

ORAL HEALTH CODE BOOK - ANNEXURE F

Ana P I

A. Diagnostic

Clinical Oral Evaluations

Full mouth examination, charting and treatment planning (see Rule 001)(8101)	B
Comprehensive consultation (8102)	B
Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning (8104)	A
Re-examination - existing condition (8189)	A
Consultation - second opinion or advice (8190)	A

Radiographs/diagnostic Imaging

Intra-oral radiographs, per film (8107)	A
Maximum for 8107(8108)	B
Intra-oral radiograph - bitewing (8112)	A
Occlusal radiographs (8113)	B
Hand-wrist radiograph (8114)	B
Extra-oral radiograph, per film (I.e. panoramic, cephalometric, PA) (8115)	B
Extra-oral radiograph, cephalomeric (8116)	B
Extra-oral radiograph, skull / facial bone (8118)	B

Tests And Laboratory Examinations

Study models - unmounted or mounted on a hinge articulator (8117)	A
Study models - mounted on a movable condyle articulator (8119)	B
Photographs (for diagnostic, treatment or dento-legal purposes) per photograph (8121)	A
Caries susceptibility tests (By arrangement) (8123)	A
Pulp Diagnostic test (8124)	A
Tracing and analysis of extra-oral film (8811)	A

B. Preventive

Dental Prophylaxis

Polishing only (including removal of plaque) - complete dentition (8155)	B
Scaling and polishing (8159)	B

Topical Fluoride Treatment (office Procedure)

Topical application of fluoride (prophylaxis excluded) - complete dentition (Excluding scaling and/or polishing)(8161)	B
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Other Preventive Services

Oral hygiene instructions (8151)	B
Follow-up visit for re-evaluation of oral hygiene (if no other preventative treatment is performed during the same visit) (8153)	A
Fissure sealant - per tooth (8163)	A
Mouth guard (8171)	A

Space Maintenance (passive Appliances)

Space maintainer - fixed, per abutment unit (8173)	B
Space maintainer - removable (all-inclusive fee) (8175)	B

C. Restorative

Amalgam Restorations (including Polishing)

Amalgam - one surface (8341)	B
Amalgam - two surfaces (8342)	B
Amalgam - three surfaces (8343)	B
Amalgam - four or more surfaces (8344)	B

Resin Restorations

Resin - crown, anterior primary tooth (direct) (8350)	B
Resin - one surface, anterior (8351)	B
Resin - two surfaces, anterior (8352)	B
Resin - three surfaces, anterior (8353)	B
Resin - four or more surfaces, anterior (8354)	B
Resin - one surface, posterior (8367)	B
Resin - two surfaces, posterior (8368)	B
Resin - three surfaces, posterior (8369)	B
Resin - four or more surfaces, posterior (8370)	B

●Metal Inlays

Inlay, metallic - one surface, posterior (8361)	B
Inlay, metallic - two surfaces, posterior (8362)	B
Inlay, metallic - three surfaces, posterior (8363)	B
Inlay, metallic - four or more surfaces, posterior (8364)	C

●Ceramic And/or Resin Inlays

Inlay, ceramic/resin - one surface (8371)	B
Inlay, ceramic/resin - two surfaces (8372)	B
Inlay, ceramic/resin - three surfaces (8373)	C
Inlay, ceramic/resin - four or more surfaces (8374)	C
Inlay - resin - one surface (8381)	B
Inlay / onlay - resin - two surfaces (8382)	C
Inlay / onlay - resin - three surfaces (8383)	C
Inlay / onlay - resin - four or more surfaces (8384)	C

●Crowns - Single Restorations

- Cast full crown (8401)
- Cast three-quarter crown (8403)
- Crown - ¾ porcelain / ceramic (8404)
- Crown - resin laboratory, indirectly fabricated (8405)
- Acrylic veneered crown (8407)
- Porcelain jacket crown (8409)
- Porcelain veneered crown (8411)
- Provisional crown (8410)
- Crown -implant / abutment supported, porcelain / ceramic (8536)
- Crown – implant / abutment supported, porcelain with metal (8537)
- Crown – implant / abutment supported, cast metal (8538)

C
C
C
C
C
C
C
B
C
C
C

●Other Restorative Services

- Re-cementing of inlays, crowns or bridges - per abutment (8133)
- Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge (8135)
- Remove retention post (prefabricated or cast) (8138)
- Temporary crown placed as an emergency procedure (8137)
- Re-burnishing and polishing of restorations - complete dentition (8157)
- Removal of fractured post or instrument and/or bypassing fractured endodontic instrument (8330)
- Preformed post retention, per post (See Item 8379) (8345)
- Pin retention for restoration, first pin (8347)
- Pin retention for restoration, each additional pin (8348)
- Carving or contouring a plastic restoration to accommodate an existing removable prosthesis (8349)
- Composite veneers (Direct) (8355)
- Preformed metal crown (8357)
- Prefabricated resin crown (8375)
- Pin retention as part of cast restoration, irrespective of number of pins (8366)
- Prefabricated post and core in addition to crown (8376)
- Cast post and core – single (8391)
- Cast post and core – double (8393)
- Cast post and core – triple (8395)
- Cast coping (8396)
- Cast core with pins (8397)
- Core build-up, including any pins (8398)
- Facing replacement (8413)
- Additional fee for provision of crown within an existing clasp or rest (8414)

B
B

A
B
B
B
B
B
A
A
B
B
B
B
B
B
B
B
B
B
A

D. Endodontics

Pulp Capping

- Pulp cap – direct (8301)
- Indirect pulp capping (8303)

B
B

Pulpotomy

- Amputation of pulp (pulpotomy) (8307)

B

Preparatory Visits (obturation Not Done At Same Visit)

- Single-canal tooth, per visit (8332)
- Multi-canal tooth, per visit (8333)

B
B

Obturation Of Root Canals At A Subsequent Visit

- Each additional canal - anteriors and premolars (8328)
- First canal - anteriors and premolars (8335)
- First canal – molars (8336)
- Each additional canal – molars (8337)

B
B
B
B

Preparation And Obturation Of Root Canals Completed At A Single Visit

- Each additional canal - anteriors and premolars (8329)
- First canal - anteriors and premolars (8338)
- First canal – molars (8339)
- Each additional canal – molars (8340)

B
B
C
B

Endodontic Retreatment

- Re-preparation of previously obturated canal, per canal (8334)

B

Apexification/recalcification Procedures

- Apexification of root canal, per visit (8305)

B

Apicoectomy/periradicular Services

- Apicoectomy including retrograde filling where necessary - incisors and canines (8229)

B

Other Endodontic Procedures

Gross pulpal debridement, primary and permanent teeth.

- Pulp removal (pulpectomy) (8132)
- Access through a prosthetic crown or inlay to facilitate root canal treatment (8136)
- Bleaching of non-vital teeth, per tooth as a separate procedure (8325)
- Each additional visit for bleaching of non-vital tooth as a separate procedure (8327)

B
A
B
B

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

E. Periodontics**Surgical Services (including Usual Postoperative Care)**

Gingivectomy-gingivoplasty, per quadrant (8185)

B

Gingivectomy-gingivoplasty, per sextant (8186)

B

Adjunctive Periodontal Services

Root planing with or without periodontal curettage, per quadrant (8182)

B

Root planing with or without periodontal curettage, per sextant (8184)

B

Other Periodontal Services

Periodontal screening (8176)

B

Oral hygiene instruction for the periodontally compromised patient (8177)

B

Oral hygiene evaluation for the periodontally compromised patient (8178)

A

Plaque removal for the periodontally compromised patient (8179)

B

Scaling and polishing for the periodontally compromised patient (8180)

B

F. Prosthodontics (removable)**•Complete Dentures (including Routine Post-delivery Care)**

Maxillary and mandibular. Includes soft/metal bases, where applicable (8231)

C

Maxillary or mandibular. Includes soft/metal bases, where applicable (8232)

C

Immediate denture – maxillary (8244)

C

Immediate denture – mandibular (8245)

C

•Partial Dentures (including Routine Post-delivery Care)

Partial denture, one tooth (8233)

B

Partial denture, two teeth (8234)

B

Partial denture, three teeth (8235)

B

Partial denture, four teeth (8236)

B

Partial denture, five teeth (8237)

B

Partial denture, six teeth (8238)

C

Partial denture, seven teeth (8239)

C

Partial denture, eight teeth (8240)

C

Partial denture, nine or more teeth (8241)

C

Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture (8281)

C

Adjustments To Dentures

Adjustment of denture (After six months or for patient of another practitioner) (8275)

A

•Repairs To Complete Or Partial Dentures

Repair of denture or other intra-oral appliance (8269)

B

Add clasp to existing partial denture (One or more clasps) (8270)

A

Add tooth to existing partial denture (One or more teeth) (8271)

A

Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271 (8273)

A

•Denture Rebase Procedures

Re-model of denture (8261)

B

Denture Reline Procedures

•Re-base of denture (laboratory) (8259)

B

Reline of denture in selfcuring acrylic (intra-oral) (8263)

B

•Soft base re-line per denture (heat cured) (8267)

B

•Interim complete denture (8658)

C

•Interim partial denture (8659)

C

Other Removable Prosthetic Services

•Cast gold clasp or rest per clasp or rest (8251)

A

•Wrought gold clasp or rest per clasp or rest (8253)

A

•Stainless steel clasp or rest per clasp or rest (8255)

B

•Lingual bar or palatal bar (8257)

B

Tissue conditioner and soft self-cure interim re-line, per denture (8265)

B

G. Maxillofacial Prosthetics**H. Implant Services****Endosteal Implants**

Placement of a single osseo-integrated implant per jaw (8194)

C

Placement of a second osseo-integrated implant in the same jaw (8195)

B

Placement of a third and subsequent osseo-integrated implant in the same jaw per implant (8196)

B

Exposure of a single osseo-integrated implant and placement of a transmucosal element (8198)

B

Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (8199)

B

Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (8200)

B

•NB: LAB FEES TO BE CHARGED WHERE NECESSARY

I.	Prosthodontics, Fixed		
	●Fixed Partial Denture Pontics		
	Pontic - porcelain/ceramic (8415)	C	
	Pontic - cast metal (8416)	C	
	Pontic - resin with metal (8417)	C	
	Pontic - porcelain fused to metal (8418)	C	
	Provisional pontic (8419)	B	
	Sanitary pontic (8420)	B	
	Posterior pontic (8422)	B	
	Anterior pontic (including premolars) (8424)	C	
	●Fixed Partial Denture Retainers - Inlays/onlays		
	Bridge per abutment - only applicable to Maryland type bridges (8356)	B	
	●Fixed Partial Denture Retainers - Crowns		
	Osseo-integrated abutment restoration, per abutment (8193)	C	
J.	Oral And Maxillofacial Surgery		
	Extractions		
	Single tooth (8201)	B	
	Each additional tooth in the same quadrant (8202)	A	
	Surgical Extractions (includes Routine Postoperative Care)		
	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (including cutting of gingiva and bone, removal of tooth structure and closure) (8209)	B	
	Removal of unerupted or impacted tooth - first tooth (8210)	B	
	Removal of unerupted or impacted tooth - second tooth (8211)	B	
	Removal of unerupted or impacted tooth - each additional tooth (8212)	B	
	Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure) (8213)	B	
	Surgical removal of residual roots (cutting procedure) each subsequent tooth root (Includes cutting of gingiva and bone, removal of tooth structure and closure) (8214)	B	
	Other Surgical Procedures		
	Biopsy - intra-oral (8188)	B	
	Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8215)	C	
	Reduction Of Dislocation And Management Of Other Temporomandibular Joint Dysfunction		
	Bite plate for the treatment of TMJ dysfunction, or occlusal guards.(8169)	B	
	Repair Of Traumatic Wounds		
	Appositioning (i.e., suturing) of soft tissue injuries (8192)	B	
K.	Orthodontics		
L.	Adjunctive General Services		
	Unclassified Treatment		
	Palliative [emergency] treatment for dental pain	B	
	This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth (8131)		
	Application of desensitising resin, per tooth (8166)	A	
	Enamel microabrasion (8158)	A	
	Local treatment of post-extraction haemorrhage - initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) (8221)	A	
	Local treatment of post-extraction haemorrhage - each additional visit (8223)	A	
	Treatment of septic socket - initial visit (8225)	A	
	Treatment of septic socket - each additional visit (8227)	A	
	Anaesthesia		
	Inhalation sedation - first quarter-hour or part-thereof (8141)	A	
	Inhalation sedation - each additional quarter-hour or part thereof (8143)	A	
	Intravenous sedation (8144)	A	
	Local anaesthetic, per visit	A	
	Item 8145 includes the use of the Wand (8145)		
	Use of own monitoring equipment in rooms for procedures performed under intravenous sedation (8147)	A	B
	Professional Consultations		
	Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes (By Arrangement)(8106)	B	
	Professional Visits		
	Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm (8129)	B	
	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit (8140)	B	

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

Drugs, Medicaments And Materials

Intra-muscular or sub-cutaneous injection therapy, per injection (8183) **A**

Miscellaneous Services

Infection control, per dentist, per hygienist, per dental assistant, per visit (8109) **A**

Provision of sterilised and wrapped instrumentation in consulting rooms **A**

The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments (8110)

Treatment of hypersensitive dentine, per visit (8167) **A**

Minor occlusal adjustment (8170) **B**

Rubber dam, per arch (8304) **A**

II. Oral Pathologists

Consultation at rooms (9201) **B**

Consultation at hospital, nursing home or house (9203) **B**

Subsequent consultation (9205) **B**

Night consultation (9207) **B**

III. Specialist Prosthodontists**A. Diagnostic Procedures**

Intra-oral radiographs, per film (8107) **A**

Maximum for 8107 (8108) **B**

Occlusal radiographs (8113) **B**

Hand-wrist radiograph (8114) **B**

Extra-oral radiograph, per film (i.e. Panoramic, cephalometric, PA) (8115) **B**

● Study models - unmounted (8117) **A**

● Study models - mounted on adjustable articulator (8119) **B**

Diagnostic photographs, per photograph (8121) **A**

Consultation (8501) **B**

Occlusal analysis on adjustable articulator (8503) **B**

Pantographic recording (8505) **B**

Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation (8506) **B**

Examination, diagnosis and treatment planning (8507) **B**

Electrognathographic recording (8508) **B**

Electrognathographic recording with computer analysis (8509) **C**

Tracing and analysis of extra-oral film (8811) **A**

B. Preventive Procedures

Polishing only (including removal of plaque) - complete dentition (8155) **B**

Scaling and polishing (8159) **B**

Topical application of fluoride preparations - complete dentition (Excluding scaling and/or polishing) (8161) **B**

Fissure sealant, per tooth (8163) **A**

Sedative filling (8165) **B**

Treatment of hypersensitive dentine, per visit (8167) **A**

Oral hygiene instruction **B**

(The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction) (8711)

Oral hygiene evaluation (8713) **B**

C. Treatment Procedures**Emergency Treatment**

Emergency treatment for relief of pain (where no other tariff item is applicable) (8511) **B**

Emergency crown (8513) **B**

Recementing of inlay, crown or bridge, per abutment (8515) **B**

Re-implantation of an avulsed tooth, including fixation as required (8517) **B**

Provisional Treatment

Provisional splinting - extracoronal wire, per sextant (8521) **B**

Provisional splinting - extracoronal wire plus resin, per sextant (8523) **B**

Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint (8527) **B**

Provisional crown. **B**

Crown utilised as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration (8529)

Preformed metal crown (8530) **B**

Occlusal Adjustment

Major occlusal adjustment (8551) **C**

Minor occlusal adjustment (8553) **B**

● Ceramic And/or Resin Bonded Inlays And Veneers:

Veneer - porcelain (laboratory) (8552)

Veneer – resin laboratory (8554)	C
One surface (8555)	B
Two surfaces (8556)	C
Three surfaces (8557)	C
Four or more surfaces (8558)	C
●Gold Foil Restorations	
Class I and Class VI (8561)	C
Class V (8563)	C
Class III (8565)	C
●Gold Restorations	
One surface (8571)	B
Two surfaces (8572)	C
Three surfaces (8573)	C
Four or more surfaces (8574)	C
Pin retention (8577)	B
●Posts And Copings	
Single post (8581)	B
Double post (8582)	B
Triple post (8583)	B
Copings (8587)	B
Cast core with pins (8589)	B
●Preformed Posts And Cores	
Core build-up, including any pins (8591)	B
Prefabricated post and core in addition to crown (8593)	B
Implants	
Implant maintenance procedures - per implant (8590)	B
Crown - implant/abutment supported (8592)	C
Repair of implant supported prosthesis (8594)	A
Repair of implant abutment (8595)	A
Crown retainer - implant/abutment supported - porcelain/ceramic (8546)	C
Crown retainer - implant/abutment supported - porcelain with metal (8547)	C
Crown retainer - implant/abutment supported - cast metal (8548)	C
Exposure of a single osseo-integrated implant and placement of a transmucosal element (9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (9192)	B
●Connectors	
Connector bar – implant supported (8584)	D
Prefabricated abutment (8578)	B
●Custom abutment (8579)	C
Implant supported removable complete over-denture (8533)	D
Implant supported fixed-detachable complete over-denture (8654)	D
Implanted supported fixed-detachable partial over-denture (8655)	C
●Additional fee to implant supported fixed-detachable denture – per implant (8660)	B
Locks and milled rests (8597)	B
Precision attachments (8599)	B
Over-denture, complete (8652)	D
●Over-denture, partial (8653)	C
Replacement of precision attachment (8657)	A
●Crowns	
Cast three-quarter crown (8601)	C
Cast gold crown (8603)	C
Acrylic veneered gold crown (8605)	C
Porcelain jacket crown (8607)	C
Porcelain veneered metal crown (8609)	C
●Bridges	
Sanitary pontic (8611)	C
Posterior pontic (8613)	C
Anterior pontic (8615)	C
●Resin Bonded Retainers	
Inlay/onlay retainer - metal - two surfaces (8432)	C
Inlay/onlay retainer - metal - three surfaces (8433)	C
Inlay/onlay retainer - metal - four or more surfaces (8434)	C
Inlay/onlay retainer - porcelain - two surfaces (8436)	C
Inlay/onlay retainer - porcelain - three surfaces (8437)	C
Inlay/onlay retainer - porcelain - four or more surfaces (8438)	C
Per abutment (8617)	C
Crown retainer - full cast metal ((8441)	C
Crown retainer - 3/4 cast metal (8442)	C
Crown retainer - porcelain/ceramic (8443)	C
Crown retainer - 3/4 porcelain/ceramic (8444)	C

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Crown retainer - porcelain with metal (8445)	C	
Crown retainer - resin with metal (8446)	C	
Provisional crown retainer (8447)	B	
●Other Fixed Prosthodontic Procedures		
Recement bridge (8514)	B	
Remove bridge (8516)	B	
Repair bridge (8518)	B	
Connector bar (8585)	D	
Stress breaker (8586)	C	
Conservative Treatment For Temporomandibular Joint Dysfunction		
First visit for treatment of TMJ dysfunction (8621)	B	
Follow-up visit for TMJ dysfunction (8623)	B	
Bite plate for TMJ dysfunction (8625)	B	
Root Canal Therapy		
Root canal therapy, first canal (8631)	C	
Each additional canal (8633)	B	
Re-preparation of previously obturated canal, per canal (8636)	B	
Bleaching		
Bleaching of non-vital teeth, per tooth as a separate procedure (8325)	B	
Each additional visit for bleaching of non-vital tooth as a separate procedure (8327)	B	
Other Endodontic Procedure		
Apexification of root canal, per visit (8635)	B	
Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) (8637)	B	
Removal of fractured post or instrument from root canal (8640)	B	
Apicectomy including retrograde root filling where necessary - anterior teeth (9015)	B	
Apicectomy including retrograde root filling where necessary - posterior teeth (9016)	C	
Prosthetics (removable)		
Additional fee/benefit where impression is required for 8679 (8273)	A	
Adjustment of denture (After six months or for a patient of another practitioner) (8275)	A	
●Complete upper and lower dentures without primary complications (8641)	C	
Complete upper and lower dentures without major complications (8643)	D	
Complete upper and lower dentures with major complications (8645)	D	
Complete upper or lower denture without primary complications (8647)	C	
Complete upper or lower denture without major complications (8649)	C	
Complete upper or lower denture with major complications (8651)	C	
●Diagnostic dentures (inclusive of tissue conditioning treatment) (8661)	C	
Remounting and occlusal adjustment of dentures (8662)	B	
Chrome cobalt base or gold base for full denture (extra charge) (8663)	C	
Remount of crown or bridge for extensive prosthetics (8664)	B	
Re-base, per denture (8665)	B	
Soft base, per denture (heat cured) (8667)	C	
Tissue conditioner, per denture (8668)	B	
Intra-oral relining of complete or partial denture (8669)	B	
Metal (e.g. Chrome cobalt or gold) partial denture (8671)	C	
Additional fee/benefit for altered cast technique for partial denture (8672)	B	
Additive partial denture (8674)	C	
Repairs (8679)	B	

D. Maxillo-facial Prosthodontic Prostheses

●Maxillary Prostheses		
Surgical obturator - Modified denture (9101)	B	
Surgical obturator - continuous base (9102)	B	
Surgical obturator - split base (9103)	C	
Interim obturator on existing denture (9104)	C	
Interim obturator on new denture (9105)	D	
Definitive obturator - open/ hollow box (9106)	C	
Definitive obturator - silicone glove (9107)	C	
●Mandibular Resection Prostheses		
Prosthesis with guide flange (9108)	C	
Prosthesis without guide flange (9109)	C	
Prosthesis - Palatal augmentation (9110)	B	
●Glossal Resection Prostheses		
Simple prosthesis (9111)	C	
Complex prosthesis (9112)	C	
●Radiotherapy Appliances		
Carriers – simple (9113)	C	
Carriers – complex (9114)	C	
Shields – simple (9115)	C	

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Shields – complex (9116)	C	
Cone locators (9117)	C	
Chemotherapy Appliances		
Chemotherapeutic agent carriers (9118)	C	
●Cleft Palate Prostheses		
Consultation and therapy at hospital/ nursing home/ residence (8855)	B	
Subsequent consultation (8856)	B	
Weekly maximum (8857)	C	
●Neonatal Prostheses		
Passive presurgical prosthesis/ Neonatal feeding aid (9119)	C	
Active presurgical orthopaedic appliance – minor (9120)	C	
Active presurgical orthopaedic appliance – moderate (9121)	C	
Active presurgical orthopaedic appliance – severe (9122)	C	
Active presurgical orthopaedic appliance adjustment (9123)	B	
●Intermediate/definitive Prostheses		
Speech aid/obturator with palatal modification (9125)	B	
Speech aid/obturator with velar modification (9126)	C	
Speech aid/ obturator with pharyngeal modification (9127)	C	
Speech aid/obturator adjustment (9128)	B	
Speech aid/obturator surgical prosthesis (9129)	C	
●Speech Appliances		
Palatal lift (9130)	B	
Palatal stimulating (9131)	C	
Speech bulb (9132)	C	
Adjustments (9133)	B	
●Extra-oral Appliances		
Auricular prosthesis - simple (9135)	C	
Auricular prosthesis – complex (9136)	D	
Nasal prosthesis - simple (9137)	C	
Nasal prosthesis - complex (9138)	D	
Ocular prosthesis – conformer (9139)	C	
Ocular prosthesis using modified stock appliance (9140)	C	
Ocular prosthesis using custom appliance (9141)	D	
Orbital prosthesis - simple (excluding ocular section (9142)	C	
Orbital prosthesis - complex (excluding ocular section (9143)	D	
Other body prostheses – simple (9148)	C	
Other body prostheses – complex (9149)	D	
Surgical facial prostheses – simple (9150)	C	
Surgical facial prostheses – complex (9151)	C	
Cranial prosthesis (9155)	C	
●Custom Implants		
Cranial - acrylic, elastomeric, metallic (9156)	C	
Facial – simple (9157)	B	
Facial – complex (9158)	C	
Ocular - custom made (9159)	B	
Body - special prosthesis (9160)	C	
●Surgical Appliances		
Splints – simple (9161)	B	
Splints – complex (9162)	C	
Templates – simple (9163)	B	
Templates – complex (9164)	C	
Conformers – simple (9165)	B	
Conformers – complex (9166)	C	
●Trismus Appliances		
Trismus appliance – simple (9167)	B	
Trismus appliance – complex (9168)	C	
Orthoses (for paralysed patients (9169)	C	
Facial palsy appliances (9170)	C	
Oral splints (per commissure) (9171)	B	
Dynamic oral retractors (per arm) (9172)	B	
Attendance In Theatre		
Attendance in theatre, per hour (9175)	B	
IV. Specialists In Oral Medicine And Periodontics/ Periodontists		
Diagnostic Procedures		
Intra-oral radiographs, per film (8107)	A	

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Maximum for 8107 (8108)	B	
Occlusal radiographs (8113)	B	
Hand-wrist radiograph (8114)	B	
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) (8115)	B	
Study models – unmounted (8117)	A	
Study models - mounted on adjustable articulator (8119)	B	
Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit (8140)	B	
Consultation (8701)	B	
Detailed clinical examination, records, radiographic interpretation, probing, percussion, diagnosis, treatment planning and case presentation for periodontal and/or implant cases(8703)	B	
Periodic re-examination (8705)	B	
Periodontal screening (8707)	B	
Oral hygiene instruction	B	
(The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction) (8711)		
Oral hygiene evaluation (8713)	B	
Full mouth clinical plaque removal (8714)	B	
Scaling (8715)	B	
Occlusal adjustment per visit (8721)	B	
Provisional splinting - extracoronal wire, per sextant (8723)	B	
Provisional splinting - extracoronal wire plus resin, per sextant (8725)	B	
Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint (8727)	B	
Tracing and analysis of extra-oral film (8811)	A	
Temporomandibular Joint Procedures		
Bite plate for TMJ dysfunction (8625)	B	
Surgical Procedures		
Periodontal abscess - treatment of acute phase (with or without flap procedure) (8731)	B	
Root planing with or without periodontal curettage, per quadrant (8737)	B	
Root planing with or without periodontal curettage, per sextant (8739)	B	
Gingivectomy-gingivoplasty, per quadrant (8741)	B	
Gingivectomy-gingivoplasty, per sextant (8743)	B	
Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant(8749)	C	
As item 8749, per sextant (8751)	C	
Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant (8753)	C	
As item 8753, per sextant (8755)	C	
Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure) (8756)	C	
Frenectomy (8757)	C	
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8758)	C	
Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure) (8759)	B	
Apicectomy including retrograde filling where necessary - anterior teeth	B	
When Code 8760 is part of a flap operation that requires an apicectomy, Modifier 8006 applies (8760)		
Masticatory mucosal autograft extending across more than four teeth (isolated procedure) (8762)	C	
Wedge resection (as an isolated procedure) (8763)	B	
Apicectomy including retrograde filling where necessary, posterior teeth	C	
When Code 8764 is part of a flap operation that requires an apicectomy, Modifier 8006 applies (8764)		
Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) (8765)	B	
Bone regenerative/ repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749, 8751, 8753 and 8755, per procedure (8766)	B	
Any other periodontal procedure involving a single tooth (8768)	B	
Submucosal connective tissue autograft (isolated procedure) (8772)	C	
Harvesting of autogenous grafts (intra-oral)(8779)	B	
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites (9008)	B	
Alveolar ridge augmentation across 3 or more tooth sites (9009)	C	
Sinus lift procedure (9010)	C	
Implant Procedures		
Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) (8761)	C	
Bone regenerative/ repair procedure at a single site (8767)	C	
Subsequent removal of membrane used for guided tissue regeneration procedure (8769)	B	
Placement of endosteal implant, per implant (9182)	C	
Placement of a single osseo-integrated implant per jaw (9183)	C	
Placement of a second osseo-integrated implant in the same jaw (9184)	C	
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant (9185)	B	
Exposure of a single osseo-integrated implant and placement of a transmucosal element(9190)	B	
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(9191)	B	
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.(9192)	B	
Implant removal		
This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.	B	
(9198)		

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana	P	I
Oral Medical Procedures			
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction: Straight forward case (8781)		B	
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case (8782)		B	
Subsequent consultation for same disease/condition (8783)		B	
Biopsy - incisional/excisional (e.g. epulis) (8785)		B	
Surgical treatment of soft tissue tumours (e.g. epulis) (8786)		B	
Any other procedure connected with the practice of oral medicine (8787)		B	
V. Specialist Orthodontists			
Consultations			
First consultation(8801)		B	
Subsequent consultation, retention and/ or post-treatment consultation (8803)		B	
Records And Investigations			
Intra-oral radiographs, per film (8107)		A	
Maximum for 8107 (8108)		B	
Occlusal radiograph (8113)		B	
Hand-wrist radiograph (8114)		B	
Extra-oral radiograph, per film (I.e. panoramic, cephalometric, PA) (8115)		B	
Study models - unmounted (8117)		A	
Study models - mounted on adjustable articulator (8119)		B	
Diagnostic photographs, per photograph (8121)		A	
Tracing and analysis of extra-oral film (8811)		A	
Diagnosis and treatment planning (8837)		B	
Orthodontic diagnostic setup (8839)		B	
Orthognathic Surgery And Treatment Planning			
Treatment planning for orthognathic surgery (8840)		B	
●Retainers, Repairs And/or Replacements			
Removable: Repairs(8846)		B	
Removable: Replacement(8847)		B	
Fixed: Repair or replacement per unit (As a result of the patient's negligence) (8848)		B	
Retainer (8849)		B	
Treatment Of Mpds			
First consultation (8850)		B	
Subsequent consultation (8851)		B	
●Bite plate for TMJ dysfunction (8852)		B	
Occlusal Adjustment			
Major occlusal adjustment (8853)		C	
Minor occlusal adjustment (8854)		B	
Cleft Palate Therapy			
Consultation and therapy at hospital, nursing home, or residence (8855)		B	
Subsequent consultation (8856)		B	
Weekly maximum (8857)		C	
●Neonatal Prostheses			
Passive presurgical prosthesis/ Neonatal feeding aid (9119)		C	
Active presurgical orthopaedic appliance – minor (9120)		C	
Active presurgical orthopaedic appliance - moderate(9121)		C	
Active presurgical orthopaedic appliance – severe (9122)		C	
Active presurgical orthopaedic appliance – adjustment (9123)		B	
Removable Appliance Therapy			
●Removable (single) (8862)		C	
●Removable (per additional) (8863)		C	
Functional Appliance Therapy			
●Functional appliance (8858)		C	
Partial Fixed Appliance Therapy - Preliminary Treatment			
Minor fixed appliance (8861)		C	
Maxillary or mandibular arch (8865)		D	
Combined maxillary and mandibular arch (8866)		D	
Single Arch Treatment			
Mild (8867)		D	
Moderate (8868)		D	
Severe (8869)		D	
Class I Malocclusions			
Mild (8873)		D	
Moderate (8875)		E	
Severe (8877)		E	
Severe plus complications (8879)		E	

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

Class Ii And Iii Malocclusions

- Mild (8881) E
- Moderate (8883) E
- Severe (8885) E
- Severe plus complications (8887) E

Single Arch Treatment

- Mild (8841) D
- Moderate (8842) D
- Severe (8843) E

Class I Malocclusions

- Mild (8874) E
- Moderate (8876) E
- Severe (8878) E
- Severe plus complications (8880) E

Class Ii And Iii Malocclusions

- Mild (8882) E
- Moderate (8884) E
- Severe (8886) E
- Severe plus complications (8888) E

VI. Specialist Maxillo- Facial And Oral Surgeons

Consultations And Visits

- Consultation at consulting rooms (8901) B
- Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation (8902) B
- Consultation at hospital, nursing home or house (8903) B
- Subsequent consultation at consulting rooms, hospital, nursing home or house (8904) B
- Weekend visits and night visits between 18h00 - 07h00 the following day (8905) B
- Subsequent consultations, per week, to a maximum of (8907) B

Investigations And Records

- Intra-oral radiographs, per film (8107) A
- Maximum for 8107 (8108) B
- Occlusal radiographs (8113) B
- Hand-wrist radiograph (8114) B
- Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) (8115) B
- Study models - unmounted (8117) A
- Study models - mounted on adjustable articulator (8119) B
- Diagnostic photographs - per photograph (8121) A
- Tracing and analysis of extra-oral film (8811) A
- Biopsies - intra-oral (8917) B
- Biopsy of bone – needle (8919) B
- Biopsy of bone – open (8921) C

Orthognathic Surgery And Treatment Planning

- Treatment planning for orthognathic surgery (8840) B

Extractions During A Single Visit

- Single tooth (8201) B
- Each additional tooth in the same quadrant (8202) A
- Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) (8931) B
- Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week (8933) C
- Treatment of post-extraction septic socket where patient is referred by another registered person (8935) B
- Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (includes cutting of gingiva and bone, removal of tooth structure and closure) (8937) B
- Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw) (8957) C
- Auto-transplantation of tooth (See Rule 011 and Notes 2 and 3) (8961) C

Removal Of Roots

- Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure) (8953) B

Unerrupted Or Impacted Teeth

- First tooth (8941) C
- Second tooth (8943) B
- Third tooth (8945) B
- Fourth and subsequent tooth (8947) B

Diverse Procedures

- Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication (8908) C
- Closure of oral antral fistula - acute or chronic (8909) C
- Caldwell-Luc procedure (8911) B
- Emergency tracheotomy (8958) B

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

Pharyngostomy (8959)	B
Harvest iliac crest graft (8962)	B
Harvest rib graft (8963)	B
Harvest cranium graft (8964)	B
Peripheral neurectomy (8965)	C
Functional repair of oronasal fistula (local flaps) (8966)	C
Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) (8977)	C
Harvesting of autogenous grafts (intra-oral) (8979)	B
Removal of internal fixation devices, per site (9048)	B
Cysts Of Jaws	
Intra-oral approach (8967)	C
Extra-oral approach (8969)	C
Neoplasms	
Surgical treatment of soft tissue tumours (8971)	B
Surgical treatment of tumours of the jaws (8973)	C
Hemiresection of jaw, with splintage of segments (8975)	C
Para-orthodontic Surgical Procedures	
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8981)	C
Corticotomy - first tooth (8983)	C
Corticotomy - adjacent or subsequent tooth (8984)	B
Frenectomy (8985)	C
Surgical Preparation Of Jaws For Prosthetics	
Reduction of mylohyoid ridges, per side (8987)	C
Torus mandibularis reduction, per side (8989)	C
Torus palatinus reduction (8991)	C
Reduction of hypertrophic tuberosity, per side (8993)	B
Gingivectomy, per jaw (8995)	C
Sulcoplasty/Vestibuloplasty (8997)	C
Repositioning mental foramen and nerve, per side (9003)	C
Lateralization of inferior dental nerve (including bone grafting) (9004)	C
Total alveolar ridge augmentation by bone graft (9005)	C
Total alveolar ridge augmentation by alloplastic material (9007)	C
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites (9008)	B
Alveolar ridge augmentation across 3 or more tooth sites (9009)	C
Sinus lift procedure (9010)	C
Sepsis	
Incision and drainage of pyogenic abscesses (intra-oral approach) (9011)	B
Extra-oral approach, e.g. Ludwig's angina (9013)	B
Apicectomy including retrograde filling where necessary - anterior teeth (9015)	B
Apicectomy including retrograde filling where necessary, posterior teeth (9016)	C
Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible (9017)	C
Sequestrectomy - intra-oral, per sextant and/or per ramus (9019)	B
Treatment Of Associated Soft Tissue Injuries	
Minor (9021)	B
Major (F)	C
Dento-alveolar fracture, per sextant (9024)	B
Mandibular Fractures	
Treatment by closed reduction, with intermaxillary fixation (9025)	C
Treatment of compound fracture, involving eyelet wiring (9027)	C
Treatment by metal cap splintage or Gunning's splints (9029)	C
Treatment by open reduction with restoration of occlusion by splintage (9031)	C
Maxillary Fractures With Special Attention To Occlusion	
Le Fort I or Guerin fracture (9035)	C
Le Fort II or middle third of face (9037)	C
Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage (9039)	D
Zygoma/orbit	
Gillies or temporal elevation (9041)	C
Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation (9043)	C
Requiring multiple osteosynthesis and/ or grafting (9045)	D
Functional Correction Of Malocclusions	
Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) (9047)	D
Anterior segmental osteotomy of mandible (Köle) (9049)	D
Total subapical osteotomy (9050)	D
Genioplasty (9051)	C
Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) (9052)	D
Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure (9055)	D
Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure (9057)	D
Le Fort I osteotomy - one piece (9059)	D

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY

Le Fort I osteotomy with inferior repositioning and inter positional grafting (9060)	D
Palatal osteotomy (9061)	C
Le Fort I osteotomy - multiple segments (9062)	D
Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities (9063)	D
Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary Disjunction (9065) (Note: If performed in theatre to be billed under oral health)	E
Surgical assisted maxillary or mandibular expansion (9066)	C
Functional tongue reduction (partial glossectomy) (9069)	C
Geniohyoidotomy (9071)	C
Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) (9072)	D
Temporomandibular Joint Procedures	
Coronoidectomy (intra-oral approach) (9053)	C
●Bite plate for TMJ dysfunction (9073)	B
Diagnostic arthroscopy (9074)	C
Condylectomy or coronoidectomy or both (extra-oral approach) (9075)	C
Arthrocentesis TMJ/ Arthrosintese TMG (9076)	C
Intra-articular injection, per injection (9077)	B
Trigger point injection, per injection (9079)	B
Condyle neck osteotomy (Ward/ Kostecka) (9081)	C
Temporomandibular joint arthroplasty (9083)	C
Reduction of temporomandibular joint dislocation without anaesthetic (9085)	B
Reduction of temporomandibular joint dislocation, with anaesthetic (9087)	B
Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation (9089)	C
Reduction of temporomandibular joint dislocation requiring open reduction (9091)	C
Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) (9092)	D
Salivary Glands	
Removal of salivary calculus (9093)	B
Removal of sublingual salivary gland (9095)	C
Removal of salivary gland (extra-oral) (9096)	C
Implants	
Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) (8761)	C
Bone regenerative/ repair procedure at a single site (8767)	C
Subsequent removal of membrane used for guided tissue regeneration procedure (8769)	B
Submucosal connective tissue autograph (isolated procedure) (8772)	C
Placement of Zygomaticus fixture, per fixture (9046)	C
Placement of sub-periosteal implant - Preparatory procedure/operation (9180)	C
Placement of sub-periosteal implant prosthesis/ operation (9181)	C
Placement of endosteal implant, per implant (9182)	C
Placement of a single osseo-integrated implant per jaw (9183)	C
Placement of a second osseo-integrated implant in the same jaw (9184)	C
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant (9185)	B
Exposure of a single osseo-integrated implant and placement of a transmucosal element (9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (9192)	B
Implant removal	
This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and Closure (9198)	B
Cleft Lip And Palate	
Repair of cleft hard palate (unilateral) (9220)	D
Repair of cleft hard palate (bilateral, one procedure) (9222)	D
Repair of cleft hard palate (bilateral, in two procedures) (9224)	D
Repair of cleft soft palate (without muscle reconstruction) (9226)	D
Repair of soft palatum (with muscle reconstruction) (9228)	D
Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction) (9230)	D
Velopharyngeal reconstruction (uncomplicated) (9232)	D
Velopharyngeal reconstruction (complicated type) (9234)	D
Functional repair of oro-nasal fistula (distant flaps - in a single procedure) (9238)	C
Functional repair of oro-nasal fistula (distant flaps - in two procedures) (9240)	D
Secondary periosteal swivel flaps for bone induction (9246)	C
Lip adhesion (9248)	C
Unilateral cleft lip repair (without muscle reconstruction) (9250)	C
Unilateral cleft lip repair (with muscle reconstruction) (9252)	C
Bilateral cleft lip repair (without muscle reconstruction) (9254)	C
Bilateral cleft lip repair (with muscle reconstruction) (9256)	D
Anterior nasal floor repair (between alveolus) (9258)	C
Partial revision of secondary cleft lip deformity (9260)	C
Total revision of secondary cleft lip deformity (with functional muscle reconstruction) (9262)	C
Abbe-flap (in two stages) (9264)	C
Columella reconstruction (9266)	C
Partial reconstruction of nose due to cleft deformity (9268)	C
Complete reconstruction of the nose due to cleft deformity (9270)	C
Paranasal augmentation for nasal base deviation (9272)	C

●NB: LAB FEES TO BE CHARGED WHERE NECESSARY