

News Letter from Dental Department

March 2010

Dear Service Provider,

Please note that only a few dental procedures and tariff codes need authorisation.

If the protocols do not stipulate that pre-authorisation is required, you do not need to contact us for any authorization number. The member has a benefit amount from which any services not requiring authorisation will be deducted.

Below please find the protocols for Prestige and Progressive Plan Options for Resolution Health Medical Scheme as well as additional documentation to be submitted for services that do need motivation to effect pre-authorisation.

Resolution Health Medical Scheme will pay according to the protocols. If the protocols state that the tariff or procedure is a Scheme exclusion, this service will not be paid. If the patient is on the Progressive Plan Option, the services not covered by the protocols can be paid out of the savings provided that the member submits a request to the Scheme in this regard.

Please do not hesitate to contact the Dental Call Centre should you require more information.

Regards,

Dental Team



POVIDER TYPE 064

Code	Description	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
A. DIAGNOSTIC SERVICES									
									Only before 18 years
									Only 1 family may start per beneficiary year
8840	Treatment planning for orthognathic surgery - ALL	R 590.65							
Orthodontist (Max 2 per patient per year)									
8801	Consultation - Orthodontist	R 174.31							
8803	Consultation - Orthodontist (subsequent, retention and post treatment)	R 101.52							
8837	Diagnosis and treatment planning - Orthodontist	R 81.00							
RADIOGRAPHS/DIAGNOSTIC IMAGING									
8107	Intraoral radiograph - periapical	R 55.40							Max of 2 per year per patient
8108	Intraoral radiographs - complete series	R 428.76						x	Exclusion
8112	Intraoral radiograph - bitewing	R 55.40							Cannot be charged with 8108 May not follow 8108 Maximum of 2 per patient per year. May be charged with 8107
8113	Intraoral radiograph - occlusal	R 95.36						x	Exclusion
8114	Extraoral radiograph - hand-wrist	R 221.40						x	Exclusion
8115	Extraoral radiograph - panoramic	R 221.40						x	Exclusion
8116	Extraoral radiograph - cephalometric	R 221.40			x				Only on Prestige option
8118	Extraoral radiograph - skull/facial bone	R 221.40						x	Exclusion
8121	Oral and/or facial image (digital/conventional)	R 59.51						x	Exclusion
OTHER DIAGNOSTIC PROCEDURES									
8117	Diagnostic models	R 59.51						x	Exclusion
8119	Diagnostic models mounted	R 149.69						x	Exclusion
8811	Tracing and analysis of extra-oral film	R 25.70			X				Only on Prestige Option
8839	Diagnostic setup (orthodontics)	R 171.29							Only for Prestige Option
CLEFT PALATE PROSTHESES									
8855	Consultation - cleft palate therapy (house or hospital)	R 233.82							PMB
8856	Consultation - cleft palate (subsequent)	R 114.80							PMB
8857	Consultation - cleft palate (maximum)	R 798.77							PMB
NEONATAL PROSTHESES									
9119	Feeding aid prosthesis, neonatal	R 907.63							PMB



9120	Orthopaedic appliance, active presurgical - minor	R 907.63							x	Exclusion
9121	Orthopaedic appliance, active presurgical - moderate	R 1 343.30							x	Exclusion
9122	Orthopaedic appliance, active presurgical - severe	R 2 260.12							x	Exclusion
9123	Orthopaedic appliance, active presurgical - modification	R 114.80							x	Exclusion
TEMPOROMANDIBULAR JOINT										
8172	Cost of orthotic appliance	R -							x	Exclusion
8850	Treatment of MPDS - first visit	R 192.89							x	Exclusion
8851	Treatment of MPDS - subsequent visit	R 101.52							x	Exclusion
8852	Occlusal orthotic appliance	R 425.52							x	Exclusion
REMOVABLE APPLIANCE THERAPY (Limited to individuals younger than 18 years)										
8862	Ortho Tx - removable appliance	R 1 414.04								Only on Prestige Option Motivation required
8863	Ortho Tx - each additional removable appliance	R 710.64								Only on Prestige Option Motivation required
FUNCTIONAL APPLIANCE THERAPY (Limited to individuals younger than 18 years)										
8858	Ortho Tx - functional appliance	R 2 547.29								Only on Prestige Option
FIXED APPLIANCE THERAPY (Limited to individuals younger than 18 years)										
8861	Ortho Tx - partial fixed appliance - minor	R 1 694.09								Only on Prestige Option
8865	Ortho Tx - partial fixed appliance - one arch	R 4 519.15								Only on Prestige Option
8866	Ortho Tx - partial fixed appliance - both arches	R 6 215.29								Only on Prestige Option
8867	Ortho Tx - fixed appliance - one arch	R 4 857.62								Only on Prestige Option
8868	Ortho Tx - fixed appliance - one arch, moderate	R 5 991.73								Only on Prestige Option
8869	Ortho Tx - fixed appliance - one arch, severe	R 7 008.01								Only on Prestige Option
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild	R 8 889.70								Only on Prestige Option
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate	R 10 912.86								Only on Prestige Option
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe	R 12 721.86								Only on Prestige Option
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/ complications	R 14 296.93								Only on Prestige Option
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	R 12 721.86								Only on Prestige Option
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	R 14 296.93								Only on Prestige Option
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	R 16 049.56								Only on Prestige Option
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	R 18 082.98								Only on Prestige Option
8841	Ortho Tx - fixed lingual appliance - one arch	R 9 129.67								Only on Prestige Option
8842	Ortho Tx - fixed lingual appliance - one arch, moderate	R 10 729.37								Only on Prestige Option



RESOLUTION

health

Medical Scheme

March 2010

8843	Ortho Tx - fixed lingual appliance - one arch, severe	R 12 224.52								Only on Prestige Option
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	R 17 416.51								Only on Prestige Option
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	R 20 391.37								Only on Prestige Option
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	R 23 141.59								Only on Prestige Option
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	R 25 677.54								Only on Prestige Option
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	R 21 257.75								Only on Prestige Option
8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	R 23 780.41								Only on Prestige Option
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	R 26 485.60								Only on Prestige Option
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	R 29 470.72								Only on Prestige Option
OTHER ORTHODONTIC SERVICES (Limited to individuals younger than 18 years)										
8846	Repair orthodontic appliance - removable	R 115.78							x	Exclusion
8847	Replace orthodontic appliance - removable	R 399.92							x	Exclusion
8848	Repair orthodontic appliance - fixed	R 171.29							x	Exclusion
8849	Retainer (orthodontic)	R 399.92							x	Exclusion
8890	Monthly instalment ortho tx	R -								Only on Prestige Option
8891	Orthodontic transfer	R -								Only on Prestige Option
8892	Orthodontic re-treatment	R -							x	Exclusion
ADMINISTRATIVE AND LABORATORY SERVICES										
8099	Dental laboratory service	R -								
8106	Special report	R 140.51							x	Exclusion
8120	Treatment plan completed	R -							x	Exclusion
8139	Appointment not kept /30min	R -							x	Exclusion
MISCELLANEOUS SERVICES										
8551	Occlusal adjustment - major	R 797.80								
8553	Occlusal adjustment - minor	R 254.23							x	Exclusion

POVIDER TYPE 092

Code	Description	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
CLINICAL ORAL EXAMINATIONS (Max 2 per patient per year)									
8701	Consultation - periodontist	R 174.31							Prestige Option Only
8703	Consultation - Periodontist (detailed)	R 456.30							Prestige Option Only
8705	Re-examination - Periodontist	R 136.40							Prestige Option Only
8707	Periodontal screening - Periodontist	R 136.40							Prestige Option Only
8781	Consultation - Oral medicine (simple)	R 136.40							Prestige Option Only
8782	Consultation - Oral medicine (complex)	R 239.98							Prestige Option Only
8783	Consultation - Oral medicine (subsequent)	R 101.52							Prestige Option Only
RADIOGRAPHS/DIAGNOSTIC IMAGING									
8107	Intraoral radiograph - periapical	R 55.40							Maximum of 2 per patient per year.
8108	Intraoral radiographs - complete series	R 428.76							Exclusion
8112	Intraoral radiograph - bitewing	R 55.40							Cannot be charged with 8108 May not follow 8108 Maximum of 2 per patient per year. May be charged with 8107
8113	Intraoral radiograph - occlusal	R 95.36						x	Exclusion
8114	Extraoral radiograph - hand-wrist	R 221.40						x	Exclusion
8115	Extraoral radiograph - panoramic	R 221.40						x	Exclusion
8116	Extraoral radiograph - cephalometric	R 221.40						x	Exclusion
8118	Extraoral radiograph - skull/facial bone	R 221.40						x	Exclusion
8121	Oral and/or facial image (digital/conventional)	R 59.51						x	Exclusion
OTHER DIAGNOSTIC PROCEDURES									
8117	Diagnostic models	R 59.51						x	Exclusion
8119	Diagnostic models mounted	R 149.69						x	Exclusion
8811	Tracing and analysis of extra-oral film	R 25.70						x	Exclusion
DENTAL PROPHYLAXIS (Max 2 per beneficiary per year)									
8155	Polishing - complete dentition	R 115.78							Not with code 8159 on same service date Mostly on children below 12 years
8159	Prophylaxis - complete dentition	R 232.85							Only on patients older than 12 years Cannot be charged with code 8155 on same service date Max once (1x) per 6 months

TOPICAL FLUORIDE TREATMENT										
										Not to be done on children under the age of 6 years Not with code 8167 on same service date Maximum of one per beneficiary per year Cannot be charged together with 8140 and surgical periodontal tariff codes
8161	Topical application of fluoride – child	R 84.02								
8162	Topical application of fluoride - adult	R 84.02							x	Exclusion
OTHER PREVENTIVE PROCEDURES										
8151	Oral hygiene instruction	R 168.16							x	Exclusion
8153	Oral hygiene instruction - each additional visit	R 81.00							x	Exclusion
CROWNS – SINGLE RESTORATIONS										
NB: All inlays, crowns and bridge work should at least last 4yrs. Not payable within a 4 year period after delivery Age restriction of 16 years on all crown and bridgework, lab T107 is applicable. If patient under 16 code 8410 is also required. Max of 3 per family per year										
8410	Provisional crown	R 186.52						x		Cannot be used as a temporary prosthesis Excludes provisional pontics and retainers Cannot be charged as part of crown and bridge preparation Only for Prestige Option
PERIRADICULAR PROCEDURES										
9015	Apicectomy - anteriors (including retrograde filling)	R 549.61						x		Exclusion
9016	Apicectomy - posteriors (including retrograde filling)	R 1 096.20						x		Exclusion
OTHER ENDODONTIC PROCEDURES										
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	R 549.61						x		Exclusion
SURGICAL SERVICES										
8741	Gingivectomy/gingivoplasty - four or more teeth per quadrant	R 601.99							x	Exclusion
8743	Gingivectomy or gingivoplasty - one to three teeth per quadrant	R 477.90							x	Exclusion
8749	Flap procedure, root planning and one to three surgical services - per quadrant	R 1 366.96							x	Exclusion
8751	Flap procedure, root planning and one to three surgical services - per sextant	R 1 132.06							x	Exclusion
8753	Flap procedure, root planning and four or more surgical services - per quadrant	R 1 694.09							x	Exclusion
8755	Flap procedure, root planning and four or more surgical services - per sextant	R 1 373.11							x	Exclusion
8756	Clinical crown lengthening (isolated)	R 832.57							x	Exclusion

9183	Surgical placement of endosteal implant - first per jaw	R 1 059.26								Pre authorisation required Tooth numbers required Six (6) month healing period (before phase 2/3) Not to be charged with code 8411, 8536/7/8, 8546/7/8 Only for Prestige Option	
9184	Surgical placement of endosteal implant - second per jaw	R 794.66								Only 2 crowns per family per year Tooth numbers required Six (6) month healing period (before phase 2/3) Not to be charged with code 8411, 8536/7/8, 8546/7/8 Only for Prestige Option	
9185	Surgical placement of endosteal implant - third and subsequent per jaw	R 532.22							x	Exclusion	
9190	Surgical placement of abutment - first per jaw	R 391.61								Only 2 crowns per family per year Tooth numbers required Six (6) month healing period (before phase 2/3) Lab required Only for Prestige Option	
9191	Surgical placement of abutment - second per jaw	R 294.41								Only 2 crowns per family per year Tooth numbers required Six (6) month healing period (before phase 2/3) Lab required Only for Prestige Option	
9192	Surgical placement of abutment - third and subsequent per jaw	R 197.96							x	Exclusion	
OTHER IMPLANT SERVICES											
8600	Cost of implant components	R -								x	Exclusion
9187	Cost of endosteal implant body	R -								x	Exclusion
9198	Surgical removal of implant	R 540.43								x	Exclusion
OTHER SURGICAL PROCEDURES											
8917	Biopsy of oral tissue - soft	R 282.96								x	Exclusion
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	R 913.68								x	Exclusion
VESTIBULOPLASTY											
8997	Sulcoplasty / Vestibuloplasty	R 2 513.48								x	Exclusion
SURGICAL EXCISION OF SOFT TISSUE LESIONS											
8971	Excision of tumour of the soft tissue	R 490.10								x	Exclusion
SURGICAL INCISION											
8731	Incision & drainage of abscess - intra-oral	R 200.99								x	
TEMPOROMANDIBULAR JOINT											
8172	Cost of orthotic appliance	R -								x	Exclusion
8852	Occlusal orthotic appliance	R 425.52								x	Exclusion
OTHER REPAIR PROCEDURES											
8979	Harvesting of autogenous grafts (intra-oral)	R 211.25								x	Exclusion
8985	Frenulectomy/frenulotomy	R 668.63								x	Exclusion
9005	Alveolar ridge augmentation - total (by bone graft)	R 2 562.62								x	Exclusion
9008	Alveolar ridge augmentation - one to two tooth	R 608.15								x	Exclusion

	sites									
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	R 1 108.51							x	Exclusion
9010	Sinus lift procedure	R 1 665.36							x	Exclusion
PROFESSIONAL VISITS										
8140	House/extended care facility/hospital call	R 136.40								
DRUGS, MEDICAMENTS AND MATERIALS										
8220	Cost of suture material	R -							x	Exclusion
ADMINISTRATIVE AND LABORATORY SERVICES										
8099	Dental laboratory service	R -								
8106	Special report	R 140.51								Exclusion
8120	Treatment plan completed	R -								Exclusion
8139	Appointment not kept /30min	R -								Exclusion
8553	Occlusal adjustment - minor	R 254.23								

POVIDER TYPE 094

Code	Description	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
DIAGNOSTIC SERVICES									
8501	Consultation - Prosthodontis	R 174.31							Prestige Only
8507	Comprehensive consultation - Prosthodontist	R 279.94							
8506	Detailed consultation - Prosthodontist	R 456.30							
RADIOGRAPHS/DIAGNOSTIC IMAGING									
8107	Intraoral radiograph - periapical	R 55.40	x		x				
8108	Intraoral radiographs - complete series	R 428.76	x		x				Exclusion
8112	Intraoral radiograph - bitewing	R 55.40	x		x				Cannot be charged with 8108 May not follow 8108 Maximum of 2 per patient per visit May be charged with 8107
8113	Intraoral radiograph - occlusal	R 95.36						x	Exclusion
8114	Extraoral radiograph - hand-wrist	R 221.40						x	Exclusion
8115	Extraoral radiograph - panoramic	R 221.40							Maximum of 1 per annum per beneficiary
8116	Extraoral radiograph - cephalometric	R 221.40				x			Prestige only
8118	Extraoral radiograph - skull/facial bone	R 221.40			x			x	Exclusion
8121	Oral and/or facial image (digital/conventional)	R 59.51						x	Exclusion



OTHER DIAGNOSTIC PROCEDURES										
8117	Diagnostic models	R 59.51							x	Exclusion
8119	Diagnostic models mounted	R 149.69							x	Exclusion
8503	Occlusion analysis mounted	R 279.94							x	Exclusion
8505	Pantographic recording	R 406.08							x	Exclusion
8508	Electrognathographic recording	R 434.81							x	Exclusion
8509	Electrognathographic recording with computer analysis	R 721.87							x	Exclusion
8811	Tracing and analysis of extra-oral film	R 25.70							x	Exclusion
PREVENTIVE SERVICES (Max 2 per beneficiary per year)										
8155	Polishing - complete dentition	R 84.02								Not with code 8159 on same service date Mostly on children below 12 years
8159	Prophylaxis - complete dentition	R 165.13								Only on patients older than 12 years Cannot be charged with code 8155 on same service date Max once (1x) per 6 months
TOPICAL FLUORIDE TREATMENT										
8161	Topical application of fluoride - child	R 84.02								Not to be done on children under the age of 6 years Not with code 8167 on same service date Maximum of one per beneficiary per year Cannot be charged together with 8140 and surgical periodontal tariff codes
8162	Topical application of fluoride - adult	R 84.02							x	Exclusion
OTHER PREVENTIVE PROCEDURES										
8151	Oral hygiene instruction	R 168.16							x	Exclusion
8153	Oral hygiene instruction - each additional visit	R 81.00							x	Exclusion
8163	Dental sealant	R 55.40		x					x	Exclusion
GOLD FOIL RESTORATIONS										
8561	Gold foil class I or IV	R 730.08		x					x	Exclusion
8563	Gold foil class V	R 854.17		x					x	Exclusion
8565	Gold foil class III	R 1 074.60		x					x	Exclusion
INLAY/ONLAY RESTORATIONS										
8361	Inlay - metal - one surface	R 503.50		x					x	Exclusion
8362	Inlay/onlay - metal - two surfaces	R 730.08		x					x	Exclusion
8363	Inlay/onlay - metal - three surfaces	R 1 132.06		x					x	Exclusion
8364	Inlay/onlay - metal - four or more surfaces	R 1 132.06		x					x	Exclusion
8371	Inlay - porcelain - one surface	R 608.15		x					x	Exclusion
8372	Inlay/onlay - porcelain - two surfaces	R 875.77		x					x	Exclusion
8373	Inlay/onlay - porcelain - three surfaces	R 1 360.80		x					x	Exclusion
8374	Inlay/onlay - porcelain - four or more surfaces	R 1 360.80		x					x	Exclusion
8560	Cost of ceramic block	R -		x					x	Exclusion

8381	Inlay - resin - one surface	R 608.15		x				x	Exclusion
8382	Inlay/onlay - resin - two surfaces	R 875.77		x				x	Exclusion
8383	Inlay/onlay - resin - three surfaces	R 1 360.80		x				x	Exclusion
8384	Inlay/onlay - resin - four or more surfaces	R 1 360.80		x				x	Exclusion
CROWNS – SINGLE RESTORATIONS									
Not payable within a 5 year period after delivery									
Age restriction of 16 years on all crown and bridgework									
Crowns excluded on Tooth numbers 18,28,38 and 48									
Max of 2 per family per year									
8401	Crown - full cast metal	R 1 413.07		x		x	x		Lab required No benefit on anterior teeth Only applicable for single cast full crown, not as a bridge abutment. Only for Prestige Option
8403	Crown - 3/4 cast metal	R 1 413.07						x	Exclusion
8404	Crown - 3/4 porcelain/ceramic							x	Exclusion
8405	Crown - resin laboratory			x		x	x		Only for Prestige Option
8407	Crown - resin with metal	R 1 360.80		x		x	x		Needs pre authorisation Lab required Only applicable for a single acrylic veneered crown, not as a bridge abutment. Only for Prestige Option
8409	Crown - porcelain/ceramic	R 1 360.80		x		x	x		Needs pre authorisation Lab required Only applicable for single porcelain jacket crown, not as a bridge abutment. Only for Prestige Option
8411	Crown - porcelain with metal	R 1 413.07		x		x	x		Needs pre authorisation Lab required Only applicable for single porcelain veneered crown, not as a bridge abutment. Only for Prestige Option
8410	Provisional crown	R 1 413.07						x	Exclusion Only for Prestige Option
VENEERS									
8355	Veneer - resin (chair-side)	R 291.28		x				x	Exclusion
8552	Veneer - porcelain (laboratory)	R 966.92		x				x	Exclusion
8554	Veneer - resin (laboratory)	R 966.92		x				x	Exclusion
TEMPORARY RESTORATIONS									
8137	Emergency crown (chair-side)	R 288.14		x					Lab fees will be excluded
8357	Prefabricated metal crown	R 171.29						x	Exclusion
8375	Prefabricated resin crown	R 171.29						x	Exclusion
OTHER RESTORATIVE PROCEDURES									
8366	Pin retention as part of cast restoration (any number of pins)	R 168.16					x		
8376	Core build-up with prefabricated posts	R 457.27			x				
8379	Cost of prefabricated posts	R -			x				
8397	Cast core with pins (any number of	R 399.92					x		Only for Prestige Option



	pins)								
8398	Core build-up with or without pins	R 373.25					x		Only for Prestige Option
8581	Cast core with single post	R 285.01					x		Only for Prestige Option
8582	Cast core with double post	R 406.08					x		Only for Prestige Option
8583	Cast core with triple post	R 503.50					x		Only for Prestige Option
8133	Recement inlay, onlay, crown or veneer	R 106.60					x		Must follow 8391
8135	Remove inlay, onlay or crown	R 167.18					x		Only for Prestige Option
8413	Repair crown (permanent or provisional)	R 186.52					x		Only for Prestige Option
ENDODONTIC THERAPY									
8631	Root canal therapy - first canal	R 990.58					x		
8633	Root canal therapy - each additional canal	R 249.16					x		
ENDODONTIC RETREATMENT									
8334	Re-preparation of previously obturated root canal	R 149.69					x		Maximum may be charged, per tooth. 5 canals (5x 8334) Preparatory visit
APEXIFICATION/RECALCIFICATION PROCEDURES									
8635	Apexification/recalcification – per visit	R 165.13					x		x Exclusion
PERIRADICULAR PROCEDURES									
9015	Apicectomy - anteriors (including retrograde filling)	R 549.61					x		x Exclusion
9016	Apicectomy - posteriors (including retrograde filling)	R 1 096.20					x		x Exclusion
OTHER ENDODONTIC PROCEDURES									
8640	Removal of fractured post or instrument from root canal	R 291.28					x		
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	R 549.61					x		x Exclusion
NON-SURGICAL PERIODONTAL SERVICES									
8723	Provisional splinting - extracoronal (wire) - per sextant	R 233.82							Only for Prestige Option
8725	Provisional splinting - extracoronal (wire plus resin) - per sextant	R 339.44							Only for Prestige Option
8727	Provisional splinting - intracoronal - per tooth	R 106.60					x		Only for Prestige Option
COMPLETE DENTURES (Dentures once in 4 years)									
8231	Complete dentures - maxillary and mandibular	R 2 830.25							Maximum of 1 every 4 years Cannot be charged with code 8667 Lab required
8232	Complete denture - maxillary or mandibular	R 1 980.18							Maximum of 2 claimed every 48 month period Cannot be charged with code 8667 Lab required
8244	Immediate denture - maxillary	R 1 253.66							Maximum of 1 claimed for life Not applicable to partial dentures Lab required

8245	Immediate denture - mandibular	R 1 253.66								Maximum of 1 claimed for life Not applicable to partial dentures Lab required
8643	Complete dentures - maxillary and mandibular (with complications)	R 3 673.08								Pre-auth required
8645	Complete dentures - maxillary and mandibular (with major complications)	R 4 518.18								Pre-auth required
8649	Complete denture - maxillary or mandibular (with complications)	R 2 260.12								Pre-auth required
8651	Complete denture - maxillary or mandibular (with major complications)	R 2 542.10								Pre-auth required
PARTIAL DENTURES										
8671	Partial denture - cast metal framework with resin denture base	R 2 260.12								Cannot be claimed with 8231 or 8232 8251, 8253, 8255, 8257 cannot be claimed together with 8281
ADJUSTMENTS TO DENTURES										
8275	Adjust complete or partial denture	R 61.56							x	Exclusion
8662	Adjust complete or partial dentures (remounting)	R 326.16							x	Exclusion
REPAIRS TO DENTURES										
8269	Repair denture or other intra-oral appliance	R 114.80							x	Exclusion
8273	Impression to repair or modify a denture or other intra-oral appliance	R 61.56							x	Exclusion
DENTURE REBASE PROCEDURES										
8259	Rebase complete or partial denture (laboratory)	R 457.27								Maximum of two (2) may be charged (1x upper and 1x lower)
DENTURE RELINE PROCEDURES										
8263	Reline complete or partial denture (chair-side)	R 251.21								No lab
8267	Reline complete or partial denture (laboratory)	R 462.56								Not to be charged on same service date dentures' delivery
INTERIM DENTURES										
8658	Interim complete denture	R 1 253.56							x	Exclusion
8659	Interim partial denture	R 1 002.89							x	Exclusion
8661	Diagnostic dentures (including tissue conditioning)	R 2 260.12							x	Exclusion
OTHER REMOVABLE PROSTHETIC PROCEDURES										
8265	Tissues conditioning per arch (including soft self-cure reline)	R 168.16							x	Exclusion
8597	Locks and milled rests	R 114.80		x					x	Exclusion
8599	Precision attachment (removable denture)	R 279.94							x	Exclusion
8652	Overdenture - complete	R 2 260.12							x	Exclusion
8653	Overdenture - partial	R 1 808.03							x	Exclusion
8657	Replacement of precision attachment	R 114.80							x	Exclusion
8663	Metal base to complete denture	R 680.94							x	Exclusion
8664	Remount crown or bridge for prosthetics	R 340.74							x	Exclusion



8667	Soft base to denture (heat cured)	R 680.94							x	Exclusion
8672	Altered cast technique (in addition to partial denture)	R 87.26							x	Exclusion
8674	Additive partial denture	R 1 025.46							x	Exclusion
MAXILLIARY PROSTHESIS										
9101	Obturator prosthesis, surgical - modified denture	R 168.16							x	Exclusion
9102	Obturator prosthesis, surgical - continuous base	R 456.30							x	Exclusion
9103	Obturator prosthesis, surgical - split base	R 679.86							x	Exclusion
9104	Obturator prosthesis, interim - on existing denture	R 1 025.46							x	Exclusion
9105	Obturator prosthesis, interim - on new denture	R 3 166.67							x	Exclusion
9106	Obturator prosthesis, definitive - open/hollow box	R 1 025.46							x	Exclusion
9107	Obturator prosthesis, definitive - silicone glove	R 1 980.18							x	Exclusion
MANDIBULAR RESECTION PROSTHESES										
9108	Mandibular resection prosthesis w/ guide flange	R 2 432.38								PMB
9109	Mandibular resection prosthesis w/o guide flange	R 2 260.12								PMB
9110	Mandibular resection prosthesis, palatal augmentation	R 456.30								PMB
GLOSSAL RESECTION PROSTHESES										
9111	Glossal resection prosthesis - simple	R 951.70								PMB
9112	Glossal resection prosthesis - complex	R 1 425.38								PMB
RADIOTHERAPY APPLIANCES										
9113	Radiation carrier - simple	R 1 025.46								PMB
9114	Radiation carrier - complex	R 2 830.25								PMB
9115	Radiation shield - simple	R 1 025.46								PMB
9116	Radiation shield - complex	R 2 830.25								PMB
9117	Radiation cone locator	R 1 025.46								PMB
CHEMOTHERAPY APPLIANCES										
9118	Chemotherapeutic agent carrier	R 1 025.46								Exclusion
CLEFT PALATE PROSTHESES										
8855	Consultation - cleft palate therapy (house or hospital)	R 233.82								PMB
8856	Consultation - cleft palate (subsequent)	R 114.80								PMB
8857	Consultation - cleft palate (maximum)	R 798.77								PMB
NEONATAL PROSTHESES										
9119	Feeding aid prosthesis, neonatal	R 907.63								PMB
9120	Orthopaedic appliance, active presurgical - minor	R 907.63							x	Exclusion
9121	Orthopaedic appliance, active presurgical - moderate	R 1 343.30							x	Exclusion
9122	Orthopaedic appliance, active presurgical - severe	R 2 260.12							x	Exclusion
9123	Orthopaedic appliance, active presurgical - modification	R 114.80							x	Exclusion

INTERMEDIATE/DEFINITIVE PROSTHESES										
9125	Speech aid/obturator prosthesis - palatal alteration	R 457.27							x	Exclusion
9126	Speech aid/obturator prosthesis - velar alteration	R 1 025.46							x	Exclusion
9127	Speech aid/obturator prosthesis - pharyngeal alteration	R 2 260.12							x	Exclusion
9128	Speech aid/obturator prosthesis - modification	R 114.80							x	Exclusion
9129	Speech aid/obturator prosthesis - surgical	R 907.63							x	Exclusion
SPEECH APPLIANCES										
9130	Speech aid appliance - palatal lift	R 456.30							x	Exclusion
9131	Speech aid appliance - palatal stimulating	R 1 025.46							x	Exclusion
9132	Speech aid appliance - bulb	R 2 260.12							x	Exclusion
9133	Speech aid appliance - modification	R 114.80							x	Exclusion
9134	Unspecified speech aid appliance	R -							x	Exclusion
EXTRA-ORAL APPLIANCES										
9135	Auricular prosthesis - simple	R 2 830.25							x	Exclusion
9136	Auricular prosthesis - complex	R 3 673.08							x	Exclusion
9137	Nasal prosthesis - simple	R 2 830.25							x	Exclusion
9138	Nasal prosthesis - complex	R 3 673.08							x	Exclusion
9139	Ocular prosthesis - interim	R 1 025.46							x	Exclusion
9140	Ocular prosthesis - modified stock appliance	R 2 544.16							x	Exclusion
9141	Ocular prosthesis - custom appliance	R 3 673.08							x	Exclusion
9142	Orbital prosthesis - simple	R 2 544.16							x	Exclusion
9143	Orbital prosthesis - complex	R 3 673.08							x	Exclusion
9148	Unspecified body prosthesis - simple	R 2 544.16							x	Exclusion
9149	Unspecified body prosthesis - complex	R 3 673.08							x	Exclusion
9150	Facial prosthesis, surgical - simple	R 1 980.18							x	Exclusion
9151	Facial prosthesis, surgical - complex	R 2 544.16							x	Exclusion
9155	Cranial prosthesis	R 1 025.46							x	Exclusion
CUSTOM IMPLANTS										
9156	Cranial implant prosthesis, custom made	R 1 237.68							x	Exclusion
9157	Facial implant prosthesis, custom made - simple	R 618.30							x	Exclusion
9158	Facial implant prosthesis, custom made - complex	R 1 237.68							x	Exclusion
9159	Ocular implant prosthesis, custom made	R 618.30							x	Exclusion
9160	Body implant prosthesis - custom made	R 2 752.38							x	Exclusion
SURGICAL APPLIANCES										
9161	Surgical splint - simple	R 279.94							x	Exclusion
9162	Surgical splint - complex	R 1 025.46							x	Exclusion
9163	Surgical template - simple	R 279.94							x	Exclusion
9164	Surgical template - complex	R 1 025.46							x	Exclusion
9165	Surgical conformer - simple	R 279.94							x	Exclusion
9166	Surgical conformer - complex	R 1 025.46							x	Exclusion



TRISMUS APPLIANCES									
9167	Trismus appliance (simple)	R 114.80						x	Exclusion
9168	Trismus appliance (complex)	R 1 025.46						x	Exclusion
9169	Orthoses appliance	R 2 260.12						x	Exclusion
9170	Facial palsy appliance	R 679.86						x	Exclusion
9171	Commissure splint	R 279.94						x	Exclusion
9172	Oral retractor, dynamic - per arm	R 279.94						x	Exclusion
9173	Hand splint	R -						x	Exclusion
9174	Unspecified burn appliance	R -						x	Exclusion
ATTENDANCE IN THEATRE									
9175	Theatre attendance (MaxFac prosthod) /hour	R 378.43						x	Exclusion
SURGICAL IMPLANT PROCEDURES									
9190	Surgical placement of abutment - first per jaw	R 391.61		x					Pre authorisation required Tooth numbers required Six (6) month healing period (before phase 2/3) Lab required Only for Prestige Option
9191	Surgical placement of abutment - second per jaw	R 294.41		x					Pre authorisation required Tooth numbers required Six (6) month healing period (before phase 2/3) Lab required Only for Prestige Option
9192	Surgical placement of abutment - third and subsequent per jaw	R 197.96		x					Pre authorisation required Tooth numbers required Six (6) month healing period (before phase 2/3) Lab required Only for Prestige Option
IMPLANT SUPPORTED PROSTHETICS									
8584	Connector bar - implant supported	R 2 260.12						x	Exclusion
8578	Prefabricated abutment	R 233.82						x	Exclusion
8579	Custom abutment	R 1 066.50						x	Exclusion
Removable Dentures									
8533	Implant supported removable complete overdenture	R 2 260.12						x	Exclusion
8534	Implant supported removable partial overdenture	R 1 808.03						x	Exclusion
Fixed-detachable Dentures									
8654	Implant supported fixed-detachable complete overdenture	R 2 542.10						x	Exclusion
8655	Implant supported fixed-detachable partial overdenture	R 1 741.93						x	Exclusion
8660	Additional fee to implant supported fixed-detachable denture - per implant	R 233.82		x				x	Exclusion
Crowns - Single Restorations									
8536	Crown - implant/abutment supported - porcelain/ceramic	R 1 647.86		x					Tooth numbers required Not to be charged with code 8411 Needs pre authorisation Only for Prestige Option

8537	Crown - implant/abutment supported - porcelain with metal	R 1 647.86		x						Tooth numbers required Not to be charged with code 8411 Needs pre authorisation Only for Prestige Option
8538	Crown - implant/abutment supported - cast metal	R 1 647.86		x						Tooth numbers required Not to be charged with code 8411 Needs pre authorisation Only for Prestige Option
8592	Crown - implant/abutment supported	R 1 647.86		x						
Bridge Retainers - Crowns										
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	R 1 647.86		x						Tooth numbers required Not to be charged with code 8411 Only 2 crowns per family per year Only for Prestige Option
8547	Crown retainer - implant/abutment supported - porcelain with metal	R 1 647.86		x						Tooth numbers required Not to be charged with code 8411 Only 2 crowns per family per year Only for Prestige Option
8548	Crown retainer - implant/abutment supported - cast metal	R 1 647.86		x						Tooth numbers required Not to be charged with code 8411 Only 2 crowns per family per year Only for Prestige Option
OTHER IMPLANT SERVICES										
8590	Implant maintenance procedures - per implant	R 103.57		x					x	Exclusion
8594	Repair of implant supported prosthesis	R 114.80							x	Exclusion
8595	Repair of implant abutment	R 114.80							x	Exclusion
8600	Cost of implant components	R -							x	Exclusion
PONTICS										
8419	Provisional pontic	R 279.94		x					x	Exclusion
8611	Pontic - sanitary	R 854.17		x					x	Exclusion
8613	Pontic - posterior	R 1 045.01		x					x	Exclusion
8615	Pontic - anterior/premolar	R 1 129.03		x					x	Exclusion
BRIDGE RETAINERS – INLAYS/ONLAYS										
8432	Inlay/onlay retainer - metal - two surfaces	R 730.08		x					x	Exclusion
8433	Inlay/onlay retainer - metal - three surfaces	R 1 132.06		x					x	Exclusion
8434	Inlay/onlay retainer - metal - four or more surfaces	R 1 132.06		x					x	Exclusion
8436	Inlay/onlay retainer - porcelain - two surfaces	R 875.77		x					x	Exclusion
8437	Inlay/onlay retainer - porcelain - three surfaces	R 1 360.80		x					x	Exclusion
8438	Inlay/onlay retainer - porcelain - four or more surfaces	R 1 360.80		x					x	Exclusion
8617	Retainer cast metal (Maryland type retainer)	R 730.08		x					x	Exclusion

BRIDGE RETAINERS – CROWNS									
8441	Crown retainer - full cast metal	R 1 413.07		x				x	Exclusion
8442	Crown retainer - 3/4 cast metal	R 1 413.07		x					Only 2 crowns per family per year Applicable as an abutment ¾ metal crown for a bridge Can only be charged on posterior teeth Only for Prestige Option
8443	Crown retainer - porcelain/ceramic	R 1 413.07		x					Only 2 crowns per family per year Can be charged on all teeth Only for Prestige Option
8444	Crown retainer - 3/4 porcelain/ceramic	R 1 413.07		x					Only 2 crowns per family per year Can be charged on posterior teeth Only for Prestige Option
8445	Crown retainer - porcelain with metal	R 1 413.07		x					Only 2 crowns per family per year Lab required (9505) Can be charged on all teeth Only for Prestige Option
8446	Crown retainer - resin with metal	R 1 413.07		x					Only 2 crowns per family per year Can be charged on all teeth
8447	Provisional crown retainer	R 279.94		x					Only 2 crowns per family per year Cannot be charged as part of bridge preparation Only for Prestige Option
OTHER FIXED PROSTHODONTIC PROCEDURES									
8514	Recement bridge	R 106.60		x				x	Exclusion
8516	Remove bridge	R 167.18		x				x	Exclusion
8518	Repair bridge	R 186.52		x				x	Exclusion
8585	Connector bar	R 2 260.12						x	Exclusion
8586	Stress breaker	R 842.94						x	Exclusion
8587	Coping metal	R 233.82		x				x	Exclusion
OTHER SURGICAL PROCEDURES									
8517	Reimplantation of avulsed tooth (include stabilisation)	R 291.28		x				x	Exclusion
TEMPOROMANDIBULAR JOINT									
8172	Cost of orthotic appliance	R -						x	Exclusion
8850	Treatment of MPDS - first visit	R 192.89						x	Exclusion
8851	Treatment of MPDS - subsequent visit	R 101.52						x	Exclusion
8852	Occlusal orthotic appliance	R 425.52						x	Exclusion
DRUGS, MEDICAMENTS AND MATERIALS									
8306	Cost of MTA	R -							
ADMINISTRATIVE AND LABORATORY SERVICES									
8099	Dental laboratory service	R -							
8106	Special report	R 140.51						x	Exclusion
8120	Treatment plan completed	R -						x	Exclusion
8139	Appointment not kept /30min	R -						x	Exclusion

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MISCELLANEOUS SERVICES										
8131	Emergency dental treatment	R 171.29		x						Tooth numbers required once per treatment date No other tariff/item can be charged on the same tooth, on the same service date.
8325	Internal bleaching - per tooth	R 298.51		x				x		Exclusion
8327	Internal bleaching - each additional visit	R 143.10		x				x		Exclusion
8551	Occlusal adjustment - major	R 797.80						x		Exclusion
8553	Occlusal adjustment - minor	R 254.23						x		Exclusion

POVIDER TYPE 098

Code	Description	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
A.	DIAGNOSTIC SERVICES								
9201	Consultation - oral pathologist	R 174.31							
9205	Consultation - oral pathologist (subsequent)	R 101.52							
9203	House/Hosp/Nursing home consultation - Oral pathologist	R 152.71							
9207	After hours visit - Oral pathologist	R 223.67							

POVIDER TYPE 095

Code	Description	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
8139	Appointment not kept /30min	R -						x	Exclusion
8109	Infection control/barrier techniques	R 12.31							Maximum of 2 per patient per day Not to be charged with code 8140
8110	Sterilized instrumentation	R 31.75							Maximum one (1x) per visit, per dependant Not applicable for procedures done in theatre (8140). Network dentists to give declaration for code to be paid.
8120	Treatment plan completed	R -						x	Exclusion
Diagnostic services (Max 2 per patient per year)									
8101	Oral examination	R 71.17							On every tooth Cannot go together with code 8104, 8129, 8189, 8190 8140 cannot be charged with 8101, if patient older than 7 years NB. Payable once in 6 months per patient, irrespective of provider involved
8102	Comprehensive oral examination	R 114.91						x	Exclusion
8104	Limited oral examination	R 55.51							Cannot follow 8101, 8104 within a three (3) week period

8189	Re-examination - existing condition	R 55.51						x	Exclusion
8129	Office/hospital visit – after regularly scheduled hours	R 170.86						x	Exclusion
8140	House/extended care facility/hospital call	R 112.97						x	Exclusion
8190	Consultation - second opinion or advice	R -						x	Exclusion
Radiographs/diagnostic imaging									
8107	Intraoral radiograph - periapical	R 53.35	x		x				
8108	Intraoral radiographs - complete series	R 428.54	x		x				Exclusion
8112	Intraoral radiograph - bitewing	R 53.35	x		x				Cannot be charged with 8108 May not follow 8108 Maximum of 2 per patient per visit May be charged with 8107
8113	Intraoral radiograph - occlusal	R 91.80						x	Exclusion
8114	Extraoral radiograph - hand-wrist	R -						x	Exclusion
8115	Extraoral radiograph - panoramic	R 213.62							Maximum of 1 per annum per beneficiary
8116	Extraoral radiograph - cephalometric	R 213.62					x		Prestige only
8118	Extraoral radiograph - skull/facial bone	R -			x			x	Exclusion
8121	Oral and/or facial image (digital/conventional)	R 57.24						x	Exclusion
Preventive services (Max 2 per beneficiary per year)									
8151	Oral hygiene instruction	R 55.84						x	Exclusion
8153	Oral hygiene instruction - each additional visit	R 40.93						x	Exclusion
8155	Polishing - complete dentition	R 68.36							Not with code 8159 on same service date Mostly on children below 12 years
8159	Prophylaxis - complete dentition	R 124.52							Only on patients older than 12 years Cannot be charged with code 8155 on same service date Max once (1x) per 6 months
8161	Topical application of fluoride - child	R 68.36		x					Not to be done on children under the age of 6 years Not with code 8167 on same service date Maximum of one per beneficiary per year Cannot be charged together with 8140 and surgical periodontal tariff codes
8162	Topical application of fluoride - adult	R 68.36							Exclusion
8163	Dental sealant	R 50.65							Exclusion
Extractions during a single visit. (Max 3 per patient per year)									
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	R 79.70						x	Exclusion
8202	Extraction - each additional tooth or exposed tooth roots	R 30.78						x	Exclusion



8145	Local anaesthetic - per visit	R 12.10							x	Exclusion
8220	Cost of suture material	R -							x	Exclusion
8931	Treatment of post-extraction haemorrhage	R 51.95							x	Exclusion
8935	Treatment of septic socket	R 51.95							x	Exclusion
9011	Incision & drainage of abscess - intra-oral (pyogenic)	R 98.17							x	Exclusion
8303	Pulp cap - indirect	R 101.09							x	Exclusion
Amalgam restorations (including polishing). Max 3 per beneficiary per year										
8341	Amalgam - one surface	R 145.91							x	Exclusion
8342	Amalgam - two surfaces	R 179.82							x	Exclusion
8343	Amalgam - three surfaces	R 219.24							x	Exclusion
8344	Amalgam - four or more surfaces	R 244.19							x	Exclusion
8351	Resin - one surface, anterior	R 176.47							x	Exclusion
8352	Resin - two surfaces, anterior	R 221.83							x	Exclusion
8367	Resin - one surface, posterior	R 191.38							x	Exclusion
8369	Resin - three surfaces, posterior	R 285.98							x	Exclusion
8370	Resin - four or more surfaces, posterior	R 307.58							x	Exclusion
8368	Resin - two surfaces, posterior	R 236.74							x	Exclusion
8353	Resin - three surfaces, anterior	R 265.14							x	Exclusion
8354	Resin - four or more surfaces, anterior	R 295.92							x	Exclusion
8350	Resin crown - anterior primary tooth (direct)	R 318.17							x	Exclusion
Palliative Treatment										
8131	Emergency dental treatment	R 71.17							x	Exclusion
8165	Sedative filling	R 71.17							x	Exclusion
8166	Application of desensitising resin, per tooth	R 46.98							x	Exclusion
8167	Application of desensitising medicament, per visit	R 54.76							x	Exclusion

POVIDER TYPE 054

Code	Description	Tariff Amount	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
A.	DIAGNOSTIC SERVICES								Max 2 per patient per year
	General Dental Practitioner								
8101	Oral examination - GDP		x		x				On every tooth Cannot go together with code 8104, 8129, 8189, 8190 8140 cannot be charged with 8101, if patient older than 7 years NB. Payable once in 6 months per patient, irrespective of provider involved

8102	Comprehensive oral examination - GDP								x	Exclusion
8104	Limited oral examination - GDP		x		x					Cannot follow 8101, 8104 within a three (3) week period
8189	Re-examination, existing condition - GDP								x	Exclusion
8176	Periodontal screening - GDP		x		x					Not with code 8102 on the same service date
										Must follow 8101, 8104
										Only for Prestige Option
8190	Consultation - GDP (New Code)								x	Exclusion
Maxillo Facial Surgeon										
8840	Treatment planning for orthognathic surgery - ALL								x	Exclusion
RADIOGRAPHS/DIAGNOSTIC IMAGING										
8107	Intraoral radiograph - periapical		x		x					
8108	Intraoral radiographs - complete series		x		x					Exclusion
8112	Intraoral radiograph - bitewing		x		x					Cannot be charged with 8108
										May not follow 8108
										Maximum of 2 per patient per visit
										May be charged with 8107
8113	Intraoral radiograph - occlusal								x	Exclusion
8114	Extraoral radiograph - hand-wrist								x	Exclusion
8115	Extraoral radiograph - panoramic									Maximum of 1 per annum per beneficiary
8116	Extraoral radiograph - cephalometric						x			Prestige only
8118	Extraoral radiograph - skull/facial bone						x		x	Exclusion
8121	Oral and/or facial image (digital/conventional)								x	Exclusion
OTHER DIAGNOSTIC PROCEDURES										
8117	Diagnostic models								x	Excluded
8119	Diagnostic models mounted								x	Excluded
8122	Microbiological studies								x	Excluded
8123	Caries susceptibility tests (By Arrangement)								x	Excluded
8124	Pulp tests								x	Excluded
8503	Occlusion analysis mounted								x	Excluded
8505	Pantographic recording								x	Excluded
8508	Electrognathographic recording								x	Excluded
8509	Electrognathographic recording with computer analysis								x	Excluded
8811	Tracing and analysis of extra-oral film								x	Excluded
8839	Diagnostic setup (orthodontics)		x				x			Only for Prestige Option
B. PREVENTIVE SERVICES (Max 2 per beneficiary per year)										
DENTAL PROPHYLAXIS										
8155	Polishing - complete dentition		x		x					Not with code 8159 on same service date
										Max once (1x) per 6 months
										Mostly on children below 12 years
8159	Prophylaxis - complete dentition		x		x					Only on patients older than 12 years
										Cannot be charged with code 8155 on same service date



										Max once (1x) per 6 months
8160	Removal of gross calculus								x	Excluded
8179	Polishing - complete dentition (periodontally compromised patient)								x	Excluded
8180	Prophylaxis - complete dentition (periodontally compromised patient)							x		Only for Prestige Option
TOPICAL FLUORIDE TREATMENT										
8161	Topical application of fluoride - child		x		x					Not to be done on children under the age of 6 years
										Only on patients under 12 years
										Not with code 8167 on same service date
										Maximum of 2 per beneficiary per per year
										Cannot be charged together with 8140 and surgical periodontal tariff codes
8162	Topical application of fluoride - adult								x	Exclusion
SPACE MAINTENANCE (PASSIVE APPLIANCES)										
8173	Space maintainer - fixed, per abutment									Prestige only - Motivation required
8175	Space maintainer - removable								x	Prestige only - Motivation required
OTHER PREVENTIVE PROCEDURES										
8149	Nutritional counselling								x	Excluded
8150	Tobacco counselling								x	Excluded
8151	Oral hygiene instruction								x	Excluded
8153	Oral hygiene instruction - each additional visit								x	Excluded
8163	Dental sealant								x	Only on Tooth numbers: 54,55,84,85,65,64,74,75,16,17,26,27,36,37,46,47
										Only on Children under 16
8169	Occlusal guard								x	Excluded
8171	Mouth guard (By Arrangement)								x	Excluded
8177	Oral hygiene instruction (periodontally compromised patient)								x	Excluded
8178	Oral hygiene instruction - each additional visit (periodontally compromised patient)								x	Exclusion
C. RESTORATIVE SERVICES										
AMALGAM RESTORATIONS										
Max 5 per beneficiary per year - Motivation and X ray for more than 5										
One filling per tooth every 3 years										
No benefit to replace Amalgam with Composite fillings										
8341	Amalgam - one surface		x	x	x					May be charged maximum one (1x), per tooth
										May be charged on any tooth number
8342	Amalgam - two surfaces		x	x	x					May be charged maximum one (1x) per tooth
										May be charged on any tooth number
8343	Amalgam - three surfaces		x	x	x					May be charged maximum one (1x) per tooth
										May be charged on any tooth number
8344	Amalgam - four or more surfaces		x	x	x					May be charged maximum one (1x) per tooth
										May be charged on any tooth number
RESIN-BASED COMPOSITE RESTORATIONS										
8350	Resin crown - anterior primary tooth								x	Exclusion

	(direct)									
8351	Resin - one surface, anterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth number 1-3
8352	Resin - two surfaces, anterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth number 1-3
8353	Resin - three surfaces, anterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth number 1-3
8354	Resin - four or more surfaces, anterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth numbers 1-3
8367	Resin - one surface, posterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth numbers 4-8
8368	Resin - two surfaces, posterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth numbers 4-8
8369	Resin - three surfaces, posterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth numbers 4-8
8370	Resin - four or more surfaces, posterior		x	x	x					Applicable once only, per tooth/ 3 years Tooth numbers 4-8
GOLD FOIL RESTORATIONS										
8561	Gold foil class I or IV								x	Exclusion
8563	Gold foil class V								x	Exclusion
8565	Gold foil class III								x	Exclusion
INLAY/ONLAY RESTORATIONS (NB: All inlays, crowns and bridge work should at least last 5 yrs.)										
Metal Inlays/Onlays										
Not payable within a 5 year period after delivery										
8361	Inlay - metal - one surface								x	Exclusion
8362	Inlay/onlay - metal - two surfaces								x	Exclusion
8363	Inlay/onlay - metal - three surfaces								x	Exclusion
8364	Inlay/onlay - metal - four or more surfaces								x	Exclusion
Porcelain/Ceramic Inlays/Onlays										
8371	Inlay - porcelain - one surface								x	Exclusion
8372	Inlay/onlay - porcelain - two surfaces								x	Exclusion
8373	Inlay/onlay - porcelain - three surfaces								x	Exclusion
8374	Inlay/onlay - porcelain - four or more surfaces								x	Exclusion
8560	Cost of ceramic block								x	Exclusion
Resin-based Inlays/Onlays										
8381	Inlay - resin - one surface								x	Exclusion
8382	Inlay/onlay - resin - two surfaces								x	Exclusion
8383	Inlay/onlay - resin - three surfaces								x	Exclusion
8384	Inlay/onlay - resin - four or more surfaces								x	Exclusion
CROWNS – SINGLE RESTORATIONS										
Not payable within a 5 year period after delivery										
Age restriction of 16 years on all crown and bridgework										
Crowns excluded on Tooth numbers 18,28,38 and 48										
Max of 2 per family per year										
8401	Crown - full cast metal			x			x	x		

										Lab required
										No benefit on anterior teeth
										Only applicable for single cast full crown, not as a bridge abutment.
										Only for Prestige Option
8403	Crown - 3/4 cast metal								x	Exclusion
8404	Crown - 3/4 porcelain/ceramic								x	Exclusion
8405	Crown - resin laboratory			x		x	x			Only for Prestige Option
8407	Crown - resin with metal			x		x	x			Only 2 crowns per family per year
										Lab required
										Only applicable for a single acrylic veneered crown, not as a bridge abutment.
										Only for Prestige Option
8409	Crown - porcelain/ceramic			x		x	x			Only 2 crowns per family per year
										Lab required
										Only applicable for single porcelain jacket crown, not as a bridge abutment.
										Only for Prestige Option
8411	Crown - porcelain with metal			x		x	x			Only 2 crowns per family per year
										Lab required
										Only applicable for single porcelain veneered crown, not as a bridge abutment.
										Only for Prestige Option
8410	Provisional crown								x	Exclusion
VENEERS										
8355	Veneer - resin (chair-side)								x	Exclusion
8552	Veneer - porcelain (laboratory)								x	Exclusion
8554	Veneer - resin (Lab)								x	Exclusion
TEMPORARY RESTORATIONS										
8137	Emergency crown (chair-side)			x		x				Lab fees will be excluded
8357	Prefabricated metal crown			x	x					Exclusion
8375	Prefabricated resin crown			x	x					Exclusion
OTHER RESTORATIVE PROCEDURES										
Pin Retention and Cores										
8345	Prefabricated post retention, per post (in addition to restoration)							x		
8347	Pin retention - first pin (in addition to restoration)					x				
8348	Pin retention - each additional pin (in addition to restoration)					x				
8366	Pin retention as part of cast restoration (any number of pins)							x		Only for Prestige Option
8376	Core build-up with prefabricated posts							x		Only for Prestige Option
8379	Cost of prefabricated posts							x		Only for Prestige Option
8391	Cast core with single post							x		Only for Prestige Option
8392	Cast post (each additional)							x		Only for Prestige Option
								x		Must follow 8391
8397	Cast core with pins (any number of pins)							x		Only for Prestige Option
8398	Core build-up with or without pins							x		Only for Prestige Option



Unclassified Restorative Procedures									
8133	Recement inlay, onlay, crown or veneer					x			
8135	Remove inlay, onlay or crown					x			
8138	Remove retention post (prefabricated or cast)					x			
8146	Resin bonding for restorations							x	Exclusion
8157	Re-burnishing and polishing of restorations - complete dentition							x	Exclusion
8349	Carve restoration to accommodate existing removable prosthesis							x	Exclusion
8413	Repair crown (permanent or provisional)							x	Exclusion
8414	Additional fee for provision of crown within an existing clasp or rest							x	Exclusion
D. ENDODONTIC SERVICES									
PULP CAPPING									
8301	Pulp cap - direct							x	Exclusion
8303	Pulp cap - indirect							x	Exclusion
PULPOTOMY									
8307	Pulp amputation (pulpotomy)					x			Not together with 8332,8333,8335,8328,8336,8337,8338,8329,8339,8340
8132	Pulp removal (pulpectomy)					X			
ENDODONTIC THERAPY									
Preparatory Visits									
Excluded on 18,28,38,48									
8332	Root canal preparatory visit - single canal tooth				x	x			Maximum three (3) visits may be charged, per tooth
						x			Tooth numbers 1 to 5
						x			Preparatory visit
8333	Root canal preparatory visit - multi canal tooth				x	x			Maximum four (4) visits may be charged, per tooth
						x			Any tooth number (many teeth have more than one canal)
						x			Preparatory visit
Obtuation of Canals									
8335	Root canal obturation - anteriors and premolars - first canal				x	x			Tooth numbers 1-5
						x			Charged once per tooth (1x)
8328	Root canal obturation - anteriors and premolars - each additional canal					x			Tooth numbers 1-5
						x			Max of two per tooth
8336	Root canal obturation - posteriors - first canal				x	x			Tooth numbers 6-8
						x			Charged once per tooth
8337	Root canal obturation - posteriors - each additional canal				x	x			Tooth numbers 6-8
						x			Maximum of four per tooth (4x)
Complete Therapy									
8338	Root canal therapy - anteriors and premolars - first canal				x	x			Tooth numbers 1-5
						x			Maximum two per tooth
						x			Cannot follow 8332, 8333, 8334
8329	Root canal therapy - anteriors and					x			Tooth numbers 1-5

8245	Immediate denture - mandibular					x					Maximum of 1 claimed for life
											Not applicable to partial dentures
											Lab required
PARTIAL DENTURES (Dentures once in 5 years).											
8233	Partial denture - resin base - one tooth					x					Prestige only
8234	Partial denture - resin base - two teeth					x					Prestige only
8235	Partial denture - resin base - three teeth					x					Prestige only
8236	Partial denture - resin base - four teeth					x					Prestige only
8237	Partial denture - resin base - five teeth					x					Prestige only
8238	Partial denture - resin base - six teeth					x					Prestige only
8239	Partial denture - resin base - seven teeth					x					Prestige only
8240	Partial denture - resin base - eight teeth					x					Prestige only
8241	Partial denture - resin base - nine or more teeth					x					Prestige only
8281	Partial denture - cast metal framework only						x	x			Cannot be claimed with 8231 or 8232
											Prestige Option Only
ADJUSTMENTS TO DENTURES											
8275	Adjust complete or partial denture									x	Exclusion
8662	Adjust complete or partial dentures (remounting)									x	Exclusion
REPAIRS TO DENTURES											
8269	Repair denture or other intra-oral appliance									x	Exclusion
8270	Add clasp to existing partial denture									x	Exclusion
8271	Add tooth to existing partial denture									x	Exclusion
8273	Impression to repair or modify a denture or other intra-oral appliance									x	Exclusion
DENTURE REBASE PROCEDURES											
8259	Rebase complete or partial denture (laboratory)										Maximum of two (2) may be charged (1x upper and 1x lower)
8261	Remodel complete or partial denture										Cannot be charged on same service date of new dentures' delivery
DENTURE RELINE PROCEDURES											
8263	Reline complete or partial denture (chair-side)										No lab
8267	Soft base reline per denture (heat cured)										Not to be charged on same service date dentures' delivery
INTERIM DENTURES											
8658	Interim complete denture										Exclusion
8659	Interim partial denture										Exclusion
OTHER REMOVABLE PROSTHETIC PROCEDURES											
8251	Clasp or rest - cast gold									x	Exclusion
8253	Clasp or rest - wrought gold									x	Exclusion
8255	Clasp or rest - stainless steel					x					Must follow 8233,8234,8235,8236,8237,8238,8239,8240,8241,8281

8257	Bar - lingual or palatal								x	Exclusion
8265	Tissues conditioning per arch (including soft self-cure relines)								x	Exclusion
8277	Inlay in denture								x	Exclusion
8597	Locks and milled rests								x	Exclusion
8599	Precision attachment (removable denture)								x	Exclusion
8652	Overdenture - complete								x	Exclusion
8653	Overdenture - partial								x	Exclusion
8657	Replacement of precision attachment								x	Exclusion
8663	Metal base to complete denture								x	Exclusion
8664	Remount crown or bridge for prosthetics								x	Exclusion
8667	Soft base to denture (heat cured)								x	Exclusion
8672	Altered cast technique (in addition to partial denture)								x	Exclusion
8674	Additive partial denture								x	Exclusion
G. MAXILLO-FACIAL PROSTHETICS										
MAXILLIARY PROSTHESIS										
9101	Obturator prosthesis, surgical - modified denture								x	Exclusion
9102	Obturator prosthesis, surgical - continuous base								x	Exclusion
9103	Obturator prosthesis, surgical - split base								x	Exclusion
9104	Obturator prosthesis, interim - on existing denture								x	Exclusion
9105	Obturator prosthesis, interim - on new denture								x	Exclusion
9106	Obturator prosthesis, definitive - open/hollow box								x	Exclusion
9107	Obturator prosthesis, definitive - silicone glove								x	Exclusion
MANDIBULAR RESECTION PROSTHESES										
9108	Mandibular resection prosthesis w/ guide flange							x		PMB
9109	Mandibular resection prosthesis w/o guide flange							x		PMB
9110	Mandibular resection prosthesis, palatal augmentation							x		PMB
GLOSSAL RESECTION PROSTHESES										
9111	Glossal resection prosthesis - simple							x		PMB
9112	Glossal resection prosthesis - complex							x		PMB
RADIOTHERAPY APPLIANCES										
9113	Radiation carrier - simple							x		PMB
9114	Radiation carrier - complex							x		PMB
9115	Radiation shield - simple							x		PMB
9116	Radiation shield - complex							x		PMB
9117	Radiation cone locator							x		PMB
CHEMOTHERAPY APPLIANCES										
9118	Chemotherapeutic agent carrier								x	Exclusion
CLEFT PALATE PROSTHESES										



8855	Consultation - cleft palate therapy (house or hospital)						x		PMB
8856	Consultation - cleft palate (subsequent)						x		PMB
8857	Consultation - cleft palate (maximum)						x		PMB
NEONATAL PROSTHESES									
9119	Feeding aid prosthesis, neonatal						x		PMB
9120	Orthopaedic appliance, active presurgical - minor							x	Exclusion
9121	Orthopaedic appliance, active presurgical - moderate							x	Exclusion
9122	Orthopaedic appliance, active presurgical - severe							x	Exclusion
9123	Orthopaedic appliance, active presurgical - modification							x	Exclusion
INTERMEDIATE/DEFINITIVE PROSTHESES									
9125	Speech aid/obturator prosthesis - palatal alteration							x	Exclusion
9126	Speech aid/obturator prosthesis - velar alteration							x	Exclusion
9127	Speech aid/obturator prosthesis - pharyngeal alteration							x	Exclusion
9128	Speech aid/obturator prosthesis - modification							x	Exclusion
9129	Speech aid/obturator prosthesis - surgical							x	Exclusion
SPEECH APPLIANCES									
9130	Speech aid appliance - palatal lift							x	Exclusion
9131	Speech aid appliance - palatal stimulating							x	Exclusion
9132	Speech aid appliance - bulb							x	Exclusion
9133	Speech aid appliance - modification							x	Exclusion
9134	Unspecified speech aid appliance							x	Exclusion
EXTRA-ORAL APPLIANCES									
9135	Auricular prosthesis - simple							x	Exclusion
9136	Auricular prosthesis - complex							x	Exclusion
9137	Nasal prosthesis - simple							x	Exclusion
9138	Nasal prosthesis - complex							x	Exclusion
9139	Ocular prosthesis - interim							x	Exclusion
9140	Ocular prosthesis - modified stock appliance							x	Exclusion
9141	Ocular prosthesis - custom appliance							x	Exclusion
9142	Orbital prosthesis - simple							x	Exclusion
9143	Orbital prosthesis - complex							x	Exclusion
9144	Facial prosthesis, combination - small							x	Exclusion
9145	Facial prosthesis, combination - medium							x	Exclusion
9146	Facial prosthesis, combination - large							x	Exclusion
9147	Facial prosthesis, combination - complex							x	Exclusion
9148	Unspecified body prosthesis - simple							x	Exclusion
9149	Unspecified body prosthesis -							x	Exclusion



										Not to be charged with code 8411, 8536/7/8, 8546/7/8
										Only for Prestige Option
9184	Surgical placement of endosteal implant - second per jaw						x	x		Pre authorisation required
										Tooth numbers required
										Six (6) month healing period (before phase 2/3)
										Not to be charged with code 8411, 8536/7/8, 8546/7/8
										Only for Prestige Option
9185	Surgical placement of endosteal implant - third and subsequent per jaw								x	Exclusion
9190	Surgical placement of abutment - first per jaw						x	x		Pre authorisation required
										Tooth numbers required
										Six (6) month healing period (before phase 2/3)
										Lab required
										Only for Prestige Option
9191	Surgical placement of abutment - second per jaw						x	x		Pre authorisation required
										Tooth numbers required
										Six (6) month healing period (before phase 2/3)
										Lab required
										Only for Prestige Option
9192	Surgical placement of abutment - third and subsequent per jaw								x	Exclusion
IMPLANT SUPPORTED PROSTHETICS										
Abutments and Bars										
8584	Connector bar - implant supported								x	Exclusion
8578	Prefabricated abutment								x	Exclusion
8579	Custom abutment								x	Exclusion
Removable Dentures										
8533	Implant supported removable complete overdenture								x	Exclusion
8534	Implant supported removable partial overdenture								x	Exclusion
Fixed-detachable Dentures										
8654	Implant supported fixed-detachable complete overdenture								x	Exclusion
8655	Implant supported fixed-detachable partial overdenture								x	Exclusion
8660	Additional fee to implant supported fixed-detachable denture - per implant								x	Exclusion
Crowns - Single Restorations										
8536	Crown - implant/abutment supported - porcelain/ceramic			x			x	x		Tooth numbers required
										Not to be charged with code 8411
										Only 2 crowns per family per year
										Only for Prestige Option
8537	Crown - implant/abutment supported - porcelain with metal			x			x	x		Tooth numbers required
										Not to be charged with code 8411



									Only 2 crowns per family per year
									Only for Prestige Option
8538	Crown - implant/abutment supported - cast metal			x		x	x		Tooth numbers required
									Not to be charged with code 8411
									Needs pre authorisation
									Only for Prestige Option
Bridge Retainers - Crowns									
8546	Crown retainer - implant/abutment supported - porcelain/ceramic			x		x	x		Tooth numbers required
									Not to be charged with code 8411
									Only 2 crowns per family per year
									Only for Prestige Option
8547	Crown retainer - implant/abutment supported - porcelain with metal			x		x	x		Tooth numbers required
									Not to be charged with code 8411
									Only 2 crowns per family per year
									Only for Prestige Option
8548	Crown retainer - implant/abutment supported - cast metal			x		x	x		Tooth numbers required
									Not to be charged with code 8411
									Only 2 crowns per family per year
									Only for Prestige Option
OTHER IMPLANT SERVICES									
8590	Implant maintenance procedures - per implant							x	Exclusion
8594	Repair of implant supported prosthesis							x	Exclusion
8595	Repair of implant abutment							x	Exclusion
9187	Cost of endosteal implant body							x	Exclusion
9188	Cost of prefabricated abutment							x	Exclusion
9189	Cost of other implant compnts							x	Exclusion
9198	Surgical removal of implant							x	Exclusion
I. FIXED PROSTHODONTICS									
PONTICS									
Excluded on tooth number 17,27,37,47									
8415	Pontic - porcelain/ceramic					x			Only 2 crowns per family per year
8416	Pontic - cast metal					x			Only 2 crowns per family per year
8417	Pontic - resin with metal					x			Only 2 crowns per family per year
8418	Pontic - porcelain fused to metal					x			Only 2 crowns per family per year
8419	Provisional pontic					x			Only 2 crowns per family per year
BRIDGE RETAINERS - INLAYS/ONLAYS									
8432	Inlay/onlay retainer - metal - two surfaces							x	Exclusion
8433	Inlay/onlay retainer - metal - three surfaces							x	Exclusion
8434	Inlay/onlay retainer - metal - four or more surfaces							x	Exclusion
8436	Inlay/onlay retainer - porcelain - two surfaces							x	Exclusion
8437	Inlay/onlay retainer - porcelain - three surfaces							x	Exclusion
8438	Inlay/onlay retainer - porcelain - four							x	Exclusion



									Charged with 8220
									Only in rooms
8937	Surgical removal of tooth			x	x				Tooth numbers required
									Must be charged with code 8220
8941	Surgical removal of impacted tooth - first tooth			x	x			x	Maximum of 1 may be charged
									Tooth numbers required
									Needs pre authorisation with X Rays
8943	Surgical removal of impacted tooth - second tooth			x	x			x	Maximum of 1 may be charged
									Tooth numbers required
									Needs pre authorisation with X Rays
8945	Surgical removal of impacted tooth - third and subsequent teeth			x	x			x	Needs pre authorisation with X Rays
OTHER SURGICAL PROCEDURES									
8517	Reimplantation of evulsed tooth (include stabilisation)							x	Exclusion
8909	Oral antral fistula closure				x				Not to be charged with codes 8941,8943,8945
8911	Caldwell-Luc procedure							x	Exclusion
8917	Biopsy of oral tissue - soft							x	Exclusion
8919	Biopsy of bone - needle							x	Exclusion
8921	Biopsy – extra-oral bone/soft tissue							x	Exclusion
8961	Tooth transplantation							x	Exclusion
8965	Peripheral neurectomy							x	Exclusion
8966	Repair of oronasal fistula (local flaps)							x	Exclusion
8981	Surgical exposure of impacted or unerupted teeth to aid eruption							x	Exclusion
8983	Corticotomy - first tooth							x	Exclusion
8984	Corticotomy - each additional tooth							x	Exclusion
ALVEOLOPLASTY									
8957	Alveolotomy or alveolectomy (including extractions)							x	Exclusion
9003	Reposition mental foramen and nerve - per side							x	Exclusion
9004	Lateralization of inferior dental nerve							x	Exclusion
VESTIBULOPLASTY									
8997	Sulcoplasty / Vestibuloplasty							x	Exclusion
SURGICAL EXCISION OF SOFT TISSUE LESIONS									
8971	Excision of tumour of the soft tissue							x	Exclusion
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS									
8967	Surgical removal of jaw cyst - intra-oral approach						x		Only payable with pathology report confirming cyst (not granuloma)
									Only on Prestige Option
8969	Surgical removal of jaw cyst - extra-oral approach						x		Only on Prestige Option
8973	Surgical excision of tumours of the jaw						x		Only on Prestige Option
9290	Maxillectomy - Alveolus only, Level I			x		x			Pre-auth needed
									Only on Prestige Option
9292	Maxillectomy - Alveolus and sinus or nasal floor, Level II			x		x			Pre-auth needed
									Only on Prestige Option



	reduction									
9043	Zygomatic arch fracture - open reduction							x		PMB
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)							x		PMB
9046	Placement of Zygomaticus fixture, per fixture								x	Exclusion
Nasal Fractures										
9280	Open reduction and fixation of nasal fractures								x	Exclusion
9282	Manipulation and immobilisation of nasal fracture								x	Exclusion
TEMPOROMANDIBULAR JOINT										
8172	Cost of orthotic appliance								x	Excluded
8850	Treatment of MPDS - first visit								x	Excluded
8851	Treatment of MPDS - subsequent visit								x	Excluded
8852	Occlusal orthotic appliance								x	Excluded
9053	Coronoidectomy (intra-oral approach)								x	Excluded
9074	Tmj arthroscopy diagnostic								x	Excluded
9075	Condylectomy, coronoidectomy or both								x	Excluded
9076	TMJ arthrocentesis								x	Excluded
9077	TMJ intra-articular injection								x	Excluded
9079	Trigger point injection								x	Excluded
9081	Condylectomy (Ward/Kostecka)								x	Excluded
9083	TMJ srthroplasty								x	Excluded
9085	Reduction of TMJ disloc w/o anaesthetic								x	Excluded
9087	Reduction of TMJ disloc w/ anaesthetic								x	Excluded
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation								x	Excluded
9091	Reduction of TMJ dislocation - open reduction								x	Excluded
9092	Joint reconstruction								x	Excluded
REPAIR OF TRAUMATIC WOUNDS										
8192	Suture - minor								x	Exclusion
COMPLICATED SUTURING										
9021	Suture - reconstruction, minor (excludes closure of surgical incisions)								x	Exclusion
9023	Suture - reconstruction, major (excludes closure of surgical incisions)								x	Exclusion
OTHER REPAIR PROCEDURES										
8958	Emergency tracheotomy								x	Exclusion
8959	Pharyngostomy								x	Exclusion
8962	Harvest iliac crest graft								x	Exclusion
8963	Harvest rib graft								x	Exclusion
8964	Harvest cranium graft								x	Exclusion
8977	Surgical repair of maxilla or mandible - major							x		



8979	Harvesting of autogenous grafts (intra-oral)									x	Exclusion
8985	Frenulectomy/frenulotomy									x	Exclusion
9005	Alveolar ridge augmentation - total (by bone graft)									x	Exclusion
9007	Alveolar ridge augmentation - total (by alloplastic material)									x	Exclusion
9008	Alveolar ridge augmentation - one to two tooth sites									x	Exclusion
9009	Alveolar ridge augmentation - three across 3 or more tooth sites									x	Exclusion
9010	Sinus lift procedure									x	Exclusion
9032	Reduction of masseter muscle and bone - extra-oral approach				x					x	Exclusion
9033	Reduction of masseter muscle and bone - intra-oral approach				x					x	Exclusion
9048	Surgical removal of internal fixation devices, per site								x		
Functional Correction of Malocclusion											
9047	Osteotomy - open with stabilisation									x	Exclusion
9049	Osteotomy - mandible body, anterior segmental									x	Exclusion
9050	Osteotomy - total subapical									x	Exclusion
9051	Genioplasty									x	Exclusion
9052	Midfacial exposure									x	Exclusion
9055	Osteotomy - segmented, posterior									x	Exclusion
9057	Osteotomy - segmented, anterior									x	Exclusion
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece									x	Exclusion
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft									x	Exclusion
9061	Palatal osteotomy									x	Exclusion
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments									x	Exclusion
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)									x	Exclusion
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)									x	Exclusion
9066	Surgical expansion - maxillary or mandibular								x		
9069	Glossectomy - partial									x	Exclusion
9071	Geniohyoidotomy									x	Exclusion
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)									x	Exclusion
Salivary Glands											
9093	Removal of salivary stone (Sialolithotomy)									x	Exclusion
9095	Excision of sublingual salivary gland									x	Exclusion
9096	Excision of salivary gland - extra oral approach									x	Exclusion
Pedicle Flaps											
9284	Musculofascial flap									x	Exclusion
9286	Musculocranial flap									x	Exclusion



9288	Buccal fat pad (major repair)								x	Exclusion
Repair of Frontal Bones										
9274	Repair anterior table, frontal sinus and/or supraorbital rim								x	PMB
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus								x	PMB
9278	Repair medial canthal ligament (canthopexy), per side								x	PMB
Cleft lip and Palat										
9220	Repair cleft hard palate - unilateral								x	PMB
9222	Repair cleft hard palate - bilateral (one procedure)								x	PMB
9224	Repair cleft hard palate - bilateral (two procedures)								x	PMB
9226	Repair cleft soft palate - w/o muscle reconstruction								x	PMB
9228	Repair cleft soft palate - w/ muscle reconstruction								x	PMB
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction								x	PMB
9232	Velopharyngeal reconstruction - uncomplicated								x	PMB
9234	Velopharyngeal reconstruction - complicated								x	PMB
9238	Repair oronasal fistula (one procedure)								x	PMB
9240	Repair oronasal fistula (two procedures)								x	PMB
9246	Secondary periosteal flaps								x	PMB
9248	Lipadhesion								x	PMB
9250	Repair cleft lip - unilateral w/o muscle reconstruction								x	PMB
9252	Repair cleft lip - unilateral w/ muscle reconstruction								x	PMB
9254	Repair cleft lip - bilateral w/o muscle reconstruction								x	PMB
9256	Repair cleft lip - bilateral w/ muscle reconstruction								x	PMB
9258	Repair anterior nasal floor								x	PMB
9260	Revision of secondary cleft lip deformity - partial								x	PMB
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction								x	PMB
9264	Abbe-flap - two stages								x	PMB
9266	Reconstruct columella								x	PMB
9268	Reconstruct nose due to cleft deformity - partial								x	PMB
9270	Reconstruct nose due to cleft deformity - complete								x	PMB
9272	Paranasal augmentation for nasal base deviation								x	PMB
K. ORTHODONTIC SERVICES										
Limited to individuals younger than 18 years										
REMOVABLE APPLIANCE THERAPY										
8862	Ortho Tx - removable appliance								x	No pre-autho if quoted as isolated procedure

										Only on Prestige Option
8863	Ortho Tx - each additional removable appliance					x	x			Only on Prestige Option
FUNCTIONAL APPLIANCE THERAPY										
8858	Ortho Tx - functional appliance					x	x			Only on Prestige Option
FIXED APPLIANCE THERAPY										
Fixed Appliance Therapy - Partial										
8861	Ortho Tx - partial fixed appliance - minor					x	x			Only on Prestige Option
8865	Ortho Tx - partial fixed appliance - one arch					x	x			Only on Prestige Option
8866	Ortho Tx - partial fixed appliance - both arches					x	x			Only on Prestige Option
Fixed Appliance Therapy - Comprehensive: Single Arch										
8867	Ortho Tx - fixed appliance - one arch					x	x			Only on Prestige Option
8868	Ortho Tx - fixed appliance - one arch, moderate					x	x			Only on Prestige Option
8869	Ortho Tx - fixed appliance - one arch, severe					x	x			Only on Prestige Option
Fixed Appliance Therapy - Comprehensive: Both Arches										
8873	Ortho Tx - fixed appliance - both arches, Class 1 mild					x	x			Only on Prestige Option
8875	Ortho Tx - fixed appliance - both arches, Class 1 moderate					x	x			Only on Prestige Option
8877	Ortho Tx - fixed appliance - both arches, Class 1 severe					x	x			Only on Prestige Option
8879	Ortho Tx - fixed appliance - both arches, Class 1 severe w/complications					x	x			Only on Prestige Option
8881	Ortho Tx - fixed appliance - both arches, Class 2/3 mild					x	x			Only on Prestige Option
8883	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate					x	x			Only on Prestige Option
8885	Ortho Tx - fixed appliance - both arches, Class 2/3 severe					x	x			Only on Prestige Option
8887	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications					x	x			Only on Prestige Option
Lingual Orthodontics - Comprehensive: Single Arch										
8841	Ortho Tx - fixed lingual appliance - one arch					x	x			Only on Prestige Option
8842	Ortho Tx - fixed lingual appliance - one arch, moderate					x	x			Only on Prestige Option
8843	Ortho Tx - fixed lingual appliance - one arch, severe					x	x			Only on Prestige Option
Lingual Orthodontics - Comprehensive: Both Arches										
8874	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild					x	x			Only on Prestige Option
8876	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate					x	x			Only on Prestige Option
8878	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe					x	x			Only on Prestige Option
8880	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications					x	x			Only on Prestige Option
8882	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild					x	x			Only on Prestige Option



8884	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate						x	x		Only on Prestige Option
8886	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe						x	x		Only on Prestige Option
8888	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications						x	x		Only on Prestige Option
OTHER ORTHODONTIC SERVICES										
8846	Repair orthodontic appliance - removable								x	Exclusion
8847	Replace orthodontic appliance - removable								x	Exclusion
8848	Repair orthodontic appliance - fixed								x	Exclusion
8849	Retainer (orthodontic)								x	Exclusion
8890	Monthly instalment ortho tx						x	x		Only on Prestige Option
8891	Orthodontic transfer						x	x		Only on Prestige Option
8892	Orthodontic re-treatment						x	x		Only on Prestige Option
L. SUPPLEMENTARY SERVICES										
ANAESTHESIA										
8499	General anaesthetic								x	Excluded
8141	Inhalation sedation - first 15 minutes or part thereof					x				Not to be claimed with code 8140 Pre-auth needed
8143	Inhalation sedation - each addnl 15 minutes					x				Charged per 15 minutes
						x				
						x				Not to be claimed with code 8140 Pre-auth needed
8144	Intravenous sedation					x				Not to be claimed with code 8140 Pre-auth needed
8145	Local anaesthetic - per visit					x				Maximum one (1x) per visit per patient irrespective of procedure(s) and quadrants involved Not to be claimed with code 8140
8147	Monitoring equipment for intravenous sedation					x				Charged once (1x) only - either by dentist or anaesthetist
PROFESSIONAL VISITS										
8129	After hours visit - GP								x	Exclusion
8140	House/Hospital call - GP and Oral medicine								x	Exclusion
DRUGS, MEDICAMENTS AND MATERIALS										
8109	Infection control/barrier techniques					x				Maximum of 2 per patient per day Not to be charged with code 8140
8110	Sterilized instrumentation						x			Maximum one (1x) per visit, per dependant Not applicable for procedures done in theatre (8140). Network dentists to give declaration for code to be paid.
8183	Therapeutic drug injection								x	Exclusion
8220	Cost of suture material					x				Cannot be claimed with code 8140 Must be charged with surgical procedures
8304	Rubber dam per arch								x	Exclusion

8306	Cost of MTA									x	Exclusion
8310	Supply of bleaching materials									x	Exclusion
ADMINISTRATIVE AND LABORATORY SERVICES											
8099	Dental laboratory service										Payable when there is a correlating clinical code Pre authorisation is required except for acrylic dentures Reject if there is no clinical code Triangular amount payable is according to T codes
8106	Special report									x	Exclusion
8111	Dental testimony									x	Exclusion
8120	Treatment plan completed									x	Exclusion
8139	Appointment not kept /30min									x	Exclusion
MISCELLANEOUS SERVICES											
Palliative Treatment											
8131	Emergency dental treatment			x	x						Tooth numbers required once per treatment date No other tariff/item can be charged on the same tooth, on the same service date.
8166	Application of desensitising resin, per tooth									x	Exclusion
8167	Application of desensitising medicament, per visit									x	Exclusion
8165	Sedative filling					x					Temporary fillings. Tooth numbers required No other procedure, per tooth at the same visit, to be claimed Reject if claimed as part of endodontic treatment
Post Surgical Complications											
8931	Treatment of post-extraction haemorrhage										PMB
8933	Treatment of haemorrhage (blood dyscracias)										PMB
8935	Treatment of septic socket										PMB
Bleaching											
8308	External bleaching - per arch									x	Exclusion
8309	Home bleaching - instructions and applicator									x	Exclusion
8311	Home bleaching - subsequent visit									x	Exclusion
8325	Internal bleaching - per tooth									x	Exclusion
8327	Internal bleaching - each additional visit									x	Exclusion
Unclassified Treatment											
8158	Enamel microabrasion									x	Exclusion
8168	Behavior management									x	Exclusion
8553	Occlusal adjustment - minor									x	Exclusion
9099	Unlisted dental procedure or service (By report)									x	Exclusion

POVIDER TYPE 062

Code	Description	Tariff Amount	Tariff amount 2010	Units	Tooth no	Basic	Spec	Pre-auth needed	Exclusion	Notes
A.	DIAGNOSTIC SERVICES									Max 2 per patient per year
8901	Consultation - MFOS	R 161.40	R 174.31							
8902	Consultation - MFOS (detailed)	R 422.50	R 456.30							
8840	Treatment planning for orthognathic surgery - ALL	R 546.90	R 590.65						x	Exclusion
RADIOGRAPHS/DIAGNOSTIC IMAGING										
8107	Intraoral radiograph - periapical	R 51.30	R 55.40	x		x				
8108	Intraoral radiographs - complete series	R 397.00	R 428.76	x		x				Exclusion
8112	Intraoral radiograph - bitewing	R 51.30	R 55.40	x		x				Cannot be charged with 8108 May not follow 8108 Maximum of 2 per patient per visit May be charged with 8107
8113	Intraoral radiograph - occlusal	R 88.30	R 95.36						x	Exclusion
8114	Extraoral radiograph - hand-wrist	R 205.00	R 221.40						x	Exclusion



8115	Extraoral radiograph - panoramic	R 205.00	R 221.40							Maximum of 1 per annum per beneficiary
8116	Extraoral radiograph - cephalometric	R 205.00	R 221.40				x			Prestige only
8118	Extraoral radiograph - skull/facial bone	R 205.00	R 221.40			x			x	Exclusion
8121	Oral and/or facial image (digital/conventional)	R 55.10	R 59.51						x	Exclusion
OTHER DIAGNOSTIC PROCEDURES										
8117	Diagnostic models	R 55.10	R 59.51						x	Exclusion
8119	Diagnostic models mounted	R 138.60	R 149.69						x	Exclusion
8811	Tracing and analysis of extra-oral film	R 23.80	R 25.70						x	Exclusion
PERIRADICULAR PROCEDURES										
9015	Apicectomy - anteriors (including retrograde filling)	R 508.90	R 549.61			x				Only in Chair. Exclude hospitalisation
9016	Apicectomy - posteriors (including retrograde filling)	R 1 015.00	R 1 096.20			x				Only in Chair. Exclude hospitalisation
PERIODONTIC SERVICES										
SURGICAL SERVICES										
8761	Masticatory mucosal autograft - one to four teeth (isolated procedure)	R 629.50	R 679.86						x	Exclusion
8762	Masticatory mucosal autograft - four or more teeth (isolated procedure)	R 945.70	R 1 021.36						x	Exclusion
8767	Bone regeneration/repair procedure - at a single site	R 785.30	R 848.12						x	Exclusion
8769	Membrane removal (used for guided tissue regeneration)	R 370.30	R 399.92						x	Exclusion
8770	Cost of bone regenerative/repair material	R -	R -						x	Exclusion
8772	Submucosal connective tissue autograft (isolated procedure)	R 636.20	R 687.10						x	Exclusion
8995	Gingivectomy - per jaw	R 903.00	R 975.24						x	Exclusion
IMPLANT SERVICES										
Max 2 per beneficiary in 5 years										
SURGICAL IMPLANT PROCEDURES										
9180	Surgical placement of sub-periosteal implant - preparatory stage	R 1 536.40	R 1 659.31							Only for Prestige Option
9181	Surgical placement of sub-periosteal implant - placement stage	R 1 536.40	R 1 659.31							Only for Prestige Option
9182	Surgical placement of endosteal implant plate	R 769.10	R 830.63							Only for Prestige Option
9183	Surgical placement of endosteal implant - first per jaw	R 980.80	R 1 059.26			x				Only for Prestige Option
										Six month healing period (before phase 2/3)
										Not to be charged with code 8411, 8536/7/8, 8546/7/8
9184	Surgical placement of endosteal implant - second per jaw	R 735.80	R 794.66			x				Only for Prestige Option

										Six month healing period (before phase 2/3)
										Not to be charged with code 8411, 8536/7/8, 8546/7/8
9185	Surgical placement of endosteal implant - third and subsequent per jaw	R 492.80	R 532.22	x					x	Exclusion
9190	Surgical placement of abutment - first per jaw	R 362.60	R 391.61	x						Only for Prestige Option Six month healing period (before phase 2/3)
										Lab required
9191	Surgical placement of abutment - second per jaw	R 272.60	R 294.41	x						Only for Prestige Option Six month healing period (before phase 2/3)
										Lab required
9192	Surgical placement of abutment - third and subsequent per jaw	R 183.30	R 197.96	x					x	Exclusion
IMPLANT SUPPORTED PROSTHETICS										
OTHER IMPLANT SERVICES										
8600	Cost of implant components	R -	R -						x	Exclusion
9187	Cost of endosteal implant body	R -	R -						x	Exclusion
9198	Surgical removal of implant	R 500.40	R 540.43	x					x	Exclusion
ORAL AND MAXILLO-FACIAL SURGERY										
EXTRACTIONS										
Max 3 per patient per year										
8201	Extraction - tooth or exposed tooth roots (first per quadrant)	R 116.70	R 126.04	x						Maximum of four (4) (1x per quadrant) Tooth numbers required
8202	Extraction - each additional tooth or exposed tooth roots	R 47.00	R 50.76	x						Must follow 8201 Tooth numbers required
SURGICAL EXTRACTIONS										
8937	Surgical removal of tooth	R 453.80	R 490.10	x						Must be charged with tariff 8220
8941	Surgical removal of impacted tooth - first tooth	R 733.00	R 791.64	x						Needs pre authorisation with X Rays
8943	Surgical removal of impacted tooth - second tooth	R 394.90	R 426.49	x						Needs pre authorisation with X Rays
8945	Surgical removal of impacted tooth - third and subsequent teeth	R 224.10	R 242.03	x						Needs pre authorisation with X Rays
8953	Surgical removal of residual roots, first tooth - per tooth	R 453.80	R 490.10	x						
OTHER SURGICAL PROCEDURES										
8909	Oral antral fistula closure	R 1 182.10	R 1 276.67						x	Exclusion
8911	Caldwell-Luc procedure	R 462.50	R 499.50						x	Exclusion
8917	Biopsy of oral tissue - soft	R 262.00	R 282.96						x	Exclusion
8919	Biopsy of bone - needle	R 453.80	R 490.10						x	Exclusion
8921	Biopsy – extra-oral bone/soft tissue	R 742.40	R 801.79						x	Exclusion



8961	Tooth transplantation	R 1 015.00	R 1 096.20						x	Exclusion
8965	Peripheral neurectomy	R 1 015.00	R 1 096.20						x	Exclusion
8966	Repair of oronasal fistula (local flaps)	R 1 412.00	R 1 524.96						x	Exclusion
8981	Surgical exposure of impacted or unerupted teeth to aid eruption	R 846.00	R 913.68						x	Exclusion
8983	Corticotomy - first tooth	R 674.10	R 728.03						x	Exclusion
8984	Corticotomy - each additional tooth	R 341.80	R 369.14						x	Exclusion
ALVEOLOPLASTY										
8957	Alveolotomy or alveolectomy (including extractions)	R 619.10	R 668.63						x	Exclusion
9003	Reposition mental foramen and nerve - per side	R 1 410.10	R 1 522.91						x	Exclusion
9004	Lateralization of inferior dental nerve	R 2 272.20	R 2 453.98						x	Exclusion
VESTIBULOPLASTY										
8997	Sulcoplasty / Vestibuloplasty	R 2 327.30	R 2 513.48						x	Exclusion
SURGICAL EXCISION OF SOFT TISSUE LESIONS										
8971	Excision of tumour of the soft tissue	R 453.80	R 490.10						x	Exclusion
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS										
8967	Surgical removal of jaw cyst - intra-oral approach	R 1 410.10	R 1 522.91							Only payable with pathology report confirming cyst (not granuloma) Only on Prestige Option
8969	Surgical removal of jaw cyst - extra-oral approach	R 2 258.80	R 2 439.50							Only on Prestige Option
8973	Surgical excision of tumours of the jaw	R 2 258.80	R 2 439.50							Only on Prestige Option
EXCISION OF BONE TISSUE										
8975	Hemiresection of jaw excluding condyl	R 2 372.80	R 2 562.62						x	Exclusion
8987	Reduction of mylohyoid ridges - per side	R 1 015.00	R 1 096.20						x	Exclusion
8989	Removal torus mandibularis	R 1 015.00	R 1 096.20						x	Exclusion
8991	Removal of torus palatinus	R 1 015.00	R 1 096.20						x	Exclusion
8993	Surgical reduction of osseous tuberosity - per side	R 453.80	R 490.10							Only on Prestige Option
SURGICAL INCISION										
8908	Surgical removal of roots from maxillary antrum	R 1 542.00	R 1 665.36							Only on Prestige Option
9011	Incision & drainage of abscess - intra-oral (pyogenic)	R 288.60	R 311.69							Only payable as an isolated procedure Only on Prestige Option
9013	Incision & drainage of abscess - extra-oral (pyogenic)	R 394.90	R 426.49							PMB
9017	Decortication, saucerisation and sequestrectomy	R 2 089.80	R 2 256.98							Only on Prestige Option
9019	Sequestrectomy - intra oral per sextant and or ramus	R 453.80	R 490.10							Only on Prestige Option
TREATMENT OF FRACTURES										

Alveolus Fractures										
9024	Dento-alveolar fracture - per sextant	R 508.90	R 549.61						x	Exclusion
Mandibular Fractures										
9025	Mandible fracture - closed reduction	R 1 127.10	R 1 217.27						x	Exclusion
9027	Mandible fracture - compound, with eyelet wiring	R 1 582.80	R 1 709.42							PMB
9029	Mandible fracture - splints	R 1 752.70	R 1 892.92						x	Exclusion
9031	Mandible fracture - open reduction	R 2 597.80	R 2 805.62						x	Exclusion
Maxillary Fractures										
9035	Maxilla fracture - Le Fort I or Guerin	R 1 585.70	R 1 712.56						x	Exclusion
9037	Maxilla fracture - Le Fort II or middle third face	R 2 597.80	R 2 805.62							PMB
9039	Maxilla fracture - Le Fort III or craniofacial disjunction	R 3 725.90	R 4 023.97							PMB
Zygoma/Orbital/Antral Fractures										
9041	Zygomatic arch fracture - closed reduction	R 1 127.10	R 1 217.27							PMB
9043	Zygomatic arch fracture - open reduction	R 2 258.80	R 2 439.50							PMB
9045	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	R 3 384.00	R 3 654.72							PMB
9046	Placement of Zygomaticus fixture, per fixture	R 2 235.20	R 2 414.02						x	Exclusion
TEMPOROMANDIBULAR JOINT										
8172	Cost of orthotic appliance	R -	R -						x	Exclusion
8852	Occlusal orthotic appliance	R 394.00	R 425.52						x	Exclusion
9053	Coronoidectomy (intra-oral approach)	R 1 409.10	R 1 521.83						x	Exclusion
9074	Tmj arthroscopy diagnostic	R 1 121.30	R 1 211.00						x	Exclusion
9075	Condylectomy, coronoidectomy or both	R 2 817.20	R 3 042.58						x	Exclusion
9076	TMJ arthrocentesis	R 619.10	R 668.63						x	Exclusion
9077	TMJ intra-articular injection	R 169.00	R 182.52						x	Exclusion
9079	Trigger point injection	R 132.00	R 142.56						x	Exclusion
9081	Condylectomy (Ward/Kostecka)	R 1 127.10	R 1 217.27						x	Exclusion
9083	TMJ srthroplasty	R 2 817.20	R 3 042.58						x	Exclusion
9085	Reduction of TMJ disloc w/o anaesthetic	R 224.10	R 242.03						x	Exclusion
9087	Reduction of TMJ disloc w/ anaesthetic	R 453.80	R 490.10						x	Exclusion
9089	Reduction of TMJ disloc w/ anaesthetic and immobilisation	R 1 127.10	R 1 217.27						x	Exclusion
9091	Reduction of TMJ dislocation - open reduction	R 2 817.20	R 3 042.58						x	Exclusion
9092	Joint reconstruction	R 7 521.00	R 8 122.68						x	Exclusion
COMPLICATED SUTURING										



9021	Suture - reconstruction, minor (excludes closure of surgical incisions)	R 508.90	R 549.61						x	Exclusion
9023	Suture - reconstruction, major (excludes closure of surgical incisions)	R 1 071.10	R 1 156.79						x	Exclusion
OTHER REPAIR PROCEDURES										
8958	Emergency tracheotomy	R 520.30	R 561.92						x	Exclusion
8959	Pharyngostomy	R 520.30	R 561.92						x	Exclusion
8962	Harvest iliac crest graft	R 306.60	R 331.13						x	Exclusion
8963	Harvest rib graft	R 429.20	R 463.54						x	Exclusion
8964	Harvest cranium graft	R 336.20	R 363.10						x	Exclusion
8977	Surgical repair of maxilla or mandible - major	R 2 370.90	R 2 560.57							
8979	Harvesting of autogenous grafts (intra-oral)	R 195.60	R 211.25						x	Exclusion
8985	Frenulectomy/frenulotomy	R 619.10	R 668.63						x	Exclusion
9005	Alveolar ridge augmentation - total (by bone graft)	R 2 372.80	R 2 562.62						x	Exclusion
9007	Alveolar ridge augmentation - total (by alloplastic material)	R 1 493.50	R 1 612.98						x	Exclusion
9008	Alveolar ridge augmentation - one to two tooth sites	R 563.10	R 608.15						x	Exclusion
9009	Alveolar ridge augmentation - three across 3 or more tooth sites	R 1 026.40	R 1 108.51						x	Exclusion
9010	Sinus lift procedure	R 1 542.00	R 1 665.36						x	Exclusion
9048	Surgical removal of internal fixation devices, per site	R 434.00	R 468.72							
9047	Osteotomy - open with stabilisation	R 4 736.20	R 5 115.10						x	Exclusion
9049	Osteotomy - mandible body, anterior segmental	R 3 947.10	R 4 262.87						x	Exclusion
9050	Osteotomy - total subapical	R 7 220.00	R 7 797.60						x	Exclusion
9051	Genioplasty	R 2 258.80	R 2 439.50						x	Exclusion
9052	Midfacial exposure	R 3 575.80	R 3 861.86						x	Exclusion
9055	Osteotomy - segmented, posterior	R 3 947.10	R 4 262.87						x	Exclusion
9057	Osteotomy - segmented, anterior	R 3 947.10	R 4 262.87						x	Exclusion
9059	Reconstruct maxilla - Le Fort I osteotomy, one piece	R 7 427.00	R 8 021.16						x	Exclusion
9060	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	R 8 337.50	R 9 004.50						x	Exclusion
9061	Palatal osteotomy	R 2 597.80	R 2 805.62						x	Exclusion
9062	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	R 9 480.80	R 10 239.26						x	Exclusion
9063	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	R 9 485.50	R 10 244.34						x	Exclusion
9065	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	R 14 215.90	R 15 353.17						x	Exclusion
9066	Surgical expansion - maxillary or mandibular	R 2 258.80	R 2 439.50						x	Exclusion



RESOLUTION

health

Medical Scheme

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9069	Glossectomy - partial	R 1 691.90	R 1 827.25						x	Exclusion
9071	Geniohyoidotomy	R 1 015.00	R 1 096.20						x	Exclusion
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	R 7 427.00	R 8 021.16						x	Exclusion
Salivary Glands										
9093	Removal of salivary stone (Sialolithotomy)	R 508.90	R 549.61						x	Exclusion
9095	Excision of sublingual salivary gland	R 1 254.30	R 1 354.64						x	Exclusion
9096	Excision of salivary gland - extra oral approach	R 1 858.20	R 2 006.86						x	Exclusion
Cleft lip and Palat										
9220	Repair cleft hard palate - unilateral	R 4 148.40	R 4 480.27							PMB
9222	Repair cleft hard palate - bilateral (one procedure)	R 5 265.90	R 5 687.17							PMB
9224	Repair cleft hard palate - bilateral (two procedures)	R 7 845.90	R 8 473.57							PMB
9226	Repair cleft soft palate - w/o muscle reconstruction	R 3 476.10	R 3 754.19							PMB
9228	Repair cleft soft palate - w/ muscle reconstruction	R 5 047.50	R 5 451.30							PMB
9230	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction	R 3 758.20	R 4 058.86							PMB
9232	Velopharyngeal reconstruction - uncomplicated	R 3 867.30	R 4 176.68							PMB
9234	Velopharyngeal reconstruction - complicated	R 4 135.10	R 4 465.91							PMB
9238	Repair oronasal fistula (one procedure)	R 2 365.20	R 2 554.42							PMB
9240	Repair oronasal fistula (two procedures)	R 4 126.50	R 4 456.62							PMB
9246	Secondary periosteal flaps	R 2 062.30	R 2 227.28							PMB
9248	Lipadhesion	R 770.90	R 832.57							PMB
9250	Repair cleft lip - unilateral w/o muscle reconstruction	R 1 357.80	R 1 466.42							PMB
9252	Repair cleft lip - unilateral w/ muscle reconstruction	R 1 841.10	R 1 988.39							PMB
9254	Repair cleft lip - bilateral w/o muscle reconstruction	R 1 896.20	R 2 047.90							PMB
9256	Repair cleft lip - bilateral w/ muscle reconstruction	R 2 929.30	R 3 163.64							PMB
9258	Repair anterior nasal floor	R 739.60	R 798.77							PMB
9260	Revision of secondary cleft lip deformity - partial	R 739.60	R 798.77							PMB
9262	Revision of secondary cleft lip deformity - total w/ muscle reconstruction	R 1 671.10	R 1 804.79							PMB
9264	Abbe-flap - two stages	R 1 892.40	R 2 043.79							PMB
9266	Reconstruct columella	R 1 118.50	R 1 207.98							PMB
9268	Reconstruct nose due to cleft deformity - partial	R 1 421.40	R 1 535.11							PMB
9270	Reconstruct nose due to cleft deformity - complete	R 2 246.50	R 2 426.22							PMB

9272	Paranasal augmentation for nasal base deviation	R 1 118.50	R 1 207.98							PMB
PROFESSIONAL VISITS										
8903	House/Hosp/Nursing home consultation - MFOS	R 141.40	R 152.71							
8904	House/Hosp/Nursing home consultation (subsequent) - MFOS	R 94.00	R 101.52							
8905	After regularly hours consultation - MFOS	R 207.10	R 223.67							Emergency Only
8907	House/Hosp/Nursing home consultation (maximum per week) - MFOS	R 235.40	R 254.23							
DRUGS, MEDICAMENTS AND MATERIALS										
8220	Cost of suture material	R -	R -							
ADMINISTRATIVE AND LABORATORY SERVICES										
8099	Dental laboratory service	R -	R -							
8106	Special report	R 130.10	R 140.51						x	Exclusion
8120	Treatment plan completed	R -	R -						x	Exclusion
8139	Appointment not kept /30min	R -	R -						x	Exclusion
MISCELLANEOUS SERVICES										
8931	Treatment of post-extraction haemorrhage	R 341.80	R 369.14		x				x	Exclusion
8933	Treatment of haemorrhage (blood dyscracias)	R 1 182.10	R 1 276.67		x				x	Exclusion
8935	Treatment of septic socket	R 89.30	R 96.44		x				x	Exclusion



RESOLUTION health Medical Scheme

March 2010



ORTHODONTIC TREATMENT MOTIVATION LETTER

Name and Surname of Main Member	<input type="text"/>		
Member Number	<input type="text"/>	Patient's ID Number	<input type="text"/>
Name and Surname of Patient	<input type="text"/>		
Name and Surname of Provider	<input type="text"/>		
Provider Number	<input type="text"/>		

IMPORTANT INFORMATION:

Please provide Resolution Health with the laboratory estimation where tariff codes 8858,8862 and 8863 apply.
Provide cephalometric tracing and analysis if tariff codes 8881,8883,8885 and 8887 apply.
When preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment are provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment should be deducted from the fee quoted for comprehensive orthodontic treatment.
Please do not include any study models at this stage. Should Resolution Health require study models, we will request it specifically and return it after two weeks.

Clinical codes of intended treatment:	<input type="text"/>
Initial primary tariff:	<input type="text"/>
Sequential monthly fee:	<input type="text"/>
Total duration of treatment:	<input type="text"/>

Please state the phase of this treatment, including those already completed (e.g. extracting, functional therapy, surgery, etc)

Please use tooth numbering where applicable, mm or degree during the presentation of the following information of this treatment:

Angle classification (plus division) at start:	<input type="text"/>	Rotated teeth:	<input type="text"/>
Leeway space:	<input type="text"/>	Teeth in abnormal position(describe):	<input type="text"/>
Overjet:	<input type="text"/>	Tooth size (micro/macro/normal):	<input type="text"/>
Overbite:	<input type="text"/>	Curves of monsoon ans spee:	<input type="text"/>
Diastemas:	<input type="text"/>		

PATIENT DECLARATION:

I understand and accept that personal clinical information will be made available to my Medical Scheme and their authorised agents in order to make information recommendations regarding my teeth.
I understand that the information will remain confidential at all times.
I declare that the supplied information provided is correct.

RETURN TO:

ADDRESS:	Dental Motivation P O Box 1555 Fontainebleau 2032	E-MAIL ADDRESS: dental@resomed.co.za FAX NUMBER: 086 271 8937 ENQUIRIES: 0861 74 33 67
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RESOLUTION

health Medical Scheme

March 2010



IMPLANT THERAPY MOTIVATION LETTER

Name and Surname of Main Member

Member Number Patient's ID Number

Name and Surname of Patient

Name and Surname of Provider

Provider Number

Preparatory Phase (Sinus lift, ridge augmentation, etc.)

Service Dates: Hospital Number:

Procedure Codes:

PHASE I and PHASE II

Teeth current/present: Present state of oral hygiene: (Bad/Average/Good/Excellent)

Positions where implants are planned:

Possible alternative procedures:

Motivation why implants are considered as the treatment of choice:

PHASE I – Placement of osseo-integrated:

Service Dates: Estimate cost of procedures:

Procedure Codes:

Material cost of implant components: Assistant: (Yes/No)

PHASE II – Exposure of osseo-integrated implants:

Estimate integration period prior to exposure: Estimate cost of procedures:

Material cost of implant components: Specialist Number:

Procedure Codes:



IMPLANT THERAPY MOTIVATION LETTER

PHASE III – Crown/Bridges/Dentures

Procedure Codes:

Lab Codes:

Estimate cost of lab:

Estimate cost of procedures:

Estimate healing period after Phase II and prior to Phase III:

Exposition, should the intention be not to complete all prosthodontic services simultaneously:

PATIENT DECLARATION:

I understand and accept that personal clinical information will be made available to my Medical Scheme and their authorised agents in order to make information recommendations regarding my teeth.

I understand that the information will remain confidential at all times.

I declare that the supplied information provided is correct.

Are you aware that there are certain limits for implants?

Were the three main phases of your treatment plan discussed with you?

Were the alternative treatment procedures discussed with you?

Was the change of failure of implant therapy discussed with you?

Was your obligation to maintain exceptionally good oral hygiene after receiving implants discussed with you?

ADDRESS: Dental Motivation
P O Box 1555
Fontainebleau
2032

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