

Dental Practitioners 2006

	Other separate procedures may be required concurrent to 8653.											
8657	Replacement of precision attachment	06.03	80.70 (70.80)				86.90 (76.20)			M	+L	A
	This procedure involves the replacement of the replaceable part (male for female component) of a semi-precision or precision attachment. Report per denture.											
8663	Metal base to complete denture	06.03	343.40 (301.20)				515.10 (451.80)			M	+L	A
	E.g. chrome cobalt, gold, etc.											
8664	Remount crown or bridge for prosthetics	04.00	164.50 (144.30)				257.80 (226.10)					A
8667	Soft base to denture (heat cured)	05.02	343.40 (301.20)				515.10 (451.80)			M	+L	B
8672	Altered cast technique (in addition to partial denture)	05.02	44.00 (38.60)				66.00 (57.90)			M	+L	B
8674	Additive partial denture	05.02	517.20 (453.70)				775.80 (680.50)			M	+L	B
G.	MAXILLO-FACIAL PROSTHETICS											
	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated											
												06.03
MAXILLIARY PROSTHESIS												
9101	Obturator prosthesis, surgical - modified denture	04.00	84.90 (74.50)				127.20 (111.60)				+L	
9102	Obturator prosthesis, surgical - continuous base	04.00	230.10 (201.80)				345.20 (302.80)				+L	
9103	Obturator prosthesis, surgical - split base	04.00	342.90 (300.80)				514.40 (451.20)				+L	
9104	Obturator prosthesis, interim - on existing denture	04.00	517.20 (453.70)				775.80 (680.50)				+L	
9105	Obturator prosthesis, interim - on new denture	04.00	1597.20 (1401.10)				2395.70 (2101.50)				+L	
9106	Obturator prosthesis, definitive - open/hollow box	04.00	517.20 (453.70)				775.80 (680.50)				+D	
9107	Obturator prosthesis, definitive - silicone glove	04.00	998.70 (876.10)				1498.10 (1314.10)				+D	
MANDIBULAR RESECTION PROSTHESES												
9108	Mandibular resection prosthesis w/ guide flange	04.00	1226.80 (1076.10)				1840.20 (1614.20)				+L	
9109	Mandibular resection prosthesis w/o guide flange	04.00	1139.90 (999.90)				1709.80 (1499.80)				+L	
9110	Mandibular resection prosthesis, palatal augmentation	04.00	230.10 (201.80)				345.20 (302.80)				+D	
GLOSSAL RESECTION PROSTHESES												
9111	Glossal resection prosthesis - simple	04.00	479.90 (421.00)				720.00 (631.60)				+D	
9112	Glossal resection prosthesis - complex	04.00	719.00 (630.70)				1078.40 (946.00)				+D	

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RADIOTHERAPY APPLIANCES										
9113	Radiation carrier - simple	04.00	517.20 (453.70)				775.80 (680.50)			+L
9114	Radiation carrier - complex	04.00	1427.40 (1252.10)				2141.20 (1878.20)			+L
9115	Radiation shield - simple	04.00	517.20 (453.70)				775.80 (680.50)			+L
9116	Radiation shield - complex	04.00	1427.40 (1252.10)				2141.20 (1878.20)			+L
9117	Radiation cone locator	04.00	517.20 (453.70)				775.80 (680.50)			+L
CHEMOTHERAPY APPLIANCES										
9118	Chemotherapeutic agent carrier	04.00	517.20 (453.70)				775.80 (680.50)			+L
CLEFT PALATE PROSTHESES										
8855	Consultation - cleft palate therapy (house or hospital)	04.00	118.00 (103.50)		176.90 (155.20)		176.90 (155.20)			S
8856	Consultation - cleft palate (subsequent)	04.00	57.90 (50.80)		86.90 (76.20)		86.90 (76.20)			S
8857	Consultation - cleft palate (maximum)	04.00	402.90 (353.40)		604.30 (530.10)		604.30 (530.10)			S
NEONATAL PROSTHESES										
9119	Feeding aid prosthesis, neonatal	04.00	457.80 (401.60)		686.60 (602.30)		686.60 (602.30)			+L S
9120	Orthopaedic appliance, active presurgical - minor	04.00	457.80 (401.60)		686.60 (602.30)		686.60 (602.30)			+L S
9121	Orthopaedic appliance, active presurgical - moderate	04.00	677.50 (594.30)		1016.30 (891.50)		1016.30 (891.50)			+L S
9122	Orthopaedic appliance, active presurgical - severe	04.00	1139.90 (999.90)		1709.80 (1499.80)		1709.80 (1499.80)			+L S
9123	Orthopaedic appliance, active presurgical - modification	04.00	57.90 (50.80)		86.90 (76.20)		86.90 (76.20)			S
INTERMEDIATE/DEFINITIVE PROSTHESES										
9125	Speech aid/obturator prosthesis - palatal alteration	04.00	230.60 (202.30)				346.00 (303.50)			+D
9126	Speech aid/obturator prosthesis - velar alteration	04.00	517.20 (453.70)				775.80 (680.50)			+D
9127	Speech aid/obturator prosthesis - pharyngeal alteration	04.00	1139.90 (999.90)				1709.80 (1499.80)			+D
9128	Speech aid/obturator prosthesis - modification	04.00	57.90 (50.80)				86.90 (76.20)			
9129	Speech aid/obturator prosthesis - surgical	04.00	457.80 (401.60)				686.60 (602.30)			+L
SPEECH APPLIANCES										
9130	Speech aid appliance - palatal lift	04.00	230.10 (201.80)				345.20 (302.80)			+D
9131	Speech aid appliance - palatal stimulating	04.00	517.20 (453.70)				775.80 (680.50)			+D

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9132	Speech aid appliance - bulb	04.00	1139.90 (999.90)				1709.80 (1499.80)		+D	
9133	Speech aid appliance - modification	04.00	57.90 (50.80)				86.90 (76.20)			
9134	Unspecified speech aid appliance	04.00	-				-		+L	
EXTRA-ORAL APPLIANCES										
9135	Auricular prosthesis - simple	04.00	1427.40 (1252.10)				2141.20 (1878.20)		+L	
9136	Auricular prosthesis - complex	04.00	1862.50 (1633.80)				2778.90 (2437.60)		+L	
9137	Nasal prosthesis - simple	04.00	1427.40 (1252.10)				2141.20 (1878.20)		+L	
9138	Nasal prosthesis - complex	04.00	1862.50 (1633.80)				2778.90 (2437.60)		+L	
9139	Ocular prosthesis - interim	04.00	517.20 (453.70)				775.80 (680.50)		+L	
9140	Ocular prosthesis - modified stock appliance	04.00	1283.10 (1125.50)				1924.70 (1688.30)		+L	
9141	Ocular prosthesis - custom appliance	04.00	1862.50 (1633.80)				2778.90 (2437.60)		+L	
9142	Orbital prosthesis - simple	04.00	1283.10 (1125.50)				1924.70 (1688.30)		+L	
9143	Orbital prosthesis - complex	04.00	1862.50 (1633.80)				2778.90 (2437.60)		+L	
9144	Facial prosthesis, combination - small	04.00								
9145	Facial prosthesis, combination - medium	04.00								
9146	Facial prosthesis, combination - large	04.00								
9147	Facial prosthesis, combination - complex	04.00								
9148	Unspecified body prosthesis - simple	04.00	1283.10 (1125.50)				1924.70 (1688.30)		+L	
9149	Unspecified body prosthesis - complex	04.00	1862.50 (1633.80)				2778.90 (2437.60)		+L	
9150	Facial prosthesis, surgical - simple	04.00	998.70 (876.10)				1498.10 (1314.10)		+L	
9151	Facial prosthesis, surgical - complex	04.00	1283.10 (1125.50)				1924.70 (1688.30)		+L	
9152	Extraoral appliance - additional prosthesis	04.00							+L	
9153	Extraoral appliance - replacement prosthesis	04.00							+L	
9155	Cranial prosthesis	04.00	517.20 (453.70)				775.80 (680.50)		+L	
CUSTOM IMPLANTS										
9156	Cranial implant prosthesis, custom made	04.00	624.30 (547.60)				936.40 (821.40)		+L	
9157	Facial implant prosthesis, custom made - simple	04.00	311.90 (273.60)				467.80 (410.40)		+L	
9158	Facial implant prosthesis, custom made - complex	04.00	624.30 (547.60)				936.40 (821.40)		+L	

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9159	Ocular implant prosthesis, custom made	04.00	311.90 (273.60)				467.80 (410.40)			+L	
9160	Body implant prosthesis - custom made	04.00	1388.20 (1217.70)				2082.30 (1826.60)			+L	
SURGICAL APPLIANCES											
9161	Surgical splint - simple	04.00	141.10 (123.80)				211.80 (185.80)			+L	
9162	Surgical splint - complex	04.00	517.20 (453.70)				775.80 (680.50)			+L	
9163	Surgical template - simple	04.00	141.10 (123.80)				211.80 (185.80)			+L	
9164	Surgical template - complex	04.00	517.20 (453.70)				775.80 (680.50)			+L	
9165	Surgical conformer - simple	04.00	141.10 (123.80)				211.80 (185.80)			+L	
9166	Surgical conformer - complex	04.00	517.20 (453.70)				775.80 (680.50)			+L	
TRISMUS APPLIANCES											
9167	Trismus appliance (simple)	04.00	57.90 (50.80)				86.90 (76.20)			+L	
9168	Trismus appliance (complex)	04.00	517.20 (453.70)				775.80 (680.50)			+L	
9169	Orthoses appliance	04.00	1139.90 (999.90)				1709.80 (1499.80)			+L	
9170	Facial palsy appliance	04.00	342.90 (300.80)				514.40 (451.20)			+D	
9171	Commissure splint	04.00	141.10 (123.80)				211.80 (185.80)			+L	
9172	Oral retractor, dynamic - per arm	04.00	141.10 (123.80)				211.80 (185.80)			+L	
9173	Hand splint	05.02								+L	
9174	Unspecified burn appliance	05.02	-				-			+L	
ATTENDANCE IN THEATRE											
9175	Theatre attendance (MaxFac prosthodont) /hour	04.00	190.80 (167.40)				286.30 (251.10)				
H. IMPLANT SERVICES											
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillofacial or oral occlusal rehabilitation or cosmetic corrections.										06.03
SURGICAL IMPLANT PROCEDURES											
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.										06.03
9180	Surgical placement of sub-periosteal implant - preparatory stage	05.02	836.80 (734.00)	1255.30 (1101.10)						M	S
9181	Surgical placement of sub-periosteal implant - placement stage	05.02	836.80 (734.00)	1255.30 (1101.10)						M	+L S
9182	Surgical placement of endosteal implant plate	04.00	418.90 (367.50)	628.40 (551.20)			628.40 (551.20)			+L	S

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9183	Surgical placement of endosteal implant - first per jaw	06.03	589.60 (517.20)	801.40 (703.00)		801.40 (703.00)			T	+M	S
	Also known as a root form implant; endosseus or an osseo-integrated implant. This procedure involves (1) the surgical placement of a one stage and/or the first stage of a two stage surgery endosteal implant (fixture) and (2) the placement of a healing abutment/cap (when appropriate). Code 9183 includes the surgical placement of a one-piece endosteal implant (incorporating both the implant and integral fixed abutment) and should also be used to report the placement of an endosteal plate form implant. In such instances laboratory fees applies. See code 9190 hereunder for second stage surgery and code 9187 located in the "Other implant services" section to report the cost of the endosteal implant body.										
9184	Surgical placement of endosteal implant - second per jaw	05.02	441.40 (387.20)	601.20 (527.40)		601.20 (527.40)			T	+M	S
9185	Surgical placement of endosteal implant - third and subsequent per jaw	05.02	295.50 (259.20)	402.70 (353.20)		402.70 (353.20)			T	+M	S
9190	Surgical placement of abutment - first per jaw	06.03	218.70 (191.80)	296.30 (259.90)		296.30 (259.90)	296.30 (259.90)		T	+M	S
	This procedure involves the (1) surgical re-exposure (uncovery or second stage surgery) of that portion of the submerged endosteal implant that receives the attachment device, and (2) the connection of a healing abutment or temporary prosthesis. This is usually done after the implant has matured in the bone for several months. The purpose of a healing abutment or collar is to create an emergence profile in the gum tissues for the future implant crown. Some implants are designed to remain exposed in the mouth right after they are placed, abolishing an uncovery procedure. Report codes 8578 or 8579 (in the prosthodontists' code list) for the placement of the final abutment to permit fabrication of a dental prosthesis in addition to this code. See Codes 9188 and 9189 located in the "Other implant services" section to submit the cost of other implant components.										
9191	Surgical placement of abutment - second per jaw	05.02	164.40 (144.20)	222.70 (195.40)		222.70 (195.40)	222.70 (195.40)		T	+M	S
9192	Surgical placement of abutment - third and subsequent per jaw	05.02	110.10 (96.60)	149.80 (131.40)		149.80 (131.40)	149.80 (131.40)		T	+M	S
IMPLANT SUPPORTED PROSTHETICS											
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.										06.03
Abutments and Bars											
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See Codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.										06.03
8584	Connector bar - implant supported	06.03	1139.90 (999.90)				1709.80 (1499.80)				
	Any bar that connects two or more implants to stabilise and anchor removable overdentures or fixed-detachable dentures. Report code 8578 (prefabricated abutment) for implant abutments separated from connecting bar (bar attachment) and code 8579 (custom abutment) for implant abutments as part of connecting bar in addition to this code. Includes attachments that are inserted in the denture for holding onto the bar. Use to report Preci Bar (Dolder) System attached to implant abutments. When the prefabricated metal Preci Bar is soldered to prefabricated abutments, report codes 8584 and 8578. When the plastic-wax Preci Bar is cast directly with the abutments, report codes 8584 and 8579.										

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8578	Prefabricated abutment	06.03	118.00 (103.50)				176.90 (155.20)				
	A prefabricated connection (abutment/precision attachment) to an implant that serves to support and/or retain any prosthesis or superstructure. Modification of a prefabricated abutment may be necessary. Code 8578 should not be used to report the placement of a healing abutment. See Code 9188 located in the "Other implant services" section to submit the cost of the prefabricated abutment.										
8579	Custom abutment	06.03	537.90 (471.80)				806.80 (707.70)				
	A tailor-made connection to an implant that serves to support and/or retain any prosthesis or superstructure. A custom made abutment is usually manufactured by a dental laboratory using a casting process.										
Removable Dentures											
8533	Implant supported removable complete overdenture	06.03	1139.90 (999.90)				1709.80 (1499.80)		M	+L	B
	A removable complete denture supported by dental implants to provide improved retention and stability. Overdentures are retained by abutments or bars (attachments) and can be removed by the patient at will. Currently includes acrylic and acrylic with metal base overdentures. A complete overdenture normally requires a minimum of two implants in the mandibula and four in the maxilla for effective support, retention and stability. Report the appropriate mesostructures in addition to this code.										
8534	Implant supported removable partial overdenture	06.03	911.90 (799.90)				1367.90 (1199.90)		M	+L	B
	See code 8533 for descriptor.										
Fixed-detachable Dentures											
8654	Implant supported fixed-detachable complete overdenture	06.03	1282.10 (1124.60)				1923.20 (1687.00)		M	+L	A
	A fixed complete denture supported by dental implants, or abutments placed on implants, to provide improved retention and stability; may be screw retained or cemented and cannot be removed by the patient; also known as a "hybrid prosthesis." Currently includes acrylic and acrylic with metal base fixed dentures. A fixed-detachable complete denture normally requires a minimum of five implants in the mandibula and six in the maxilla for effective support, retention and stability. When abutments are used, report code 8578 (prefabricated abutment) or code 8579 (custom abutment), as appropriate, in addition to this code. When the denture is supported directly on the implant body (no mesostructure or abutments are used), report code 8660 in addition to this code. When the design of the denture includes a metal base, report code 8663 (Metal base to complete denture) in addition to this code.										
8655	Implant supported fixed-detachable partial overdenture	06.03	1025.60 (899.60)				1317.90 (1156.10)		M	+L	A
	See code 8654 for descriptor.										
8660	Additional fee to implant supported fixed-detachable denture - per implant	06.03	176.90 (155.20)				176.90 (155.20)		T		A
	This code may be reported when an implant supported fixed denture is attached to an implant body (no mesostructure or abutments are used). Report per implant and identify the position (replaced tooth's number) of the implant(s). May only be used in conjunction with codes 8654 and 8655.										

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Crowns - Single Restorations											
8536	Crown - implant/abutment supported - porcelain/ceramic	06.03	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
	An artificial crown that is retained, supported, and stabilised by an implant or abutment on an implant; may be screw retained or cemented.										
8537	Crown - implant/abutment supported - porcelain with metal	05.02	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
8538	Crown - implant/abutment supported - cast metal	05.02	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
8592	Crown - implant/abutment supported	06.03					1246.70 (1093.60)		T	+L	A
	An artificial crown that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented. See also codes 8536, 8537 and 8538.										
Bridge Retainers - Crowns											
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	06.03	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
	A crown attaching a pontic(s) that is retained, supported, and stabilised by an implant or an abutment on an implant; may be screw retained or cemented.										
8547	Crown retainer - implant/abutment supported - porcelain with metal	05.02	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
8548	Crown retainer - implant/abutment supported - cast metal	05.02	942.60 (826.80)				1246.70 (1093.60)		T	+L	A
OTHER IMPLANT SERVICES											
8590	Implant maintenance procedures - per implant	06.03	52.20 (45.80)				78.40 (68.80)		T		A
	This procedure involves the (1) removal of the superstructure(s), cleansing and reinsertion; (2) active deposit removal (debriding) of the implant; (3) examination of all aspects of the implant system (periimplant and prosthetic evaluation, including the occlusion and stability of the superstructure); and (4) patient home care reinforcement and modification. Report per implant and identify the position of the implant (replaced tooth's number) from which the superstructure has been removed. This procedure involves the maintenance of the implant and should not be reported when the superstructure is not removed. See code 8159 (prophylaxis – complete dentition) in the "Preventive Section". The procedure also involves patient home care reinforcement and modification, and codes 8151 (Oral hygiene instructions) or code 8153 (Oral hygiene instructions – each additional visit) should not be reported with this code. Radiographs, when indicated, may be reported in addition to this code (usually at each three months recall visit for the first year and annually thereafter).										
8594	Repair of implant supported prosthesis	06.03	57.90 (50.80)				86.90 (76.20)				
	Use this code to report the repair or replacement of any part of the implant supported prosthesis. See Codes 9189 to submit the cost of implant components (e.g. replacement clips).										
8595	Repair of implant abutment	06.03	57.90 (50.80)				86.90 (76.20)				
	Use this code to report the repair or replacement of any part of the implant abutment. See code 9188 to submit the cost of implant abutment and code 9189 to submit the cost of implant components (e.g. abutment screw).										
8600	Cost of implant components	06.03				-	-				S
	See Rule 002 and Modifier 8025 for direct material costs. See also codes 9187, 9188 and 9189.										
9187	Cost of endosteal implant body	06.03				-	-				S

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	See GDP codes 8415 to 8418.												
BRIDGE RETAINERS – INLAYS/ONLAYS													
	An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlaid to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.											06.03	
8432	Inlay/onlay retainer - metal - two surfaces	05.02	282.40 (247.70)				552.30 (484.50)		T	+L	A		
8433	Inlay/onlay retainer - metal - three surfaces	05.02	470.90 (413.10)				856.50 (751.30)		T	+L	A		
8434	Inlay/onlay retainer - metal - four or more surfaces	05.02	569.40 (499.50)				856.50 (751.30)		T	+L	A		
8436	Inlay/onlay retainer - porcelain - two surfaces	05.02	343.60 (301.40)				662.60 (581.20)		T	+L	A		
8437	Inlay/onlay retainer - porcelain - three surfaces	05.02	566.30 (496.80)				1029.50 (903.10)		T	+L	A		
8438	Inlay/onlay retainer - porcelain - four or more surfaces	05.02	685.90 (601.70)				1029.50 (903.10)		T	+L	A		
8617	Retainer cast metal (Maryland type retainer)	06.03	282.40 (247.70)				552.30 (484.50)		T	+L	A		
	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	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8442	Crown retainer - 3/4 cast metal	05.02	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8443	Crown retainer - porcelain/ceramic	05.02	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8444	Crown retainer - 3/4 porcelain/ceramic	05.02	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8445	Crown retainer - porcelain with metal	05.02	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8446	Crown retainer - resin with metal	05.02	726.10 (636.90)				1069.00 (937.70)		T	+L	A		
8447	Provisional crown retainer	06.03	141.10 (123.80)				211.80 (185.80)		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	63.60 (55.80)				80.70 (70.80)		T		B		

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	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 permananet 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. Previouly code 8133 included the recementation of bridge retainers.										
8516	Remove bridge	06.03	126.50 (111.00)				126.50 (111.00)			T	A
	This procedure involves the removal of a permananet bridge retainer - reported per retainer. Report code 8135 for the removal of a single permananet 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. Previouly code 8135 included the removal of bridge retainers.										
8518	Repair bridge	06.03	141.10 (123.80)				141.10 (123.80)			T (+L)	A
	This procedure involves the repair or replacement of the face of a permanent crown retainer or pontic. Excludes the removal (8516) and recementation (8514) of the permanent bridge. This code may also be reported for the repair/replacement of a provisional crown retainer (8447) or pontic (8425) after a period of two months. The code may not be used for the repair/replacement of a temporary bridge, which is included as part of the restoration.										
8585	Connector bar	06.03	1139.90 (999.90)				1709.80 (1499.80)			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	425.20 (373.00)				637.70 (559.40)			M +L	A
	A non-rigid connector.										
8587	Coping metal	06.03	94.70 (83.10)				176.90 (155.20)			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	63.60 (55.80)	63.60 (55.80)						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	25.60 (22.50)	25.60 (22.50)						T	B

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	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	274.70 (241.00)								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	211.80 (185.80)								T	S
8937	Surgical removal of tooth	06.03	274.70 (241.00)	370.80 (325.30)							T	S
	This procedure requires mucoperiosteal flap elevation with bone removal, removal of the tooth and closure. Use code 8937 for the surgical removal of residual tooth roots following the failure of a normal extraction during the same visit.											
8941	Surgical removal of impacted tooth - first tooth	06.03	455.40 (399.50)	598.90 (525.40)							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	244.30 (214.30)	322.70 (283.10)							T	S
8945	Surgical removal of impacted tooth - third and subsequent teeth	04.00	138.80 (121.80)	183.10 (160.60)							T	S
8953	Surgical removal of residual roots, first tooth - per tooth	06.03		370.80 (325.30)							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	146.90 (128.90)					220.40 (193.30)			T	+L S
8909	Oral antral fistula closure	04.00	643.90 (564.80)	965.80 (847.20)								S
8911	Caldwell-Luc procedure	04.00	251.90 (221.00)	377.90 (331.50)								S
8917	Biopsy of oral tissue - soft	06.03	160.60 (140.90)	214.10 (187.80)			214.10 (187.80)				M	S
	Incisional/excisional (e.g. epulis). This procedure does not include the cost of the essential pathological evaluations.											

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8919	Biopsy of bone - needle	05.02	247.20 (216.80)	370.80 (325.30)					M		S
8921	Biopsy – extra-oral bone/soft tissue	05.02	404.50 (354.80)	606.60 (532.10)					M		S
8961	Tooth transplantation	06.03	552.90 (485.00)	829.30 (727.50)					T	+L	S
	See Surgery Guidelines, Notes 2 and 3.										
8965	Peripheral neurectomy	04.00	552.90 (485.00)	829.30 (727.50)							S
8966	Repair of oronasal fistula (local flaps)	04.00	769.10 (674.60)	1153.70 (1012.00)							S
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	06.03	507.40 (445.10)	691.30 (606.40)		691.30 (606.40)			T		S
	An incision is made and the tissue is reflected and bone removed as necessary to expose the crown. This procedure may include but is not limited to a situation whereby an attachment is laced to facilitate eruption. In some instances, a free soft tissue graft is needed as a concurrent but separate procedure. Comment: The orthodontic attachment is usually supplied by the referring orthodontist.										
8983	Corticotomy - first tooth	04.00	367.20 (322.10)	550.80 (483.20)					T		S
8984	Corticotomy - each additional tooth	04.00	186.20 (163.30)	279.30 (245.00)					T		S
ALVEOLOPLASTY											
8957	Alveolotomy or alveolectomy (including extractions)	06.03	337.20 (295.80)	505.90 (443.80)					M		S
	Report per jaw.										
9003	Reposition mental foramen and nerve - per side	05.02	768.10 (673.80)	1152.10 (1010.60)					M	+L	S
9004	Lateralization of inferior dental nerve	05.02	1237.60 (1085.60)	1856.50 (1628.50)							S
VESTIBULOPLASTY											
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.										06.03
8997	Sulcoplasty / Vestibuloplasty	05.02	1267.70 (1112.00)	1901.50 (1668.00)		1901.50 (1668.00)			M	+L	S
SURGICAL EXCISION OF SOFT TISSUE LESIONS											
8971	Excision of tumour of the soft tissue	04.00	247.20 (216.80)	370.80 (325.30)		370.80 (325.30)					S
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS											
8967	Surgical removal of jaw cyst - intra-oral approach	05.02	768.10 (673.80)	1152.10 (1010.60)					M		S
8969	Surgical removal of jaw cyst - extra-oral approach	05.02	1230.40 (1079.30)	1845.60 (1618.90)					M		S
8973	Surgical excision of tumours of the jaw	05.02	1230.40 (1079.30)	1845.60 (1618.90)					M		S
9290	Maxillectomy - Alveolus only, Level I	06.03									

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	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.											
9298	Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V	06.03										
	Report per side.											
9300	Hemiresection of jaw including condyle and coronoid process	06.03										
	Report per side.											
EXCISION OF BONE TISSUE												
8975	Hemiresection of jaw excluding condyl	06.03	1292.50 (1133.80)	1938.70 (1700.60)							M	S
	Include splintage of segments.											
8987	Reduction of mylohyoid ridges - per side	04.00	552.90 (485.00)	829.30 (727.50)							+L	S
8989	Removal torus mandibularis	04.00	552.90 (485.00)	829.30 (727.50)							+L	S
8991	Removal of torus palatinus	04.00	552.90 (485.00)	829.30 (727.50)							+L	S
8993	Surgical reduction of osseous tuberosity - per side	06.03	247.20 (216.80)	370.80 (325.30)							M +L	S
	See procedure code 8971 for excision of denture granuloma.											
SURGICAL INCISION												
8731	Incision & drainage of abscess - intra-oral	06.03	101.40 (88.90)					152.10 (133.40)				A
	Periodontal abscess - treatment of acute phase (with or without flap procedure).											
8908	Surgical removal of roots from maxillary antrum	06.03	839.90 (736.80)	1259.90 (1105.20)								S
	Involves Caldwell-Luc and closure of oral antral communication.											
9011	Incision & drainage of abscess - intra-oral (pyogenic)	05.02	157.30 (138.00)	235.80 (206.80)							M	S
9013	Incision & drainage of abscess - extra-oral (pyogenic)	06.03	215.10 (188.70)	322.70 (283.10)							M	S
	E.g., Ludwig's angina.											
9017	Decortication, saucerisation and sequestrectomy	06.03	1138.30 (998.50)	1707.50 (1497.80)								S
	For osteomyelitis of the mandible.											

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9019	Sequestrectomy - intra oral per sextant and or ramus	05.02	247.20 (216.80)	370.80 (325.30)						M	S
TREATMENT OF FRACTURES											
Alveolus Fractures											
9024	Dento-alveolar fracture - per sextant	04.00	277.20 (243.20)	415.80 (364.70)						+L	S
Mandibular Fractures											
9025	Mandible fracture - closed reduction	06.03	613.90 (538.50)	920.90 (807.80)							S
	Includes intermaxillary fixation.										
9027	Mandible fracture - compound, with eyelet wiring	04.00	862.20 (756.30)	1293.30 (1134.50)							S
9029	Mandible fracture - splints	06.03	954.70 (837.50)	1432.10 (1256.20)						+L	S
	Metal cap splintage or Gunning's splints.										
9031	Mandible fracture - open reduction	06.03	1415.10 (1241.30)	2122.60 (1861.90)						+L	S
	Includes restoration of occlusion by splintage.										
Maxillary Fractures											
9035	Maxilla fracture - Le Fort I or Guerin	06.03	863.80 (757.70)	1295.60 (1136.50)						+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	1415.10 (1241.30)	2122.60 (1861.90)						+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	2029.50 (1780.30)	3044.30 (2670.40)						+L	S
	Includes comminuted mid-facial fractures requiring open reduction and splintage.										
Zygoma/Orbital/Antral Fractures											
9041	Zygomatic arch fracture - closed reduction	06.03	613.90 (538.50)	920.90 (807.80)							S
	Gillies or temporal elevation.										
9043	Zygomatic arch fracture - open reduction	06.03	1230.40 (1079.30)	1845.60 (1618.90)							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	1843.30 (1616.90)	2765.00 (2425.40)							S
9046	Placement of Zygomaticus fixture, per fixture	05.02	1217.60 (1068.10)	1826.30 (1602.00)							S
Nasal Fractures											
9280	Open reduction and fixation of nasal fractures	04.00									
9282	Manipulation and immobilisation of nasal fracture	04.00									

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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	-	-	-	-	-	-	-	-	
	Comment: Applicable to pre-fabricated devices. See Rule 002 and Modifier 8025 for direct material costs.										
8850	Treatment of MPDS - first visit	04.00	97.20 (85.30)			145.90 (128.00)			145.90 (128.00)		A
8851	Treatment of MPDS - subsequent visit	04.00	51.20 (44.90)			76.80 (67.40)			76.80 (67.40)		A
8852	Occlusal orthotic appliance	06.03	244.30 (214.30)	321.90 (282.40)		321.90 (282.40)	321.90 (282.40)		321.90 (282.40)		+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	767.50 (673.20)	1151.30 (1009.90)							S
9074	Tmj arthroscopy diagnostic	04.00	610.80 (535.80)	916.20 (803.70)							S
9075	Condylectomy, coronoidectomy or both	04.00	1534.50 (1346.10)	2301.80 (2019.10)							S
9076	TMJ artrocentesis	04.00	337.20 (295.80)	505.90 (443.80)							S
9077	TMJ intra-articular injection	04.00	92.00 (80.70)	138.10 (121.10)							S
9079	Trigger point injection	04.00	71.80 (63.00)	107.80 (94.60)							S
9081	Condylectomy (Ward/Kostecka)	06.03	613.90 (538.50)	920.90 (807.80)							S
	For Codes 9081, 9083 and 9092 the full fee may be charged per side.										
9083	TMJ srthroplasty	06.03	1534.50 (1346.10)	2301.80 (2019.10)							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	122.10 (107.10)	183.10 (160.60)							S
9087	Reduction of TMJ disloc w/ anaesthetic	04.00	247.20 (216.80)	370.80 (325.30)							S
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation	04.00	613.90 (538.50)	920.90 (807.80)							S
9091	Reduction of TMJ dislocation - open reduction	04.00	1534.50 (1346.10)	2301.80 (2019.10)							S
9092	Joint reconstruction	06.03	4096.80 (3593.70)	6145.20 (5390.50)							+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.										

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REPAIR OF TRAUMATIC WOUNDS												
8192	Suture - minor	06.03	313.40 (274.90)									S
	Use to report the suturing of recent small wounds. Excludes the closure of surgical incisions.											
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	313.40 (274.90)	415.80 (364.70)								S
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	04.00	583.40 (511.80)	875.10 (767.60)								S
OTHER REPAIR PROCEDURES												
8958	Emergency tracheotomy	04.00	283.40 (248.60)	425.10 (372.90)								
8959	Pharyngostomy	04.00	283.40 (248.60)	425.10 (372.90)								
8962	Harvest iliac crest graft	04.00	203.80 (178.80)	250.50 (219.70)								S
8963	Harvest rib graft	04.00	233.80 (205.10)	350.70 (307.60)								S
8964	Harvest cranium graft	04.00	183.10 (160.60)	274.70 (241.00)								S
8977	Surgical repair of maxilla or mandible - major	06.03	1291.50 (1132.90)	1937.20 (1699.30)								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	106.50 (93.40)	159.80 (140.20)			159.80 (140.20)					S
8985	Frenulectomy/frenulotomy	04.00	337.20 (295.80)	505.90 (443.80)			505.90 (443.80)					S
9005	Alveolar ridge augmentation - total (by bone graft)	05.02	1292.50 (1133.80)	1938.70 (1700.60)			1938.70 (1700.60)				M +L	S
9007	Alveolar ridge augmentation - total (by alloplastic material)	05.02	813.50 (713.60)	1220.30 (1070.40)							M +L	S
9008	Alveolar ridge augmentation - one to two tooth sites	05.02	251.50 (220.60)	460.10 (403.60)			460.10 (403.60)				M +L	S
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	05.02	559.10 (490.40)	838.60 (735.60)			838.60 (735.60)				M +L	S
9010	Sinus lift procedure	05.02	839.90 (736.80)	1259.90 (1105.20)			1259.90 (1105.20)				M +L	S
9032	Reduction of masseter muscle and bone - extra-oral approach	06.03										
	Eg., for treatment of benign masseteric hypertrophy; extraoral approach (Alt Code: CPT 21295)											
9033	Reduction of masseter muscle and bone - intra-oral approach	06.03										
	Eg., for treatment of benign masseteric hypertrophy; intraoral approach (Alt Code: CPT 21296)											

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9048	Surgical removal of internal fixation devices, per site	05.02	236.40 (207.40)	354.60 (311.10)							S
Functional Correction of Malocclusion											
	For Codes 9047 to 9072 the full fee may be charged.									06.03	
9047	Osteotomy - open with stabilisation	06.03	2579.80 (2263.00)	3869.70 (3394.50)						+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	2150.10 (1886.10)	3225.00 (2828.90)						+L	S
	E.g. Köle										
9050	Osteotomy - total subapical	04.00	3932.90 (3449.90)	5899.20 (5174.70)							S
9051	Genioplasty	04.00	1230.40 (1079.30)	1845.60 (1618.90)							S
9052	Midfacial exposure	06.03	1947.80 (1708.60)	2921.70 (2562.90)							S
	For maxillary and nasal augmentation or pyramidal Le Fort II osteotomy.										
9055	Osteotomy - segmented, posterior	06.03	2150.10 (1886.10)	3225.00 (2828.90)						M +L	S
	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure.										
9057	Osteotomy - segmented, anterior	06.03	2150.10 (1886.10)	3225.00 (2828.90)						M +L	S
	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure.										
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	04.00	4045.60 (3548.80)	6068.30 (5323.10)						+L	S
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	05.02	4541.60 (3983.90)	6812.30 (5975.70)						+L	S
9061	Palatal osteotomy	04.00	1415.10 (1241.30)	2122.60 (1861.90)							S
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	04.00	5164.30 (4530.10)	7746.40 (6795.10)						+L	S
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	04.00	5166.90 (4532.40)	7750.30 (6798.50)						+L	S
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	06.03	7743.50 (6792.50)	11615.30 (10188.90)						+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	1230.40 (1079.30)	1845.60 (1618.90)						M	S
	This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.										
9069	Glossectomy - partial	04.00	921.60 (808.40)	1382.40 (1212.60)							S

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9248	Lipadhesion	04.00	419.90 (368.30)	629.90 (552.50)							S
9250	Repair cleft lip - unilateral w/o muscle reconstruction	04.00	739.60 (648.80)	1109.40 (973.20)							S
9252	Repair cleft lip - unilateral w/ muscle reconstruction	04.00	1002.80 (879.60)	1504.30 (1319.60)							S
9254	Repair cleft lip - bilateral w/o muscle reconstruction	04.00	1032.80 (906.00)	1549.30 (1359.00)							S
9256	Repair cleft lip - bilateral w/ muscle reconstruction	04.00	1595.60 (1399.60)	2393.40 (2099.50)							S
9258	Repair anterior nasal floor	04.00	402.90 (353.40)	604.30 (530.10)							S
9260	Revision of secondary cleft lip deformity - partial	04.00	402.90 (353.40)	604.30 (530.10)							S
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	04.00	910.30 (798.50)	1365.40 (1197.70)							S
9264	Abbe-flap - two stages	04.00	1030.80 (904.20)	1546.20 (1356.30)							S
9266	Reconstruct columella	04.00	609.30 (534.50)	913.90 (801.70)							S
9268	Reconstruct nose due to cleft deformity - partial	04.00	774.30 (679.20)	1161.40 (1018.80)							S
9270	Reconstruct nose due to cleft deformity - complete	04.00	1223.70 (1073.40)	1835.50 (1610.10)							S
9272	Paranasal augmentation for nasal base deviation	04.00	609.30 (534.50)	913.90 (801.70)							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 trusing).										06.03
8862	Ortho Tx - removable appliance	04.00	713.20 (625.60)		1069.80 (938.40)						+L A
8863	Ortho Tx - each additional removable appliance	06.03	358.40 (314.40)		537.70 (471.70)						+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.										
	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	1284.80 (1127.00)		1927.10 (1690.40)						+L A
	If additional functional appliances are required, +L can be charged but no further fee.										

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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	854.50 (749.60)		1281.70 (1124.30)					A
8865	Ortho Tx - partial fixed appliance - one arch	04.00	2279.30 (1999.40)		3418.90 (2999.00)					A
8866	Ortho Tx - partial fixed appliance - both arches	04.00	3134.80 (2749.80)		4702.10 (4124.60)					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	2450.00 (2149.10)		3674.90 (3223.60)					A
8868	Ortho Tx - fixed appliance - one arch, moderate	04.00	3022.00 (2650.90)		4533.00 (3976.30)					A
8869	Ortho Tx - fixed appliance - one arch, severe	04.00	3534.60 (3100.50)		5301.80 (4650.70)					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	4483.60 (3933.00)		6725.40 (5899.50)					A
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	04.00	5504.10 (4828.20)		8256.00 (7242.10)					A
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	04.00	6416.40 (5628.40)		9624.60 (8442.60)					A
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	04.00	7210.90 (6325.40)		10816.20 (9487.90)					A
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	04.00	6416.40 (5628.40)		9624.60 (8442.60)					A
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	04.00	7210.90 (6325.40)		10816.20 (9487.90)					A
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	04.00	8094.80 (7100.70)		12142.10 (10651.00)					A
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	04.00	9120.30 (8000.30)		13680.50 (12000.40)					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	4604.70 (4039.20)		6906.90 (6058.70)					A
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	04.00	5411.50 (4746.90)		8117.20 (7120.40)					A

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	Comment: (1) May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. (2) The Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anaesthesia. Includes any and all pharmacological, psychological, physical management adjuncts required or utilised. (3) Notation and justification must be written in the patient record identifying the specific behaviour problem and the technique used to manage it. (4) Report in 15-minute units. (maximum 4 units per visit and allowed once per patient per day) Limit of 12 units per year. (5) If requested, the report must be made available at no charge. (6) The benefits provided by some medical schemes for behaviour management may be subject to pre-authorisation.									
8551	Occlusal adjustment - major	06.03	402.40 (353.00)		603.50 (529.40)		603.50 (529.40)			A
	Comment: (1) A complete occlusal adjustment involves the grinding of teeth to the equivalent of two or more quadrants. (2) Several appointments of varying length and sedation to attain relaxation of the muscularity muscles may be necessary. Submit code 8551 for payment at the last visit if several appointments to complete the procedure are required.									
8553	Occlusal adjustment - minor	06.03	140.30 (123.10)		192.40 (168.80)	192.40 (168.80)	192.40 (168.80)			A
	An occlusal adjustment involves the grinding of the occluding surfaces of teeth to develop harmonious relationships between each other, their supporting structures, muscles of mastication and temporomandibular joints. Comment: (1) Partial occlusal adjustment for the relief of symptomatic teeth involves the selective grinding of teeth to the equivalent of one quadrant or less. (2) Payment for this procedure is limited to one visit per treatment plan. (3) May not be submitted for the adjustment of dentures or restorations provided as part of a treatment plan (including opposing teeth).									
9099	Unlisted dental procedure or service (By report)	06.03	-							
	The intention of this code is to report a dental procedure or service which is not adequately described by a code. Describe procedure.									
MODIFIERS										
8001	Assistant surgeon - specialist (1/3 of the appropriate benefit)									06.03
8002	Specialist fee/benefit (Plus 50% of the appropriate benefit)									06.03
8003	Minimum assistant surgeon	06.03	117.93 (103.45)	117.93 (103.45)		117.93 (103.45)				
	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	183.09 (160.61)	183.09 (160.61)		183.09 (160.61)				
	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
8007	Assistant surgeon - general dental practitioner (15% of the appropriate benefit)									06.03
8008	Emergency surgery - after hours (PLUS 25% of the appropriate benefit)									06.03
8009	Multiple surgical procedures - second procedure (75% of the appropriate benefit)									06.03
8010	Open reduction (PLUS 75% of the appropriate benefit)									06.03
8011	Procedure accompanied by unusual circumstances (Benefit PLUS X % as determined by the practitioner and agreed upon by patient/medical scheme)									06.03
8012	Reduced services (benefit MINUS X % as determined by the practitioner)									06.03

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8013	Multiple modifiers																			06.03	
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)																				06.03
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.																				