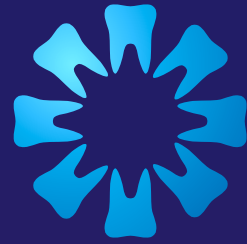
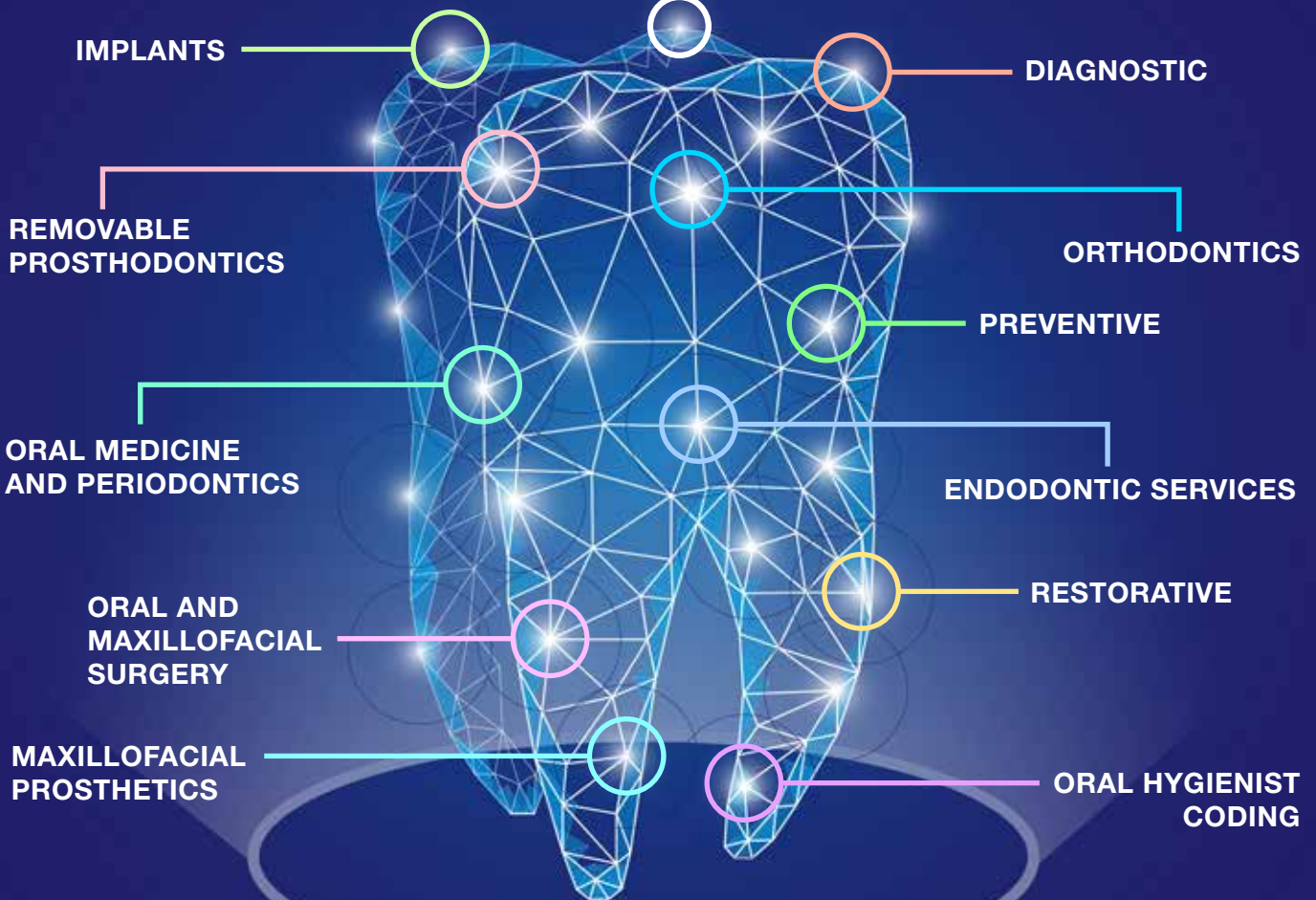


# SADA DENTAL CODES 2022



**SADA**

THE SOUTH AFRICAN  
DENTAL ASSOCIATION

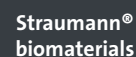


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The South African Dental Association (SADA) has once again embarked on its revision of its dental codes, making it available in book form as well as electronic format to its members. We hope you will find this publication of value as it is an indispensable tool in your dental practice.

SADA remains the sole distributor of the hard and electronic copies of The SADA Dental Codes 2021 for dental practitioners. Additional copies are available at a cost from SADA.

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**Latest online update: 30 June 2022**

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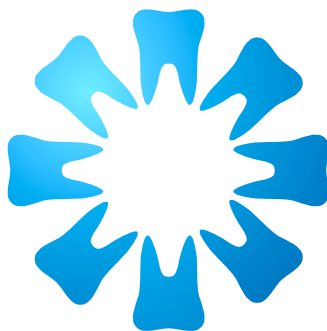
## Disclaimer

1. The SADA Dental Codes recommends a dental system comprising services rendered by dentists and dental specialists. It contains codes and descriptors of what the dental profession considers current practice for all dental services.
2. The Guidelines to the dental codes have been produced to promote amongst dentists, the correct and ethical interpretation of procedure codes and thus to avoid misinterpretations or misunderstandings by practitioners and other stakeholders when applying the codes to the services that they render. In this way the highest standards of ethical practice are maintained.
3. The SADA code structure serves as a basis of comparison to determine whether dental and clinical procedures are fair, reasonable and aligned to best practice. It helps to remedy the information asymmetry that exists between providers, patients and funders in the market as it increases transparency and to communicate to patients the treatment that they receive.
4. The SADA Dental Codes is intended to serve as a guideline against which health providers can individually determine their own fees to charge patients and for medical schemes and funders to determine benefits. SADA cannot guarantee that these Guidelines will be adopted and does not accept liability for any financial implications that may arise from them.
5. The Relative Value Unit (RVU) is a 'relative value scale', an estimate value assigned to a given procedure and is generally 'relative'. It is not a recommended price or 'price list' and practitioners and other users of the Dental Codes are free to determine their own fees.
6. Please be advised that every effort has been made to code as accurately as possible, it does not necessarily mean that medical schemes will provide benefits for these codes. Not all medical schemes are granting benefits for the new or revised codes included in this Code book since 2007 - some schemes are only recognising the coding structure as was published in 2006. When procedures are planned using those codes contained in this book that were introduced or amended after 2006, the patient and the relevant medical scheme should be informed and an agreement reached for benefits to be paid for the services rendered.
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  - The format has been revised for ease of use.
  - New Codes have been introduced to help our members to correctly keep records and invoice their patients.
  - Relative Value Units of what the dental profession considers current practice for dental services.
  - When using the new codes, it is important that the service provider discusses these new procedures with the patient.
  - Informed consent and financial consent with the patient must be completed in writing.
9. Dental procedures continually evolve and the SADA Dental Codes provides a means to document services that dentists are delivering. Annual updates enable the SADA Dental Codes to effectively accommodate that evolution.

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## SADA

THE SOUTH AFRICAN  
DENTAL ASSOCIATION

### What we do

The South African Dental Association (SADA) represents the majority of active dentists in the private and public sectors in South Africa. The Association is regarded as the voice of dentistry in Southern Africa and is the most relied on body regarding all aspects of dental practice in the region, both in the public and private sectors in South Africa. It is a non-profit professional association with voluntary membership organisation represented by a total of 11 branches, one in every province of the Republic of South Africa, with Gauteng and Eastern Cape provinces having two branches each. The Association represents the interests of both the oral health profession and its members in South Africa.

Our membership covers General Practitioner dentists, Specialist practitioner dentists (Orthodontics, Prosthodontics, Maxillofacial & Oral Surgery and Periodontics). Since 2020, our membership is open to all allied oral health practitioners (Oral Hygienists, Dental Therapists, Dental Technicians, and Dental assistants). Membership is open and FREE for all oral health students.

The Association actively encourages continuing professional advancement of dentists and allied oral health practitioners, and to this end, it regularly holds Branch events for learning and mentoring purposes, an annual international SADA Dental & Oral Health Congress and Exhibition. We are the only oral health professional body in Africa which publishes an internationally accredited professional journal (The South African Dental Journal) with circulation locally, the rest of Africa and internationally

### The Association's main objectives

- To support members by enhancing their ability to provide safe, high quality professional oral health care.
- To encourage the improvement of the oral and general health of the public.
- To promote the ethical standards, art and science of dentistry by supporting oral professionals through services like Find-a-Dentist, DCalc, Third-Party Funder concierge, contract review and much more.
- To be the authoritative provider of guides (including samples, template etc) and protocols, Continuing Professional Development material, policies that accurately reflect regulatory guidelines and a National Code of Ethics.
- To represent and advocate for our members' interest in every key platform to influence policy on all matters relevant to oral health.

The Association is recognised by the public and relevant stakeholders as the authority in providing information and advice about oral health. SADA is affiliated to The Fédération Dentaire Internationale (FDI) World Dental Federation and the FDI African Regional Organisation (ARO).

# CONTENTS

<b>INTRODUCTION .....</b>	<b>vii</b>
B. Administrative and invoicing rules.....	xi
C. General coding rules.....	xiv
D. Services rules.....	xv
E. Modifiers.....	xvi
F. Explanations.....	xviii
Balanced-Billing vs. Split-Billing .....	xix
Credit Control.....	xix
<b>1. DIAGNOSTIC .....</b>	<b>1</b>
1.1. Clinical oral examinations, consultations and visits.....	2
1.2. Oral pathology .....	5
1.3. Radiographs and diagnostic imaging.....	6
1.4. Other diagnostic procedures .....	9
<b>2. PREVENTIVE .....</b>	<b>11</b>
2.1. Dental prophylaxis.....	13
2.2. Topical fluoride treatment .....	13
2.3. Space maintenance (passive appliances).....	14
2.4. Other preventive services .....	14
<b>3. RESTORATIVE .....</b>	<b>17</b>
3.1. Amalgam restorations .....	18
3.2. Resin restorations .....	18
3.3. Inlay/onlay restorations.....	19
3.3.1. Metal inlays.....	19
3.3.2. Ceramic inlays/onlays.....	20
3.4. Procedures utilizing computer generated restorations.....	20
3.4.1. Fabrication of computer generated restorations.....	20
3.4.2. Direct cost of materials in the fabrication of computer generated restorations .....	21
3.5. Resin based inlays/onlays .....	21
3.6. Crowns.....	22
3.7. Veneers .....	23
3.8. Temporary crowns .....	23
3.9. Other restorative services.....	24
3.10. Unclassified restorative procedures .....	26
<b>4. ENDODONTIC SERVICES.....</b>	<b>29</b>
4.1. Pulp capping.....	30
4.2. Pulpotomy .....	30
4.3. Endodontic therapy.....	30
4.3.1. Root canal therapy on primary teeth.....	30
4.3.2. Root canal therapy on permanent teeth.....	31
4.3.2.1. Root canal preparation .....	31
4.3.2.2. Root canal obturation.....	31
4.3.2.3. Complete therapy in one visit .....	31
4.3.3. Endodontic re-treatment .....	32
4.4. Apexification/apexogenesis/revascularisation procedures .....	32
4.5. Other endodontic procedures.....	33
4.6. Surgical procedures related to endodontic treatment.....	33
4.6.1. Apicectomy/periradicular procedures .....	33
4.6.2. Hemisection of a tooth .....	33

<b>5. ORAL MEDICINE AND PERIODONTICS .....</b>	<b>35</b>
5.1. Surgical procedures .....	37
5.2. Surgical periodontal services .....	40
5.3. Non-surgical periodontal services .....	41
5.4. Other periodontal services .....	42
5.5. Other oral medicine services .....	43
5.6. Diagnostic procedures .....	43
<b>6. REMOVABLE PROSTHODONTICS .....</b>	<b>45</b>
6.1. Complete dentures .....	47
6.2. Partial denture(s) .....	48
6.3. Adjustments to dentures .....	49
6.4. Repairs to complete or partial dentures .....	49
6.5. Rebase and reline procedures .....	49
6.5.1. Denture reline procedures .....	50
6.5.2. Interim dentures .....	50
6.6. Other removable prosthetic services .....	50
<b>7. MAXILLOFACIAL PROSTHETICS .....</b>	<b>53</b>
7.1. Maxillary prosthesis .....	55
7.1.1. Obturator prosthesis .....	55
7.1.2. Obturator prosthesis modification .....	56
7.2. Mandibular resection prostheses .....	56
7.3. Sleep apnoea and/or snoring .....	57
7.4. Glossal resection prostheses .....	57
7.5. Cleft palate prostheses .....	57
7.6. Neonatal prosthesis .....	57
7.7. Orthopaedic craniofacial prosthesis .....	58
7.8. Intermediate/definitive prostheses .....	58
7.9. Speech appliances .....	59
7.10. Extra-oral appliances .....	59
7.11. Custom implants .....	61
7.12. Surgical appliances .....	62
7.13. Trismus appliances .....	63
7.14. Attendance in theatre .....	63
<b>8. IMPLANTS .....</b>	<b>65</b>
8.1. Surgical implant procedures .....	66
8.2. Implant supported prosthetics .....	68
8.2.1. Abutments and bars .....	68
8.2.2. Implant supported removable dentures .....	69
8.2.3. Implant supported fixed-detachable prosthesis .....	69
8.2.4. Implant supported crowns - single restorations .....	70
8.2.5. Implant supported crown retainers (for bridges) .....	71
8.3. Other implant services .....	71
8.3.1. Restoration directly to implant .....	71
8.4. Attendance in theatre .....	73
<b>9. FIXED PROSTHODONTIC SERVICES .....</b>	<b>75</b>
9.1. Pontics .....	76
9.2. Bridge retainers - inlays/onlays .....	77
9.3. Bridge retainers - crowns .....	78

9.4. Other fixed prosthodontic procedures.....	78
<b>10. ORAL AND MAXILLOFACIAL SURGERY .....</b>	<b>81</b>
10.1. Extractions.....	82
10.2. Surgical extractions.....	82
10.3. Distraction osteogenesis .....	83
10.4. Other surgical procedures .....	84
10.5. Surgical preparation of mouth for dentures .....	85
10.5.1. Alveoloplasty.....	85
10.5.2. Vestibuloplasty .....	85
10.5.3. Excision of bone tissue.....	86
10.6. Treatment of head and neck pathology.....	86
10.6.1. Diagnostic procedures .....	86
10.7. Excision and/or management of soft tissue lesions .....	86
10.7.1. Therapeutic procedures .....	86
10.7.2. Repair/reconstructive procedures.....	87
10.8. Neck dissection .....	88
10.9. Excision of intra-bone lesions .....	88
10.10. Maxillectomy.....	89
10.11. Mandibulectomy/mandibulotomy.....	90
10.12. Treatment of orofacial sepsis and infections.....	90
10.13. Treatment of maxillofacial trauma.....	90
10.14. Repair of traumatic wounds.....	91
10.15. Complicated suturing (trauma and oncology).....	91
10.16. Mandibular fractures .....	91
10.17. Maxillary fractures .....	92
10.18. Zygoma/orbit/antral - complex fractures .....	92
10.19. Nasal fractures.....	93
10.20. Temporomandibular joint .....	93
10.21. Surgical approaches .....	95
10.22. Harvesting procedures .....	96
10.23. Other repair procedures .....	97
10.24. Functional correction of dentofacial abnormalities (congenital or acquired) .....	99
10.24.1. Mandibular osteotomies .....	99
10.24.2. Maxillary osteotomies.....	100
10.24.3. Salivary gland surgery .....	101
10.25. Pedicle flaps .....	101
10.26. Repair of frontal bones .....	102
10.27. Cleft lip and palate .....	102
10.28. Post surgical complications.....	104
<b>11. ORTHODONTIC SERVICES .....</b>	<b>105</b>
11.1. Removable appliance therapy .....	107
11.1.1. Control of harmful habits .....	107
11.2. Functional appliance therapy.....	107
11.3. Partial fixed appliance therapy - mixed dentition .....	107
11.4. Comprehensive fixed appliance therapy.....	108
11.4.1. Single arch treatment .....	108
11.5. Combined maxillary and mandibular arch therapy.....	108
11.5.1. Class I malocclusions - fixed appliance - comprehensive .....	108
11.5.2. Class II and III malocclusions - fixed appliance - comprehensive .....	108
11.6. Comprehensive lingual fixed appliance therapy.....	109

11.6.1. Single arch - Lingual fixed appliance therapy .....	109
11.6.2. Combined maxillary and mandibular arch therapy lingual fixed appliance therapy .....	109
11.6.2.1. Class I malocclusions .....	109
11.6.2.2. Class II and III malocclusions .....	110
11.7. Clear aligner appliance therapy .....	110
11.8. Other orthodontic services .....	110
11.9. Non-payment of orthodontic fees .....	111
<b>12. SUPPLEMENTARY .....</b>	<b>113</b>
12.1. Procedural sedation and analgesia .....	114
12.1.1. Procedural sedation .....	114
12.2. Drugs, medicaments and materials, equipment, administrative and laboratory services .....	115
12.2.1. Drugs, medicaments and materials .....	115
12.2.2. Equipment .....	115
12.2.3. Administrative and laboratory services .....	115
12.3. Miscellaneous services .....	116
12.3.1. Palliative treatment .....	116
12.3.2. Tooth whitening procedures .....	117
12.3.3. Unclassified treatment .....	117
<b>13. CODING LIST FOR ORAL HYGIENISTS IN INDEPENDENT PRACTICE .....</b>	<b>119</b>
13.1. Clinical oral examinations and consultations .....	121
13.2. Diagnostic services .....	122
13.3. Dental prophylaxis .....	123
13.4. Topical fluoride treatment .....	124
13.5. Other preventive services .....	124
13.5.1. Restorative services .....	125
13.5.2. Periodontal services .....	126
13.5.3. Supportive services .....	127
13.5.4. Supplementary services .....	127
13.5.5. Administrative and laboratory services .....	128
13.6. Palliative treatment .....	128
13.7. Tooth whitening procedures .....	128
13.8. Unclassified treatment .....	129
<b>14. DELETED CODES .....</b>	<b>131</b>
14.1. For future deletion .....	132
<b>APPENDIX A: DIRECT MATERIALS.....</b>	<b>155</b>
A1. Administration fee .....	156
A2. Dental direct materials .....	156
<b>APPENDIX B: NUMERIC CODING LIST .....</b>	<b>157</b>
<b>APPENDIX C: ALPHABETIC CODING LIST .....</b>	<b>179</b>



# INTRODUCTION

The South African Dental Association (SADA), does not recommend any fees as this is contrary to the provisions of the Competition Act, 89 of 1998, which prohibits the setting of purchase or selling prices amongst those in a competitive relationship.

Until 2003, the medical schemes published Recommended Scale of Benefits by the Board of Healthcare Funders (BHF) and professional associations recommended professional fees. These were prohibited by the Competition Commission in 2003 as these publications were seen as collusion.

In 2004, the Council for Medical Schemes published the National Reference Price List (NRPL) which were guidelines applicable to medical scheme benefits. Since 2006, the Department of Health published a single document known as the Reference Price List (RPL). Furthermore, the Health Professions Council of South Africa published its Ethical Tariffs. No guidelines were published by the HPCSA since 2006 and the Department of Health since 2009.

The Competition Commission instructed the Department of Health and the Council for Medical Schemes (CMS) to compile the National Health Reference Price List (NHRPL) for medical scheme benefits. It was agreed that the NHRPL for dentistry would be based on the SADA structure, being the procedure codes and descriptors of the previous SADA codes and in which the Rand value was added and became known as the Reference Price List (RPL). This tariff although set aside but the SADA coding structures remained valid.

The SADA Dental Codes 2021 is a living document that is continuously updated to reflect and maintain new procedures and technology. This guideline is produced to promote correct and ethical interpretation of procedure codes when applying the codes to services rendered. The Dental Codes includes dental procedures and services for use by oral health practitioners for purposes of keeping accurate dental records, reporting procedures on patients, and processing dental insurance claims.

The procedures are those performed by general dental practitioners, oral pathologists, prosthodontists, periodontists, orthodontists, community dentists and maxillofacial and oral surgeons. These codes are also used by Oral Hygienists and Dental Therapists. The procedure codes listed in the book have for convenience been divided into twelve categories of services based on clinical dental practice. The procedures are grouped under the category of service with which the procedures are most frequently identified and which oral healthcare providers are permitted to perform such procedures are indicated in the scope of practice column.

Individual codes consist of a procedure code, procedure description (nomenclature), value unit/s and where necessary, guidelines to clarify the intended use of the procedure code. These guidelines are not intended to be comprehensive, but merely serve as a guide for the correct use of treatment codes. In compiling this clinical procedure coding structure, the South African Dental Association (SADA) has established an anatomical system in which relative value units (RVU) have been allocated to each procedure, operation, consultation, dental services etc rendered by dental practitioner. It does not recommend or stipulate any fees of any kind.

SADA has a process for the introduction of new codes to provide for new technology and procedures. The SADA Dental Codes 2021 replace all previous SADA Code publications. Any enquiries or errata regarding these Guidelines should be addressed to the Chairman of the Dental Practice Committee of the South African Dental Association or the SADA Head: Clinical Support Services. The Codes do not contain any reference to fees as Competition Legislation prevents us from recommending any fees in respect of dental procedures.

SADA does not recommend or determine any fees in respect of any dental procedures listed in this book. Dentists are free to levy fees in terms as what they regard as appropriate and justifiable for services rendered whilst taking into account the personal circumstances of individual patients. Practitioners are responsible for determining their own fees. It is important for patients to obtain details of their benefits for their medical Schemes and/or insurers.

SADA would recommend that each member uses the Practice Profitability Simulator (DCalc) to calculate the appropriate fees for your practice.

The Dental Codes 2021 apply to all practitioners providing oral health services.

For the convenience of our members a numeric index with a page reference appears at the end of the book as Appendix B.

### **Clinical freedom**

The South African Dental Association (SADA) respects the clinical freedom and judgement of every practitioner to recommend whatever treatment he or she considers appropriate in the given circumstances, provided it is based on a sound clinical diagnosis, is deemed scientifically acceptable, the practitioner has sufficient training in carrying out the procedure, has the necessary expertise and experience to perform the treatment. The patient must be given all available treatment options to make an informed decision.

### **Cost estimates for treatment**

It is recommended to always provide your patient with a written cost estimate and obtain the patient's informed consent before commencing with a treatment plan.

### **Informed consent**

Sample informed consent forms are available on the SADA website for members.

### **Conditions of practising as a specialist**

The following information regarding the conditions in respect of the practice of specialists was published in the Government Gazette.

A dentist who holds registration as a specialist in terms of the Act, shall:

1. In the case of a speciality, confine his or her practice to the speciality or related specialities in which he/she is registered, and the retention of his/her registration as a specialist in the relevant speciality, related specialities or subspecialty shall be contingent on whether he/she so confines his/her practice.
2. A specialist may charge fees for examinations or procedures which usually pertain to some other speciality only if such examinations or procedures are also recognised in his/her speciality or sub-speciality as generally accepted practice: Provided that such fees shall not be higher than those charged by general practitioners for the same examinations or procedures and that such examinations or procedures shall be carried out only for his/her bona fide patients.
3. A specialist shall not take over a patient from any other practitioner, whether he/she be a specialist or a general practitioner, except with the consent of the practitioner concerned, which consent shall not be unreasonably withheld.
4.
  - i. A specialist shall not do domiciliary visiting except when requested to do so by or with the consent of the general practitioner.
  - ii. Sub-regulation (1) shall not apply in the cases where domiciliary visiting by the specialist is required in the course of the performance of community health services rendered by the health authority.
5. A specialist may treat any patient who comes to him direct for consultation.
6. A specialist who is consulted by a patient or who treats a patient shall take all reasonable steps to ensure the collaboration of the patient's general medical or dental practitioner, as the case may be.

A specialist shall not practice in partnership with a general medical or dental practitioner or with a specialist practising another speciality. Where a patient is seen - (a) by both a medical specialist or a dental specialist and a medical practitioner or a dentist practising as specified in rule 8(3), such specialist and medical practitioner or dentist shall charge the fees applicable to either the medical practitioner or the dentist and not those applicable to a medical specialist or a dental specialist; and (b) by a medical specialist or a dental specialist only, the fees applicable to such specialist may be charged.

Except in emergency situations, registered specialists are required to restrict themselves to procedures that fall within their respective scope of duties and as indicated in the columns contained in the book. Procedures that do not fall within their scope of practice should not be performed routinely by that specialist. In exceptional circumstances, it is permissible when it is in the patient's best interest for a specialist to perform treatment falling outside his/her registered speciality.

## The oral cavity

This International Standard Organization (ISO) provides a system for designating teeth or areas of the oral cavity using two digits. It also provides a system for designating surfaces of the teeth using letters of the alphabet.

The increasing use of computers to store information, together with use of electronic communication for transmitting and printing documents containing dental information, has required that new basic elements be taken into consideration for drawing up a designation system for teeth.

The system described in this ISO standard has been drawn up by the International Dental Federation (FDI) and approved by the World Health Organization (WHO) and ISO/TC 106 to satisfy the following requirements:

- Simple to understand and teach.
- Easy to pronounce in conversation and dictation.
- Readily communicable in print and electronic.
- Easy to translate into computer "input".
- Easily adaptable to standard charts used in dental practice.

## Designation of areas of the oral cavity

The area of the oral cavity shall be designated by a two-digit code, where at least one of the two digits is a zero as follows:

00	Designates the whole of the oral cavity	03	Designates the upper right sextant
01	Designates the maxillary area	04	Designates the upper anterior sextant
02	Designates the mandibular area	05	Designates the upper left sextant
10	Designates the upper right quadrant	06	Designates the lower left sextant
20	Designates the upper left quadrant	07	Designates the lower anterior sextant
30	Designates the lower left quadrant	08	Designates the lower right sextant
40	Designates the lower right quadrant	09	Signifies an area specified in the annexed document (or further explanation available)

**NOTE:** A sextant, in this context, means one of the sixths of the dental arches (03 to 08), such as illustrated in Figure 1.

Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter (T), and other designation of areas of the oral cavity with the letter (Q) for a quadrant and the letter (M) for the maxillary or mandibular area in the mouth part (MP) column of the schedule. The International Standards Organization (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used.

## Designation of teeth

Teeth shall be designated by a two-digit code. The first digit of the code indicates the quadrant and the second indicates the tooth in this quadrant.

### a). First digit (quadrant).

Digits 1 to 4 are used for quadrants in the permanent dentition and digits 5 to 8 for those of the deciduous dentition, clockwise from the upper right side.

### b). Second digit (tooth).

Teeth in the same quadrant are designated by the second digit 1 to 8 (1 to 5 in the deciduous dentition).

This designation is from the median line in a distal direction.

The designation system is shown in Figure 1 with the code for deciduous teeth in italics.

### c). Supernumerary tooth.

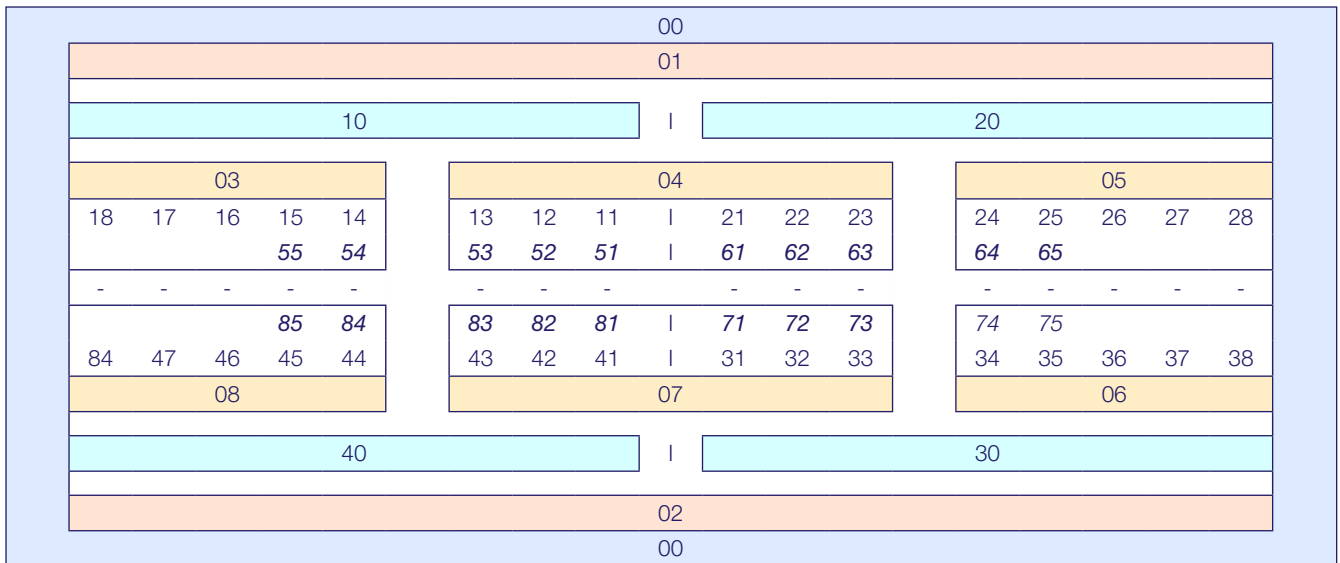
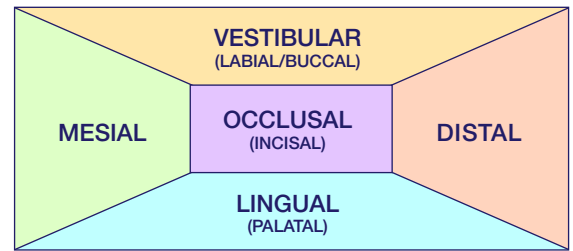
This is designated as the tooth number closest to the tooth in the arch followed by a capital S.

e.g. 15 S, 27 S, 43 S, 35 S.

**Abbreviations for designation of surfaces**

For the designation of surfaces the following letters shall be used:

<b>M</b>	Designates a mesial surface (towards midline).
<b>O</b>	Designates a occlusal or incisal surface.
<b>D</b>	Designates a distal surface (away from midline).
<b>L</b>	Designates a lingual or palatal surface.
<b>V</b>	Designates a vestibular, labial or buccal surface.
<b>G</b>	Designates a radicular surface



**Figure 1:** Digital designation of teeth and areas of the oral cavity

**Patient records**

The dental records of patients are the property of the dentist and not the patient. The patient however owns the information in the record and may request access to the information in terms of the Promotion of Access to Information Act of 2000. All patients have a right to confidentiality as provided for by the ethical rules of the HPCSA and the Protection of Personal Information Act, 2013. Access to patients’ records should only be granted in the presence of empowering law: informed consent by the patient or on behalf of the patient or a court order. Practitioners must also be aware of the provisions of the Protection of Personal Information Act, 2013 (POPI Act).

In terms of the Protection of Personal Information Act 4 of 2013, records of personal information must not be retained any longer than is necessary for achieving the purpose for which the information was collected and processed unless you are obliged to do so in terms of your professional rules of practice or you are contractually obliged to do so.

There is no law dictating how long dentists must keep health records. Ethical guidelines require practitioners keep records for at least 6 years from when they became dormant. Indemnity organizations normally recommend practitioners keep health records for as long as possible, but, in any event, a minimum of 11 years for patients. Claims can arise many years after the treatment is provided and records can be of great assistance in investigating and defending a claim. The absence of records can create considerable difficulties for the practitioner.

Practitioners must consider each patient’s circumstances carefully when deciding to discard records. A balance must be reached between the costs of (indefinite) retention of records (space, equipment etc.) and the occasional case where the practitioner’s defense of a case of negligence is handicapped by the absence of records.

- a). In case of minors and those mentally incompetent patients, practitioners should use their own discretion and may have to keep the records for a longer period:

- i). For mentally incompetent patients, records are to be kept for duration of the patient's lifetime;
  - ii). It is advisable to keep records at least until the minor reaches age 22 years. It is not the treatment date that is important but the date when the patient had knowledge that harm was caused by the treatment.
  - iii). Regardless of any time frames, it is always good practice to keep good records for as long as possible, even if the time frames stipulated here are exceeded.
- b). Electronic records must be protected by ensuring safely stored backup copies, and should be password protected.
- c). In terms of the Promotion of Access to Information Act, a patient is entitled to receive copies of records on request. The dentist may charge a fee for duplication of records in terms of the Act.
- d). Ethical rules provide that where patients are required to pay for records such as radiographs, images and study models, such patients should be allowed to retain original records unless practitioners require them for monitoring treatment in which case copies must be retained by the practitioner.

## **B. ADMINISTRATIVE AND INVOICING RULES**

### **001 - Invoices**

#### **Accounts to patients by health practitioners**

The HPCSA requires healthcare practitioners to provide patients with detailed accounts for services rendered and the Act provides the following guidelines:

- According to Section 59(1) of the Medical Schemes Act: "A supplier of a service who has rendered any service to a member or to a dependant of such a member in terms of which an account has been rendered shall, notwithstanding the provisions of any other law, furnish to the member concerned an account or statement reflecting such particulars as may be prescribed".
- In terms of Regulation 5 of this Act, the account or statement mentioned above should contain the following:
  - a). The surname and initials of the member of medical scheme, where applicable.
  - b). The surname, first name and other initials, if any, of the patient.
  - c). The name of the medical scheme concerned,.
  - d). The membership number of the member,
  - e). The practice code, group practice number and individual provider registration number with the HPCSA and in the case of a group practice, the name of the practitioner who provided the service.
  - f). The relevant diagnostic code and such other item code numbers that relate to such relevant health service, this includes the ICD 10 and/billing code where applicable.
  - g). The date on which each relevant health service was rendered.
  - h). The nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of and net amount payable by the member in respect of the medicine.
  - i). Where a pharmacist supplies medicine according to a prescription to a member or to a dependant of a member of a medical scheme, a copy of the original prescription or a certified copy of such prescription, if the scheme requires it;
  - j). Where mention is made in such account or statement of the use of a theatre -
    - i. the name and relevant practice number and provider number contemplated in paragraph (e) of the medical practitioner or dentist who performed the operation;
    - ii. the name or names and the relevant practice number and provider number contemplated in paragraph (e) of every medical practitioner or dentist who assisted in the performance of the operation; and
    - iii. all procedures carried out together with the relevant item code number contemplated in paragraph (f); and
  - k). in the case of a first account or statement in respect of orthodontic treatment or other advanced dentistry, a treatment plan indicating -
    - i. the expected total amount in respect of the treatment;
    - ii. the expected duration of the treatment;
    - iii. the initial amount payable; and the monthly amount payable.

The Health Professions Act in section 53(2) makes it a requirement for any practitioner who, in respect of any professional services rendered by him or her, claims payment from the patient to furnish the patient with a detailed account. Patients who settle their account out of pocket may not require a detailed statement as stipulated above, but practitioners are encouraged to include as much information as possible in the statement of account using the above information as a guide. For patients covered by medical schemes, the details in the account should be as stipulated above. Practitioners are further advised that statement of accounts should reflect all the fees charged to the patient inclusive of co-payments, where applicable.

### **Prescription of medicines or scheduled substances by dental practitioners**

In terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), dentist is an authorised practitioner to issue prescriptions in the course and scope of practice. In performing dental procedures, a dentist may prescribe medicines aimed at managing the oral health of a patient, including prevention, treatment and rehabilitation.

A dentist as a practitioner authorized in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), when prescribing medicines shall issue typewritten, handwritten, computer-generated, pre-typed, pre-printed or standardized prescriptions for medicine scheduled in Schedules 1, 2, 3 and 4 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), subject thereto that such prescriptions may only be issued only under his or her personal and original signature.

A dentist shall issues handwritten prescriptions for medicine scheduled in Schedules 5, 6, 7 and 8 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), under his or her personal and original signature.

In terms of Section 22A (6) (i) of the said Act, Schedule 6 medicines shall not be repeated without a new prescription being issued and may only be sold if the course of treatment does not exceed 30 consecutive days. Schedule 6 medicines may not be repeated without a new prescription being issued.

Schedules 2 to 5 medication may not be prescribed for longer than 6 months where after a face to face consultation is necessary to determine the health of the patient. Based on the practitioner's clinical opinion it will then be determined whether the patient may proceed with the medication. If necessary, a practitioner may consult a colleague / specialist if the patient refuses to be referred to a specialist as the practitioner will be acting in the best interest of the patient. Lastly, if it appears that the patient is becoming dependent or addicted to a medicinal product, it is advisable to change medication and to start weaning the patient off the previous medication

### **Benefits payable by medical schemes and professional fees charged by dental practitioners**

It should be noted that dentists are free to charge a fee according to what they consider or regard as appropriate and justifiable for services rendered while taking into consideration the socio-economic circumstances of individual patients. It is recommended that practitioners obtain a written consent from their patients if fees charged is higher than benefit rates provided by patients' medical schemes.

It is the duty of the patient and not the practitioner to obtain information from their medical scheme as to what their specific medical scheme covers i.e. which benefits are provided by their medical schemes, limitations and exclusions for dental services rendered. Patients should also note it is important to discuss treatment costs and professional fees with their dentists, including third party costs such as dental technicians or materials before the services are rendered if at all possible.

The Health Professions Council of South Africa has issued a note on obtaining pre-authorisation from medical schemes.

Patients who are members of medical schemes are advised as follows:

1. Health practitioners have no relationship with patients' medical schemes except that provided for in managed healthcare arrangements
2. The responsibility of obtaining authorisation for treatment or services to be rendered lies with the member of the medical aid after receiving prescribed information from the patient's treating practitioner.
3. Patients are also reminded that it is their responsibility to ensure that the authorisation obtained from their medical scheme covers the scope of treatment or services that will be rendered.
4. Patients should communicate with the practitioner concerned, especially when there is limitation to the authorisation given.
5. Although practitioners help their patients in obtaining authorisation for them, patients still have the responsibility to obtain authorisation.

It is advised that medical schemes and their administrators do not have any justifiable grounds to inform patients that a dentist's costs are 'excessive' according to their benefit structure or medical aid tariffs as:

- There are no regulated prices for dentists' professional fees. Each dentist is free to decide what professional fees he or she wishes to charge.
- Medical schemes provide benefits to patients according to the specific package options selected by the patient while dentists charge professional fees for services rendered to patients. Therefore, professional fees and benefits payable by schemes will differ.

## 002 - Cost of medicine and direct materials

### Dispensing dentists

Dispensing dentists need to complete a course and register with the National Department of Health (NDoH), before they may dispense medicines. Please visit the SADA website for further details.

Medicine dispensed by a dispensing dental practitioner licensed in terms of section 22C(1)(a) of the Medicines and Related Substances Act No. 101 of 1965, as amended may charge code 8090 in addition to the medicine code.

These expenses are limited to the cost of the medicine/materials, a dispensing fee and an administration fee (which would include delivery costs and other petty cash expenses).

Example for reporting the medicine and administration fee:

1033	Amoxil	R120,00
8090 (M8025)	Handling fee	R32,00
<b>Total</b>		<b>R152,00</b>

### Direct materials

Report the appropriate direct material code, followed by the administration fee code applicable to the material. Administration fees are submitted by reporting code 8092; code 8091 for medicine used during a dental visit; and code 8092 for dental direct materials. See **Appendix A**.

Example for reporting the direct material and administration fee:

8220	Cost of suture material	R60,00
8092 (M8025)	Handling fee	R12,00
<b>Total</b>		<b>R72,00</b>

Example for reporting the medicine used during a dental visit:

4221	Tetracycline	R62,00
8091 (M8025)		R8,00
<b>Total</b>		<b>R70,00</b>

## 003 - Dental laboratory services

Dental laboratory fees shall be charged by the dentist (using code 8099) on receipt of the invoice from the dental technician. If the patient does not return for completion of treatment, the dentist is entitled to present a laboratory invoice to the patient for payment.

When the dental technician claims directly from the medical aid or patient, the dentist shall facilitate accounting procedures to assist the technician:

- a). The dentist shall ensure that the patient completes a form, supplied by the technician, providing all of the patient's contact and medical aid details. The dentist will submit this to the technician at the time of commencement of the procedure.

- b). On completion of the procedure, the dental technician shall provide the dentist with three copies of the laboratory invoice.
- c). Once the dentist is satisfied with the quality of the technical work and has given or fitted the appliance or prosthesis, he/she will sign one copy of the technician's invoice return it to the technician, give one to the patient and retain one for his or her records.
- d). The dentist's account to the patient/medical scheme shall reflect code 8099 at a zero value.
- e). The 8099 line shall indicate the practice number of the laboratory and the invoice number of the technician's work.

## **C. GENERAL CODING RULES**

### **004 - Dental procedures not listed for a specific provider category**

A specialist who undertakes procedures outside of his/her speciality in "non-routine and/or exceptional circumstances" will be subject to section 17(1A) of the HPA and Rule 21 of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, published in Government Gazette 29079, dated 4 August 2006. See conditions of practicing as a specialist.

### **005 - Procedures not listed in the SADA Dental Codes**

When a procedure that is performed is not listed, a comparable procedure code, listed in the Medical Doctor's Coding Manual (MDCM) 2021 may be reported.

Report code 9099 – *Unlisted dental procedure or service*, followed by the appropriate code from the Medical Doctor's Coding Manual (MDCM) 2021 on the following line.

#### **Unlisted procedures**

Any procedure that is neither described in the Dental Schedule, nor in the Medical Doctor's Coding Manual 2021 should be reported using code 9099 – *Unlisted dental procedure or service*.

When code 9099 is used to indicate that an unlisted service was rendered, the use of the code must be supported by a special report.

This report must include:

1. An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity".
2. In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report.
3. Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case.
4. A description of the complexity of the symptoms and concurrent problems must be supplied.
5. Final diagnosis supported by the appropriate ICD-10 code(s).
6. Pertinent physical findings (size, location and number of lesions if applicable).
7. Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session.
8. Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period.
9. Description of the follow-up care needed.

**Please note:** This service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure.



## **D. SERVICES RULES**

These rules must be read together with the Health Professions Act (HPA) and the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, amended from time to time.

### **006 - Oral examinations and completion of treatment plans**

Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). No further fees shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these types of examinations is completed. The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 - Treatment plan completed.

#### **Oral diagnosis defined**

The determination by the oral health practitioner of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the oral health practitioner.

#### **Treatment plan defined**

The treatment plan is the sequential guide for the patient's care as determined by the oral health practitioner's diagnosis and is used by the oral health practitioner for the restoration and/or maintenance of optimal oral health.

### **007 - Surgery guidelines**

1. Follow-up care for therapeutic surgical procedures:  
The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not less than one month. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee for post-operative treatment of a prolonged or specialized nature may be charged as agreed upon between the practitioner and the patient.
2. Assistant surgeon (Maxillo-facial and periodontal surgery):  
The patient must be informed before the procedure that another dentist/ dental specialist 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 patient. ( See M8001 and M8007).
3. See M8011 for procedures accompanied by unforeseen circumstances.

### **008 - Orthodontic guidelines (includes debanding visit)**

1. The documentation and first invoice to the patient regarding orthodontic services will include the following information:
  - a). The treatment plan and type of treatment (procedure code number).
  - b). A diagnostic code (ICD10).
  - c). An orthodontic payment plan indicating the following: for both mixed dentition and comprehensive orthodontic treatment:
    - i. the expected total amount in respect of treatment ;
    - ii. the expected duration of the treatment (in months);
    - iii. the initial amount payable by the patient; and
    - iv. the monthly payments of the balance of the fee.
2. The fee for orthodontic treatment does not include pre-treatment consultations and necessary diagnostic services.
3. The fee for comprehensive corrective therapy is an inclusive fee, includes the debanding visit, and no additional fees may be levied except for intra-operative and preventive services.

4. a). Separate consultation fees may be charged on follow up, after completion of removable appliance, functional appliance, mixed dentition and comprehensive treatment.
- b). Post-orthodontic treatment records consisting of radiograph/diagnostic images (limited to a cephalometric film, panoramic radiograph and 6 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed.
5. When a patient transfers to another practitioner during treatment, the fee for the completion of treatment will be determined by arrangement between the referring and receiving practitioners and the patient.
6. Pre-authorization of orthodontic patients where relevant.

**009 - Dento-legal fees**

Practitioners are entitled to remuneration if they provide a dento-legal report or are present at Court at the request of an advocate or attorney. Use code **8111** (Dental testimony) to report dento-legal work. The code is listed in the Supplementary Services sections in the code lists. The fee for such report or presence in court shall be determined by negotiation between the dentist and the person requesting the service.

**E. MODIFIERS**

**010 - Modifiers**

Modifiers should be used with procedures identified with **M** (Modifier). Modifiers provide the means by which the reporting practitioner may indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The reasonable application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that:

1. A service or procedure was performed by more than one practitioner.
2. A service or procedure has been increased or reduced.
3. Only part of a service was performed.
4. An adjunctive service was performed.
5. A service or procedure was provided more than once.
6. The fee was altered due to a financial agreement.

**Example:** Two practitioners may be required to manage a particular surgical procedure. The four digit code Modifier 8001 or the alternative Modifier - 01 (last two digits of the modifier) would be applicable. For instance, a maxillofacial surgeon is assisted by another surgeon in performing a Le Fort I of (maxilla – total). The primary surgeon should report code 9035 and the assistant surgeon should report code 9035 + Assistant surgeon modifier.

Two methods may be used to report the services rendered:

**Method 1:** Report the modifier as a 4-digit code on the line below the appropriate procedure code.

9035	Closed reduction of maxillary fracture - Le Fort I or Guerin (Primary surgeon's fee)
M8001	Assistant surgeon (Assistant surgeon fee)

**Method 2:** Report the modifier as a 4-digit code on the same line as the appropriate procedure code.

9035	Closed reduction of maxillary fracture - Le Fort I or Guerin (Primary surgeon's fee)
9035 (M8001)	Closed reduction of maxillary fracture - Le Fort I or Guerin + Assistant surgeon (Assistant surgeon fee)

**M8001 Assistant surgeon - specialist**

An appropriately agreed fee.  
Surgical assistant services should be identified by adding **M8001** to the usual procedure code(s)  
- See Rule 009.

**M8002 Specialist benefit**

When specified general practitioner procedures are performed by a specialist, **M8002** must be indicated by the specialist.

**M8003 This modifier has been deleted in terms of the Competition Act**

**M8004 This modifier has been deleted in terms of the Competition Act**

**M8005 Maximum multiple procedures (same incision) - MFO surgeon  
Multiple surgical procedures - first or major procedure**

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 fee for each additional procedure should be identified by adding **Modifier 8005** to the additional procedure code.

**M8006 Multiple surgical procedures - third and subsequent procedures**

See M8009.

**M8007 Assistant surgeon - general dental practitioner**

Surgical assistant services should be identified by adding **M8007** to the usual procedure code(s)  
- See Rule 007.

**M8008 Emergency surgery**

Any bona fide, justifiable emergency procedure (within or outside regular working hours) will attract an appropriate agreed fee and must be indicated by added modifier **M8008** to the procedure code/s reported for all members of the surgical team. **M8008** does not apply in respect of patients on scheduled lists.

**M8009 Multiple surgical procedures - second procedure**

When multiple procedures (under the same anesthesia but through another incision) are performed on the same day or at the same session by the same provider, the primary procedure may be reported as listed. The additional procedures should be identified by adding the appropriate modifier (**M8009** or **M8006**) to the additional procedure codes.

**M8010 Open reduction**

When an open reduction is required for a surgical procedure, it should be identified by adding **M8010** in addition to the usual procedure codes and indicates that the fee charged for the procedure should be adjusted by adding an appropriate percentage to the fee for the usual procedure code. To be used with codes **9035** or **9037** when open reduction is required.

**M8011 Procedure accompanied by unforeseen circumstances**

This is determined by agreement between the practitioner and the patient or medical scheme, as the case may be. As a result of unforeseen complications the service provided by a practitioner is greater than that is usually required for the listed procedure; it may be identified by adding **M8011** to the usual procedure code. See **Rule 008: Surgical Guidelines**.

**M8012 Reduced services**

This is determined by mutual agreement between the practitioner and the patient.

Under unforeseen circumstances a service or procedure is partially reduced or eliminated by mutual agreement between the practitioner and patient. Under these circumstances the service provided can be identified by its usual procedure code and the addition of **M8012**, signifying the service is reduced.

**M8013 Multiple modifiers**

Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations **M8013** should be added to the basic procedure and the other applicable modifiers may be listed as part of the description of the service.

e.g. **9035** Closed reduction of maxillary fracture - Le Fort I or Guerin (Primary surgeon's fee)  
**M8001** Assistant surgeon (Assistant surgeon fee)  
**M8008** Emergency surgery - after hours  
**M8013** Multiple modifiers

**M8017 Multiple specialists working together**

When specialists from different specialties work together, this must be indicated by **M8017**.

**M8023 Fabrication of computer generated restorations**

When computer generated restorations are fabricated, laboratory costs do not apply.

**M8025 Handling fee - direct materials**

When listed direct dental materials are provided by the practitioner, an appropriate handling fee may be levied by reporting **Modifier 8025** in addition to the appropriate direct material code. See **Rule 002**. See Appendix A.

**F. EXPLANATIONS**

Abbreviations used in the schedule:

Direct Material Column (DM)	Mouth Part Column (MP)	Suggested Qualified Provider (SQP)	Standard Provider Scope (SP)	Relative Value Units (RVU)
+D Denture	M Maxilla/ Mandible	This indicates the scope of practice either for the GP or for the specialist under unforeseen circumstances and must be indicated by <b>M8011</b> .	This indicates the scope of practice either for the GP or for the specialist.	Relative value units combine the time to do a procedure with the responsibility associated with that procedure.
+L Add laboratory fee	S Sextant			
+M Add material fee	T Tooth		SP in this column indicates all specialists.	
	Q Quadrant			

**Practice code numbers**

The Practice Code Numbering System (PCNS) is administered by BHF in accordance to regulations 1 and 5 of the Medical Schemes Act (Act 131 of 1998). Regulation 5(e) of the Act stipulates that service providers must include their practice code number in the account or statement. The number is generated through the PCN System. Practice Code numbers are obtainable from the PCNS Secretariat (a division of Board of Health Care Funders) on +27 (0)86 130 2010, +27 (0)11 537 0200 or via email on pcns@bhfglobal.com.

5400	General Dental Practitioner	GP
6200	Specialist Maxillo Facial and Oral Surgeon	MS
6400	Specialist Orthodontist	OR
9200	Specialist in Oral Medicine and Periodontics	OMP
9400	Specialist Prosthodontist	PR
9800	Specialist Oral Pathologist	OP
9500	Dental Therapist	DT
11300	Oral Hygienist	OH

**Age of a child**

The determination of a child or adult status of the patient should be based on the clinical development of the patient’s dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants.

**Radiographs**

Radiographs should be taken only for clinical reasons as determined by the treating dentist. Postoperative radiographs should only be required as part of dental treatment. Patients are entitled to the original radiographs/images if the patient has paid for them. The practitioner shall keep a duplicate copy in the patient’s file.

**New vs. established patient**

A new patient is one who has not received any professional services from the dentist or another dentist of the same specialty who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same specialty who belongs to the same group practice, within the past three years. In the instance where a dentist is on call for or covering for another dentist, the patient’s encounter will be classified as it would have been by the dentist who is not available.

## Balanced-Billing vs. Split-Billing

### Difference between Balanced-Billing and Split-Billing

Balanced-Billing is when the service provider sends identical accounts to the scheme and the patient indicating the full amount for the service delivered, but specifying the portion of benefits the medical scheme is prepared to pay for the service rendered and the portion owed by the patient.

Split-Billing occurs when a service provider sends two separate accounts- one to the scheme and one to the patient that present different amounts for the same service. In other words the account to the patient only reflects the amount the patient is responsible for while the claim to the scheme only reflects the amount equal to the benefits the scheme is prepared to pay for the service rendered. Therefore balanced-billing on one account as opposed to split-billing on separate accounts, is perfectly admissible.

### Balanced Billing

It is permissible to make use of columns on an account to indicate which portion of the total amount constitutes the medical scheme benefit portion (first column) and the balance portion (second column). The final column should reflect the total charge for a particular service.

### Split Billing

In terms of decisions and rulings adopted by the HPCSA, which SADA has requested the HPCSA to review, it is not permissible to issue two accounts for the same service i.e.:

1. one account for the medical scheme portion; and
2. one account for the balance of the amount not covered by the scheme's benefit for the particular service provided.

Therefore currently one account must reflect (1) the scheme benefit (2) the patient payable portion and (3) the total amount for services rendered.

## Credit control

### Deposit, advance payments or prepayment

It is not permissible to demand a deposit or advance payment from a patient for services not yet rendered except for laboratory fees and direct materials.

### Debt collection

Debts handed over to debt collecting agencies or attorneys must not be in dispute.

In terms of the Policy of the Health Professions Council of South Africa (HPCSA), service providers are entitled to list debtors on blacklists that are circulated amongst practitioners registered with the HPCSA only. Only debtors against whom guilty sentences were passed may be included in blacklists that are circulated to all subscribers of such lists.

### Interest on overdue accounts

In terms of the National Credit Act, and, in specific, those sections pertaining to incidental credit agreements.

The following applies:

1. An incidental credit agreement comes into existence 20 business days after the account became due.
2. May only charge interest at a maximum of 2% per month.
3. May not charge an initiation fee.
4. May charge a service fee of a maximum of R50 per month on an overdue account.
5. **NB:** An Incidental Credit Agreement (ICA) is only valid if the consumer (patient) has been informed of the terms and has agreed on or before the date of rendering the service.
6. The consumer (patient) must be advised of the amount of fee/interest, the basis on which it may become payable and agree to the same.
7. This must occur before the service is rendered.



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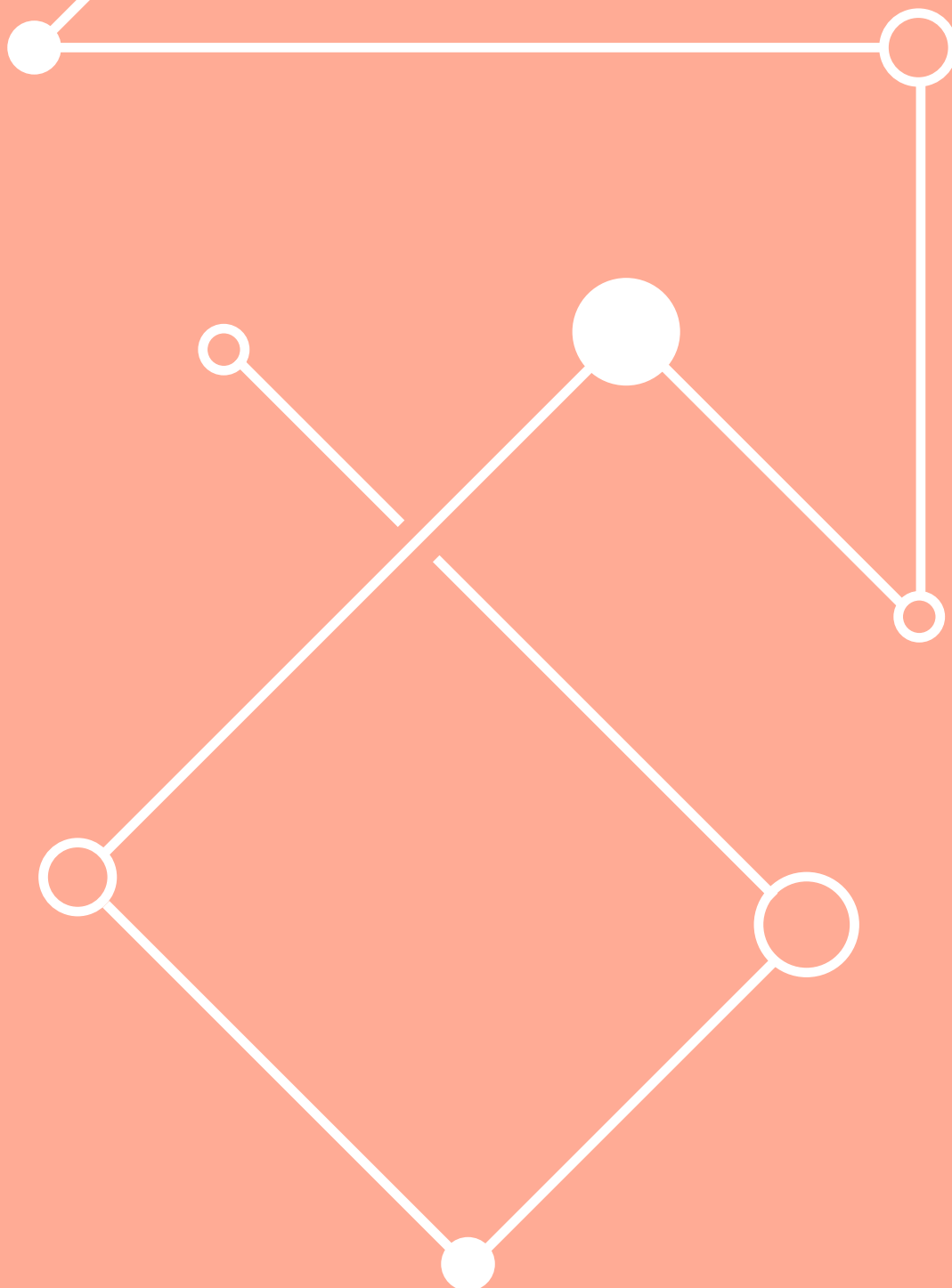
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# DIAGNOSTIC

1. DIAGNOSTIC



<b>1.</b>	<b>Diagnostic</b>
	The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the dentist for evaluating existing conditions and determining any further dental care that may be required.

<b>1.1.</b>	<b>Clinical oral examinations, consultations and visits</b>
	The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the dentist proposes to perform on a dental patient based on the results of the examination and diagnosis. Often more than one treatment plan is presented. Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the dentist. The collection and recording of some data and components of the oral examination may however be delegated. Oral examinations and consultations include the issuing of prescriptions where medication is required.

<b>8101</b>	<b>Oral examination - general dental practitioner.</b>							
<b>DM</b>	-	<b>MP</b>	M	<b>SQP + RVU</b>	-	<b>SP Scope + RVU</b>	GP 34.2	
An assessment performed on a patient to determine the patient's dental and medical health status involving an examination, diagnosis and treatment plan. It is a thorough assessment and recording of the patient's current state of oral health (extra-oral, intraoral hard and soft tissue), risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient. No further examination fee shall be chargeable, with the exception of item <b>8102</b> , until the treatment plan resulting from the consultation is completed. Once treatment is completed code <b>8120</b> must be reported before code <b>8101</b> can be charged again. The findings of the full mouth examination including a complete dental charting and treatment plan must be recorded accurately and legibly on the patient's record card. This is essential for defending dento-legal cases. When a patient is consulted for an emergency or a specific problem only and does not have a full mouth examination and charting, then code <b>8101</b> cannot be charged. Under these circumstances code <b>8104</b> - Limited oral examination must be used.								

<b>8102</b>	<b>Comprehensive oral examination - general dental practitioner.</b>							
<b>DM</b>	-	<b>MP</b>	M	<b>SQP + RVU</b>	-	<b>SP Scope + RVU</b>	GP 90	
An assessment performed on a new or established patient (patient of record) to determine the patient's dental and medical health status involving a comprehensive examination, diagnosis and treatment plan. It is a thorough assessment and recording of the patient's past and current state of oral health (extra-oral and intraoral hard and soft tissues), risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient. A comprehensive examination includes, but is not limited to the evaluation and recording of dental caries, pulp vitality tests of the complete dentition, plaque index, missing and unerupted teeth, restorations, occlusal relationships, periodontal conditions (including a periodontal charting and bleeding index), hard and soft tissue anomalies (including the Temporo Mandibular Joint). The patient shall be provided with a written comprehensive treatment plan, which is a part of the patient's clinical record and the original should be retained by the dentist. Code <b>8102</b> cannot be charged again until code <b>8120</b> (completion of treatment) has been reported.								

<b>8104</b>	<b>Limited oral examination.</b>							
<b>DM</b>	-	<b>MP</b>	M	<b>SQP + RVU</b>	-	<b>SP Scope + RVU</b>	GP 15; MS 28.8; OMP 28.8; PR 27.2	
Used for consultation for a specific problem not requiring full mouth examination and treatment planning. May be charged when all treatment from code <b>8101</b> has been completed, as indicated by code <b>8120</b> . Can only be charged for a specific problem which does not form part of the original treatment plan and may not be used in conjunction with a regular appointment. Code <b>8104</b> may include the issuing of a prescription.								

<b>8189</b>	<b>Re-examination - existing condition.</b>							
<b>DM</b>	-	<b>MP</b>	M	<b>SQP + RVU</b>	-	<b>SP Scope + RVU</b>	GP 15; MS 36; OMP 36; PR 34	
An assessment performed on an established patient (patient of record) to assess the status of an untreated previously existing condition involving an examination and evaluation, limited to the previously existing condition.								



This type of assessment is conducted on patients (1) with a traumatic injury where no treatment was rendered but the patient needs follow-up monitoring; (2) requires evaluation for undiagnosed continuing pain after a limited oral examination and diagnostic tests did not reveal any findings; (3) with soft tissue lesions such as a leukoplakia observed on a previous visit that require follow-up monitoring of pathological changes. A re-examination is not a post-operative visit.

**8176 Periodontal examination.**

DM	-	MP	M	SQP + RVU	PR 60	SP Scope + RVU	GP 60; OMP 81
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Periodontal examination includes but is not limited to a periodontal charting of the complete dentition; plaque index and bleeding index. The findings should be recorded, as a part of the patient's clinical record and should be retained by the dentist.

**8190 Consultation - second opinion or advice.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 34.2; SP 72
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This consultation is a diagnostic service rendered by a dentist, other than the practitioner providing treatment, whose opinion or advice for the purpose of determining the patient's dental needs and proposing treatment regarding a specific problem is requested. This consultation requires and includes a written report to the practitioner or patient who requested the consultation. It involves an examination, diagnosis and treatment proposal. The dentist may initiate further diagnostic or therapeutic services (oral examinations excluded).

**8105 Case presentation - extensive treatment planning.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 76.5; SP 102
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Use this code for the presentation of a treatment plan to a patient as a result of an extensive oral examination and treatment planning (e.g. orthognathic case presentation to the patient and family). This code may not be reported on the same day as the examination or any other procedure.

**8900 Consultation and treatment planning for minor oral surgery.**

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 60
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**8901 Consultation - MFOS.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 61.2
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Consultation at consulting rooms appropriate for maxillofacial or related problem.

**8902 Consultation - MFOS (detailed).**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 108
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Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation appropriate for maxillofacial or related problem.

**8903 House/nursing home/hospital consultation - MFOS.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 108
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**8904 House/nursing home/hospital consultation - MFOS-subsequent.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 62.6
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**8905 After hours consultation MFOS.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 108
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**8907 House/nursing home/hospital consultation - MFOS-maximum per week.**

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 117
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8840	<b>Treatment planning for orthognathic surgery.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 135; OR 135
Detailed analysis of all appropriate records, (photometric, cephalometric and VTO, model surgery), consultation and case discussion by maxillofacial surgeon and orthodontist to formulate a comprehensive orthodontic-orthognathic surgery treatment plan.								
8893	<b>Follow up telephonic consultation per 10 min.</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 15; SP 18
8894	<b>Consultation without the patient (with family for consent or writing of special reports, or preparation of quotations).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 45; MS 93.9; OR 93.9; OMP 93.9; PR 73.1
8895	<b>Examination under general anaesthesia.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 34.2; MS 75.2; OR 81; OMP 75.2; PR 81
8801	<b>Consultation - Orthodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OR 82.8
8802	<b>Orthodontic consultation and treatment planning.</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 78.2
8803	<b>Consultation - Orthodontist (subsequent, retention and post treatment).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OR 32.4
8837	<b>Diagnosis and treatment planning - Orthodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OR 81
8701	<b>Consultation - Periodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OMP 61.2
8703	<b>Consultation - Periodontist (detailed).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OMP 118.8
8705	<b>Re-examination - Periodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OMP 118.8
8707	<b>Periodontal screening.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 32.6; MS 32.6; OR 32.6; OMP 48.6; PR 32.6
A screening assessment performed on a patient to evaluate the periodontal tissues for the presence of periodontal disease and determine the need for advanced management. An appropriate screening tool (either the Basic Periodontal Examination or the Community Periodontal Index) must be employed. The screening assessment must be retained in the patients record.								
8781	<b>Consultation - Oral medicine (simple).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 15; OMP 61.2
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions joint disorders or myofascial pain-dysfunction. Straightforward case.								

<b>8782</b>	<b>Consultation - Oral medicine (complex).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OMP 108
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction. Complex case.								
<b>8783</b>	<b>Consultation - Oral medicine (subsequent).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 15; OMP 57.6
Subsequent consultation for same disease/condition.								
<b>8501</b>	<b>Consultation - Prosthodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	PR 73.8
<b>8507</b>	<b>Comprehensive consultation - Prosthodontist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	PR 162
Comprehensive clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation. See code <b>8840</b> for all other providers.								
<b>1.2.</b>	<b>Oral pathology</b>							
These procedures are normally performed in an oral pathology laboratory and the appropriate procedures and fees listed in the medical schedule(s) for pathologists applies - See <b>Rule 006</b> . For removal of tissue sample, see codes <b>8917</b> , <b>8919</b> and <b>8921</b> .								
<b>9201</b>	<b>Consultation - Oral pathologist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OP
<b>9203</b>	<b>House/nursing home/hospital consultation - Oral pathologist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OP
<b>9205</b>	<b>Consultation - Oral pathologist (subsequent).</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OP
<b>9207</b>	<b>After hours consultation - Oral pathologist.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	OP
<b>8129</b>	<b>Office/hospital visit - after regularly scheduled hours.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 153; SP 162
Includes after hours consultations and/or attendance in office/hospital, to a practitioner's own consulting rooms, a nursing home, a long-term care facility, a hospice, a patient's home or other institutions. Code <b>8129</b> may only be reported for emergency treatment rendered outside normal working hours. Report in addition to appropriate code numbers for actual services rendered. After regularly scheduled hours is defined as weekends and night visits between 18h00 and 07h00 the following day but is not applicable where a practice offers an extended hours service as the norm. For attendance at hospital or other facility, see code <b>8140</b> : do not use both simultaneously.								
<b>8140</b>	<b>House/extended care facility/hospital call.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 60; SP 60
Includes consultations and/or attendance to nursing homes, long-term care facilities, hospice sites, institutions, etc, during normal working hours. Report per visit in addition to reporting appropriate code numbers for actual services performed. Limitation: The fee/benefit for house/extended care facility/hospital calls is limited to five calls per treatment plan. For attendance after hours, see code <b>8129</b> : do not use both simultaneously.								

### 1.3. Radiographs and diagnostic imaging

It is the duty of every dentist who takes radiographs to ensure full compliance with the regulations concerning safe radiological practice for the protection of the patient. Failure to do so may lead to disciplinary proceedings. It is a requirement of the Ionising Radiation Act that users of X-ray equipment must register their equipment as well as all personnel who deal with X-rays with the Radiation Control Board. Inspections to be done by the practice as well as Inspection Bodies. Please see SADA website for details regarding Quality Control of X-ray equipment. If a patient refuses to have a radiograph taken, it must be recorded on the record card. All radiographs charged for must be of good quality or they must be re-taken at no charge.

As a general rule:

Full mouth and panoramic radiographs are generally taken once for clinical record purposes. Any repetition must be clinically indicated e.g. after periodontal surgery.

Major orthodontic treatment should not be undertaken without cephalometric, panoramic and appropriate periapical radiographs. No unerupted tooth should be extracted without pre-op radiographs which clearly show the whole tooth and its relationship to important anatomical landmarks. A report must be recorded in writing on the patient's record card following the taking of any radiographs and the sites of the radiographs taken must also be recorded. Original radiographs must be retained (in good condition) by the dentist for dento-legal purposes. If a patient requests copies of radiographs these must be provided (at the cost of reproduction) under the Promotion of Access to Information Act.

#### 8107 Intraoral radiograph - periapical.

DM	-	MP	T	SQP + RVU	-	SP Scope + RVU	GP 9.8; SP 9.8
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#### 8108 Intraoral radiographs/images - complete series.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 70; SP 70
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A complete series consists of a minimum of eight intraoral radiographs, periapical and/or bitewings, occlusal radiographs excluded.

#### 8112 Intraoral radiograph - bitewing.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 9.8; SP 9.8
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#### 8113 Intraoral radiograph/image - occlusal.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 9.8; SP 9.8
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#### 8114 Extraoral radiograph/image.

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 15; MS 36.8; OR 36.8; OMP 22.4; PR 22.4
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Used to report extraoral radiographs such as hand-wrist radiographs.

#### 8115 Panoramic radiograph/image.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 22.5; SP 24
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#### 8116 Cephalometric radiograph/image.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 42; SP 50.4
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#### 8118 Posterior-anterior or lateral skull and facial bone radiograph/image.

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 39; SP 46.5
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8121	<b>Diagnostic photograph/image - per image.</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 9.8; SP 11.2
This includes traditional photographs and digital intra- or extraoral images. These images should only be reported when taken for clinical/diagnostic reasons and shall be retained as part of the patient's clinical record. Excludes conventional radiographs.								
8601	<b>Computerised implant planning.</b>							
	DM	+M	MP	T	SQP + RVU	-	SP Scope + RVU	GP 112; SP 140.4
The three dimensional digital planning of implant position using Implant Planning Software (eg: iDent, Simplant; Nobelguide, etc). When this planning is used to produce a computer generated surgical guide, use code <b>8602</b> in addition. This planning can then be used for production of a surgical guide. Charge per implant planned. To this code must be added the costs of CT Scan DICOM conversion code <b>8483</b> followed by <b>8092</b> . See <b>Rule 002</b> .								
8602	<b>Computer generated surgical guide.</b>							
	DM	+M	MP	-	SQP + RVU	-	SP Scope + RVU	GP 46.8; SP 46.8
A computer generated surgical guide for implant positioning after computerised planning code <b>8601</b> . See <b>Rule 002</b> code <b>8485</b> followed by <b>8092</b> .								
8483	<b>Cost of CT Scan DICOM conversion.</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP; SP
See Code <b>8601</b> for descriptor.								
8485	<b>Cost of the production of a computer generated surgical guide.</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP; SP
Systems using computer generated laboratory techniques (e.g. Med 3-D) can use laboratory technician codes ( <b>8099</b> ). See code <b>8602</b> for descriptor. Production may include milling, 3D printing, rapid prototyping, etc.								
8193	<b>Three-dimensional reconstruction of cone beam volumetric image using existing data (includes multiple images).</b>							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 93.5; SP 120
8194	<b>CBCT capture and interpretation with limited field of view - less than one whole jaw.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 63; SP 63
8195	<b>CBCT capture and interpretation with limited field of view of one full dental arch - mandible.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 75.6; SP 75.6
8196	<b>CBCT capture and interpretation with limited field of view of one full dental arch - maxilla without orbits and/or cranium.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 100.8; SP 100.8
8199	<b>CBCT capture and interpretation with limited field of view of one full dental arch - maxilla with orbits and/or cranium.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 108; PR 108
8197	<b>CBCT capture and interpretation with limited field of view of both dental arches - without orbits and/or cranium.</b>							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 111.6; SP 111.6

8200	CBCT capture and interpretation with field of view of both dental arches - with orbits and/or cranium.							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	MS 131.4; PR 131.4
8217	CBCT capture and interpretation for the visualisation of sinuses.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 77.4; SP 77.4
8198	CBCT capture and interpretation for TMJ series including two or more exposures.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 120.6; SP 120.6
8205	CBCT image capture with limited field of view - less than one whole jaw.							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 30.6; SP 30.6
8206	CBCT image capture with limited field of view of one full dental arch - mandible.							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 30.6; SP 30.6
8207	CBCT image capture with limited field of view of one full dental arch - maxilla without orbits and/or cranium.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 30.6; SP 30.6
8210	CBCT image capture with limited field of view of one full dental arch - maxilla with orbits and/or cranium.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	MS 30.6; PR 30.6
8208	CBCT capture with limited field of view of both dental arches - without orbits and/or cranium.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 30.6; SP 30.6
8211	CBCT capture with field of view of both dental arches - with orbits and/or cranium.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 30.6; MS 30.6; OMP 30.6; PR 30.6
8218	CBCT capture for the visualisation of sinuses.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 30.6; SP 30.6
8209	CBCT capture for TMJ series including two or more exposures.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 61.2; SP 61.2
8203	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including the report.							
	DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 61.2; SP 61.2
	Report by a third party on pathology, implant measurements, endodontics, orthodontic measurements, nerve proximities etc.							
8216	CBCT of plaster models or impressions for the purpose of creating virtual models for use in planning software.							
	DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 52.8; SP 52.8

## 1.4. Other diagnostic procedures

### 8117 Diagnostic models - unmounted.

DM	+L	MP	-	SQP + RVU	-	SP Scope + RVU	GP 22.1; SP 25.5
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The fee for models are per set (pair) of models. Diagnostic models are not working models; they are used for treatment planning only and should be retained for record purposes. Diagnostic models may not be used for the construction of crowns or dentures. A model cast from an impression of the opposing arch for bite registration is not a diagnostic model. A model used for the construction of a special tray may not be classed as a diagnostic model.

### 8119 Diagnostic models - mounted.

DM	+L	MP	-	SQP + RVU	-	SP Scope + RVU	GP 44.8; SP 67.5
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See code **8117** for descriptor. Report this code when models are mounted on a semi-adjustable articulator.

### 8126 Digital impressions or intraoral scans for the purposes of creating digital diagnostic models.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 44.8; SP 85.5
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The fee for digital diagnostic models are per set of models. Diagnostic models are for treatment planning. Not to be charged concurrently with **8117**.

### 8122 Microbiological studies.

DM	+L	MP	M	SQP + RVU	-	SP Scope + RVU	GP 22.5; SP 22.5
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This procedure involves the collection of microorganisms for culture and sensitivity tests. Includes but is not limited to tests for susceptibility to periodontal disease. Report per visit. A perio risk assessment report must be made available at no cost when requested.

### 8123 Caries susceptibility tests.

DM	-	MP	M	SQP + RVU	-	SP Scope + RVU	GP 3.3; PR 3.3
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A caries risk assessment susceptibility test is a diagnostic test for determining the pH of a patient's saliva to evaluate the patient's propensity for caries. This code should not be used for a caries detection test (carious dentine staining), which is performed to determine if all the caries has been removed. Report must be made available when requested.

### 8124 Pulp tests.

DM	-	MP	S	SQP + RVU	-	SP Scope + RVU	GP 18; SP 18
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Diagnostic tests to determine clinical pulp vitality and/or abnormality. Includes traditional pulp testing methods such as thermal and electronic pulp testing as well as the use of optical devices to detect the blood supply of the pulp. The tests involve multiple teeth and contra- lateral comparison(s), as indicated. Report per visit.

### 8503 Occlusal analysis on adjustable articulator.

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 68.8; PR 162; OR 162
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### 8508 Electrognathographic recording.

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 96; MS 102; OR 102; PR 102
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### 8509 Electrognathographic recording with computer analysis.

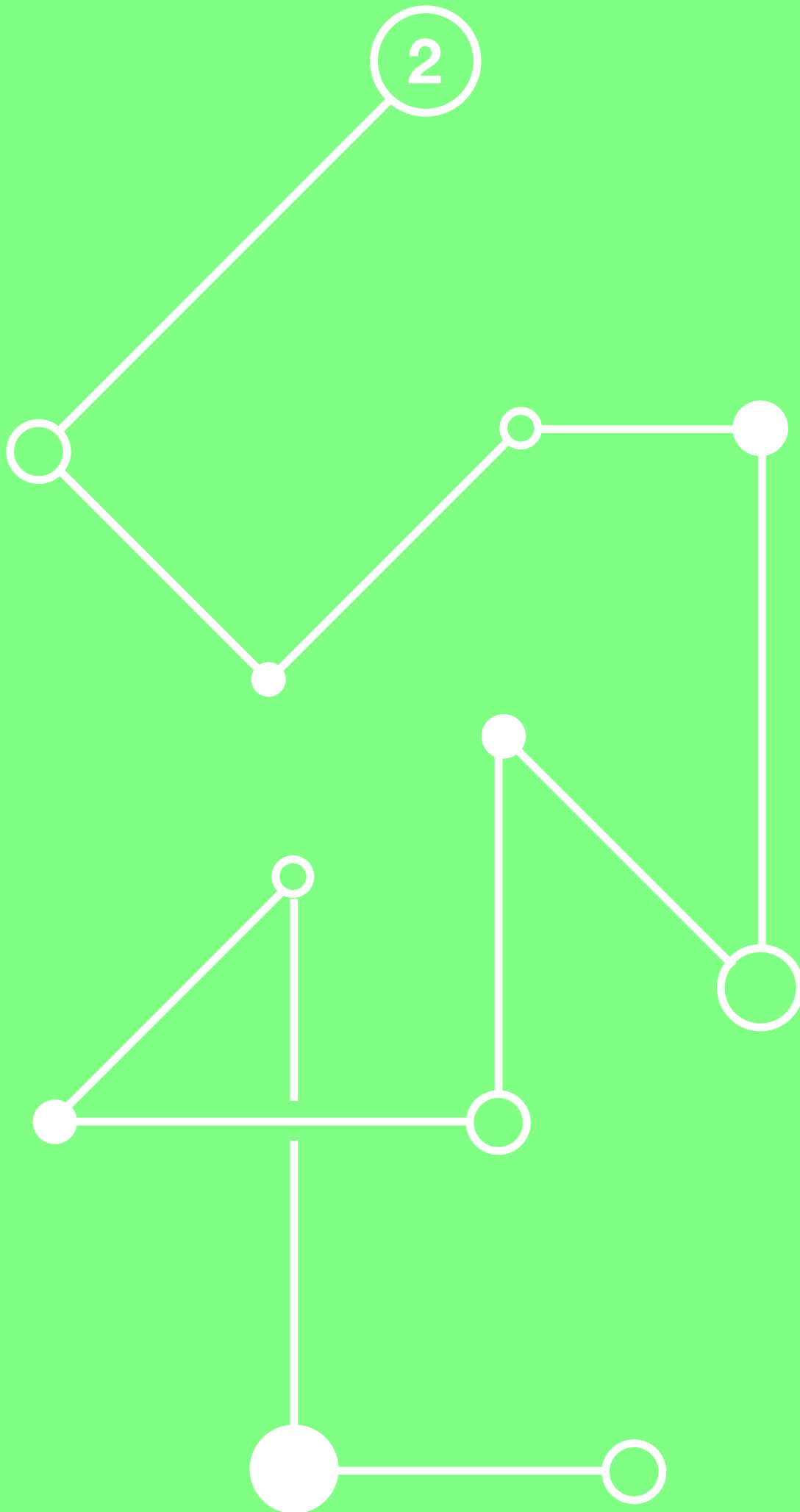
DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 120; MS 127.5; OR 127.5; PR 127.5
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### 8811 Tracing and analysis of extra-oral radiograph/image.

DM	-	MP	-	SQP + RVU	-	SP Scope + RVU	GP 52.7; MS 59.5; OR 59.5
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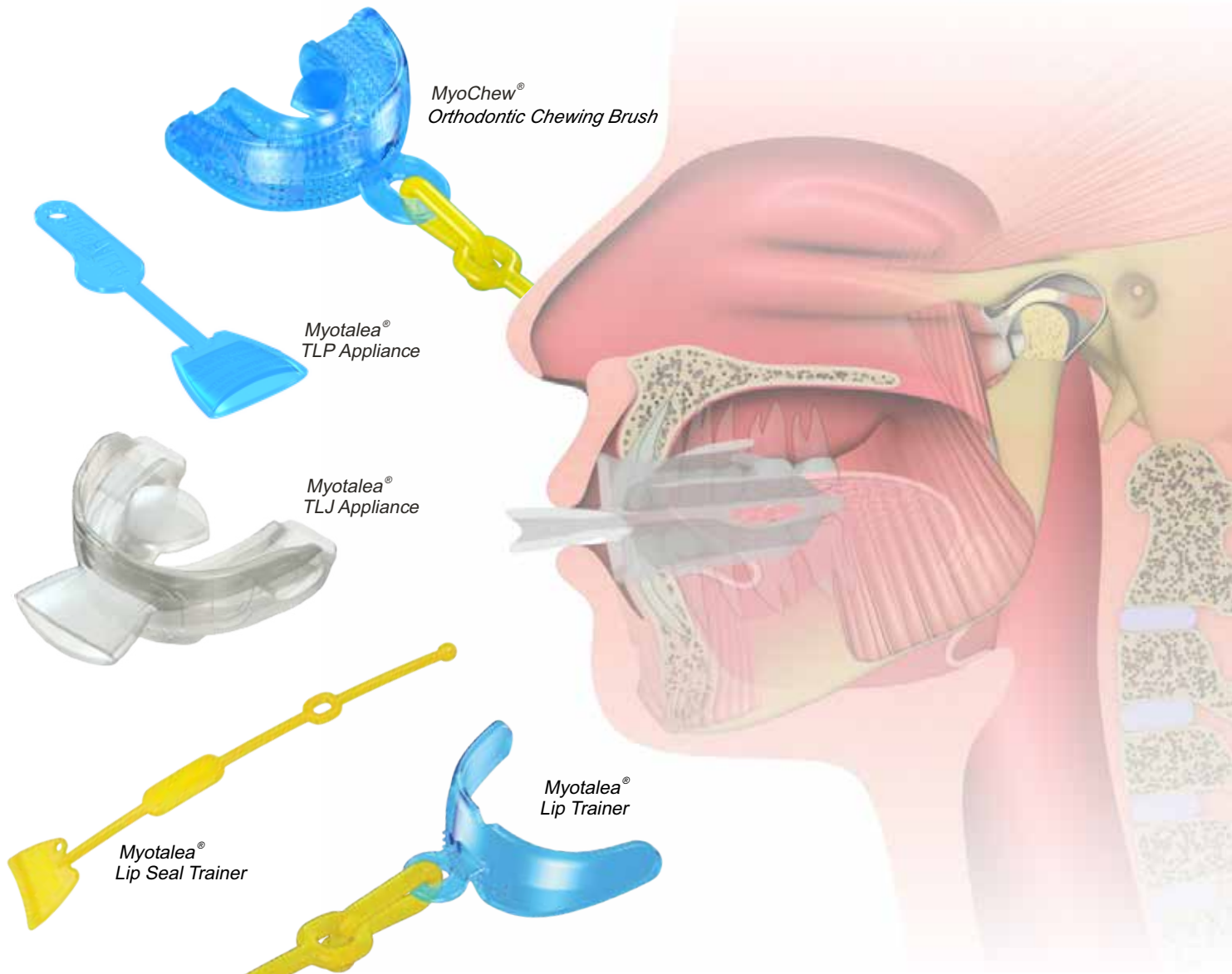
<b>8839</b>	<b>Diagnostic setup.</b>						
<b>DM</b>	-	<b>MP</b>	-	<b>SQP + RVU</b>	-	<b>SP Scope + RVU</b>	GP 100.8; MS 160; OR 160; OMP 160; PR 170
Three dimensional simulation of a treatment plan which may include a traditional (Kesling) setup or a virtual setup.							







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**2. Preventive**

Services/procedures intended to eliminate or reduce the need for future dental treatment and determining any further dental care that may be required.

**2.1. Dental prophylaxis**

For periodontal maintenance, see code **8740** in the Periodontic Services Section.

**8155 Polishing - complete dentition.**

DM	-	MP	-	SQP	-	SP Scope	GP 19.2; OMP 24
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Polishing involves the removal of stains and bacterial plaque (biofilm) from the clinical crowns of natural teeth, and making the surface smooth and glossy; helps to reduce dental caries, marginal gingivitis, and improves appearance of the teeth. Includes the complete primary, transitional or permanent dentition. This code may not be used concurrently with codes **8159**, **8160**, **8179**, **8180**, **8737** or **8739**. See code **8157** in the restorative section for the re-burnishing and polishing of restorations.

**8159 Prophylaxis (scaling and polishing) - complete dentition.**

DM	-	MP	-	SQP	-	SP Scope	GP 56; OMP 64
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The presence of supra- or sub-gingival calculus will determine the frequency of this procedure and the (minimum) age at which it is justified.

**8160 Removal of gross calculus and plaque.**

DM	-	MP	-	SQP	-	SP Scope	GP 56; SP 56
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This procedure is used when profuse bleeding from inflamed gingivae, and/or the presence of generalised very bulky calculus prevents the proper performance of diagnostic procedures, or proper scaling and polishing, or root planing. This code may not be used concurrently with codes **8155**, **8159**, **8179**, **8180**, **8737** or **8739** on the same day.

**8179 Plaque removal for the periodontally diseased patient - complete dentition.**

DM	-	MP	-	SQP	-	SP Scope	GP 32.2; OMP 36.8
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A periodontally diseased patient is defined as a patient with either chronic (adult) periodontitis or with aggressive (juvenile early onset or rapidly progressive) periodontitis, diagnosed on the basis of a documented periodontal examination (code **8176**) or a comprehensive oral evaluation (code **8102**). This diagnosis must be reviewed within a period of three years as above. (Juvenile, early onset or rapidly progressive). This code may not be used concurrently with codes **8155**, **8159**, **8160**, **8180**, **8737** or **8739**.

**8180 Scaling and polishing for the periodontally diseased patient - complete dentition.**

DM	-	MP	M	SQP	-	SP Scope	GP 82.5; OMP 97.6
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**2.2. Topical fluoride treatment**

Extensive research has consistently demonstrated the efficiency, cost effectiveness and safety of appropriate fluoride for the prevention of tooth decay throughout a person's lifetime (FDI Sept 2008). **8161** or **8162** may only be charged when a tray is used to apply the fluoride. The use of a fluoridated paste during polishing is not regarded as a topical fluoride application. A topical fluoride treatment procedure requires the topical application of a fluoride preparation by a dental professional. Excludes fluoride application as a fluoride-containing prophylaxis paste, fluoride rinse or "swish". For treatment of sensitivity, see codes **8166** and **8167** in the Supplementary Services Section.

**8161 Topical application of fluoride - child.**

DM	-	MP	-	SQP	-	SP Scope	GP 10.8; OMP 12.6
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To be used for treatment of complete dentition to prevent dental caries. In this context a child is defined as a person of 12 years of age or younger. Report code **8167** when fluoride is used as a desensitising medicament. Code **8161** may not be used concurrently with code **8167**.

**8162 Topical application of fluoride - adult.**

DM	-	MP	-	SQP	-	SP Scope	GP 8.4; OMP 9.8; PR 14
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See code **8161** for descriptor. In this context an adult is defined as a person of 12 years of age or older.

**2.3. Space maintenance (passive appliances)**

Passive appliances are designed to prevent tooth movement. Report per maintainer.

**8173 Space maintainer - fixed per abutment.**

DM	+L	MP	T	SQP	-	SP Scope	GP 51; OR 68; OMP 68; PR 64
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 **8174 Recementation of space maintainer.**

DM	-	MP	M	SQP	-	SP Scope	GP 19.5; OR 32; OMP 32; PR 30
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**8175 Space maintainer - removable.**

DM	+L	MP	M	SQP	-	SP Scope	GP 85.5; OR 91.2; OMP 91.2; PR 91.2
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**2.4. Other preventive services****8151 Oral hygiene education and plaque control instruction.**

DM	-	MP	-	SQP	-	SP Scope	GP 18; SP 30
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Patients and, in the case of minors, the parents/guardians should be informed that a fee will be charged for oral hygiene instruction. Children under 9 years of age should be given instruction in the presence of a parent/guardian/custodian. A standard oral hygiene instruction procedure usually includes the following:

1. Plaque control information, e.g. oral instruction, instruction pamphlets or leaflets.
2. Explanation and demonstration of plaque control (brushing and flossing).
3. Self-practice session in the mouth under professional supervision.
4. Use of special aids such as disclosing agents.
5. Scoring of plaque levels (plaque index).

**8153 Oral hygiene education and plaque control instruction - each additional visit.**

DM	-	MP	-	SQP	-	SP Scope	GP 13.2; SP 30
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This would encompass evaluating and monitoring the steps in **8151** during the same course of treatment. No other preventive services may be reported at the same visit.

**8177 Oral hygiene instruction (periodontally diseased patient).**

DM	+L	MP	-	SQP	-	SP Scope	GP 31.2; OMP 38.4
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A periodontally diseased patient is defined as a patient with either chronic (adult) periodontitis or with aggressive (juvenile or early onset rapidly progressive) periodontitis, diagnosed on the basis of a documented periodontal examination (code **8176**) or a comprehensive oral evaluation (code **8102**). This diagnosis must be reviewed within a period of three years as above.

**8178 Oral hygiene instruction - each additional visit (periodontally diseased patient).**

DM	+L	MP	-	SQP	-	SP Scope	GP 31.2; OMP 38.4
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**8149 Nutritional counseling.**

DM	-	MP	-	SQP	-	SP Scope	GP 45.5; SP 52.5
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Requires a broad analysis of dietary habits and food selection, provision of advice and guidance to the patient and where appropriate (e.g. in the case of a child) to the patient's family and siblings, on the role of diet, nutrition, and specifically on the importance of certain dietary selections in the context of the prevention and control of dental decay and periodontal diseases.

1. The impact of a poor diet to the general health of the patient needs to be emphasized.
2. The need for nutritional counselling must be established by caries and/or periodontal disease risk assessment (See also codes **8122** and **8123**).
3. A dietary habit analysis and food selection programme must be made available at no additional charge, on request or if deemed necessary.

**8150** Counselling for high-risk substance use.

DM	-	MP	-	SQP	-	SP Scope	GP 22.1; SP 22.1
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1. Requires the provision of advice, guidance and support-services to the substance-using patient on stopping such use to prevent and control the development of dependency related oral diseases and conditions, incidentally to control or prevent a whole range of systemic diseases and disorders, and to improve the prognosis for certain dental, periodontal, oral medical and oral surgical treatments.
2. The need for substance use counselling must be established from the patient's history and/or by oral examination and risk assessment. If requested, or if deemed necessary, a substance use prevention and cessation programme and direction to appropriate substance use control services must be made available at no additional charge.
3. The services intended in code 8150 should be reserved for those persons who are not able to give up the substance use after simple advice to do so by a specific mutually agreed and recorded date.
4. Formal substance use counselling (code 8150) is limited to 10 services.
5. Certain funders do not provide benefits for substance use cessation treatment interventions.
6. Substances refer to, inter alia, nicotine products such as cigarettes, snuff, betel nut, chewing tobacco, vaping and as well as the consumption and smoking of dagga and related products.

**8163** Sealant - per tooth.

DM	-	MP	T	SQP	-	SP Scope	GP 11.7
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An application of a sealant (with/without mechanical preparation and including chemical preparation) to a tooth surface for the purpose of preventing or arresting caries. This includes pit & fissure sealants as well as the application of SDF.

**8169** Occlusal guard.

DM	+L	MP	-	SQP	-	SP Scope	GP 67.5; OMP 67.5; PR 76.5; OR 67.5
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A removable intraoral appliance designed to cover the occlusal and incisal surfaces of the teeth of a dental arch to minimise the effects of bruxism (grinding) and other occlusal factors. Not to be confused with a mouth protector for use in contact sports (**8171**). Also not to be confused with occlusal orthotic device (code **8852**). This code may also be used for a NTI type appliance.

 **8170** Cost of mouth protector.

DM	-	MP	-	SQP	-	SP Scope	GP; OR
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A flexible intraoral appliance that is worn during participation in contact sports to reduce the potential for injury to the teeth and associated tissue.

**8171** Mouth guard.

DM	+L/+M	MP	-	SQP	-	SP Scope	GP 26; OR 26
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A flexible intraoral appliance that is worn during participation in contact sports to reduce the potential for injury to the teeth and associated tissue.

**8158** Enamel microabrasion.

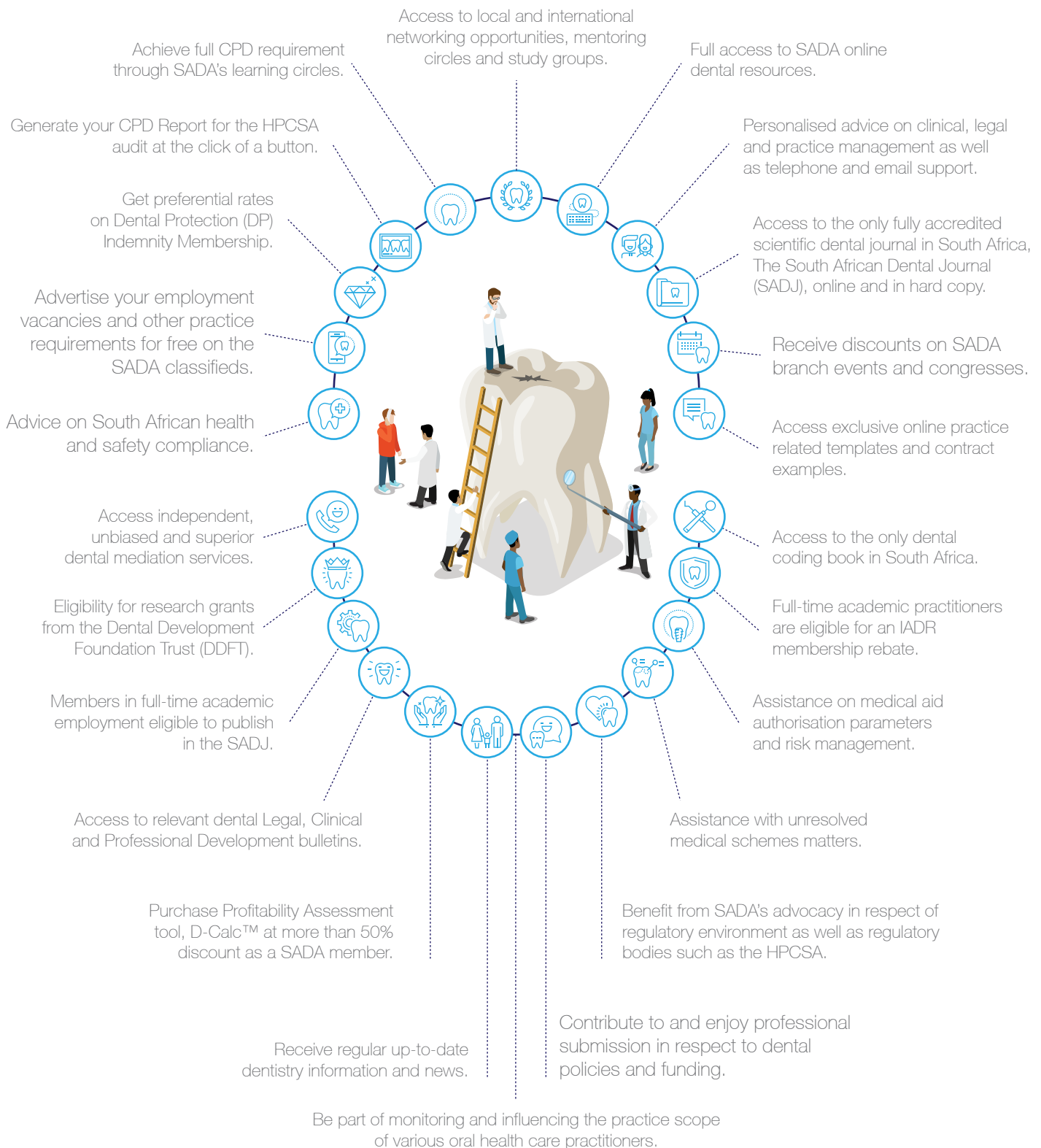
DM	-	MP	-	SQP	-	SP Scope	GP 87; PR 92.8
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This procedure involves the removal of superficial enamel defects due to decalcification or altered mineralisation. It is typically used for complex procedures when removing stain from anterior teeth (e.g., fluorosis stain) and should not be confused with air abrasion. Submit per visit.

# BENEFITS OF JOINING SADA

SADA supports its members throughout their time in the profession - from young students in the field, through their professional careers, and into retirement.

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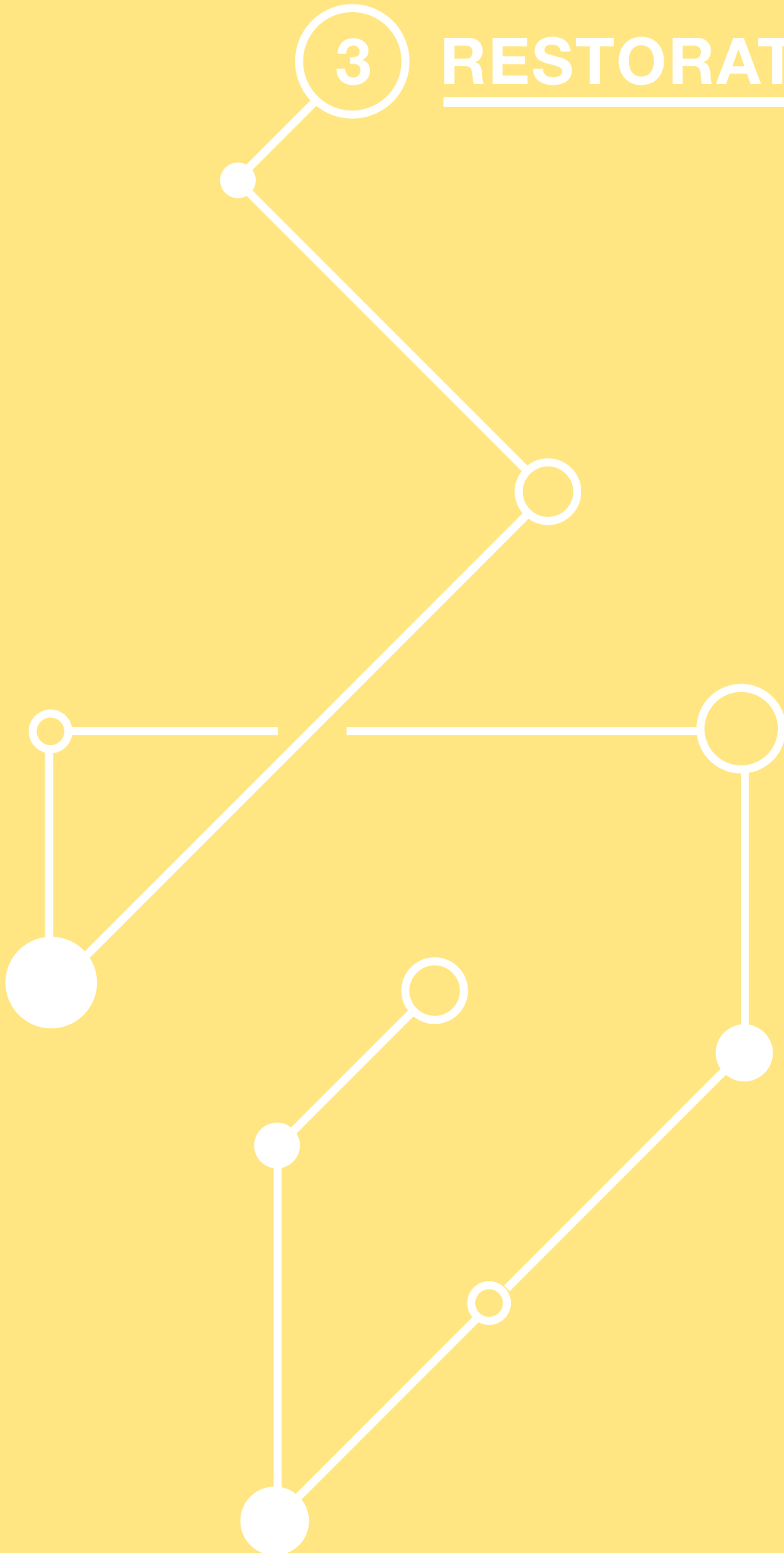
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3

# RESTORATIVE

3. RESTORATIVE



### 3. Restorative

The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth. For reporting purposes anterior teeth include incisors and canines. Posterior teeth include premolars and molars. The number of tooth surfaces restored, i.e. mesial, radicular (lingual or palatal), occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. A four-or-more-surface anterior restoration involves four tooth surfaces and the incisal angle. The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Isolation of tooth/teeth is recommended for all restorative procedures to ensure better quality outcomes.

#### 3.1. Amalgam restorations

All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported in addition to these codes - See codes **8345** and **8347** for post and/or pin retention.

#### 8346 Restorative material factor.

DM	-	MP	T	SQP	-	SP Scope	GP; PR
An additional fee may be added to codes <b>8341</b> , <b>8342</b> , <b>8343</b> , <b>8344</b> , <b>8351</b> , <b>8352</b> , <b>8353</b> , <b>8354</b> , <b>8355</b> , <b>8367</b> , <b>8368</b> , <b>8369</b> , <b>8370</b> .							

#### 8341 Amalgam - one surface.

DM	-	MP	T	SQP	MS 23.8; OMP 23.8	SP Scope	GP 23.8; PR 23.8
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#### 8342 Amalgam - two surfaces.

DM	-	MP	T	SQP	-	SP Scope	GP 33; PR 33
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#### 8343 Amalgam - three surfaces.

DM	-	MP	T	SQP	-	SP Scope	GP 40.5; PR 40.5
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#### 8344 Amalgam - four or more surfaces.

DM	-	MP	T	SQP	-	SP Scope	GP 48; PR 48
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#### 3.2. Resin restorations

Resin restorations refer to a broad category of materials including but not limited to composites and glass ionomers/composmers. The procedures include acid etching, adhesives (including resin bonding agents) and curing as part of the procedure. Polishing of the restoration is also included in the procedure. Resin restorations utilise the direct technique. For the indirect technique, see "Resin inlays/onlays". If pins are used, they should be reported in addition to these codes - See codes **8345** and **8347** for post and/or pin retention.

#### 8228 ART restorations.

DM	-	MP	-	SQP	-	SP Scope	GP 22.1; PR 22.1
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This applies to minimally invasive procedures. Atraumatic Restorative Treatment involves minimal intervention caries management by combining prevention and minimal invasion techniques. The ART approach involves the use of hand instruments only to remove carious tooth substance and then restoring the cavity (and sealing any adjacent enamel fissures) with a conventional glass ionomer restorative cement.

#### 8350 Resin crown - anterior primary tooth (direct).

DM	-	MP	T	SQP	-	SP Scope	GP 37.5; PR 37.5
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This procedure involves the full coverage of an anterior primary tooth with a resin-based material.



8351	Resin - one surface, anterior.							
	DM	-	MP	T	SQP	MS 33; OMP 33	SP Scope	GP 33; PR 33
8352	Resin - two surfaces, anterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 43.2; PR 43.2
8353	Resin - three surfaces, anterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 61.2; PR 61.2
8354	Resin - four or more surfaces, anterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 74.8; PR 74.8
Use to report the involvement of four or more surfaces or the incisal line angle. The incisal line angle is the junction of the incisal and the mesial or distal surface of an anterior tooth.								
8367	Resin - one surface, posterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 35; PR 35
This is not a preventative procedure and should only be used to restore a carious lesion or a deeply eroded area into a natural tooth. See also code <b>8163</b> - sealant.								
8368	Resin - two surfaces, posterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 48; PR 48
8369	Resin - three surfaces, posterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 57.6; PR 57.6
8370	Resin - four or more surfaces, posterior.							
	DM	-	MP	T	SQP	-	SP Scope	GP 65.6; PR 65.6
3.3.	<b>Inlay/onlay restorations</b>							
The cusp tip must be overlaid to qualify as an onlay. Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the procedure code. These codes may not be used for bridge retainers. See the Fixed Prosthodontic Service section for inlays acting as bridge retainers.								
8360	Temporary inlay/onlay.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 89.6; PR 96
A temporary inlay/onlay is a custom-made resin type or metal restoration that is made to cover and protect the tooth until the permanent prosthesis has been placed. This code will only be used when the patient does not return for the permanent restoration.								
3.3.1.	<b>Metal inlays</b>							
Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Services Section for metal inlay/onlay bridge retainers. Metal components include structures manufactured by means of conventional casting and/or electroforming.								
8361	Inlay, metal - one surface.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 49; PR 68.8
8362	Inlay/onlay, metal - two surfaces.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 67.5; PR 75.2

<b>8363</b>	<b>Inlay/onlay, metal - three surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 93.5

<b>8364</b>	<b>Inlay/onlay, metal - four or more surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 103.7

### 3.3.2. Ceramic inlays/onlays

Use these codes for single ceramic inlay/onlay restorations. See the Fixed Prosthodontic Services Section for ceramic inlay/onlay bridge retainers. Ceramic inlays/onlays include all indirect ceramic and porcelain type inlays/onlays. Code **8304** (isolation of tooth/teeth) may be levied in addition to these codes.

<b>8371</b>	<b>Inlay, ceramic - one surface.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 49; PR 61.5

<b>8372</b>	<b>Inlay/onlay, ceramic - two surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 67.5; PR 73.6


<b>8373</b>	<b>Inlay/onlay, ceramic - three surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 95.2


<b>8374</b>	<b>Inlay/onlay, ceramic - four or more surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 108.8


## 3.4. Procedures utilizing computer generated restorations


### 3.4.1. Chairside CAD/CAM restorations


These procedures involve the fabrication of a computer generated (CAD-CAM) resin or ceramic restoration by the dental practitioner. This includes the design, milling, and finishing of the resin or ceramic restoration and replaces the previous clinical and laboratory codes. If a laboratory is manufacturing the indirect restorations, the codes for fabrication of computer-generated restorations may not be used. The codes **8560** and **8570** are currently used. Please use codes **8519 - 8526** to include both fabrication and clinical steps required to deliver the restoration and **8527** or **8528** for direct cost of materials. Code **8304** (isolation of tooth/teeth) may be levied in addition to these codes. **M8023** is applied for these procedures. See section on Modifiers. See Code **8527, 8528** for cost of materials.


 <b>8519</b>	<b>Chairside CAD/CAM 1-3 surface inlay or only</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 99.1; PR 119.3
Report <b>8519</b> in addition to <b>8527</b> or <b>8528</b> .							


 <b>8520</b>	<b>Chairside CAD/CAM 4 or more surface inlay or only</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 121.6; PR 151.3
Report <b>8520</b> in addition to <b>8527</b> or <b>8528</b> .							


 <b>8521</b>	<b>Chairside CAD/CAM crown.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 183.6; PR 195.5
Report <b>8521</b> in addition to <b>8527</b> or <b>8528</b> .							

 <b>8522</b>	<b>Chairside CAD/CAM crown retainer, per unit as part of bridge framework</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 159.9; PR 190.8
Report <b>8522</b> in addition to <b>8527</b> or <b>8528</b> .							


 <b>8523</b>	<b>Chairside CAD/CAM pontic, per unit as part of bridge framework</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 45.2; PR 63.9
Report <b>8523</b> in addition to <b>8527</b> or <b>8528</b> .							


 <b>8524</b>	<b>Chairside CAD/CAM veneer for bridge framework, per unit</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 172.7; PR 206.1
Report <b>8524</b> in addition to <b>8527</b> or <b>8528</b> .							

 <b>8525</b>	<b>Chairside CAD/CAM implant supported restoration, per unit.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 173.4; PR 193.8
Report <b>8525</b> in addition to <b>8528</b> .							

 <b>8526</b>	<b>Chairside CAD/CAM implant abutment, per unit.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 79.8; PR 112.2
Report <b>8526</b> in addition to <b>8528</b> .							

### 3.4.2. Direct cost of materials in the fabrication of computer generated restorations

 <b>8527</b>	<b>Direct cost of material in the fabrication of computer generated resin restoration.</b>						
DM	-	MP	-	SQP	-	SP Scope	-

 <b>8528</b>	<b>Direct cost of material in the fabrication of computer generated ceramic restoration.</b>						
DM	-	MP	-	SQP	-	SP Scope	-

<b>8570</b>	<b>Fabrication of computer generated resin/ceramic restoration - per abutment/pontic/restoration.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 33.6; PR 107.1
This procedure involves the fabrication of a computer generated (CAD-CAM) ceramic restoration by the dental practitioner. Practitioners will use this code and not the usual laboratory fees ( <b>8099</b> ). Use codes <b>8519-8526</b> instead of <b>8570</b> .							

<b>8560</b>	<b>Cost of ceramic/resin block.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP; PR
The cost of the block to the practitioner. Use code <b>8527</b> and <b>8528</b> instead of <b>8560</b> .							


### 3.5. Resin based inlays/onlays

Resin based inlays/onlays usually utilise the indirect technique. The cusp tip must be overlaid to be considered an onlay. Code **8304** (isolation of tooth/teeth) may be levied in addition to these codes. When indirect resin based restorations are fabricated by the dental practitioner, laboratory costs do not apply and code **8385** (Fabrication of indirect resin inlay/onlay restoration) may be reported in addition to these codes. When computer generated (CAD-CAM) resin restorations are fabricated by the dental practitioner, laboratory costs do not apply.

<b>8381</b>	<b>Inlay, resin - one surface.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 49; PR 61.5
<b>8382</b>	<b>Inlay/onlay, resin - two surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 67.5; PR 81.6
<b>8383</b>	<b>Inlay/onlay, resin - three surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 86.7
<b>8384</b>	<b>Inlay/onlay, resin - four or more surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 103.7
<b>8385</b>	<b>Fabrication of indirect or chairside indirect (direct-indirect) resin inlay/onlay restoration.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 25.2; PR 34.5
Billed together with <b>8381 - 8384</b> .							

### 3.6. Crowns

These codes may not be used for tooth- supported bridge retainers or for implant-supported crowns or bridge retainers. See the Fixed Prosthodontic Service section. An acrylic Jacket Crown [code **8405**] is an indirect heat cured crown constructed in the laboratory. This code is not applicable to stock plastic crowns or to four-surface Acid Etch Restorations (see **8354**). Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming. Temporary crowns, the removal thereof and cementing of the permanent restorations are included as part of the restorations and may not be charged as additional items. Provisional crowns, when indicated, may be charged for. [See codes **8410** and **8447**]. See details of Provisional crowns. Code **8410**. When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. See details in Procedures utilizing Computer Generated Restorations.

	<b>8400</b>	<b>Crown preparation and temporisation only.</b>					
DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 120
A temporary crown is a resin type or metal restoration that is made to cover and protect the tooth until the permanent prosthesis has been placed. See codes <b>8357</b> and <b>8375</b> when a prefabricated metal or non-metal restoration is used for an emergency or temporary crown. This code may only be used when a patient does not return for the permanent restoration within 90 days. Should the patient return after <b>8400</b> is billed, and the restoration is still fit for purpose, code <b>8146/8133</b> may be billed only.							
<b>8401</b>	<b>Crown - full cast metal.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 153
<b>8403</b>	<b>Crown - three-quarter cast metal.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 153
<b>8404</b>	<b>Crown - three-quarter ceramic.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 156.6
<b>8405</b>	<b>Diagnostic crown - resin (indirect).</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 149.4
Refers to all resin-based crowns that are indirectly fabricated. All fibre, or ceramic-reinforced polymer materials/systems are considered resin-based crowns.							

8406	Crown - three-quarter resin (indirect).							
	DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 157.7
8407	Crown - resin veneered to metal.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 151.2
8409	Crown - ceramic.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 153
8411	Crown - porcelain veneered to metal (ceramometal).							
	DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 153
8410	Provisional crown.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 120
<p>Does not apply to a temporary, emergency or prefabricated crown. This code is for an interim crown, made to allow adequate time (of at least six weeks duration) for healing or completion of other procedures during restorative treatment e.g. during the healing period after periodontal surgery before the final crown preparation. It may also be used for a diagnostic crown used for a similar duration. Note that for a provisional restoration that is part of a bridge code <b>8410</b> does not apply. See codes <b>8447</b> (provisional crown retainer) or <b>8419</b> (provisional pontic).</p>								

### 3.7. Veneers

8355	Veneer resin - direct.							
	DM	+M	MP	T	SQP	-	SP Scope	GP 83.3; PR 97.2
<p>Involves direct layering of material over tooth. No laboratory processing. Includes the use of templates or prefabricated veneers.</p>								
8552	Veneer ceramic - indirect.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 105.4
<p>Involves an impression being taken and laboratory processing. Ceramic veneers presently include all ceramic, porcelain, and polymer-reinforced porcelain veneers.</p>								
8554	Veneer resin - indirect.							
	DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 105.4
<p>Involves an impression being taken and laboratory processing.</p>								

### 3.8. Temporary crowns

8137	Emergency crown (chairside).							
	DM	-	MP	T	SQP	-	SP Scope	GP 60; MFOS 60; OR 60; OMP 60; PR 75.2
<p>This procedure may not be applied to routine crown and bridgework and is especially not applicable to temporary crowns placed during routine crown and bridge preparations. Currently the cost of a permanent crown includes the cost of the temporary crown, with the exception of a provisional crown (see codes <b>8410</b> or <b>8447</b> for provisional crowns). It should not be used for a prefabricated metal or resin crowns (see codes <b>8357</b> and <b>8375</b>) or for a permanent acrylic jacket crown (<b>8405</b>). It can only be charged when an emergency situation exists.</p>								

**8357 Prefabricated metal crown.**

DM	+M	MP	T	SQP	-	SP Scope	GP 34.5; PR 43.2
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Includes all preformed metal crowns e.g. stainless steel, nickel-chrome and aluminium anodised crowns, with or without resin window. Report code **8357** when a prefabricated metal crown is used for an emergency or interim crown. See **Rule 002** and **Appendix A** for the cost of direct materials.

**8480 Cost of prefabricated metal restoration.**

DM	-	MP	-	SQP	-	SP Scope	-
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Used together with code **8357**. See **Rule 002** and **Appendix A** for the cost of direct materials. Report code **8480** followed by **8092** when using code **8357**.

**8375 Prefabricated non-metal crown.**

DM	+M	MP	T	SQP	-	SP Scope	GP 34.5; PR 43.2
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Includes all preformed non-metal, non-strip- off crown forms e.g., resin and polycarbonate crowns. Report code **8375** when a prefabricated non-metal crown is used for an emergency or interim crown. This code is intended for paediatric patients only. See **Rule 002** and **Appendix A** for the cost of direct materials.

**8380 Cost of prefabricated non-metal restoration or crown**

DM	-	MP	-	SQP	-	SP Scope	-
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Used together with code **8375**. See **Rule 002** and **Appendix A** for the cost of direct materials. Report code **8380** followed by **8092** when using code **8375**.

**3.9. Other restorative services**

Pin retention and cores.

**8345 Prefabricated post retention (in addition to direct restoration).**

DM	+M	MP	T	SQP	-	SP Scope	GP 41.2; PR 51
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Report each post separately per tooth in addition to direct restorations. Should not be used with codes **8376** or **8398** (Core build-up). See **Rule 002** and **Appendix A** for the cost of direct materials.

**8377 Temporary prefabricated post retention.**

DM	-	MP	-	SQP	-	SP Scope	GP 9.6; PR 9.6
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**8347 Pin retention (in addition to restoration). Report per pin.**

DM	-	MP	T	SQP	-	SP Scope	GP 12.7; PR 25.5
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Should not be used with codes **8376** or **8398** (Core build-up). Limited to a maximum of 4 pins per tooth.

**8366 Pin retention as part of cast restoration.**

DM	-	MP	T	SQP	-	SP Scope	GP 25.5; PR 25.5
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Report in addition to restoration irrespective of number of pins used.

**8376 Core build-up with prefabricated posts.**

DM	+M	MP	T	SQP	-	SP Scope	GP 62; PR 68
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The direct build-up of a mutilated crown around a prefabricated post to provide a rigid base for retention of a crown restoration. This procedure includes post preparation and core material. See **Rule 002** and **Appendix A** for the cost of direct materials. Bill **8379**.

<b>8379</b>	<b>Cost of post/post components.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP; PR

<b>8398</b>	<b>Core build-up with/without pins.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 21; PR 54.4
<p>If a core build up is done using amalgam, glass ionomer or resin with/without pin retention, no lab fee applies or cost of materials. Refers to the placement of appropriate restorative material to build up the anatomical crown when there is insufficient tooth material or strength to provide retention and resistance form for an extra-coronal restoration, which is an essential part of this procedure. This code is not to be used with an intra-coronal restoration.</p>							

<b>8391</b>	<b>Cast core with single post.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 41.2
<p>Report in addition to crown. Used by general practitioners only. See <b>8581 - 8583</b> for Prosthodontists.</p>							

<b>8392</b>	<b>Cast post (each additional).</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 30.1
<p>Use with code <b>8391</b> to report each additional cast posts on the same tooth. Limited to a maximum of two additional posts per tooth.</p>							

<b>8581</b>	<b>Cast core with single post.</b>						
DM	+L	MP	T	SQP	-	SP Scope	PR 52.7
<p>Used by Prosthodontists only.</p>							

<b>8582</b>	<b>Cast core with double post.</b>						
DM	+L	MP	T	SQP	-	SP Scope	PR 64.6
<p>Used by Prosthodontists only.</p>							

<b>8583</b>	<b>Cast core with triple post.</b>						
DM	+L	MP	T	SQP	-	SP Scope	PR 71.4
<p>Used by Prosthodontists only.</p>							


<b>X</b>	<b>8396</b>	<b>Coping - metal.</b>					
DM	+L	MP	T	SQP	-	SP Scope	GP 10.4; PR 10.4
<p>For use with single restorations and overdentures. A thimble coping may utilise pins for additional retention. A dome-shaped coping is generally used on an endodontically treated abutment tooth for an overdenture. See code <b>8587</b> for coping to be used with bridges. This code expires end 2021 after which it will be permanently deleted.</p>							


<b>8397</b>	<b>Cast core with pins.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 12.6; PR 64.6
<p>The cast core with pins is intended to be used on grossly broken down vital teeth. Report in addition to crown. Lab Fee applies.</p>							

### 3.10. Unclassified restorative procedures


<b>8133</b>	<b>Recement crown.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 35.2; PR 35.2

Use to report the recementation of a permanent single inlay, only or crown. This code may not be used for the cementation of a new crown or the recementation of temporary or provisional restorations.

	<b>8142</b>	<b>Recement inlay/onlay/veneer.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 30.4; PR 30.4		
Use to report the recementation of a permanent inlay/onlay/veneer.									

	<b>8134</b>	<b>Recement cast core or post (prefabricated or cast).</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 40; PR 40		

<b>8135</b>	<b>Remove crown.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 35.2; PR 45.9	
This procedure involves the removal of a permanent inlay, only or crown. Report code <b>8516</b> for the removal of a permanent bridge retainer. This code may not be used for the removal of temporary or provisional restorations.								

	<b>8156</b>	<b>Removal of inlay/onlay/veneer.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 37.4; PR 37.4		
This procedure involves the removal of a permanent inlay, onlay or veneer.									

<b>8138</b>	<b>Remove retention post.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 62.9; PR 77.4	
This procedure involves the removal of an intact prefabricated and/or cast posts intended for retention purposes. Report per post. See code <b>8330</b> in the "Endodontic Section" for the removal of endodontic posts or instruments. This code may not be used for the removal of temporary or provisional posts.								

<b>8146</b>	<b>Resin bonding for restorations.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 13.5; PR 18	
Applicable to all metal and ceramic restorations, crowns or conventional bridges, per abutment except Maryland-type bridges. Not applicable to direct resin restorations.								

<b>8157</b>	<b>Re-burnishing and polishing of restorations - complete dentition.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 21; OMP 21; PR 21	
Not applicable to restorations recently done.								

<b>8413</b>	<b>Repair crown.</b>							
DM	+L	MP	T	SQP	-	SP Scope	GP 31.5; PR 38.4	
This procedure involves the repair of a permanent crown (e.g. facing replacement). Excludes the removal ( <b>8135</b> ) and recementation ( <b>8133</b> ) of the crown. See code <b>8518</b> in the Fixed Prosthodontic Services Section for the repair of a bridge. This code may also be reported for the repair/replacement of a provisional crown ( <b>8410</b> ) after a period of two months. This code may not be used for the repair/replacement of temporary restorations, as the cost of removal of temporary restorations is included as part of the restoration.								

<b>8349</b>	<b>Additional fee for carving of restoration to accommodate existing removable prosthesis.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP 10.4; PR 16.8	
When restoration is done with prosthesis already present.								

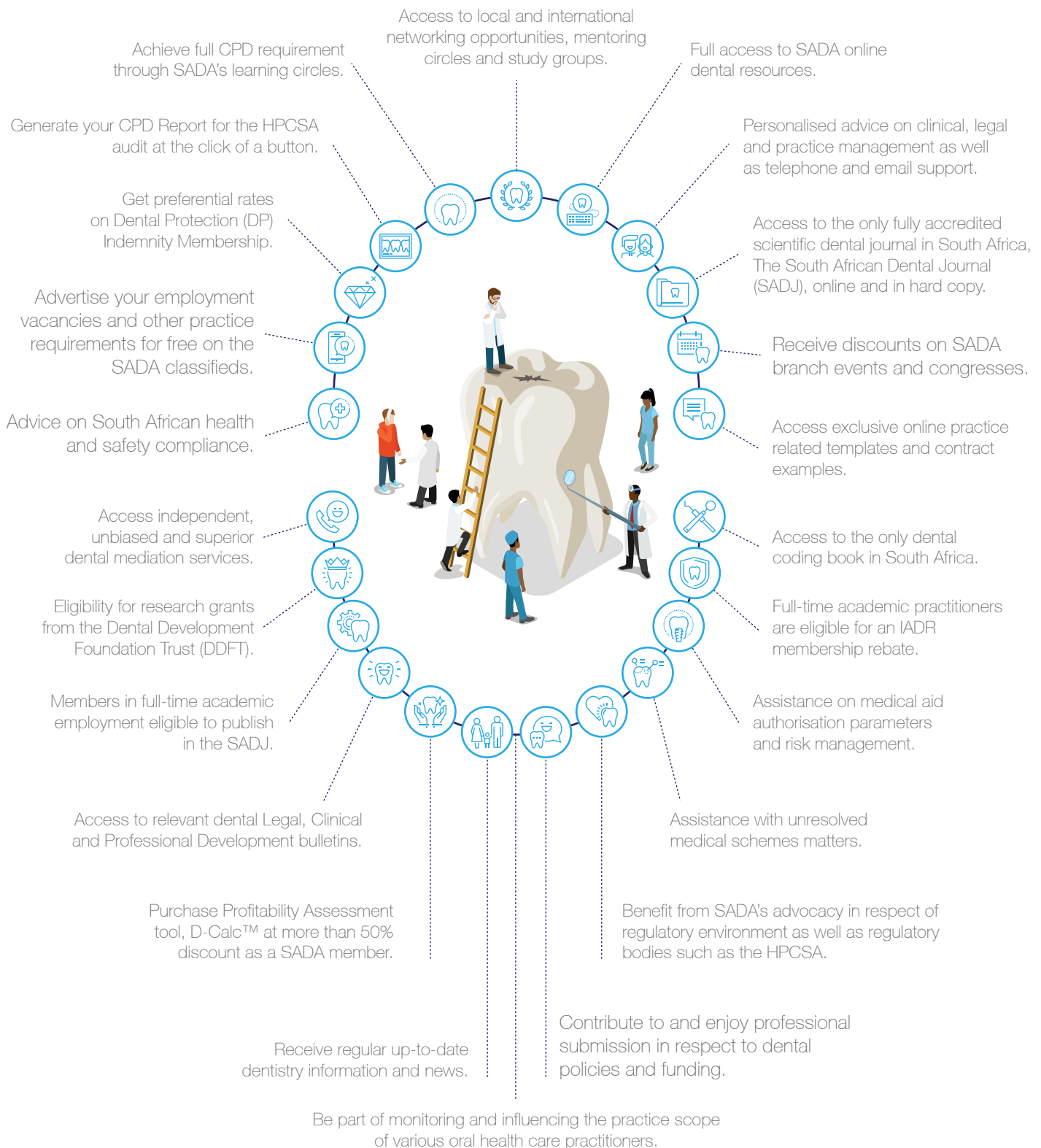


<b>8414</b>	<b>Additional fee for provision of crown within an existing clasp or rest.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 22; PR 27.2
When crown is done with prosthesis already present.							

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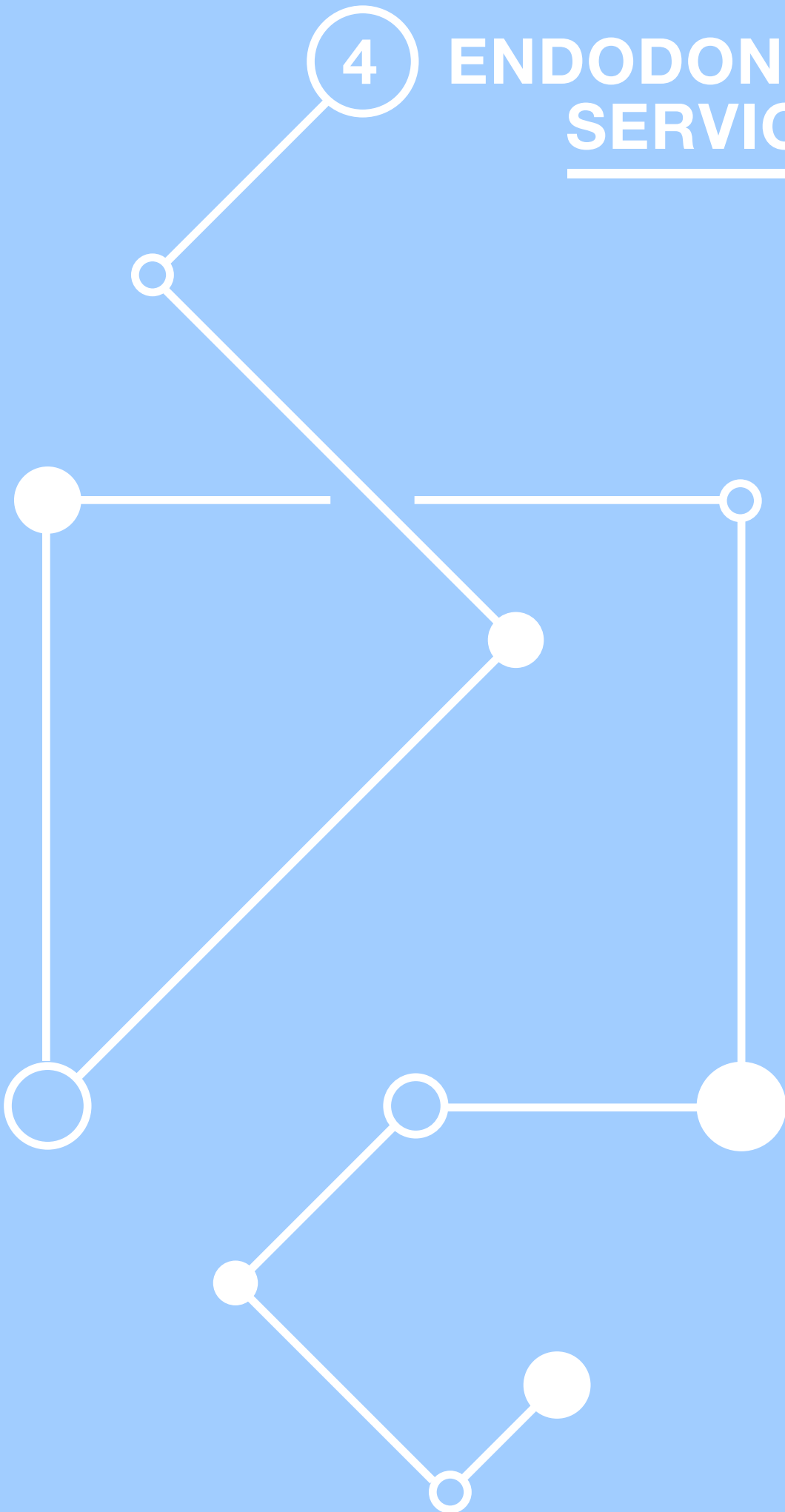
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4

# ENDODONTIC SERVICES

4. ENDODONTIC SERVICES



<b>4.</b>	<b>Endodontic services</b>						
Services/procedures intended to treat diseases of the dental pulp and their sequelae.							
<b>4.1.</b>	<b>Pulp capping</b>						
These codes should not be used for a base or liner under a restoration. Report code <b>8304</b> (isolation of tooth/teeth) in addition to these codes when used.							
<b>8301</b>	<b>Pulp cap - direct.</b>						
<b>DM</b>	<b>+M</b>	<b>MP</b>	<b>T</b>	<b>SQP</b>	-	<b>SP Scope</b>	GP 39.1; PR 39.1
This procedure involves the covering of the exposed dental pulp with a protective material (e.g. calcium hydroxide or MTA) to stimulate repair of the injured pulpal tissue. Excludes the final restoration that is placed during the same visit. Use the appropriate code for the final restoration. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							
<b>8303</b>	<b>Pulp cap - indirect.</b>						
<b>DM</b>	-	<b>MP</b>	<b>T</b>	<b>SQP</b>	-	<b>SP Scope</b>	GP 27.2; PR 27.2
This procedure involves the placement of a medicament to stimulate tertiary reactionary dentine formation. Excludes the final restoration.							
<b>4.2.</b>	<b>Pulpotomy</b>						
<b>8132</b>	<b>Pulp removal (pulpectomy).</b>						
<b>DM</b>	-	<b>MP</b>	<b>T</b>	<b>SQP</b>	-	<b>SP Scope</b>	GP 62.2; PR 62.2
The partial or complete removal of the pulp from the pulp chamber and root canals for the purpose of relieving pain. Report code <b>8304</b> (isolation of tooth/teeth in addition to this code).							
<b>8307</b>	<b>Pulp amputation (pulpotomy).</b>						
<b>DM</b>	<b>+M</b>	<b>MP</b>	<b>T</b>	<b>SQP</b>	-	<b>SP Scope</b>	GP 59.2; PR 59.2
This procedure involves the removal of a portion of the tooth's pulp and the placement of a medicament to fix or modify the superficial pulp tissue. Excludes the final restoration. This code should not be used as the first stage of root canal therapy and may not be reported with other root canal therapy codes on the same tooth. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials. Excludes final restoration. See code <b>8306</b> if MTA is used.							
<b>4.3.</b>	<b>Endodontic therapy</b>						
Services/procedures intended to treat diseases of the dental pulp and their sequelae. Radiographs are essential for endodontic treatment. The use of electronic apex locators does not preclude the taking of pre- and post-operative radiographs. Codes <b>8336</b> , <b>8337</b> , <b>8339</b> and <b>8340</b> refer to root canal therapy on molars only and thus these codes may not be used on pre-molars. Endodontic codes exclude diagnostic evaluation and the required radiographs/diagnostic images. Isolation of tooth/teeth is essential for all Endodontic Therapy. Use code <b>8304</b> (isolation of tooth/teeth) in addition to the endodontic codes.							
<b>4.3.1.</b>	<b>Root canal therapy on primary teeth</b>						
Endodontic therapy procedures on primary teeth include both root canal preparation and obturation. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Report code <b>8304</b> (isolation of tooth/teeth) in addition to these codes when used.							
	<b>8312</b>	<b>Root canal therapy - anterior primary tooth.</b>					
<b>DM</b>	-	<b>MP</b>	<b>T</b>	<b>SQP</b>	-	<b>SP Scope</b>	GP 91.5; PR 91.5
Anterior primary teeth include incisors and canines.							


	<b>8313</b>	<b>Root canal therapy - posterior primary tooth.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 109.8; PR 109.8	
<b>4.3.2. Root canal therapy on permanent teeth</b>									
Root canal preparation and obturation procedures on permanent teeth are reported separately or at the same visit if applicable. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Report code <b>8304</b> (isolation of tooth/teeth) in addition to these codes.									
<b>4.3.2.1. Root canal preparation</b>									
Root canal preparation. Used when obturation (codes <b>8335</b> , <b>8328</b> , <b>8336</b> , <b>8337</b> is done at another appointment).									
<b>8332</b> <b>Root canal preparation, single canal tooth.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 65.9; PR 65.9		
<b>8333</b> <b>Root canal preparation, multi canal tooth.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 69.7; PR 69.7		
Bill per canal.									
	<b>8318</b>	<b>Irrigation and medication per tooth at a separate visit.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 38.4; PR 38.4	
This code is intended to be used for the irrigation with or without the placement of medication in an infected tooth during a subsequent visit and may not be reported with other root canal therapy codes on the same tooth.									
<b>4.3.2.2. Root canal obturation</b>									
Used when root canal preparation ( <b>8332</b> - <b>8333</b> ) has been done at a previous visit.									
<b>8335</b> <b>Root canal obturation, anteriors and premolars - first canal.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 43.9; PR 43.9		
<b>8328</b> <b>Root canal obturation, each additional canal - anterior or premolar.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 43.9; PR 43.9		
<b>8336</b> <b>Root canal obturation, molars - first canal.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 46.7; PR 46.7		
<b>8337</b> <b>Root canal obturation, each additional canal - molar.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 46.7; PR 46.7		
<b>4.3.2.3. Complete therapy in one visit</b>									
Used for single visit endodontic therapy i.e. preparation and obturation are done at the same visit. Not applicable if codes <b>8332</b> , <b>8333</b> , <b>8318</b> have been previously used on the same tooth.									
<b>8338</b> <b>Root canal therapy, anteriors and premolars - first canal.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 91.5; PR 91.5		
<b>8329</b> <b>Root canal therapy, anteriors and premolars - each additional canal.</b>									
DM	-	MP	T	SQP	-	SP Scope	GP 54.9; PR 54.9		

<b>8339</b>	<b>Root canal therapy, molars - first canal.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 109.8; PR 109.8

<b>8340</b>	<b>Root canal therapy, molars - each additional canal.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 87.8; PR 87.8

<b>8631</b>	<b>Root canal therapy - first canal (Specialist prosthodontist).</b>						
DM	-	MP	T	SQP	-	SP Scope	PR 137.3


<b>8633</b>	<b>Root canal therapy - each additional canal (Specialist prosthodontist).</b>						
DM	-	MP	T	SQP	-	SP Scope	PR 82.4


	<b>8639</b>	<b>Endodontic instruments per patient per completed treatment.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP; SP	
This is reported per patient per completed treatment. The set of instruments will be discarded in the presence of the patient once treatment is completed.								

### 4.3.3. Endodontic re-treatment

Endodontic re-treatment procedures include removal of root canal filling material and preparation of root canals. Excludes the removal of retention posts (code **8138**), fractured root canal instrument (code **8640**) and/or root canal obstructions (code **8330**). Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Report code **8304** (isolation of tooth/teeth) in addition to these codes when used.





<b>8334</b>	<b>Re-treatment of previously completed root canal therapy, first canal.</b>						
DM	-	MP	T	SQP	MS 82.4; OMP 82.4	SP Scope	GP 82.4; PR 82.4
In a re-treatment case the practitioner would charge <b>8334</b> for the first canal at the first visit. In a case of a tooth with multiple canals a subsequent code of <b>8323/8324</b> can be used to charge for the treatment of these canals. Where it was not possible to re-prepare all of the additional canals at the first visit, then the remaining canals could be charged using <b>8334</b> at the subsequent visit. Note that each canal can only be charged once using <b>8334/8323/8324</b> .							
If the tooth required any further cleaning and shaping or replacement of the intracanal medicament, then the practitioner may charge the code <b>8332</b> (single canal)/ <b>8333</b> (multiple canal) where applicable, at any subsequent visit up to a maximum of four visits per tooth. If a previously undetected root canal was discovered during the retreatment procedure of a tooth, then code <b>8132</b> or <b>8333</b> may be charged. If the preparation and obturation of the undetected canal is completed at the same visit as detection of the canal, then the charge would be under the code <b>8338</b> or <b>8339</b> . When the obturation of the canal is carried out at subsequent visits, then the codes <b>8335</b> , <b>8328</b> , <b>8336</b> and <b>8337</b> would be used where applicable.							



	<b>8323</b>	<b>Re-treatment of previously completed root canal therapy, each additional canal - anterior or premolar.</b>						
DM	-	MP	T	SQP	MS 48.6; OMP 48.6	SP Scope	GP 68.6; PR 68.6	

	<b>8324</b>	<b>Re-treatment of previously completed root canal therapy, each additional canal - molar.</b>						
DM	-	MP	T	SQP	MS 82.4; OMP 82.4	SP Scope	GP 82.4; PR 82.4	

### 4.4. Apexification/apexogenesis/revascularisation procedures

Apexification/apexogenesis/revascularisation procedures is the process of induced root development or apical closure of the root by hard tissue deposition. This excludes the necessary radiographs. Report code **8304** (isolation of tooth/teeth) in addition to these codes when used. See **Rule 002** and **Appendix A** for the cost of direct materials.

	<b>8634</b>	<b>Apexification/apexogenesis/revascularisation - initial visit.</b>						
	DM	+M	MP	T	SQP	-	SP Scope	GP 76.5; PR 76.5
	<b>8635</b>	<b>Apexification/apexogenesis/revascularisation - per visit.</b>						
	DM	+M	MP	T	SQP	-	SP Scope	GP 90.1; PR 90.1
	Report code <b>8304</b> (isolation of tooth/teeth) in addition to this code when used. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							
	<b>4.5.</b>	<b>Other endodontic procedures</b>						
	Report code <b>8304</b> (isolation of tooth/teeth) in addition to these codes when used.							
	<b>8136</b>	<b>Access through a prosthetic crown or inlay to facilitate root canal treatment.</b>						
	DM	-	MP	T	SQP	-	SP Scope	GP 43.9; PR 43.9
	Use when initial access is required through a prosthetic crown or inlay to facilitate root canal treatment. Report in addition to root canal treatment procedure.							
	<b>8330</b>	<b>Removal/bypass of root canal obstruction per canal.</b>						
	DM	-	MP	T	SQP	-	SP Scope	GP 54.0; PR 54.0
	This procedure involves the treatment of a non-negotiable root canal blocked by foreign bodies (e.g. by-passing of a fractured instrument) or calcification of 50% or more of a root to achieve an apical seal and forego surgical treatment - report per canal. See code <b>8640</b> (Removal of a fractured root canal instrument) in this section and code <b>8138</b> (Removal of retention post) in the Restorative section for the removal of retention posts. This code may be submitted on the same day as a root canal therapy.							
	<b>8331</b>	<b>Repair of perforation defects.</b>						
	DM	+M	MP	T	SQP	-	SP Scope	GP 82.4; PR 82.4
	The code is intended to be used for the non-surgical seal of perforation caused by resorption and/or decay but not if the perforation is iatrogenic by that provider. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials. Use of MTA code <b>8306</b> .							
	<b>8640</b>	<b>Removal of fractured root canal instrument.</b>						
	DM	-	MP	T	SQP	-	SP Scope	GP 91.5; PR 91.5
	This procedure involves the removal of a fractured instrument. See code <b>8138</b> (Post removal) in the Restorative section for the removal of retention posts. This code may be submitted by the practitioner on the same day as a root canal therapy.							
	<b>4.6.</b>	<b>Surgical procedures related to endodontic treatment</b>						
	<b>4.6.1.</b>	<b>Apicectomy/periradicular procedures</b>						
	An apicectomy is the removal of the tip of the root (i.e. apex). This surgical procedure is required if infection persists after root canal therapy or if the dentist is unable to seal the root tip with a normal root filling. Apicectomy/periradicular procedures include retrograde fillings. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							
	<b>8637</b>	<b>Apicectomy/periradicular surgery, first root - anteriors or premolars.</b>						
	DM	+M	MP	T	SQP	-	SP Scope	GP 112.2; MFOS 112.2; OMP 112.2
	<b>8638</b>	<b>Apicectomy/periradicular surgery, premolar - each additional root.</b>						
	DM	+M	MP	T	SQP	-	SP Scope	GP 51; MFOS 81; OMP 81

	8641	Apicectomy/ periradicular surgery, first root - molar.						
		DM	+M	MP	T	SQP	-	SP Scope
	8642	Apicectomy/ periradicular surgery, each additional root - molars.						
		DM	+M	MP	T	SQP	-	SP Scope

#### 4.6.2. Hemisection of a tooth

Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure). Only one of the listed procedures may apply to a tooth.

- Hemisection is the separation of a multi-rooted tooth into fragments, each containing a root or roots and a portion of the crown.
- Resection is amputation of one or more roots of a multi-rooted tooth leaving at least one root and the crown intact.
- Tunnel preparation is the through-and-through opening of a diseased radicular furcation to gain access for maintenance.
- If root canal treatment is required, it is charged in addition to any of the above.

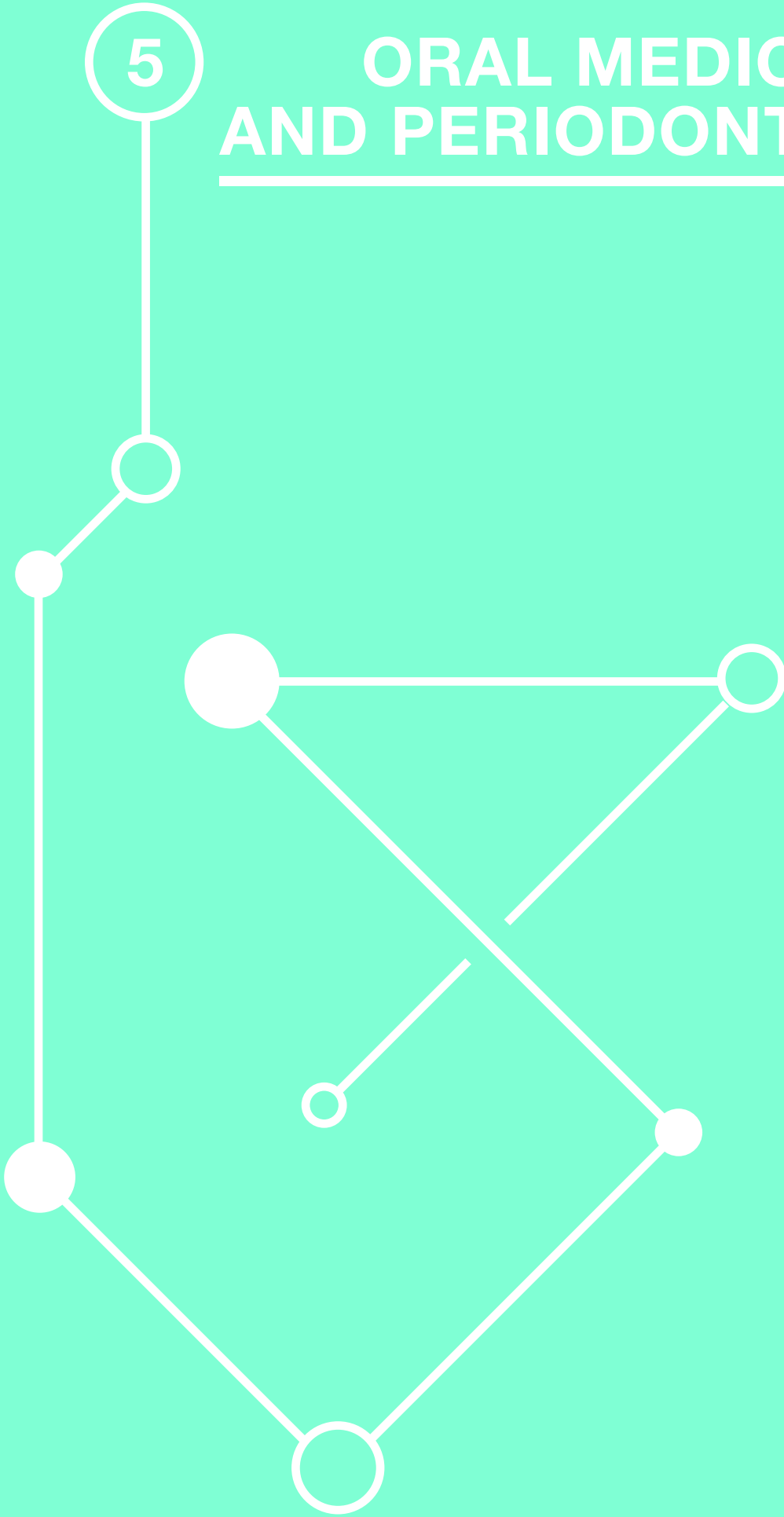
See Surgical Periodontal Services for codes.



5

# ORAL MEDICINE AND PERIODONTICS

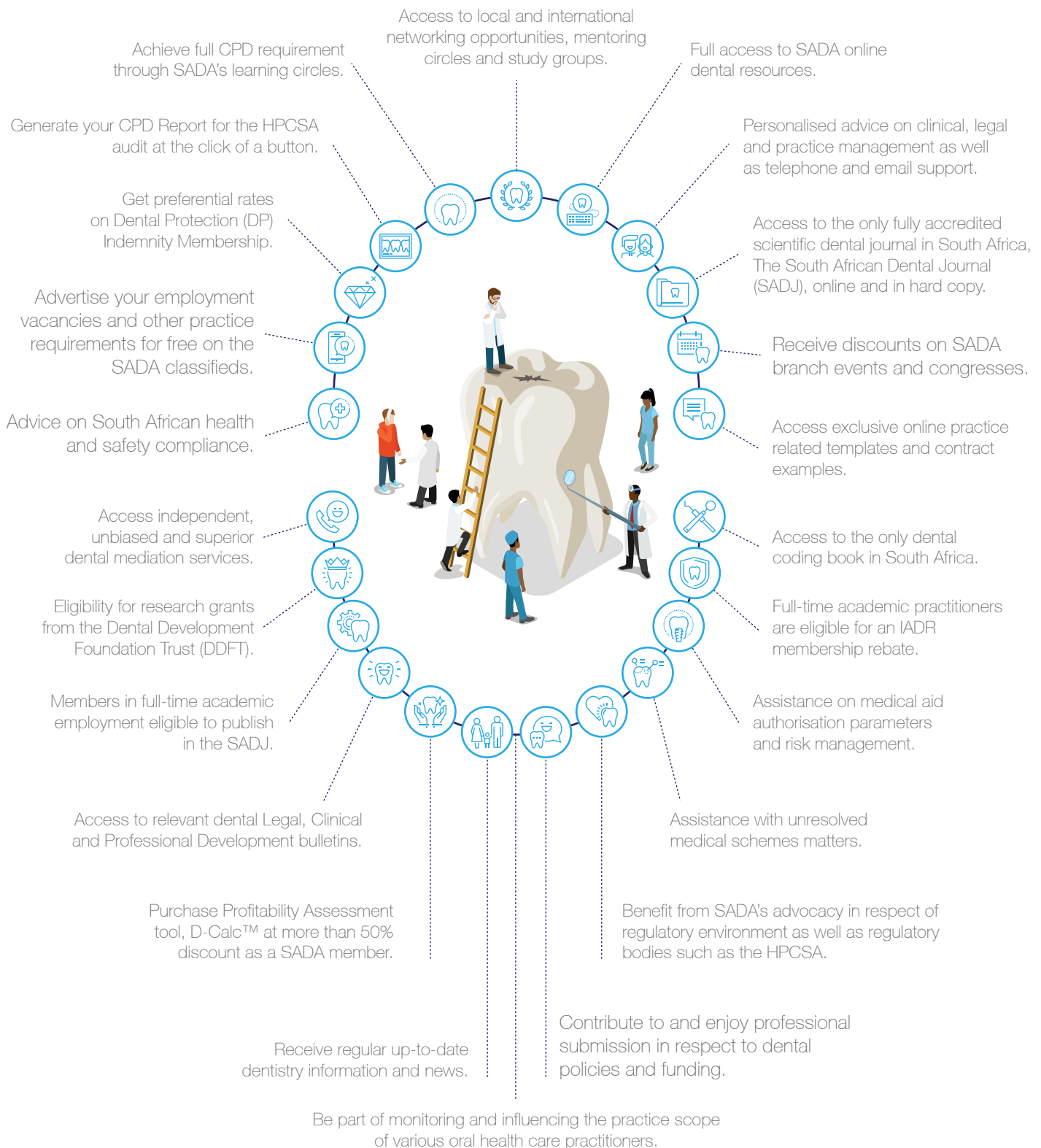
5. ORAL MEDICINE AND PERIODONTICS



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## 5. Oral medicine and periodontics

Periodontics is the branch of dentistry dealing with the diagnosis, prevention and treatment of diseases and disorders of the supporting tissues of the teeth (gingivae, alveolar process and periodontal ligament).

A quadrant is defined as one of the four sections of the dental arches, divided at the midline. A sextant is defined as subdivision of the mouth into six sections. The maxillary and mandibular arches are thus each divided into three sextants. In the maxilla, the sextants are thus: teeth 1.8 - 1.4, teeth 1.3 - 2.3 and teeth 2.4 - 2.8. The mandibular arch may be divided into three similar sextants: teeth 3.8 - 3.4; 3.3 - 4.3 and 4.4 - 4.8. Before surgical periodontal treatment is performed, including root planing, certain diagnostic procedures and preliminary treatment must first be carried out, namely:

- 1). X-rays are required to evaluate bone level, infra-bony pockets and calculus.
- 2). Periodontal examination (code **8176**) which should include the recording of at least:
  - a). complete pocket charting.
  - b). plaque index.
  - c). bleeding index.
- 3). A scaling and polishing at a previous appointment prior to root planing.
- 4). Oral hygiene instruction at a previous appointment and the patient must be recalled to evaluate the instructions.

The term 'periodontally compromised' refers to a periodontally diseased patient and implies that the patient has either chronic (adult) periodontitis or aggressive (juvenile or early onset, rapidly progressive) periodontitis diagnosed on the basis of a documented periodontal examination (code **8176**) or a comprehensive oral evaluation (**8102**). This diagnosis must be reviewed within a period of 3 years. Once the periodontally diseased patient has undergone treatment the patient should ideally be recalled after approximately one month and a periodontal examination should be carried out again to evaluate the success of the treatment. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

### 5.1. Surgical procedures

#### 8743 Gingivectomy/gingivoplasty - one to three teeth, per quadrant.

DM	-	MP	Q	SQP	-	SP Scope	GP 69.7; MS 76.3; OMP 76.3
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A gingivectomy involves the surgical excision of unsupported gingival tissue to the level where it is attached, creating a new gingival margin apical to the old. A gingivoplasty involves the surgical contouring of the gingival tissues to achieve physiological architectural form. Edentulous areas are not counted as teeth. When this periodontal procedure extends over the midline, use a combination of procedure codes **8741** and **8743**, as appropriate.

#### 8741 Gingivectomy/gingivoplasty - four or more teeth per quadrant.

DM	-	MP	Q	SQP	-	SP Scope	GP 103.7; MS 121.6; OMP 121.6
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#### 8995 Gingivectomy - per jaw.

DM	-	MP	M	SQP	-	SP Scope	MS 129.6; OMP 129.6
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#### 8749 Flap operation with root planing and curettage (open curettage) - one to three teeth per quadrant.

DM	-	MP	Q	SQP	-	SP Scope	GP 84; OMP 126
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Appropriate incision and then raising of a muco-gingival flap to gain access to the surfaces of roots that are to be planed and/or treated with chemical agents; to allow for curettage of inflammatory granulation tissue; and also for access for diagnosis (e.g. cracked root, external resorption, etc.). This code does not include any bone resective or recontouring procedures, but includes distal or mesial wedge resection/s if necessary. It is also used to gain access to perform codes **8766**, **8778**, **8779**, **8780**, **8774**, **8775**, **8784**, **8785** and **8786**. Edentulous areas are not counted as teeth. When this periodontal procedure extends over the midline, use a combination of procedure codes **8749** and **8746**, as appropriate.

#### 8746 Flap operation with root planing and curettage (open curettage) - four or more teeth per quadrant.

DM	-	MP	Q	SQP	-	SP Scope	GP 108; MS 162; OMP 162
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See code **8749** for descriptor.

8747	<b>Flap operation with root planing and curettage, including bone surgery</b> - one to three teeth per quadrant.							
	DM	-	MP	Q	SQP	-	SP Scope	GP 108; OMP 162
	Appropriate incision and then raising of a muco-gingival flap to gain access to the surfaces of roots that are to be planed and to allow for curettage of inflammatory granulation tissue; also for access for diagnosis (e.g. cracked root, external resorption, etc.). This code includes all necessary bone resective or recontouring procedures and includes distal or mesial wedge resection/s if necessary. It may also be used to gain access to perform codes <b>8778, 8779, 8780, 8774, 8775, 8784, 8785</b> and <b>8786</b> . Edentulous areas are not counted as teeth. When this periodontal procedure extends over the midline, use a combination of procedure codes <b>8747</b> and <b>8748</b> , as appropriate.							
8748	<b>Flap operation with root planing and curettage, including bone surgery</b> - four or more teeth per quadrant.							
	DM	-	MP	Q	SQP	-	SP Scope	GP 134.3; OMP 201.4
	See code 8747 for descriptor.							
8756	<b>Clinical crown lengthening (isolated procedure).</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 51; OMP 76.5; PR 51
	The removal of bone and apical repositioning of the gingival margin to allow restorative procedure or crown when there is little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a flap and is performed in a healthy periodontal environment, as opposed to osseous surgery which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area. Electro-surgery at the time of crown preparation and impression taken with cord retraction cannot be charged as a crown lengthening procedure.							
8759	<b>Pedicle-flap soft tissue graft.</b>							
	DM	-	MP	Q	SQP	-	SP Scope	GP 90.6; MS 135.9; OMP 135.9
	Soft tissue is raised from either a tooth-bearing or an edentulous site and transposed laterally or coronolaterally to create attached gingiva where it is deficient, to cover an exposed root of a tooth, or to repair a gingival defect. Note: This code may not be charged concurrently with codes <b>8746, 8747, 8748, 8749, 8776, 8777, 8778</b> or <b>8779</b> as part of the same operation.							
8761	<b>Masticatory mucosal autograft - extending across one to four teeth (as a separate procedure).</b>							
	DM	+L	MP	S	SQP	-	SP Scope	GP 84; MS 126; OMP 126
	Masticatory mucosa is harvested from hard palate (usually) or from any broad zone of attached gingiva and is transferred to a prepared recipient site where it is necessary to create or augment the zone of attached gingiva, to stabilise the site of excision of an active fraenum, and/or to cover root/s exposed by gingival marginal recession. Edentulous spaces are not counted as teeth except where an adequate zone of masticatory mucosa is to be created before or after insertion of an implant. When this periodontal procedure extends over the midline, use a combination of procedure codes <b>8761</b> and <b>8762</b> , as appropriate.							
8762	<b>Masticatory mucosal autograft - extending across four or more teeth per quadrant (as a separate procedure).</b>							
	DM	+L	MP	Q	SQP	-	SP Scope	GP 104.4; MS 156.6; OMP 156.6
	See code <b>8761</b> for descriptor.							
8763	<b>Wedge resection (as a separate procedure).</b>							
	DM	-	MP	Q	SQP	-	SP Scope	GP 69.7; MS 69.7; OMP 69.7
	Appropriate incisions and removal of a wedge of soft tissue. Usually done in an edentulous region, most commonly distal to the last molar of the maxilla or mandible, to reduce an excessive bulk of tissue and consequently the periodontal probing depth of the adjacent tooth. Also used to gain access for a distal bone reparative or regenerative procedure, or to obtain connective tissue for grafting purposes.							

**8766 Bone regenerative/repair procedure as part of a flap operation, per procedure.**

DM	+M	MP	Q	SQP	-	SP Scope	GP 60.8; MS 60.8; OMP 60.8
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Repair and/or regeneration of bone at sites of bone defects exposed in the course of performing a flap operation, using autogenous bone, bone allograft, alloplastic material, biological bone inductive material, or a combination of two or more of these.

**8767 Bone regeneration/repair procedure - at a single site.**

DM	+M	MP	Q	SQP	-	SP Scope	GP 104.4; MS 104.4; OMP 104.4
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Repair and/or regeneration of bone at the site of an isolated bone defect using autogenous bone, bone allograft, alloplastic material, biological bone inductive material, or a combination of two or more of these.

**8713 Blood and blood products for regeneration.**

DM	+M	MP	-	SQP	-	SP Scope	GP 33; MS 33; OMP 33
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Phlebotomy and preparation of blood products for regeneration.

**8774 Guided tissue regeneration - resorbable barrier, per site.**

DM	+M	MP	Q	SQP	-	SP Scope	GP 98.6; MS 119.9; OMP 119.9
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A periodontal bone defect exposed in the course of performing flap operation **8746, 8747, 8748 or 8749** is covered with a resorbable barrier material trimmed and adapted to fit the site. The barrier membrane may or may not be stabilised with pins or other devices. May also be used to regenerate connective tissue to cover a root surface exposed by gingival marginal recession.

Notes:

1. May or may not be used in conjunction with bone repair/ regenerative material, but if so used, to be used together with code **8766**.
2. Also used for alveolar ridge augmentation: see codes **9008, 9009**.
3. Excludes cost of regenerative material - See **Rule 002** and **Appendix A** for the cost of direct materials.

**8775 Guided tissue regeneration - non-resorbable barrier, per site (includes subsequent removal of membrane)**

DM	+M	MP	Q	SQP	-	SP Scope	GP 154.8; MS 154.8; OMP 154.8
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See code **8774** for descriptor.

**8769 Membrane removal (used for guided tissue regeneration).**

DM	-	MP	Q	SQP	-	SP Scope	GP 60.8; MS 76.8; OMP 76.8
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This code is for removal by a different practitioner to the one who placed the membrane to begin with.

**8770 Cost of bone regenerative/repair material, including membrane.**


DM	-	MP	Q	SQP	-	SP Scope	GP; MS; OMP
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See **Rule 002** for the cost of direct materials.


**8772 Submucosal connective tissue autograft (isolated procedure).**


DM	+M	MP	Q	SQP	-	SP Scope	GP 80.4; MS 120.6; OMP 120.6
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This procedure is performed to create or augment gingiva, to obtain root coverage or to eliminate sensitivity and to prevent root caries, to eliminate frenum pull, or to extend the vestibular fornix. The recipient site utilises a split thickness incision but retains the overlying flap of gingiva and/or mucosa. The connective tissue graft is dissected from the donor site leaving an epithelialized flap for closure. The donor tissue is placed at the recipient site and sutured into position. The graft is covered with the overlying flap. This procedure includes donor site surgery.

	<b>8776</b>	<b>Submucosal connective tissue autograft - extending across one to three teeth per quadrant.</b>						
DM	+M	MP	Q	SQP	-	SP Scope	GP 98.4; MS 147.6; OMP 147.6	
<p>A connective tissue wedge is harvested from hard palate, retromolar or other suitable site, and is transferred to a prepared submucosal recipient site where it is required to improve mucogingival bulk or contour, to stabilise the site of excision of an active fraenum, to cover root/s exposed by gingival recession, or to create sufficient soft tissue for coverage of periodontal regenerative sites. The recipient site may be prepared by raising a mucoperiosteal or a split-mucosal flap, by preparing a submucosal 'pocket', or by raising a double-papilla flap. Edentulous areas are not counted as teeth. When this procedure extends over the midline, use a combination of procedure codes <b>8776</b> and <b>8777</b>, as appropriate. Excluding cost of regenerative material - See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.</p>								

	<b>8777</b>	<b>Submucosal connective tissue autograft - extending across four or more teeth per quadrant.</b>						
DM	+M	MP	Q	SQP	-	SP Scope	GP 112.9; MS 169.2; OMP 169.2	
See code <b>8776</b> for descriptor.								


	<b>8778</b>	<b>Submucosal soft tissue allograft - extending across one to three teeth per quadrant.</b>						
DM	+M	MP	Q	SQP	-	SP Scope	GP 82.8; MS 124.1; OMP 124.1	
<p>There is no tissue donor site. A piece of lyophilised soft tissue (e.g. lyophilised dermis) is transferred to a prepared submucosal recipient site where it is required to improve mucogingival bulk or contour, to stabilise the site of excision of an active fraenum, to cover root/s exposed by gingival marginal recession, or to create sufficient soft tissue for coverage of periodontal regenerative sites. The recipient site may be prepared by raising a mucoperiosteal or a split-mucosal flap, by preparing a submucosal 'pocket', or by raising a double-papilla flap. Edentulous areas are not counted as teeth. When this procedure extends over the midline, use a combination of procedure codes <b>8778</b> and <b>8779</b>, as appropriate. Excludes cost of connective tissue allograft material - See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.</p>								


	<b>8779</b>	<b>Submucosal soft tissue allograft - extending across four or more teeth per quadrant.</b>						
DM	+M	MP	Q	SQP	-	SP Scope	GP 95.4; MS 144.5; OMP 144.5	
See code <b>8778</b> for descriptor.								


	<b>8780</b>	<b>Alveolar process preservation, per extraction site.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 33.6; MFOS 74; OMP 74	
<p>This procedure is intended to preserve the architecture of the alveolar bone after tooth removal, which is necessary either for placing an implant or for preserving the ridge for a pontic or denture. It is usually achieved by means of a bone graft or a bone allograft into the extraction socket, with or without soft tissue grafting. Membrane if used to be reported separately.</p>								


## 5.2. Surgical periodontal services


<b>8765</b>	<b>Hemisection of a tooth.</b>						
DM	-	MP	T	SQP	PR	SP Scope	GP 66; OMP 66
<p>Only one of the listed procedures may apply to a tooth.</p> <ul style="list-style-type: none"> <li>• Hemisection is the separation of a multi-rooted tooth into fragments, each containing a root or roots and a portion of the crown.</li> <li>• Resection is amputation of one or more roots of a multi-rooted tooth leaving at least one root and the crown intact.</li> <li>• Tunnel preparation is the through-and-through opening of a diseased radicular furcation to gain access for maintenance.</li> </ul> <p>If root canal treatment is required, it is charged in addition to any of the above.</p>							


	<b>8785</b>	<b>Root resection.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 66; OMP 99	
Amputation of one or more roots of a multi-rooted tooth leaving at least one root and the crown intact. Does not include the raising and closure of a flap. If access for root resection as an isolated procedure via a flap is required, use code <b>8785</b> together with code <b>8747</b> or <b>8749</b> as appropriate. If root resection is only one of several procedures to be done, then use code <b>8785</b> together with code <b>8746</b> , <b>8747</b> , <b>8748</b> or <b>8749</b> as appropriate. May not be used with code <b>8784</b> on the same tooth.								


	<b>8786</b>	<b>Tunnel preparation.</b>						
DM	-	MP	Q	SQP	-	SP Scope	GP 66; OMP 99	
The through-and-through opening of a diseased radicular furcation to gain access for maintenance. Does not include the raising and closure of a flap. If access for a tunnel preparation as an isolated procedure via a flap is required, use code <b>8786</b> together with code <b>8747</b> or <b>8749</b> as appropriate. If a tunnel preparation is only one of several procedures to be done, then use code <b>8786</b> together with code <b>8746</b> , <b>8747</b> , <b>8748</b> or <b>8749</b> as appropriate. May not be used with code <b>8784</b> on the same tooth.								

	<b>8792</b>	<b>Vestibuloplasty with teeth per sextant.</b>						
DM	-	MP	S	SQP	-	SP Scope	GP 90; MS 136; OMP 136	
This procedure involves the deepening of the vestibular sulcus with or without grafting.								


	<b>8793</b>	<b>Vestibuloplasty in an edentulous area per sextant.</b>						
DM	-	MP	S	SQP	-	SP Scope	GP 83.9; MS 125.8; OMP 125.8	
This procedure involves the deepening of the vestibular sulcus with or without grafting.								

	<b>8794</b>	<b>Alveoplasty with implant therapy 1-3 teeth.</b>						
DM	-	MP	S	SQP	-	SP Scope	GP 19.2; MS 19.2; OMP 19.2	
Surgical contouring and shaping of alveolar process prior to prosthetic treatment.								

	<b>8795</b>	<b>Alveoplasty with implant therapy 4 or more teeth.</b>						
DM	-	MP	S	SQP	-	SP Scope	GP 33.6; MS 33.6; OMP 33.6	
Surgical contouring and shaping of alveolar process prior to prosthetic treatment.								

	<b>8796</b>	<b>Repair of oronasal opening.</b>						
DM	-	MP	M	SQP	-	SP Scope	GP 83.6; MS 125.4; OMP 125.4	
This procedure is carried out when an oronasal opening occurred as a complication of dental treatment.								

### 5.3. Non-surgical periodontal services

	<b>8722</b>	<b>Cost of provisional splinting materials.</b>						
DM	-	MP	-	SQP	-	SP Scope	-	
See <b>Rule 002 Appendix A</b> .								

<b>8723</b>	<b>Provisional splinting - extracoronary (wire), per sextant.</b>						
DM	+M	MP	T	SQP	-	SP Scope	GP 72; MS 84.8; OMP 84.8; PR 84.8
Stabilisation of mobile teeth either by linking them together with running circumferential wire fixation. Report <b>8722</b> for cost of provisional splinting materials. See <b>Rule 002, Appendix A</b> .							

**8725 Provisional splinting - extracoronal (wire with resin) per sextant.**

DM	+M	MP	S	SQP	-	SP Scope	GP 94.5; MS 98.9; OMP 100.8; PR 107.2
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Stabilisation of mobile teeth either by linking them together with running circumferential wire fixation, with or without resin applied over the wire for additional rigidity; or by linking the mobile teeth together with fibrous material fixed in place with acid-etch composite resin. Report **8722** for cost of provisional splinting materials. See **Rule 002, Appendix A**.

**8727 Provisional splinting - intracoronal, per tooth.**

DM	+M	MP	S	SQP	-	SP Scope	GP 18; MFOS 18; OMP 18; PR 25.6
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This requires preparation of channels or proximal cavities in teeth to be splinted, with wire or fibrous material laid into the preparation, or screw-pins inserted into proximate cavities, and then the prepared channels and/or cavities are filled with amalgam or resin; or a cast metallic bar is luted into the prepared channels or cavities on adjacent mobile teeth. Report **8722** for cost of provisional splinting materials. See **Rule 002, Appendix A**.

**8739 Root planing - one to three teeth per quadrant.**

DM	-	MP	Q	SQP	-	SP Scope	GP 62.4; OMP 70.2
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Root planing is the removal of the bacterial toxin-impregnated outer layer of root-cementum that has been exposed for some time within a periodontal pocket, with a view to establishing a root surface compatible with reattachment of junctional epithelial cells or (sometimes) periodontal fibres. Root planing is always done following prior scaling and polishing (**8159**). May include subgingival curettage. When root planing extends over the midline, use a combination of codes **8737** and **8739**, as appropriate. Note: Prerequisites to using code **8739** include but are not limited to comprehensive examination (**8102**) or periodontal examination (**8176**) and diagnostic radiographs (**8107** and/or **8115**). Should not be used concurrently with codes **8155**, **8159**, **8160**, **8179** or **8180**.

**8737 Root planing - four or more teeth per quadrant.**

DM	-	MP	Q	SQP	-	SP Scope	GP 76.8; OMP 86.4
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See code **8739** for descriptor.

 **8771 Insertion of intra-pocket chemotherapeutic agent - per pocket so treated.**

DM	+M	MP	T	SQP	-	SP Scope	GP 25.6; OMP 25.6
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Antibiotic or antibacterial agent in the form of 'chips', fibres or gels are introduced into periodontal pockets following scaling and root planing, as a conservative (non-surgical) treatment of periodontitis, or as supportive treatment of persistent or refractory periodontitis following surgical treatment. Later removal of residues of the chemotherapeutic vehicle, if necessary, is included in the treatment. Always used concurrently with code **8737** or **8739**. Excludes cost of intrapocket chemotherapeutic agent. See **Rule 002** and **Appendix A** for the cost of direct materials.

**8773 Cost of intra-pocket chemotherapeutic agent.**

DM	-	MP	T	SQP	-	SP Scope	GP; OMP
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**5.4. Other periodontal services** **8740 Periodontal maintenance**

DM	-	MP	-	SQP	-	SP Scope	GP 64.4; OMP 64.4
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 **8711 The visualisation enhancement adjunct (VEA).**


DM	+M	MP	-	SQP	-	SP Scope	GP 28.9; MS 28.9; OMP 28.9
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This procedure uses tissue fluorescence as an oral cancer screening adjunct.



<b>8768</b>	<b>Unlisted periodontal procedure.</b>						
DM	-	MP	-	SQP	-	SP Scope	OMP
This code is used to report a (usually single) periodontal procedure or service which is not adequately described by an existing code. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. The entry on an account should include a descriptor of the service rendered. The RVU for this procedure should be similar to the procedure most similar to the one being performed.							

## 5.5. Other oral medicine services

	<b>8732</b>	<b>Topical treatment of diseased soft tissue.</b>					
DM	+L	MP	-	SQP	-	SP Scope	GP 37.4; OMP 37.4
The treatment of soft tissue diseases on edentulous areas as well as soft and hard palate. May include use of removable appliances.							


<b>8787</b>	<b>Unlisted oral medicine procedure.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP; OMP
See descriptor <b>8768</b> .							


## 5.6. Diagnostic procedures


These codes do not include the coding of the essential pathological evaluations. These codes (**8918, 8919, 8920, 8923, 8924, 8932, 8934, 8917, 8921, 8925, 8926, 8927, 8928**) does not include closure of the defect and should be reported with the appropriate codes for the closure of the incision or excision (eg. **9021, 9023** or other appropriate code). These codes also excludes coding for the use of suture material (see code **8220**) or material used during the procedure.


<b>8918</b>	<b>Brush biopsy.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 39.1; MS 45; OMP 45
Brush instrument obtains a complete transepithelial specimen comprising cellular representation from the basal, intermediate and superficial layers of the lesion.							


<b>8919</b>	<b>Biopsy of tissue - intraoral bone, needle.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 76.5; MS 87.9; OMP 87.9





	<b>8920</b>	<b>Exfoliative cytological specimen collection.</b>					
DM	-	MP	-	SQP	-	SP Scope	GP 39.1; MS 49.7; OMP 49.7
For collection of oral cytological specimen via mild scraping of the oral mucosa.							

	<b>8923</b>	<b>Aspiration biopsy (FNA).</b>					
DM	-	MP	-	SQP	-	SP Scope	GP 59.5; MS 87.1; OMP 87.1

	<b>8924</b>	<b>Open biopsy of a single lymph node in the neck.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 113.4

	<b>8932</b>	<b>Biopsy of soft tissue - intraoral superficial, with suturing.</b>					
DM	-	MP	-	SQP	-	SP Scope	GP 83.3; MS 83.3; OMP 83.3

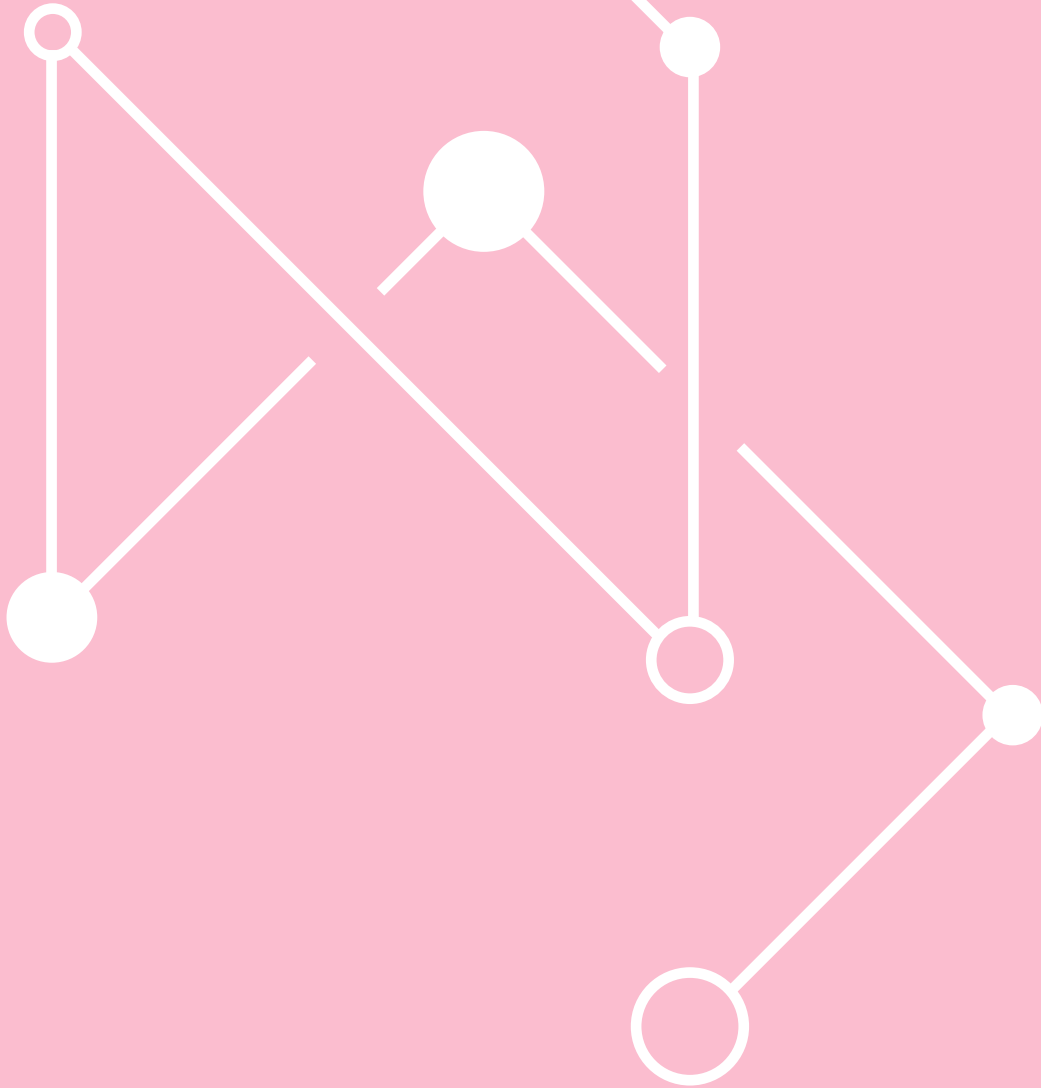
	<b>8934</b>	<b>Biopsy of soft tissue - intraoral deep or intramuscular, requiring suturing in multiple layers.</b>					
DM	-	MP	-	SQP	-	SP Scope	GP 82.8; MS 124.2; OMP 124.2

<b>8917</b>	<b>Biopsy of soft tissue - intra-oral without suturing.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 62.4; MS 88.9; OMP 88.9
<b>8921</b>	<b>Biopsy of soft tissue - extraoral superficial (skin biopsy), with suturing.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 31; MS 46.4; OMP 46.4
 <b>8925</b>	<b>Biopsy of soft tissue - extraoral deep or intramuscular, requiring suturing in multiple layers.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 74.8; MS 112.2
 <b>8926</b>	<b>Biopsy of tissue - intra-oral bone.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 67; MS 100.3; OMP 100.3
 <b>8927</b>	<b>Biopsy of tissue - extra-oral bone.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 160.2
 <b>8928</b>	<b>Core needle biopsy.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 76.5

6

# REMOVABLE PROSTHODONTICS

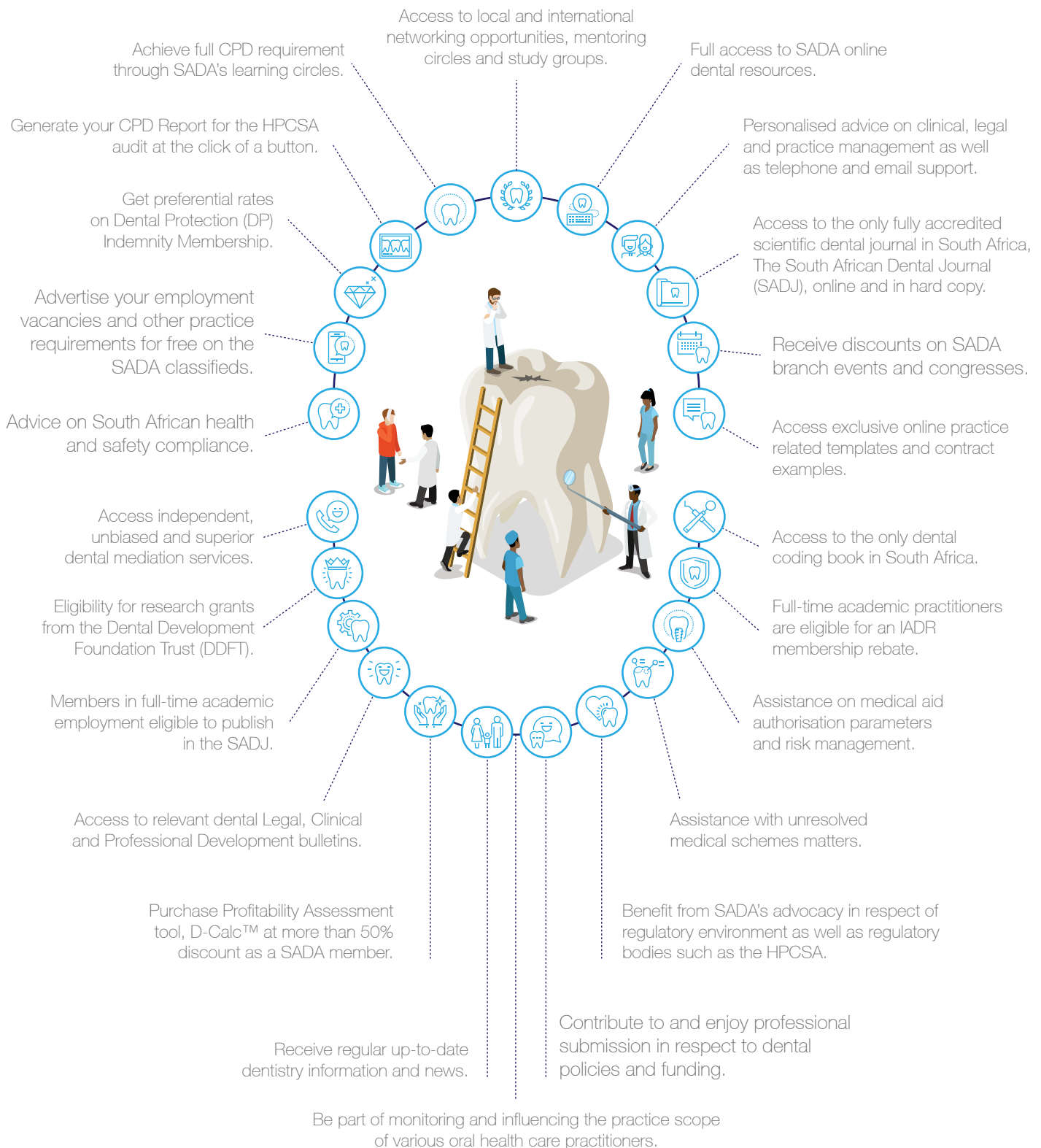
6. REMOVABLE PROSTHODONTICS



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## 6. Removable prosthodontics

The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that are readily removable. Removable prosthodontic services include routine post-operative care.

### 6.1. Complete dentures

#### 8231 Complete dentures - maxillary and mandibular.

DM	+L	MP	-	SQP	-	SP Scope	GP 243.2; PR 408
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The above codes must be used by general dental practitioners. (Specialist prosthodontists will use codes **8643**, **8645** or **8649**). Both the working models and a model of the opposing arch are considered part of denture construction and shall not be charged as separate, additional items. In the case of a new denture there is no additional professional fee for a soft base. Only the laboratory fee may be charged.

#### 8232 Complete denture - maxillary or mandibular.

DM	+L	MP	M	SQP	-	SP Scope	GP 222.4; PR 357
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See 8231 for descriptor.

#### 8284 Full denture - Flexidenture framework.

DM	+L	MP	M	SQP	-	SP Scope	GP 11.2; PR 11.9
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To be reported per denture either maxillary or mandibular in addition to code **8232**.

#### 8244 Immediate denture - maxillary.

DM	+L	MP	M	SQP	-	SP Scope	GP 222.4; PR 357
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A removable complete denture constructed for placement immediately after removal of the remaining natural teeth. This procedure includes limited follow-up care only and excludes subsequent rebasing/relining procedure(s) and/or the replacement with new complete denture. See interim prosthesis for immediate and/or provisional partial dentures.

#### 8245 Immediate denture - mandibular.

DM	+L	MP	M	SQP	-	SP Scope	GP 222.4; PR 357
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See **8244** for descriptor. Report in addition to codes for partial dentures codes **8233-8241**.

#### 8643 Complete dentures - maxillary and mandibular.

DM	+L	MP	-	SQP	-	SP Scope	PR 357
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Only for Prosthodontists.

#### 8645 Complete denture - maxillary or mandibular.

DM	+L	MP	M	SQP	-	SP Scope	PR 357
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Only for Prosthodontists.

#### 8649 Immediate denture - either maxillary or mandibular.

DM	+L	MP	M	SQP	-	SP Scope	PR 378
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Only for Prosthodontists.

## 6.2. Partial denture(s)

	<b>8246</b>	<b>Partial denture - immediate.</b>						
	DM	+L	MP	T	SQP	OMP 14	SP Scope	GP 14; PR 28
Report in addition to <b>8233-8241</b> for the number of teeth.								
	<b>8233</b>	<b>Partial denture - one tooth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 64.5; PR 97.6
	<b>8234</b>	<b>Partial denture - two teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 64.5; PR 97.6
	<b>8235</b>	<b>Partial denture - three teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 64.5; PR 97.6
	<b>8236</b>	<b>Partial denture - four teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 72; PR 97.6
	<b>8237</b>	<b>Partial denture - five teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 89.6; PR 154.7
	<b>8238</b>	<b>Partial denture - six teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 107.2; PR 154.7
	<b>8239</b>	<b>Partial denture - seven teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 124.8; PR 209.1
	<b>8240</b>	<b>Partial denture - eight teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 150.4; PR 209.1
	<b>8241</b>	<b>Partial denture - nine or more teeth.</b>						
	DM	+L	MP	T	SQP	-	SP Scope	GP 177.6; PR 209.1
	<b>8281</b>	<b>Partial denture - cast metal framework.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	GP 35.7; PR 35.7
The procedure refers to the metal framework only (e.g. chrome cobalt, gold, etc.), and includes all clasps, rests and bars (i.e., <b>8251</b> , <b>8253</b> , <b>8255</b> and <b>8257</b> ). See codes <b>8233</b> to <b>8241</b> for the resin denture base required concurrently with <b>8281</b> .								
	<b>8283</b>	<b>Partial denture - Flexidenture framework.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	GP 11.2; PR 11.9
To be reported in addition to the number of teeth. See codes <b>8233</b> to <b>8241</b> .								
	<b>8671</b>	<b>Partial denture - cast metal framework with resin denture base.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	PR 246.5
For use by prosthodontists only. Includes acrylic denture base and teeth.								

### 6.3. Adjustments to dentures

#### 8275 Adjustment of complete or partial denture(s).

DM	-	MP	M	SQP	OMP 18.2	SP Scope	GP 18.2; PR 31.5
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Use to report the adjustment of complete or partial dentures after six months or for a patient of another practitioner.

#### 8662 Adjustment of complete or partial denture(s) - remounting.

DM	+L	MP	M	SQP	-	SP Scope	GP 70.5; PR 97.6
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See **8275** for descriptor.

### 6.4. Repairs to complete or partial dentures

Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered. When it is necessary to take an impression and cast a model for one of the above, use code **8273** in addition to the above.

#### 8269 Repair of denture or other intra-oral appliance.

DM	+L	MP	M	SQP	-	SP Scope	GP 29.9; PR 43.4
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See code **8273** (Impression to repair/modify a denture). Excludes the repair of orthodontic appliance (See codes **8846** and **8848**).

#### 8270 Add clasp/s to existing partial denture.

DM	+L	MP	M	SQP	-	SP Scope	GP 11.7; PR 20.1
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One or more clasps. Code **8270** may be reported in addition to code **8269**. See code **8273** (Impression to repair/modify a denture). Billed once per denture.

#### 8271 Add tooth/teeth to existing partial denture.

DM	+L	MP	T	SQP	OMP 15.2	SP Scope	GP 15.2; PR 26.3
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One or more teeth. Code **8271** may be reported in addition to code **8269**. See code **8273** (Impression to repair/modify a denture). Billed once per denture.

#### 8273 Impression to repair or modify a denture or other removable intraoral appliance or for the purpose of establishing virtual models for use in planning software.

DM	+L	MP	M	SQP	-	SP Scope	GP 12; PR 12
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This code may only be charged once per procedure, irrespective of the number of models required. It must not be used for the taking of impressions for any other procedure. This code may be reported with the appropriate code for impression material **9271**.

### 6.5. Rebase and reline procedures

#### 8259 Rebase complete or partial denture (laboratory).

DM	+L	MP	M	SQP	-	SP Scope	GP 54; PR 76.5
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A rebase involves the partial or complete removal and replacement of the denture base.

#### 8261 Remodel complete or partial denture.

DM	+L	MP	M	SQP	-	SP Scope	GP 76.5; PR 91.5
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Replacement of the teeth on a denture.

### 6.5.1. Denture reline procedures

#### 8263 Reline complete or partial denture (chairside reline/intra-oral).

DM	-	MP	M	SQP	-	SP Scope	GP 66; PR 81
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The addition of material to the fitting surface of a denture base. This procedure is intended to be used for the (intra-oral) relining of existing dentures and should not be reported concurrently with codes **8231** to **8241**. See code **8667** (soft base to new denture (heat cured)).

#### 8267 Reline complete or partial denture (laboratory) hard or soft base.

DM	+L	MP	M	SQP	-	SP Scope	GP 54; PR 69
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This procedure is intended to be used for the relining of existing dentures and should not be reported concurrently with codes **8231** to **8241**. See code **8667** (soft base to new denture (heat cured)).

### 6.5.2. Interim dentures

#### 8658 Interim complete denture.

DM	+L	MP	M	SQP	-	SP Scope	GP 222.4; PR 239.7
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Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, stabilisation, function or occlusal support, after which it is replaced by a more definitive prosthesis. Often such prostheses are used to assist in determination of the therapeutic effectiveness of a specific treatment plan or the form and function of the planned or definitive prosthesis.

#### 8659 Interim partial denture.

DM	+L	MP	M	SQP	-	SP Scope	GP 89.6; PR 156.4
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See code **8658** for descriptor. May be used to submit the use of a flipper. A flipper is an acrylic partial, with or without wire clasps, that replaces one or more teeth usually temporary in nature. Includes any necessary clasps and rests. This code should not be used in lieu of space maintainers.

#### 8661 Diagnostic dentures (including tissue conditioning).

DM	+L	MP	-	SQP	-	SP Scope	GP 222.4; PR 306
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A diagnostic denture is an interim removal evaluation and planning later therapy. Code **8661** includes the maxillary and mandibular dentures, and tissue conditioning when appropriate. See also immediate dentures (codes **8244** and **8245**), interim dentures (codes **8658** and **8659**) and tissue conditioning (code **8265**).

### 6.6. Other removable prosthetic services

#### 8251 Clasp or rest - cast gold.

DM	+L	MP	M	SQP	-	SP Scope	GP 11.7; PR 15.4
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Codes **8251**, **8253** and **8255** may not be levied concurrently with codes 8175 (space maintainer), 8269 (repair of denture) or 8281 (metal framework).

#### 8253 Clasp or rest - wrought gold.

DM	+L	MP	M	SQP	-	SP Scope	GP 11.7; PR 15.4
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See **8251** for descriptor.

#### 8255 Clasp or rest - stainless steel.

DM	+L	MP	M	SQP	-	SP Scope	GP 11.7; PR 15.4
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See **8251** for descriptor.



<b>8257</b>	<b>Bar - lingual or palatal.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 11.7; PR 15.4	
Code <b>8257</b> may not be levied concurrently with codes <b>8169</b> (occlusal guard), <b>8175</b> (space maintainer), <b>8269</b> (repair of denture) or <b>8281</b> (metal framework).								
<b>8265</b>	<b>Tissue conditioner.</b>							
DM	-	MP	M	SQP	OMP 61.6	SP Scope	GP 61.6; PR 107.2	
Includes soft self-cure reline. Report per arch.								
<b>8277</b>	<b>Inlay in denture.</b>							
DM	+L	MP	-	SQP	-	SP Scope	GP 1; PR 1	
<b>8597</b>	<b>Lock and milled rest.</b>							
DM	+L	MP	T	SQP	-	SP Scope	GP 72; PR 76.5	
<b>8599</b>	<b>Precision attachment.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 34; PR 51	
Each set of male and female components should be reported as one precision attachment. Includes semi-precision attachments.								
<b>8657</b>	<b>Replacement of precision attachment.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 97.6; PR 107.2	
This procedure involves the replacement of the replaceable part (male for female component) of a semi-precision or precision attachment. Report per denture.								
<b>8652</b>	<b>Overdenture - complete.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 236.3; PR 357	
Other separate procedures may be required concurrent to <b>8652</b> .								
<b>8653</b>	<b>Overdenture - partial.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 236.3; PR 256.7	
Other separate procedures may be required concurrent to <b>8653</b> . Bill <b>8233-8241</b> in addition to this code to report the number of teeth.								
<b>8663</b>	<b>Metal base to complete denture.</b>							
DM	+L	MP	M	SQP	-	SP Scope	-	
For reporting purposes only.								
<b>8664</b>	<b>Remount crown or bridge for adjustment.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 70.5; PR 93.5	
<b>8667</b>	<b>Soft base to new denture (heat cured).</b>							
DM	+L	MP	M	SQP	-	SP Scope	-	
The relining of the fitting surface of a denture with a heat cured soft material. Not applicable to tissue conditioning/soft self-cure reline. For reporting purposes only.								

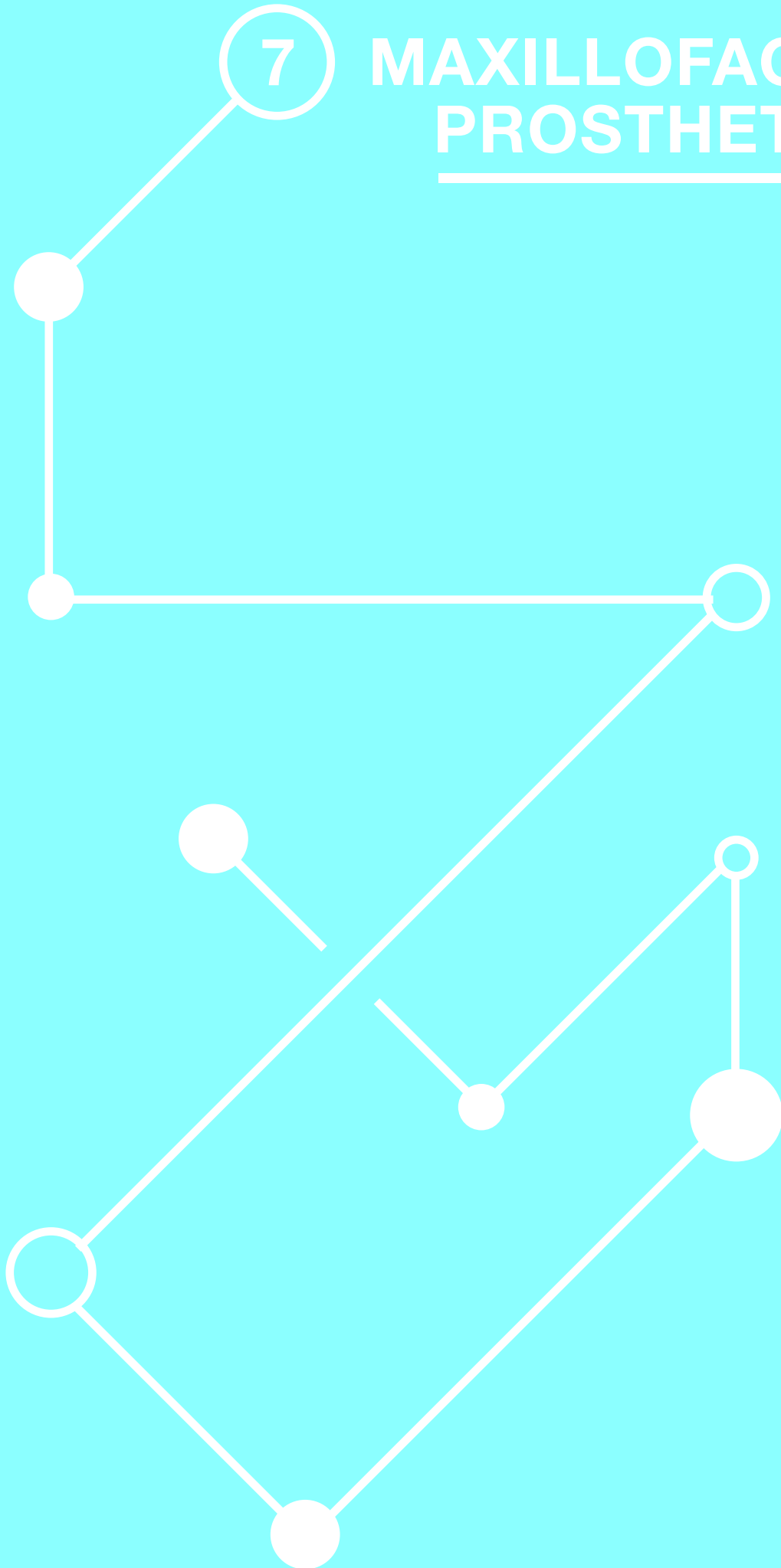
<b>8672</b>	<b>Altered cast partial denture impression.</b>						
<b>DM</b>	+L	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	GP 36; PR 48
<p>An altered cast partial dental impression is a negative likeness of a portion or portions of the edentulous denture bearing area(s) made independent of and after the initial impression of the natural teeth. This technique employs an impression tray(s) attached to the removable dental prosthesis framework or its likeness.</p>							

<b>8674</b>	<b>Additive partial denture.</b>						
<b>DM</b>	+L	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	GP 63; PR 188.8
<p>A removable partial denture provided for a patient where the prognosis of the remaining dentition in that jaw is uncertain. If further teeth in that jaw are removed, the design of this denture specifically allows for these terminal teeth to be replaced by adding to this existing partial denture. Not to be confused code with 8271 (Add tooth/teeth to existing partial denture.)</p>							

7

# MAXILLOFACIAL PROSTHETICS

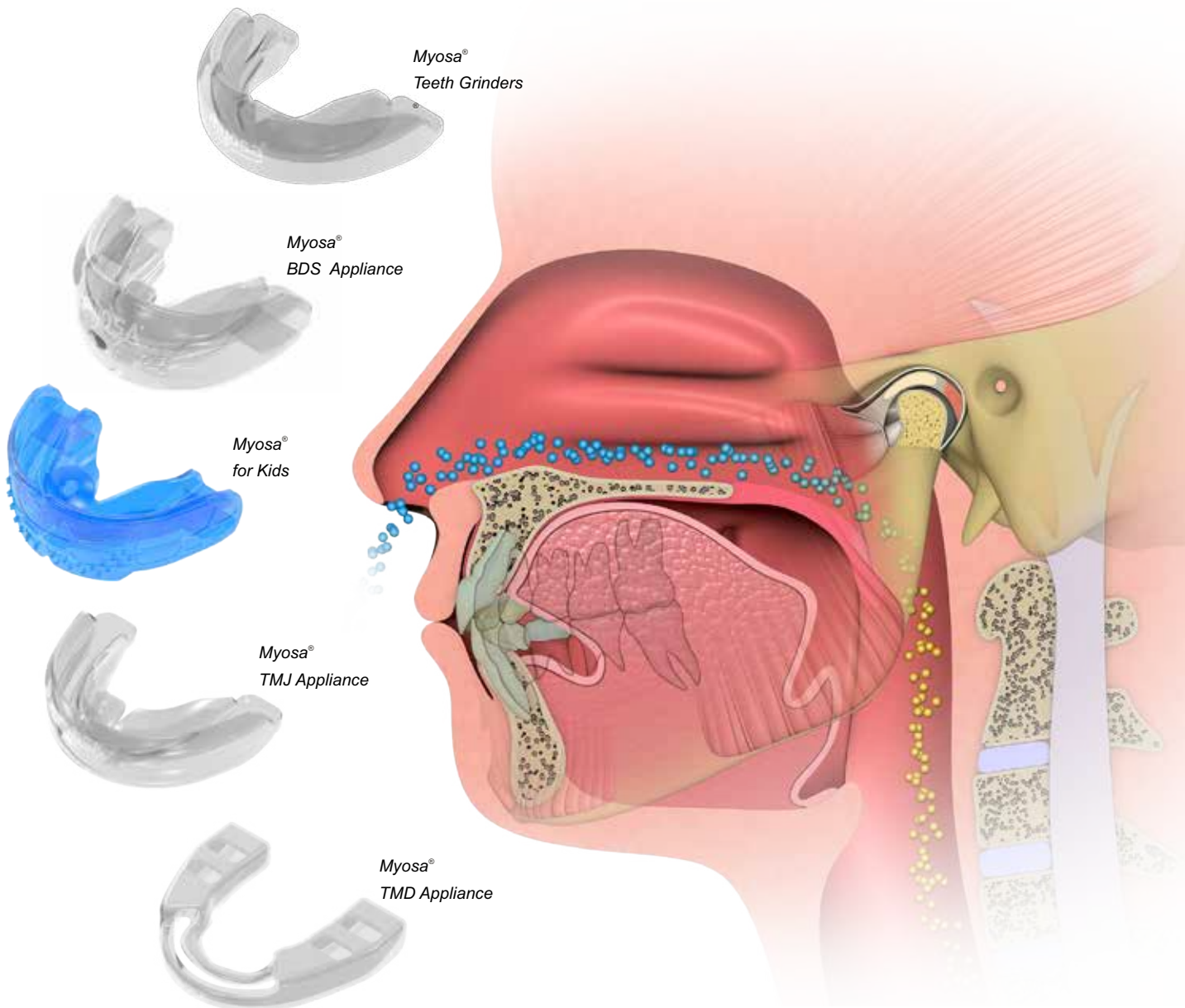
7. MAXILLOFACIAL PROSTHETICS





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## 7. Maxillofacial 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 maxillofacial implantology and other applicable prosthodontic services are used for the reconstruction of craniofacial defects, use the appropriate codes from Implants/Restorative/Removable Prosthodontics/Fixed Prosthodontics. The correct ICD 10 Code indicates the use of these codes in Maxillofacial Prosthetics and for Prescribed Minimum Benefits (PMB).

### 9196 Planning for craniofacial reconstruction - simple.

DM	+L; +M	MP	-	SQP	-	SP Scope	MS 216; PR 216
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The Surgical - Prosthodontic - Laboratory planning of straight forward (e.g. Okay 1 Classification) maxillary resections. This should include CT and /or Computer analysis of resection margins and short, medium and long term restorative protocols. To this code must be added the costs of Laboratory or CAD/CAM production (e.g. Rapid Prototyping) (See **Appendix A**).

### 9197 Planning for craniofacial reconstruction - complex.

DM	+L; +M	MP	-	SQP	-	SP Scope	MS 415.8; PR 415.8
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The Surgical - Prosthodontic - Laboratory planning of more complex (e.g. Okay Classification 2 and 3) maxillary resections). This should include CT and /or Computer analysis of resection margins, short, medium and long term restorative protocols.

- 1). To this code must be added the costs of Laboratory or CAD / CAM production (e.g. Rapid Prototyping) See **Appendix A**).
- 2). Where maxillofacial implantology and other applicable prosthodontic services are used for the reconstruction of craniofacial defects, use the codes supplied in "Implants and Restorative" sections of this schedule.
- 3). The ICD 10 Code indicates the use of these codes in Maxillofacial Prosthetics and for PMB benefits.
- 4). Implantology and prosthodontic services used for Craniofacial reconstruction (excluding standard implantology) are more complex and carry greater time commitment.

## 7.1. Maxillary prostheses

### 7.1.1. Obturator prosthesis

#### 9101 Obturator prosthesis, surgical - modified denture.

DM	+L	MP	M	SQP	-	SP Scope	MS 432; PR 432
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A surgical obturator is a temporary maxillofacial prosthesis inserted during or immediately following surgical or traumatic loss of a portion or all of one or both maxillary bones and contiguous alveolar structures (i.e. gingival tissue, teeth). Frequent revisions of surgical obturators are necessary during the ensuing healing phase (approximately six months). Some dentists prefer to replace many or all teeth removed by the surgical procedure with the surgical obturator, while others do not replace any teeth. Further surgical revisions may require fabrication of another surgical obturator (i.e., an initially planned small defect may be revised and greatly enlarged after the final pathologic report indicates margins are not free of tumour).

#### 9102 Obturator prosthesis, surgical - continuous base.

DM	+L	MP	M	SQP	-	SP Scope	PR 432
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See code **9101** for descriptor.

#### 9103 Obturator prosthesis, surgical - split base.

DM	+L	MP	M	SQP	-	SP Scope	PR 832.2
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See code **9101** for descriptor.

**9104 Obturator prosthesis, interim - on existing denture.**

DM	+L	MP	-	SQP	-	SP Scope	PR 432
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An interim obturator is a maxillofacial prosthesis which is made after surgical resection of a portion or all of one or both maxillae and initial healing; many or all teeth in the defect area are frequently replaced by this prosthesis. This prosthesis replaces the surgical obturator which is usually inserted at or immediately following the resection. An interim obturator is generally made to facilitate closure of the resultant defect after initial healing has been completed. Unlike the surgical obturator which is usually made prior to surgery and which is commonly revised in the operating room during surgery, the interim obturator is made when the defect margins are clearly defined and further surgical revisions are not planned. It is a provisional prosthesis that must often be revised (termed an obturator prosthesis modification) due to subsequent dental procedures (i.e. restorations, gingival surgery, etc.) as well as to compensate for further tissue shrinkage before the definitive obturator prosthesis is made.

**9105 Obturator prosthesis, interim - on new denture.**

DM	+L	MP	M	SQP	-	SP Scope	PR 541.8
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See code **9104** for descriptor.

**9106 Obturator prosthesis, definitive - open/hollow box.**

DM	+L	MP	M	SQP	-	SP Scope	PR 758.1
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A definitive obturator is a maxillofacial prosthesis that replaces part or all of the maxilla and associated teeth lost due to congenital defects, acquired or developmental disease process (i.e., cancer, cleft palate, osteoradionecrosis of the palate), surgery or trauma. The prosthesis is used to close, cover or maintain the integrity of the oral and nasal compartments. The prosthesis facilitates speech and deglutition by replacing those tissues lost due to the disease process and can, as a result, reduce nasal regurgitation and hypernasal speech, improve articulation, deglutition and mastication. A definitive obturator is made when it is deemed that further tissue changes or recurrence of tumour are unlikely and a more permanent prosthetic rehabilitation can be achieved; it is intended for longterm use.

**9107 Obturator prosthesis, definitive - silicone glove.**

DM	+L	MP	M	SQP	-	SP Scope	PR 798
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See code **9106** for descriptor.

**7.1.2. Obturator prosthesis modification****8685 Modification of obturator prostheses per visit.**

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 64.6
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Add +L where laboratory services are required. Add codes for precision attachments (**8599**) and costs of materials and clips etc.

**7.2. Mandibular resection prostheses****9108 Mandibular resection prosthesis with guide flange.**

DM	+L	MP	M	SQP	-	SP Scope	PR 900
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Also known as resection prosthesis: A maxillofacial prosthesis used to maintain a functional position for the jaws (maxillae and mandible), improve speech and deglutition following trauma and/or surgery to the mandible and/or adjacent structures. The prosthesis has a flange or ramp to guide the remaining portion of the mandible into a more normal relationship with the maxilla.

**9109 Mandibular resection prosthesis without guide flange.**

DM	+L	MP	M	SQP	-	SP Scope	PR 855
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See code **9108** for descriptor. Does not have a flange or ramp to guide the mandible.

**9110 Palatal augmentation prosthesis.**

DM	+M; +L	MP	M	SQP	-	SP Scope	PR 684
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Also known as maxillary glossectomy prosthesis: A removable maxillofacial prosthesis which alters the hard and/or soft palate's topographical form adjacent to the tongue. It allows reshaping of the hard palate to improve tongue/palate contact during speech and swallowing due to impaired tongue mobility as a result of surgery, trauma, or neurological/motor deficits.

**7.3. Sleep apnoea and/or snoring****9124 Mandibular advancement device.**

DM	+L	MP	-	SQP	-	SP Scope	GP 166.4; SP 176.8
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Mandibular advancement devices (MAD) are used in the treatment of patients with obstructive sleep apnoea to facilitate the opening of the pharyngeal airway by advancing the mandible forward and volumetrically increasing the pharyngeal airway space. By advancing the mandible in a protrusive position and moving the tongue forward and maintaining it in this protruded position, during sleep, assists in preventing the collapse of the pharyngeal airway and helps to eliminate, reduce and prevent obstructive sleep apnoea for the affected person. The primary diagnosis for sleep apnoea should always be made by the sleep physician, ENT or a medical practitioner similarly qualified. Should a dental practitioner or specialist choose to undertake this treatment for a patient, it must be in conjunction with the primary diagnostician.

**7.4. Glossal resection prostheses****9111 Glossal resection prosthesis - simple.**

DM	+L	MP	M	SQP	-	SP Scope	PR 420
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See code **9110** for descriptor.

**9112 Glossal resection prosthesis - complex.**

DM	+L	MP	M	SQP	-	SP Scope	PR 734
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See code **9110** for descriptor.

**7.5. Cleft palate prostheses****8855 Consultation - cleft palate therapy (house or hospital).**

DM	-	MP	M	SQP	-	SP Scope	MS 158.4; OR 158.4; PR 168.3
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**8856 Consultation - cleft palate therapy (house or hospital) - subsequent.**

DM	-	MP	M	SQP	-	SP Scope	MS 96; OR 96; PR 205.7
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**8857 Consultation - cleft palate therapy (house or hospital) - maximum.**

DM	-	MP	M	SQP	-	SP Scope	MS 108; OR 108; PR 217.8
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**7.6. Neonatal prosthesis****9119 Feeding aid prosthesis.**

DM	+L; +M	MP	-	SQP	-	SP Scope	MS 252.7; OR 252.7; PR 252.7
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Also known as feeding appliance, feeding prosthesis or feeding aid: An ancillary prosthesis that closes the oral-nasal cavity defect, thus enhancing sucking and swallowing, and maintains the right and left maxillary segments of infants with cleft palates in their proper orientation until surgery is performed to repair the cleft.

## 7.7. Orthopaedic craniofacial prosthesis

### 9120 Orthopaedic craniofacial prosthesis - minor.

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 456
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A dynamic orthopaedic maxillofacial prosthesis used to maintain or position the craniofacial osseous segments that are malaligned due to trauma or craniofacial anomalies.

### 9121 Orthopaedic craniofacial prosthesis - moderate.

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 640
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See code **9120** for descriptor.

### 9122 Orthopaedic craniofacial prosthesis - severe.

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 840
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See code **9120** for descriptor.

### 9123 Orthopaedic craniofacial prosthesis modification.

DM	-	MP	-	SQP	MS 153; OR 153; OMP 153	SP Scope	PR 185.4
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Any revision of an orthopaedic craniofacial prosthesis not necessitating its replacement.

## 7.8. Intermediate/definitive prostheses

### 9125 Speech aid prosthesis - with palatal modification.

DM	+L	MP	-	SQP	-	SP Scope	PR 239.4
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Also known as adult speech aid prosthesis, paediatric speech aid prosthesis: A removable maxillofacial prosthesis used to restore an acquired or congenital defect of the soft palate with a portion extending into the pharynx to separate the oropharynx and nasopharynx during phonation and deglutition, thereby completing the palatopharyngeal sphincter.

**Adult speech aid prosthesis** - Also known as prosthetic speech appliance, speech aid, speech bulb: A definitive maxillofacial prosthesis which can improve speech in adult cleft palate patients either by obturating a palatal cleft or fistula, or occasionally by assisting an incompetent soft palate. Both mechanisms are necessary to achieve velopharyngeal competency. This prosthesis is generally fabricated when no further growth is anticipated and the objective is to achieve longterm use, hence, more precise materials and techniques are utilised. Such procedures are occasionally accomplished in conjunction with precision attachments in fixed dental prostheses undertaken on some or all maxillary teeth, to achieve improved aesthetics.

**Paediatric speech aid prosthesis** - Also known as bulb, cleft palate appliance, nasopharyngeal obturator, obturator, prosthetic speech aid, speech appliance, or speech bulb: A temporary or interim maxillofacial prosthesis used to close a defect in the hard and/or soft palate of an infant or child. It may replace tissue lost due to developmental or surgical alterations. It is necessary for the production of intelligible speech. Normal lateral growth of the palatal bones necessitates occasional replacement of this prosthesis. Intermittent revisions of the obturator section can assist in maintenance of palatal pharyngeal closure (termed a speech aid prosthesis modification). Such prostheses are normally not fabricated before the deciduous dentition is fully erupted since clasp retention is often essential.

### 9126 Speech aid prosthesis - with velar modification.

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 275.4
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See code **9125** for descriptor.

### 9127 Speech aid prosthesis - with pharyngeal modification.

DM	+L	MP	-	SQP	-	SP Scope	PR 586.8
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See code **9125** for descriptor.



**9128 Speech aid prosthesis modification.**

DM	+L	MP	-	SQP	-	SP Scope	PR 203.4
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Any revision of a paediatric or adult speech aid prosthesis not necessitating its replacement.

**9129 Speech aid prosthesis - surgical.**

DM	+L	MP	-	SQP	-	SP Scope	PR 468
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See code **9125** for descriptor. A surgical prosthesis is any ancillary prosthesis prepared for insertion during a surgical procedure and intended for short-term use.

**7.9. Speech appliances****9130 Palatal lift prosthesis.**

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 540
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A maxillofacial prosthesis which elevates the soft palate superiorly and aids in restoration of soft palate functions which may be lost due to an acquired, congenital or developmental defect. A definitive palatal lift prosthesis is usually made for patients whose experience with a diagnostic palatal lift has been successful, especially if surgical alterations are deemed unwarranted. Interim palatal lift prosthesis is usually made as a diagnostic aid to assess the level of possible improvement in speech intelligibility. Some clinicians believe use of a palatal lift may stimulate an otherwise flaccid soft palate to increase functional activity, subsequently lessening its need.

**9131 Speech appliance - palatal stimulating.**

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 540
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See code **9125** for descriptor.

**9132 Speech appliance - speech bulb.**

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 723.9
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See code **9125** for descriptor.

**9133 Speech appliance modification.**

DM	+L; +M	MP	-	SQP	-	SP Scope	PR 160.2
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See code **9128** for descriptor.

**7.10. Extra-oral appliances****9135 Auricular prosthesis - simple.**

DM	+L	MP	-	SQP	-	SP Scope	PR 336
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Also known as artificial ear, ear prosthesis: A removable maxillofacial prosthesis that artificially restores part or the entire natural ear.

**9136 Auricular prosthesis - complex.**

DM	+L	MP	-	SQP	-	SP Scope	PR 1013.4
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See code **9135** for descriptor.

**9137 Nasal prosthesis - simple.**

DM	+L	MP	-	SQP	-	SP Scope	PR 357
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Also known as artificial nose: A removable maxillofacial prosthesis that artificially restores part or the entire nose.

9138	<b>Nasal prosthesis - complex.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 980.4
	See code <b>9137</b> for descriptor.							
9139	<b>Ocular prosthesis, interim.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 324
	Also known as conformer, eye shell, shell, or ocular conformer: An interim replacement generally made of clear acrylic resin for an eye lost due to surgery or trauma. No attempt is made to re-establish aesthetics.							
9140	<b>Ocular prosthesis - modified stock appliance.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 196.8
	Also known as artificial eye, glass eye: A maxillofacial prosthesis that artificially replaces an eye missing as a result of trauma, surgery, or congenital absence. The prosthesis does not replace missing eyelids or adjacent skin, mucosa or muscle.							
9141	<b>Ocular prosthesis - custom appliance.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 697.3
	See code <b>9140</b> for descriptor.							
9142	<b>Orbital prosthesis - simple (excluding ocular section).</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 372.8
	A maxillofacial prosthesis that artificially restores the eye, eyelids, and adjacent hard and soft tissues.							
9143	<b>Orbital prosthesis - complex (excluding ocular section).</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 980.4
	See code <b>9142</b> for descriptor.							
9144	<b>Facial prosthesis - combination, small.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 339.2
	Also known as extra-oral prosthesis, prosthetic dressing: A maxillofacial prosthesis that artificially replaces a portion of the face lost due to surgery, trauma, or congenital absence.							
9145	<b>Facial prosthesis - combination, medium.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 438.6
	See code <b>9144</b> for descriptor.							
9146	<b>Facial prosthesis - combination, large.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 1174.2
	See code <b>9144</b> for descriptor.							
9147	<b>Facial prosthesis - combination, complex.</b>							
	DM	+L	MP	-	SQP	-	SP Scope	PR 1432
	See code <b>9144</b> for descriptor.							
9269	<b>Custom prosthesis for facial reconstruction.</b>							
	DM	-	MP	-	SQP	-	SP Scope	MS



<b>9148</b>	<b>Other body prostheses - simple.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 400	
<b>9149</b>	<b>Other body prostheses - complex.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 475	
<b>9150</b>	<b>Facial prosthesis, surgical - simple.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 383.4	
See code <b>9144</b> for descriptor. A surgical prosthesis is any ancillary prosthesis prepared for insertion during a surgical procedure and intended for short-term use.								
<b>9151</b>	<b>Facial prosthesis, surgical - complex.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 1126	
See code <b>9150</b> for descriptor.								
<b>9152</b>	<b>Additional prosthesis (from mould at time of first prosthesis).</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 357	
<b>9153</b>	<b>Replacement prosthesis (from original mould).</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 357	
A replacement of a prosthesis made from the original mould. Currently used for all types of extraoral prostheses.								
<b>9155</b>	<b>Cranial prosthesis.</b>							
DM	+L	MP	-	SQP	-	SP Scope	MS 452.2; PR 452.2	
Also known as cranial implant, cranioplasty prosthesis, skull plate: A biocompatible, permanently implanted replacement (maxillofacial prosthesis) for a portion of the skull bones; an artificial replacement for a portion of the skull bones.								
<b>7.11.</b>	<b>Custom implants</b>							
<b>9156</b>	<b>Cranial implant prosthesis - custom made.</b>							
DM	+L	MP	-	SQP	-	SP Scope	MS 399; PR 399	
See code <b>9155</b> for descriptor.								
<b>9157</b>	<b>Facial augmentation implant prosthesis - simple.</b>							
DM	+L	MP	-	SQP	-	SP Scope	MS 378; PR 378	
Also known as facial implant: A maxillofacial prosthesis made of implantable biocompatible material generally onlaid upon an existing bony area beneath the skin tissue to fill in or selectively raise portions of the overlying facial skin tissues to create acceptable contours. Although some forms of pre-made surgical implants are commercially available, the facial augmentation implant prosthesis is usually custom made for surgical implantation for each individual patient due to the irregular or extensive nature of the facial deficit.								
<b>9158</b>	<b>Facial augmentation implant prosthesis - complex.</b>							
DM	+L	MP	-	SQP	-	SP Scope	MS 378; PR 378	
See code <b>9157</b> for descriptor.								
<b>9159</b>	<b>Ocular implant prosthesis - custom made.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 988	

**9160 Body implant prosthesis - custom made.**

DM	+L	MP	-	SQP	-	SP Scope	PR 400.9
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**7.12. Surgical appliances**

The surgeon placing implants, often has to make his own surgical appliances. The training, experience and skills to plan and make these types of appliances are completely within the normal scope of the field of surgeons doing implant surgery. Some appliances are not necessarily laboratory-made but may be purchased directly from suppliers.

**9161 Surgical splint - simple.**

DM	+L; +M	MP	-	SQP	-	SP Scope	GP 60.8; MS 73.6; OMP 73.6; PR 73.6
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Also known as cast metal splint, fenestrated splint, gunning splint, kingsley splint, labiolingual splint, modified gunning splint: Any ancillary prosthesis designed to utilise existing teeth and/or alveolar processes as points of anchorage to assist in stabilisation and immobilisation of broken bones during healing. It is used to re-establish, as much as possible, normal occlusal relationships, during the process of immobilisation. An existing prosthesis (i.e. a patient's complete removable dental prosthesis) can be modified to serve as a surgical splint. Arch bars are commonly added to surgical splints to facilitate intermaxillary fixation. Rubber elastics may be used to assist in this process. Circummandibular eyelet hooks can be utilised for enhanced stabilisation with wiring to adjacent bone. When the appliance is purchased from a supplier, code **9154** may be charged in addition to this procedure code. See **Rule 002** and **Appendix A** for the cost of direct materials.

**9154 Cost of surgical splint.**

DM	-	MP	-	SQP	-	SP Scope	GP; PR; MS; OMP
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When the appliance is purchased from a supplier, code **9154** may be charged in addition to this procedure code. See **Rule 002** and **Appendix A** for the cost of direct materials.

**9162 Surgical splint - complex.**

DM	+L	MP	-	SQP	-	SP Scope	MS 123.7; OMP 123.7; PR 123.7
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See code **9161** for descriptor.

**9163 Surgical template - simple**

DM	+L	MP	-	SQP	-	SP Scope	GP 44; MS 65.6; OMP 65.6; PR 65.6
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A surgical template is a thin, transparent form duplicating the tissue surface of a dental prostheses and used as a guide:

1. to surgically shape the alveolar process.
2. to assist in proper surgical placement and angulation of dental implants.
3. to assist in establishing the desired occlusion during orthognathic surgery.

**9164 Surgical template - complex.**

DM	+L	MP	-	SQP	-	SP Scope	GP 82.7; MS 123.7; OMP 123.7; PR 123.7
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See code **9163** for descriptor.

**9165 Surgical conformer - simple.**

DM	+L	MP	-	SQP	-	SP Scope	GP 58; MS 87.1; OMP 87.1; PR 87.1
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A surgical conformer is an ancillary prosthesis prepared for insertion during a surgical procedure and intended for short-term use.

**9166 Surgical conformer - complex.**

DM	+L	MP	-	SQP	-	SP Scope	GP 71.8; MS 107.2; PR 107.2
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See code **9165** for descriptor.

	<b>8278</b>	<b>Modification of surgical conformer.</b>							
	DM	-	MP	-	SQP	-	SP Scope	GP 71.4; MS 74.9; PR 74.9	

### 7.13. Trismus appliances

<b>9167</b>	<b>Trismus appliance - simple.</b>							
DM	+L	MP	-	SQP	-	SP Scope	GP 48.2; MS 72; PR 72	
Also known as dynamic bite opener, interarch expansion device, occlusal device for mandibular trismus: An ancillary prosthesis that assists the patient in increasing the oral aperture width to eat and maintain oral hygiene.								

<b>9168</b>	<b>Trismus appliance - complex.</b>							
DM	+L	MP	-	SQP	-	SP Scope	GP 105; MS 192; PR 156.8	
See code <b>9167</b> for descriptor.								

<b>9169</b>	<b>Orthoses appliance (for paralysed patients).</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 228	

<b>9170</b>	<b>Facial palsy appliance.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 228	

<b>9171</b>	<b>Commisure splint.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 233.7	
Also known as lip splint: An ancillary prosthesis placed between the lips which assist in achieving increased opening between the lips. Use of such devices enhances opening where surgical, chemical or electrical alterations of the lips has resulted in severe restriction or contractures.								

<b>9172</b>	<b>Oral retractors, dynamic - per arm.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 233.7	

<b>9173</b>	<b>Hand splint.</b>							
DM	+L	MP	-	SQP	-	SP Scope	PR 235.6	

<b>9174</b>	<b>Unspecified burn appliance.</b>							
DM	+L	MP	-	SQP	-	SP Scope	MS 343.9	

### 7.14. Attendance in theatre

<b>9175</b>	<b>Attendance in theatre - per hour.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 60; MS 60; OR 60; PR 60	
Specific to multidisciplinary cases.								



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<b>8.</b>	<b>Implants</b>
Services/procedures concerned with the surgical insertion of materials and devices into the oral cavity, and head and neck region, for the purposes of oral maxillofacial or oral occlusal rehabilitation.	

<b>8.1</b>	<b>Surgical implant procedures</b>
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 in preparation for the prosthetic phase. The cost of surgical components may be charged separately in addition to the surgery codes. Surgical codes exclude placement of prosthetic components which may be charged separately in addition to the surgery codes. The placement of implant fixtures for the reconstructive phase of treatment may be found under the heading <b>Implant supported prosthetics</b> .	

<b>9180</b>	<b>Placement of sub-periosteal implant - preparatory stage.</b>							
<b>DM</b>	-	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	MS 185.7; OMP 185.7	
The first stage surgery involves the reflection of the oral mucosa, the impression made of the surgically exposed bone and usually an interocclusal record made to fabricate the implant body followed by surgical closure. A sub-periosteal implant is also known as an eosteal implant. The implant consists of an anchorage component (termed the sub-periosteal implant), which is a framework that rests upon the bone and under the periosteum, and a retentive component (termed the sub-periosteal implant abutment), which usually connects bars and struts that pass through the oral mucosa, and serves to support and/or retain the prosthesis (fixed dental prosthesis, removable dental prosthesis, maxillofacial prosthesis). This may be a complete arch or unilateral appliance. NB: This code is for a sub-periosteal implant, not for an endosteal/endosseus implant.								

<b>9181</b>	<b>Placement of sub-periosteal implant - placement stage.</b>							
<b>DM</b>	+L	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	MS 170.5; OMP 170.5	
The second stage surgery involves the placement of the sub-periosteal framework fabricated after the first stage implant surgery. NB: This code is for a sub-periosteal implant, not for an endosteal/endosseus implants.								










<b>9182</b>	<b>Surgical placement of endosseous implant plate.</b>							
<b>DM</b>	-	<b>MP</b>	-	<b>SQP</b>	-	<b>SP Scope</b>	MS 113.4; OMP 113.4	

<b>9183</b>	<b>Surgical placement of endosseus implant.</b>							
<b>DM</b>	+M	<b>MP</b>	T	<b>SQP</b>	-	<b>SP Scope</b>	GP 103.7; MS 103.7; OMP 103.7	
Involves the reflection of the oral mucosa and investing tissues, preparation of the implantation site (i.e., removal of alveolar bone and, occasionally, tapping), placement of the dental implant body, and surgical closure of the overlying investing soft tissues. Code <b>9183</b> includes (1) the surgical placement of a one stage surgery and/or (2) the first stage of a two stage surgery endosseus implant and (3) the placement of a healing abutment/cap (when appropriate). The code includes the surgical placement of a one-piece endosteal implant (incorporating both the implant and integral fixed abutment) and the surgical placement of immediate load implants. Also known as an endosteal or osseo-integrated implant and is placed within the bone to provide retention and support for a fixed or removable dental prosthesis. A root form dental implant is shaped in the approximate form of a tooth root. See code <b>9190</b> hereunder for second stage surgery (when appropriate). See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.								

<b>X</b>	<b>9184</b>	<b>Surgical placement of endosseus implant - second per quadrant.</b>							
<b>DM</b>	+M	<b>MP</b>	T	<b>SQP</b>	-	<b>SP Scope</b>	GP 103.7; MS 103.7; OMP 103.7		
See code <b>9183</b> for descriptor. This code expires end 2021 after which it will be permanently deleted.									

<b>X</b>	<b>9185</b>	<b>Surgical placement of endosseus implant - third and subsequent per quadrant.</b>							
<b>DM</b>	+M	<b>MP</b>	T	<b>SQP</b>	-	<b>SP Scope</b>	GP 103.7; MS 103.7; OMP 103.7		
See code <b>9183</b> for descriptor. This code expires end 2021 after which it will be permanently deleted.									



<b>9190</b>	<b>Surgical exposure of endosseus implant.</b>								
DM	+M	MP	T	SQP	-	SP Scope	GP 62.9; MS 79.9; OMP 79.9		
Report Codes <b>8578</b> or <b>8579</b> located in the Implant Supported Prosthetics Sub-section for the placement of definite abutments. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.									
	<b>9191</b>	<b>Surgical exposure of endosseus implant - second per quadrant.</b>							
DM	+M	MP	T	SQP	-	SP Scope	GP 62.9; MS 62.9; OMP 62.9		
See code <b>9190</b> for descriptor. This code expires end 2021 after which it will be permanently deleted.									
	<b>9192</b>	<b>Surgical exposure of endosseus implant - third and subsequent per quadrant.</b>							
DM	+M	MP	T	SQP	-	SP Scope	GP 62.9; MFOS 62.9; OMP 62.9		
See code <b>9190</b> for descriptor. This code expires end <b>2021</b> after which it will be permanently deleted.									
	<b>9193</b>	<b>Report for placement of implant into fresh extraction socket.</b>							
DM	-	MP	T	SQP	-	SP Scope	GP; MS; OMP		
	<b>9194</b>	<b>Surgical placement of one-piece transmucosal endosseus implant.</b>							
DM	+M	MP	T	SQP	-	SP Scope	GP 59.5; MS 59.5; OMP 59.5		
This type of implant is placed through the mucosa without lifting a flap (mini implant, transitional implant). See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.									
	<b>8845</b>	<b>Placement of one-piece transmucosal implant (temporary anchorage device) for orthodontic retention.</b>							
DM	+M	MP	M	SQP	-	SP Scope	GP 33.6; OR 33.6; MS 33.6		
This type of implant is placed through the mucosa without lifting a flap, positioned for orthodontic anchorage. Report code <b>8889</b> in addition to code <b>8845</b> - see <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.									
	<b>9195</b>	<b>Additional code for the surgical placement of single phase endosseus implant.</b>							
DM	+M	MP	T	SQP	-	SP Scope	GP; MS; OMP		
Report as an additional code to <b>9183</b> for single phase surgical placement of endosseus implant and simultaneous abutment placement using the one stage surgery approach.									
<b>9198</b>	<b>Surgical removal of osseo-integrated implant.</b>								
DM	-	MP	T	SQP	-	SP Scope	GP 95.2; MS 95.2; OMP 95.2		
	<b>9199</b>	<b>Assessment of implant fixture osseointegration.</b>							
DM	+M	MP	T	SQP	-	SP Scope	GP 15; MS 28.8; OMP 28.8; PR 27.2		
The use of this code entails removal of abutment, appropriate cleaning at the level of the implant platform, assessment of osseointegration by checking implant stability; if needed, placement of the relevant resonance frequency analysis fixture and replacement of the abutment. This code is billed for each implant assessed and at any point in time when assessment occurs through the lifespan of the implant by a surgical or restorative clinician working directly on the implant fixture.									
	<b>9295</b>	<b>Cost of device material to test implant stability.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; MS; OMP; PR		
Can be billed in addition to <b>9183, 9190, 9194</b> .									
	<b>8607</b>	<b>Skeletal anchorage - screw, plate or implant.</b>							
DM	+M	MP	M	SQP	-	SP Scope	MS 129.5; OMP 129.5		
Placement of orthodontic anchorage where mucoperiosteal elevation is performed.									

8608	Removal of non-integrated implant.								
	DM	-	MP	T	SQP	-	SP Scope	GP 36.8; SP 36.8	
8609	Flap operation with modification of the implant surface, including bone surgery - one to three implants per quadrant.								
	DM	-	MP	Q	SQP	-	SP Scope	GP 95.3; MS 142.2; OMP 142.2	
8610	Flap operation with modification of the implant surface, including bone surgery - four or more implants per quadrant.								
	DM	-	MP	Q	SQP	-	SP Scope	GP 133.9; MS 199.8; OMP 199.8	
8612	Skeletal anchorage - removal.								
	DM	-	MP	M	SQP	-	SP Scope	MS 81.1; OMP 81.1	
8.2	<b>Implant supported prosthetics</b>								
	Services/procedures concerned with the construction and placement of fixed or removable prostheses on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.								
8.2.1.	<b>Abutments and bars</b>								
	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 <b>9187</b> to <b>9189</b> located in the "Other implant services" section to submit the cost of implant components.								
8584	Connector bar - implant supported.								
	DM	+L	MP	-	SQP	-	SP Scope	GP 144; PR 162	
	Any bar ("meso or "Dolder" type) that connects two or more implants to stabilise and anchor removable overdentures. Report code <b>8578</b> , <b>8579</b> or <b>8660</b> , where applicable (Additional fee for implant supported connector bar/fixed denture) per implant that is used for the anchorage of the connector bar in addition to this code.								
8669	Crown cemented on a screw-retained implant-supported superstructure.								
	DM	+L	MP	T	SQP	-	SP Scope	PR 34	
	This code is to take into account the need for additional visits and work to develop an acrylic replica of the final prosthesis and subsequent scanning to produce the complex superstructure onto which the final crowns will be cemented. Charge per crown.								
8588	Implant supported superstructure.								
	DM	+L +M	MP	M	SQP	-	SP Scope	PR 338.4	
8578	Prefabricated abutment.								
	DM	+M	MP	T	SQP	-	SP Scope	GP 15.6; PR 21	
	A prefabricated connection to an implant, that serves to support and/or retain any prosthesis or superstructure. When a prefabricated abutment is designed to be used as a precision attachment (an abutment consisting of a matrix and a patrix component, e.g. O-ring abutments and ball abutments), code <b>8599</b> (Precision attachment) should be used. See <b>Rule 002</b> for the cost of direct materials. Code <b>8578</b> should not be used to report the placement of a healing abutment.								

**8579 Custom abutment.**

DM	+L; +M	MP	T	SQP	-	SP Scope	GP 51; PR 76.5
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A tailor-made connection to an implant that serves to support and/or retain any prosthesis or superstructure. A custom made abutment is one that is either manufactured by a dental laboratory or may be a prefabricated abutment which is customised by reshaping intra-orally or in the laboratory prior to manufacture of the superstructure that fits on it.

**8580 Modification of prefabricated abutment.**

DM	-	MP	T	SQP	-	SP Scope	GP 24; MS 24; OMP 24; PR 30
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Modification of a prefabricated abutment by altering its shape by adding or removing material. Modification may be executed intra-orally, extra-orally or both.

**8.2.2. Implant supported removable dentures****8533 Implant supported removable complete overdenture.**

DM	+L	MP	M	SQP	-	SP Scope	GP 336; PR 357
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A removable denture for complete edentulous arch 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. In addition to this code, report the appropriate mesostructures (**8584**), when applicable, the appropriate abutment per implant (**8578** or **8579**) and the precision attachments contained within the denture base (**8599**) per attachment.

**8534 Implant supported removable partial overdenture.**

DM	+L	MP	T	SQP	-	SP Scope	GP 310.4; PR 357
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A removable denture for partial edentulous arch 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. In addition to this code, report the appropriate mesostructures (**8584**), when applicable, the appropriate abutment per implant (**8578** or **8579**) and the precision attachments contained within the denture base (**8599**) per attachment.

**8.2.3. Implant supported fixed-detachable prosthesis****8654 Implant supported fixed-detachable complete prosthesis.**

DM	+L	MP	M	SQP	-	SP Scope	GP 336; PR 473.4
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A fixed implant supported prosthesis for an edentulous arch supported by dental implants and which cannot be removed by the patient. Also known as "Hybrid prosthesis," "Branemark design" or "High water design". It includes acrylic/ceramic/composite veneered prostheses. Codes **8578** (Prefabricated abutment), **8579** (Custom made abutment), **8660** (Restoration direct to Implant) as appropriate, are reported in addition to this code per implant. It may be screw retained or cemented. When individual tooth units are to be cemented clinically to the framework/superstructure these may NOT be additionally charged as crowns. Refer to code **8669**.

**8550 Retainer-implant/abutment supported.**

DM	+L	MP	M	SQP	-	SP Scope	GP 271; PR 405
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A retainer that is supported or stabilised by an implant and or an abutment on an implant. May be screw-retained or cemented.

**8655 Implant supported fixed-detachable partial prosthesis.**

DM	+L	MP	M	SQP	-	SP Scope	GP 336; PR 473.4
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See code **8654** descriptor but for partially edentulous arch.

**8660 Additional fee to implant supported fixed - detachable prosthesis - per implant.**

DM	+L	MP	T	SQP	-	SP Scope	GP 82.7; PR 124.1
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Use this code to report prostheses connected directly to the implant (i.e. in the absence of prefabricated abutment **(8578)** or custom abutment **(8579)**). Report per implant and identify the position (replaced tooth's number) of the implants. This code is not to be used for the restoration of crowns or retainers.

**8.2.4. Implant supported crowns - single restorations****8536 Implant/abutment supported crown - porcelain/ceramic.**

DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 150
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An artificial crown that is retained, supported, and stabilised by an implant or abutment on an implant; may be screw retained or cemented.

**8537 Implant/abutment supported crown - porcelain with metal.**

DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 150
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See code **8536** for descriptor.

**8538 Implant/abutment supported crown cast metal.**

DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 150
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See code **8536** for descriptor.

 **8539 Crown-Implant/abutment supported crown - resin veneered to metal.**

DM	+L	MP	T	SQP	-	SP Scope	GP 150; PR 150
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 **8541 Emergency implant supported temporary crown - cemented.**

DM	-	MP	T	SQP	OMP 75.3; MS 75.3	SP Scope	GP 75.3; PR 113
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This is a custom made restoration to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient needs a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be replaced into the patient's mouth.

 **8542 Emergency implant supported temporary crown - screw retained.**

DM	-	MP	T	SQP	OMP 75.7; MS 75.7	SP Scope	GP 75.7; PR 113.5
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See code **8541** for descriptor.

 **8543 Implant supported provisional crown - cemented.**

DM	+L	MP	T	SQP	-	SP Scope	GP 85; PR 127.5
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A provisional implant supported crown is a medium term acrylic or resin restoration that is made to maintain function and develop an appropriate emergence profile or to await osseointegration or soft tissue maturation. This provisional may be screw retained to the implant or cement retained on a custom made abutment.

 **8544 Implant supported provisional crown - screw retained.**

DM	+L	MP	T	SQP	-	SP Scope	GP 75; PR 127.5
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See code **8543** for descriptor.

**8592 Crown-implant/abutment supported.**

DM	+L	MP	T	SQP	-	SP Scope	PR 150
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An artificial crown that is retained, supported, and stabilised by an implant or abutment on an implant; may be screw retained or cemented. For use by Prosthodontists only.

**8.2.5. Implant supported crown retainers (for bridges)**

Where the retainer requires a custom abutment and cementation, code **8579** may be charged in addition. Other abutment codes may not be charged. NB pontics are listed under Fixed prosthodontic services.

**8546 Implant/abutment supported - porcelain/ceramic crown retainer.**

DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 145.8
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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 Implant supported crown retainer - porcelain veneered to metal (ceramometal).**

DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 145.8
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**8548 Implant supported crown retainer - cast metal.**

DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 145.8
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 **8549 Implant supported crown retainer - resin veneered to metal.**

DM	+L	MP	T	SQP	-	SP Scope	GP 120; PR 145.8
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 **8571 Emergency implant supported temporary crown - cemented.**

DM	-	MP	T	SQP	-	SP Scope	GP 74.7; MS 74.7; OMP 74.7; PR 112
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This is a custom made restoration to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient has to have a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be replaced into the patients mouth. To be used in conjunction with **8421**.

 **8572 Emergency implant supported temporary retainer - screw retained.**

DM	-	MP	T	SQP	-	SP Scope	GP 75.3; MS 113; OMP 113; PR 113
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See descriptor for **8571**. To be used in conjunction with **8421**.

 **8573 Implant supported provisional crown retainer - cemented.**

DM	+L	MP	T	SQP	-	SP Scope	GP 86.4; PR 129.6
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See descriptor for **8543**.

 **8574 Implant supported provisional crown retainer - screw retained.**

DM	+L	MP	T	SQP	-	SP Scope	GP 86.4; PR 129.6
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See descriptor for **8544**. Report per implant.

**8.3. Other implant services****8.3.1. Restoration directly to implant** **8665 Restoration directly to mini screw implant.**

DM	+M	MP	T	SQP	-	SP Scope	GP 52.8; MS 30.4; OMP 30.4; PR 69.7
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See **Rule 002** and **Appendix A** for the cost of direct materials Follow with code **8092**.


 **8666 Immediate loading of implant.**


DM	-	MP	T	SQP	-	SP Scope	GP 85; PR 142.5
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8668	<b>Metal base for implant supported denture - complete.</b>							
	DM	+L	MP	M	SQP	-	SP Scope	GP 26; PR 46.2
Use to report the metallic portion of a denture base that forms part of the entire basal fitting surface of the denture for an edentulous arch. It provides rigidity to a denture and serves as a base for the attachment of the resin portion of the denture base and the teeth.								
8621	<b>Metal base for implant supported denture - partial.</b>							
	DM	+L	MP	M	SQP	-	SP Scope	GP 26; PR 46.2
Use to report the metallic portion of a denture base that forms part of the entire basal fitting surface of the denture for a partially edentulous arch. It provides rigidity to a denture and serves as a base for the attachment of the resin portion of the denture base and the teeth.								
8670	<b>Implant screw access closure.</b>							
	DM	-	MP	T	SQP	MS 16.5; OMP 16.5	SP Scope	GP 16.5; PR 19.5
8673	<b>Access through a cemented implant supported crown for screw location.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 43.2; PR 64.8
Charged per crown. This code does not apply to removal of resin within a screw channel.								
8590	<b>Implant maintenance procedures.</b>							
	DM	-	MP	T	SQP	MS 30; OMP 30	SP Scope	GP 30; PR 45
This procedure may involve 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 (peri-implant 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 code should not be reported when the superstructure is cleaned without removing it (See code <b>8159</b> , prophylaxis - complete dentition, in the "Preventive Section"). 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).								
8591	<b>Removal of implant supported prosthesis.</b>							
	DM	-	MP	T	SQP	MS 22.5; OMP 22.5	SP Scope	GP 22.5; PR 34
This procedure involves the removal of a permanent implant supported prosthesis (crown, crown retainer, dentoalveolar process or meso-structure) - report per implant and identify the position of the implant (replaced tooth's number) from which the prosthesis has been removed. May be reported in addition to codes <b>8594</b> , <b>8593</b> , or <b>8595</b> , <b>8596</b> , <b>8598</b> . This code may not be used with code <b>8590</b> (implant maintenance procedure) or for the removal of temporary or provisional restorations, during definitive restoration.								
8593	<b>Repair of implant supported resin prosthesis.</b>							
	DM	+L; +M	MP	M	SQP	MS 112.5; OMP 112.5	SP Scope	GP 112.5; PR 127.5
8594	<b>Repair of implant supported prosthesis.</b>							
	DM	+L; +M	MP	M	SQP	MS 85; OMP 85	SP Scope	GP 85; PR 127.5
The repair or replacement of any part of the implant supported prosthesis. (See Code <b>9189</b> to submit the cost of implant components (e.g. replacement clips). Code <b>8670</b> or <b>8361</b> may be reported in addition to this code for closure of the implant screw access cavity. May include laboratory fee (+L) when appropriate.								
8595	<b>Repair of implant abutment.</b>							
	DM	+L; +M	MP	T	SQP	MS 85; OMP 85	SP Scope	GP 85; PR 127.5
Use this code to report the repair or replacement of any part of the implant abutment. Where the abutment screw is fractured within the implant, code <b>8603</b> or <b>8604</b> should be charged in addition to <b>8595</b> .								

See **Rule 002** for the cost of direct materials. May include laboratory fee (+L) when appropriate. Example - To remove a prosthesis with 4 abutments in order to repair one of the abutments: 3 x **8590**, 1 x **8595**. **8099**, if applicable. **9188** or **9189**, if applicable.

	<b>8596</b>	<b>Repair of implant supported ceramic or ceramometal crown, retainer or pontic.</b>						
DM	+L; +M	MP	T	SQP	MS 48; OMP 48	SP Scope	GP 48; PR 79.9	
This procedure involves the repair of a permanent implant supported crown, crown retainer or pontic (e.g. facing replacement). Excludes the removal of the crown or crown retainer ( <b>8591</b> ). Code <b>8670</b> (implant screw access closure) may be reported in addition to this code.								

	<b>8603</b>	<b>Removal of fractured/damaged screw within implant.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 60.5; PR 91.4	

	<b>8604</b>	<b>Removal of fractured/damaged screw within abutment.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 60.4; OR 91.3	

	<b>8598</b>	<b>Repair of implant supported provisional prosthesis.</b>						
DM	+L; +M	MP	T	SQP	MS 57; OMP 57	SP Scope	GP 57; PR 96	
This code may be used to report the repair/replacement of an implant supported provisional crown, (code <b>8534</b> and <b>8544</b> ) or crown retainer ( <b>8573</b> and <b>8574</b> ).								

<b>8600</b>	<b>Cost of implant restorative components.</b>						
DM	M	MP	-	SQP	-	SP Scope	GP; SP
Do not use this code for implant components used in the surgical phase as these are all provided for in <b>9187</b> , <b>9188</b> and <b>9189</b> .							

<b>9187</b>	<b>Cost of endosteal implant body.</b>						
DM	M	MP	-	SQP	-	SP Scope	GP; SP
Report both code <b>9187</b> and Modifier <b>8025</b> per implant abutment. See <b>Rule 002</b> , <b>Appendix A</b> and <b>Modifier 8025</b> for direct material costs.							

<b>9188</b>	<b>Cost of prefabricated abutment.</b>						
DM	M	MP	-	SQP	-	SP Scope	GP; SP
Report both code <b>9188</b> and <b>Modifier 8025</b> per implant body. See <b>Rule 002</b> , <b>Appendix A</b> and <b>Modifier 8025</b> for direct material costs.							

<b>9189</b>	<b>Cost of other implant components.</b>						
DM	M	MP	-	SQP	-	SP Scope	GP; SP
Use this code to report all other implant components (implant fixtures and abutments excluded) which are a part of the definite implant/implant prosthesis system. See <b>Rule 002</b> , <b>Appendix A</b> and <b>Modifier 8025</b> for direct material costs. Report both code <b>9189</b> and <b>Modifier 8025</b> per component.							

## 8.4. Attendance in theatre

<b>9175</b>	<b>Attendance in theatre - per hour.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 60; SP 60
This code is not used for routine theatre attendance (see code <b>8140</b> ). This code is used only for theatre attendance by a GDP or specialist prosthodontist, accompanying the maxillo facial surgeon for specific guidance relating to pre-prosthetic maxillofacial surgery e.g. For the positioning of multiple implants.							

# Dentium

## For Dentists By Dentists

### SuperLine



#### S.L.A. Surface (Sandblasted with Large grits and Acid etched)

• S.L.A. Surface allows good bone-to-implant contact with good clinical performance, maintaining crestal bone margin.

#### Improved wall thickness

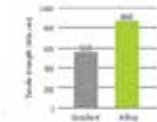


Increased thread height and sharper



#### Joint stability & Improved strength for zirconia crown

• Abutment material: Grade 4 Alloy



• Long hex design: Improved recognition

#### Improved soft tissue management

• Concave abutment design  
• Non-coating

#### Double Thread & Thread Height

• Double-Threaded tapered body design may provide good success rate in immediate loading cases.

### SimpleLine II

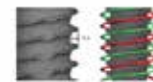
#### Ti-Retaining Screw

• Smaller diameter of abutment screw has reduced a tendency of falling off a resin in the screw hole.  
• More stable occlusal scheme



#### Double-threaded Design

• Sharpened thread design promotes better initial stability in soft bone  
• Easy & fast insertion can be done due to double threaded straight body design



#### SCA Abutment

• Offers additional gingival height options  
• Implantation with the SCA Abutment  
• Able to reproduce emergency profile  
• Effective soft tissue management

#### 8 degree Morse Taper & Octagon Connection

• Screw loosening is well prevented due to the cold welding mechanism for solid abutment application  
• Maximized depth of the octagon design to enable easy adaptation verification for dual abutment application



## Simple

**EFFICIENCY through SIMPLICITY**  
Single abutment connection is used for all implant diameters. One abutment screw fits all abutments and fixture platforms.

## Predictable

**19 Years of Clinical Evidence.**  
Dentium provides predictability based on evidence. Nineteen years history of consistent implant design with S.L.A. Surface and excellent bone preservation.



#### Complete implant system



- SuperLine
- SimpleLine
- Overdenture System

#### Full range of regeneration material



- Bone Graft Material
- Collagen Membranes
- Collagen Graft

#### World renowned kits and instruments

- Full Surgical Kits
- Prosthetic Kit
- DASK Kit



#### Full range of digital dentistry products

- Rainbow CT
- Rainbow 3D Printer
- Rainbow Milling Units



  
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ACADEMY  
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Dentium is proud to host a range of implant courses presented by Prof André van Zyl. Not only will you have the chance to gain theoretical knowledge, but also hands-on experience by enrolling in our mentorship programme.

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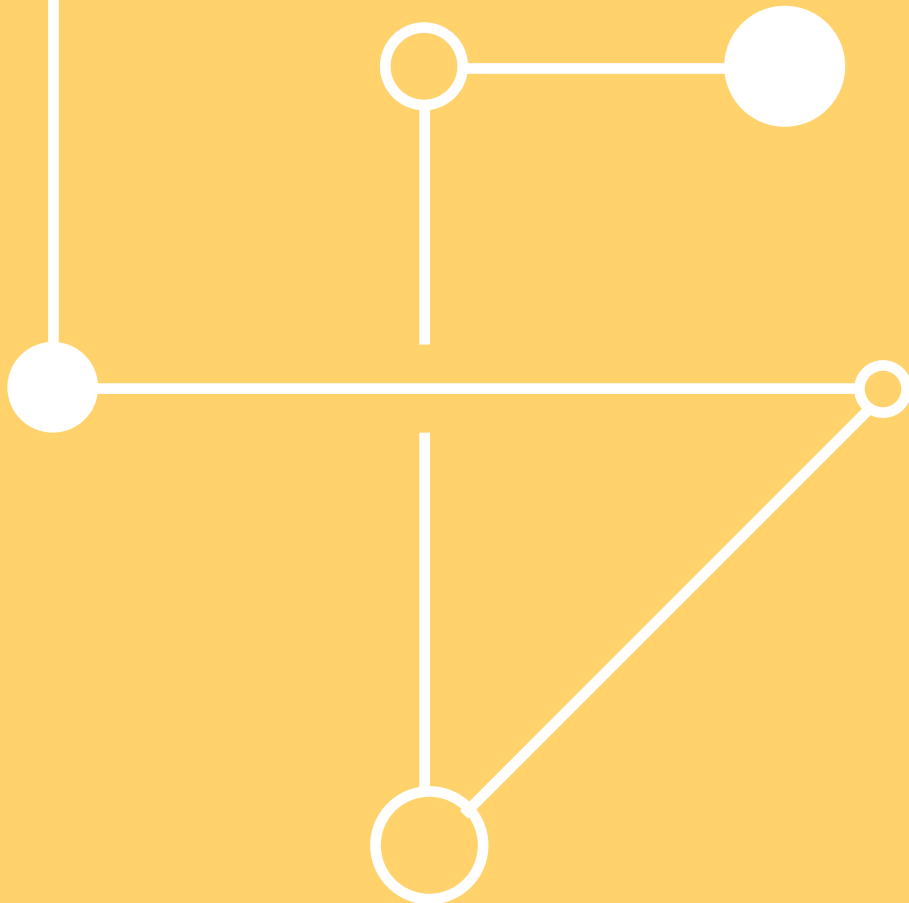
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9

# FIXED PROSTHODONTIC SERVICES

9. FIXED PROSTHODONTIC SERVICES



## 9. Fixed prosthodontic services

The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable. A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics. Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.

### 9.1. Pontics

Codes **8415**, **8416**, **8417** and **8418** include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which enables accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers.

#### 8415 Pontic - ceramic.

DM	+L	MP	T	SQP	-	SP Scope	GP 32.4; PR 48.6
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#### 8416 Pontic - full cast metal.

DM	+L	MP	T	SQP	-	SP Scope	GP 30; PR 45
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#### 8417 Pontic - resin veneered to metal.

DM	+L	MP	T	SQP	-	SP Scope	GP 31.2; PR 46.8
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#### 8418 Pontic - porcelain veneered to metal (ceramometal).

DM	+L	MP	T	SQP	-	SP Scope	GP 34.8; PR 52.2
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#### 8420 Pontic - resin based composite (indirect).

DM	+L	MP	T	SQP	-	SP Scope	GP 28.3; PR 42.5
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#### 8422 Pontic - resin based composite (direct).

DM	-	MP	T	SQP	-	SP Scope	GP 65.6; PR 73.8
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#### 8419 Provisional pontic.

DM	+L	MP	T	SQP	-	SP Scope	GP 25.2; PR 42.5
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The intended use of a provisional pontic 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 for routine bridges. A provisional pontic may be necessary as part of a bridge after a temporary crown retainer was initially placed and clinical crown lengthening proved necessary.

#### 8423 Ovate pontic design.


DM	+L	MP	T	SQP	-	SP Scope	GP 63.6; PR 95.4
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A pontic with an “egg in two dimensions” shape on its tissue surface, which is submerged in a surgically prepared soft-tissue depression to enhance the illusion that a natural tooth is emerging from the gingival tissues. For use with definitive (final) pontics on anterior teeth (incisors to canines).


#### 8611 Pontic - sanitary.

DM	+L	MP	T	SQP	-	SP Scope	GP 21; PR 42.5
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A synonym for a hygienic pontic, wherein the pontic does not contact the residual ridge. Code will expire end 2021, thereafter permanently deleted.

	<b>8613</b>	<b>Pontic - molar.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 30.6; PR 45.9	
Code will expire end 2021, thereafter permanently deleted.								

	<b>8615</b>	<b>Pontic - anterior/premolar.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 30.6; PR 45.9	
Code will expire end 2021, thereafter permanently deleted.								

	<b>8421</b>	<b>Emergency temporary pontic.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 32; PR 45.9	
An emergency temporary pontic is a custom made pontic to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient needs a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be recemented.								

<b>9.2.</b>	<b>Bridge retainers - inlays/onlays</b>						
An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cementing of permanent inlay/onlay retainers are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay.							

	<b>8431</b>	<b>Emergency temporary inlay/onlay retainer.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 31.7; PR 47.6	
An emergency temporary inlay/onlay retainer is a custom made retainer to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient needs a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be recemented. To be used in conjunction with code <b>8421</b> .								

<b>8432</b>	<b>Inlay/onlay retainer, metal - two surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 72; PR 90.1

<b>8433</b>	<b>Inlay/onlay retainer, metal - three surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 103.7


<b>8434</b>	<b>Inlay/onlay retainer, metal - four or more surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 88; PR 120.6

<b>8436</b>	<b>Inlay/onlay retainer, ceramic - two surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 72; PR 91.8


<b>8437</b>	<b>Inlay/onlay retainer, ceramic - three surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 113.9

<b>8438</b>	<b>Inlay/onlay retainer, ceramic - four or more surfaces.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 80; PR 127.8

<b>8617</b>	<b>Retainer - cast metal for resin bonded bridge.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 40; PR 66.3
Use for Maryland-type bridges; report per retainer; see codes <b>8415</b> to <b>8418</b> for pontics.							

	<b>8619</b>	<b>Fibre reinforced resin inlay retainer.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 37.4; PR 56.1	
Use for direct Maryland type resin-bonded bridges. Report code <b>8422</b> for pontic.								

<b>9.3.</b>	<b>Bridge retainers - crowns</b>						
A crown retainer for a bridge that gains retention, support and stability from a tooth. The cementing of permanent crown retainers are included as part of the restoration.							

	<b>8440</b>	<b>Emergency temporary crown retainer.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 100.8; PR 134.3	
This is a custom made retainer to maintain the space and tissue until the definitive prosthesis can be placed. This code is to be used when the patient needs a prosthesis fabricated as an emergency when the previous definitive prosthesis has failed and cannot be recemented. To be used in conjunction with <b>8421</b> .								

<b>8441</b>	<b>Crown retainer - full cast metal.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 156.6


<b>8442</b>	<b>Crown retainer - ¾ cast metal.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 163.8

<b>8443</b>	<b>Crown retainer - ceramic.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 160.2

<b>8444</b>	<b>Crown retainer - ¾ ceramic.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 156.6

<b>8445</b>	<b>Crown retainer - porcelain veneered to metal (ceramometal).</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 149.4

<b>8446</b>	<b>Crown retainer - resin veneered to metal.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 134.3; PR 149.4


	<b>8448</b>	<b>Crown retainer - resin based composite (indirect).</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 126.4; PR 149.4	

<b>8447</b>	<b>Provisional crown retainer.</b>						
DM	+L	MP	T	SQP	-	SP Scope	GP 61.2; PR 84.6
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. A provisional crown retainer may be necessary after a temporary crown was initially placed and clinical crown lengthening proved necessary.							

<b>9.4.</b>	<b>Other fixed prosthodontic procedures</b>						
See "other restorative services" for procedures related to fixed prosthesis not listed in this sub-section.							

<b>8514</b>	<b>Recement bridge.</b>						
DM	-	MP	T	SQP	MS 37.4; OMP 37.4	SP Scope	GP 37.4; PR 56.1
Use to report the recementation of a permanent inlay-, onlay-, or crown retainer - report per retainer.							

May be used to report the recementation of a Maryland bridge. Report code **8133** for the recementation of a single permanent inlay, onlay or crown. This code may not be used for the recementation of temporary or provisional restorations, which is included as part of the restoration.

	<b>8515</b>	<b>Sectioning of a bridge.</b>					
<b>DM</b>	-	<b>MP</b>	T	<b>SQP</b>	MS 57.6; OMP 57.6	<b>SP Scope</b>	GP 57.6; PR 91.8
Sectioning of a bridge resulting in one of the retainers of the bridge being removed. The removal of the underlying tooth will be charged in addition to the sectioning of the bridge.							

<b>8516</b>	<b>Remove bridge.</b>						
<b>DM</b>	-	<b>MP</b>	T	<b>SQP</b>	MS 95.4; OMP 95.4	<b>SP Scope</b>	GP 37.4; PR 95.4
This procedure involves the removal of a permanent bridge retainer - report per retainer. Report code <b>8135</b> for the removal of a single permanent inlay, onlay or crown. This code may not be used for the removal of temporary or provisional restorations, which is included as part of the restoration.							

<b>8518</b>	<b>Repair bridge.</b>						
<b>DM</b>	+L	<b>MP</b>	T	<b>SQP</b>	-	<b>SP Scope</b>	GP 63; PR 97.2
This procedure involves the repair of a permanent crown retainer or pontic (e.g. facing replacement). Excludes the removal ( <b>8516</b> ) and recementation ( <b>8514</b> ) of the permanent bridge. This code may also be reported for the repair/replacement of a provisional crown retainer ( <b>8447</b> ) or pontic ( <b>8419</b> ) after a period of two months. This code may not be used for the repair/replacement of a temporary restorations, which is included as part of the restoration.							

<b>8585</b>	<b>Connector bar.</b>						
<b>DM</b>	+L	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	GP 19.3; PR 28.9
Any bar that connects two or more retainers to stabilise and anchor removable overdentures. Report the appropriate retainers in addition to this code. Use to report Preci Bar (Dolder) System attached to retainers. Report code <b>8585</b> for both the prefabricated metal Preci Bar, which is soldered to, and plastic-wax Preci Bar, which is cast directly with the inlay/onlay/crown retainers or pontics. Report the appropriate retainers in addition to this code.							

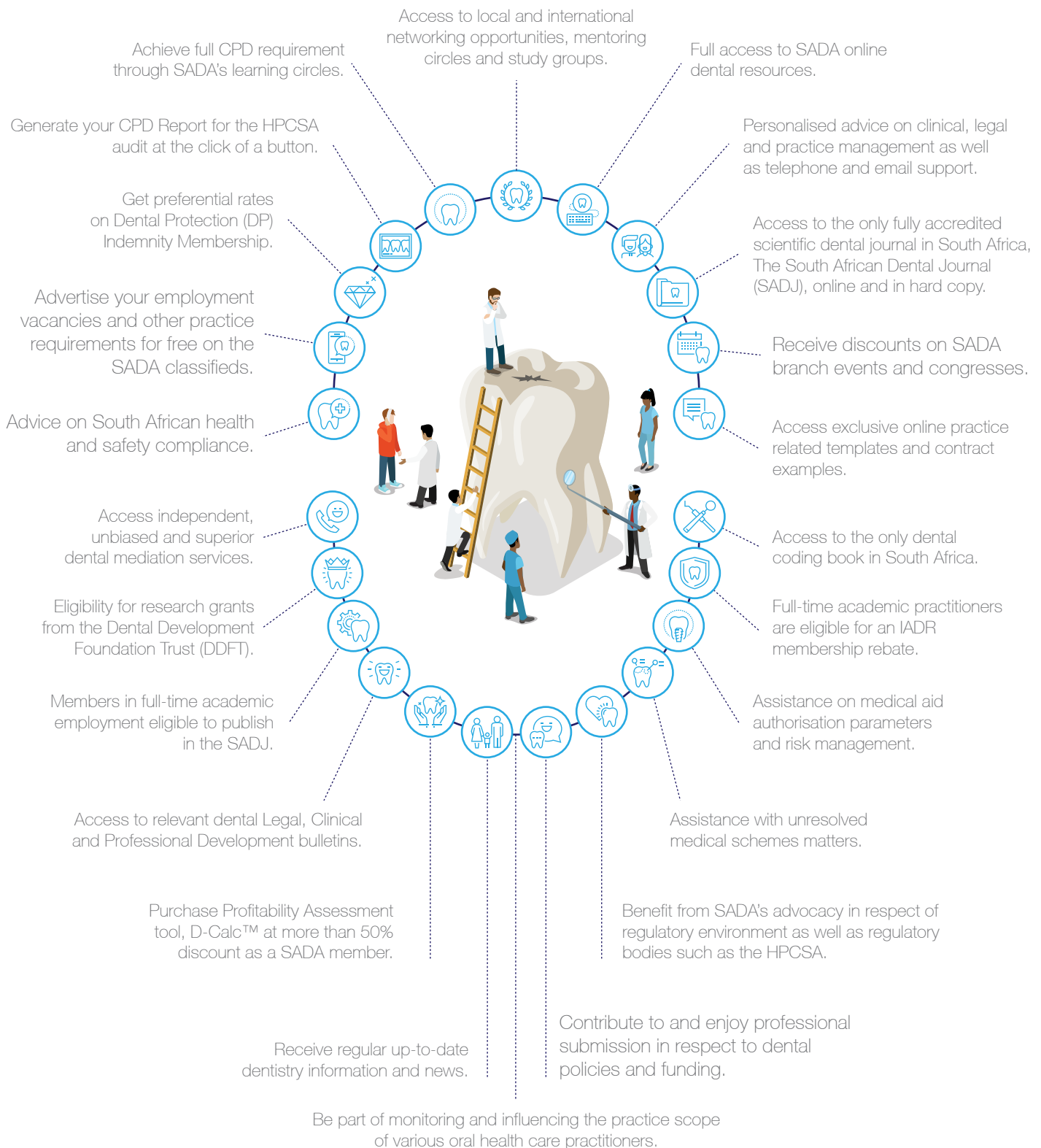
<b>8586</b>	<b>Stress breaker.</b>						
<b>DM</b>	+L	<b>MP</b>	M	<b>SQP</b>	-	<b>SP Scope</b>	GP 22.5; PR 36.8
Also known as a stress director. A device or system that relieves specific dental structures of part or all of the occlusal forces and redirects those forces to other bearing structures or regions. Includes non-rigid connectors.							

<b>8587</b>	<b>Coping - metal.</b>						
<b>DM</b>	+L	<b>MP</b>	T	<b>SQP</b>	-	<b>SP Scope</b>	GP 60.1; PR 90.1
A coping is a thin metal "cap" that is placed over the tooth core prior to fabrication of a definitive restoration or prosthesis. A coping may be used: a). For use with single tooth to enhance crown retention. b). To parallel an abutment tooth for a bridge and overdenture or splints. c). May be similarly used to parallel an implant abutment where implant bodies are not parallel. A thimble coping may utilise pins for additional retention. A dome-shaped coping is generally used on an endodontically treated abutment tooth for an overdenture.							

# BENEFITS OF JOINING SADA

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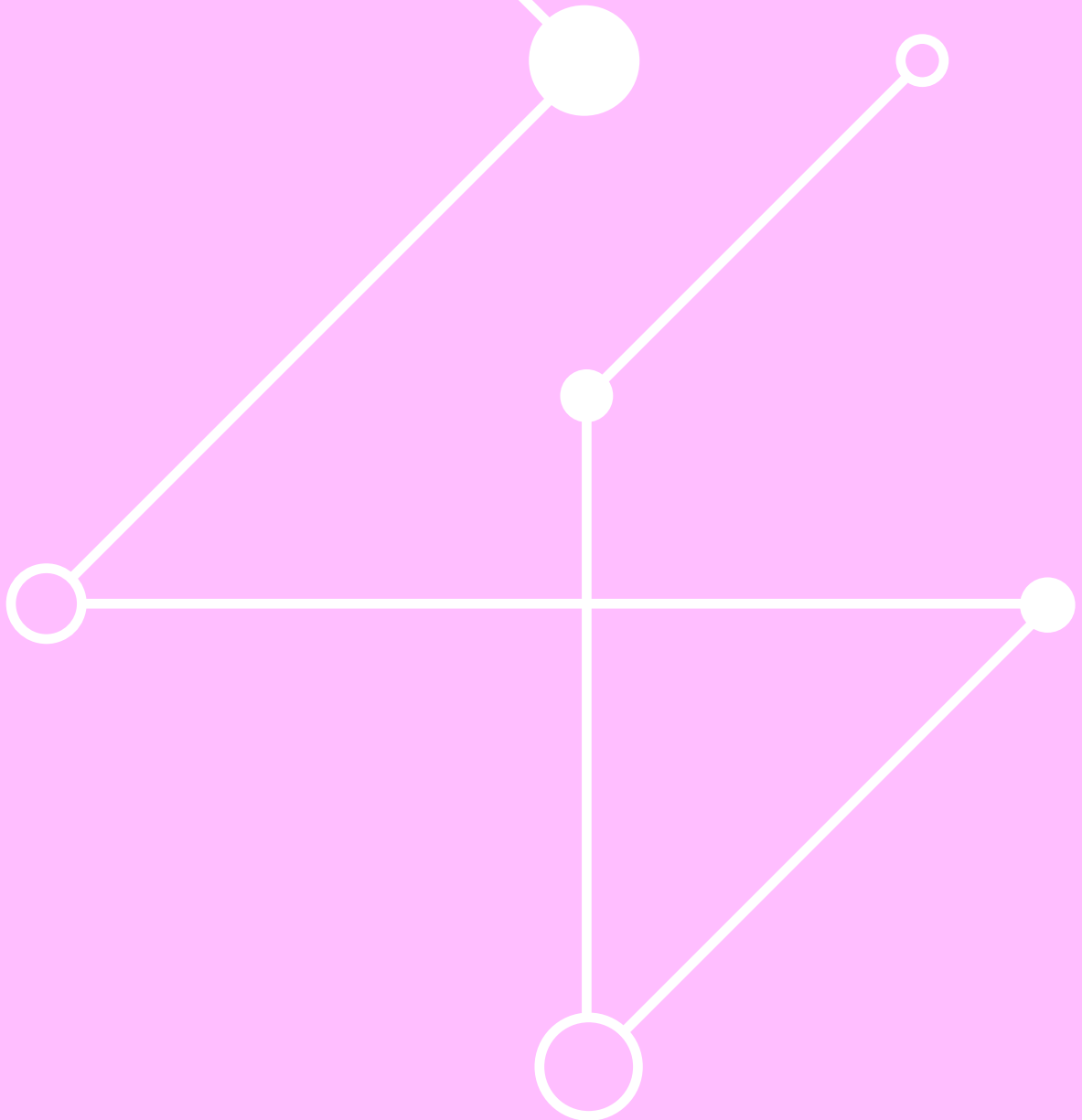


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# 10 ORAL AND MAXILLOFACIAL SURGERY


10. ORAL AND MAXILLOFACIAL SURGERY



<b>10.</b>	<b>Oral and maxillofacial surgery</b>							
	The branch of dentistry using surgery to treat disorders/diseases of the maxillae, face and oral region. Surgical procedures include routine postoperative care.							
<b>10.1.</b>	<b>Extractions</b>							
	The removal of an erupted tooth or exposed tooth roots by means of elevators and/or forceps. 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 <b>8937</b> should be reported.							
<b>8201</b>	<b>Extraction of tooth or exposed roots.</b>							
	DM	-	MP	T	SQP	PR 40.8	SP Scope	GP 40.8; MS 40.8; OMP 40.8
<b>8202</b>	<b>Extraction of tooth or exposed tooth roots - each additional tooth per quadrant.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 40.8; MS 40.8; OMP 40.8; PR 40.8
	To be reported for an additional extraction in the same quadrant at the same visit. This code expires end 2021 after which it will be permanently deleted.							
<b>8204</b>	<b>Minimally traumatic tooth/root removal.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 71.4; MS 69.5; OMP 71.4
	The removal of a tooth/root without distorting the integrity and vitality of the the walls of the dental socket, aimed at direct/immediate implant placement.							
<b>10.2.</b>	<b>Surgical extractions</b>							
<b>8220</b>	<b>Cost of suture material.</b>							
	DM	-	MP	-	SQP	-	SP Scope	-
	Report code <b>8220</b> when sutures are provided by the practitioner. This fee refers to one pack of suture material. See <b>Rule 002, Appendix A</b> .							
<b>8213</b>	<b>Surgical removal of residual tooth roots.</b>							
	DM	+M	MP	T	SQP	-	SP Scope	GP 71.4; MS 83.3; OMP 83.3
	A residual root is defined as the remaining root structure following the loss of the major portion of the crown, prior to surgical intervention. It applies to roots left behind, buried or retained, lying under the mucosa and detected by radiographs, which are essential for this procedure. 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.							
<b>8214</b>	<b>Surgical removal of residual tooth roots - each additional tooth per quadrant.</b>							
	DM	-	MP	T	SQP	-	SP Scope	GP 71.4; MS 83.3; OMP 83.3
	See code <b>8213</b> for descriptor. This code expires end 2021 after which it will be permanently deleted.							
<b>8937</b>	<b>Surgical removal of erupted tooth - report per tooth.</b>							
	DM	+M	MP	T	SQP	-	SP Scope	GP 71.4; MS 74.9; OMP 74.9
	May include raising of a mucoperiosteal flap and/or removal of bone and/or suturing.							
<b>8941</b>	<b>Surgical removal of impacted tooth - report per tooth.</b>							
	DM	+M	MP	T	SQP	OMP 83.3	SP Scope	GP 83.3; MS 83.3
	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. In order to diagnose impaction, radiographs are essential for this procedure.							




	<b>8943</b>	<b>Surgical removal of impacted tooth - second tooth.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 83.3; MS 83.3; OMP 83.3	
See code <b>8941</b> for the descriptor. This code expires end 2021 after which it will be permanently deleted.								


	<b>8945</b>	<b>Surgical removal of impacted tooth - third and subsequent tooth.</b>						
DM	-	MP	T	SQP	-	SP Scope	GP 83.3; MS 83.3; OMP 83.3	
See code <b>8941</b> for the descriptor. This code expires end 2021 after which it will be permanently deleted.								


<b>8953</b>	<b>Surgical removal of residual root.</b>						
DM	+M	MP	T	SQP	-	SP Scope	MS 83.3
For use of maxillofacial surgeons only. Same descriptor as code <b>8213</b> .							


### 10.3. Distraction osteogenesis


<b>9067</b>	<b>Distraction of the alveolar ridge - across one to two tooth sites.</b>						
DM	+M	MP	T	SQP	-	SP Scope	MS 53.2


	<b>9068</b>	<b>Distraction of the alveolar ridge - across three to five tooth sites.</b>						
DM	+M	MP	T	SQP	-	SP Scope	MS 133	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								

	<b>9070</b>	<b>Distraction of the alveolar ridge - full arch.</b>						
DM	+M	MP	M	SQP	-	SP Scope	MS 231.8	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								

	<b>9073</b>	<b>Distraction for the reconstruction of the mandibular body (per side).</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 281.2	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								

	<b>9078</b>	<b>Distraction for the reconstruction of the mandibular condyle and temporomandibular joint.</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 345.8	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								


	<b>9080</b>	<b>Distraction for the reconstruction of the midface (internal distractor).</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 345.8	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								

	<b>9082</b>	<b>Distraction for the reconstruction of the midface (external distractor).</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 393.3	
To be used with codes <b>9084, 9259, 9261, 9263</b> and <b>9265</b> .								

	<b>9084</b>	<b>Removal of an internal or external distractor device.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 153	

	<b>9259</b>	<b>Distraction device for alveolar bone.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS	

9261	Internal distraction device for maxilla or mandible.							
	DM	-	MP	-	SQP	-	SP Scope	MS
9263	Transport distraction device.							
	DM	-	MP	-	SQP	-	SP Scope	MS
9265	External distraction device for maxilla or mandible.							
	DM	-	MP	-	SQP	-	SP Scope	MS
<b>10.4. Other surgical procedures</b>								
8517	Reimplantation of an avulsed tooth (include stabilisation).							
	DM	+L	MP	T	SQP	-	SP Scope	GP 102; MS 102; OMP 102; PR 102
8961	Tooth transplantation.							
	DM	+L	MP	-	SQP	-	SP Scope	GP 105.4; MS 105.4; OMP 105.4
	Modifier: See <b>Rule 007</b> and <b>Notes 2</b> and <b>3</b> .							
8909	Closure of oral antral fistula - acute or chronic.							
	DM	-	MP	M	SQP	-	SP Scope	GP 107.1; MS 107.1; OMP 107.1
8966	Repair of oronasal fistula (local flaps).							
	DM	-	MP	-	SQP	-	SP Scope	GP 167.4; MS 167.4; OMP 167.4
8911	Caldwell-Luc procedure (Transantral approach).							
	DM	-	MP	M	SQP	-	SP Scope	GP 93.5; MS 93.5; OMP 93.5
8981	Surgical exposure of impacted or unerupted tooth to aid eruption.							
	DM	+L; +M	MP	T	SQP	-	SP Scope	GP 100.3; MS 100.3; OMP 100.3; OR 100.3
	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 placed to facilitate eruption. In some instances, a free soft tissue graft is needed as a concurrent but separate procedure. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials. To be used with code <b>8896</b> .							
8896	Cost of materials to aid tooth eruption.							
	DM	-	MP	T	SQP	-	SP Scope	GP; MS; OMP
8983	Corticotomy - report per tooth.							
	DM	-	MP	T	SQP	-	SP Scope	GP 47.6; MS 47.6; OMP 47.6
8984	Corticotomy - each additional tooth.							
	DM	-	MP	T	SQP	-	SP Scope	GP 47.6; MS 47.6; OMP 47.6
	Obsolete - report <b>8983</b> . This code expires end 2021 after which it will be permanently deleted.							
8994	Placement of Zygomaticus implant.							
	DM	+M	MP	-	SQP	-	SP Scope	MS 133
	Placement of an extended transalveolar endosseous implant into the zygomatic complex for anchorage of a dental prosthesis; includes subsequent exposure and confirmation of osseointegration.							

	<b>8996</b>	<b>Placement of a second Zygomaticus implant.</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 133	
A second implant in the zygoma is technically more difficult and require greater surgical skill to place than the first implant. Report when a second implant is required in the same zygoma; i.e. on the same side. For the opposite side report <b>8994</b> .								

<b>8998</b>	<b>Craniofacial transcuteaneous endosseus implant.</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 145.8
The placement of an implant through the skin into any part of the craniofacial skeleton; for anchorage of a facial prosthesis or hearing aids; or for purposes of post-cancer or post-traumatic reconstruction.							


<b>8999</b>	<b>Craniofacial transmucosal endosseus implant.</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 145.8
The transmucosal placement of an implant into any part of the craniofacial skeleton, excluding the alveolar processes, for anchorage of facial prosthesis; or for purposes of post-cancer or post-traumatic reconstruction.							


<b>8606</b>	<b>Placement of implant fixtures outside the oral cavity.</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 169.2
E.g. for the retention of extraoral prostheses such as ears, noses, faces limbs and digits.							

## 10.5. Surgical preparation of the mouth for dentures

### 10.5.1. Alveoloplasty

Surgical alteration of the shape and condition of the alveolar process to restore a normal contour, usually in preparation for denture construction.

	<b>8955</b>	<b>Alveoloplasty or alveolectomy in conjunction with extractions - per quadrant.</b>						
DM	-	MP	Q	SQP	-	SP Scope	GP 88.4; MS 88.4; OMP 88.4	
Bill <b>8201</b> in addition to this code.								

	<b>8956</b>	<b>Alveoloplasty or alveolectomy not in conjunction with extractions - per quadrant.</b>						
DM	-	MP	Q	SQP	-	SP Scope	GP 57.8; MS 57.8; OMP 57.8	
Report when alveolectomy/alveoloplasty is required in an edentulous area.								

### 9003 Repositioning mental foramen and nerve - per side.

DM	+L	MP	-	SQP	-	SP Scope	MS 111.6
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### 9004 Lateralization of inferior dental nerve (including bone grafting).

DM	-	MP	-	SQP	-	SP Scope	MS 192.6
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## 10.5.2. Vestibuloplasty

Any of a series of surgical procedures designed to increase relative alveolar ridge height.

### 8997 Sulcoplasty/vestibuloplasty.

DM	+L	MP	M	SQP	-	SP Scope	GP 107.3; MS 160.2; OMP 160.2
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**10.5.3. Excision of bone tissue****8987** Surgical reduction of mylohyoid ridge - per side.

DM	+L	MP	M	SQP	-	SP Scope	MS 138.6
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**8989** Excision of torus mandibularis - per side.

DM	+L	MP	M	SQP	-	SP Scope	MS 117.3; OMP 117.3
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**8991** Excision of torus palatinus.

DM	+L	MP	M	SQP	-	SP Scope	MS 119; OMP 119
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**8993** Excision of hypertrophic tuberosity - per side.

DM	+L	MP	M	SQP	-	SP Scope	MS 107.1; OMP 107.1
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**10.6. Treatment of head and neck pathology****10.6.1. Diagnostic procedures**

These codes do not include the coding of the essential pathological evaluations. These codes (**8918, 8919, 8920, 8923, 8924, 8932, 8934, 8917, 8921, 8925, 8926, 8927, 8928**) does not include closure of the defect and should be reported with the appropriate codes for the closure of the incision or excision (eg. **9021, 9023** or other appropriate code). These codes also excludes coding for the use of suture material (see code **8220**) or material used during the procedure. See **Oral medicine and periodontics - diagnostic procedures, page 43** for codes.

**10.7. Excision and/or management of soft tissue lesions****10.7.1. Therapeutic procedures**

These codes do not include the coding of the essential pathological evaluations. These codes (**8971, 8970, 8968, 8972, 8974, 8976, 8978, 9069, 8910, 8982, 8986, 8988**) do not include closure of the defect and should be reported with the appropriate codes for the closure of the incision or excision (eg. **9021, 9023** or other appropriate code), as well as the appropriate codes for the reconstructive procedure. These codes also exclude reporting of suture material (see code **8220**) or material used during the procedure.

**8971** Excision of benign soft tissue tumour/cyst requiring minimal or no suturing.

DM	+M	MP	-	SQP	-	SP Scope	GP 36.8; MS 36.8; OMP 36.8
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**8970** Excision of benign soft tissue tumour/cyst requiring suturing in multiple layers with no muscular involvement.

DM	+M	MP	-	SQP	-	SP Scope	GP 106.2; MS 106.2; OMP 106.2
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**8968** Excision of benign soft tissue tumour/cyst requiring extensive resection and suturing in multiple layers with muscular involvement.

DM	+M	MP	-	SQP	-	SP Scope	MS 172.8
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**8972** Excision of small malignant lesion requiring minimal suturing.

DM	+M	MP	-	SQP	-	SP Scope	MS 93.6; OMP 93.6
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**8974** Excision of malignant soft tissue tumour requiring suturing in multiple layers with no muscular or intraosseus involvement.

DM	+M	MP	-	SQP	-	SP Scope	MS 154.8
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8976	<b>Extensive resection for malignant soft tissue tumour - excluding reconstruction.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 258.4
8978	<b>Excision of a lesion of the tongue requiring no suture or primary suture.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 79.9; OMP 79.9
Excludes primary suture and may be reported with code <b>8990</b> .								
9069	<b>Glossectomy - partial.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	GP 123; MS 183.6
8910	<b>Vermillionectomy.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 93.6; OMP 93.6
8982	<b>Local excision of benign lesion of lip with primary closure.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 74.8; OMP 74.8
8986	<b>Local excision of benign lesion of lip where primary closure is not possible.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 117
The appropriate code for the reconstruction should be reported.								
8988	<b>Resection for lip malignancy.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 151.2
This excludes closure or reconstruction.								
<b>10.7.2. Repair/reconstructive procedures</b>								
These code are used in conjunction with the appropriate trauma or oncology codes for the closure of the incision/defect.								
8990	<b>Repair by primary suture.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 83.3; OMP 83.3
8992	<b>Repair by skin graft or local flap.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 172.9
9006	<b>Lip reconstruction following an injury or tumour removal: primary closure.</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 165.6
9018	<b>Lip reconstruction following an injury or tumour removal: Simple advancement, rotation flap (Abbe or Estlander) (first stage).</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 208.8
9020	<b>Lip reconstruction following an injury or tumour removal: Simple advancement, rotation flap (Abbe or Estlander) (subsequent stages).</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 160.2
9022	<b>Lip reconstruction following an injury or tumour removal: Total complicated reconstruction with a complicated advancement flap (Bernard flap).</b>							
	DM	+M	MP	-	SQP	-	SP Scope	MS 292.6

**10.8. Neck dissection**

Neck dissections are performed in head and neck oncological surgery for the management of lymphatic metastasis (this may be performed as a prophylactic or a therapeutic procedure) as well as major facial reconstruction cases for the preparation of the neck for free vascular transfer surgery. The procedure involves the removal of all tissue in a defined anatomical area that could contain lymph nodes.

**9026 Radical neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 452
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This neck dissection implies the dissection of levels I to V, the removal of the sternocleidomastoid muscle, accessory nerve as well as the internal jugular vein.

**9221 Posterior neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 444
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**9028 Modified radical neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 390
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This involves the dissection of levels I to V but without removing at least one of the following: sternocleidomastoid muscle, accessory nerve, internal jugular vein.

**9030 Selective neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 380
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Dissection of levels I, II & III (SOD), report per level dissected.

**9034 Extended neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 510
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Involves the inclusion of structures in the performance of a neck dissection not included in a radical neck dissection e.g. Parotid. The appropriate codes for additional structures included in the dissection should be reported.

**8939 Limited neck dissection.**

DM	-	MP	-	SQP	-	SP Scope	MS 346
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The primary aim is preparation of the neck and identification of vessels for the anastomosis of a free vascular transfer flap. Could include any, or a combination, of levels I to VI. Report per level dissected.

**10.9 Excision of intra-bone lesions****8967 Surgical removal of jaw cyst - intra-oral approach.**

DM	-	MP	M	SQP	-	SP Scope	GP 65.1; MS 98.6; OMP 98.6
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**9040 Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with no involvement of vital structures.**










DM	-	MP	M	SQP	-	SP Scope	GP 90.9; MS 137.7; OMP 137.7
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**9042 Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with involvement of vital structures, reconstructive procedures not included.**

DM	-	MP	M	SQP	-	SP Scope	MS 208.8
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**8969 Surgical removal of jaw cyst - extra-oral approach.**

DM	-	MP	M	SQP	-	SP Scope	MS 212.4
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8973	<b>Surgical excision of tumours of the jaws.</b>								
DM	-	MP	M	SQP	-	SP Scope	MS 326.8		
	9044	<b>Surgical excision of malignant tumours of the jaws - extra-oral approach.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 389.5		
Reconstructive procedures not included.									
	9054	<b>Surgical excision of tumours of the midface (zygoma, nose and orbits).</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 416.1		
Reconstructive procedures not included.									
	9056	<b>Radical resection of palate (including skin graft).</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 353.4		
	9058	<b>Wide excision of lesion of palate.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 239.4		
	9064	<b>Complicated reconstruction of bony defects following major ablative procedure for head and neck cancer.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 406.6		
Soft tissue reconstruction excluded.									
	9086	<b>Tumour resection from infratemporal or pterygopalatine fossa.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 592		
	9090	<b>Excision of lacrimal sac: unilateral.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 135		
	9094	<b>Orbitectomy: removal of tumour.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 398		
	9097	<b>Orbit: exenteration.</b>							
DM	-	MP	M	SQP	-	SP Scope	MS 286		
10.10.	<b>Maxillectomy</b>								
9290	<b>Maxillectomy - alveolus only, Level I.</b>								
DM	-	MP	M	SQP	-	SP Scope	MS 205.2		
9292	<b>Maxillectomy - alveolus and sinus or nasal floor, Level II.</b>								
DM	-	MP	M	SQP	-	SP Scope	MS 271.7		
9294	<b>Maxillectomy - alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III.</b>								
DM	-	MP	M	SQP	-	SP Scope	MS 374.3		
9296	<b>Maxillectomy - alveolus, sinus, nasal floor and zygoma including orbital rim Level IV.</b>								
DM	-	MP	M	SQP	-	SP Scope	MS 486		

**9298** Maxillectomy - alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V.

DM	-	MP	M	SQP	-	SP Scope	MS 550
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**10.11.** Mandibulectomy/mandibulotomy**9300** Hemiresection of jaw including condyle and coronoid process.

DM	-	MP	M	SQP	-	SP Scope	MS 393.3
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**8975** Hemiresection of jaw excluding condyle.

DM	-	MP	M	SQP	-	SP Scope	MS 326.8
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 **9098** Partial mandibulectomy.

DM	-	MP	-	SQP	-	SP Scope	MS 285
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 **9231** Defensive corticotomy.

DM	-	MP	-	SQP	-	SP Scope	MS 283.1
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Marginal mandibulectomy. Excision of involved soft tissue to be billed separately.

**10.12.** Treatment of orofacial sepsis and infections**8908** Surgical removal of roots from maxillary antrum.

DM	-	MP	M	SQP	-	SP Scope	GP 93.5; MS 93.5; OMP 93.5
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Involves Caldwell-Luc and closure of oro-antral communication.

**9011** Incision and drainage of abscess - intraoral (pyogenic) - per sextant.

DM	-	MP	S	SQP	-	SP Scope	GP 41.6; MS 41.6; OMP 41.6
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**9013** Incision and drainage of abscess - extraoral (pyogenic).

DM	-	MP	-	SQP	-	SP Scope	GP 93.5; MS 93.5; OMP 93.5
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 **9100** Multiple extra-oral incisions and drainages (e.g. Ludwig's angina).

DM	-	MP	-	SQP	-	SP Scope	MS 191.9
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 **9299** Abscess - retropharyngeal or equivalent.

DM	-	MP	-	SQP	-	SP Scope	MS 191.9
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**9017** Decortication, saucerisation and sequestrectomy.

DM	-	MP	M	SQP	-	SP Scope	MS 153
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Where jaw resection is performed for general osteomyelitis the appropriate code for a mandibulectomy or a maxillectomy must be used.

**9019** Sequestrectomy - intra-oral, per sextant and/or per ramus.

DM	-	MP	M	SQP	-	SP Scope	MS 120.7; OMP 120.7
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**10.13.** Treatment of maxillofacial trauma

In the event of combined mandible and maxilla fractures, the full fee may be charged for code **9031** and **9035** or **9036** or **9037** or **9038** or **9039**. Combined mandible and maxilla fractures would include bilateral and/or compound mandible body and ramus fractures in combination with a craniofacial disjunction of the entire facial skeleton. Bilateral fractures of a single skeletal component might present a situation where



a reducing modifier is applicable. In the event of extensive craniofacial fractures where the entire craniofacial complex as well as the mandible has sustained fractures, a clinical situation arises that compounds the difficulty of the treatment.

**9024 Dento-alveolar fracture - per sextant.**

DM	+L	MP	S	SQP	-	SP Scope	GP 78.6; MS 117.3; OMP 117.3
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**10.14. Repair of traumatic wounds**

**8192 Suture - minor.**

DM	+M	MP	-	SQP	-	SP Scope	GP 25.5; MS 25.5; OMP 25.5
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No exclusion for use with extractions where suturing is warranted and necessary. Use to report the suturing of recent small wounds. Excludes the closure of surgical incisions.

**10.15. Complicated suturing (trauma and oncology)**

**9021 Suture, reconstruction - minor.**

DM	+M	MP	-	SQP	-	SP Scope	GP 86.4; MS 123.6; OMP 86.4
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Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions but includes the closure of surgical excisions where the defect cannot be closed primarily.

**9023 Suture, reconstruction - major.**

DM	+M	MP	-	SQP	-	SP Scope	MS 169.2
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Includes the closure of surgical excisions where the defect cannot be closed primarily.

 **9088 Tarsorrhaphy.**

DM	-	MP	M	SQP	-	SP Scope	MS 65.6
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**10.16. Mandibular fractures**

 **9297 Removal of eyelet wiring.**

DM	-	MP	-	SQP	-	SP Scope	GP 83.3; MS 83.3
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**9025 Closed treatment of mandibular fracture.**

DM	-	MP	-	SQP	-	SP Scope	GP 67; MS 99.2
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This procedure code does not include the removal of eyelet wires.

**9027 Treatment of mandibular fracture (compound) with eyelet wiring.**

DM	-	MP	-	SQP	-	SP Scope	GP 85.4; MS 127.5
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This procedure code does not include the removal of eyelet wires.










**9029 Treatment of mandibular fracture with metal cap splintage or Gunning's splints.**

DM	+L	MP	M	SQP	-	SP Scope	GP 131; MS 195.5
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**9031 Open treatment of mandibular fracture through an intra-oral approach.**

DM	-	MP	M	SQP	-	SP Scope	MS 235.8
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	<b>9032</b>	<b>Open treatment of mandibular fracture through an extra-oral approach.</b>						
	DM	-	MP	M	SQP	-	SP Scope	MS 323
	<b>9033</b>	<b>Open treatment of condylar fracture - per side.</b>						
	DM	-	MP	M	SQP	-	SP Scope	MS 300.2
	<b>8940</b>	<b>Endoscopic management of a condylar fracture - report per side.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 315
<b>10.17.</b>		<b>Maxillary fractures</b>						
	<b>9035</b>	<b>Closed reduction of maxillary fracture - Le Fort I or Guerin.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	MS 105.4
	<b>9036</b>	<b>Open treatment of maxillary fracture - Le Fort I.</b>						
	DM	+L	MP	-	SQP	-	SP Scope	MS 185.4
	<b>9037</b>	<b>Closed reduction of maxillary fracture - Le Fort II or middle third of face.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	MS 105.4
	<b>9038</b>	<b>Open treatment of maxillary fracture - Le Fort II or middle third of face.</b>						
	DM	+L	MP	-	SQP	-	SP Scope	MS 288
	<b>9039</b>	<b>Open reduction of maxillary fracture - Le Fort III or craniofacial disjunction.</b>						
	DM	+L	MP	M	SQP	-	SP Scope	MS 442.7
<b>10.18.</b>		<b>Zygoma/orbit/antral - complex fractures</b>						
	<b>9041</b>	<b>Zygomatic arch fracture-closed reduction.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 91.8
	<b>9043</b>	<b>Zygomatic arch fracture-open reduction.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 228.6
	<b>9045</b>	<b>Zygomatic fracture-open reduction - requiring osseo-synthesis and or bone grafting.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 246.6
	<b>9291</b>	<b>Zygomatic fracture-open reduction with fixation at two sites.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 283.1
	<b>9293</b>	<b>Zygomatic fracture - closed reduction.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 132.8
	<b>8944</b>	<b>Zygomatic fracture - open reduction with fixation at three or more sites.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 304
	<b>8946</b>	<b>Zygomatic reconstruction (osteotomy or onlay).</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 345.8

	<b>8947</b>	<b>Anthrostomy for the placement of a sinus pack in order to reduce a zygomatic fracture.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 112.2
	<b>9046</b>	<b>Placement of zygomaticus fixture, per fixture.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 186.2
	<b>9273</b>	<b>Open treatment of an orbital wall fracture.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 226.1
	<b>9275</b>	<b>Major orbital reconstruction (comminuted orbital fractures).</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 388
	<b>9277</b>	<b>Secondary reconstruction of orbital defect.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 408
	<b>9279</b>	<b>Eyelid surgery for facial paralysis including tarsorrhaphy (excludes material).</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 191.9
	<b>9281</b>	<b>Full thickness eyelid repair (tumor or trauma surgery).</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 231.8
	<b>9283</b>	<b>Repair by superior rectus, levator or frontalis muscle operation.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 243.2
	<b>9285</b>	<b>Ptosis: By lesser procedure e.g. sling operation.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 216.6
	<b>9287</b>	<b>Dacrocystorhinostomy.</b>						
	DM	-	MP	-	SQP	-	SP Scope	MS 203.3

### 10.19. Nasal fractures

#### 9280 Open reduction and fixation of nasal fracture.

DM	-	MP	-	SQP	-	SP Scope	GP 148.3; MS 221.4
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#### 9282 Manipulation and immobilisation of nasal fracture.

DM	-	MP	-	SQP	-	SP Scope	GP 86.7; MS 119
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### 10.20. Temporomandibular joint





Procedures which are an integral part of a primary procedure should not be reported separately.








#### 8172 Cost of orthotic appliance.


DM	-	MP	-	SQP	-	SP Scope	-
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#### 8850 Treatment of MPDS - first visit .


DM	+L;+M	MP	-	SQP	-	SP Scope	GP 57.6; MS 57.6; OR 57.6; PR 57.6
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<b>8851</b>	<b>Treatment of MPDS - subsequent visit.</b>							
DM	+L; +M	MP	-	SQP	-	SP Scope	GP 28.8; MS 48.6; OR 48.6; PR 48.6	
<b>8852</b>	<b>Occlusal orthotic device.</b>							
DM	+L; +M	MP	-	SQP	-	SP Scope	GP 134.4; MS 101.1; OR 134.4; OMP 134.4; PR 189	
Full coverage, heat cured, fully equilibrated device for the treatment of temporomandibular disorders. Not applicable to vacuum formed appliances. Presently includes splints provided for treatment of temporomandibular joint dysfunction. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials. Also applicable to NITI type appliance.								
	<b>8951</b>	<b>Trigger point injection (local anesthesia).</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 57.8; MS 80.3; OMP 57.8; PR 81	
	<b>8952</b>	<b>Pain point injection (alcohol, phenol, etc).</b>						
DM	+M	MP	-	SQP	-	SP Scope	MS 64.6	
	<b>9245</b>	<b>Muscle spasm injection (Botulinum toxin).</b>						
DM	+M	MP	-	SQP	-	SP Scope	GP 54.4; MS 84.6; OMP 84.6; PR 84.6	
Excludes the cost for the Botulinum toxin (code <b>8183</b> ).								
	<b>8954</b>	<b>Laser treatment for facial pain - per visit.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 18; MS 68; OMP 68; PR 68	
<b>8965</b>	<b>Peripheral neurectomy.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 145.8	
<b>9053</b>	<b>Coronoidectomy (intra-oral approach).</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 106.2	
<b>9074</b>	<b>Arthroscopy, temporomandibular joint - diagnostic.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 163.8	
<b>9075</b>	<b>Condylectomy, coronoidectomy or both.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 296.4	
<b>9076</b>	<b>Arthrocentesis, temporomandibular joint.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 104.4	
<b>9077</b>	<b>Intra-articular injection, temporomandibular joint.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 56.1	
<b>9079</b>	<b>Trigger point injection, temporomandibular joint.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 40.8; MS 40.8; OMP 40.8; PR 40.8	
<b>9081</b>	<b>Condyle neck osteotomy, temporomandibular joint (Ward/Kostecka).</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 245.1	
<b>9083</b>	<b>Arthroplasty, temporomandibular joint.</b>							
DM	-	MP	-	SQP	-	SP Scope	MS 245.1	


9085	Reduction of temporomandibular joint dislocation - without anaesthetic.							
	DM	-	MP	-	SQP	-	SP Scope	GP 39.1; SP 39.1
9087	Reduction of temporomandibular joint dislocation - with anaesthetic.							
	DM	-	MP	-	SQP	-	SP Scope	GP 56.1; MS 82.8; OR 56.1; OMP 56.1; PR 56.1
9089	Reduction of temporomandibular joint dislocation - with anaesthetic and immobilisation.							
	DM	-	MP	-	SQP	-	SP Scope	GP 113.9; MS 113.9
9091	Reduction of temporomandibular joint dislocation - open reduction.							
	DM	-	MP	-	SQP	-	SP Scope	MS 279.3
9092	Reconstruction or replacement of temporomandibular joint.							
	DM	+L/+M	MP	-	SQP	-	SP Scope	MS 424
 8929	Removal of temporomandibular joint prosthesis.							
	DM	-	MP	-	SQP	-	SP Scope	MS 189
 8930	Design meeting and/or planning for a custom prosthesis/tempero-mandibular joint.							
	DM	-	MP	-	SQP	-	SP Scope	MS 115.6
	Charge per joint/prosthesis designed.							
 9267	Temporomandibular joint prosthesis (stock or custom).							
	DM	-	MP	-	SQP	-	SP Scope	MS
<b>10.21. Surgical approaches</b>								
 9247	Bicoronal approach.							
	DM	-	MP	-	SQP	-	SP Scope	MS 193.8
A surgical access to the upper third of the facial skeleton stretching from the pre-auricular region ipsilateral, continuing posterior to the hairline to the contralateral pre-auricular region.								
 9249	Blephro-approach.							
	DM	-	MP	-	SQP	-	SP Scope	MS 114
An incision in the superior eyelid to access the superior and lateral orbit.								
 9251	Transconjunctival/subciliary approach.							
	DM	-	MP	-	SQP	-	SP Scope	MS 121.6
An incision through the conjunctiva of the tarsal surface of the inferior eyelid to access the orbital floor, lateral and medial orbital skeleton.								
 9253	Mandibular swing approach for access to the skull base.							
	DM	-	MP	-	SQP	-	SP Scope	MS 286.9
A surgical osteotomy of the lateral mandible in the ascending ramus region in order to obtain access to the skull base.								

	<b>8916</b>	<b>Preauriculo-temporal approach.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 190
A surgical access to the temporo-mandibular joint, zygomatic arch and temporal cranium from the pre-auricular region ipsilateral, continuing temporal superiorly, posterior to the hairline but not crossing the vertex to the contralateral side.							

	<b>8912</b>	<b>Transmasseteric antero-parotid approach.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 205.2
A surgical approach to access the temporo-mandibular joint, condylar neck, ascending ramus and angle of the mandible involving a rhytidectomy or lazy S incision, dissection in the SMASS layer superficial to the parotid to the anterior border of the parotid with access to the surgical field through the masseter muscle.							

	<b>8913</b>	<b>Condylar Risdon/submandibular approach.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 161.5
A surgical approach through a limited incision postero-inferior to the mandibular angle in the neck to access the ascending ramus and condylar region of the mandible.							

	<b>8914</b>	<b>Endoscopic or intra-oral approach to the condyle.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 228
Access to the mandibular condyle with an endoscope, or through an intra-oral approach.							

	<b>8915</b>	<b>Intra-oral circum-oral mandibular approach.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 151.2
Access to the mandible through a continuous, uninterrupted intra-oral incision stretching from the mandibular angle ipsilateral, to the contralateral mandibular angle.							

<b>8911</b>	<b>Caldwell-Luc procedure (Transantral approach).</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 93.5; MS 93.5; OMP 93.5

<b>9059</b>	<b>Le Fort I access to the skullbase.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 292.6
For use where the procedure provides access to the skullbase for tumor resection. This code should not be used for orthognathic surgery.							

<b>9052</b>	<b>Midfacial or craniofacial exposure utilizing a facial degloving technique.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 317.3
This is an access used for trauma and oncological surgery and not for orthognathic surgery.							

<b>9071</b>	<b>Geniohyoidotomy.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 239.4

## 10.22. Harvesting procedures


<b>8962</b>	<b>Harvest iliac crest graft - spongiosa.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 144


	<b>9208</b>	<b>Harvest iliac crest graft - monocortical.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 149.4

9209	Harvest iliac crest graft - bicortical.								
	DM	-	MP	-	SQP	-	SP Scope	MS 192.6	
9210	Harvest tibial bone - spongiosa.								
	DM	-	MP	-	SQP	-	SP Scope	MS 145.8	
9212	Harvest rib graft - bone.								
	DM	-	MP	-	SQP	-	SP Scope	MS 199.5	
9213	Harvest rib graft - cartilage.								
	DM	-	MP	-	SQP	-	SP Scope	MS 199.5	
8963	Harvest rib graft - costo-chondral.								
	DM	-	MP	-	SQP	-	SP Scope	MS 212.8	
8964	Harvest cranium graft.								
	DM	-	MP	-	SQP	-	SP Scope	MS 212.8	
9214	Harvest auricular cartilage graft.								
	DM	-	MP	-	SQP	-	SP Scope	MS 152	
8979	Intra-oral harvesting of cortical bone, per site.								
	DM	-	MP	M	SQP	-	SP Scope	GP 68.8; MS 77.4; OMP 77.4	
Incision and reflection of a flap to expose a suitable donor site (e.g. mental region, mandibular ramus, maxillary tuberosity) and harvesting of bone blocks.									
8980	Intra-oral harvesting of bone-coagulum/bone-scraping, not per site.								
	DM	-	MP	-	SQP	-	SP Scope	GP 40; MS 42.5; OMP 42.5	
9215	Intra-oral harvesting of particulate bone.								
	DM	-	MP	-	SQP	-	SP Scope	GP 40; MS 42.5; OMP 42.5	
9216	Harvest fascia lata.								
	DM	-	MP	-	SQP	-	SP Scope	MS 124.2	
9217	Harvest of free fat.								
	DM	-	MP	-	SQP	-	SP Scope	MS 108	
<b>10.23. Other repair procedures</b>									
8958	Tracheotomy.								
	DM	-	MP	-	SQP	-	SP Scope	MS 124	
8959	Pharyngostomy.								
	DM	-	MP	-	SQP	-	SP Scope	MS 157.7	


9289	<b>Frenulotomy.</b>							
	DM	-	MP	-	SQP	-	SP Scope	GP 69.7; MS 83.4; OMP 83.4
The surgical repositioning of a frenum from its attachment into the mucoperiosteal covering of the alveolar processes. May be lingual or labial.								
8985	<b>Frenulectomy.</b>							
	DM	-	MP	-	SQP	-	SP Scope	GP 69.7; MS 83.4; OMP 83.4
The surgical removal of a frenum from its attachment into the mucoperiosteal covering of the alveolar processes. May be lingual or labial.								
8977	<b>Surgical repair of maxilla or mandible - major.</b>							
	DM	-	MP	M	SQP	-	SP Scope	MS 376.2
9001	<b>Augmentation of alveolar ridge using block graft/split ridge technique - across one to two tooth sites.</b>							
	DM	+M; +L	MP	T	SQP	-	SP Scope	GP 113.4; MS 169.2; OMP 169.2
This procedure is intended to increase the volume of the alveolar ridge in the vertical and/or horizontal dimension by grafting solid blocks of bone shaped to the appropriate size and fixed with screws if necessary; or alternatively by longitudinally splitting the existing alveolar ridge and filling the split with particulate bone or bone block and/or fixing it with plates and screws.								
9002	<b>Augmentation of alveolar ridge using block graft/split ridge technique - across three to five tooth sites.</b>							
	DM	+M; +L	MP	T	SQP	-	SP Scope	GP 150.8; MS 225; OMP 225
See code <b>9001</b> for descriptor.								
9005	<b>Augmentation of alveolar ridge - total by bone graft.</b>							
	DM	+M; +L	MP	M	SQP	-	SP Scope	MS 270; OMP 270
This procedure is intended to increase the volume of the alveolar ridge in the vertical and/or horizontal dimension.								
9007	<b>Augmentation of alveolar ridge by alloplastic material - total.</b>							
	DM	+M; +L	MP	M	SQP	-	SP Scope	GP 219.3; MS 232.2; OMP 232.2
9008	<b>Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across one to two tooth sites.</b>							
	DM	+M; +L	MP	T	SQP	-	SP Scope	GP 93; MS 138.6; OMP 138.6
9009	<b>Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across three or more tooth sites.</b>							
	DM	+M; +L	MP	T	SQP	-	SP Scope	GP 120; MS 180; OMP 180
9010	<b>Maxillary sinus floor bone augmentation, buccal-approach, complete.</b>							
	DM	+M; +L	MP	-	SQP	-	SP Scope	MS 167.4; OMP 167.4
This procedure augments the bony height of a major part of the sinus floor by introducing a grafting material under the sinus membrane through a buccal surgical window, includes repair of torn sinus membrane if necessary and closure of flap; excludes placement of membrane or direct cost of grafting material and membranes - See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.								





	<b>9012</b>	<b>Maxillary sinus floor bone augmentation, buccal-approach, limited.</b>					
DM	+M; +L	MP	-	SQP	-	SP Scope	MS 127.8; OMP 127.8
This procedure augments the bony height of the sinus floor by introducing a grafting material under the sinus membrane through a buccal surgical window to accommodate one or two adjacent implants between natural teeth; includes repair of torn sinus membrane if necessary and closure of flap; excludes placement of membrane or direct cost of grafting material and membranes - See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							

	<b>9014</b>	<b>Osteotome sinus floor bone augmentation.</b>					
DM	-	MP	-	SQP	-	SP Scope	GP 52; MS 77.4; OMP 77.4

<b>9048</b>	<b>Surgical removal of internal fixation devices, per site.</b>						
DM	-	MP	-	SQP	-	SP Scope	GP 108.8; MS 115.6

	<b>9206</b>	<b>Surgical removal of reconstruction plate.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 221.4

	<b>9218</b>	<b>Nerve repair: 1st Fasciculus.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 229.9

	<b>9219</b>	<b>Nerve repair: 2nd and additional Fasciculus.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 235.6

	<b>9225</b>	<b>Nerve repair: entubelation.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 233.7

<b>10.24.</b>	<b>Functional correction of dentofacial abnormalities (congenital or acquired)</b>						
For items <b>9047</b> to <b>9072</b> the full fee may be charged.							


<b>10.24.1.</b>	<b>Mandibular osteotomies</b>						
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<b>9047</b>	<b>Osteotomy mandible - open with stabilisation.</b>						
DM	+L	MP	M	SQP	-	SP Scope	MS 285
Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation).							

<b>9049</b>	<b>Osteotomy, mandible, segmental (Köle) - anterior.</b>						
DM	+L	MP	M	SQP	-	SP Scope	MS 245.1

<b>9050</b>	<b>Osteotomy mandible - total subapical.</b>						
DM	-	MP	M	SQP	-	SP Scope	MS 326

<b>9051</b>	<b>Genioplasty.</b>						
DM	-	MP	M	SQP	-	SP Scope	MS 169.2

	<b>9204</b>	<b>Sandwich osteotomy - for placement of an interpositional bone graft to increase the alveolar ridge height, may also be reported if utilized in the maxilla.</b>					
DM	-	MP	-	SQP	-	SP Scope	MS 326.8

## 10.24.2 Maxillary osteotomies

9052 Midfacial or craniofacial exposure utilizing a facial degloving technique.

DM	-	MP	-	SQP	-	SP Scope	MS 317.3
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This is an access used for trauma and oncological surgery and not for orthognathic surgery.

9055 Osteotomy, maxilla, segmental (Schukardt).

DM	+L	MP	-	SQP	-	SP Scope	MS 286.9
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9057 Osteotomy, maxilla, segmental, anterior (Wassmund).

DM	+L	MP	-	SQP	-	SP Scope	MS 258.4
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9060 Reconstruction midface, Le Fort I osteotomy - with repositioning and/or interpositional grafting.

DM	+L	MP	-	SQP	-	SP Scope	MS 380
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9062 Reconstruction midface, Le Fort I osteotomy - multiple segments.

DM	+L	MP	-	SQP	-	SP Scope	MS 427.5
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9061 Palatal osteotomy.

DM	-	MP	-	SQP	-	SP Scope	MS 271.7
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9063 Reconstruction midface, Le Fort II osteotomy for facial deformities or faciostenosis and post-traumatic deformities.

DM	+L	MP	-	SQP	-	SP Scope	MS 467.4
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9065 Reconstruction midface, Le Fort III osteotomy for severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.

DM	+L	MP	-	SQP	-	SP Scope	MS 560.5
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 9229 Choanal atresia repair through a palatal osteotomy.

DM	+L	MP	-	SQP	-	SP Scope	MS 395.2
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 9227 Turbinectomy.

DM	+L	MP	-	SQP	-	SP Scope	MS 151.2
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9066 Surgical expansion - maxillary or mandibular.

DM	-	MP	M	SQP	-	SP Scope	MS 305.9
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This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arches.

9069 Glossectomy - partial.

DM	-	MP	-	SQP	-	SP Scope	GP 123; MS 183.6
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9071 Geniohyoidotomy.

DM	-	MP	-	SQP	-	SP Scope	MS 239.4
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9072 Closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure).

DM	+L	MP	-	SQP	-	SP Scope	MS 239.4
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10.24.3. Salivary gland surgery								
8960	Salivary duct dilatation or canalization.							
	DM	-	MP	-	SQP	-	SP Scope	MS 133.2
8948	Endoscopic procedure: Wharton's duct.							
	DM	-	MP	-	SQP	-	SP Scope	MS 178.2
8949	Endoscopic procedure: Stenson's duct.							
	DM	-	MP	-	SQP	-	SP Scope	MS 180
8950	Excision of a ranula (marsupealization).							
	DM	-	MP	-	SQP	-	SP Scope	MS 149.6
9093	Removal of salivary stone (sialolithotomy).							
	DM	-	MP	-	SQP	-	SP Scope	GP 160.2; MS 219.7
9095	Excision of sublingual salivary gland.							
	DM	-	MP	-	SQP	-	SP Scope	MS 189
9096	Excision of submandibular salivary gland - extra-oral approach.							
	DM	-	MP	-	SQP	-	SP Scope	MS 288.8
9202	Excision of submandibular salivary gland with any type of neck dissection.							
	DM	-	MP	-	SQP	-	SP Scope	MS 426
9186	Closure of salivary fistula.							
	DM	-	MP	-	SQP	-	SP Scope	MS 140.4
9176	Local resection of parotid tumour (lumpectomy).							
	DM	-	MP	-	SQP	-	SP Scope	MS 266
9177	Superficial parotidectomy.							
	DM	-	MP	-	SQP	-	SP Scope	MS 324
9178	Total parotidectomy with preservation of facial nerve.							
	DM	-	MP	-	SQP	-	SP Scope	MS 462
9179	Total parotidectomy without preservation of facial nerve.							
	DM	-	MP	-	SQP	-	SP Scope	MS 390

## 10.25. Pedicle flaps

Report codes **9241, 9242, 9243, 9244, 9284, 9286** and **9288** for flaps taken for repair of post- cancer/trauma/tumour surgery. These are not vestibuloplasty procedures. The use of these codes is not subject to modifier use.

### 9284 Musculofascial flap.

DM	-	MP	-	SQP	-	SP Scope	MS 290.7
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9286	Musculocranial flap.						
DM	-	MP	-	SQP	-	SP Scope	MS 340.1
9288	Buccal fat pad (major repair).						
DM	-	MP	-	SQP	-	SP Scope	MS 214.2
 9241	Simple local flap (eg. advancement or rotation flap).						
DM	-	MP	-	SQP	-	SP Scope	MS 117
 9242	Complex local flap.						
DM	-	MP	-	SQP	-	SP Scope	MS 248.9
 9243	Regional flap (eg. pectoral, deltoid or latissimus dorsi flap).						
DM	-	MP	-	SQP	-	SP Scope	MS 426
 9244	Tongue flap - 2 procedures.						
DM	-	MP	-	SQP	-	SP Scope	MS 290.7
<b>10.26.</b>	<b>Repair of frontal bones</b>						
The use of codes <b>9200</b> , <b>9233</b> , <b>9274</b> , <b>9276</b> and <b>9278</b> imply the bicoronal/hemicoronal approach.							
9274	Repair anterior table, frontal sinus and/or supraorbital rim.						
DM	-	MP	-	SQP	-	SP Scope	MS 315.4
9276	Repair anterior and posterior wall with obturation and/or cranialisation of frontal sinus.						
DM	-	MP	-	SQP	-	SP Scope	MS 429.4
9278	Repair medial canthal ligament (canthopexy), per side.						
DM	-	MP	-	SQP	-	SP Scope	MS 254.6
 9200	Cranioplasty.						
DM	-	MP	-	SQP	-	SP Scope	MS 313.5
 9233	Obliteration of the frontal sinus.						
DM	-	MP	-	SQP	-	SP Scope	MS 305.9
<b>10.27.</b>	<b>Cleft lip and palate</b>						
9220	Repair of cleft hard palate - unilateral.						
DM	-	MP	-	SQP	-	SP Scope	MS 300.2
9222	Repair of cleft hard palate - bilateral (one procedure).						
DM	-	MP	-	SQP	-	SP Scope	MS 404.7
9224	Repair of cleft hard palate - bilateral (two procedures).						
DM	-	MP	-	SQP	-	SP Scope	MS 446.5
9226	Repair of cleft soft palate - without muscle reconstruction.						
DM	-	MP	-	SQP	-	SP Scope	MS 237.5

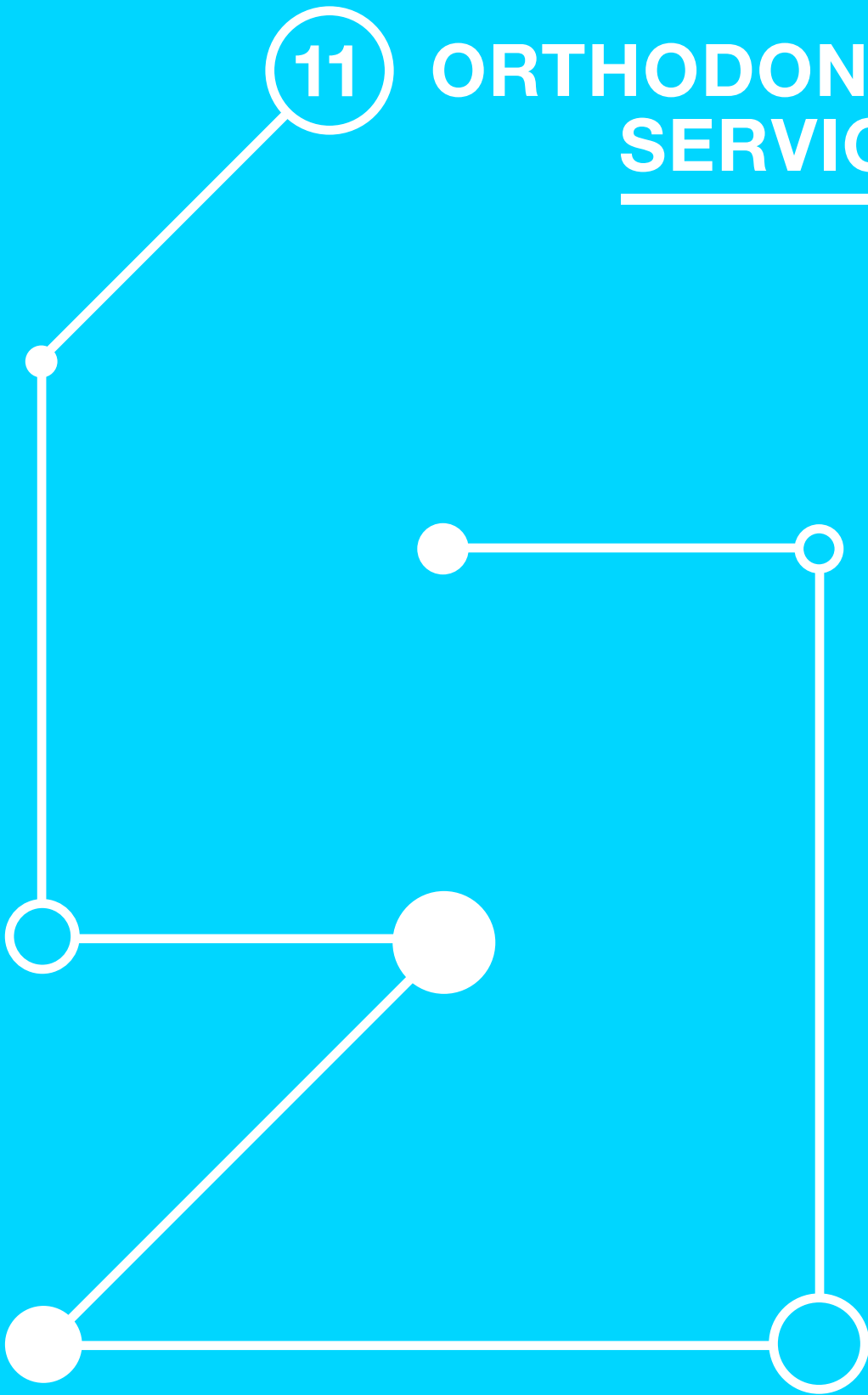
<b>9228</b>	<b>Repair of soft palate - with muscle reconstruction.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 321.1
<b>9230</b>	<b>Repair of submucosal cleft and/or bifid uvula - with muscle reconstruction.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 262.2
<b>9232</b>	<b>Velopharyngeal reconstruction - uncomplicated.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 266
<b>9234</b>	<b>Velopharyngeal reconstruction - complicated.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 370.5
<b>9238</b>	<b>Functional repair of oro-nasal fistula - distant flaps (one procedure).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 345.8
<b>9240</b>	<b>Functional repair of oro-nasal fistula - distant flaps (two procedures).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 408.5
<b>9246</b>	<b>Secondary periosteal swivel flaps for bone induction.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 269.8
<b>9248</b>	<b>Lip adhesion.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 185.4
<b>9250</b>	<b>Repair of cleft lip - unilateral (without muscle reconstruction).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 231.8
<b>9252</b>	<b>Repair of cleft lip - unilateral (with muscle reconstruction).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 285
<b>9254</b>	<b>Repair of cleft lip - bilateral (without muscle reconstruction).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 338.2
<b>9256</b>	<b>Repair of cleft lip - bilateral (with muscle reconstruction).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 404.7
<b>9258</b>	<b>Repair anterior nasal floor (between alveolus).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 302.1
<b>9260</b>	<b>Revision of secondary cleft lip deformity - partial.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 256.5
<b>9262</b>	<b>Revision of secondary cleft lip deformity - total (with functional muscle reconstruction).</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 395.2
<b>9264</b>	<b>Abbe-flap - in two stages.</b>						
DM	-	MP	-	SQP	-	SP Scope	MS 319.2

9266	Reconstruction of columella.							
	DM	-	MP	-	SQP	-	SP Scope	MS 243.2
9268	Reconstruction of nose due to cleft deformity - partial.							
	DM	-	MP	-	SQP	-	SP Scope	MS 328.7
9270	Reconstruction of nose due to cleft deformity - complete.							
	DM	-	MP	-	SQP	-	SP Scope	MS 503.5
9272	Paranasal augmentation for nasal base deviation.							
	DM	-	MP	-	SQP	-	SP Scope	MS 252.7
<b>10.28. Post surgical complications</b>								
8931	Treatment of local haemorrhage.							
	DM	+M	MP	T	SQP	PR 68.4	SP Scope	GP 68.4; MS 102.6; OMP 102.6
Involves the treatment of local haemorrhage following extraction. Report per visit. Excludes treatment of bleeding in the case of blood dyscrasias ( <b>8933</b> ), e.g. haemophilia. Routine post operative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for the surgical service. Excluded when <b>8201</b> or <b>8202</b> is charged in the same visit for the same tooth. Report <b>8221</b> for cost of haemostatic sponge. See <b>Rule 002, Appendix A</b> .								
8933	Treatment of haemorrhage (blood dyscracias).							
	DM	-	MP	-	SQP	-	SP Scope	MS 133.2; OMP 133.2
E.g. haemophilia. Report per week.								
9235	Severe nasal bleeding - anterior pack.							
	DM	-	MP	-	SQP	-	SP Scope	MS 24
9236	Severe nasal bleeding - anterior + posterior pack or cauterization.							
	DM	-	MP	-	SQP	-	SP Scope	MS 45.9
9237	Management of a patient on anti-coagulatives for the performance of a surgical procedure.							
	DM	-	MP	-	SQP	-	SP Scope	GP 25.5; MS 25.5; OMP 25.5
This code is reported along with the appropriate surgical codes.								
9223	Ligation of maxillary artery.							
	DM	-	MP	-	SQP	-	SP Scope	MS 260
8935	Treatment of septic socket(s).							
	DM	-	MP	T	SQP	-	SP Scope	GP 36; MS 36; OMP 36
Involves the treatment of localised inflammation of the tooth socket following extraction due to infection or loss of blood clot; osteitis. Report per visit. Routine postoperative visits for irrigation, dressing change and suture removal are considered to be part of, and included in the fee for, the surgical service.								
8221	Cost of haemostatic sponge.							
	DM	-	MP	-	SQP	-	SP Scope	-

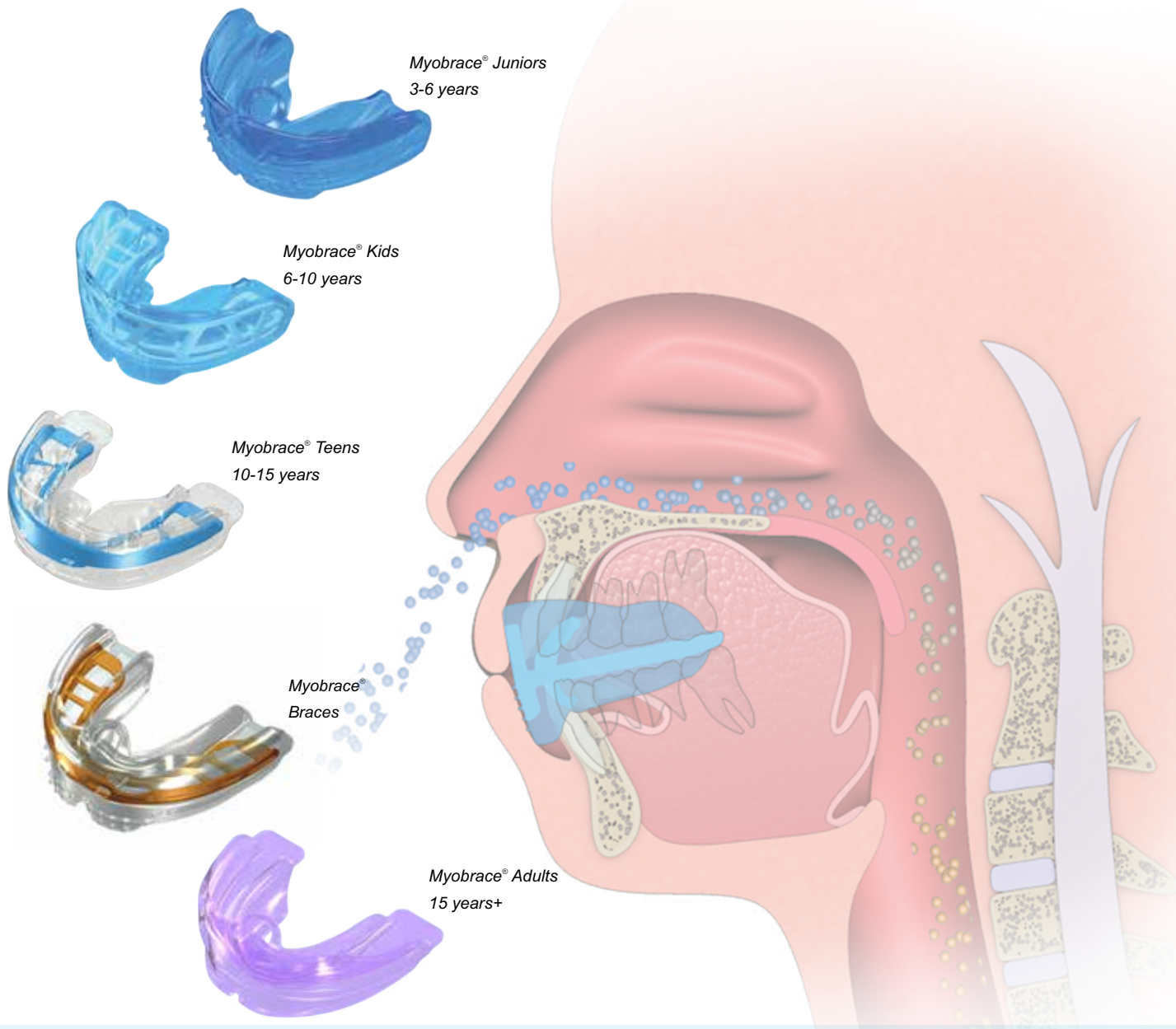
11

# ORTHODONTIC SERVICES

11. ORTHODONTIC SERVICES



## WORLD'S LEADING MYOFUNCTIONAL PRE-ORTHODONTIC APPLIANCE SYSTEM



Combining airway & habit correction, craniofacial growth & development and dental alignment into one simple integrated treatment system





**11. Orthodontic services**

The branch of dentistry concerned with the study of the growth of the craniofacial complex, the development of occlusion and the treatment of dentofacial abnormalities.

**11.1. Removable appliance therapy**

Removable appliance therapy indicates that the patient is able to remove and replace the appliance at will. A removable appliance is usually charged for in full at the time of fitting (code **8862**). No additional fees (other than for repairs) may be charged for adjustments to or visits for that appliance. When an additional appliance is made, either to replace the existing one or for the opposing arch, then code **8863** should be used. Includes removable appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or uprighting of a tooth) as well as prefabricated removable appliances.

**8862 Orthodontic treatment - removable appliance.**

DM	+L;+M	MP	M	SQP	-	SP Scope	GP 232.5; OR 232.5
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Limitation: Code 8862 may only be charged once per malocclusion. Report code 8864 for the cost of direct materials. See Rule 002 and Appendix A.

**8863 Orthodontic treatment - each additional removable appliance.**

DM	+L;+M	MP	M	SQP	-	SP Scope	GP 232.5; OR 232.5
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Report code 8864 for the cost of direct materials. See Rule 002 and Appendix A.

**8864 Cost of prefabricated removable appliance .**

DM	-	MP	M	SQP	-	SP Scope	
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Bill 8864 to account for the cost of a prefabricated removable appliance including those used in myofunctional treatment. See Rule 002 and Appendix A.

**11.1.1. Control of harmful habits**

Includes removable and fixed appliances to control harmful habits (e.g., thumb sucking and tongue thrusting). Should a habit controlling appliance need to be replaced, use 8863 for removable appliances and 8848 for fixed appliances.

**8870 Therapy to control harmful habits - removable appliance.**

DM	+L	MP	M	SQP	-	SP Scope	GP 232.5; OR 232.5
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Appliance can be removed by the patient.

**8871 Therapy to control harmful habits - fixed appliance.**

DM	+L	MP	M	SQP	-	SP Scope	GP 201; OMP 214.4
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Appliance cannot be removed by the patient.

**11.2. Functional appliance therapy****8858 Orthodontic treatment - functional appliance.**

DM	+L	MP	M	SQP	-	SP Scope	GP 176.8; OR 265.2
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A functional appliance is an appliance 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. If additional functional appliances are required, +L can be charged but no further fee.

**11.3. Partial fixed appliance therapy - mixed dentition**

The intention of this phase of treatment is to intercept and modify the development of skeletal, dental and functional components of a developing malocclusion usually in the mixed dentition. The application of codes **8861**, **8865** and **8866** requires the use of fixed bands and/or brackets as a major component of the treatment.

8861	Orthodontic treatment, partial fixed appliance - minor, mixed dentition.							
	DM	-	MP	M	SQP	-	SP Scope	GP 225.6; OR 239.7
8865	Orthodontic treatment fixed appliance - one arch, mixed dentition.							
	DM	-	MP	M	SQP	-	SP Scope	GP 209.7; OR 314.5
8866	Orthodontic treatment fixed appliances - both arches, mixed dentition.							
	DM	-	MP	-	SQP	-	SP Scope	GP 532.7; OR 799
11.4.	<b>Comprehensive fixed appliance therapy</b>							
	<p>This form of therapy requires the placement of fixed bands and/or brackets on the majority of teeth within each arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment, excluding the retention phase. Fixed appliance therapy indicates that the appliance is fixed and cannot be removed by the patient at will. All malocclusion codes listed under Fixed Appliance Therapy, i.e. <b>8865-8888</b>, will invariably require, for the correction of the respective malocclusion, fixed appliances as the major component of appliance therapy. No laboratory fees may be charged for codes <b>8861</b> and <b>8865</b> to <b>8888</b>. NB: These codes cannot be used for removable appliance therapy.</p>							
11.4.1.	<b>Single arch treatment</b>							
8867	Orthodontic treatment, fixed appliance - single arch, mild malalignment.							
	DM	-	MP	M	SQP	-	SP Scope	GP 442.7; OR 664
8868	Orthodontic treatment, fixed appliance - single arch, moderate malalignment.							
	DM	-	MP	M	SQP	-	SP Scope	GP 487.3; OR 731
8869	Orthodontic treatment, fixed appliance - single arch, severe malalignment.							
	DM	-	MP	M	SQP	-	SP Scope	GP 624; OR 936
11.5.	<b>Combined maxillary and mandibular arch therapy</b>							
11.5.1.	<b>Class I malocclusions - fixed appliance - comprehensive</b>							
8873	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I mild malocclusion.							
	DM	-	MP	-	SQP	-	SP Scope	GP 896; OR 1344
8875	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I moderate malocclusion.							
	DM	-	MP	-	SQP	-	SP Scope	GP 1003; OR 1504.5
8877	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion.							
	DM	-	MP	-	SQP	-	SP Scope	GP 1128; OR 1692
8879	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion with complications.							
	DM	-	MP	-	SQP	-	SP Scope	GP 1190.7; OR 1786
11.5.2.	<b>Class II and III malocclusions - fixed appliance - comprehensive</b>							
8881	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III mild malocclusion.							
	DM	-	MP	-	SQP	-	SP Scope	GP 952; OR 1428

**8883** Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III moderate malocclusion.

DM	-	MP	-	SQP	-	SP Scope	GP 1062; OR 1593
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**8885** Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion.

DM	-	MP	-	SQP	-	SP Scope	GP 1190.7; OR 1786
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**8887** Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion with complications.

DM	-	MP	-	SQP	-	SP Scope	GP 1253.3; OR 1880
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## 11.6. Comprehensive lingual fixed appliance therapy

Lingual orthodontic 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.

### 11.6.1. Single arch - lingual fixed appliance therapy

**8841** Comprehensive orthodontic treatment, fixed lingual appliance - single arch, mild malalignment.

DM	-	MP	M	SQP	-	SP Scope	GP 2856; OR 4284
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**8842** Comprehensive orthodontic treatment, fixed lingual appliance - single arch, moderate malalignment.

DM	-	MP	M	SQP	-	SP Scope	GP 3402; OR 5103
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**8843** Comprehensive orthodontic treatment, fixed lingual appliance - single arch, severe malalignment.

DM	-	MP	M	SQP	-	SP Scope	GP 1786; OR 2679
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### 11.6.2. Combined maxillary and mandibular arch therapy lingual fixed appliance therapy

#### 11.6.2.1. Class I malocclusions

**8874** Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I mild malocclusion.

DM	-	MP	-	SQP	-	SP Scope	GP 2859.4; OR 4289.1
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**8876** Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I moderate malocclusion.

DM	-	MP	-	SQP	-	SP Scope	GP 3186; OR 4779
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**8878** Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion.

DM	-	MP	-	SQP	-	SP Scope	GP 3572; OR 5358
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**8880** Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion with complications.

DM	-	MP	-	SQP	-	SP Scope	GP 3572; OR 5358
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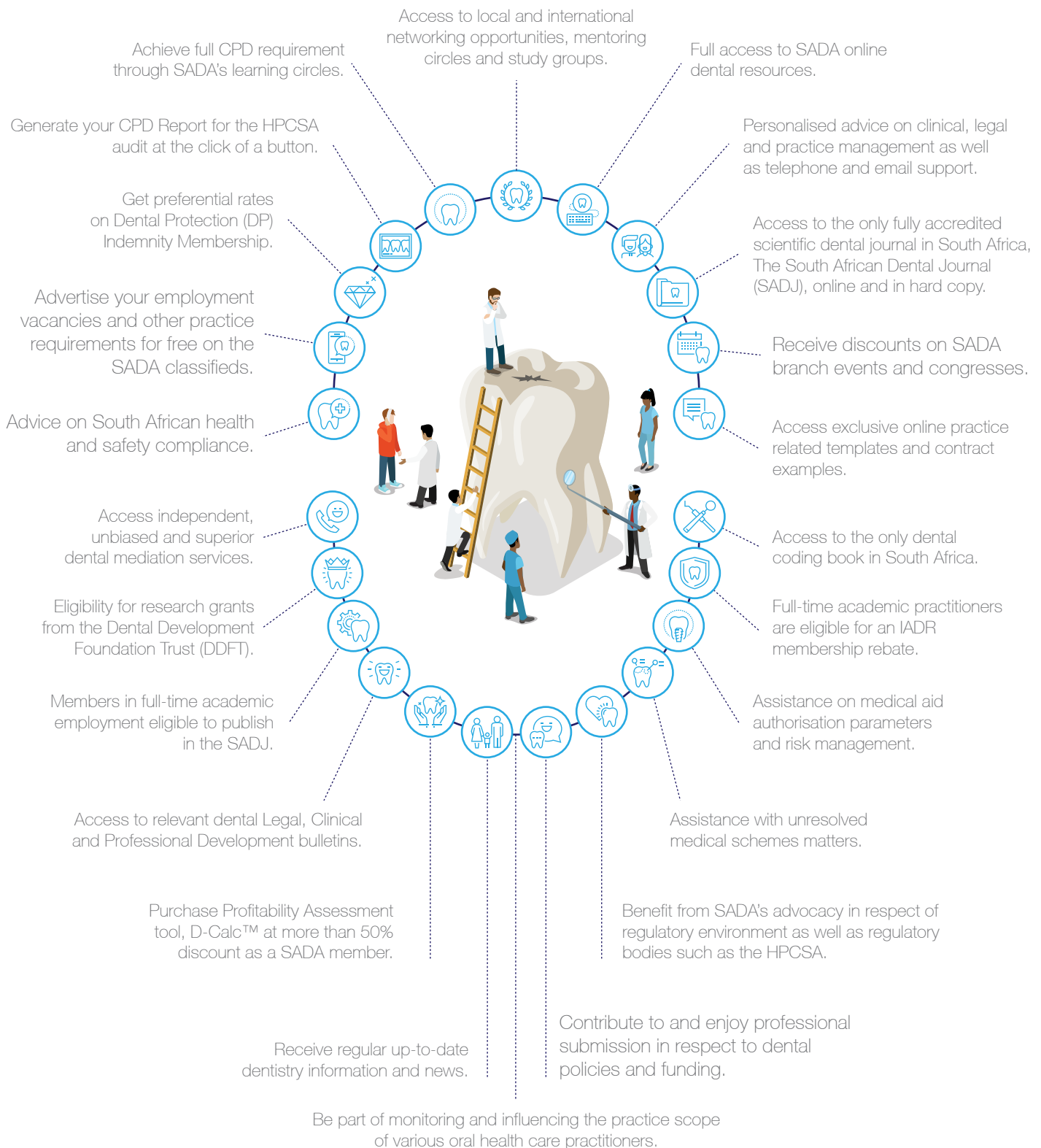
<b>11.6.2.2. Class II and III malocclusions</b>								
<b>8882</b>	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III mild malocclusion.							
DM	-	MP	-	SQP	-	SP Scope	GP 3024; OR 4536	
<b>8884</b>	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III moderate malocclusion.							
DM	-	MP	-	SQP	-	SP Scope	GP 3363; OR 5044.5	
<b>8886</b>	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion.							
DM	-	MP	-	SQP	-	SP Scope	GP 3760; OR 5640	
<b>8888</b>	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion with complications.							
DM	-	MP	-	SQP	-	SP Scope	GP 4126.7; OR 6190	
<b>11.7. Clear aligner appliance therapy</b>								
Clear aligner appliance therapy requires the placement of a series of custom made active clear aligners on the teeth within each arch to treat the case through to the completion of active treatment. This excludes the retention phase.								
<b>8830</b>	Limited aligner treatment, single arch, up to 7 aligners.							
DM	+L	MP	M	SQP	-	SP Scope	GP 154.7; OR 232	
<b>8831</b>	Limited aligner treatment, dual arch, up to 7 aligners per arch.							
DM	+L	MP	-	SQP	-	SP Scope	GP 204; OR 306	
<b>8832</b>	Moderate aligner treatment, single arch, up to 14 aligners.							
DM	+L	MP	M	SQP	-	SP Scope	GP 267.4; OR 401.2	
<b>8833</b>	Moderate aligner treatment, dual arch, up to 14 aligners per arch.							
DM	+L	MP	-	SQP	-	SP Scope	GP 346.8; OR 520.2	
<b>8834</b>	Full aligner treatment single arch unlimited aligners.							
DM	+L	MP	M	SQP	-	SP Scope	GP 521.8; OR 782.8	
<b>8835</b>	Full aligner treatment dual arch unlimited aligners.							
DM	+L	MP	-	SQP	-	SP Scope	GP 630.7; OR 946.2	
<b>11.8. Other orthodontic services</b>								
<b>8845</b>	Placement of one-piece transmucosal implant (temporary anchorage device) for orthodontic retention.							
DM	+M	MP	M	SQP	-	SP Scope	GP 33.6; OR 33.6; MS 33.6	
This type of implant is placed through the mucosa without lifting a flap, positioned for orthodontic anchorage. Report code <b>8889</b> in addition to code <b>8845</b> - see <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.								
<b>8482</b>	Cost of orthodontic component/fixture/attachment.							
DM	-	MP	-	SQP	-	SP Scope	GP; SP	

<b>8889</b>	<b>Cost of attachment device.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; SP	
Bill <b>8889</b> for cost of attachment device and <b>8092</b> in addition to <b>8845</b> - see <b>Rule 002, Appendix A.</b>								
<b>8804</b>	<b>Placement of fixed orthodontic retainer.</b>							
DM	+L; +M	MP	-	SQP	-	SP Scope	GP 36; OR 38.4	
Placement of a fixed orthodontic retainer after completion of treatment per arch.								
<b>8805</b>	<b>Repair or replacement of fixed orthodontic retainer.</b>							
DM	+L; +M	MP	-	SQP	-	SP Scope	GP 67.5; OR 72	
<b>8807</b>	<b>Post orthodontic treatment consultation.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 14; OR 15	
To be applied only one year after removal of active appliance.								
<b>8846</b>	<b>Repair of removable orthodontic appliance.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 30.8; OR 30.8	
<b>8847</b>	<b>Replacement of removable orthodontic appliance and/or retainer.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 51.8; OR 51.8	
<b>8848</b>	<b>Repair or replace broken or lost fixed orthodontic appliance.</b>							
DM	+M	MP	M	SQP	-	SP Scope	GP 23.8; OR 25.5	
Report per component. Report code <b>8482</b> in addition. See <b>Rule 002, Appendix A.</b>								
<b>8849</b>	<b>Orthodontic retention.</b>							
DM	+L	MP	M	SQP	-	SP Scope	GP 88.4; OR 95.2	
Any orthodontic appliance, fixed or removable, used to maintain the position of the teeth following corrective treatment.								
<b>8890</b>	<b>Monthly payment - orthodontic treatment.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; OR	
By arrangement between practitioner and patient.								
<b>8891</b>	<b>Re-negotiated fee for transfer cases.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; OR	
By arrangement between the receiving practitioner and patient.								
<b>8892</b>	<b>Orthodontic re-treatment.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; OR	
Refer to code number of treatment.								
<b>11.9.</b>	<b>Non-payment of Orthodontic fees</b>							
Once treatment has commenced, financial and clinical issues must be dealt with separately.								

# BENEFITS OF JOINING SADA

SADA supports its members throughout their time in the profession - from young students in the field, through their professional careers, and into retirement.

## Our members benefit from the below advantages, amongst others:

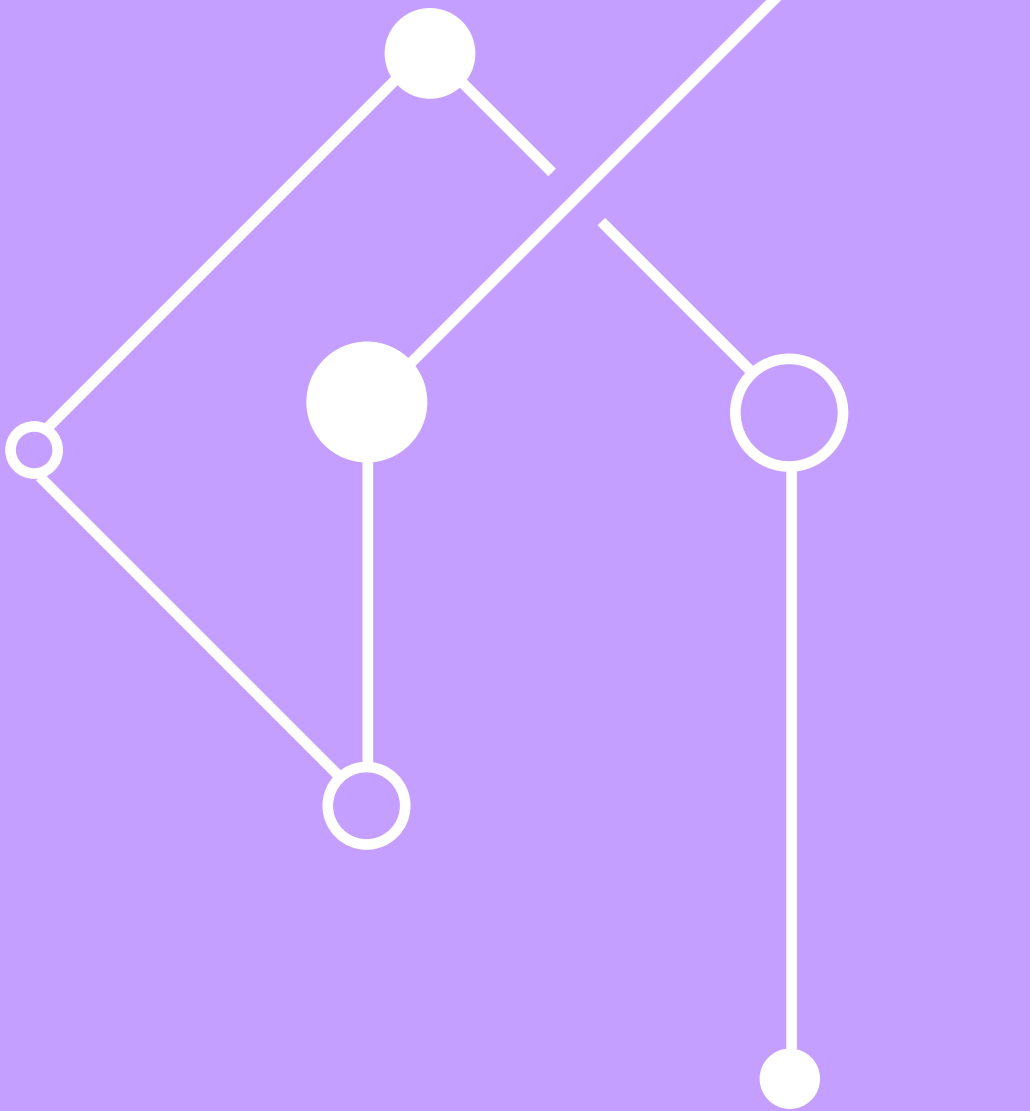


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# 12 SUPPLEMENTARY

## 12. SUPPLEMENTARY



**12. Supplementary**

The branch of dentistry for unclassified treatment.

**12.1. Procedural sedation and analgesia****8141 Inhalation sedation - first 15 minutes or part thereof.**

DM	-	MP	-	SQP	-	SP Scope	GP 24; SP 25.5
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**8143 Inhalation sedation - each additional 15 minutes or part thereof.**

DM	-	MP	-	SQP	-	SP Scope	GP 24; SP 25.5
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**8144 Intravenous sedation.**

DM	-	MP	-	SQP	-	SP Scope	GP 106.2; SP 112.5
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This code is for an additional charge that may be used when the dental practitioner does dental procedures while intravenous sedation is being administered by another practitioner. The relevant medical practitioner service codes shall apply to the actual administration of the intravenous sedation for dental procedures. It may only be charged once per visit.

**8145 Local anaesthesia - report per quadrant.**

DM	-	MP	-	SQP	-	SP Scope	GP 4.4; MS 8; OR 4.4; OMP 4.4; PR 4.4
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Use for infiltrative anaesthesia (anaesthetic agent is infiltrated directly into the surgical site by means of an injection). The fee for topical anaesthesia is considered to be part of, and included in the fee for the local anaesthesia (injection). Code **8145** includes the use of the Wand but excludes application of topical anaesthetic alone (where no injection is administered).

**8152 Cost of gases associated with inhalation sedation**

DM	M	MP	-	SQP	-	SP Scope	GP; SP
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**12.1.1. Procedural sedation**

These codes are to be reported by a dentist who has undergone training to perform procedural sedation.

 **8471 Procedural sedation or general anaesthesia - assessment.**

DM	-	MP	-	SQP	-	SP Scope	GP 37.5; SP 40
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 **8472 Procedural sedation - first 30 minutes.**

DM	-	MP	-	SQP	-	SP Scope	GP 42; SP 45
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Anaesthesia and sedation time begins when the doctor starts preparing the patient.

 **8473 Procedural sedation - each additional 15 minutes or part thereof.**

DM	-	MP	-	SQP	-	SP Scope	GP 21; SP 22.5
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**8147 Monitoring equipment for sedation.**

DM	-	MP	-	SQP	-	SP Scope	GP; SP
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The provision of monitoring and other required equipment in order to provide safe sedation.

 **8474 Procedure room for sedation.**

DM	-	MP	-	SQP	-	SP Scope	GP; SP
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See SASA guidelines for practice appraisal protocol. This code may not be charged together with code **8147**.



	<b>9239</b>	<b>Surgical facility for surgical procedures in consulting rooms.</b>						
	DM	-	MP	-	SQP	-	SP Scope	GP; SP

## 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.

#### 8109 Infection control/barrier techniques.

DM	-	MP	-	SQP	-	SP Scope	GP 26; SP 26
Use this code per visit for new rubber gloves, masks, visors etc. per dentist, per oral hygienist, per dental assistant and per dental therapist. This may be charged more than once per day.							

#### 8110 Sterilized instrumentation.

DM	-	MP	-	SQP	-	SP Scope	GP 21.6; SP 21.6
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.


DM	+M	MP	-	SQP	-	SP Scope	GP 27.2; SP 27.2
Intra-muscular or subcutaneous. Report per injection. Not applicable to local anaesthetic.							

#### 8304 Isolation of tooth/teeth - per arch

DM	-	MP	M	SQP	-	SP Scope	GP 9.1; SP 9.1
Isolation of tooth/teeth is recommended for all restorative procedures to ensure better quality outcomes. 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.							

#### 8306 Cost of MTA.

DM	-	MP	+M	SQP	-	SP Scope	GP; SP
Additional fee for cost of Mineral Trioxide Aggregate. See codes <b>8301</b> , <b>8307</b> , <b>8331</b> , <b>8641</b> , <b>8642</b> , <b>8637</b> , <b>8638</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.							

	<b>9271</b>	<b>Cost of impression material (only to be used with code 8273).</b>						
	DM	+M	MP	-	SQP	-	SP Scope	GP; SP

### 12.2.2. Equipment

	<b>8148</b>	<b>Use of dental operating microscope.</b>						
	DM	-	MP	-	SQP	-	SP Scope	GP 91.5; SP 97.6

### 12.2.3. Administrative and laboratory services

<b>8099</b>	<b>Dental laboratory service.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; SP	
Use to submit dental laboratory services. See <b>Rule 003</b> .								

<b>8106</b>	<b>Special report.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 142.2; SP 142.2	
Special written reports such as insurance or pre-authorization forms requiring more than the information conveyed in the usual dental communications or standard reporting form. Includes pre-treatment estimate and orthodontic treatment/payment plan.								

<b>8111</b>	<b>Dental testimony.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 248.4; SP 248.4	
Use to report dento-legal fees when the practitioner is present at court at the request of an advocate or attorney. Report per hour.								

<b>8120</b>	<b>Treatment plan completed.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP; SP	
Use to report the completion of a treatment plan affected from an oral examination - See <b>Rule 007</b> . Although there is no monetary value attached to this code, it is important to indicate completion of treatment in some instances e.g. if a patient breaks a tooth shortly after a treatment plan has been finished, the previous use of code <b>8120</b> will facilitate payment to the practitioner and/or reimbursement of your patient.								

<b>8139</b>	<b>Appointment not kept - per half-hour.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 30; SP 30	
By arrangement with patient. As per HPCSA ruling, a patient reserves the right to cancel a dental appointment and a practitioner may not charge a consultation fee or procedure fee for such a cancelled appointment unless:								
<ol style="list-style-type: none"> <li>1). A cancellation was made less than 24 hours for a specialist appointment and less than 2 hours for a general practitioner appointment, before the appointment time.</li> <li>2). A practitioner can provide evidence of failure to find an alternative patient between the time of receiving the cancellation notice and the time of the cancelled appointment.</li> <li>3). The practitioner can provide sufficient proof that the patient was informed about the cancellation of appointments policy.</li> <li>4). The practitioner has first established the reasons of the patient's failure to cancel or honour the appointment.</li> </ol>								

### 12.3. Miscellaneous services

#### 12.3.1. Palliative treatment

<b>8131</b>	<b>Emergency dental treatment.</b>							
DM	-	MP	-	SQP	-	SP Scope	GP 44.8; SP 59.4	
This code is intended to be used for emergency treatment to alleviate dental pain but is not curative. The code should not be used when another code exists that more adequately describes a procedure. Other than codes for diagnostic procedures and professional visits, no other codes may be reported with other treatment of the same tooth on the same day. See code <b>8165</b> , which is often more appropriate for emergency treatment.								

<b>8165</b>	<b>Sedative filling.</b>							
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DM	-	MP	T	SQP	-	SP Scope	GP 26; SP 26
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 or a base or liner under a restoration. Use this code to report a ZOE restoration. May not be reported with other procedure codes in the same visit for a tooth.							

**8166 Application of desensitising resin, per tooth.**

DM	-	MP	T	SQP	-	SP Scope	GP 15.9; OMP 23.8; PR 23.8
This procedure involves application of adhesive resins on the cervical and/or root surface and should not be used for bases, liners, or adhesive under restorations. Report per tooth.							

**8167 Application of desensitising medicament - per visit.**

DM	-	MP	-	SQP	-	SP Scope	GP 22.5; OMP 33.8; PR 33.8
This procedure involves the application of topical fluoride or other medicaments on teeth and/or root surfaces and should not to 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 <b>8161</b> and <b>8162</b> . This code should not be reported together with codes <b>8161</b> and <b>8162</b> .							

 **8181 Administration of dermal filler within the peri-oral area.**

DM	+M	MP	-	SQP	-	SP Scope	GP
See <b>Rule 002</b> and <b>Appendix A</b> .							

 **8182 Cost of dermal filler.**

DM	-	MP	-	SQP	-	SP Scope	GP
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**12.3.2. Tooth whitening procedures****8308 External tooth whitening procedures - per arch.**

DM	+M	MP	M	SQP	-	SP Scope	GP 153; OMP 153; PR 153
Use to report the in-office tooth whitening procedures 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 tooth whitening procedures (self-applied tooth whitening procedures) - instructions and applicator.**

DM	+L; +M	MP	-	SQP	-	SP Scope	GP 115.7; OMP 115.7; PR 115.7
Home tooth whitening procedures includes the dispensing of the system, instructions for use and the provisioning of tooth whitening procedure trays. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							

**8310 Supply of tooth whitening procedures material.**

DM	-	MP	-	SQP	-	SP Scope	GP; OMP; PR
Use to report the cost of home tooth whitening procedures materials provided by the practitioner. See codes <b>8309</b> and <b>8311</b> .							

**8311 Home tooth whitening procedures (self-applied tooth whitening procedures) - follow-up care - per visit.**

DM	+M	MP	-	SQP	-	SP Scope	GP 59.2; OMP 59.2; PR 59.2
Follow-up care, monitoring and supervision. See <b>Rule 002</b> and <b>Appendix A</b> for the cost of direct materials.							

**8325 Internal tooth whitening procedures - per tooth.**

DM	-	MP	T	SQP	OMP 78.4	SP Scope	GP 78.4; PR 122.4
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Internal tooth whitening procedures is used to lighten a discolored tooth that has had root canal therapy. It involves placing a chemical oxidizing agent within the coronal portion of a tooth to remove discoloration. Report code **8304** (isolation of tooth/teeth) in addition to this code when used.

**8327 Internal tooth whitening procedures, each additional visit - per tooth.**

DM	-	MP	T	SQP	OMP 34.5	SP Scope	GP 34.5; PR 49.3
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Report code **8304** (isolation of tooth/teeth) in addition to this code when used. See **8325** for descriptor.

**12.3.3. Unclassified treatment****8158 Enamel microabrasion.**

DM	-	MP	-	SQP	-	SP Scope	GP 87; PR 92.8
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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.

**8168 Behaviour management.**

DM	-	MP	-	SQP	-	SP Scope	GP 24; SP 24
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- 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.

**8553 Occlusal adjustment (minor).**

DM	-	MP	-	SQP	-	SP Scope	GP 38.4; OMP 38.4; MS 38.4; OR 38.4; PR 52.7
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A minor occlusal adjustment involves the selective grinding of occlusal surfaces of teeth to develop harmonious relationships between each other, their supporting structures, the muscles of mastication and the temporomandibular joints. Payment for the procedure is limited to one visit per treatment plan. May not be submitted for the adjustment of dentures or restorations provided as part of a treatment plan (including opposing teeth).

**8551 Occlusal adjustment (major).**

DM	-	MP	-	SQP	-	SP Scope	GP 91.8; OR 91.8; MS 91.8; OMP 91.8; PR 124.2
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A major occlusal adjustment involves the selective grinding of occlusal surfaces of teeth to develop harmonious relationships between each other, their supporting structures, the muscles of mastication and the temporomandibular joints, subsequent to performing the procedure on models mounted on an adjustable articulator. This is imperative to precisely determine the adjustment necessary. Several appointments of varying length may be necessary with code 8551 being submitted at the last visit if several appointments are required to complete the procedure. Not to be billed in conjunction with codes 8503 and 8119.

**9099 Unlisted dental procedure or service.**

DM	-	MP	-	SQP	-	SP Scope	GP 141.1; SP 141.1
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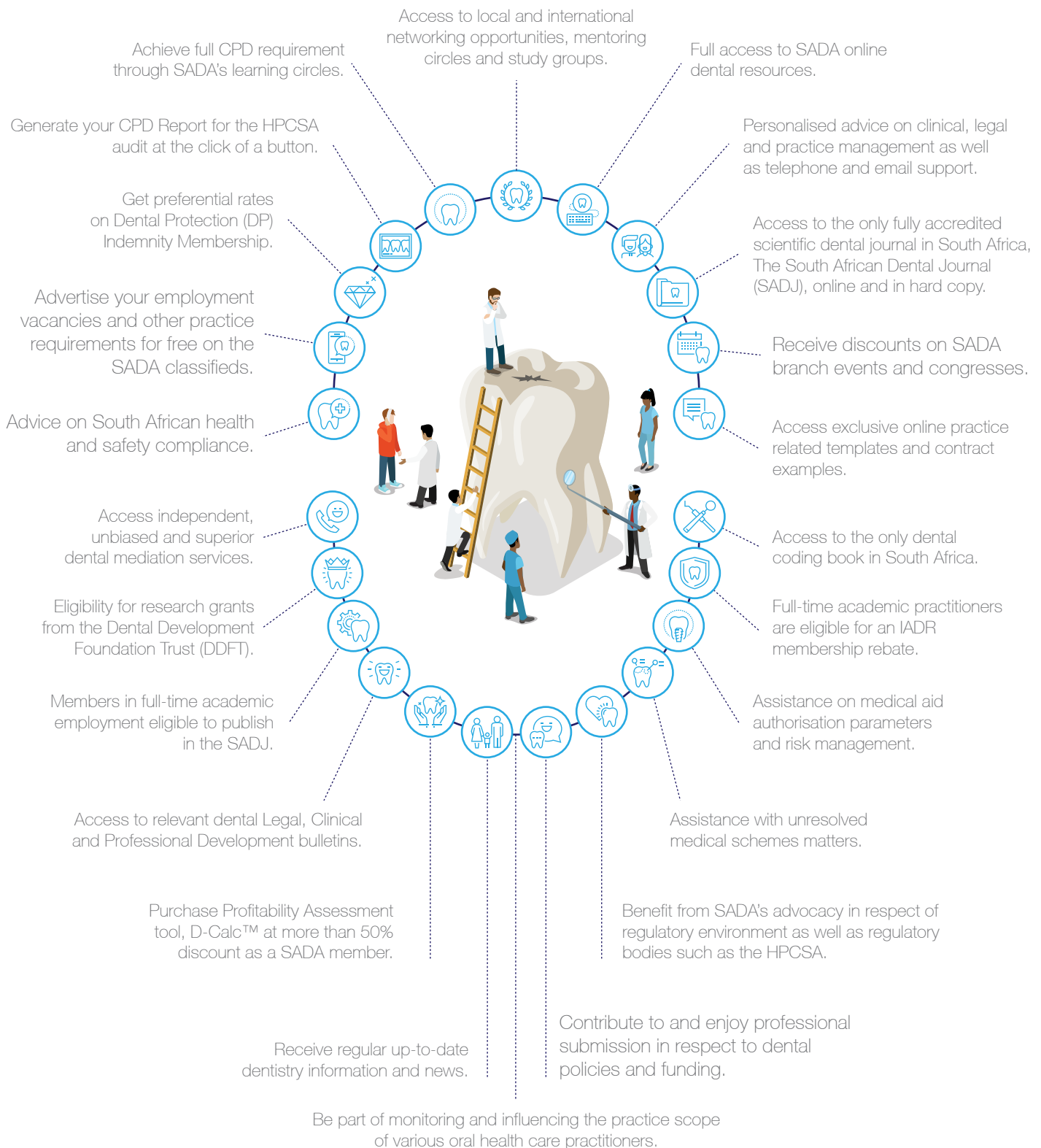
The intention of this code is to report a dental procedure or service which is not adequately described by a code. Describe Procedure. See **Rule 006**.



# BENEFITS OF JOINING SADA

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**13. Oral hygienist coding list**

These codes are for oral hygienists registered for independent private practice with the HPCSA after having complied with the following:

1. Served a period of at least one year under the control and supervision of a registered dentist, dental therapist or another registered oral hygienist with approval of the Board.
2. Obtained qualification in Oral Hygiene after 2001.
3. Completed the Level 3 First Aid training at an institute approved by Health and Welfare SETA.

Those Oral hygienists who qualified before 2001 are required to obtain further training in the expanded scope of practice by any of the examining authorities approved by the Board. Specialists employing oral hygienists must restrict the work carried out by their employees to the scope of their speciality.

**13.1. Clinical oral examinations and consultations**

The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the oral hygienist for evaluating existing conditions and determining any further dental care that may be required. The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the oral hygienist proposes to perform on a dental patient based on the results of the examination and diagnosis. Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the oral hygienist.

**8154 Oral examination: oral hygienist.**

DM	-	MP	-	DPR	No
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An assessment performed on a patient to determine the patient's dental and medical health status involving an examination, diagnosis and treatment plan. It is a thorough assessment and recording of the patient's current state of oral health (extra-oral, intraoral hard and soft tissue), risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient. No further examination fee shall be chargeable, with the exception of item **8164**, until the treatment plan resulting from the consultation is completed. Once treatment is completed code **8120** must be reported before code **8164** may be charged again. The findings of the full mouth examination including a complete dental charting and treatment plan must be recorded accurately and legibly on the patient's record card. This is essential for defending dento-legal cases. When a patient is consulted for an emergency or a specific problem only and does not have a full mouth examination and charting, then code **8154** cannot be charged. Under these circumstances code **8164** - Limited oral examination, must be used. If the oral examination reveals any condition beyond the scope of practice of the oral hygienist, the patient shall be immediately referred to a dentist or to the appropriate dental specialist.

**8164 Limited oral examination: oral hygienist.**

DM	-	MP	-	DPR	No
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An assessment performed on a new or established patient (patient of record) involving an examination, diagnosis and treatment plan, limited to a specific oral health problem or complaint. This type of assessment is conducted on patients who present with a specific problem or during an emergency situation for the management of a critical dental condition (e.g., trauma and acute infections).

**8189 Re-examination of existing condition.**

DM	-	MP	-	DPR	No
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**8190 Consultation - second opinion or advice.**

DM	-	MP	-	DPR	-
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**8176 Periodontal examination.**

DM	-	MP	-	DPR	No
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Periodontal examination includes but is not limited to a periodontal charting of the complete dentition; plaque index and bleeding index. The findings should be recorded, is a part of the patient's clinical record and should be retained by the oral hygienist. This code should not be used concurrent with any other oral examination codes.

<b>8140</b>	<b>House/extended care facility/hospital call.</b>				
DM	-	MP	-	DPR	No
Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report per visit in addition to reporting appropriate code numbers for actual services performed. <b>Subsequent visits:</b> Where a procedure or operation was done, subsequent house/extended care facility/hospital calls are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Code <b>8140</b> may be charged in addition to the appropriate code numbers for actual services performed. For attendance after hours, see code <b>8129</b> . Do not use both simultaneously.					

## 13.2. Diagnostic services

Diagnostic images include interpretation. It is the duty of every oral hygienist who takes radiographs to ensure full compliance with the regulations concerning safe radiological practice for the protection of the patient. Failure to do so may lead to disciplinary proceedings. It is the requirement of the Ionising Radiation Act that users of x-ray equipment must register their equipment as well as all personnel who deal with x-rays with the Radiation Control Board. Radiographs/diagnostic images should only be taken for clinical reasons as determined by the oral hygienist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated.

The oral hygienist should retain the original images and only copies should be used to fulfil requests made by patients or third party funders. The number and frequency of x-rays taken of a patient depends on clinical indications. If a patient refuses to have a radiograph taken, this must be recorded on the patient's file. A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes. Diagnostic radiographs/diagnostic images preceding periodontal treatment are fundamental to ethical clinical practice. A report must be recorded in writing on the patient's record card following the taking of any radiographs and the sites of the radiographs taken must also be recorded. Original radiographs must be retained or backed up if digital x-rays are taken by the oral hygienist for dento-legal purposes. If a patient requests copies of radiographs, these must be provided at the cost of reproduction under the Promotion of Access to Information Act.

<b>8107</b>	<b>Intraoral radiograph - periapical.</b>				
DM	-	MP	-	DPR	No

<b>8108</b>	<b>Intraoral radiographs/images - complete series.</b>				
DM	-	MP	-	DPR	No
A complete series consists of a minimum of eight intraoral radiographs, periapical and/or bitewing. Occlusal radiographs excluded.					

<b>8112</b>	<b>Intraoral radiograph - bitewing.</b>				
DM	-	MP	-	DPR	-

<b>8113</b>	<b>Intraoral radiograph - occlusal.</b>				
DM	-	MP	-	DPR	-

<b>8115</b>	<b>Panoramic radiograph.</b>				
DM	-	MP	-	DPR	No

<b>8121</b>	<b>Diagnostic photograph/image.</b>				
DM	-	MP	-	SP Scope	No
This includes traditional photographs and digital intra- or extra-oral images obtained by intraoral cameras. These images should only be reported when taken for clinical/diagnostic reasons and shall be retained as part of the patient's clinical record.					



<b>8122</b>	<b>Microbiological studies.</b>				
	DM	-	MP	-	DPR
<b>8123</b>	<b>Caries susceptibility tests.</b>				
	DM	-	MP	-	DPR
A caries risk assessment susceptibility test is a diagnostic test for determining the pH of a patient's saliva to evaluate the patient's propensity for caries. This code should not be used for a caries detection test (carious dentine staining), which is performed to determine if all the caries has been reported and must be made available when requested.					
<b>8124</b>	<b>Pulp tests.</b>				
	DM	-	MP	-	DPR
Diagnostic tests to determine clinical pulp vitality and/or abnormality. Includes traditional pulp testing methods such as thermal and electronic pulp testing as well as the use of optical devices to detect the blood supply of the pulp. The tests involve multiple teeth and contra- lateral comparison(s), as indicated. Report per visit.					
<b>13.3.</b>	<b>Dental prophylaxis</b>				
<b>8155</b>	<b>Polishing - complete dentition.</b>				
	DM	-	MP	-	DPR
Polishing involves the removal of stains and bacterial plaque (biofilm) from the clinical crowns of natural teeth, making the surface smooth and glossy to reduce dental caries, marginal gingivitis, and improve appearance of the teeth. Includes the complete primary, transitional or permanent dentition.					
<b>8158</b>	<b>Enamel micro-abrasion.</b>				
	DM	-	MP	-	DPR
This procedure involves the removal of superficial enamel defects due to decalcification or altered mineralisation. It is typically used for complex procedures when removing stains from anterior teeth (e.g., fluorosis stains).					
<b>8159</b>	<b>Prophylaxis (scaling and polishing) - complete dentition.</b>				
	DM	-	MP	-	DPR
<b>8160</b>	<b>Removal of gross calculus and plaque.</b>				
	DM	-	MP	-	DPR
This procedure is used when profuse bleeding from inflamed gingivae, and/or the presence of generalised very bulky calculus prevents the proper performance of diagnostic procedures, or proper scaling and polishing, or root planing. This code may not be used concurrently with codes <b>8155</b> , <b>8159</b> , <b>8179</b> , <b>8180</b> , <b>8737</b> or <b>8739</b> on the same day. See code <b>8157</b> in the restorative section for the re-burnishing and polishing of restorations.					
<b>8179</b>	<b>Plaque removal for the periodontally diseased patient - complete dentition.</b>				
	DM	-	MP	-	DPR
A periodontally diseased patient is defined as a patient with either chronic (adult) periodontitis or with aggressive (juvenile early onset or rapidly progressive) periodontitis, diagnosed on the basis of a documented periodontal examination (code <b>8176</b> ) or a comprehensive oral evaluation (code <b>8102</b> ). This diagnosis must be reviewed within a period of three years as above. juvenile, early onset or rapidly progressive). This code may not be used concurrently with codes <b>8155</b> , <b>8159</b> , <b>8160</b> , <b>8180</b> , <b>8737</b> or <b>8739</b> .					

**8180 Scaling and polishing for the periodontally diseased patient - complete dentition.**

DM	-	MP	-	DPR	No
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See codes **8159** and **8179** for descriptors.

**13.4. Topical fluoride treatment**

Extensive research has consistently demonstrated the efficiency, cost effectiveness and safety of appropriate fluoride for the prevention of tooth decay throughout a person's lifetime (FDI Sept. 2008). A topical fluoride treatment procedure requires the topical application of a fluoride preparation in a tray by a dental professional. Excludes fluoride application as a fluoride-containing prophylaxis paste, fluoride rinse or "swish." for treatment of sensitivity, see codes **8166** and **8167** in the Supplementary Services Section.

**8161 Topical application of fluoride - child.**

DM	-	MP	-	DPR	No
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To be used for treatment of complete dentition to prevent dental caries. In this context a child is defined as a person of 12 years of age or younger.

**8162 Topical application of fluoride - adult.**

DM	-	MP	-	DPR	No
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See code **8161** for descriptor. In this context an adult is defined as a person of 12 years of age or older. Report code **8167** in the miscellaneous section when fluoride is used as a desensitising medicament. Code **8162** may not be used concurrently with code **8167**.

**13.5. Other preventive services****8151 Oral hygiene education and plaque control instruction.**

DM	-	MP	-	DPR	No
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**8153 Oral hygiene education and plaque control instruction - each additional visit.**

DM	-	MP	-	DPR	No
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Use code **8153** when additional oral hygiene education and plaque control instruction are required during the course of a treatment plan. No other preventive services may be reported at the same visit, except for periodontally diseased or implant patients, where multiple instructions and scaling may be necessary to ensure compliance and to control infection. See code **8151** and **8740**.

**8149 Nutritional counselling.**

DM	-	MP	-	DPR	No
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Requires a broad analysis of dietary habits and food selection, provision of advice and guidance to the patient and where appropriate (e.g. in the case of a child) to the patient's family and siblings, on the role of diet, nutrition, and specifically on the importance of certain dietary selections in the context of the prevention and control of dental decay and periodontal diseases.

1. The need for nutritional counselling must be established by caries and/or periodontal disease risk assessment (See also codes **8122** and **8123**).
2. A dietary habit analysis and food selection programme must be made available at no additional charge, on request or if deemed necessary.
3. Certain funders do not provide benefits for nutritional counselling for the control of dental disease.

**8150 Counselling for high-risk substance use.**

DM	-	MP	-	DPR	No
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Requires the provision of advice, guidance and support-services to the substance-using patient on stopping such use to prevent and control the development of dependency related oral diseases and conditions, incidentally to control or prevent a whole range of systemic diseases and disorders, and to improve the prognosis for certain dental, periodontal, oral medical and oral surgical treatments.

1. The need for substance use counselling must be established from the patient's history and/or by oral exa-

mination and risk assessment. If requested, or if deemed necessary, a substance use prevention and cessation programme and direction to appropriate substance use control services must be made available at no additional charge.

2. The services intended in code 8150 should be reserved for those persons who are not able to give up the substance use after simple advice to do so by a specific mutually agreed and recorded date.
3. Formal substance use counselling (code 8150) is limited to 10 services.
4. Certain funders do not provide benefits for substance use cessation treatment interventions.
5. Substances refer to, inter alia, nicotine products such as cigarettes, snuff, betel nut, chewing tobacco, vaping and as well as the consumption and smoking of dagga and related products.

### 8163 Sealant - per tooth.

DM	-	MP	-	DPR	No
An application of a sealant (with/without mechanical preparation and including chemical preparation) to a tooth surface for the purpose of preventing or arresting caries. This includes pit & fissure sealants as well as the application of SDF.					

### 8171 Mouth guard.

DM	+M	MP	-	DPR	No
A flexible intraoral appliance that is worn during participation in contact sports to reduce the potential for injury to the teeth and associated tissue.					

### 8170 Cost of mouth protector.

DM	-	MP	-	DPR	-
See <b>Rule 002</b> and <b>Appendix A</b> .					

### 8177 Oral hygiene education and plaque control instruction for the periodontally diseased patient.

DM	-	MP	-	DPR	No
A periodontally diseased patient is defined as a patient with either chronic (adult) periodontitis or with aggressive (juvenile or early onset rapidly progressive) periodontitis, diagnosed on the basis of a documented periodontal examination (code <b>8176</b> ) or a comprehensive oral evaluation (code <b>8102</b> ). This diagnosis must be reviewed within a period of three years as above.					

### 8178 Oral hygiene education and plaque control instruction - each additional visit for the periodontally diseased patient

DM	-	MP	-	DPR	No
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## 13.5.1. Restorative services


### 8228 ART restorations

DM	-	MP	-	DPR	No
This applies to minimally invasive procedures. Atraumatic Restorative Treatment involves minimal intervention caries management by combining prevention and minimal invasion techniques. The ART approach involves the use of hand instruments only to remove carious tooth substance and then restoring the cavity (and sealing any adjacent enamel fissures) with a conventional glass ionomer restorative cement.					

### 8367 Resin - one surface, posterior - preventive resin restoration.

DM	-	MP	T	DPR	No
When small and discrete caries is confined to the enamel of pits or fissures, the cavity is restored using a resin. Fissure sealant material may be used to seal the rest of the fissure system. This approach is minimally invasive and embraces the combined restorative and preventive nature of the procedure.					

 <b>8222</b>	<b>Temporary re-cementation of crown/bridge.</b>				
DM	-	MP	T	DPR	Yes
Used by oral hygienist only under the prescription of a dentist or dental specialist. The prescription must be kept as part of the patient records.					

 <b>8223</b>	<b>Temporary re-cementation of inlay/onlay.</b>				
DM	-	MP	T	DPR	Yes
Used by oral hygienist only under the instruction of a dentist or dental specialist. The instruction must be recorded in the patient file.					

<b>8157</b>	<b>Re-burnishing and polishing of restorations - complete dentition.</b>				
DM	-	MP	-	DPR	No
Not applicable to restorations done in the past 6 months.					

### 13.5.2. Periodontal services

 <b>8722</b>	<b>Cost of provisional splinting materials.</b>				
DM	-	MP	-	DPR	-

<b>8723</b>	<b>Provisional splinting - extracoronal (wire) - per sextant.</b>				
DM	-	MP	S	DPR	Yes

<b>8725</b>	<b>Provisional splinting - extra coronal (wire with resin) per sextant.</b>				
DM	-	MP	S	DPR	Yes

<b>8739</b>	<b>Root planing - one to three teeth per quadrant.</b>				
DM	-	MP	Q	DPR	No

<b>8737</b>	<b>Root planing - four or more teeth per quadrant.</b>				
DM	-	MP	Q	DPR	No

 <b>8740</b>	<b>Periodontal maintenance.</b>				
DM	-	MP	-	DPR	No

<b>8265</b>	<b>Tissue conditioner.</b>				
DM	-	MP	M	DPR	Yes
Used by oral hygienist only under the instruction of a dentist or dental specialist. The instruction must be recorded in the patient file.					

<b>8590</b>	<b>Implant maintenance procedures.</b>				
DM	-	MP	T	DPR	-

 <b>8920</b>	<b>Exfoliative cytological specimen collection.</b>				
DM	-	MP	-	DPR	Yes

**13.5.3. Supportive services**

The following supportive procedures may be performed by an oral hygienist if prescribed by a dentist or specialist. These supportive procedures form part of the global procedure, encompassing multiple steps for which the prescribing dentist or dental specialist will have already submitted a code and received payment. When instructing an oral hygienist to perform the following supportive procedures, the onus rests with the prescribing dentist or dental specialist to reimburse the oral hygienist. The oral hygienist may invoice the prescribing dentist or dental specialist for these supportive services.

**Insertion of intra-pocket chemotherapeutic agent - per pocket so treated.**

DM	-	MP	-	DPR	Yes
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**Periodontal packs.**

DM	-	MP	T	DPR	Yes
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**Suture removal.**

DM	-	MP	T	DPR	Yes
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**Tracing of extra-oral film by oral hygienist only.**

DM	-	MP	-	DPR	Yes
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**Relieving trauma caused by intra-and extra-oral appliances.**

DM	-	MP	-	DPR	Yes
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**Placement of pre-activated orthodontic appliances.**

DM	-	MP	-	DPR	Yes
----	---	----	---	-----	-----

**Removal of orthodontic attachments and bands.**

DM	-	MP	-	DPR	Yes
----	---	----	---	-----	-----

**Placement of elastics and ligature wires.**

DM	-	MP	-	DPR	Yes
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**Re-cementing orthodontic retainers.**

DM	-	MP	-	DPR	Yes
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**Impression taking and pouring and trimming of study casts.**

DM	-	MP	-	DPR	Yes
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**13.5.4. Supplementary services**

The branch of dentistry for unclassified treatment including palliative care and anaesthesia.

**8109 Infection control/barrier techniques.**

DM	-	MP	-	DPR	No
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**8110 Sterilized instrumentation.**

DM	-	MP	-	DPR	No
----	---	----	---	-----	----

**8145 Local anaesthesia - report per quadrant.**

DM	-	MP	-	DPR	No
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**8304 Isolation of tooth/teeth - per arch.**

DM	-	MP	M	DPR	No
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Use for isolation of a tooth and/or teeth to maintain an aseptic and/or dry operating field.

**13.5.5. Administrative and laboratory services****8099 Dental laboratory service.**

DM	-	MP	-	DPR	No
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Use to submit dental laboratory services. See **Rule 003**.

**8106 Special report.**

DM	-	MP	-	DPR	-
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Special written reports such as insurance or pre-authorisation 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 - to report dento-legal work.**

DM	-	MP	-	DPR	-
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**8120 Treatment plan completed.**

DM	-	MP	-	DPR	No
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**8139 Appointment not kept - per half-hour.**

DM	-	MP	-	DPR	No
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**13.6. Palliative treatment****8131 Emergency dental treatment.**

DM	-	MP	-	DPR	Yes
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**8165 Sedative filling - Use this code to report a ZOE restoration.**

DM	-	MP	T	DPR	No
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**8166 Application of desensitising resin, per tooth.**

DM	-	MP	T	DPR	No
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**8167 Application of desensitising medicament, per visit.**

DM	-	MP	-	DPR	No
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**13.7. Tooth whitening procedures****8308 External tooth whitening procedures - per arch.**

DM	+M	MP	-	DPR	No
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**8309 Tooth whitening procedures (self-applied tooth whitening procedures) - initial visit.**

DM	+M	MP	-	DPR	No
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Tooth whitening procedures includes the dispensing of the system, instructions for use and the provisioning of tooth whitening procedures trays.

<b>8310</b>	<b>Supply of tooth whitening materials.</b>					
	DM	-	MP	-	DPR	No

<b>8311</b>	<b>Tooth whitening procedures (self-applied tooth whitening procedure) - follow-up care, per visit.</b>					
	DM	-	MP	-	DPR	No

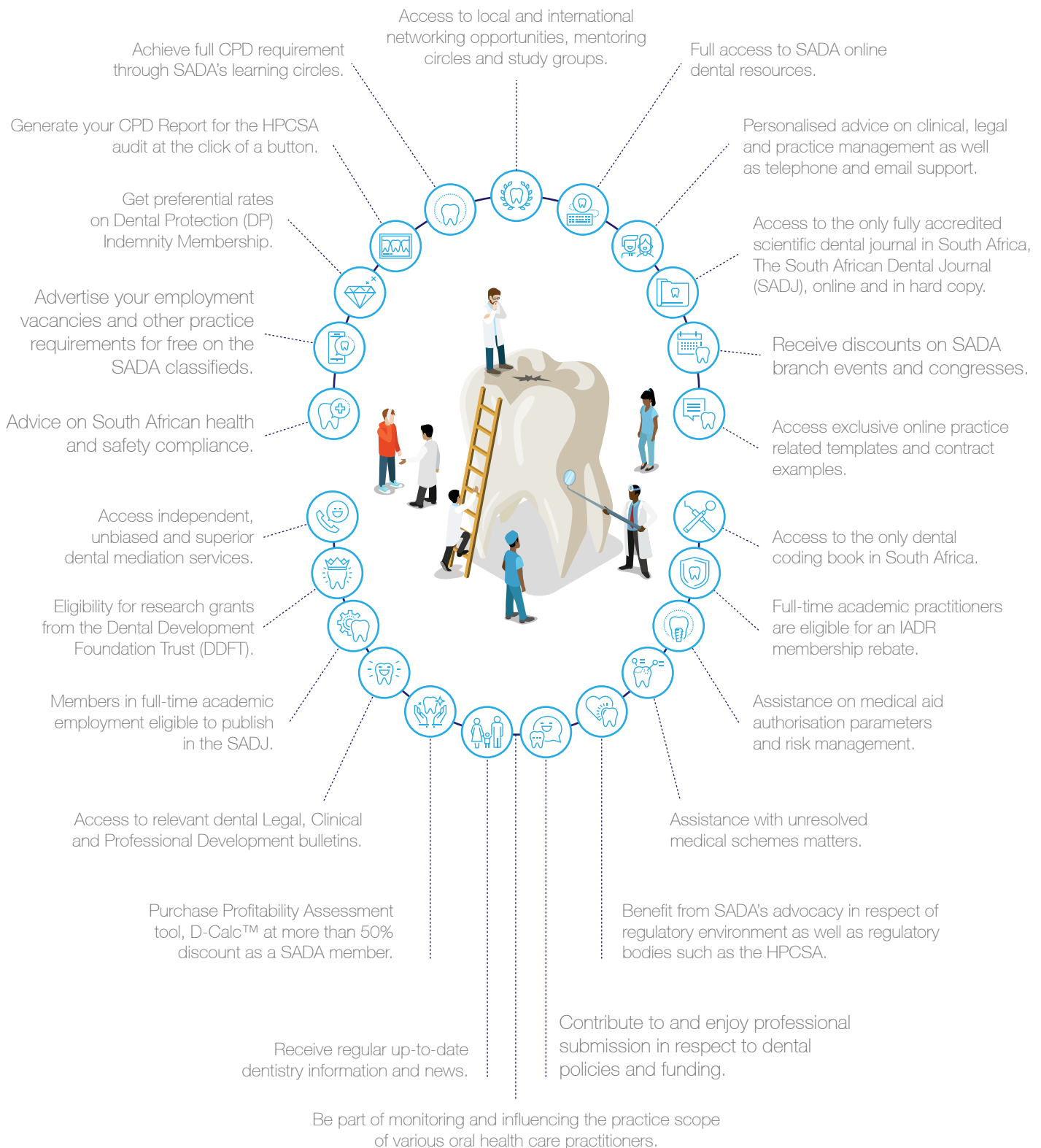
### **13.8. Unclassified treatment**

<b>8168</b>	<b>Behaviour management.</b>					
	DM	-	MP	-	DPR	No

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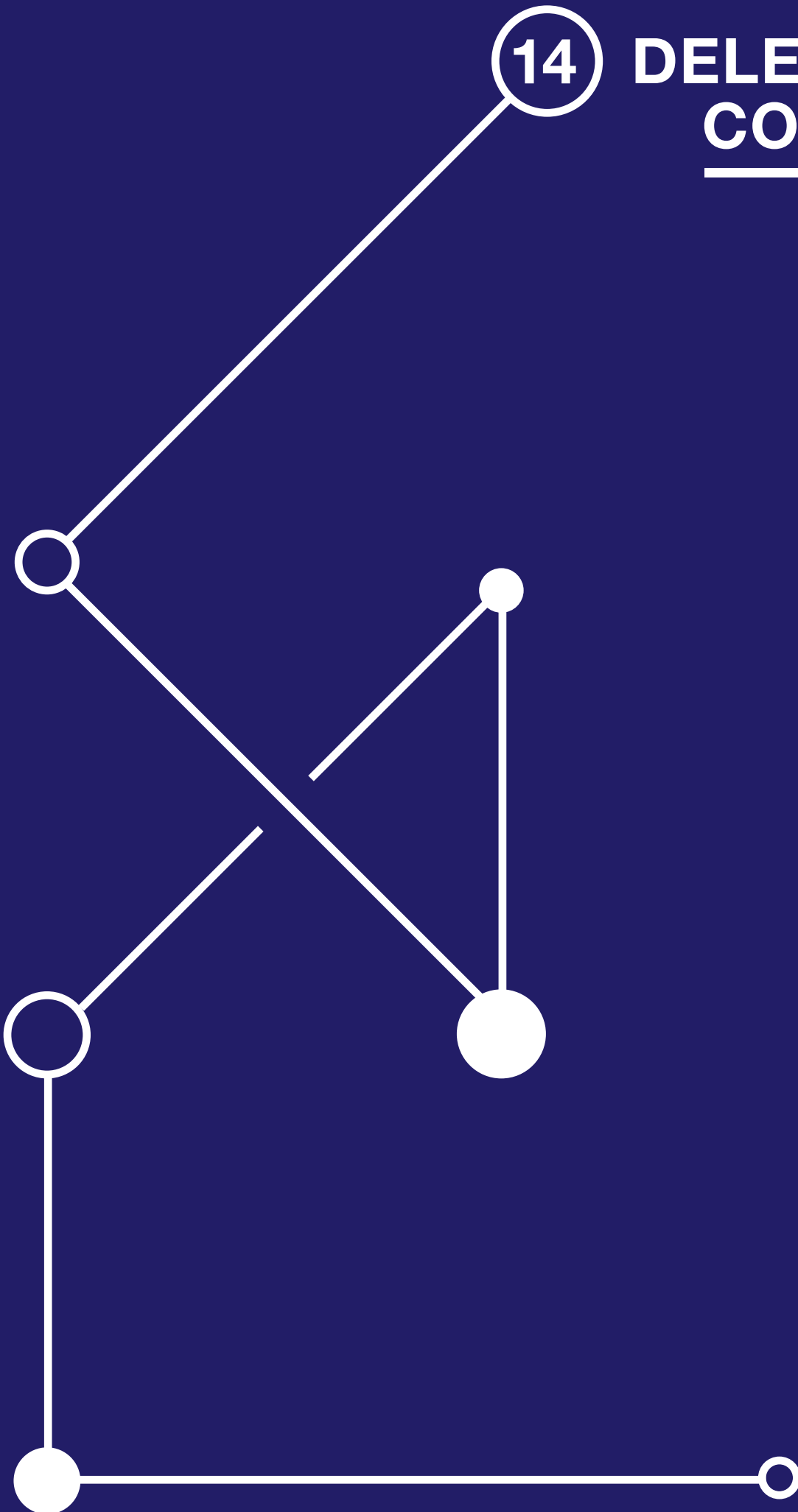
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14

# DELETED CODES

14. DELETED CODES



14.	Deleted codes
8317	Root canal preparation, each additional canal.
8561	Gold foil - one surface.
8563	Gold foil - two surfaces.
8565	Gold foil - three surface.
8751	Flap procedure, root planing and one to three surgical services - per sextant.
8753	Flap procedure, root planing and four or more surgical services - per quadrant.
8755	Flap procedure, root planing and four or more surgical services - per sextant.
8103	Extensive oral examination - condition-focused combined consultation for complex treatment planning.
8731	Incision and drainage of abscess - intra-oral.
9211	Harvest iliac crest graft - bicortical.
8212	Interpretation of diagnostic image by a practitioner associated with capture of the image, including the report.
8733	Periodontal packs.
8481	Cost of prefabricated resin crown.
8735	Suture removal.
8806	Orthodontic retention visit.
8815	Tracing of extra-oral film by oral hygienist only.
8819	Relieving trauma caused by intra- and extra-oral appliances.
8820	Placement of pre-activated orthodontic appliances.
8823	Removal of orthodontic attachments and bands.
8825	Placement of elastics and ligature wires.
8829	Re-cementing orthodontic retainers.
9015	Apicectomy/periradicular surgery - anteriors including retrograde filling.
9016	Apicectomy/periradicular surgery - molar include retrograde filling.
9257	Midfacial deglove, including nasal skeleton.
9255	Geniohyoidotomy (mandibular split).
8130	Rebond veneer.
8505	Pantographic recording.
8647	Immediate denture - maxillary or mandibular (with major complications).
8651	Immediate denture - mandibular.
8646	Immediate denture - maxillary or mandibular.
9118	Chemotherapeutic agent carrier.
8506	Detailed consultation - Prosthodontist.

8906	Post-op visit in hospital for Neoplasm/Trauma/CLP (2x/day for duration of hospitalization), reported visit.
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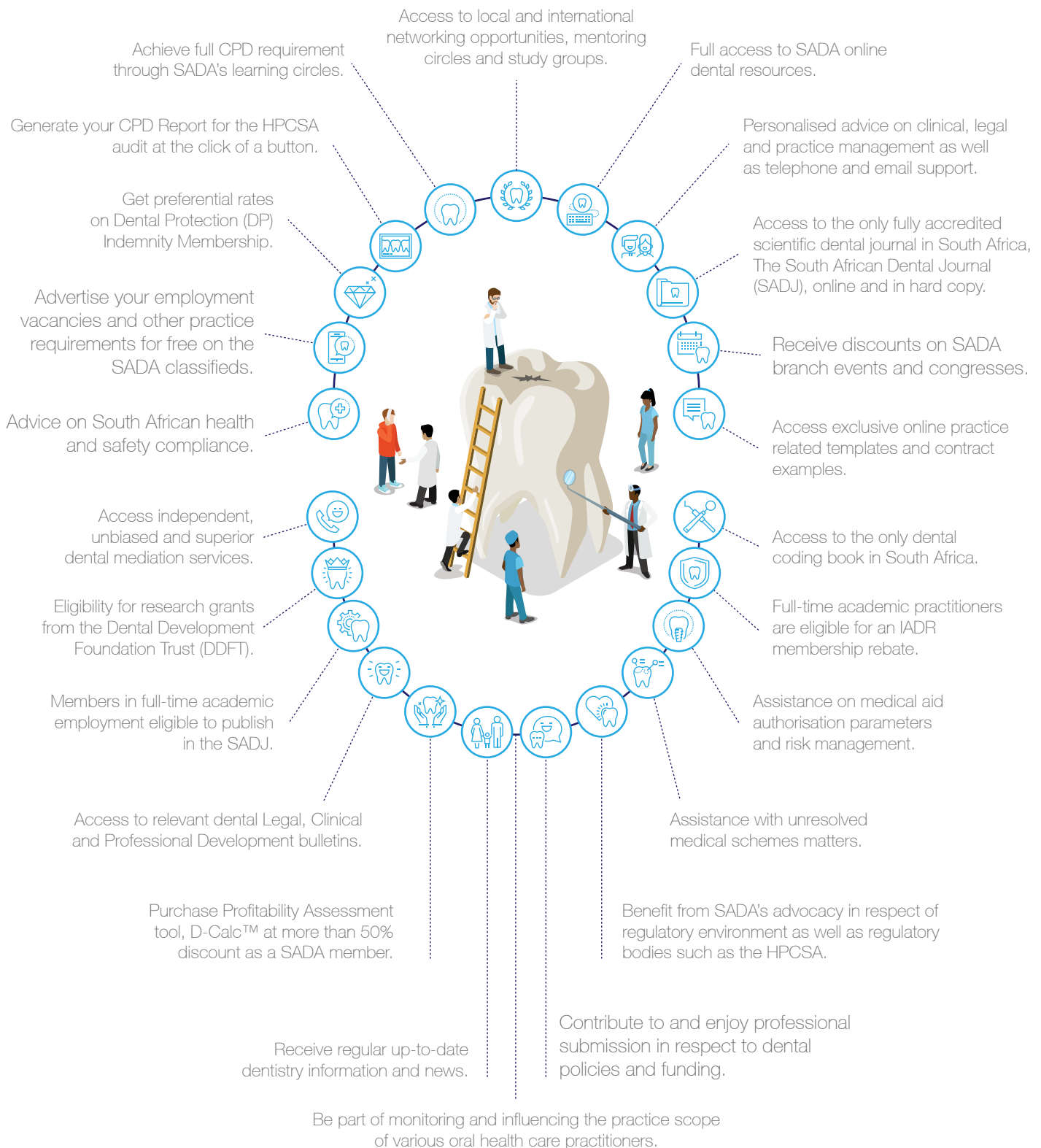
14.1	<b>For future deletion</b>
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8202	Extraction of tooth or exposed tooth roots - each additional tooth per quadrant.
8214	Surgical removal of residual tooth roots - each additional tooth per quadrant.
8396	Coping - metal.
8397	Cast core with pins.
8499	General anaesthetic (administration).
8605	Surgical placement of one piece transmucosal endosseus implant.
8611	Pontic - sanitary.
8613	Pontic - molar.
8615	Pontic - anterior/premolar.
8943	Surgical removal of impacted tooth - second tooth.
8945	Surgical removal of impacted tooth - third and subsequent tooth.
8984	Corticotomy - each additional tooth.
9113	Radiation carrier - simple.
9114	Radiation carrier - complex.
9115	Radiation shield - simple.
9116	Radiation shield - complex.
9117	Radiation cone locator.
9184	Surgical placement of endosseus implant - second per quadrant.
9185	Surgical placement of endosseus implant - third and subsequent per quadrant.
9191	Surgical exposure of endosseus implant - second per quadrant.
9192	Surgical exposure of endosseus implant - third and subsequent per quadrant.

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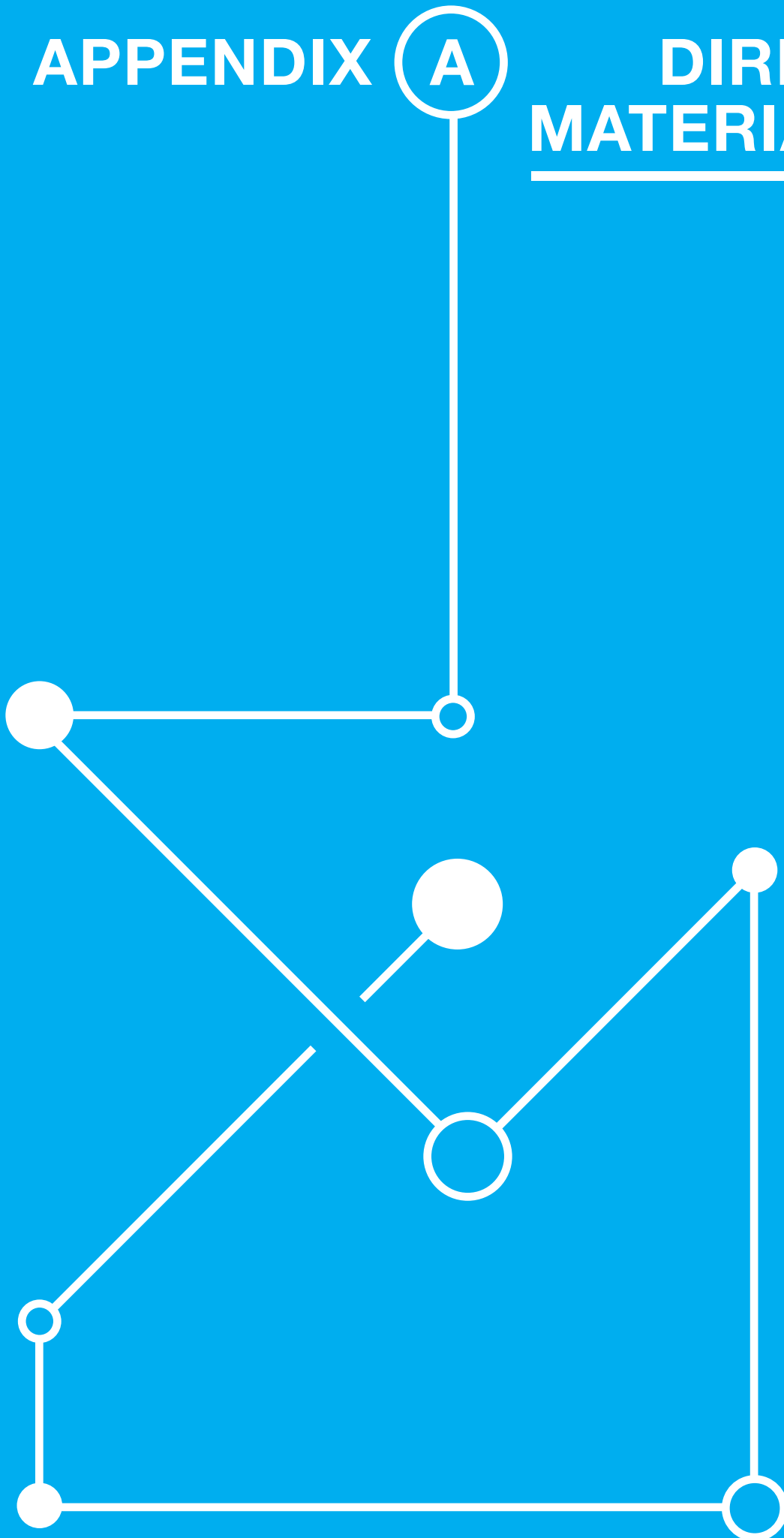
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# APPENDIX **A**

# DIRECT MATERIALS

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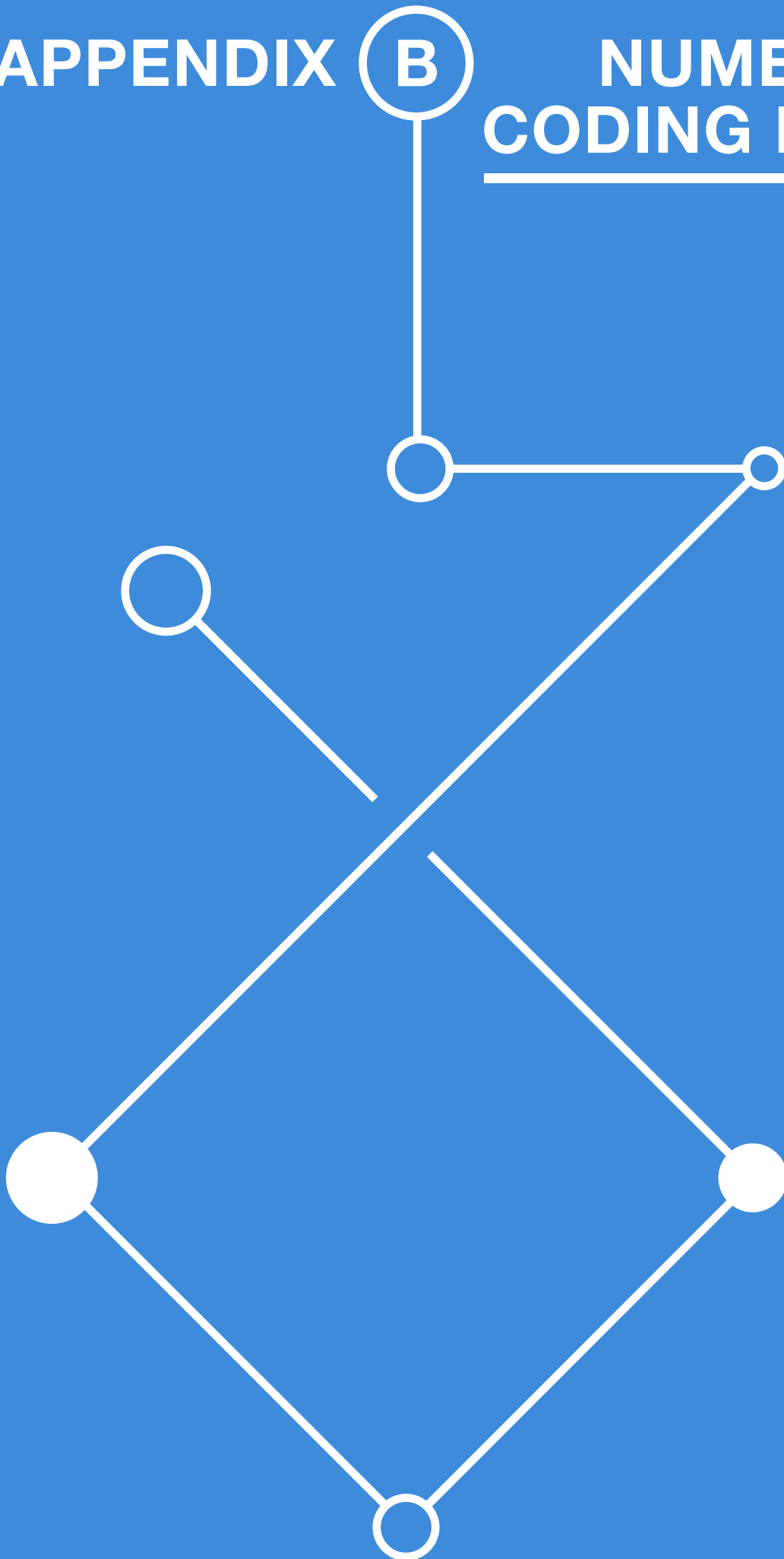
APPENDIX A: DIRECT MATERIALS



<b>A.</b>	<b>DIRECT MATERIALS</b>
<b>A1.</b>	<b>Administration fee</b>
8090	Administration fee - medicine dispensed by a licensed dispensing dental practitioner.
8091	Administration fee - medicine used during a dental visit.
8092	Administration fee - dental direct materials.
<b>A2.</b>	<b>Dental direct materials</b>
	The following direct dental materials may, when provided by the practitioner, be levied by reporting the appropriate material code, followed by code 8092 - See Rule 002.
8152	Cost of gases associated with inhalation sedation.
8170	Cost of Mouth Protector.
8172	Cost of orthotic appliance.
8182	Cost of dermal filler.
8183	Therapeutic drug injection.
8220	Cost of suture material.
8221	Cost of haemostatic sponge.
8306	Cost of mineral trioxide aggregate (MTA).
8310	Cost of home bleaching materials.
8379	Cost of post/post components.
8380	Cost of prefabricated non-metal restoration or crown.
8385	Fabrication of indirect or chairside indirect (direct-indirect) resin inlay/onlay restoration.
8480	Cost of prefabricated metal crown.
8483	Cost of CT Scan DICOM conversion.
8485	Cost of the production of computer generated surgical guide.
8600	Cost of implant components.
8639	Endodontic instruments per patient per completed treatment.
8711	The visualisation enhancement adjunct.
8770	Cost of bone regenerative/repair material, including membrane.
8864	Cost of prefabricated removable appliance.
8889	Cost of attachment device.
8896	Cost of materials required to aid eruption.
9154	Cost of Surgical Splint.
9187	Cost of endosseus implant body.
9188	Cost of prefabricated implant abutment.
9189	Cost of other implant components.
9259	Distraction device for alveolar bone.
9261	Internal distraction device for maxilla or mandible.
9263	Transport distraction device.
9265	External distraction device for maxilla or mandible.
9267	Temporomandibular joint prosthesis (stock or custom).
9269	Custom prosthesis for facial reconstruction.
9271	Cost of impression material (only to be used with code 8273).

# APPENDIX **B** NUMERIC CODING LIST

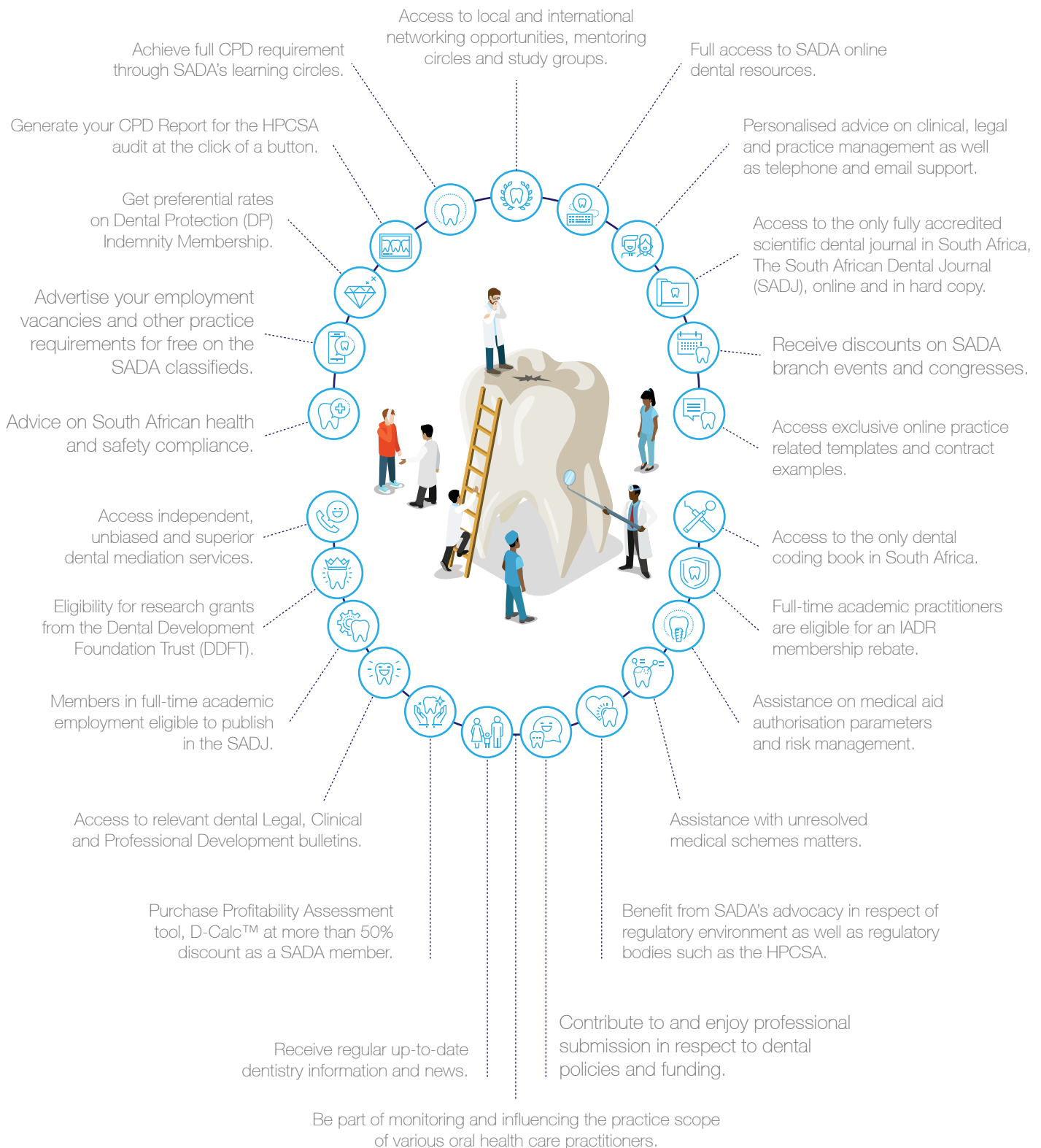
APPENDIX B: NUMERIC CODING LIST



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B. NUMERIC CODING LIST		
001	Invoices.	iv
002	Cost of medicine and direct materials.	v
003	Dental laboratory services.	v
003A	Dental laboratory services when account is submitted by the dentist to the medical aid or patient.	v
004	Dental procedures not listed for a specific provider category.	vi
005	Procedures not listed in the SADA Dental Codes.	vi
006	Oral examinations and completion of treatment plans.	vi
007	Surgery guidelines.	vii
008	Orthodontic guidelines.	vii
009	Dento-legal fees.	vii
010	Modifiers.	viii
M 8001	Assistant surgeon - specialist.	viii
M 8002	Specialist benefit.	viii
M 8003	This modifier has been deleted in terms of the Competition Act.	viii
M 8004	This modifier has been deleted in terms of the Competition Act.	viii
M 8005	Maximum multiple procedures (same incision) - MFO surgeon.	viii
M 8006	Multiple surgical procedures - third and subsequent procedures.	viii
M 8007	Assistant surgeon - general dental practitioner.	viii
M 8008	Emergency surgery - after hours.	viii
M 8009	Multiple surgical procedures - second procedure.	viii
M 8010	Open reduction.	ix
M 8011	Procedure accompanied by unforeseen circumstances.	ix
M 8012	Reduced services.	ix
M 8013	Multiple modifiers.	ix
M 8017	Multiple Specialists working together	ix
M 8023	Fabrication of Computer Generated Restorations.	ix
M 8025	Handling Fee - Direct Materials.	ix
8099	Dental laboratory service.	115/128
8101	Oral examination - general dental practitioner.	2
8102	Comprehensive oral examination - general dental practitioner.	2
8103	Extensive oral examination - condition focused combined consultation for complex treatment planning.	132
8104	Limited oral examination.	2
 8105	Case presentation - extensive treatment planning.	3
8106	Special report.	116/128
8107	Intraoral radiograph - periapical.	6/122
8108	Intraoral radiographs/images - complete series.	6/122
8109	Infection control/barrier techniques.	115/127
8110	Sterilized instrumentation.	115/127
8111	Dental testimony.	116/128
8112	Intraoral radiograph - bitewing.	6/122
8113	Intraoral radiograph/image - occlusal.	6/122
8114	Extraoral radiograph/image.	6
8115	Panoramic radiograph/image.	6/122
8116	Cephalometric radiograph.	6
8117	Diagnostic models - unmounted.	9
8118	Posterior-anterior or lateral skull and facial bone radiograph/image.	6
8119	Diagnostic models - mounted.	9
8120	Treatment plan completed.	120/128
8121	Diagnostic photograph/image - per image.	7/122
8122	Microbiological studies.	9/123
8123	Caries susceptibility tests.	9/123

	8124	Pulp tests.	9/123
⊙	8126	Digital impressions or intraoral scans for the purposes of creating digital diagnostic models.	9
	8129	Office/hospital visit - after regularly scheduled hours.	5
	8130	Emergency dental treatment.	116/128
	8132	Pulp removal (pulpectomy).	30
	8133	Recement crown.	26
⊙	8134	Recement cast core or post (prefabricated or cast).	26
	8135	Remove crown.	26
	8136	Access through a prosthetic crown or inlay to facilitate root canal treatment.	33
	8137	Emergency crown (chairside).	23
	8138	Remove retention post.	26
	8139	Appointment not kept - per half-hour.	116/128
	8140	House/extended care facility/hospital call.	5/122
	8141	Inhalation sedation - first 15 minutes or part thereof.	114
⊙	8142	Recement inlay/onlay/veneer.	26
	8143	Inhalation sedation - each additional 15 minutes or part thereof.	114
	8144	Intravenous sedation.	114
	8139	Local anaesthesia - report per quadrant.	114/127
	8146	Resin bonding for restorations.	26
	8147	Monitoring equipment for intravenous sedation.	114
⊙	8148	Use of dental operating microscope.	115
	8149	Nutritional counselling.	14/124
	8150	Counselling for high-risk substance use.	15/124
	8151	Oral hygiene education and plaque control instruction.	14/124
	8152	Cost of gases associated with inhalation sedation.	
	8153	Oral hygiene education and plaque control instruction - each additional visit.	14/124
⊙	8154	Oral examination: oral hygienist.	121
	8155	Polishing - complete dentition.	13/144
⊙	8156	Removal of inlay/onlay/veneer.	26
	8157	Re-burnishing and polishing of restorations - complete dentition.	26/126
	8158	Enamel microabrasion.	15/118/123
	8159	Prophylaxis (scaling and polishing) - complete dentition.	13/123
	8160	Removal of gross calculus and plaque.	13/123
	8161	Topical application of fluoride - child.	13/124
	8162	Topical application of fluoride - adult.	14/124
	8163	Sealant - per tooth.	15/125
⊙	8164	Limited oral examination: oral hygienist.	121
	8165	Sedative filling.	116/128
	8166	Application of desensitising resin, per tooth.	117/128
	8167	Application of desensitising medicament, per visit.	117/128
	8168	Behavior management.	118/129
	8169	Occlusal guard.	15
⊙	8170	Cost of mouth protector.	15/125/136
	8171	Mouth guard.	15/125
	8171	Mouth guard.	93/136
	8173	Space maintainer - fixed per abutment.	14
⊙	8174	Recementation of space maintainer.	14
	8175	Space maintainer - removable.	14
	8176	Periodontal examination.	3/121
	8177	Oral hygiene instruction (periodontally diseased patient).	14/125
	8178	Oral hygiene instruction - each additional visit (periodontally diseased patient).	14/125
	8179	Plaque removal for the periodontally diseased patient - complete dentition.	13/123
	8180	Scaling and polishing for the periodontally diseased patient - complete dentition	13/124

○	8181	Administration of dermal filler within the peri-oral area.	117
○	8182	Cost of dermal filler.	117/136
	8183	Therapeutic drug injection.	115/136
	8189	Re-examination - existing condition.	2/121
	8190	Consultation - second opinion or advice.	3/121
	8192	Suture - minor.	91
○	8193	Three-dimensional reconstruction of cone beam volumetric image using existing data (includes multiple images).	7
○	8194	CBCT capture and interpretation with limited field of view - less than one whole jaw.	7
○	8195	CBCT capture and interpretation with limited field of view of one full dental arch - mandible.	7
○	8196	CBCT capture and interpretation with limited field of view of one full dental arch - maxilla without orbits and/or cranium.	7
○	8197	CBCT capture and interpretation with limited field of view of both dental arches - without orbits and/or cranium.	7
○	8198	CBCT capture and interpretation for TMJ series including two or more exposures.	8
○	8199	CBCT capture and interpretation with limited field of view of one full dental arch - maxilla with orbits and/or cranium.	7
○	8200	CBCT capture and interpretation with field of view of both dental arches - with orbits and/or cranium.	8
	8201	Extraction of tooth or exposed roots - first tooth per quadrant.	82
×	8202	Extraction of tooth or exposed tooth roots - each additional tooth per quadrant.	82
○	8203	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including the report.	8
○	8204	Minimally traumatic tooth/root removal.	82
○	8205	CBCT image capture with limited field of view - less than one whole jaw.	8
○	8206	CBCT image capture with limited field of view of one full dental arch - mandible.	8
○	8207	CBCT image capture with limited field of view of one full dental arch - maxilla without orbits and or cranium.	8
○	8208	CBCT capture with limited field of view of both dental arches - without orbits and or cranium.	8
○	8209	CBCT capture for TMJ series including two or more exposures.	8
○	8210	CBCT image capture with limited field of view of one full dental arch - maxilla with orbits and/or cranium.	8
○	8211	CBCT capture with field of view of both dental arches - with orbits and/or cranium.	8
	8212	Interpretation of diagnostic image by a practitioner associated with capture of the image, including the report.	132
	8213	Surgical removal of residual tooth roots.	82
×	8214	Surgical removal of residual tooth roots - each additional tooth per quadrant.	82
○	8216	CBCT of plaster models or impressions for the purpose of creating virtual models for use in planning software.	8
○	8217	CBCT capture and interpretation for the visualisation of sinuses.	8
○	8218	CBCT capture for the visualisation of sinuses.	8
	8219	Report by a third party on pathology, implant measurements, endodontics, orthodontic measurements, nerve proximities etc.	132
	8220	Cost of suture material.	82/136
○	8221	Cost of haemostatic sponge.	104/136
○	8222	Temporary re cementation of crown/bridge by oral hygienist.	126
○	8222	Temporary re cementation of inlay/onlay by oral hygienist.	126
○	8228	Art restorations.	18/125
	8231	Complete dentures - maxillary and mandibular.	47
	8232	Complete denture - maxillary or mandibular.	47
	8233	Partial denture - one tooth.	48
	8234	Partial denture - two teeth.	48
	8235	Partial denture - three teeth.	48
	8236	Partial denture - four teeth.	48
	8237	Partial denture - five teeth.	48
	8238	Partial denture - six teeth.	48
	8239	Partial denture - seven teeth.	48

8240	Partial denture - eight teeth.	48
8241	Partial denture - nine or more teeth.	48
8244	Immediate denture - maxillary.	47
8245	Immediate denture - mandibular.	47
8246	Partial denture - immediate.	48
8251	Clasp or rest - cast gold.	50
8253	Clasp or rest - wrought gold.	50
8255	Clasp or rest - stainless steel.	50
8257	Bar - lingual or palatal.	51
8259	Rebase complete or partial denture (laboratory).	49
8261	Remodel complete or partial of denture.	49
8263	Reline complete or partial denture (chairside reline/intra-oral).	50
8265	Tissue conditioner.	51/126
8267	Reline complete or partial denture (laboratory) hard or soft base.	50
8269	Repair of denture or other intra-oral appliance.	49
8270	Add clasp/s to existing partial denture.	49
8271	Add tooth/teeth to existing partial denture.	49
8273	impression to repair or modify a denture or other removable intraoral appliance or for the purpose of establishing virtual models for use in planning software.	49
8275	Adjustment of complete or partial denture(s).	49
8277	Inlay in denture.	51
8278	Modification of surgical conformer.	63
8281	Partial denture - cast metal framework.	48
8283	Partial denture - Flexidenture framework.	48
8284	Full denture - Flexidenture framework.	47
8301	Pulp cap - direct.	30
8303	Pulp cap - indirect.	30
8304	Isolation of tooth/teeth - per arch.	115/128
8306	Cost of MTA.	115/136
8307	Pulp amputation (pulpotomy).	30
8308	External tooth whitening procedures - per arch.	117/128
8309	Home tooth whitening procedures (self-applied tooth whitening procedures) - instructions and applicator.	117/128
8310	Supply of tooth whitening procedures material.	117/129/136
8311	Home tooth whitening procedures (self-applied tooth whitening procedures) - follow-up care - per visit.	117/129
8312	Root canal therapy - anterior primary tooth.	30
8313	Root canal therapy - posterior primary tooth.	31
8317	Root canal preparation, each additional canal.	132
8318	Irrigation and medication per tooth at a separate visit.	31
8323	Re-treatment of previously completed root canal therapy, each additional canal - anterior or premolar.	32
8324	Re-treatment of previously completed root canal therapy, each additional canal - molar.	32
8325	Internal tooth whitening procedures - per tooth.	117
8327	Internal tooth whitening procedures, each additional visit - per tooth.	118
8328	Root canal obturation, each additional canal - anterior or premolar.	31
8329	Root canal therapy, anteriors and premolars - each additional canal.	31
8330	Removal/bypass of root canal obstruction per canal.	33
8331	Repair of perforation defects.	33
8332	Root canal preparation, single canal tooth.	31
8333	Root canal preparation, multi canal tooth.	31
8334	Re-treatment of previously completed root canal therapy, first canal.	32
8335	Root canal obturation, anteriors and premolars - first canal.	31

	8336	Root canal obturation, molars - first canal.	31
	8337	Root canal obturation, each additional canal - molar.	31
	8338	Root canal therapy, anteriors and premolars - first canal.	31
	8339	Root canal therapy, molars - first canal.	32
	8340	Root canal therapy, molars - each additional canal.	32
	8341	Amalgam - one surface.	18
	8342	Amalgam - two surfaces.	18
	8343	Amalgam - three surfaces	18
	8344	Amalgam - four or more surfaces.	18
	8345	Prefabricated post retention (in addition to direct restoration).	24
○	8346	Restorative material factor.	18
	8347	Pin retention (in addition to restoration). Report per pin.	24
	8349	Additional fee for carving of restoration to accommodate existing removable prosthesis.	27
	8350	Resin crown - anterior primary tooth (direct).	18
	8351	Resin - one surface, anterior.	19
	8352	Resin - two surfaces, anterior.	19
	8353	Resin - three surfaces, anterior.	19
	8354	Resin - four or more surfaces, anterior.	19
	8355	Veneer resin - direct.	23
	8357	Prefabricated metal crown.	24
○	8360	Temporary inlay/onlay.	19
	8361	Inlay, metal - one surface.	19
	8362	Inlay/onlay, metal - two surfaces.	19
	8363	Inlay/onlay, metal - three surfaces.	20
	8364	Inlay/onlay, metal - four or more surfaces.	20
	8366	Pin retention as part of cast restoration.	24
	8367	Resin - one surface, posterior.	19/125
	8368	Resin - two surfaces, posterior.	19
	8369	Resin - three surfaces, posterior.	19
	8370	Resin - four or more surfaces, posterior.	19
	8371	Inlay, ceramic - one surface.	20
	8372	Inlay/onlay, ceramic - two surfaces.	20
	8373	Inlay/onlay, ceramic - three surfaces.	20
	8374	Inlay/onlay, ceramic - four or more surfaces.	20
	8375	Prefabricated non-metal crown.	24
	8376	Core build-up with prefabricated posts.	25
○	8377	Temporary prefabricated post retention.	24
	8379	Cost of post/post components.	25/136
○	8380	Cost of prefabricated non-metal restoration or crown.	24/136
	8381	Inlay, resin - one surface.	22
	8382	Inlay/onlay, resin - two surfaces.	22
	8383	Inlay/onlay, resin - three surfaces.	22
	8384	Inlay/onlay, resin - four or more surfaces.	22
	8385	Fabrication of indirect or chairside indirect (direct-indirect) resin inlay/onlay restoration.	22/136
	8391	Cast core with single post.	25
	8392	Cast post (each additional).	25
×	8396	Coping - metal.	25
×	8397	Cast core with pins.	25
	8398	Core build-up with/without pins.	25
○	8400	Crown preparation and temporisation only.	22
	8401	Crown - full cast metal.	22
	8403	Crown - three-quarter cast metal.	22
	8404	Crown - three-quarter ceramic.	22

	8405	Diagnostic crown - resin (indirect).	22
○	8406	Crown - three-quarter resin (indirect).	23
	8407	Crown - resin veneered to metal.	23
○	8409	Crown - ceramic.	23
	8410	Provisional crown.	23
	8411	Crown - porcelain veneered to metal (ceramometal).	23
	8413	Repair crown.	26
	8414	Additional fee for provision of crown within an existing clasp or rest.	27
	8415	Pontic - ceramic.	76
	8416	Pontic - full cast metal.	76
	8417	Pontic - resin veneered to metal.	76
	8418	Pontic - porcelain veneered to metal (ceramometal).	76
	8419	Provisional pontic.	76
○	8420	Pontic - resin based composite (indirect).	76
○	8421	Emergency temporary pontic.	77
○	8422	Pontic - resin based composite (direct).	76
○	8423	Ovate pontic design.	76
○	8431	Emergency temporary inlay/onlay retainer.	77
	8432	Inlay/onlay retainer, metal - two surfaces.	77
	8433	Inlay/onlay retainer, metal - three surfaces.	77
	8434	Inlay/onlay retainer, metal - four or more surfaces.	77
	8436	Inlay/onlay retainer, ceramic - two surfaces.	77
	8437	Inlay/onlay retainer, ceramic - three surfaces.	77
	8438	Inlay/onlay retainer, ceramic - four or more surfaces.	77
○	8440	Emergency temporary crown retainer.	78
	8441	Crown retainer - full cast metal.	78
	8442	Crown retainer - ¾ cast metal.	78
	8443	Crown retainer - ceramic.	78
	8444	Crown retainer - ¾ ceramic.	78
	8445	Crown retainer - porcelain veneered to metal (ceramometal).	78
	8446	Crown retainer - resin veneered to metal.	78
	8447	Provisional crown retainer.	78
○	8448	Crown retainer - resin based composite (indirect).	78
○	8471	Procedural sedation or general anaesthesia assessment.	114
○	8472	Procedural sedation - first 30 min.	114
○	8473	Procedural sedation each additional 15 minutes or part thereof.	114
○	8474	Procedure room for sedation.	114
○	8480	Cost of prefabricated metal restoration.	24/136
○	8482	Cost of orthodontic component/fixture/attachment.	111
○	8483	Cost of CT Scan DICOM conversion.	7/136
○	8485	Cost of the production of a computer generated surgical guide.	7/136
×	8499	General anaesthetic (Administration).	132
	8501	Consultation - Prosthodontist.	5
	8503	Occlusal analysis on adjustable articulator.	9
	8505	Pantographic recording.	132
	8506	Detailed consultation - Prosthodontist.	132
	8507	Comprehensive consultation - Prosthodontist.	5
	8508	Electrognathographic recording.	9
	8509	Electrognathographic recording with computer analysis.	9
	8514	Recement bridge.	78
○	8515	Sectioning of a bridge.	79
	8516	Remove bridge.	79

8517	Reimplantation of an avulsed tooth (include stabilisation).	84
8518	Repair bridge.	79
8519	Chairside CAD/CAM 1-3 surface inlay or onlay.	20
8520	Chairside CAD/CAM 4 or more surface inlay or onlay.	20
8521	Chairside CAD/CAM crown.	20
8522	Chairside CAD/CAM crown retainer, per unit as part of bridge framework	21
8523	Chairside CAD/CAM pontic, per unit as part of bridge framework	21
8524	Chairside CAD/CAM veneer for bridge framework, per unit.	21
8525	Chairside CAD/CAM implant supported restoration, per unit.	21
8526	Chairside CAD/CAM implant abutment, per unit.	21
8527	Direct cost of material in the fabrication of computer generated resin restoration.	21
8528	Direct cost of material in the fabrication of computer generated ceramic restoration.	21
8533	Implant supported removable complete overdenture.	69
8534	Implant supported removable partial overdenture.	69
8536	Implant/abutment supported crown - porcelain/ceramic.	70
8537	Crown-implant/abutment supported crown - porcelain with metal.	70
8538	Implant/abutment supported crown - cast metal.	70
8539	Crown-Implant/abutment supported crown - resin veneered to metal.	70
8541	Emergency implant supported temporary crown - cemented.	70
8542	Emergency implant supported temporary crown - screw retained.	70
8543	Implant supported provisional crown - cemented.	70
8544	Implant supported provisional crown - screw retained.	70
8546	Implant/abutment supported-porcelain/ceramic crown retainer.	71
8547	Implant supported crown retainer - porcelain veneered to metal (ceramometal).	71
8548	Implant supported crown retainer - cast metal.	71
8549	Implant supported retainer - resin veneered to metal.	71
8550	Retainer-implant/abutment supported.	69
8551	Occlusal adjustment (major).	118
8552	Veneer ceramic - indirect.	23
8553	Occlusal adjustment (minor).	118
8554	Veneer resin - indirect.	23
8560	Cost of ceramic block.	21
8561	Gold foil - one surface.	132
8563	Gold foil - two surfaces.	132
8565	Gold foil - three surface.	132
8570	Fabrication of computer generated ceramic restoration - per abutment/pontic/restoration.	21
8571	Emergency implant supported temporary crown retainer - cemented.	71
8572	Emergency implant supported temporary retainer - screw retained.	71
8573	Implant supported provisional crown retainer - cemented.	71
8574	Implant supported provisional crown retainer - screw retained.	71
8578	Prefabricated abutment.	68
8579	Custom abutment.	69
8580	Modification of prefabricated abutment.	69
8581	Cast core with single post.	25
8582	Cast core with double post.	25
8583	Cast core with triple post.	25
8584	Connector bar - implant supported.	68
8585	Connector bar.	79
8586	Stress breaker.	79
8587	Coping - metal.	79
8588	Implant supported superstructure	67
8590	Implant maintenance procedures.	72/126
8591	Removal of implant supported prosthesis.	72

	8592	Crown-implant/abutment supported.	70
○	8593	Repair of implant supported resin prosthesis.	72
	8594	Repair of implant supported prosthesis.	72
	8595	Repair of implant abutment.	72
○	8596	Repair of implant supported ceramic or ceramometal crown, retainer or pontic.	73
	8597	Lock and milled rest.	51
○	8598	Repair of implant supported provisional prosthesis.	73
	8599	Precision attachment.	51
	8600	Cost of implant restorative components.	73/136
○	8601	Computerised implant planning.	7
○	8602	Computer generated surgical guide.	7
○	8603	Removal of fractured/damaged screw within implant.	73
○	8604	Removal of fractured/damaged screw within abutment.	73
×	8605	Surgical placement of one piece transmucosal implant for orthodontic retention.	133
○	8606	Placement of implant fixtures outside the oral cavity.	85
○	8607	Skeletal anchorage - screw, plate or implant.	67
○	8608	Removal of non-integrated implant.	68
○	8609	Flap operation with modification of the implant surface, including bone surgery - one to three implants per quadrant.	68
○	8610	Flap operation with modification of the implant surface, including bone surgery - four or more implants per quadrant.	68
×	8611	Pontic - sanitary.	76
○	8612	Skeletal anchorage - removal.	68
×	8613	Pontic - molar.	77
×	8615	Pontic - anterior/premolar.	77
	8617	Retainer - cast metal for resin bonded bridge.	77
○	8619	Fibre reinforced resin inlay retainer.	78
○	8621	Metal base for implant supported denture - partial.	72
	8631	Root canal therapy - first canal (Specialist prosthodontist).	32
	8633	Root canal therapy - each additional canal (Specialist prosthodontist).	32
○	8634	Apexification/apexogenesis/revascularisation - initial visit.	33
	8635	Apexification/apexogenesis/revascularisation - per visit.	33
○	8637	Apicectomy/periradicular surgery, first root - anteriors or premolars.	33
○	8638	Apicectomy/periradicular surgery, premolar - each additional root.	33
○	8639	Endodontic instruments per patient per completed treatment.	32/136
	8640	Removal of fractured root canal instrument.	33
○	8641	Apicectomy/periradicular surgery, first root - molar.	34
○	8642	Apicectomy/periradicular surgery, each additional root - molars.	34
	8643	Complete dentures - maxillary and mandibular.	47
	8645	Complete denture - maxillary or mandibular.	47
	8649	Immediate denture - either maxillary or mandibular.	47
	8652	Overdenture - complete.	51
	8653	Overdenture - partial.	51
	8654	Implant supported fixed-detachable complete overdenture.	69
	8655	Implant supported fixed-detachable partial overdenture.	69
	8657	Replacement of precision attachment.	51
	8658	Interim complete denture.	50
	8659	Interim partial denture.	50
	8660	Additional fee to implant supported fixed-detachable denture - per implant.	70
	8661	Diagnostic dentures (including tissue conditioning).	50
	8662	Adjustment of complete or partial denture(s) - remounting.	49
	8663	Metal base to complete denture.	51
	8664	Remount crown or bridge for adjustment.	51



○	8665	Restoration directly to mini screw implant.	71
○	8666	Immediate loading of implant.	71
	8667	Soft base to new denture (heat cured).	51
○	8668	Metal base for implant supported denture - complete.	72
○	8669	Crown placed on a screw-retained implant-supported superstructure.	68
○	8670	Implant screw access closure.	72
	8671	Partial denture - cast metal framework with resin denture base.	48
	8672	Altered cast partial denture impression.	52
○	8673	Access through a cemented implant supported crown for screw location.	72
	8674	Additive partial denture.	52
○	8685	Modification of obturator prostheses per visit.	56
	8701	Consultation - Periodontist.	4
	8703	Consultation - Periodontist (detailed).	4
	8705	Re-examination - Periodontist.	4
	8707	Periodontal screening.	4
○	8711	The visualisation enhancement adjunct (VEA).	42/136
○	8713	Bood and blood products for regeneration.	39
○	8722	Cost of provisional splinting materials.	41/126
	8723	Provisional splinting - extracoronal (wire), per sextant.	41/126
	8725	Provisional splinting - extracoronal (wire with resin) per sextant.	42/126
	8727	Provisional splinting - intracoronal, per tooth.	42
	8731	Incision and drainage of abscess - intra-oral.	132
○	8732	Topical treatment of diseased soft tissue.	43
	8737	Root planing - four or more teeth per quadrant.	42/126
	8739	Root planing - one to three teeth per quadrant.	42/126
○	8740	Periodontal maintenance.	42/126
	8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant.	37
	8743	Gingivectomy/gingivoplasty - one to three teeth, per quadrant.	37
○	8746	Flap operation with root planing and curettage (open curettage) - four or more teeth per quadrant.	37
○	8747	Flap operation with root planing and curettage, including bone surgery - one to three teeth per quadrant.	38
○	8748	Flap operation with root planing and curettage, including bone surgery - four or more teeth per quadrant.	38
	8749	Flap operation with root planing and curettage (open curettage) - one to three teeth per quadrant.	37
	8751	Flap procedure, root planing and one to three surgical services - per sextant.	132
	8753	Flap procedure, root planing and four or more surgical services - per quadrant.	132
	8755	Flap procedure, root planing and four or more surgical services - per sextant.	132
	8756	Clinical crown lengthening (as a separate procedure).	38
	8759	Pedicle-flap soft tissue graft.	38
	8761	Masticatory mucosal autograft - extending across one to three teeth, per quadrant (as a separate procedure).	38
	8762	Masticatory mucosal autograft - extending across four or more teeth per quadrant (as a separate procedure).	38
	8763	Wedge resection (as a separate procedure).	38
	8765	Hemisection of a tooth.	40
	8766	Bone regenerative/repair procedure as part of a flap operation, per procedure.	39
	8767	Bone regenerative/repair procedure at a single site.	39
	8768	Unlisted periodontal procedure.	43
	8769	Membrane removal (used for guided tissue regeneration).	39
	8770	Cost of bone regenerative/repair material, including membrane.	39/136
○	8771	Insertion of intra-pocket chemotherapeutic agent - per pocket so treated.	42
	8772	Submucosal connective tissue autograft (isolated procedure).	39

	8773	Cost of intra-pocket chemotherapeutic agent.	42
○	8774	Guided tissue regeneration - resorbable barrier, per site.	39
○	8775	Guided tissue regeneration - non-resorbable barrier, per site (includes subsequent removal of membrane).	39
○	8776	Submucosal connective tissue autograft - extending across one to three teeth per quadrant.	40
○	8777	Submucosal connective tissue autograft - extending across four or more teeth per quadrant.	40
○	8778	Submucosal soft tissue allograft - extending across one to three teeth per quadrant.	40
○	8779	Submucosal soft tissue allograft - extending across four or more teeth per quadrant.	40
○	8780	Alveolar process preservation, per extraction site.	40
	8781	Consultation - Oral medicine (simple).	4
	8782	Consultation - Oral medicine (complex).	5
	8783	Consultation - Oral medicine (subsequent).	5
○	8785	Root resection.	41
○	8786	Tunnel preparation.	41
	8787	Unlisted oral medicine procedures.	43
○	8792	Vestibuloplasty with teeth per sextant.	41
○	8793	Vestibuloplasty in an edentulous area per sextant.	41
○	8794	Alveoplasty with implant therapy 1-3 teeth.	41
○	8795	Alveoplasty with implant therapy 4 or more teeth.	41
○	8796	Repair of oronasal opening.	41
	8801	Consultation - Orthodontist.	4
○	8802	Orthodontic consultation and treatment planning.	4
	8803	Consultation - Orthodontist (subsequent, retention and post treatment).	4
	8804	Placement of fixed orthodontic retainer.	111
	8805	Repair or replacement of fixed orthodontic retainer.	111
	8807	Post orthodontic treatment consultation.	111
	8811	Tracing and analysis of extra-oral radiograph/image.	9
○	8830	Limited aligner treatment, single arch, up to 7 aligners.	110
○	8831	Limited aligner treatment, dual arch, up to 7 aligners per arch.	110
○	8832	Moderate aligner treatment, single arch, up to 14 aligners.	110
○	8833	Moderate aligner treatment, dual arch, up to 14 aligners per arch.	110
○	8834	Full aligner treatment single arch unlimited aligners.	110
○	8835	Full aligner treatment dual arch unlimited aligners.	110
	8837	Diagnosis and treatment planning - Orthodontist.	4
	8839	Diagnostic setup.	10
	8840	Treatment planning for orthognathic surgery.	4
	8841	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, mild malalignment.	109
	8842	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, moderate malalignment.	109
	8843	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, severe malalignment.	109
○	8845	Placement of one-piece transmucosal implant (temporary anchorage device) for orthodontic retention.	67/110
	8846	Repair of removable orthodontic appliance.	111
	8847	Replacement of removable orthodontic appliance and/or retainer.	111
	8848	Repair or replace broken or lost fixed orthodontic appliance.	111
	8849	Orthodontic retention.	111
	8850	Treatment of MPDS - first visit.	93
	8851	Treatment of MPDS - subsequent visit.	94
	8852	Occlusal orthotic device.	94
	8855	Consultation - cleft palate therapy (house or hospital).	57
	8856	Consultation - cleft palate therapy (house or hospital) - subsequent.	57

	8857	Consultation - cleft palate therapy (house or hospital) - maximum.	57
	8858	Orthodontic treatment - functional appliance.	107
○	8861	Orthodontic treatment, partial fixed appliance - minor mixed dentition.	107
	8862	Orthodontic treatment - removable appliance.	107
	8863	Orthodontic treatment - each additional removable appliance.	107
	8864	Cost of prefabricated removable appliance.	
	8865	Orthodontic treatment fixed appliance - one arch mixed dentition.	108
	8866	Orthodontic treatment fixed appliances - both arches, mixed dentition.	108
	8867	Orthodontic treatment, fixed appliance - single arch, mild malalignment.	108
	8868	Orthodontic treatment, fixed appliance - single arch, moderate malalignment.	108
	8869	Orthodontic treatment, fixed appliance - single arch, severe malalignment.	108
○	8870	Therapy to control harmful habits - removable appliance.	107
○	8871	Therapy to control harmful habits - fixed appliance.	107
	8873	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I mild malocclusion.	108
	8874	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I mild malocclusion.	109
	8875	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I moderate malocclusion.	108
	8876	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I moderate malocclusion.	109
	8877	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion.	108
	8878	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion.	109
	8879	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion with complications.	108
	8880	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion with complications.	109
	8881	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III mild malocclusion.	108
	8882	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III mild malocclusion.	110
	8883	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III moderate malocclusion.	109
	8884	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III moderate malocclusion.	110
	8885	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion.	109
	8886	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion.	110
	8887	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion with complications.	109
	8888	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion with complications.	110
	8889	Cost of attachment device.	111/136
	8890	Monthly payment - orthodontic treatment.	111
	8891	Re-negotiated fee for transfer cases.	111
	8892	Orthodontic re-treatment.	111
○	8893	Follow up telephonic consultation per 10 min.	4
○	8894	Consultation without the patient (with family for consent or writing of special reports, or preparation of quotations).	4
○	8895	Examination under general anaesthesia.	4
○	8869	Cost of materials to aid tooth eruption.	84/136
○	8900	Consultation and treatment planning for minor and oral surgery.	3
	8901	Consultation - MFOS.	3
	8902	Consultation - MFOS (detailed).	3
	8903	House/nursing home/hospital consultation - MFOS.	3
	8904	House/nursing home/hospital consultation - MFOS-subsequent.	3
	8905	After hours consultation MFOS.	3

	8906	Post-op visit in hospital for Neoplasm/Trauma/CLP (2x/day for duration of hospitalization), reported visit.	132
	8907	House/nursing Home/hospital Consultation - MFOS-maximum per week.	3
	8908	Surgical removal of roots from maxillary antrum.	90
	8909	Closure of oral antral fistula - acute or chronic.	84
○	8910	Vermillionectomy.	87
	8911	Caldwell-Luc procedure (Transantral approach).	84/96
○	8912	Transmasseteric antero-parotid approach.	96
○	8913	Condylar Risdon/submandibular approach.	96
○	8914	Endoscopic or intra-oral approach to the condyle.	96
○	8915	Intra-oral circum-oral mandibular approach.	96
○	8916	Preauriculo-temporal approach.	96
	8917	Biopsy of soft tissue - intra-oral without suturing.	44/104
	8918	Brush biopsy.	43/104
	8919	Biopsy of tissue - intra-oral bone, needle.	43/104
○	8920	Exfoliative cytological specimen collection.	43/126
	8921	Biopsy of soft tissue - extraoral superficial (skin biopsy), with suturing.	44/104
○	8923	Aspiration biopsy (FNA).	43/104
○	8924	Open biopsy of a single lymphnode in the neck.	43
○	8925	Biopsy of soft tissue - extraoral deep or intramuscular, requiring suturing in multiple layers.	44/104
○	8926	Biopsy of tissue - intra-oral bone.	44/104
○	8927	Biopsy of tissue - extra-oral bone.	44/104
○	8928	Core needle biopsy.	44/104
○	8929	Removal of temporomandibular joint prosthesis.	95
○	8930	Design meeting and/or planning for a custom prosthesis/temporo-mandibular joint.	95
	8931	Treatment of local haemorrhage.	104
○	8932	Biopsy of soft tissue - intraoral superficial, with suturing.	43/104
	8933	Treatment of haemorrhage (blood dyscracias).	104
○	8934	Biopsy of soft tissue - intraoral deep or intramuscular, requiring suturing in multiple layers.	43/104
	8935	Treatment of septic socket(s).	104
	8937	Surgical removal of erupted tooth - report per tooth.	82
○	8939	Limited neck dissection.	88
○	8940	Endoscopic management of a condylar fracture - report per side.	92
	8941	Surgical removal of impacted tooth - report per tooth.	82
×	8943	Surgical removal of impacted tooth - second tooth.	83
○	8944	Zygomatic Fracture -open reduction with fixation at three or more sites.	92
×	8945	Surgical removal of impacted tooth - third and subsequent tooth.	83
○	8946	Zygomatic reconstruction (osteotomy or onlay).	92
○	8947	Anthrostomy for the placement of a sinuspack in order to reduce a zygomatic fracture.	93
○	8948	Endoscopic procedure: Wharton's duct.	101
○	8949	Endoscopic procedure: Stenson's duct.	101
○	8950	Excision of a ranula (marsupealization).	101
○	8951	Trigger point injection (local anesthesia).	94
○	8952	Pain point injection (alcohol, phenol, etc).	94
	8953	Surgical removal of residual root - per tooth.	83
○	8954	Laser treatment for facial pain - per visit.	94
○	8955	Alveoplasty or alveolectomy in conjunction with extractions - per quadrant.	85
○	8956	Alveoplasty or alveolectomy not in conjunction with extractions - per quadrant.	85
	8958	Tracheotomy.	97
	8959	Pharyngostomy.	97
○	8960	Salivary duct dilatation or canalization.	101
	8961	Tooth transplantation.	84

	8962	Harvest iliac crest graft.	96
	8963	Harvest rib graft.	97
	8964	Harvest cranium graft.	97
	8965	Peripheral neurectomy.	94
	8966	Repair of oronasal fistula (local flaps).	84
	8967	Surgical removal of jaw cyst - intra-oral approach.	88
○	8968	Excision of benign soft tissue tumour/cyst requiring extensive resection and suturing in multiple layers with muscular involvement.	86
	8969	Surgical removal of jaw cyst - extra-oral approach.	88
○	8970	Excision of benign soft tissue tumour/cyst requiring suturing in multiple layers with no muscular involvement.	86
	8971	Excision of benign soft tissue tumour/cyst requiring minimal or no suturing.	86
○	8972	Excision of small malignant lesion requiring minimal suturing.	86
	8973	Surgical excision of tumours of the jaws.	89
○	8974	Excision of malignant soft tissue tumour requiring suturing in multiple layers with no muscular or intraosseus involvement.	105
	8975	Hemiresection of jaw excluding condyle.	90
○	8976	Extensive resection for malignant soft tissue tumour - excluding reconstruction.	87
	8977	Surgical repair of maxilla or mandible - major.	98
○	8978	Excision of a lesion of the tongue requiring no suture or primary suture.	87
	8979	Intra-oral harvesting of bone blocks, per site.	97
○	8980	Intra-oral harvesting of bone-coagulum/bone-scraping, not per site.	97
	8981	Surgical exposure of impacted or unerupted tooth to aid eruption.	84
○	8982	Local excision of benign lesion of lip with primary closure.	87
	8983	Corticotomy - first tooth.	84
×	8984	Corticotomy - each additional tooth.	84
	8985	Frenulectomy.	98
○	8986	Local excision of benign lesion of lip where primary closure is not possible.	86
	8987	Surgical reduction of mylohyoid ridge - per side.	86
○	8988	Resection for lip malignancy.	87
	8989	Excision of torus mandibularis - per side.	103
○	8990	Repair by primary suture.	87
	8991	Excision of torus palatinus.	86
○	8992	Repair by skin graft or local flap.	87
	8993	Excision of hypertrophic tuberosity - per side.	86
○	8994	Placement of Zygomaticus implant.	84
	8995	Gingivectomy - per jaw.	37
○	8996	Placement of a second Zygomaticus implant.	85
	8997	Sulcoplasty/ vestibuloplasty.	85
○	8998	Craniofacial transcutaneous endosseus implant.	85
○	8999	Craniofacial transmucosal endosseus implant.	85
○	9001	Augmentation of alveolar ridge using block graft/split ridge technique - across one to two tooth sites.	98
○	9002	Augmentation of alveolar ridge using block graft/split ridge technique - across three to five tooth sites.	98
	9003	Repositioning mental foramen and nerve - per side.	85
○	9004	Lateralization of inferior dental nerve (including bone grafting).	85
	9005	Augmentation of alveolar ridge - total by bone graft.	98
○	9006	Lip reconstruction following an injury or tumour removal: primary closure.	87
	9007	Augmentation of alveolar ridge by alloplastic material - total.	98
	9008	Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across one to two tooth sites.	98
	9009	Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across three or more tooth sites.	98

	9010	Maxillary sinus floor bone augmentation, buccal-approach, complete.	98
	9011	Incision and drainage of abscess - intraoral (pyogenic) - per sextant.	90
○	9012	Maxillary sinus floor bone augmentation, buccal-approach, limited.	99
	9013	Incision and drainage of abscess - extra-oral (pyogenic).	90
○	9014	Osteotome sinus floor bone augmentation.	99
	9015	Apicectomy/periradicular surgery - anteriors including retrograde filling.	132
	9016	Apicectomy/periradicular surgery - molar include retrograde filling.	132
	9017	Decortication, saucerisation and sequestrectomy.	90
○	9018	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (first stage).	87
	9019	Sequestrectomy - intra-oral, per sextant and/or per ramus.	90
○	9020	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (subsequent stages).	106
	9021	Suture, reconstruction - minor.	91
○	9022	Lip reconstruction following an injury or tumour removal: Total complicated reconstruction with a complicated advancement flap (Bernard flap).	87
	9023	Suture, reconstruction - major.	91
	9024	Dento-alveolar fracture - per sextant.	91
	9025	Closed treatment of mandibular fracture.	91
○	9026	Radical neck dissection.	88
	9027	Closed treatment of mandibular fracture (compound) with eyelet wiring.	91
○	9028	Modified radical neck dissection.	88
	9029	Closed treatment of mandibular fracture with metal cap splintage or Gunning's splints.	91
○	9030	Selective neck dissection.	88
	9031	Open treatment of mandibular fracture through an intra-oral approach.	91
○	9032	Open treatment of mandibular fracture through an extra-oral approach.	92
○	9033	Open reduction of condylar fracture - per side.	92
○	9034	Extended neck dissection.	107
	9035	Closed reduction of maxillary fracture - Le Fort I or Guerin.	92
○	9036	Open treatment of maxillary fracture - Le Fort I.	92
	9037	Closed reduction of maxillary fracture - Le Fort II or middle third of face.	92
○	9038	Open treatment of maxillary fracture - Le Fort II or middle third of face.	92
	9039	Open reduction of maxillary fracture - Le Fort III or craniofacial disjunction.	92
○	9040	Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with no involvement of vital structures.	88
	9041	Zygomatic arch fracture-closed reduction.	92
○	9042	Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with involvement of vital structures, reconstructive procedures not included.	88
	9043	Zygomatic arch fracture-open reduction.	92
○	9044	Surgical excision of malignant tumours of the jaws - extra-oral approach.	89
	9045	Zygomatic fracture-open reduction - requiring osseo-synthesis and or bone grafting.	92
	9046	Placement of zygomaticus fixture, per fixture.	93
	9047	Osteotomy - open with stabilisation.	99
	9048	Surgical removal of internal fixation devices, per site.	99
	9049	Osteotomy, mandible, segmental (Köle) - anterior.	99
	9050	Osteotomy - total subapical.	99
	9051	Genioplasty.	99
	9052	Midfacial or craniofacial exposure utilizing a facial degloving technique.	96/100
	9053	Coronoidectomy (intraoral approach).	94
○	9054	Surgical excision of tumours of the midface (zygoma, nose and orbits).	89
	9055	Osteotomy, maxilla, segmental (Schukardt).	100
○	9056	Radical resection of palate (including skin graft).	89
	9057	Osteotomy, maxilla, segmental, anterior (Wassmund).	100
○	9058	Wide excision of lesion of palate.	89
	9059	Le Fort I access to the skullbase.	96/116
	9060	Reconstruction midface, Le Fort I osteotomy - with repositioning and/or interpositional grafting.	100

	9061	Palatal osteotomy.	100
	9062	Reconstruction midface, Le Fort I osteotomy - multiple segments.	100
	9063	Reconstruction midface, Le Fort II osteotomy - for facial deformities or faciostenosis and post-traumatic deformities.	100
○	9064	Complicated reconstruction of bony defects following major ablative procedure for head and neck cancer.	89
	9065	Reconstruction midface, Le Fort III osteotomy - for severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.	100
	9066	Surgical expansion - maxillary or mandibular.	100
	9067	Distraction osteogenesis - across one to two tooth sites.	83
○	9068	Distraction osteogenesis - across three to five tooth sites.	83
	9069	Glossectomy - partial.	87/100
○	9070	Distraction of the alveolar ridge - full arch.	83
	9071	Geniohyoidotomy.	96/100
	9072	Closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure).	100
○	9073	Distraction for the reconstruction of the mandibular body (per side).	83
	9074	Arthroscopy, temporomandibular joint - diagnostic.	94
	9075	Condylectomy, coronoidectomy or both.	94
	9076	Arthrocentesis, temporomandibular joint.	94
	9077	Intra-articular injection, temporomandibular joint .	94
○	9078	Distraction for the reconstruction of the mandibular condyle and temporomandibular joint.	83
	9079	Trigger point injection, temporomandibular joint.	94
○	9080	Distraction for the reconstruction of the midface (internal distractor).	83
	9081	Condyle neck osteotomy, temporomandibular joint (Ward/Kostecka).	94
○	9082	Distraction for the reconstruction of the midface (external distractor).	83
	9083	Arthroplasty, temporomandibular joint.	94
○	9084	Removal of an internal or external distractor device.	83
	9085	Reduction of temporomandibular joint dislocation - without anaesthetic.	95
○	9086	Tumour resection from infratemporal or pterygopalatine fossa.	89
	9087	Reduction of temporomandibular joint dislocation - with anaesthetic.	95
○	9088	Tarsorrhaphy.	91
	9089	Reduction of temporomandibular joint dislocation - with anaesthetic and immobilisation.	95
○	9090	Excision of lacrimal sac: unilateral.	89
	9091	Reduction of temporomandibular joint dislocation - open reduction.	95
	9092	Reconstruction or replacement of temporomandibular joint.	95
	9093	Removal of salivary stone (sialolithotomy).	101
○	9094	Orbitectomy: removal of tumour.	89
	9095	Excision of sublingual salivary gland.	101
	9096	Excision of submandibular salivary gland - extra-oral approach.	101
○	9097	Orbit: exenteration.	89
○	9098	Partial mandibulectomy.	90
	9099	Unlisted dental procedure or service.	118
○	9100	Multiple extra-oral incisions and drainages (e.g. Ludwig's angina).	90
	9101	Obturator prosthesis, surgical - modified denture.	55
	9102	Obturator prosthesis, surgical - continuous base.	55
	9103	Obturator prosthesis, surgical - split base.	55
	9104	Obturator prosthesis, interim - on existing denture.	56
	9105	Obturator prosthesis, interim - on new denture.	56
	9106	Obturator prosthesis, definitive - open/hollow box.	56
	9107	Obturator prosthesis, definitive - silicone glove.	56
	9108	Mandibular resection prosthesis with guide flange.	56
	9109	Mandibular resection prosthesis without guide flange.	56
	9110	Palatal augmentation prosthesis.	57

	9111	Glossal resection prosthesis - simple.	57
	9112	Glossal resection prosthesis - complex.	57
X	9113	Radiation carrier - simple.	133
X	9114	Radiation carrier - complex.	133
X	9115	Radiation shield - simple.	133
X	9116	Radiation shield - complex.	133
X	9117	Radiation cone locator.	133
	9118	Chemotherapeutic agent carrier.	132
	9119	Feeding aid prosthesis.	57
	9120	Orthopaedic craniofacial prosthesis - minor.	58
	9121	Orthopaedic craniofacial prosthesis - moderate.	58
	9122	Orthopaedic craniofacial prosthesis - severe.	58
	9123	Orthopaedic craniofacial prosthesis modification.	58
○	9124	Mandibular advancement device.	57
	9125	Speech aid prosthesis - with palatal modification.	58
	9126	Speech aid prosthesis - with velar modification.	58
	9127	Speech aid prosthesis - with pharyngeal modification.	58
	9128	Speech aid prosthesis modification.	59
	9129	Speech aid prosthesis - surgical.	59
	9130	Palatal lift prosthesis.	59
	9131	Speech appliance - palatal stimulating.	59
	9132	Speech appliance - speech bulb.	59
	9133	Speech appliance modification.	59
	9135	Auricular prosthesis - simple.	59
	9136	Auricular prosthesis - complex.	59
	9137	Nasal prosthesis - simple.	59
	9138	Nasal prosthesis - complex.	60
	9139	Ocular prosthesis, interim.	60
	9140	Ocular prosthesis - modified stock appliance.	60
	9141	Ocular prosthesis - custom appliance.	60
	9142	Orbital prosthesis - simple (excluding ocular section).	60
	9143	Orbital prosthesis - complex (excluding ocular section).	60
	9144	Facial prosthesis - combination, small.	60
	9145	Facial prosthesis - combination, medium.	60
	9146	Facial prosthesis - combination, large.	60
	9147	Facial prosthesis - combination, complex.	60
	9148	Other body prostheses - simple.	61
	9149	Other body prostheses - complex.	61
	9150	Facial prosthesis, surgical - simple.	61
	9151	Facial prosthesis, surgical - complex.	61
	9152	Additional prosthesis (from mould at time of first prosthesis).	61
	9153	Replacement prosthesis (from original mould).	61
○	9145	Cost of surgical splint.	62/136
	9155	Cranial prosthesis.	61
	9156	Cranial implant prosthesis - custom made.	61
	9157	Facial augmentation implant prosthesis - simple.	61
	9158	Facial augmentation implant prosthesis - complex.	61
	9159	Ocular implant prosthesis - custom made.	61
	9160	Body implant prosthesis - custom made.	62
	9161	Surgical splint - simple.	62
	9162	Surgical splint - complex.	62
	9163	Surgical template - simple.	62
	9164	Surgical template - complex.	62



	9165	Surgical conformer - simple.	62
	9166	Surgical conformer - complex.	62
	9167	Trismus appliance - simple.	63
	9168	Trismus appliance - complex.	63
	9169	Orthoses appliance (for paralysed patients).	63
	9170	Facial palsy appliance.	63
	9171	Commissure splint.	63
	9172	Oral retractors, dynamic - per arm.	63
	9173	Hand splint.	63
	9174	Unspecified burn appliance.	63
	9175	Attendance in theatre - per hour.	63/73
○	9176	Local resection of parotid tumour (lumpectomy).	101
○	9177	Superficial parotidectomy.	101
○	9178	Total parotidectomy with preservation of facial nerve.	101
○	9179	Total parotidectomy without preservation of facial nerve.	101
	9180	Placement of sub-periosteal implant - preparatory stage.	66
	9181	Placement of sub-periosteal implant - placement stage.	66
	9182	Surgical placement of endosseus implant plate.	66
	9183	Surgical placement of endosseus implant.	66
×	9184	Surgical placement of endosseus implant - second per quadrant.	66
×	9185	Surgical placement of endosseus implant - third and subsequent per quadrant.	66
○	9186	Closure of salivary fistula.	101
	9187	Cost of endosteal implant body.	73/136
	9188	Cost of prefabricated abutment.	73/136
	9189	Cost of other implant components.	73/136
	9190	Surgical exposure of endosseus implant.	67
×	9191	Surgical exposure of endosseus implant - second per quadrant.	67
×	9192	Surgical exposure of endosseus implant - third and subsequent per quadrant.	67
○	9193	Additional code for the placement of endosseus implant into fresh extraction socket.	67
○	9194	Surgical placement of one-piece transmucosal endosseus implant.	67
○	9195	Additional code for the surgical placement of single phase endosseus implant.	67
○	9196	Planning for craniofacial reconstruction - simple.	55
○	9197	Planning for craniofacial reconstruction - complex.	55
	9198	Surgical removal of osseo-integrated implant.	67
○	9199	Assessment of implant fixture osseointegration.	67
○	9200	Cranioplasty.	102
	9201	Consultation - Oral pathologist.	5
○	9202	Excision of submandibular salivary gland with any type of neck dissection.	101
	9203	House/nursing home/hospital consultation - Oral Pathologist.	5
○	9204	Sandwich osteotomy - for placement of an interpositional bone graft to increase the alveolar ridge height, may also be reported if utilized in the maxilla.	99
	9205	Consultation - Oral pathologist (subsequent).	5
○	9206	Surgical removal of reconstruction plate.	99
	9207	After hours consultation - Oral pathologist.	5
○	9208	Harvest iliac crest graft - monocortical.	96
○	9209	Harvest iliac crest graft - bicortical.	97
○	9210	Harvest tibial bone - spongiosa.	97
	9211	Harvest iliac crest graft - bicortical.	132
○	9212	Harvest rib graft - bone.	97
○	9213	Harvest rib graft - cartilage.	97
○	9214	Harvest auricular cartilage graft.	97
○	9215	Intra-oral harvesting of particulate bone.	97
○	9216	Harvest fascia lata.	97

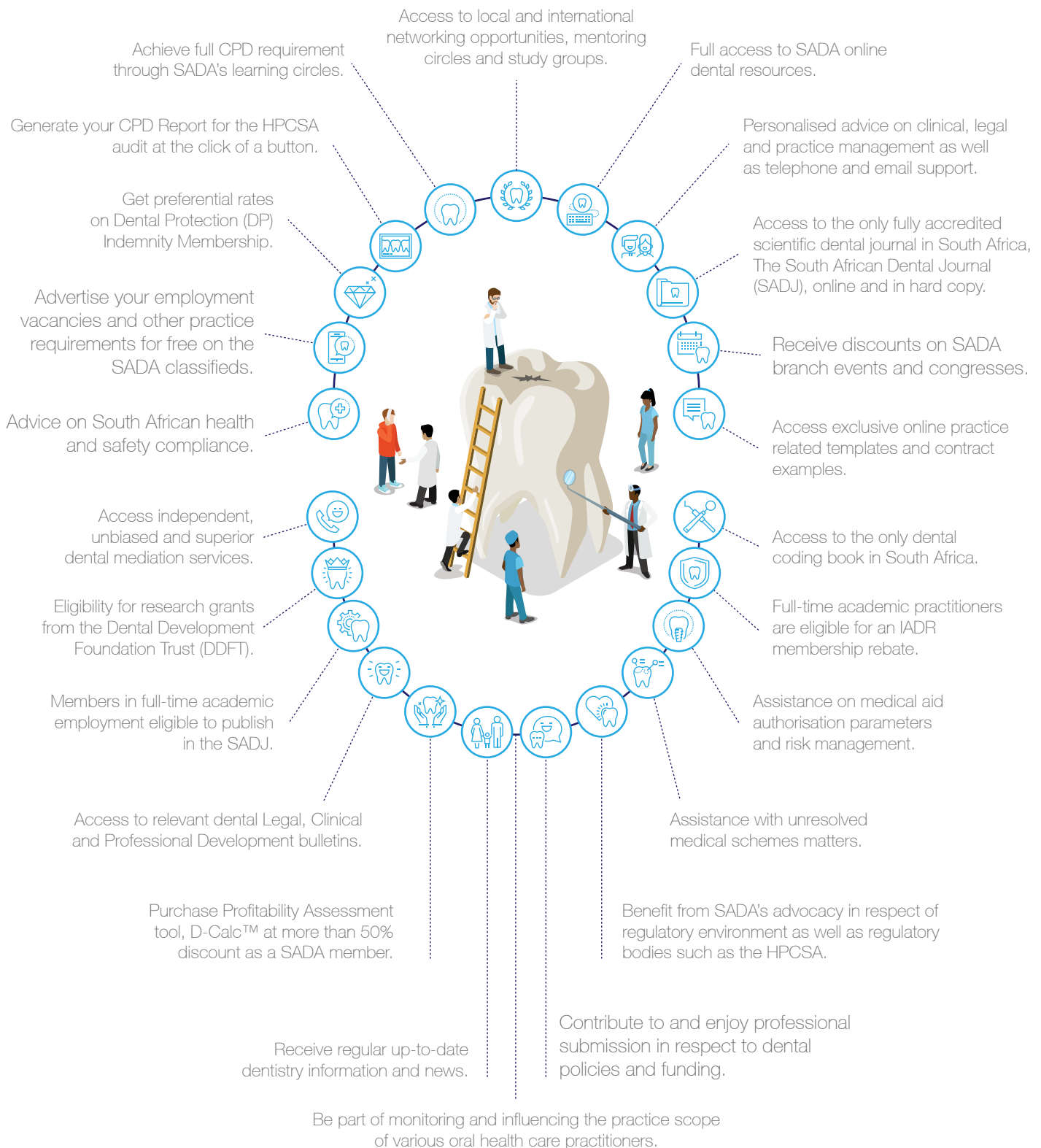
○	9217	Harvest of free fat.	97
○	9218	Nerve repair: 1st Fasciculus.	99
○	9219	Nerve repair: 2nd and additional Fasciculus.	99
	9220	Repair of cleft hard palate - unilateral.	102
○	9221	Posterior neck dissection.	88
	9222	Repair of cleft hard palate - bilateral (one procedure).	102
○	9223	Ligation of maxillary artery.	104
	9224	Repair of cleft hard palate - bilateral (two procedures).	102
○	9225	Nerve repair: entubelation.	99
	9226	Repair of cleft soft palate - without muscle reconstruction.	102
○	9227	Turbinectomy.	100
	9228	Repair of soft palate - with muscle reconstruction.	103
○	9229	Choanal artesia repair through a palatal osteotomy.	100
	9230	Repair of submucosal cleft and/or bifid uvula - with muscle reconstruction.	103
○	9231	Defensive corticotomy.	90
	9232	Velopharyngeal reconstruction - uncomplicated.	103
○	9233	Obliteration of the frontal sinus.	102
	9234	Velopharyngeal reconstruction - complicated.	103
○	9235	Severe nasal bleeding - anterior pack.	104
○	9236	Severe nasal bleeding - anterior + posterior pack or cuaterization.	104
○	9237	Management of a patient on anti-coagulatives for the performance of a surgical procedure.	104
	9238	Functional repair of oro-nasal fistula - distant flaps (one procedure).	103
○	9239	Surgical facility for extensive surgical procedures in consulting rooms.	114
	9240	Functional repair of oro-nasal fistula - distant flaps (two procedures).	103
○	9241	Simple local flap (eg. advancement or rotation flap).	102
○	9242	Complex local flap.	102
○	9243	Regional flap (eg. pectoral, deltoid or latissimus dorsi flap).	102
○	9244	Tongue flap - 2 procedures.	102
○	9245	Muscle spasm injection (Botulinum toxin).	94
	9246	Secondary periosteal swivel flaps for bone induction.	103
○	9247	Bicoronal approach.	95
	9248	Lip adhesion.	103
○	9249	Blephro-approach.	95
	9250	Repair of cleft lip - unilateral (without muscle reconstruction).	103
○	9251	Transconjunctival/subcilliary approach.	95
	9252	Repair of cleft lip - unilateral (with muscle reconstruction).	103
○	9253	Mandibular swing approach for access to the skullbase.	95
	9254	Repair of cleft lip - bilateral (without muscle reconstruction).	103
	9256	Repair of cleft lip - bilateral (with muscle reconstruction).	103
	9258	Repair anterior nasal floor (between alveolus).	103
○	9259	Distraction device for alveolar bone.	83/136
	9260	Revision of secondary cleft lip deformity - partial.	103
○	9261	Internal distraction device for maxilla or mandible.	84/136
	9262	Revision of secondary cleft lip deformity - total (with functional muscle reconstruction).	103
○	9263	Transport distraction device.	84/136
	9264	Abbe-flap - in two stages.	103
○	9265	External distraction device for maxilla or mandible.	84/136
	9266	Reconstruction of columella.	104
○	9267	Temperomandibular joint prosthesis (stock or custom).	95/136
	9268	Reconstruction of nose due to cleft deformity - partial.	104
○	9269	Custom prosthesis for facial reconstruction.	60/136
	9270	Reconstruction of nose due to cleft deformity - complete.	104
○	9271	Cost of impression material (only to be used with code 8273).	115/136

	9272	Paranasal augmentation for nasal base deviation.	104
☉	9273	Open treatment of an orbital wall fracture.	93
	9274	Repair anterior table, frontal sinus and/or supraorbital rim.	102
☉	9275	Major orbital reconstruction (comminuted orbital fractures).	93
	9276	Repair anterior and posterior wall with obturation and/or cranialisation of frontal sinus.	102
☉	9277	Secondary reconstruction of orbital defect.	93
	9278	Repair medial canthal ligament (canthopexy), per side.	102
☉	9279	Eyelid surgery for facial paralysis including tarsorrhaphy (excludes material).	93
	9280	Open reduction and fixation of nasal fracture.	93
☉	9281	Full thickness eyelid repair (tumor or trauma surgery).	93
	9282	Manipulation and immobilisation of nasal fracture.	93
☉	9283	Repair by superior rectus, levator or frontalis muscle operation.	93
	9284	Musculofascial flap.	101
☉	9285	Ptosis: By lesser procedure e.g. sling operation.	93
	9286	Musculocranial flap.	102
☉	9287	Dacryocystorhinostomy.	93
	9288	Buccal fat pad (major repair).	102
☉	9289	Frenulotomy.	98
	9290	Maxillectomy - alveolus only, Level I.	89
☉	9291	Zygomatic fracture-open reduction with fixation at two sites.	92
	9292	Maxillectomy - alveolus and sinus or nasal floor, Level II.	89
☉	9293	Zygomatic fracture - closed reduction.	92
	9294	Maxillectomy - alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III.	89
	9295	Cost of device material to test implant stability.	67
	9296	Maxillectomy - alveolus, sinus, nasal floor and zygoma including orbital rim Level IV.	89
☉	9297	Removal of eyelet wiring.	91
	9298	Maxillectomy - alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V.	90
☉	9299	Abscess-retropharyngeal or equivalent.	90
	9300	Hemiresection of jaw including condyle and coronoid process.	90

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SADA supports its members throughout their time in the profession - from young students in the field, through their professional careers, and into retirement.

## Our members benefit from the below advantages, amongst others:

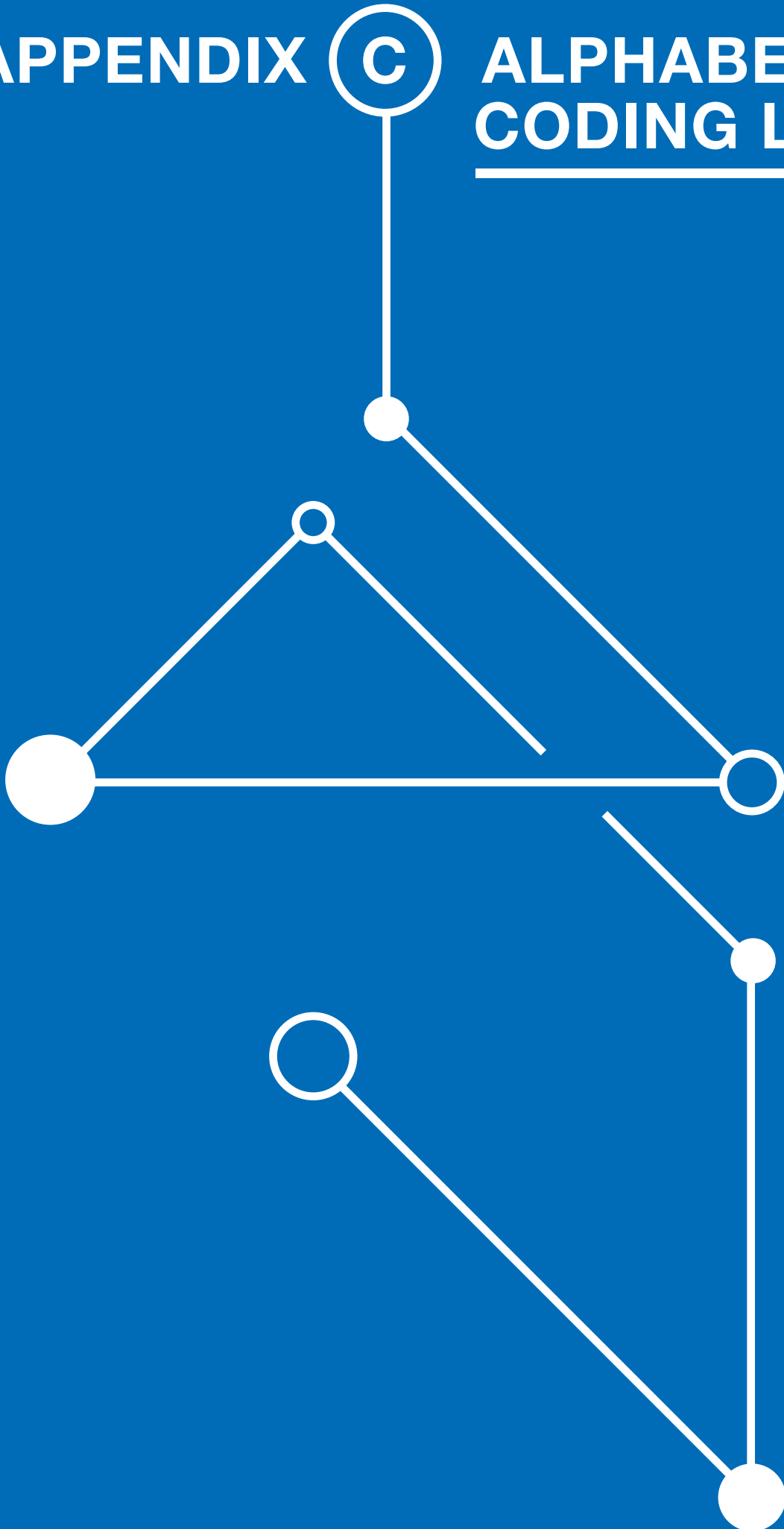


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# APPENDIX **C** ALPHABETIC CODING LIST

APPENDIX C: ALPHABETIC CODING LIST



C. ALPHABETIC CODING LIST		
002	Cost of medicine and direct materials.	v
003	Dental laboratory services.	v
003A	Dental laboratory services when account is submitted by the dentist to the medical aid or patient.	v
004	Dental procedures not listed for a specific provider category.	vi
005	Dental procedures not listed for a specific provider category.	vi
006	Oral examinations and completion of treatment plans.	vi
007	Surgery guidelines.	vii
008	Orthodontic guidelines.	vii
009	Dento-legal fees.	vii
010	Modifiers.	viii
M8001	Assistant surgeon - specialist.	viii
M8002	Specialist benefit.	viii
M8003	This modifier has been deleted in terms of the Competition Act.	viii
M8004	This modifier has been deleted in terms of the Competition Act.	viii
M8005	Maximum multiple procedures (same incision) - MFO surgeon.	viii
M8006	Multiple surgical procedures - third and subsequent procedures.	viii
M8007	Assistant surgeon - general dental practitioner.	viii
M8008	Emergency surgery - after hours.	viii
M8009	Multiple surgical procedures - second procedure.	viii
M8010	Open reduction.	ix
M8011	Procedure accompanied by unforeseen circumstances.	ix
M8012	Reduced services.	ix
M8013	Multiple modifiers.	ix
M8023	Fabrication of Computer Generated Restorations.	ix
M8025	Handling fee - Direct materials.	ix
9264	Abbe-flap - in two stages.	103
9299	Abscess-retropharyngeal or equivalent.	90
8673	Access through a cemented implant supported crown for screw location.	72
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment.	33
8270	Add clasp/s to existing partial denture.	49
8271	Add tooth/teeth to existing partial denture.	49
9193	Additional code for the placement of endosseus implant into fresh extraction socket.	67
9195	Additional code for the surgical placement of single phase endosseus implant.	67
8349	Additional fee for carving of restoration to accommodate existing removable prosthesis.	27
8414	Additional fee for provision of crown within an existing clasp or rest.	27
8660	Additional fee to implant supported fixed- detachable denture - per implant.	70
9152	Additional prosthesis (from mould at time of first prosthesis).	61
8674	Additive partial denture.	52
8275	Adjustment of complete or partial denture(s).	49
8662	Adjustment of complete or partial denture(s) - remounting.	49
8181	Administration of dermal filler within the peri-oral area.	117
8905	After hours consultation MFOS.	3
9207	After hours consultation - Oral pathologist.	5
8672	Altered cast partial denture impression.	52
8780	Alveolar process preservation, per extraction site.	40
8955	Alveoplasty or alveolectomy in conjunction with extractions - per quadrant.	85
8956	Alveoplasty or alveolectomy not in conjunction with extractions - per quadrant.	85
8794	Alveoplasty with implant therapy 1- 3 teeth.	41
8795	Alveoplasty with implant therapy 4 or more teeth.	41
8344	Amalgam - four or more surfaces.	18

	8341	Amalgam - one surface.	18
	8343	Amalgam - three surfaces.	18
	8342	Amalgam - two surfaces.	18
⊙	8947	Anthrostomy for the placement of a sinuspack in order to reduce a zygomatic fracture.	93
	8635	Apexification/apexogenesis/revascularisation - per visit.	33
⊙	8634	Apexification/apexogenesis/revascularisation - initial visit.	33
	9015	Apicectomy/periradicular surgery - anteriors including retrograde filling.	132
⊙	8638	Apicectomy/periradicular surgery, premolar - each additional root.	33
⊙	8642	Apicectomy/periradicular surgery, each additional root - molars.	34
⊙	8637	Apicectomy/periradicular surgery, first root - anteriors or premolars.	33
⊙	8641	Apicectomy/periradicular surgery, first root - molar.	34
	9016	Apicectomy/periradicular surgery - molar include retrograde filling.	132
	8167	Application of desensitising medicament, per visit.	117/128
	8166	Application of desensitising resin, per tooth.	117/128
	8139	Appointment not kept - per half-hour.	116/128
⊙	8228	ART restorations.	18/125
	9076	Arthrocentesis, temporomandibular joint.	94
	9083	Arthroplasty, temporomandibular joint.	94
	9074	Arthroscopy, temporomandibular joint - diagnostic.	94
⊙	8923	Aspiration biopsy (FNA).	43/104
	9175	Attendance in theatre - per hour.	63/90
⊙	9199	Assessment of implant fixture osseointegration.	67
	9007	Augmentation of alveolar ridge by alloplastic material - total.	98
⊙	9001	Augmentation of alveolar ridge using block graft/split ridge technique - across one to two tooth sites.	98
⊙	9002	Augmentation of alveolar ridge using block graft/split ridge technique - across three to five tooth sites.	98
	9005	Augmentation of alveolar ridge - total by bone graft.	98
	9008	Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across one to two tooth sites.	98
	9009	Augmentation of alveolar ridge using particulate bone or particulate bone substitutes - across three or more tooth sites.	98
	9136	Auricular prosthesis - complex.	59
	9135	Auricular prosthesis - simple.	59
	8257	Bar - lingual or palatal.	57
	8168	Behavior management.	118/129
⊙	9247	Bicoronal approach.	95
⊙	8932	Biopsy of soft tissue - intraoral superficial, with suturing.	43/104
⊙	8925	Biopsy of soft tissue - extraoral deep or intramuscular, requiring suturing in multiple layers.	44/104
	8921	Biopsy of soft tissue - extraoral superficial (skin biopsy), with suturing.	44/104
⊙	8934	Biopsy of soft tissue - intraoral deep or intramuscular, requiring suturing in multiple layers.	43/104
	8919	Biopsy of tissue - intra-oral bone, needle.	43/104
	8917	Biopsy of soft tissue - intra-oral without suturing.	43/104
⊙	8927	Biopsy of tissue - extra-oral bone.	44/104
⊙	8926	Biopsy of tissue - intra-oral bone.	44/104
⊙	9249	Blephro-approach.	95
	9160	Body implant prosthesis - custom made.	56
	8766	Bone regenerative/repair procedure as part of a flap operation, per procedure.	39
	8767	Bone regenerative/repair procedure at a single site.	39
⊙	8713	Bood and blood products for regeneration.	39
	8918	Brush biopsy.	43/104
	9288	Buccal fat pad (major repair).	102
	8911	Caldwell-Luc procedure (Transantral approach).	84/96
	8123	Caries susceptibility tests.	9/123

○	8105	Case presentation - extensive treatment planning.	3
	8582	Cast core with double post.	25
×	8397	Cast core with pins.	25
	8391	Cast core with single post.	25
	8581	Cast core with single post.	25
	8583	Cast core with triple post.	25
	8392	Cast post (each additional).	25
○	8205	CBCT image capture with limited field of view - less than one whole jaw.	8
○	8198	CBCT capture and interpretation for TMJ series including two or more exposures.	8
○	8217	CBCT capture and interpretation for the visualisation of sinuses.	8
○	8200	CBCT capture and interpretation with field of view of both dental arches - with orbits and/or cranium.	8
○	8199	CBCT capture and interpretation with limited field of view of one full dental arch - maxilla with orbits and/or cranium.	7
○	8194	CBCT capture and interpretation with limited field of view - less than one whole jaw.	7
○	8197	CBCT capture and interpretation with limited field of view of both dental arches - without orbits and/or cranium.	7
○	8196	CBCT capture and interpretation with limited field of view of one full dental arch - maxilla without orbits and/or cranium.	7
○	8195	CBCT capture and interpretation with limited field of view of one full dental arch - mandible.	7
○	8218	CBCT capture for the visualisation of sinuses.	8
○	8209	CBCT capture for TMJ series including two or more exposures.	8
○	8211	CBCT capture with field of view of both dental arches - with orbits and/or cranium.	8
○	8208	CBCT capture with limited field of view of both dental arches - without orbits and/or cranium.	8
○	8210	CBCT image capture with limited field of view of one full dental arch - maxilla with orbits and/or cranium.	8
○	8207	CBCT image capture with limited field of view of one full dental arch - maxilla without orbits and/or cranium.	8
○	8206	CBCT image capture with limited field of view of one full dental arch mandible.	8
○	8216	CBCT of plaster models or impressions for the purpose of creating virtual models for use in planning software.	8
	8116	Cephalometric radiograph.	6
	9118	Chemotherapeutic agent carrier.	132
○	8519	Chairside CAD/CAM 1-3 surface inlay or onlay.	20
○	8520	Chairside CAD/CAM 4 or more surface inlay or onlay.	20
○	8521	Chairside CAD/CAM crown.	20
○	8522	Chairside CAD/CAM crown retainer, per unit as part of bridge framework	21
○	8523	Chairside CAD/CAM pontic, per unit as part of bridge framework	21
○	8524	Chairside CAD/CAM veneer for bridge framework, per unit.	21
○	8525	Chairside CAD/CAM implant supported restoration, per unit.	21
○	8526	Chairside CAD/CAM implant abutment, per unit.	21
○	8527	Direct cost of material in the fabrication of computer generated resin restoration.	21
○	8528	Direct cost of material in the fabrication of computer generated ceramic restoration.	21
○	9229	Choanal atresia repair through a palatal osteotomy.	100
	8251	Clasp or rest - cast gold.	50
	8255	Clasp or rest - stainless steel.	50
	8253	Clasp or rest - wrought gold.	50
	8756	Clinical crown lengthening (as a separate procedure).	38
	9027	Closed treatment of mandibular fracture (compound) with eyelet wiring.	91
	9025	Closed treatment of mandibular fracture.	91
	9029	Closed treatment of mandibular fracture with metal cap splintage or Gunning's splints.	91
	9035	Closed reduction of maxillary fracture - Le Fort I or Guerin.	92
	9037	Closed reduction of maxillary fracture - Le Fort II or middle third of face.	92
	8909	Closure of oral antral fistula - acute or chronic.	84
○	9186	Closure of salivary fistula.	101



	9072	Closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure).	100
	9171	Commissure splint.	63
	8232	Complete denture - maxillary or mandibular.	47
	8645	Complete denture - maxillary and mandibular.	47
	8231	Complete dentures - maxillary and mandibular.	47
	8643	Complete dentures - maxillary and mandibular.	47
○	9242	Complex local flap.	102
○	9064	Complicated reconstruction of bony defects following major ablative procedure for head and neck cancer.	89
	8507	Comprehensive consultation - Prosthodontist.	5
	8102	Comprehensive oral examination - general dental practitioner.	2
	8873	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I mild malocclusion.	108
	8875	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I moderate malocclusion.	108
	8877	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion.	108
	8879	Comprehensive orthodontic treatment, fixed appliance - both arches, Class I severe malocclusion with complications.	108
	8881	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III mild malocclusion.	108
	8883	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III moderate malocclusion.	109
	8885	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion.	109
	8887	Comprehensive orthodontic treatment, fixed appliance - both arches, Class II or III severe malocclusion with complications.	109
	8874	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I mild malocclusion.	109
	8876	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I moderate malocclusion.	109
	8878	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion.	109
	8880	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class I severe malocclusion with complications.	109
	8882	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III mild malocclusion.	110
	8884	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III moderate malocclusion.	110
	8886	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion.	110
	8888	Comprehensive orthodontic treatment, fixed lingual appliance - both arches, Class II or III severe malocclusion with complications.	110
	8841	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, mild malalignment.	109
	8842	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, moderate malalignment.	109
	8843	Comprehensive orthodontic treatment, fixed lingual appliance - single arch, severe malalignment.	109
○	8602	Computer generated surgical guide.	7
○	8601	Computerised implant planning.	7
○	8913	Condylar Risdon/submandibular approach.	96
	9081	Condyle neck osteotomy, temporomandibular joint (Ward/Kostecka).	94
	9075	Condylectomy, coronoidectomy or both.	94
	8585	Connector bar.	79
	8584	Connector bar - implant supported.	67
○	8900	Consultation and treatment planning for minor and oral surgery.	3
	8855	Consultation - cleft palate therapy (house or hospital).	57
	8857	Consultation - cleft palate therapy (house or hospital) - maximum.	57
	8856	Consultation - cleft palate therapy (house or hospital) - subsequent.	57
	8901	Consultation - MFOS.	3

	8902	Consultation - MFOS (detailed).	3
	8782	Consultation - Oral medicine (complex).	5
	8781	Consultation - Oral medicine (simple).	4
	8783	Consultation - Oral medicine (subsequent).	5
	9201	Consultation - Oral pathologist.	5
	9205	Consultation - Oral pathologist (subsequent).	5
	8801	Consultation - Orthodontist.	4
	8803	Consultation - Orthodontist (subsequent, retention and post treatment).	4
	8701	Consultation - Periodontist.	4
	8703	Consultation - Periodontist (detailed).	4
	8501	Consultation - Prosthodontist.	5
	8190	Consultation - second opinion or advice.	3/121
○	8894	Consultation without the patient (with family for consent or writing of special reports, or preparation of quotations).	4
×	8396	Coping - metal.	25
	8587	Coping - metal.	79
	8398	Core build-up with/without pins.	25
	8376	Core build-up with prefabricated posts.	25
○	8928	Core needle biopsy.	44/104
	9053	Coronoidectomy (intraoral approach).	94
×	8984	Corticotomy - each additional tooth.	84
	8983	Corticotomy - first tooth.	84
	8889	Cost of attachment device.	111/136
	8770	Cost of bone regenerative/repair material, including membrane.	39/136
	8560	Cost of ceramic block.	21
○	8483	Cost of CT Scan DICOM conversion.	7/136
○	8182	Cost of dermal filler.	117/136
	9295	Cost of device material to test implant stability.	67
	9187	Cost of endosteal implant body.	73/136
	8152	Cost of gases associated with inhalation sedation.	
	8600	Cost of implant restorative components.	73/136
○	9271	Cost of impression material (only to be used with code 8273).	115/136
	8773	Cost of intra-pocket chemotherapeutic agent.	42
○	8869	Cost of materials to aid tooth eruption.	84/136
	8306	Cost of MTA.	115/136
○	8170	Cost of mouth protector.	15/124/136
○	8482	Cost of orthodontic component/fixture/attachment.	111
	8172	Cost of orthotic appliance.	93/136
	9189	Cost of other implant components.	73/136
	9188	Cost of prefabricated abutment.	73/136
○	8480	Cost of prefabricated metal restoration.	24/136
○	8380	Cost of prefabricated non-metal restoration or crown.	24/136
	8379	Cost of post/post components.	25/136
○	8722	Cost of provisional splinting materials.	41/126
○	9154	Cost of surgical splint.	62/136
	8220	Cost of suture material.	82/136
○	8221	Cost of haemostatic sponge.	104/136
○	8485	Cost of the production of a computer generated surgical guide.	7/136
	9156	Cranial implant prosthesis - custom made.	61
	9155	Cranial prosthesis.	61
○	8998	Craniofacial transcutaneous endosseus implant.	85
○	8999	Craniofacial transmucosal endosseus implant.	85
○	9200	Cranioplasty.	102
○	8539	Crown - implant/abutment supported crown - resin veneered to metal.	71

	8401	Crown - full cast metal.	22
	8407	Crown - resin veneered to metal.	23
⊙	8409	Crown - ceramic.	23
⊙	8669	Crown placed on a screw-retained implant-supported superstructure.	68
	8411	Crown - porcelain veneered to metal (ceramometal).	23
⊙	8400	Crown preparation and temporisation only.	22
	8444	Crown retainer - ¾ ceramic.	78
	8442	Crown retainer - ¾ cast metal.	78
	8443	Crown retainer - ceramic.	78
	8441	Crown retainer - full cast metal.	78
	8445	Crown retainer - porcelain veneered to metal (ceramometal).	78
⊙	8448	Crown retainer - resin based composite (indirect).	78
	8446	Crown retainer - resin veneered to metal.	78
	8592	Crown-implant/abutment supported.	70
	8537	Crown-implant/abutment supported crown - porcelain with metal.	70
	8403	Crown - three-quarter cast metal.	22
	8404	Crown - three-quarter ceramic.	22
⊙	8406	Crown - three-quarter resin (indirect).	23
	8579	Custom abutment.	69
⊙	9269	Custom prosthesis for facial reconstruction.	60/136
⊙	9287	Dacryocystorhinostomy.	93
	9017	Decortication, saucerisation and sequestrectomy.	90
⊙	9231	Defensive corticotomy.	90
	8099	Dental laboratory service.	115/128
	8111	Dental testimony.	116/128
	9024	Dento-alveolar fracture - per sextant.	91
⊙	8930	Design meeting and/or planning for a custom prosthesis/tempero-mandibular joint.	95
	8506	Detailed consultation - Prosthodontist.	132
	8837	Diagnosis and treatment planning - Orthodontist.	4
	8405	Diagnostic crown - resin (indirect).	22
	8661	Diagnostic dentures (including tissue conditioning).	50
	8119	Diagnostic models - mounted.	9
	8117	Diagnostic models - unmounted.	9
	8121	Diagnostic photograph/image - per image.	7/122
	8839	Diagnostic setup.	10
⊙	8126	Digital impressions or intraoral scans for the purposes of creating digital diagnostic models.	9
⊙	8527	Direct cost of material in the fabrication of computer generated resin restoration.	21
⊙	8528	Direct cost of material in the fabrication of computer generated ceramic restoration.	21
⊙	9259	Distraction device for alveolar bone.	83/136
⊙	9073	Distraction for the reconstruction of the mandibular body (per side).	83
⊙	9078	Distraction for the reconstruction of the mandibular condyle and temperomandibular joint.	83
⊙	9082	Distraction for the reconstruction of the midface (external distractor).	83
⊙	9080	Distraction for the reconstruction of the midface (internal distractor).	83
	9067	Distraction osteogenesis - across one to two tooth sites.	83
⊙	9070	Distraction of the alveolar ridge - full arch.	83
⊙	9068	Distraction osteogenesis - across three to five tooth sites.	83
	8508	Electrognathographic recording.	9
	8509	Electrognathographic recording with computer analysis.	9
	8137	Emergency crown (chairside).	23
	8131	Emergency dental treatment.	116/128
⊙	8541	Emergency implant supported temporary crown - cemented.	70
⊙	8542	Emergency implant supported temporary crown - screw retained.	70
⊙	8572	Emergency implant supported temporary retainer - screw retained.	71

○	8440	Emergency temporary crown retainer.	78
○	8431	Emergency temporary inlay/onlay retainer.	77
○	8421	Emergency temporary pontic.	77
	8158	Enamel microabrasion.	15/118/123
○	8639	Endodontic instruments per patient per completed treatment.	32/136
○	8940	Endoscopic management of a condylar fracture - report per side.	92
○	8914	Endoscopic or intra-oral approach to the condyle.	96
○	8949	Endoscopic procedure: Stenson's duct.	101
○	8948	Endoscopic procedure: Wharton's duct.	101
○	8895	Examination under general anaesthesia.	4
○	8978	Excision of a lesion of the tongue requiring no suture or primary suture.	87
○	8950	Excision of a ranula (marsupezalization).	101
○	8968	Excision of benign soft tissue tumour/cyst requiring extensive resection and suturing in multiple layers with muscular involvement.	86
○	8970	Excision of benign soft tissue tumour/cyst requiring suturing in multiple layers with no muscular involvement.	86
	8993	Excision of hypertrophic tuberosity - per side.	86
○	9090	Excision of lacrimal sac: unilateral.	89
○	8974	Excision of malignant soft tissue tumour requiring suturing in multiple layers with no muscular or intraosseus involvement.	86
	8971	Excision of benign soft tissue tumour/cyst requiring minimal or no suturing.	86
	9095	Excision of sublingual salivary gland.	101
	9096	Excision of submandibular salivary gland - extra-oral approach.	101
○	9202	Excision of submandibular salivary gland with any type of neck dissection.	101
	8989	Excision of torus mandibularis - per side.	86
	8991	Excision of torus palatinus.	86
○	8972	Excision of small malignant lesion requiring minimal suturing.	86
○	8920	Exfoliative cytological specimen collection.	43/126
○	9034	Extended neck dissection.	88
	8103	Extensive oral examination - condition focused combined consultation for complex treatment planning	132
○	8976	Extensive resection for malignant soft tissue tumour - excluding reconstruction.	87
	8308	External tooth whitening procedures - per arch.	117/128
○	9265	External distraction device for maxilla or mandible.	84/136
×	8202	Extraction of tooth or exposed tooth roots - each additional tooth per quadrant.	82
	8201	Extraction of tooth or exposed roots - first tooth per quadrant.	82
	8114	Extraoral radiograph/image.	6
○	9279	Eyelid surgery for facial paralysis including tarsorrhaphy (excludes material).	93
	8570	Fabrication of computer generated ceramic restoration - per abutment/pontic/restoration.	21
○	8524	Fabrication of computer generated resin or ceramic veneer for bridge framework, per unit.	26
	8385	Fabrication of indirect or chairside indirect (direct-indirect) resin inlay/onlay restoration.	22/136
	9158	Facial augmentation implant prosthesis - complex.	61
	9157	Facial augmentation implant prosthesis - simple.	61
	9170	Facial palsy appliance.	63
	9147	Facial prosthesis - combination, complex.	60
	9146	Facial prosthesis - combination, large.	60
	9145	Facial prosthesis - combination, medium.	60
	9144	Facial prosthesis - combination, small.	60
	9151	Facial prosthesis, surgical - complex.	61
	9150	Facial prosthesis, surgical - simple.	61
	9119	Feeding aid prosthesis.	57
○	8619	Fibre reinforced resin inlay retainer.	77
○	8610	Flap operation with modification of the implant surface, including bone surgery - four or more implants per quadrant.	68

○	8609	Flap operation with modification of the implant surface, including bone surgery - one to three implants per quadrant.	68
○	8746	Flap operation with root planing and curettage (open curettage) - four or more teeth per quadrant.	37
○	8748	Flap operation with root planing and curettage, including bone surgery - four or more teeth per quadrant.	38
○	8747	Flap operation with root planing and curettage, including bone surgery - one to three teeth per quadrant.	38
	8749	Flap operation with root planing and curettage (open curettage) - one to three teeth per quadrant.	37
	8755	Flap procedure, root planing and four or more surgical services - per sextant.	132
	8753	Flap procedure, root planing and four or more surgical services - per quadrant.	132
	8751	Flap procedure, root planing and one to three surgical services - per sextant.	132
○	8893	Follow up telephonic consultation per 10 min.	4
	8985	Frenulectomy.	98
○	9289	Frenulotomy.	98
○	8835	Full aligner treatment dual arch unlimited aligners.	110
○	8834	Full aligner treatment single arch unlimited aligners.	110
○	8284	Full denture - Flexidenture framework.	47
○	9281	Full thickness eyelid repair (tumor or trauma surgery).	93
	9238	Functional repair of oro-nasal fistula - distant flaps (one procedure).	103
	9240	Functional repair of oro-nasal fistula - distant flaps (two procedures).	103
×	8499	General anaesthetic (Administration).	132
	9071	Geniohyoidotomy.	96/100
	9051	Genioplasty.	99
	8995	Gingivectomy - per jaw.	37
	8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant.	37
	8743	Gingivectomy/gingivoplasty - one to three teeth, per quadrant.	37
	9112	Glossal resection prosthesis - complex.	57
	9111	Glossal resection prosthesis - simple.	57
	9069	Glossectomy - partial.	87/100
	8565	Gold foil - three surface.	132
	8563	Gold foil - two surfaces.	132
	8561	Gold foil - one surface.	132
○	8775	Guided tissue regeneration - nonresorbable barrier, per site (includes subsequent removal of membrane).	39
○	8774	Guided tissue regeneration - resorbable barrier, per site.	39
	9173	Hand splint.	63
○	9214	Harvest auricular cartilage graft.	97
	8964	Harvest cranium graft.	97
○	9216	Harvest fascia lata.	97
	8962	Harvest iliac crest graft.	96
○	9209	Harvest iliac crest graft - bicortical.	97
	9211	Harvest iliac crest graft - bicortical.	132
○	9208	Harvest iliac crest graft - monocortical.	96
○	9217	Harvest of free fat.	97
	8963	Harvest rib graft.	97
○	9212	Harvest rib graft - bone.	97
○	9213	Harvest rib graft - cartilage.	97
○	9210	Harvest tibial bone - spongiosa.	97
	8765	Hemisection of a tooth.	40
	8975	Hemiresection of jaw excluding condyle.	90
	9300	Hemiresection of jaw including condyle and coronoid process.	90
	8311	Home tooth whitening procedures (self-applied tooth whitening procedures) - follow-up care - per visit.	117/129

8309	Home tooth whitening procedures (self-applied tooth whitening procedures) - instructions and applicator.	117/128
8140	House/extended care facility/hospital call.	5/122
8903	House/nursing home/hospital consultation - MFOS.	3
8907	House/nursing home/hospital consultation - MFOS-maximum per week.	3
8904	House/nursing home/hospital consultation - MFOS-subsequent.	3
9203	House/nursing home/hospital consultation - Oral Pathologist.	5
8245	Immediate denture - mandibular.	47
8244	Immediate denture - maxillary.	47
8649	Immediate denture - either maxillary or mandibular.	47
8666	Immediate loading of implant.	71
8538	Implant/abutment supported crown - cast metal.	70
8536	Implant/abutment supported crown - porcelain/ceramic.	70
8590	Implant maintenance procedures.	72/126
8670	Implant screw access closure.	87
8546	Implant/abutment supported-porcelain/ceramic crown retainer.	71
8547	Implant supported crown retainer - porcelain veneered to metal (ceramometal).	71
8548	Implant supported crown retainer - cast metal.	71
8654	Implant supported fixed-detachable complete overdenture.	69
8655	Implant supported fixed-detachable partial overdenture.	69
8543	Implant supported provisional crown - cemented.	70
8544	Implant supported provisional crown - screw retained.	70
8573	Implant supported provisional crown retainer - cemented.	71
8574	Implant supported provisional crown retainer - screw retained.	71
8533	Implant supported removable complete overdenture.	69
8534	Implant supported removable partial overdenture.	69
8549	Implant supported retainer - resin veneered to metal.	71
8588	Implant supported superstructure	68
8571	Emergency implant supported temporary crown retainer - cemented.	71
8273	Impression to repair or modify a denture or other removable intraoral appliance or for the purpose of establishing virtual models for use in planning software.	49
9013	Incision and drainage of abscess - extra-oral (pyogenic).	90
9011	Incision and drainage of abscess - intraoral (pyogenic) - per sextant.	90
8109	Infection control/barrier techniques.	115/127
8143	Inhalation sedation - each additional 15 minutes or part thereof.	114
8141	Inhalation sedation - first 15 minutes or part thereof.	114
8277	Inlay in denture.	51
8371	Inlay, ceramic - one surface.	20
8361	Inlay, metal - one surface.	19
8381	Inlay, resin - one surface.	22
8438	Inlay/onlay retainer, ceramic - four or more surfaces.	77
8437	Inlay/onlay retainer, ceramic - three surfaces.	77
8436	Inlay/onlay retainer, ceramic - two surfaces.	77
8434	Inlay/onlay retainer, metal - four or more surfaces.	77
8433	Inlay/onlay retainer, metal - three surfaces.	77
8432	Inlay/onlay retainer, metal - two surfaces.	77
8374	Inlay/onlay, ceramic - four or more surfaces.	20
8373	Inlay/onlay, ceramic - three surfaces.	20
8372	Inlay/onlay, ceramic - two surfaces.	20
8364	Inlay/onlay, metal - four or more surfaces.	20
8363	Inlay/onlay, metal - three surfaces.	20
8362	Inlay/onlay, metal - two surfaces.	19
8384	Inlay/onlay, resin - four or more surfaces.	22

	8383	Inlay/onlay, resin - three surfaces.	22
	8382	Inlay/onlay, resin - two surfaces.	22
	8731	Incision and drainage of abscess - intra-oral.	132
○	8771	Insertion of intra-pocket chemotherapeutic agent - per pocket so treated.	42
	8658	Insterim complete denture.	50
	8659	Interim partial denture.	50
	8325	Internal tooth whitening procedures - per tooth.	117
	8327	Internal tooth whitening procedures, each additional visit - per tooth.	118
○	9261	Internal distraction device for maxilla or mandible.	84/136
○	8203	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including the report.	8
	8212	Interpretation of diagnostic image by a practitioner associated with capture of the image, including the report.	132
	9077	Intra-articular injection, temporomandibular joint.	94
○	8915	Intra-oral circum-oral mandibular approach.	96
	8979	Intra-oral harvesting of bone blocks, per site.	97
○	8980	Intra-oral harvesting of bone-coagulum/bone-scraping, not per site.	97
○	9215	Intra-oral harvesting of particulate bone.	97
	8112	Intraoral radiograph - bitewing.	6/122
	8113	Intraoral radiograph/image - occlusal.	6/122
	8107	Intraoral radiograph - periapical.	6/122
	8108	Intraoral radiographs/images - complete series.	6/122
	8144	Intravenous sedation.	114
○	8318	Irrigation and medication per tooth at a separate visit.	31
	8304	Isolation of tooth/teeth - per arch.	115/128
○	8954	Laser treatment for facial pain - per visit.	94
○	9004	Lateralization of inferior dental nerve (including bone grafting).	85
	9059	Le Fort I access to the skullbase.	96/116
○	9223	Ligation of maxillary artery.	104
○	8831	Limited aligner treatment, dual arch, up to 7 aligners per arch.	110
○	8830	Limited aligner treatment, single arch, up to 7 aligners.	110
○	8939	Limited neck dissection.	88
	8104	Limited oral examination.	2
○	8164	Limited oral examination: oral hygienist.	121
	9248	Lip adhesion.	103
○	9006	Lip reconstruction following an injury or tumour removal: primary closure.	87
○	9018	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (first stage).	87
○	9020	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (subsequent stages).	87
○	9022	Lip reconstruction following an injury or tumour removal: total complicated reconstruction with a complicated advancement flap (Bernard flap).	87
	8145	Local anaesthesia - report per quadrant.	114/127
○	8986	Local excision of benign lesion of lip where primary closure is not possible.	87
○	8982	Local excision of benign lesion of lip with primary closure.	87
○	9176	Local resection of parotid tumour (lumpectomy).	101
	8597	Lock and milled rest.	51
○	9275	Major orbital reconstruction (comminuted orbital fractures).	93
○	9237	Management of a patient on anti-coagulatives for the performance of a surgical procedure.	104
○	9124	Mandibular advancement device.	57
	9108	Mandibular resection prosthesis with guide flange.	56
	9109	Mandibular resection prosthesis without guide flange.	56
○	9253	Mandibular swing approach for access to the skullbase.	95
	9282	Manipulation and immobilisation of nasal fracture.	93

	8762	Masticatory mucosal autograft - extending across four or more teeth per quadrant (as a separate procedure).	38
	8761	Masticatory mucosal autograft - extending across one to three teeth, per quadrant (as a separate procedure).	38
	9010	Maxillary sinus floor bone augmentation, buccal-approach, complete.	98
⊗	9012	Maxillary sinus floor bone augmentation, buccal-approach, limited.	99
	9292	Maxillectomy - alveolus and sinus or nasal floor, Level II.	89
	9290	Maxillectomy - alveolus only, Level I.	89
	9294	Maxillectomy - alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III.	89
	9296	Maxillectomy - alveolus, sinus, nasal floor and zygoma including orbital rim Level IV.	89
	9298	Maxillectomy - alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V.	90
	8769	Membrane removal (used for guided tissue regeneration).	39
⊗	8668	Metal base for implant supported denture - complete.	72
⊗	8621	Metal base for implant supported denture - partial.	72
	8663	Metal base to complete denture.	51
	8122	Microbiological studies.	9/123
	9052	Midfacial or craniofacial exposure utilizing a facial degloving technique.	96/100
⊗	8204	Minimally traumatic tooth/root removal.	82
⊗	8833	Moderate aligner treatment, dual arch, up to 14 aligners per arch.	110
⊗	8832	Moderate aligner treatment, single arch, up to 14 aligners.	110
⊗	8685	Modification of obturator prostheses per visit.	56
⊗	8580	Modification of prefabricated abutment.	69
⊗	8278	Modification of surgical conformer.	63
⊗	9028	Modified radical neck dissection.	88
	8147	Monitoring equipment for intravenous sedation.	114
	8890	Monthly payment - orthodontic treatment.	111
	8171	Mouth guard.	15/125
⊗	9100	Multiple extra-oral incisions and drainages (e.g. Ludwig's angina).	90
⊗	9245	Muscle spasm injection (Botulinum toxin).	94
	9286	Musculocranial flap.	102
	9284	Musculofascial flap.	101
	9138	Nasal prosthesis - complex.	60
	9137	Nasal prosthesis - simple.	59
⊗	9218	Nerve repair: 1st Fasciculus.	99
⊗	9219	Nerve repair: 2nd and additional Fasciculus.	99
⊗	9225	Nerve repair: entubelation.	99
	8150	Counselling for high-risk substance use.	15/124
	8149	Nutritional counselling.	14/124
⊗	9233	Obliteration of the frontal sinus.	102
	9106	Obturator prosthesis, definitive - open/hollow box.	56
	9107	Obturator prosthesis, definitive - silicone glove.	56
	9104	Obturator prosthesis, interim - on existing denture.	56
	9105	Obturator prosthesis, interim - on new denture.	56
	9102	Obturator prosthesis, surgical - continuous base.	55
	9101	Obturator prosthesis, surgical - modified denture.	55
	9103	Obturator prosthesis, surgical - split base.	55
	8551	Occlusal adjustment (major).	118
	8553	Occlusal adjustment (minor).	118
	8503	Occlusal analysis on adjustable articulator.	9
	8169	Occlusal guard.	15
	8852	Occlusal orthotic device.	94
	9159	Ocular implant prosthesis - custom made.	61
	9141	Ocular prosthesis - custom appliance.	60
	9140	Ocular prosthesis - modified stock appliance.	60



	9139	Ocular prosthesis, interim.	60
	8129	Office/hospital visit - after regularly scheduled hours.	5
○	8924	Open biopsy of a single lymphnode in the neck.	43
	9280	Open reduction and fixation of nasal fracture.	93
○	9273	Open treatment of an orbital wall fracture.	93
○	9033	Open treatment of condylar fracture - per side.	92
○	9032	Open treatment of mandibular fracture through an extra-oral approach.	92
	9031	Open treatment of mandibular fracture through an intra-oral approach.	91
○	9038	Open treatment of maxillary fracture - Le Fort II or middle third of face.	92
○	9036	Open treatment of maxillary fracture - Le Fort I.	92
	9039	Open reduction of maxillary fracture - Le Fort III or craniofacial disjunction.	92
	8101	Oral examination - general dental practitioner.	2
○	8154	Oral examination: oral hygienist.	121
	8151	Oral hygiene education and plaque control instruction.	14/124
	8153	Oral hygiene education and plaque control instruction - each additional visit.	14/124
	8178	Oral hygiene instruction - each additional visit (periodontally diseased patient).	14/125
	8177	Oral hygiene instruction (periodontally diseased patient).	14/125
	9172	Oral retractors, dynamic - per arm.	63
○	9097	Orbit: exenteration.	89
	9143	Orbital prosthesis - complex (excluding ocular section).	60
	9142	Orbital prosthesis - simple (excluding ocular section).	60
○	9094	Orbitectomy: removal of tumour.	89
	8849	Orthodontic retention.	111
○	8802	Orthodontic consultation and treatment planning.	4
	8892	Orthodontic re-treatment.	111
	8863	Orthodontic treatment - each additional removable appliance.	107
	8864	Cost of prefabricated removable appliance.	107
	8858	Orthodontic treatment - functional appliance.	107
	8862	Orthodontic treatment - removable appliance.	107
	8865	Orthodontic treatment fixed appliance - one arch mixed dentition.	108
	8866	Orthodontic treatment fixed appliances - both arches, mixed dentition.	108
	8867	Orthodontic treatment, fixed appliance - single arch, mild malalignment.	108
	8868	Orthodontic treatment, fixed appliance - single arch, moderate malalignment.	108
	8869	Orthodontic treatment, fixed appliance - single arch, severe malalignment.	108
○	8861	Orthodontic treatment, partial fixed appliance - minor mixed dentition.	107
	9120	Orthopaedic craniofacial prosthesis - minor.	58
	9121	Orthopaedic craniofacial prosthesis - moderate.	58
	9122	Orthopaedic craniofacial prosthesis - severe.	58
	9123	Orthopaedic craniofacial prosthesis modification.	58
	9169	Orthoses appliance (for paralysed patients).	63
○	9014	Osteotome sinus floor bone augmentation.	99
	9047	Osteotomy - open with stabilisation.	99
	9050	Osteotomy - total subapical.	99
	9057	Osteotomy, maxilla, segmental, anterior (Wassmund).	100
	9049	Osteotomy, mandible, segmental (Köle) - anterior.	99
	9055	Osteotomy, maxilla, segmental (Schukardt).	100
	9149	Other body prostheses - complex.	61
	9148	Other body prostheses - simple.	61
○	8423	Ovate pontic design.	73
	8652	Overdenture - complete.	51
	8653	Overdenture - partial.	51
○	8952	Pain point injection (alcohol, phenol, etc).	94
	9110	Palatal augmentation prosthesis.	57

	9130	Palatal lift prosthesis.	59
	9061	Palatal osteotomy.	100
	8115	Panoramic radiograph/image.	6/122
	8505	Pantographic recording.	132
	9272	Paranasal augmentation for nasal base deviation.	104
	8281	Partial denture - cast metal framework.	48
	8671	Partial denture - cast metal framework with resin denture base.	48
	8240	Partial denture - eight teeth.	48
	8237	Partial denture - five teeth.	48
⊙	8283	Partial denture - Flexidenture framework.	48
	8236	Partial denture - four teeth.	48
⊙	8246	Partial denture - immediate.	48
	8241	Partial denture - nine or more teeth.	48
	8233	Partial denture - one tooth.	48
	8239	Partial denture - seven teeth.	48
	8238	Partial denture - six teeth.	48
	8235	Partial denture - three teeth.	48
	8234	Partial denture - two teeth.	48
⊙	9098	Partial mandibulectomy.	90
	8759	Pedicle-flap soft tissue graft.	38
	8176	Periodontal examination.	3/121
⊙	8740	Periodontal maintenance.	42/126
	8707	Periodontal screening.	4
	8965	Peripheral neurectomy.	94
	8959	Pharyngostomy.	97
	8347	Pin retention (in addition to restoration). Report per pin.	24
	8366	Pin retention as part of cast restoration.	24
⊙	8996	Placement of a second Zygomaticus implant.	85
	8804	Placement of fixed orthodontic retainer.	111
⊙	8606	Placement of implant fixtures outside the oral cavity.	85
⊙	8845	Placement of one-piece transmucosal implant (temporary anchorage device) for orthodontic retention.	67/110
	9181	Placement of sub-periosteal implant - placement stage.	66
	9180	Placement of sub-periosteal implant - preparatory stage.	66
	9046	Placement of zygomaticus fixture, per fixture.	93
⊙	8994	Placement of Zygomaticus implant.	84
⊙	9197	Planning for craniofacial reconstruction - complex.	55
⊙	9196	Planning for craniofacial reconstruction - simple.	55
	8179	Plaque removal for the periodontally diseased patient - complete dentition.	13/123
	8155	Polishing - complete dentition.	13/123
×	8615	Pontic - anterior/premolar.	77
	8415	Pontic - ceramic.	76
	8416	Pontic - full cast metal.	76
	8418	Pontic - porcelain veneered to metal (ceramometal).	76
×	8613	Pontic - molar.	77
⊙	8422	Pontic - resin based composite (direct)	76
⊙	8420	Pontic - resin based composite (indirect).	76
	8417	Pontic - resin veneered to metal.	76
×	8611	Pontic - sanitary.	76
	8906	Post-op visit in hospital for Neoplasm/Trauma/CLP (2x/day for duration of hospitalization), reported visit.	132
	8807	Post orthodontic treatment consultation.	111
⊙	9221	Posterior neck dissection.	88

	8118	Posterior-anterior or lateral skull and facial bone radiograph/image.	6
⊙	8916	Preauriculo-temporal approach.	96
	8599	Precision attachment.	51
	8578	Prefabricated abutment.	68
	8357	Prefabricated metal crown.	24
	8345	Prefabricated post retention (in addition to direct restoration).	24
	8375	Prefabricated non-metal crown.	24
⊙	8473	Procedural sedation each additional 15 minutes or part thereof.	114
⊙	8472	Procedural sedation - first 30 min.	114
⊙	8471	Procedural sedation or general anaesthesia assessment.	114
⊙	8474	Procedure room for sedation.	114
	8159	Prophylaxis (scaling and polishing) - complete dentition.	13/123
	8410	Provisional crown.	23
	8447	Provisional crown retainer.	78
	8419	Provisional pontic.	76
	8725	Provisional splinting - extra coronal (wire with resin) per sextant.	42/126
	8727	Provisional splinting - intracoronal, per tooth.	42
	8723	Provisional splinting - extracoronal (wire), per sextant.	41/126
⊙	9285	Ptosis: By lesser procedure e.g. sling operation.	93
	8307	Pulp amputation (pulpotomy).	30
	8301	Pulp cap - direct.	30
	8303	Pulp cap - indirect.	30
	8132	Pulp removal (pulpectomy).	30
	8124	Pulp tests.	9/123
×	9114	Radiation carrier - complex.	133
×	9113	Radiation carrier - simple.	133
×	9117	Radiation cone locator.	133
×	9116	Radiation shield - complex.	133
×	9115	Radiation shield - simple.	133
⊙	9026	Radical neck dissection.	88
⊙	9056	Radical resection of palate (including skin graft).	89
	8259	Rebase complete or partial denture (laboratory).	49
	8157	Re-burnishing and polishing of restorations - complete dentition.	26/126
	8514	Recement bridge.	78
⊙	8134	Recement cast core or post (prefabricated or cast).	26
	8133	Recement crown.	26
⊙	8142	Recement inlay/onlay/veneer.	26
⊙	8174	Recementation of space maintainer.	14
	9062	Reconstruction midface, Le Fort I osteotomy - multiple segments.	100
	9060	Reconstruction midface, Le Fort I osteotomy - with repositioning and/or interpositional grafting.	100
	9063	Reconstruction midface, Le Fort II osteotomy - for facial deformities or faciostenosis and post-traumatic deformities.	100
	9065	Reconstruction midface, Le Fort III osteotomy - for severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction.	100
	9266	Reconstruction of columella.	104
	9270	Reconstruction of nose due to cleft deformity - complete.	104
	9268	Reconstruction of nose due to cleft deformity - partial.	104
	9092	Reconstruction or replacement of temporomandibular joint.	95
	9091	Reduction of temporomandibular joint dislocation - open reduction.	95
	9087	Reduction of temporomandibular joint dislocation - with anaesthetic.	95
	9089	Reduction of temporomandibular joint dislocation - with anaesthetic and immobilisation.	95
	9085	Reduction of temporomandibular joint dislocation - without anaesthetic.	95
	8189	Re-examination - existing condition.	2/121

	8705	Re-examination - Periodontist.	4
⊙	9243	Regional flap (eg. pectoral, deltoid or latissimus dorsi flap).	102
⊙	8517	Reimplantation of an avulsed tooth (include stabilisation).	84
	8263	Reline complete or partial denture (chairside reline/intra-oral).	50
	8267	Reline complete or partial denture (laboratory) hard or soft base.	50
	8261	Remodel complete or partial of denture.	49
	8664	Remount crown or bridge for adjustment.	51
⊙	9084	Removal of an internal or external distractor device.	83
⊙	9604	Removal of fractured/damaged screw within abutment.	72
⊙	8603	Removal of fractured/damaged screw within implant.	72
	8640	Removal of fractured root canal instrument.	33
	8160	Removal of gross calculus and plaque.	13/123
⊙	8591	Removal of implant supported prosthesis.	88
⊙	8156	Removal of inlay/onlay/veneer.	26
⊙	9297	Removal of eyelet wiring.	91
⊙	8608	Removal of non-integrated implant.	67
	9093	Removal of salivary stone (sialolithotomy).	101
⊙	8929	Removal of temporomandibular joint prosthesis.	95
	8330	Removal/bypass of root canal obstruction per canal.	33
	8516	Remove bridge.	79
	8135	Remove crown.	26
	8138	Remove retention post.	26
	8891	Re-negotiated fee for transfer cases.	111
	9276	Repair anterior and posterior wall with obturation and/or cranialisation of frontal sinus.	102
	9258	Repair anterior nasal floor (between alveolus).	103
	9274	Repair anterior table, frontal sinus and/or supraorbital rim.	102
	8518	Repair bridge.	79
⊙	8990	Repair by primary suture.	87
⊙	8992	Repair by skin graft or local flap.	87
⊙	9283	Repair by superior rectus, levator or frontalis muscle operation.	93
	8413	Repair crown.	26
	9278	Repair medial canthal ligament (canthopexy), per side.	102
	9222	Repair of cleft hard palate - bilateral (one procedure).	102
	9224	Repair of cleft hard palate - bilateral (two procedures).	102
	9220	Repair of cleft hard palate - unilateral.	102
	9256	Repair of cleft lip - bilateral (with muscle reconstruction).	103
	9254	Repair of cleft lip - bilateral (without muscle reconstruction).	103
	9252	Repair of cleft lip - unilateral (with muscle reconstruction).	103
	9250	Repair of cleft lip - unilateral (without muscle reconstruction).	103
	9226	Repair of cleft soft palate - without muscle reconstruction.	102
	8269	Repair of denture or other intra-oral appliance.	49
	8595	Repair of implant abutment.	72
⊙	8596	Repair of implant supported ceramic or ceramometal crown, retainer or pontic.	73
	8594	Repair of implant supported prosthesis.	72
⊙	8598	Repair of implant supported provisional prosthesis.	73
⊙	8593	Repair of implant supported resin prosthesis.	72
	8966	Repair of oronasal fistula (local flaps).	84
⊙	8796	Repair of oronasal opening.	41
⊙	8331	Repair of perforation defects.	33
	8846	Repair of removable orthodontic appliance.	111
	9228	Repair of soft palate - with muscle reconstruction.	103
	9230	Repair of submucosal cleft and/or bifid uvula - with muscle reconstruction.	103

	8848	Repair or replace broken or lost fixed orthodontic appliance.	111
	8805	Repair or replacement of fixed orthodontic retainer.	111
	8657	Replacement of precision attachment.	51
	8847	Replacement of removable orthodontic appliance and/or retainer.	111
	9153	Replacement prosthesis (from original mould).	61
	8219	Report by a third party on pathology, implant measurements, endodontics, orthodontic measurements, nerve proximities etc.	132
	9003	Repositioning mental foramen and nerve - per side.	85
○	8988	Resection for lip malignancy.	105
	8354	Resin - four or more surfaces, anterior.	19
	8370	Resin - four or more surfaces, posterior.	19
	8351	Resin - one surface, anterior.	18
	8367	Resin - one surface, posterior.	19/125
	8353	Resin - three surfaces, anterior.	19
	8369	Resin - three surfaces, posterior.	19
	8352	Resin - two surfaces, anterior.	18
	8368	Resin - two surfaces, posterior.	19
	8146	Resin bonding for restorations.	26
	8350	Resin crown - anterior primary tooth (direct).	18
○	8665	Restoration directly to mini screw implant.	71
○	8346	Restorative material factor.	18
	8617	Retainer - cast metal for resin bonded bridge.	77
○	8550	Retainer-implant/abutment supported.	69
○	8323	Re-treatment of previously completed root canal therapy, each additional canal - anterior or premolar.	32
○	8324	Re-treatment of previously completed root canal therapy, each additional canal - molar.	32
	8334	Re-treatment of previously completed root canal therapy, first canal.	32
	9260	Revision of secondary cleft lip deformity - partial.	103
	9262	Revision of secondary cleft lip deformity - total (with functional muscle reconstruction).	103
	8335	Root canal obturation, anteriors and premolars - first canal.	31
	8336	Root canal obturation, molars - first canal.	31
	8328	Root canal obturation, each additional canal - anterior or premolar.	31
	8337	Root canal obturation, each additional canal - molar.	31
	8317	Root canal preparation, each additional canal.	132
	8333	Root canal preparation, multi canal tooth.	31
	8332	Root canal preparation, single canal tooth.	31
○	8312	Root canal therapy - anterior primary tooth.	30
	8633	Root canal therapy - each additional canal (Specialist prosthodontist).	32
	8631	Root canal therapy - first canal (Specialist prosthodontist).	32
○	8313	Root canal therapy - posterior primary tooth.	31
	8329	Root canal therapy, anteriors and premolars - each additional canal.	31
	8338	Root canal therapy, anteriors and premolars - first canal.	31
	8340	Root canal therapy, molars - each additional canal.	32
	8339	Root canal therapy, molars - first canal.	32
	8737	Root planing - four or more teeth per quadrant.	42/126
	8739	Root planing - one to three teeth per quadrant.	42/126
○	8785	Root resection.	41
○	8960	Salivary duct dilatation or canalization.	101
○	9204	Sandwich osteotomy - for placement of an interpositional bone graft to increase the alveolar ridge height, may also be reported if utilized in the maxilla.	99
	8180	Scaling and polishing for the periodontally diseased patient - complete dentition.	13/124
	8163	Sealant - per tooth.	15/125
	9246	Secondary periosteal swivel flaps for bone induction.	103
○	9277	Secondary reconstruction of orbital defect.	93

○	8515	Sectioning of a bridge.	79
	8165	Sedative filling.	116/128
○	9030	Selective neck dissection.	88
	9019	Sequestrectomy - intra-oral, per sextant and/or per ramus.	90
○	9236	Severe nasal bleeding - anterior + posterior pack or cuaterization.	104
○	9235	Severe nasal bleeding - anterior pack.	104
○	9241	Simple local flap (eg. advancement or rotation flap).	102
○	8612	Skeletal anchorage - removal.	68
○	8607	Skeletal anchorage - screw, plate or implant.	67
	8667	Soft base to new denture (heat cured).	51
	8173	Space maintainer - fixed per abutment.	14
	8175	Space maintainer - removable.	14
	8106	Special report.	116/152
	9129	Speech aid prosthesis - surgical.	59
	9125	Speech aid prosthesis - with palatal modification.	58
	9127	Speech aid prosthesis - with pharyngeal modification.	58
	9126	Speech aid prosthesis - with velar modification.	58
	9128	Speech aid prosthesis modification.	59
	9131	Speech appliance - palatal stimulating.	59
	9132	Speech appliance - speech bulb.	59
	9133	Speech appliance modification.	59
	8110	Sterilized instrumentation.	115/127
	8586	Stress breaker.	79
○	8777	Submucosal connective tissue autograft - extending across four or more teeth per quadrant.	40
○	8776	Submucosal connective tissue autograft - extending across one to three teeth per quadrant.	40
	8772	Submucosal connective tissue autograft (isolated procedure).	39
○	8779	Submucosal soft tissue allograft - extending across four or more teeth per quadrant.	40
○	8778	Submucosal soft tissue allograft - extending across one to three teeth per quadrant.	40
	8997	Sulcoplasty/vestibuloplasty.	85
○	9177	Superficial parotidectomy.	101
	8310	Supply of tooth whitening procedures material.	117/129/136
	9166	Surgical conformer - complex.	62
	9165	Surgical conformer - simple.	62
○	9044	Surgical excision of malignant tumours of the jaws - extra-oral approach.	89
	8973	Surgical excision of tumours of the jaws.	89
○	9054	Surgical excision of tumours of the midface (zygoma, nose and orbits).	89
	9066	Surgical expansion - maxillary or mandibular.	100
	9190	Surgical exposure of endosseus implant - first per jaw quadrant.	67
×	9191	Surgical exposure of endosseus implant - second per quadrant.	67
×	9192	Surgical exposure of endosseus implant - third and subsequent per quadrant.	67
	8981	Surgical exposure of impacted or unerupted tooth to aid eruption.	84
○	9239	Surgical facility for extensive surgical procedures in consulting rooms.	114
	9183	Surgical placement of endosseus implant.	66
	9182	Surgical placement of endosseus implant plate.	66
×	9184	Surgical placement of endosseus implant - second per quadrant.	66
×	9185	Surgical placement of endosseus implant - third and subsequent per quadrant.	66
○	9194	Surgical placement of one-piece transmucosal endosseus implant.	67
×	8605	Surgical placement of one piece transmucosal implant for orthodontic retention.	133
	8987	Surgical reduction of mylohyoid ridge - per side.	86
	8937	Surgical removal of erupted tooth - report per tooth.	82
	8941	Surgical removal of impacted tooth - report per tooth.	82
×	8943	Surgical removal of impacted tooth - second tooth.	83
×	8945	Surgical removal of impacted tooth - third and subsequent tooth.	83

	9198	Surgical removal of osseo-integrated implant.	67
	9048	Surgical removal of internal fixation devices, per site.	99
	8969	Surgical removal of jaw cyst - extra-oral approach.	88
	8967	Surgical removal of jaw cyst - intra-oral approach.	88
○	9042	Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with involvement of vital structures, reconstructive procedures not included.	88
○	9040	Surgical removal of jaw cyst/tumor - intra-oral approach for lesions >1cm with no involvement of vital structures.	88
○	9206	Surgical removal of reconstruction plate.	99
	8953	Surgical removal of residual root - per tooth.	83
	8213	Surgical removal of residual tooth roots.	82
✕	8214	Surgical removal of residual tooth roots - each additional tooth per quadrant.	82
	8908	Surgical removal of roots from maxillary antrum.	90
	8977	Surgical repair of maxilla or mandible - major.	98
	9162	Surgical splint - complex.	62
	9161	Surgical splint - simple.	62
	9164	Surgical template - complex.	62
	9163	Surgical template - simple.	62
	8192	Suture - minor.	91
	9023	Suture, reconstruction - major.	91
	9021	Suture, reconstruction - minor.	91
○	9088	Tarsorrhaphy.	91
○	9267	Temperomandibular joint prosthesis (stock or custom).	95/136
○	8360	Temporary inlay/onlay.	19
○	8377	Temporary prefabricated post retention.	24
○	8222	Temporary re-cementation of crown/bridge by oral hygienist.	126
○	8223	Temporary re-cementation of inlay/onlay by oral hygienist.	126
○	8711	The visualisation enhancement adjunct (VEA).	42/136
	8183	Therapeutic drug injection.	115/136
○	8871	Therapy to control harmful habits - fixed appliance.	107
○	8870	Therapy to control harmful habits - removable appliance.	107
○	8193	Three-dimensional reconstruction of cone beam volumetric image using existing data (includes multiple images).	7
	8265	Tissue conditioner.	51/126
○	9244	Tongue flap - 2 procedures.	102
	8961	Tooth transplantation.	84
	8162	Topical application of fluoride - adult.	13/124
	8161	Topical application of fluoride - child.	13/124
○	8732	Topical treatment of diseased soft tissue.	43
○	9178	Total parotidectomy with preservation of facial nerve.	101
○	9179	Total parotidectomy without preservation of facial nerve.	101
	8958	Tracheotomy.	97
	8811	Tracing and analysis of extra-oral radiograph/image.	9
○	9251	Transconjunctival/subciliary approach.	95
○	8912	Transmasseteric antero - parotid approach.	96
○	9263	Transport distraction device.	84/136
	8933	Treatment of haemorrhage (blood dyscracias).	104
	8931	Treatment of local haemorrhage.	104
	8850	Treatment of MPDS - first visit.	93
	8851	Treatment of MPDS - subsequent visit.	94
	8935	Treatment of septic socket(s).	104
	8120	Treatment plan completed.	116/128
	8840	Treatment planning for orthognathic surgery.	4

8951	Trigger point injection (local anesthesia).	94
9079	Trigger point injection, temporomandibular joint.	94
9168	Trismus appliance - complex.	63
9167	Trismus appliance - simple.	63
9086	Tumour resection from infratemporal or pterygopalatine fossa.	89
8786	Tunnel preparation.	41
9227	Turbinectomy.	100
9099	Unlisted dental procedure or service.	118
8787	Unlisted oral medicine procedures.	43
8768	Unlisted periodontal procedure.	43
9174	Unspecified burn appliance.	63
8148	Use of dental operating microscope.	115
9234	Velopharyngeal reconstruction - complicated.	103
9232	Velopharyngeal reconstruction - uncomplicated.	103
8552	Veneer ceramic - indirect.	23
8355	Veneer resin - direct.	23
8554	Veneer resin - indirect.	23
8910	Vermillionectomy.	87
8793	Vestibuloplasty in an edentulous area per sextant.	41
8792	Vestibuloplasty with teeth per sextant.	41
8763	Wedge resection (as a separate procedure).	38
9058	Wide excision of lesion of palate.	89
9041	Zygomatic arch fracture - closed reduction.	92
9293	Zygomatic fracture - closed reduction.	92
9043	Zygomatic arch fracture - open reduction.	92
8944	Zygomatic fracture - open reduction with fixation at three or more sites.	92
9045	Zygomatic fracture - open reduction - requiring osseo-synthesis and or bone grafting.	92
9291	Zygomatic fracture - open reduction with fixation at two sites.	92
8946	Zygomatic reconstruction (osteotomy or onlay).	92



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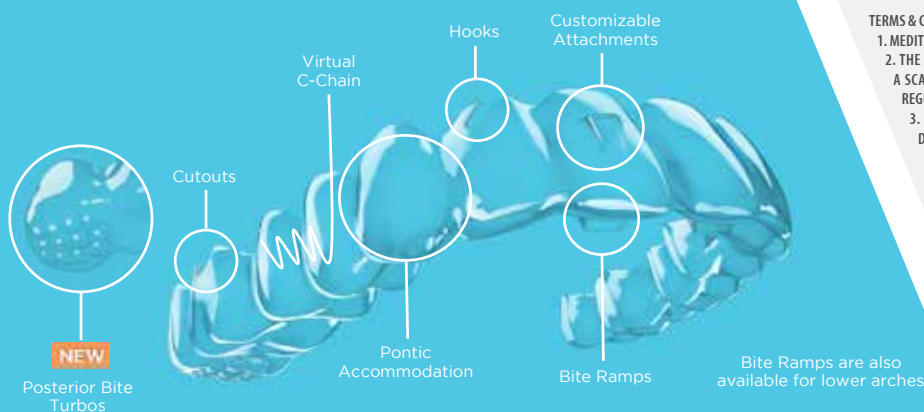
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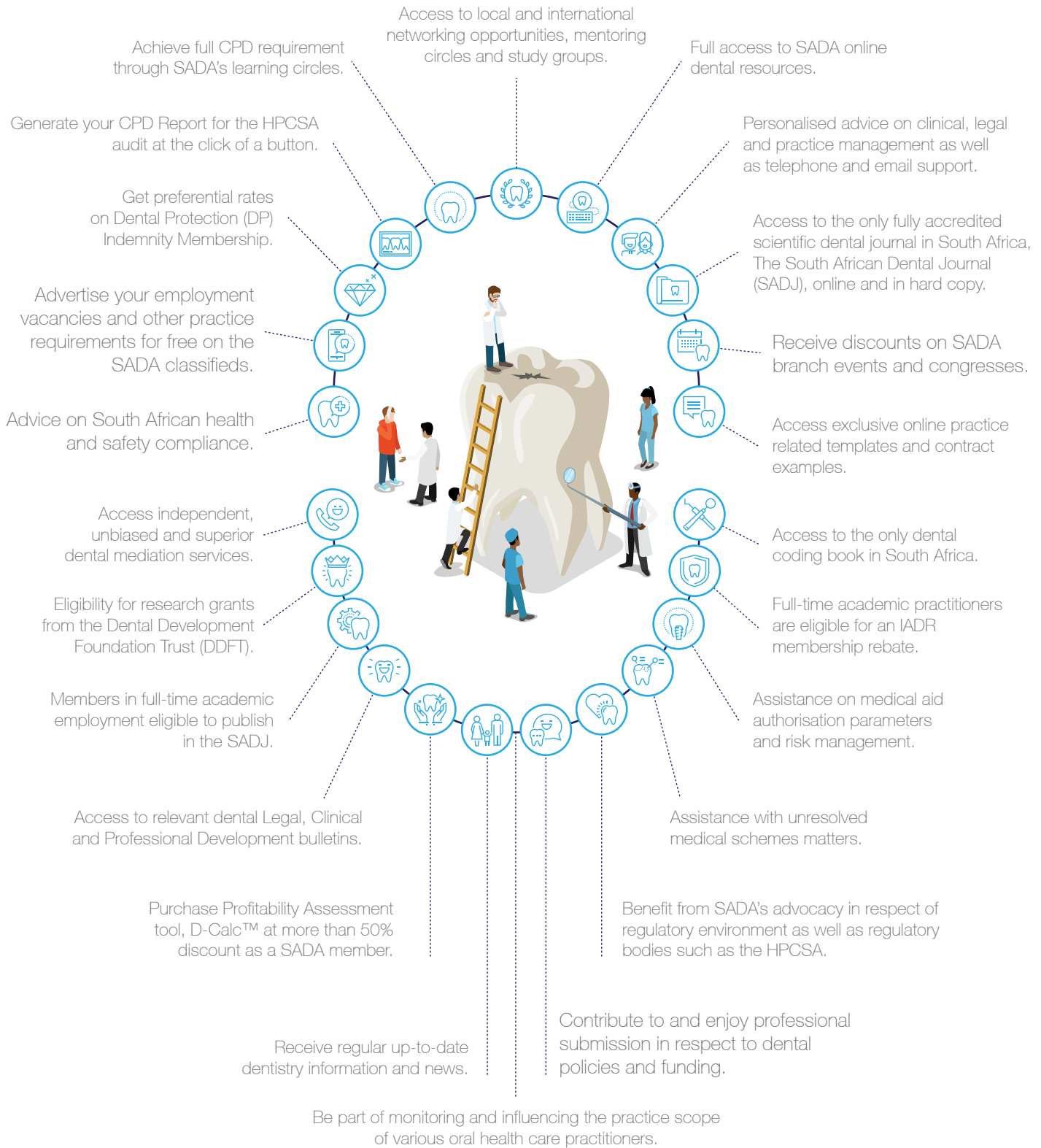
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