L T
8581	Posts and copings	738.94	+L T
	<b>Single post</b>		
8582	Double post	1062.92	+L T
8583	Triple post	1332.40	+L T
8587	Copings	636.27	+L T
8589	Cast core with pins	1049.90	+L T
8591	Preformed posts and cores	737.39	
	<b>Core build-up, including all pins</b>		T
	Refers to the building up of an anatomical crown when a restorative crown will be placed, whether or not pins are used		
8593	Prefabricated post and core in addition to crown Core is built around a prefabricated post(s).	1367.04	
			T
8592	Implants	4553.77	
8600	Osseo-integrated abutment restoration, per abutment	Reël 013	+L T
	<b>Cost of implant components</b>		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	1081.93	
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	811.26	
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.	540.17	
8597	Connectors	301.72	+L T
	<b>Locks and milled rests</b>		
8599	Precision attachments	737.39	+L T

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009			
Code	Procedure description	Rc		M P
		FEE		
	Crowns			
8601	Cast three-quarter crown	2288.42	+L	T
8603	Cast gold crown (authorization needed)	2979.32	+L	T
8605	Acrylic veneered gold crown	3316.27	+L	T
8607	<b>Porcelain jacket crown</b>	2979.32	+L	T
8609	Porcelain veneered metal crown	3720.09	+L	T
	Bridges			
	( <b>Retainers as above</b> )			
8611	Sanitary pontic	2247.75	+L	T
8613	Posterior pontic	2770.11	+L	T
8615	Anterior pontic	2979.32	+L	T
	Resin bonded retainers			
8617	Per abutment	917.76	+L	T
	<b>Per pontic (see 8611, 8613, 8615)</b>			
	Conservative treatment for temporo-mandibular joint dysfunction			
8625	Bite plate for TMJ dysfunction	1137.47	+L	
8621	First visit for treatment of TMJ dysfunction	259.28		
8623	Follow-up visit for TMJ dysfunction	193.42		
	<b>The number of visits and fees therefore depend on the relationship between the practitioner and the patient, and the problems involved in the case.</b>			
	Endodontic procedures			
	Root canal therapy			
	<b>Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits</b>			
8631	Root canal therapy, first canal	2607.34		T
8633	Each additional canal	651.48		T
8636	Re-preparation of previously obturated canal, per canal	435.26		T
	Other endodontic procedures			
8635	<b>Apexification of root canal, per visit</b>	435.46		T
8637	HEMISECTION OF A TOOTH, RESECTION OF A ROOT OR TUNNEL PREPARATION (AS AN ISOLATED PROCEDURE)	1216.08		T
9015	Apicectomy including retrograde root filling where necessary - anterior tooth	1442.91		T
9016	Apicectomy including retrograde root filling where necessary - posterior tooth	2155.47		T
8640	Removal of fractured post or instrument from root canal	762.80		T
	Prosthetics (Removable)			
8641	COMPLETE UPPER AND LOWER DENTURES WITHOUT PRIMARY COMPLICATIONS	7446.79	+L	
8643	Complete upper <b>and</b> lower dentures without major complications	9665.32	+L	
8645	Complete upper <b>and</b> lower dentures with major complications	11887.83	+L	

		SPECIALIST PROSTHODONTISTS (M) See Rule 009		
Code	Procedure description	Rc		M P
		FEE		
8647	Complete upper <b>or</b> lower denture without primary complications	5209.65	+L	
8649	Complete upper <b>or</b> lower denture without major complications	5951.83	+L	
8651	Complete upper <b>or</b> lower denture with major complications	6693.61	+L	
<b>8661</b>	<b>Diagnostic dentures (inclusive of tissue conditioning treatment)</b>	<b>5951.83</b>	+L	
8662	Remounting and occlusal adjustment of dentures	856.71	+L	
8663	Chrome cobalt base base for full denture (extra charge)	1793.28	+L	
8664	Remount of crown or bridge for extensive prosthetics	872.91		
8665	Re-base, per denture	1201.26	+L	
8667	Soft base, per denture (heat cured)	1791.87	+L	
8668	Tissue conditioner, per denture	444.46		
8669	Intra-oral reline of complete or partial denture.	661.31		
8671	Metal (e.g. Chrome cobalt or gold) partial denture	5951.83	+L	
8672	Additional fee for altered cast technique for partial denture	233.05	+L	
8674	Additive partial denture	2697.03	+L	
8679	Repairs	301.72	+L	
8273	Additional fee where impression is required for 8679	138.14	+L	
8275	Adjustment of denture (After six months or for a patient of another practitioner)	138.14	+L	

III. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS	
<p><b>PREAMBLE</b></p> <p>(See Rule 011)</p> <p>1. (M/W) If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002).</p> <p>2. (M/W) The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005).</p> <p>3. (M/W) The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus:</p> <p style="padding-left: 20px;">75% for the second procedure / operation (Modifier 8009)</p> <p style="padding-left: 20px;">50% for the third and subsequent procedures / operations (Modifier 8006).</p> <p>This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation.</p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation.</p> <p>The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Compensation Fund may be charged.</p> <p>4. (M/W) The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund.</p> <p>5. (M/W) The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008).</p> <p>6. In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff code must be indicated (See Rule 012).</p>	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009	Rc	MP
Code	Procedure description	FEE	
	<b>CONSULTATIONS AND VISITS</b>		
8901	Consultation at consulting rooms	361.18	
8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation  Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction	1012.67	
8903	Consultation at hospital, nursing home or house	403.23	
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	196.82	
8905	Weekend visits and night visits between 18h00 - 07h00 the following day	580.61	
8907	Subsequent consultations, per week, to a maximum of  "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."	666.70	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	MP
		<b>INVESTIGATIONS AND RECORDS</b>		
8107	Intra-oral radiographs, per film	126.34		
8108	Maximum for 8107	1007.67		
8113	Occlusal radiographs	196.82		
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) A maximum of two films per treatment plan may be charged for	520.15		
8117	Study models - unmounted	142.15	+L	
8119	Study models - mounted on adjustable articulator	365.00	+L	
8121	Diagnostic photographs - per photograph	142.15		
8917	Biopsies - intra-oral	696.73		
8919	Biopsy of bone - needle	1281.15		
8921	Biopsy of bone - open	1363.63		
		<b>ORTHOGNATHIC SURGERY AND TREATMENT PLANNING</b>		
(M/W)	In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.			
8840	Treatment planning for orthognathic surgery	1585.66	+L	
		<b>REMOVAL OF TEETH</b>		
		Modifier 8002 is applicable to codes 8201 and 8202		
		<b>Extractions during a single visit</b>		
8201	Single tooth Code 8201 is charged for the first extraction in a quadrant.	196.82	T	
8202	Each additional tooth in the same quadrant Code 8202 is charged for each additional extraction in the same quadrant.	90.30	T	
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)	1759.05		
8961	Auto-transplantation of tooth (M/W) (See Rule 011 and Notes 2 and 3)	2883.43	+L	
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	965.42		
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week	3425.19		
8935	Treatment of post-extraction septic socket where patient is referred by another registered practitioner	255.67		
8937	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and / or other section of tooth. Includes cutting of gingiva and bone, removal of tooth structure and closure. Code 8220 is applicable when suture material is provided by the practitioner (Rule 013)	891.34		

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
Code	Procedure description	Rc		MP
		FEE		
	<b>Removal of roots</b> Code 8220 is applicable when suture material is provided by the practitioner (Rule 013)			
8953	Surgical removal of residual roots (cutting procedure) Includes cutting of gingiva and bone, removal of tooth structure and closure.	1281.75		T
8955 (M/W)	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth Includes cutting of gingiva and bone, removal of tooth structure and closure. (See Rule 011 and Notes 2 and 3)	na/nvt		T
	<b>Unerupted or impacted teeth</b>			
8941	First tooth	2123.23		T
8943	Second tooth	1140.41		T
8945	Third tooth	651.48		T
8947	Fourth and subsequent tooth	651.48		T
	<b>DIVERSE PROCEDURES</b>			
8908	Removal of roots from maxillary antrum involving Caldwell-Luc procedure and closure of oral-antral communication	4377.19		
8909	Closure of oral-antral fistula - acute or chronic	3361.93		
8911	Caldwell-Luc procedure	1318.99		
8965	Peripheral neurectomy	2883.43		
8966	Functional repair of oronasal fistula (local flaps)	4082.89		
8977	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)	6854.98		
8962	Harvest iliac crest graft	2907.04		
8963	Harvest rib graft	3344.51		
8964	Harvest cranium graft	2614.55		
8979	Harvesting of autogenous grafts (intra-oral)	471.71		
9048	Removal of internal fixation devices, per site	1514.80		
	<b>SURGICAL PREPARATION OF JAWS FOR PROSTHETICS</b>			
8987	Reduction of mylohyoid ridges, per side	2951.70	+L	
8989	Torus mandibularis reduction, per side	2951.70	+L	
8991	Torus palatinus reduction	2951.70	+L	
8993	Reduction of hypertrophic tuberosity, per side See procedure code 8971 for excision of denture granuloma	1312.18	+L	
8995	Gingivectomy, per jaw	2617.95	+L	
8997	Sulcoplasty / Vestibuloplasty	6609.32	+L	
9003	Repositioning mental foramen and nerve, per side	4006.19	+L	
9004	Lateralization of inferior dental nerve (including bone grafting)	7943.11		
9005	Total alveolar ridge augmentation by bone graft	6725.84	+L	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009		
Code	Procedure description	Rc	MP
		FEE	
9007	Total alveolar ridge augmentation by alloplastic material	4336.95	+L
9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites.	2772.11	+L
9009	Alveolar ridge augmentation across 3 or more tooth sites	3091.64	+L
9010	Sinus lift procedure	4377.19	+L
<b>SEPSIS</b>			
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	822.86	
9013	Extra-oral approach, e.g. Ludwig's angina	1119.58	
9015	Apicectomy including retrograde filling where necessary - anterior teeth	1442.91	T
9016	Apicectomy including retrograde filling where necessary, posterior teeth	2889.02	T
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	5940.83	
9019	Sequestrectomy - intra-oral, per sextant and / or per ramus	1280.14	
<b>TRAUMA</b>			
<b>Treatment of associated soft tissue injuries</b>			
9021	Minor	1442.91	
9023	Major	3046.40	
9024	Dento-alveolar fracture, per sextant	1442.91	+L
<b>Mandibular fractures</b>			
9025	Treatment by closed reduction, with intermaxillary fixation	3201.76	
9027	Treatment of compound fracture, involving eyelet wiring	4493.91	
9029	Treatment by metal cap splintage or Gunning's splints	4982.01	+L
9031	Treatment by open reduction with restoration of occlusion by splintage	7377.71	+L
<b>Maxillary fractures with special attention to occlusion</b>			
• When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied			
9035	Le Fort I or Guerin fracture	4504.71	+L
9037	Le Fort II or middle third of face fracture	7377.53	+L
9039	Le Fort III or craniofacial dislocation or comminuted mid-facial fractures requiring open reduction and splintage	10576.46	+L
<b>Zygoma / Orbit / Antral - complex fractures</b>			
9041	Gillies or temporal elevation	3201.35	
9043	Unstable and / or comminuted zygoma fractures, treatment by open reduction or Caldwell-Luc operation	6412.52	
9045	Requiring multiple osteosynthesis and / or grafting	9613.45	
<b>FUNCTIONAL CORRECTION OF MALOCCLUSIONS</b>			
For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply.			

III		SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009		
Code	Procedure description	Rc		MP
		FEE		
9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	13459.89	+L	
9049	Anterior segmental osteotomy of mandible (Köle)	11214.14	+L	
9050	Total subapical osteotomy	22645.68		
9051	Genioplasty	6412.52		
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	10374.45		
9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure	11214.14	+L	
9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure	11214.14	+L	
9059	Le Fort I osteotomy - one piece	21146.31	+L	
9062	Le Fort I osteotomy - multiple segments	27476.93	+L	
9060	Le Fort I osteotomy with inferior repositioning and inter-positional grafting	24591.52		
9061	Palatal osteotomy	7377.71		
9063	Le Fort II osteotomy for the correction of facial deformities or faciostenosis and post-traumatic deformities	26749.78	+L	
9069	Functional tongue reduction (partial glossectomy)	4813.24		
9071	Geniohyoidotomy	2883.43		
9072	Functional closure of a secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	21146.31	+L	
<b>TEMPORO-MANDIBULAR JOINT PROCEDURES</b>				
For Items 9081, 9083 and 9092 the full fee may be charged per side				
9073	Bite plate for TMJ dysfunction	1133.60	+L	
9074	Diagnostic arthroscopy	3244.20		
9075	Condylectomy or coronoidectomy or both (extra-oral approach)	6622.74		
9076	Arthrocentesis TMJ	1940.44		
9053	Coronoidectomy (intra-oral approach)	4006.19		
9077	Intra-articular injection, per injection	482.11		
9079	Trigger point injection, per injection	379.61		
9081	Condyle neck osteotomy (Ward / Kostecka)	3201.76		
9083	Temporo-mandibular joint arthroplasty	8013.78		
9085	Reduction of temporomandibular joint dislocation without anaesthetic	636.87		
9087	Reduction of temporo-mandibular joint dislocation, with anaesthetic	1281.15		
9089	Reduction of temporo-mandibular joint dislocation, with anaesthetic and immobilisation	3201.76		
9091	Reduction of temporo-mandibular joint dislocation requiring open reduction	6731.24		
9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)	21763.16	+L	
<b>SALIVARY GLANDS</b>				
9095	Removal of sublingual salivary gland	3850.03		
9096	Removal of salivary gland (extra-oral)	5622.68		

III		SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009		
Code	Procedure description	Rc		MP
		FEE		
	<b>IMPLANTS</b>			
9180	For codes 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply			
9180	Placement of sub-periosteal implant - Preparatory procedure / operation	4425.43		
9181	Placement of sub-periosteal implant prosthesis / operation	4425.43		
9182	Placement of endosteal implant, per implant	2221.20	+L	
9183	Placement of a single osseo-integrated implant, per jaw	2928.28		
9184	Placement of a second osseo-integrated implant in the same jaw	2194.29		
9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant	1463.74		
9189	Cost of implants	Reël 013		
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	1081.75		
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	811.26		
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	540.17		
9046	Placement of zygomaticus fixture, per fixture	8040.41		
9198	Implant removal  This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure	1798.59		
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)	1956.46		
8772	Submucosal connective tissue autograft (isolated procedure)	2227.13		
8767	Bone regenerative / repair procedure at a single site <i>Excluding cost of regenerative material - see code 8770</i>	2385.11		
8769	Subsequent removal of membrane used for guided tissue regeneration procedure  Codes 8761, 8767 and 8769 should be claimed only as part of implant surgery	950.21		