

Code	Description	Ver	General Dental Practice	Maxillo-facial and Oral Surgery	Orthodontics	Oral Medicine and Periodontics	Prosthodontics	Oral Pathology	M P	Lab	T C
12.1.	Anaesthesia										
8141	Inhalation sedation – first 15 minutes or part thereof	07.00	48.70 (42.70)	48.70 (42.70)	48.70 (42.70)	48.70 (42.70)	48.70 (42.70)	48.70 (42.70)			B
	No additional fee to be charged for gases used in the case of items 8141 and 8143.										
8143	Inhalation sedation – each additional 15 minutes or part thereof	07.00	25.20 (22.10)	25.20 (22.10)	25.20 (22.10)	25.20 (22.10)	25.20 (22.10)	25.20 (22.10)			B
	See code 8141 for descriptor.										
8144	Intravenous sedation	04.00	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)			B
8145	Local anaesthesia	07.00	42.20 (37.00)	42.20 (37.00)	42.20 (37.00)	42.20 (37.00)	42.20 (37.00)	42.20 (37.00)			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.										
8499	General anaesthesia (administered by dental practitioner)	07.00	-	-	-	-	-	-			B
	The relevant medical practitioner service codes shall apply to general anaesthetics for dental procedures. This code should not be used for theatre attendance - See code 9175.										
12.2.	Drugs, medicaments and materials, equipment, administrative and laboratory services										
12.2.1	Drugs, medicaments and materials										
	See Rule 002 and Appendix A for guidelines with regard to dispensing of medicine, once-off administration fee of medicine used during a dental visit and administration fee for dental direct materials.										07.00
8109	Infection control/barrier techniques	07.00	9.73 (8.54)	9.73 (8.54)	9.73 (8.54)	9.73 (8.54)	9.73 (8.54)	9.73 (8.54)			B
	Reported "per visit" for new rubber gloves, masks, etc. used by the dentist, oral hygienist, dental assistant or dental therapist.										
8110	Sterilized instrumentation	07.00	25.10 (22.00)	25.10 (22.00)	25.10 (22.00)	25.10 (22.00)	25.10 (22.00)	25.10 (22.00)			B
	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	07.00	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)	29.20 (25.60)		+M	B
	Intra-muscular or sub-cutaneous. Report per injection. Not applicable to local anaesthetic.										
8304	Isolation of tooth/teeth – per arch	07.00	51.90 (45.50)	51.90 (45.50)	51.90 (45.50)	51.90 (45.50)	51.90 (45.50)	51.90 (45.50)	M		B
	Use for the application of a rubber-dam to isolate a tooth and/or teeth to maintain an aseptic and/or dry operating field. The use of this code is limited to selective procedures for benefit purposes. These procedures are identified throughout the schedule.										
12.2.2	Equipment										
8147	Monitoring equipment for intravenous sedation	07.00	103.80 (91.10)	103.80 (91.10)	103.80 (91.10)	103.80 (91.10)	103.80 (91.10)	103.80 (91.10)			B
	Applies to own monitoring equipment in rooms for procedures performed under intravenous sedation.										
8148	Use of dental operating microscope	07.00	-	-	-	-	-	-			B
	This code is intended to be used when a microscope is used as a method of magnification during dental procedures. The code is not be used when a magnifying loupe is used, whether attached to the eyeglasses or on a headband. Report code 8148 for the use of the microscope in addition to the primary code in units of 15 minutes or a minimum of 10 minutes as part thereof. A special report may be appropriate to document the necessity of the micro-approach.										

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12.2.3 Administrative and laboratory services											
8099	Dental laboratory service	07.00	-	-	-	-	-	-			
	Use to submit dental laboratory services. See Rule 003.										
8106	Special report	07.00	111.10 (97.50)	137.10 (120.30)	137.10 (120.30)	137.10 (120.30)	137.10 (120.30)	137.10 (120.30)			B
	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	07.00	-	-	-	-	-	-			
	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	07.00	-	-	-	-	-	-			
	Use to report the completion of a treatment plan affected from an oral examination – See Rule 008.										
8139	Appointment not kept – per half-hour	07.00	-	-	-	-	-	-			B
	Comment: Fee by arrangement with patient.										
12.3. Miscellaneous services											
12.3.1 Palliative treatment											
8131	Emergency dental treatment	06.03	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	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).										
8165	Sedative filling	07.00	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	66.50 (58.30)	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.										
8166	Application of desensitising resin, per tooth	06.03	43.80 (38.40)	43.80 (38.40)	43.80 (38.40)	43.80 (38.40)	43.80 (38.40)	43.80 (38.40)	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	51.10 (44.80)	51.10 (44.80)	51.10 (44.80)	51.10 (44.80)	51.10 (44.80)	51.10 (44.80)			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.										
12.3.2 Bleaching											
8308	External bleaching – per arch	07.00	314.60 (276.00)	314.60 (276.00)	314.60 (276.00)	314.60 (276.00)	314.60 (276.00)	314.60 (276.00)	M		B
	Use to report the in-office bleaching of vital teeth. The unpredictability and lack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient.										
8309	Home bleaching (self-applied bleaching) – initial visit	07.00	-	-	-	-	-	-		+L/ M	B

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	Home bleaching includes the dispensing of the system, instructions for use and the provisioning of bleaching trays. See Rule 002 and Appendix A for the cost of direct materials.										
8311	Home bleaching (self-applied bleaching) – follow-up care, per visit This procedure can only be submitted for payment when no other treatment is performed at the same visit. See Rule 002 and Appendix A for the cost of direct materials.	07.00	-	-	-	-	-	-			B
8325	Internal bleaching – per tooth Report code 8304 (isolation of tooth/teeth) in addition to this code when used.	07.00	157.30 (138.00)	157.30 (138.00)	157.30 (138.00)	157.30 (138.00)	236.00 (207.00)	157.30 (138.00)	T		B
8327	Internal bleaching, each additional visit – per tooth Report code 8304 (isolation of tooth/teeth) in addition to this code when used.	07.00	75.50 (66.20)	75.50 (66.20)	75.50 (66.20)	75.50 (66.20)	113.20 (99.30)	75.50 (66.20)	T		B
12.3.3	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	60.80 (53.30)	60.80 (53.30)	60.80 (53.30)	60.80 (53.30)	60.80 (53.30)	60.80 (53.30)			
8168	Behaviour 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.	07.00	-	-	-	-	-	-			B
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).	07.00	146.60 (128.60)	146.60 (128.60)	201.10 (176.40)	146.60 (128.60)	201.10 (176.40)	146.60 (128.60)			B
8551	Occlusal adjustment – major See code 8553 descriptor. 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.	07.00	420.50 (368.90)	420.50 (368.90)	630.70 (553.20)	420.50 (368.90)	630.70 (553.20)	420.50 (368.90)			B

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9099	Unlisted dental procedure or service The intention of this code is to report a dental procedure or service which is not adequately described by a code. Describe procedure. See Rule 007.	07.00	-	-	-	-	-	-			
13.	Other codes										
13.1.	Modifiers										
8001	Assistant surgeon – specialist 33,33% (1/3) of the appropriate reference price Surgical assistant services should be identified by adding Modifier 8001 to the usual procedure code(s) – See Rule 009.										07.00
8007	Assistant surgeon – general dental practitioner 15% of the appropriate reference price. Surgical assistant services should be identified by adding Modifier 8007 to the usual procedure code(s) – See Rule 009.										07.00
8003	Minimum assistant surgeon The minimum reference price for the assistant surgeon is listed in the Schedule. The minimum reference price for surgical assistant services is identified by adding Modifier 8003 to the primary procedure code – See Rule 009.	07.00	123.24 (108.11)	123.24 (108.11)	123.24 (108.11)	123.24 (108.11)	123.24 (108.11)	123.24 (108.11)			S
8005	Maximum multiple procedures (same incision) – MFO surgeon The maximum reference price for multiple procedures (same incision) applicable to MFO surgeons is listed in the National Reference Price List. 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 reference price for each additional procedure should be identified by adding Modifier 8005 to the additional procedure code.	07.00	191.35 (167.85)	191.35 (167.85)	191.35 (167.85)	191.35 (167.85)	191.35 (167.85)	191.35 (167.85)			S
8009	Multiple surgical procedures – second procedure 75% of the appropriate reference price. 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 (M 8009 or M 8006) to the additional procedure codes.										07.00
8006	Multiple surgical procedures – third and subsequent procedures 50% of the appropriate reference price. See Modifier 8009.										07.00
8008	Emergency surgery – after hours PLUS 25% of the appropriate reference price. 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.										07.00
8011	Procedure accompanied by unusual circumstances Reference price PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme. 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 8011 to the usual procedure code.										07.00
8012	Reduced services Reference price MINUS X % as determined by the practitioner. 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.										07.00
8013	Multiple modifiers 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.										06.03

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13.2.	Administration of medicine and direct materials										
8092	Administration fee - dental direct materials	07.00									
	This item provides for a charge for the administration of direct materials used in treatment. Charge for the material at cost price PLUS 26% (up to a maximum of R 26.00; Where applicable, VAT should be added to the above). Refer to the appropriate direct dental material code. See Rule 002 for an example how to submit the direct material code and administration fee.										
13.3.	Dental direct materials										
	The following direct dental materials may, when provided by the practitioner, be billed by reporting the appropriate material code, followed by code 8092 – See Rule 002.										07.00
8172	Cost of orthotic appliance	07.00	-	-	-	-	-	-	-		
	Applicable to pre-fabricated devices. Includes NTI Tenti on Suppression System (NTI-tss) devices. See code 8852.										
8220	Cost of suture material	07.00	-	-	-	-	-	-	-		B
	Use in conjunction with procedure(s) when suture material is provided by the practitioner. Report per pack.										
8306	Cost of mineral trioxide aggregate (MTA)	07.00	-	-	-	-	-	-	-		B
	Current applications include: Apical plug during apexification; Repair of root perforations during root canal therapy; Treating internal root resorption; Root-end filling material; Pulp-capping material. See codes 8301, 8331, 8634, 8635, 8636, 8637, 8638, 8641 and 8642.										
8310	Cost of home bleaching materials	07.00	-	-	-	-	-	-	-		B
	Use to report the cost of home bleaching materials provided by the practitioner. See codes 8309 and 8311.										
8379	Cost of prefabricated posts	07.00	-	-	-	-	-	-	-	T	B
	Use to report the cost of definite prefabricated posts. See codes 8345 and 8376.										
8480	Cost of prefabricated metal crown	07.00	-	-	-	-	-	-	-		B
	See code 8357.										
8481	Cost of prefabricated resin crown	07.00	-	-	-	-	-	-	-		B
	See code 8375.										
8482	Cost of orthodontic attachment	07.00	-	-	-	-	-	-	-		B
	Use to report the cost of an orthodontic attachment laced during surgery to a tooth to aid eruption. See code 8981.										
8559	Cost of resin block	07.00	-	-	-	-	-	-	-		B
	Applicable to computer generated prosthesis only. See codes 8569 and 8570.										
8560	Cost of ceramic block	07.00	-	-	-	-	-	-	-	T	B
	Applicable to computer generated prosthesis only. See codes 8569 and 8570.										
8770	Cost of material to regenerate bone or soft tissue	07.00	-	-	-	-	-	-	-		B
	Currently includes regenerative/repair/biological/barrier materials and pins or other devices used to secure barrier or regenerative material. See codes 8766, 8767, 8774, 8775, 8776, 8777, 8778, 8779, 9010 and 9012.										
8773	Cost of intrapocket chemotherapeutic agent	07.00	-	-	-	-	-	-	-		B
	See code 8771.										

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9187	Cost of endosseous implant body	07.00	-	-	-	-	-	-			B
	See codes 9183, 9184, 9185, 9193 and 9194.										
9188	Cost of prefabricated implant abutment	07.00	-	-	-	-	-	-			B
	See codes 8578, 9190, 9191 and 9192.										
9189	Cost of other implant components	07.00	-	-	-	-	-	-			B
	Use this code to report all other implant components (implant fixtures and abutments excluded) which are a component parts of the definite implant/implant prosthesis system. See codes 8594, 8595, 9190, 9191 and 9192.										