



# GOVERNMENT GAZETTE

## OF THE

# REPUBLIC OF NAMIBIA

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## General Notice

### MINISTRY OF HEALTH AND SOCIAL SERVICES

No. 381

2002

#### TARIFFS OF FEES WHICH REGISTERED DENTISTS MAY CHARGE FOR PROFESSIONAL SERVICES RENDERED: MEDICAL AND DENTAL PROFESSIONS ACT, 1993

In terms of section 42(3), it is hereby made known that the Dental Board has, after consultation with the Council for Health and Social Services Professions and with the approval of the Minister of Health and Social Services, under section 42(1) of the Medical and Dental Professions Act, 1993 (Act No. 21 of 1993), determined the tariffs of fees as set out in the Schedule, which may be charged for professional services rendered by a registered dentist under the said Medical and Dental Professions Act, 1993.

Government Notice No. 45 of 28 February 2001 is repealed.

**SECRETARY OF THE  
DENTAL BOARD**

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**NAMIBIAN  
DENTAL ASSOCIATION**

**NATIONAL SCHEDULE OF RECOMMENDED FEES AND GUIDELINES**

**GENERAL GUIDELINES**

**INTRODUCTION TO THIS PUBLICATION**

1. This schedule includes procedures performed by general dental practitioners, maxillo-facial and oral surgeons, orthodontists, periodontists, prosthodontists and oral pathologists.
2. The NDA fees listed are considered to be reasonable, but are not binding on members and may be higher or lower, depending on individual circumstances. If a higher fee is charged, such actions may have to be justified by factors such as unusual complications, experience and ability of practitioner.
3. Dento-legal fees. Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney, even if they are not called to give evidence. The NDA recommends that for dento-legal work general practitioners base their fee on **N\$ 669.00** per hour and specialists **N\$ 999.00** per hour.

**RULES**

4. The following Rules apply to all practitioners
  - 001 Item 8101 refers to a Full Mouth Examination, charting and treatment planning and no further examination fees/benefits shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of Item 8102. This includes the issuing of a prescription where only medication is prescribed  
Item 8104 refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed
  - 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff item
  - 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/scheme may be charged and Rule 004 must be indicated together with the tariff item
  - 008 (a) Every dentist shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded  
(b) Every invoice shall contain the following particulars
    - (i) the surname and initials of the member
    - (ii) the first name of the patient
    - (iii) the name of the scheme
    - (iv) the membership number of the member
    - (v) the practice number
    - (vi) date on which every service was rendered
    - (vii) the nature and cost of every service and where applicable, the code number of the procedure or service
    - (viii) where the invoice is a photocopy of the original, certification by way of a rubber stamp or the signature of the dentist; and

- (ix) a statement of whether the invoice is in accordance with the scale of benefits
  - (x) The name of the dentist rendering the service must be shown on the invoice
- (M) 009 Dentists in general practice shall be entitled to charge two-thirds of the fees/benefits of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item
- Benefits in respect of specialists charging treatment procedures not listed in the schedule for that specialty, shall be allocated as follows
- |                                       |        |
|---------------------------------------|--------|
| General Dental Practitioners Schedule | - 100% |
| Other Dental Specialists Schedules    | - 2/3  |

010 Fees charged by dental technicians for their services (PLUS L) shall be shown on the dentist's invoice against the code 8099. Such dentist's invoice shall be accompanied by the actual invoice of the dental technician (or a copy thereof) and the invoice of the dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, item 8231 is specified as follows

|             |       |                 |
|-------------|-------|-----------------|
|             |       | N\$             |
| 8231        | ..... | X               |
| 8099 (8231) | ..... | Y               |
| Total       | ..... | <u>N\$(X+Y)</u> |

- 011 Modifiers may only be used where (M) appears against the item in the schedule/
- 8001** 33 1/3% of the appropriate scheduled fee/benefit (see Note 4 - preamble to Maxillo-facial and oral surgery schedule)
  - 8002** The appropriate scheduled fee/benefit + 50% (see Note 1 - preamble to Maxillo-facial and oral surgery schedule)
  - 8003** The appropriate scheduled fee/benefit + 10% (see Note 5 - preamble to Perio schedule)
  - 8004** Two-thirds of appropriate scheduled fee/benefit (see Rule 009)
  - 8005** The appropriate scheduled fee/benefit up to a maximum of **N\$ 508.00 (NDA fee)** (see Note 2 - preamble to Maxillo-facial and oral surgery schedule)
  - 8006** 50% of the appropriate scheduled fee/benefit (see Note 3 - preamble to Maxillo-facial and oral surgery schedule)
  - 8007** 15% of the appropriate scheduled fee/benefit with a minimum of **N\$ 305.00 (NDA fee)** (See preamble(s) under "oral surgery" in the schedule for GPs, the schedule for specialists in oral medicine and periodontics, and the schedule for specialists in Maxillo-facial and oral surgery)
  - 8008** The appropriate scheduled fee/benefit + 25% (see Note 5 – preamble to Maxillo-facial and oral surgery schedule, GPs' schedule)
  - 8009** 75% of the appropriate scheduled fee/benefit
  - 8010** The appropriate schedule fee/benefit plus 75%

012 In cases where treatment is not listed in the schedule for dentists in general practice or specialists then the appropriate fee/benefit listed in the medical schedules shall be charged and the relevant item in the medical schedules must be indicated

- 013 Cost of material (VAT inclusive): This item provides for a charge for material where indicated against the relative item codes by the words (See Rule 013). Material to be charged for at cost plus a handling fee not exceeding 35%, up to N\$ 1,533.00. A maximum handling fee of 10% shall apply above a cost of N\$ 1,533.00. A maximum handling fee of N\$ 2,212.00 will apply. Note: Item 8220 (suture) is applicable to all registered persons

## EXPLANATIONS

### 5. Additions, deletions and revisions

A summary listing of additions, deletions and revisions applicable to this Schedule is found in Appendix A

New code numbers added to the Schedule are identified with the symbol  $\Sigma$  placed before the code number

In instances where a code has been revised, the symbol \* is placed before the code number

### 6. Tooth identification

Tooth identification is compulsory for all invoices rendered at the Recommended Scale of Benefits. It is recommended that practitioners charging fees as per the National Schedule of Recommended Fees follow the same format. Tooth identification is only applicable to procedures identified with the letter ( T ) in the mouth part (MP) column. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity, should be used. For supernumeraries, the abbreviation SUP should be used

### 7. Treatment categories

Treatment categories (TC) of dental procedures are identified in the TC column of the schedule as follows

Basic dentistry - designated as ( B ) in this schedule

Intermediate dentistry - designated as ( I ) in this schedule

Advanced dentistry - designated as ( A ) in this schedule

Maxillo-facial and oral surgery - designated as ( S ) in this schedule

### 8. Abbreviations used in the Schedule

|    |                                      |
|----|--------------------------------------|
| +D | Add fee/benefit for denture          |
| +L | Add laboratory fee                   |
| A  | Advanced dentistry (TC)              |
| B  | Basic dentistry (TC)                 |
| GP | General practitioner                 |
| I  | Intermediate dentistry (TC)          |
| S  | Maxillo-facial and oral surgery (TC) |
| M  | Modifier                             |
| MP | Mouth part                           |
| Na | not applicable                       |
| T  | Tooth                                |
| TC | Treatment category                   |

### 9. VAT

**In Namibia VAT is levied on all input costs for a dental practice. Dental services in Namibia however are VAT exempt as defined by law. VAT is therefore not charged on dental services rendered.**

**Laboratory services are also VAT exempt.**



## I. GENERAL DENTAL PRACTITIONERS

### PREAMBLE

- (1) The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped under the category with which the procedures are most frequently identified. The categories are solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. General practitioners are advised to become familiar with the details of these categories since it is similar to the *Current Dental Terminology Second Edition* (CDT-2) which was adopted in principle by the NDA.
- (2)  
(M/W) Procedures not described in the general practitioners' schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees/benefits of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.
- (3)  
(M/W) Maxillo-Facial and Oral Surgery (Section J of the Schedule): The fee/benefit payable to a general practitioner assistant shall be calculated as 15% of the fee/benefit of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee/benefit will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.

| GENERAL DENTAL PRACTITIONERS |  |        |       |    |    |    |
|------------------------------|--|--------|-------|----|----|----|
| Code                         | Procedure description  | N\$    |       |    | MP | TC |
|                              |  | NDA    | Notes |    |    |    |
|                              | <b>A. DIAGNOSTIC</b>   |        |       |    |    |    |
|                              | <b>Clinical oral evaluations</b>   |        |       |    |    |    |
| 8101                         | Full mouth examination, charting and treatment planning (see Rule 001)   | 140.35 |       |    |    | B  |
| 8102                         | Comprehensive consultation<br>A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following: <ul style="list-style-type: none"><li>• Soft tissue examination</li><li>• Hard tissue examination</li><li>• Screening/probing of periodontal pockets</li><li>• Mucogingival examination</li><li>• Plaque index</li><li>• Bleeding index</li><li>• Occlusal Analysis</li><li>• TMJ examination</li><li>• Vitality screening of complete dentition</li></ul> | 325.44 |       |    |    | B  |
| 8104                         | Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning   | 94.74  |       |    |    | B  |
|                              | <b>Radiographs/Diagnostic Imaging</b>  |        |       |    |    |    |
| 8107                         | Intra-oral radiographs, per film   | 89.47  |       |    |    | B  |
| 8108                         | Maximum for 8107   | 721.93 |       |    |    | B  |
| 8113                         | Occlusal radiographs   | 140.35 |       |    |    | B  |
| 8114                         | Hand-wrist radiograph  | 370.18 |       |    |    | A  |
| 8115                         | Extra-oral radiograph, per film<br>(i.e. panoramic, cephalometric, PA)   | 370.18 |       |    |    | B  |
|                              | <b>Tests and laboratory examinations</b>   |        |       |    |    |    |
| 8117                         | Study models – unmounted or mounted on a hinge articulator   | 100.88 |       | +L |    | B  |
| 8119                         | Study models – mounted on a movable condyle articulator  | 260.53 |       | +L |    | B  |
| 8121                         | Photographs (for diagnostic, treatment or dento-legal purposes) per photograph   | 100.88 |       |    |    | B  |

| 1  | GENERAL DENTAL PRACTITIONERS   |        |       |  |    |    |
|--|--|--------|-------|--|----|----|
| Code   | Procedure description  | N\$    |       |  | MP | TC |
|  |  | NDA    | Notes |  |    |    |
| •8122  | Bacteriological studies for determination of pathologic agents<br><br>May include, but is not limited to tests for susceptibility to periodontal disease.<br><br>If requested, a perio risk assessment must be available at no charge.<br><br>(The use of this code is limited to general dental practitioners and specialists in community dentistry).  | 70.18  |       |  |    |    |
| •8123  | Caries susceptibility tests<br><br>Not to be used for carious dentine staining. If requested, a caries risk assessment must be made available at no charge.<br><br>(The use of this code is limited to general dental practitioners and specialists in community dentistry).   | 70.18  |       |  |    | B  |
| 8811   | Tracing and analysis of extra-oral film  | 42.98  |       |  |    | B  |
| <b>B. PREVENTIVE</b>                                 |  |        |       |  |    |    |
| <b>Dental prophylaxis</b>                            |  |        |       |  |    |    |
| 8155   | Polishing only (including removal of plaque) – complete dentition  | 140.35 |       |  |    | B  |
| 8159   | Scaling and polishing<br>Where item 8159 is applied, item 8155 can not be charged  | 260.53 |       |  |    | B  |
| •8160  | Removal of gross calculus<br><br>This procedure is used when profuse bleeding prevents immediate polishing. Where item 8160 is applied, item 8159 can only be carried out at a subsequent visit.   | 131.58 |       |  |    |    |
| <b>Topical fluoride treatment (office procedure)</b> |  |        |       |  |    |    |
| 8161   | Topical application of fluoride (prophylaxis excluded) - complete dentition<br>(Excluding scaling and/or polishing)  | 140.35 |       |  |    | B  |
| <b>Other preventive services</b>                     |  |        |       |  |    |    |
| •8149  | Nutritional counselling for dental disease<br><br>Counselling on food selection and dieting habits as a part of treatment and control of periodontal disease and caries.<br><br>Notes:<br>The need of nutritional counselling must be confirmed by a caries/perio risk assessment (see codes 8122 and 8123).<br>A dietary habit analysis and food selection programme must on request be made available at no charge.<br>(The use of this code is limited to general dental practitioners and specialists in community dentistry). | 96.49  |       |  |    |    |
| •8150  | Tobacco counselling for the control and prevention of oral disease<br><br>Tobacco prevention and cessation services reduce patient risks of developing tobacco related oral diseases and conditions and improve prognosis of certain dental therapies.   | 96.49  |       |  |    |    |

| 1     |   | GENERAL DENTAL PRACTITIONERS |       |    |    |    |  |
|-------|---|------------------------------|-------|----|----|----|--|
| Code  | Procedure description   | N\$                          |       |    | MP | TC |  |
|       |   | NDA                          | Notes |    |    |    |  |
|       | <p>Notes:</p> <p>The need for tobacco counselling must be confirmed by a caries/periodontal risk assessment (see codes 8122 and 8123).</p> <p>If requested, a tobacco prevention and cessation services programme must be made available at no charge.</p> <p>(The use of this code is limited to general dental practitioners and specialists in community dentistry).</p> <p>Persons are eligible for this treatment if a documented quit date has been established. Tobacco cessation is limited to 10 services.</p> |                              |       |    |    |    |  |
| 8151  | Oral hygiene instructions   | 140.35                       |       |    |    | B  |  |
|       | The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction   |                              |       |    |    |    |  |
| 8153  | Follow-up visit for re-evaluation of oral hygiene (if no other preventive treatment is performed during the same visit)   | 100.88                       |       |    |    | B  |  |
| 8163  | Fissure sealant - per tooth   | 89.47                        |       |    | T  | B  |  |
|       | Chargeable to a maximum of two teeth per quadrant   |                              |       |    |    |    |  |
|       | <b>Space maintenance (passive appliances)</b>   |                              |       |    |    |    |  |
|       | Passive appliances are designed to prevent tooth movement   |                              |       |    |    |    |  |
| 8173  | Space maintainer – fixed, per abutment unit   | 260.53                       |       | +L |    | B  |  |
| 8175  | Space maintainer – removable (all-inclusive fee)  | 335.09                       |       | +L |    | B  |  |
|       | <b>C. RESTORATIVE</b>   |                              |       |    |    |    |  |
|       | <b>Amalgam restorations (including polishing)</b>   |                              |       |    |    |    |  |
|       | All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately.  |                              |       |    |    |    |  |
|       | See Codes 8345, 8347 and 8348 for post and/or pin retention   |                              |       |    |    |    |  |
|       | NDA fees exclude amalgam bonding agents (code 8146).  |                              |       |    |    |    |  |
| •8346 | Restorative material factor   | NA                           |       |    |    |    |  |
|       | BHF note: Restorative material factor – an additional 10% can be added to codes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8367, 8368, 8369, 8370 by general dental practitioners only   |                              |       |    |    |    |  |
| 8341  | Amalgam - one surface   | 153.51                       |       |    | T  | B  |  |
| 8342  | Amalgam - two surfaces  | 211.40                       |       |    | T  | B  |  |
| 8343  | Amalgam - three surfaces  | 279.82                       |       |    | T  | B  |  |
| 8344  | Amalgam - four or more surfaces   | 344.74                       |       |    | T  | B  |  |
|       | <b>Resin restorations</b>   |                              |       |    |    |    |  |
|       | Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers, when used as  |                              |       |    |    |    |  |

| GENERAL DENTAL PRACTITIONERS |  |          |       |   |     |
|------------------------------|--|----------|-------|---|-----|
| Code                         | Procedure description  | N\$      |       |   | MP  |
|                              |  | NDA      | Notes |   |     |
|                              | restorations should be reported with these codes. If pins are used, they should be reported separately.<br>See Codes 8345, 8347 and 8348 for post and/or pin retention<br>NAMAF benefits are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304)   |          |       |   |     |
| 8351                         | Resin – one surface, anterior  | 171.05   |       |   | T B |
| 8352                         | Resin – two surfaces, anterior   | 232.46   |       |   | T B |
| 8353                         | Resin – three surfaces, anterior   | 300.00   |       |   | T B |
| 8354                         | Resin – four or more surfaces  | 363.16   |       |   | T B |
| 8367                         | Resin – one surface, posterior   | 214.91   |       |   | T B |
| 8368                         | Resin – two surfaces, posterior  | 292.98   |       |   | T B |
| 8369                         | Resin – three surfaces, posterior  | 376.32   |       |   | T B |
| 8370                         | Resin – four or more surfaces, posterior   | 455.26   |       |   | T B |
|                              | NOTES TO AMALGAM AND RESIN RESTORATIONS<br>On anterior teeth, it is considered correct to charge for resin restorations, per restoration placed eg. a Class V and a Class IV restoration on a central incisor would attract fees for 8351 and 8354.<br>On posterior teeth, it is considered correct to charge per surface treated if a similar material was used and not per restoration e.g., a Class I occlusal amalgam and a Class V buccal amalgam on tooth 28 would attract a fee for code 8342. In rare cases, it may occur that an occlusal amalgam on tooth 16 and a buccal resin on the same tooth in a patient with an unusually wide smile, may be necessary and fees could then be raised against code 8341 and 8367.<br>For purposes of benefit allocation, items 8351 to 8354 are applicable per restoration (more than once per tooth), whereas items 8341 to 8344 or 8367 to 8370 are applicable once only per tooth |          |       |   |     |
|                              | <b>Gold foil restorations</b><br>See the specialist prosthodontist schedule  |          |       |   |     |
|                              | <b>Inlay/Onlay restorations</b>  |          |       |   |     |
|                              | METAL INLAYS   |          |       |   |     |
| 8358                         | Inlay, metallic – one surface, anterior  | 444.74   | +L    | T | A   |
| 8359                         | Inlay, metallic – two surfaces, anterior   | 650.00   | +L    | T | A   |
| 8360                         | Inlay, metallic – three surfaces, anterior   | 1 087.72 | +L    | T | A   |
| 8365                         | Inlay, metallic – four or more surfaces, anterior  | 1 309.65 | +L    | T | A   |
| 8361                         | Inlay, metallic – one surface, posterior   | 444.74   | +L    | T | A   |
| 8362                         | Inlay, metallic – two surfaces, posterior  | 650.00   | +L    | T | A   |
| 8363                         | Inlay, metallic – three surfaces, posterior  | 1 087.72 | +L    | T | A   |
| 8364                         | Inlay, metallic – four or more surfaces, posterior   | 1 309.65 | +L    | T | A   |

| I    | GENERAL DENTAL PRACTITIONERS   |          |       |    |    |    |
|------|--|----------|-------|----|----|----|
| Code | Procedure description  | N\$      |       |    | MP | TC |
|      |  | NDA      | Notes |    |    |    |
|      | <b>CERAMIC AND/OR RESIN INLAYS</b><br>Porcelain/ceramic inlays presently include either all ceramic or porcelain inlays. Composite/resin inlays must be laboratory processed<br>NOTE: NDA fees exclude the application of a rubber dam (code 8304)     |          |       |    |    |    |
| 8371 | Inlay, ceramic/resin – one surface   | 531.58   |       | +L | T  | A  |
| 8372 | Inlay, ceramic/resin – two surfaces  | 786.82   |       | +L | T  | A  |
| 8373 | Inlay, ceramic/resin - three surfaces  | 1 300.00 |       | +L | T  | A  |
| 8374 | Inlay, ceramic/resin - four or more surfaces   | 1 575.44 |       | +L | T  | A  |
| 8560 | Cost of ceramic block  | Rule 013 |       |    | T  | A  |
|      | Applicable to computer generated prosthesis only   |          |       |    |    |    |
|      | <b>NOTES</b>   |          |       |    |    |    |
| (M)  | 1. In some of the above cases (e.g. Direct hybrid inlays) +L may not necessarily apply   |          |       |    |    |    |
|      | 2. In cases where the direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used   |          |       |    |    |    |
|      | 3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays.   |          |       |    |    |    |
|      | <b>Crowns – single restorations</b><br>The fees/benefits include the cost of temporary and/or intermediate crowns. See code 8193 (osseo-integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants |          |       |    |    |    |
| 8401 | Cast full crown  | 1 670.18 |       | +L | T  | A  |
| 8403 | Cast three-quarter crown   | 1 670.18 |       | +L | T  | A  |
| 8405 | Acrylic jacket crown   | 1 670.18 |       | +L | T  | A  |
| 8407 | Acrylic veneered crown   | 1 670.18 |       | +L | T  | A  |
| 8409 | Porcelain jacket crown   | 1 670.18 |       | +L | T  | A  |
| 8411 | Porcelain veneered crown   | 1 670.18 |       | +L | T  | A  |
|      | <b>Other restorative services</b>  |          |       |    |    |    |
| 8133 | Re-cementing of inlays, crowns or bridges - per abutment<br>In some cases where item 8133 is used +L may not apply   | 140.35   |       | +L | T  | B  |
| 8135 | Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge   | 279.82   |       | +L | T  | A  |
| 8137 | Temporary crown placed as an emergency procedure<br>Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit                                    | 482.46   |       | +L | T  | A  |
| 8146 | Resin bonding for restorations<br>Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges  | 116.67   |       |    |    |    |

| I    | GENERAL DENTAL PRACTITIONERS  |          |       |    |    |    |
|------|---|----------|-------|----|----|----|
| Code | Procedure description   | N\$      |       |    | MP | TC |
|      |   | NDA      | Notes |    |    |    |
| 8157 | Re-burnishing and polishing of restorations - complete dentition<br>(Not applicable to restorations recently done)  | 140.35   |       |    |    | B  |
| 8330 | Removal of fractured post or instrument and/or bypassing fractured endodontic instrument<br>NOTE: NDA fees exclude the application of a rubber dam (code 8304)            | 183.33   |       |    | T  | B  |
| 8345 | Preformed post retention, per post<br><br>(See code 8379)   | 207.89   |       |    | T  | B  |
| 8347 | Pin retention for restoration, first pin  | 140.35   |       |    | T  | B  |
| 8348 | Pin retention for restoration, each additional pin<br>A maximum of two additional pins may be charged   | 121.05   |       |    | T  | B  |
| 8349 | Carving or contouring a plastic restoration to accommodate an existing removable prosthesis   | 68.42    |       |    | T  | B  |
| 8355 | Composite veneers (Direct)  | 444.74   |       |    | T  | B  |
| 8357 | Preformed metal crown   | 297.37   |       |    | T  | B  |
| 8366 | Pin retention as part of cast restoration, irrespective of number of pins   | 214.91   |       |    | T  | A  |
| 8376 | Prefabricated post and core in addition to crown<br>The core is built around a prefabricated post(s)  | 576.32   |       |    | T  | B  |
| 8379 | Cost of posts<br>Applicable to pre-fabricated noble metal, ceramic, iridium and pure titanium posts - see code 8345   | Rule 013 |       |    | T  | A  |
| 8391 | Cast post and core - single   | 337.72   |       | +L | T  | A  |
| 8393 | Cast post and core - double   | 531.58   |       | +L | T  | A  |
| 8395 | Cast post and core - triple   | 776.32   |       | +L | T  | A  |
| 8396 | Cast coping   | 218.42   |       | +L | T  | A  |
| 8397 | Cast core with pins<br>This service is usually provided on grossly broken-down vital teeth, and may not be charged when a post has been inserted in the tooth in question | 531.58   |       | +L | T  | A  |
| 8398 | Core build-up, including any pins<br>Refers to building up of anatomical crown when restorative crown will be placed, irrespective of the number of pins used             | 531.58   |       |    | T  | B  |
| 8413 | Facing replacement  | 325.44   |       | +L | T  | A  |
| 8414 | Additional fee for provision of crown within an existing clasp or rest  | 100.88   |       | +L | T  | A  |

| I    | GENERAL DENTAL PRACTITIONERS  |     |       |  |    |    |
|------|---|-----|-------|--|----|----|
| Code | Procedure description   | N\$ |       |  | MP | TC |
|      |   | NDA | Notes |  |    |    |
|      | <p><b>D. ENDODONTICS</b></p> <p>Preamble</p> <p>1. The Namibian Dental Board has ruled that, with the exception of diagnostic intra-oral radiographs, fees/benefits for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth.</p> <p>2. The NDA benefit for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures, otherwise no benefits.</p> <ul style="list-style-type: none"><li>• Gross pulpal debridement, primary and permanent teeth for the relief of pain (code 8132)</li><li>• Apexification of a root canal (code 8305)</li><li>• Pulpotomy (code 8307)</li><li>• Complete root canal therapy (codes 8328, 8329 and 8332 to 8340)</li><li>• Removal or bypass of a fractured post or instrument (code 8330)</li><li>• Bleaching of non vital teeth (codes 8325 and 8327) and</li><li>• Ceramic and or resin inlays (codes 8371 to 8374)</li></ul> <p>3. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied.</p> <p><b>Pulp capping</b></p> <p>8301 Direct pulp capping 65.79 T B</p> <p>8303 Indirect pulp capping 185.09 T B</p> <p>The permanent filling is not completed at the same visit</p> <p><b>Pulpotomy</b></p> <p>8307 Amputation of pulp (pulpotomy) 185.09 T B</p> |     |       |  |    |    |



| I     | GENERAL DENTAL PRACTITIONERS  |          |       |  |    |    |
|-------|---|----------|-------|--|----|----|
| Code  | Procedure description   | N\$      |       |  | MP | TC |
|       |   | NDA      | Notes |  |    |    |
|       | No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded)   |          |       |  |    |    |
|       | <b>Endodontic therapy (including treatment plan, clinical procedures and follow-up care)</b>  |          |       |  |    |    |
|       | PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT)  |          |       |  |    |    |
| 8332  | Single-canal tooth, per visit<br>A maximum of four visits per tooth may be charged  | 140.35   |       |  | T  | B  |
| 8333  | Multi-canal tooth, per visit<br>A maximum of four visits per tooth may be charged   | 194.74   |       |  | T  | B  |
|       | OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT   |          |       |  |    |    |
| 8335  | First canal - anteriors and premolars   | 638.60   |       |  | T  | B  |
| 8328  | Each additional canal - anteriors and premolars   | 260.53   |       |  | T  | B  |
| 8336  | First canal - molars  | 877.19   |       |  | T  | B  |
| 8337  | Each additional canal - molars  | 260.53   |       |  | T  | B  |
|       | PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT   |          |       |  |    |    |
| 8338  | First canal - anteriors and premolars   | 972.81   |       |  | T  | B  |
| 8329  | Each additional canal - anteriors and premolars   | 325.44   |       |  | T  | B  |
| 8339  | First canal - molars  | 1 336.84 |       |  | T  | B  |
| 8340  | Each additional canal - molars  | 325.44   |       |  | T  | B  |
|       | <b>Endodontic retreatment</b>   |          |       |  |    |    |
| 8334  | Re-preparation of previously obturated canal, per canal   | 207.89   |       |  | T  | B  |
|       | <b>Apexification/recalcification procedures</b>   |          |       |  |    |    |
| 8305  | Apexification of root canal, per visit<br>No other endodontic procedures may, in respect of the same tooth, be charged concurrent to code 8305 at the same visit (code 8304 excluded)   | 185.09   |       |  | T  | B  |
|       | <b>Apicoectomy/Periradicular services</b>   |          |       |  |    |    |
| 8229  | Apicoectomy including retrograde filling where necessary – incisors and canines   | 697.37   |       |  | T  | S  |
|       | <b>Other endodontic procedures</b>  |          |       |  |    |    |
| 8132  | Gross pulpal debridement, primary and permanent teeth<br><br>*Where code 8132 is charged, no other endodontic codes may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if code 8132 was used for initial relief of pain.<br>(See note 2 in the preamble above) | 230.70   |       |  | T  | B  |
| 8136  | Access through a prosthetic crown or inlay to facilitate root canal treatment   | 107.89   |       |  | T  | B  |
| •8306 | Cost of Mineral Trioxide Aggregate  | Rule 013 |       |  |    | B  |

| I  | GENERAL DENTAL PRACTITIONERS  |          |       |    |    |    |
|--|---|----------|-------|----|----|----|
| Code   | Procedure description   | N\$      |       |    | MP | TC |
|  |   | NDA      | Notes |    |    |    |
| 8308   | Bleaching of vital teeth, per arch, per visit<br>(See code 8309 for home bleaching)   | 1 196.49 |       |    |    | A  |
| 8309   | Supply of and instruction for home bleaching (self-applied bleaching) applicator<br>See code 8310 in the section 'Adjunctive general services' for materials supplied   | 194.74   |       | +L |    |    |
| 8311   | Follow-up visit for home bleaching, per visit, where no other treatment is performed at the same visit<br>A maximum of three additional visits may be charged   | 94.74    |       |    |    |    |
| 8325   | Bleaching of non-vital teeth, per tooth as a separate procedure   | 357.89   |       |    | T  | A  |
| 8327   | Each additional visit for bleaching of non-vital tooth as a separate procedure<br>A maximum of two additional visits may be charged   | 165.79   |       |    | T  | A  |
| <b>E. PERIODONTICS</b>   |   |          |       |    |    |    |
| <b>Surgical services (including usual postoperative care)</b>  |   |          |       |    |    |    |
| 8185   | Gingivectomy-gingivoplasty, per quadrant  | 767.54   |       |    |    | A  |
| 8186   | Gingivectomy-gingivoplasty, per sextant   | 608.77   |       |    |    | A  |
| <b>Adjunctive periodontal services</b>   |   |          |       |    |    |    |
| 1. A periodontal screening (code 8176) is a procedure carried out as part of a continuing maintenance programme in a periodontally compromised patient. The screening should include a complete charting, bleeding index and plaque index, measuring of all pocket depths and recording of all such measurements   |   |          |       |    |    |    |
| 2. Note to codes 8177, 8178, 8179, 8180, 8182 and 8184<br>A periodontally compromised patient shall be defined as a patient presenting with a diagnosis of either chronic adult periodontitis, juvenile periodontitis or rapidly progressive periodontitis, confirmed by a CPITN index of 3 or 4; and which diagnosis has been arrived at by the carrying out of a periodontal screening (8176) and CPITN index or a comprehensive consultation (8102) with substantiated clinical records |   |          |       |    |    |    |
| 3. This diagnosis must be reviewed within a period of three years using the same criteria as in 1 above  |   |          |       |    |    |    |
| 8182   | Root planing with or without periodontal curettage, per quadrant  | 584.00   |       |    |    | A  |
| 8184   | Root planing with or without periodontal curettage, per sextant<br>•Codes 8182 and 8184 may not to be charged concurrent with a prophylaxis (code and 8159) and only if a comprehensive consultation (8102) or a periodontal screening (8176) has been performed at a prior visit | 465.79   |       |    |    | A  |
| <b>Other periodontal services</b>  |   |          |       |    |    |    |
| 8176   | Periodontal screening   | 171.05   |       |    |    | B  |
| 8177   | Oral hygiene instruction for the periodontally compromised patient  | 214.91   |       |    |    | B  |

| I    | GENERAL DENTAL PRACTITIONERS  |          |       |    |    |    |
|------|---|----------|-------|----|----|----|
| Code | Procedure description   | N\$      |       |    | MP | TC |
|      |   | NDA      | Notes |    |    |    |
|      | The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction.  |          |       |    |    |    |
| 8178 | Oral hygiene evaluation for the periodontally compromised patient   | 116.67   |       |    |    | B  |
| 8179 | Plaque removal for the periodontally compromised patient  | 162.28   |       |    |    | B  |
| 8180 | Scaling and polishing for the periodontally compromised patient   | 300.00   |       |    |    | B  |
|      | <b>F. PROSTHODONTICS (REMOVABLE)</b>  |          |       |    |    |    |
|      | <b>Complete dentures (including routine post-delivery care)</b>   |          |       |    |    |    |
| 8231 | Full upper and lower dentures inclusive of soft bases or metal bases, where applicable<br>(NDA fee excludes Codes 8243 and 8279)  | 2 276.32 |       | +L |    | B  |
| 8232 | Full upper or lower dentures inclusive of soft base or metal base, where applicable<br>(NDA fee excludes Codes 8243 and 8279)   | 1 173.68 |       | +L |    | B  |
|      | <b>Partial dentures (including routine post-delivery care)</b>  |          |       |    |    |    |
| 8233 | Partial denture, one tooth  | 650.00   |       | +L |    | B  |
| 8234 | Partial denture, two teeth  | 650.00   |       | +L |    | B  |
| 8235 | Partial denture, three teeth  | 973.68   |       | +L |    | B  |
| 8236 | Partial denture, four teeth   | 973.68   |       | +L |    | B  |
| 8237 | Partial denture, five teeth   | 973.68   |       | +L |    | B  |
| 8238 | Partial denture, six teeth  | 1 294.74 |       | +L |    | B  |
| 8239 | Partial denture, seven teeth  | 1 294.74 |       | +L |    | B  |
| 8240 | Partial denture, eight teeth  | 1 294.74 |       | +L |    | B  |
| 8241 | Partial denture, nine or more teeth   | 1 294.74 |       | +L |    | B  |
| 8281 | Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture<br><br>The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281 | 1 732.46 |       | +L |    | B  |
|      | <b>Adjustments to dentures</b>  |          |       |    |    |    |
| 8275 | Adjustment of denture<br>(After six months or for patient of another practitioner)  | 100.88   |       |    |    | B  |
|      | <b>Repairs to complete or partial dentures</b>  |          |       |    |    |    |
| 8269 | Repair of denture or other intra-oral appliance<br><br>A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered.  | 180.70   |       | +L |    | B  |
| 8270 | Add clasp to existing partial denture<br>(One or more clasps)   | 121.05   |       | +L |    | B  |

| I     | GENERAL DENTAL PRACTITIONERS  |          |       |    |    |    |
|-------|---|----------|-------|----|----|----|
| Code  | Procedure description   | N\$      |       |    | MP | TC |
|       |   | NDA      | Notes |    |    |    |
| 8271  | Code 8270 is in addition to code 8269<br>Add tooth to existing partial denture<br>(One or more teeth)   | 121.05   |       | +L |    | B  |
| 8273  | Code 8271 is in addition to code 8269<br>Additional fee/benefit where one or more<br>impressions are required for 8269, 8270 and 8271   | 100.88   |       | +L |    | B  |
|       | <b>Denture rebase procedures</b>  |          |       |    |    |    |
| *8259 | Rebase of denture (laboratory)  | 531.58   |       | +L |    | B  |
| 8261  | Re-model of denture   | 882.46   |       | +L |    | B  |
|       | <b>Denture reline procedures</b>  |          |       |    |    |    |
| 8263  | Reline of denture in self curing acrylic (intra-oral)   | 336.84   |       |    |    | B  |
| 8267  | Soft base re-line per denture (heat cured)<br>Code 8267 may not be charged concurrent with codes 8231 to 8241   | 776.32   |       | +L |    | B  |
|       | <b>Other removable prosthetic services</b>  |          |       |    |    |    |
| 8243  | Soft base to new denture  | 197.37   |       | +L |    |    |
| 8251  | Cast gold clasp or rest per clasp or rest   | 121.05   |       | +L |    | A  |
| 8253  | Wrought gold clasp or rest per clasp or rest  | 121.05   |       | +L |    | A  |
| 8255  | Stainless steel clasp or rest per clasp or rest   | 121.05   |       | +L |    | B  |
| 8257  | Lingual bar or palatal bar<br>Codes 8251, 8253, 8255 and 8257 may not be charged concurrent to<br>codes 8169 (biteplate), 8175 (space maintainer), 8269 (repair of denture)<br>or 8281 (metal framework)  | 165.79   |       | +L |    | B  |
| 8265  | Tissue conditioner and soft self-cure interim re-line,<br>per denture   | 222.81   |       |    |    | B  |
| 8277  | Gold inlay in denture<br>(NAMA benefit by arrangement)  | 222.81   |       | +L |    |    |
| 8279  | Metal (e.g. chrome cobalt, gold, etc.) base to full<br>denture  | 697.37   |       | +L |    | -  |
|       | <b>G. MAXILLOFACIAL PROSTHETICS</b><br>See the schedule for specialist prosthodontists  |          |       |    |    |    |
|       | <b>H. IMPLANT SERVICES</b><br><br>Report surgical implant procedures using codes in this<br>section; prosthetic devices should be reported using<br>existing fixed or removable prosthetic codes<br><br><b>Endosteal implants</b><br><br>Endosteal dental implants are placed into the alveolar<br>and/or basal bone of the mandible or maxilla and transect<br>only one cortical plate |          |       |    |    |    |
| 8194  | Placement of a single osseo-integrated implant per<br>jaw   | 1 392.98 |       |    | T  | S  |

| I    | GENERAL DENTAL PRACTITIONERS  |          |       |    |    |    |
|------|---|----------|-------|----|----|----|
| Code | Procedure description   | N\$      |       |    | MP | TC |
|      |   | NDA      | Notes |    |    |    |
| 8195 | Placement of a second osseo-integrated implant in the same jaw  | 1 044.74 |       |    | T  | S  |
| 8196 | Placement of a third and subsequent osseo-integrated implant in the same jaw per implant  | 697.37   |       |    | T  |    |
| 8197 | Cost of implants  | Rule 013 |       |    |    |    |
| 8198 | Exposure of a single osseo-integrated implant and placement of a transmucosal element   | 515.79   |       |    | T  | S  |
| 8199 | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw   | 389.47   |       |    | T  | S  |
| 8200 | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant  | 257.02   |       |    | T  | S  |
|      | <b>Epoosteal implants</b><br>Epoosteal (subperiosteal) dental implants receive their primary bone support by means of resting on the alveolar bone<br>See the specialist maxillo-facial and oral surgeons schedule    |          |       |    |    |    |
|      | <b>Transosteal implants</b><br>Transosteal dental implants penetrate both cortical plates and pass through the full thickness of the alveolar bone<br>See the specialist maxillo-facial and oral surgeons schedule    |          |       |    |    |    |
|      | <b>I. PROSTHODONTICS, FIXED</b><br><br>The words 'bridge' and 'bridgework' have been replaced by the statement 'fixed partial denture'<br>Each abutment and each pontic constitutes a unit in a fixed partial denture |          |       |    |    |    |
|      | <b>Fixed partial denture pontics</b>  |          |       |    |    |    |
| 8420 | Sanitary pontic   | 813.16   |       | +L | T  | A  |
| 8422 | Posterior pontic  | 1 087.72 |       | +L | T  | A  |
| 8424 | Anterior pontic (including premolars)   | 1 361.40 |       | +L | T  | A  |
|      | <b>Fixed partial denture retainers – inlays/onlays</b><br>See inlay/onlay restorations for inlay/onlay retainers  |          |       |    |    |    |
| 8356 | Bridge per abutment - only applicable to Maryland type bridges<br>Only applicable to Maryland type bridges. Report per abutment. Report pontics separately (see codes 8420, 8422 and 8424)                            | 650.00   |       | +L | T  | A  |
|      | <b>Fixed partial denture retainers – crowns</b><br>See crowns, single restorations for crown retainers  |          |       |    |    |    |
| 8193 | Osseo-integrated abutment restoration, per abutment<br>See the 'General Practitioner's Guidelines to the correct use of treatment codes' for the application(s) of this code  | 2 163.16 |       | +L | T  | A  |

| 1    | GENERAL DENTAL PRACTITIONERS   |          |       |    |    |    |
|------|--|----------|-------|----|----|----|
| Code | Procedure description  | N\$      |       |    | MP | TC |
|      |  | NDA      | Notes |    |    |    |
|      | <b>J. MAXILLO-FACIAL AND ORAL SURGERY</b><br><br>See the specialist maxillo-facial and oral surgeons schedule for surgical services not listed in this schedule<br><br><b>Extractions</b><br><br>8201 Single tooth<br>Code 8201 is charged for the first extraction in a quadrant<br><br>8202 Each additional tooth in the same quadrant<br>Code 8202 is charged for each additional extraction in the same quadrant.<br><br><b>Surgical extractions (includes routine postoperative care)</b><br><br>Code 8220 is applicable when sutures are provided by practitioner (Rule 013)<br><br>8209 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and/or section of tooth<br>Includes cutting of gingiva and bone, removal of tooth structure and closure<br><br>8210 Removal of unerupted or impacted tooth – first tooth<br>8211 Removal of unerupted or impacted tooth – second tooth<br>8212 Removal of unerupted or impacted tooth – each additional tooth<br>8213 Surgical removal of residual tooth roots (cutting procedure)<br>Includes cutting of gingiva and bone, removal of tooth structure and closure<br>8214 Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth<br>Includes cutting of gingiva and bone, removal of tooth structure and closure<br><br><b>Other surgical procedures</b><br><br>8188 Biopsy – intra-oral<br>This item does <u>not</u> include the cost of the essential pathological evaluations<br>8215 Surgical exposure of impacted or unerupted teeth for orthodontic reasons<br><br><b>Reduction of dislocation and management of other temporomandibular joint dysfunction</b><br><br>8169 Bite plate for the treatment of TMJ dysfunction, or occlusal guards. | 140.36   |       |    | T  | B  |
|      |  | 56.14    |       |    | T  | B  |
|      |  | 607.89   |       |    | T  | S  |
|      |  | 1 007.02 |       |    | T  | S  |
|      |  | 541.23   |       |    | T  | S  |
|      |  | 306.14   |       |    | T  | S  |
|      |  | 607.89   |       |    | T  | S  |
|      |  | 471.93   |       |    | T  | S  |
|      |  | 360.53   |       |    |    | S  |
|      |  | 1 165.79 |       |    | T  | S  |
|      |  | 541.23   |       | +L |    | B  |

| I     | GENERAL DENTAL PRACTITIONERS  |        |       |  |    |    |
|-------|---|--------|-------|--|----|----|
| Code  | Procedure description   | N\$    |       |  | MP | TC |
|       |   | NDA    | Notes |  |    |    |
| 8192  | <b>Repair of traumatic wounds</b><br>Appositioning (i.e., suturing) of soft tissue injuries   | 697.37 |       |  |    | S  |
|       | <b>K. ORTHODONTICS</b><br><br>See the specialist orthodontist schedule for orthodontic services   |        |       |  |    |    |
| *8131 | <b>L. ADJUNCTIVE GENERAL SERVICES</b><br><br>Unclassified treatment<br><br>Palliative (emergency) treatment for dental pain<br>This is typically reported on a "per visit" basis of emergency treatment of dental pain where no other treatment item is applicable or applied for treatment on the same tooth.  | 140.35 |       |  | T  | B  |
| 8221  | Local treatment of post-extraction haemorrhage – initial visit<br>(Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)   | 100.88 |       |  |    | S  |
| 8223  | Local treatment of post-extraction haemorrhage – each additional visit  | 68.42  |       |  |    | S  |
| 8225  | Treatment of septic socket – initial visit  | 100.88 |       |  |    | S  |
| 8227  | Treatment of septic socket – each additional visit  | 68.42  |       |  |    | S  |
|       | <b>Anaesthesia</b>  |        |       |  |    |    |
| *8141 | Inhalation sedation first quarter-hour or part thereof  | 100.88 |       |  |    | B  |
| *8143 | Inhalation sedation – each additional quarter-hour or part thereof<br>No additional fee/benefit to be charged for gases used in the case of items 8141 and 8143   | 51.75  |       |  |    | B  |
| 8144  | Intravenous sedation  | 65.79  |       |  |    | B  |
| 8147  | Use of own monitoring equipment in rooms for procedures performed under intravenous sedation  | 207.89 |       |  |    | B  |
| 8145  | Local anaesthetic, per visit<br>* Code 8145 includes the use of the Wand.   | 24.56  |       |  |    | B  |
| 8499  | The relevant NDA/Dental Board services shall apply to general anaesthetics for dental procedures  |        |       |  |    |    |
|       | <b>Professional consultations</b>   |        |       |  |    |    |
| 8106  | Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes<br><br>This code is not applicable to routine enquiries to assess benefit available, or responses to enquiries of medical schemes to verify charges by dental practitioners. Also not applicable to furnishing copies of existing and necessary record | 235.96 |       |  |    | A  |

| 1    | GENERAL DENTAL PRACTITIONERS  |          |       |  |    |    |
|------|---|----------|-------|--|----|----|
| Code | Procedure description   | N\$      |       |  | MP | TC |
|      |   | NDA      | Notes |  |    |    |
|      | <b>Professional visits</b>  |          |       |  |    |    |
|      | 8129 Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm.   | 344.74   |       |  |    | B  |
|      | 8140 Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit.<br>Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001.   | 230.70   |       |  |    | B  |
|      | <b>Drugs, medicaments and materials</b>   |          |       |  |    |    |
|      | 8183 Intra-muscular or sub-cutaneous injection therapy, per injection<br>(Not applicable to local anaesthetic)  | 65.79    |       |  |    | B  |
|      | 8220 Use of suture provided by practitioner   | Rule 013 |       |  |    |    |
|      | 8310 Supply of bleaching materials  | Rule 013 |       |  |    |    |
|      | <b>Miscellaneous services</b>   |          |       |  |    |    |
|      | 8105 Appointment not kept – per half-hour<br>(By arrangement with patient)  | 140.35   |       |  |    |    |
|      | 8109 Infection control, per dentist, per hygienist, per dental assistant, per visit<br>Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient   | 17.54    |       |  |    | B  |
|      | *8110 Provision of sterilized and wrapped instrumentation in consulting rooms<br>The use of this code is limited to heat, autoclave or vapour sterilized and wrapped instruments  | 56.14    |       |  |    | S  |
|      | 8167 Treatment of hypersensitive dentine, per visit   | 107.89   |       |  |    | B  |
|      | •8168 Behaviour management by report<br>May be reported in addition to treatment provided. Should be reported in 15 minute increment.<br>Notes:<br>If requested, the report must be made available at no charge.<br>The use of this code is limited to general dental practitioners and specialists in community dentistry.<br>Limitation:<br>May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment.<br>The code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anaesthesia. Includes any and all pharmacological, psychological, physical management adjuncts requires or utilized. | 96.49    |       |  |    |    |



| I GENERAL DENTAL PRACTITIONERS  |  |        |       |    |    |    |
|---|--|--------|-------|----|----|----|
| Code  | Procedure description  | N\$    |       |    | MP | TC |
|   |  | NDA    | Notes |    |    |    |
|   | Notation and justification must be written in the patient record identifying this specific behaviour problem and the technique used to manage it.<br>Billed in 15 minutes units. (Max 4 units per visit and allowed once per patient per day). Limit of 12 units per year. |        |       |    |    |    |
| 8170  | Minor occlusal adjustment<br>(Not applicable to adjustment of restorations placed as part of a current treatment plan)   | 321.93 |       |    |    | B  |
| 8171  | Mouth protectors   | 140.35 |       | +L |    | B  |
| 8304  | Rubber dam, per arch   | 114.04 |       |    |    | B  |
|   |  |        |       |    |    |    |
| II. ORAL PATHOLOGISTS   |  |        |       |    |    |    |
| <b>PREAMBLE</b><br><b>See Rule 012</b><br>In cases where services are not listed in this schedule, the appropriate fee(s) listed in the medical schedule(s) for pathologists shall be charged and the relevant fee/benefit in the medical schedule(s) must be indicated |  |        |       |    |    |    |
| II ORAL PATHOLOGISTS  |  |        |       |    |    |    |
| Code  | Procedure description  | N\$    |       |    | MP | TC |
|   |  | NDA    | Notes |    |    |    |
| 9201  | Consultation at rooms  | 260.53 |       |    |    |    |
| 9203  | Consultation at hospital, nursing home or house  | 297.37 |       |    |    |    |
| 9205  | Subsequent consultation  | 194.74 |       |    |    |    |
| 9207  | Night consultation   | 423.68 |       |    |    |    |

| III. SPECIALIST PROSTHODONTISTS |  |          |       |    |          |          |
|---------------------------------|--|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009   |          |       |    |          |          |
| Code                            | Procedure description  | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |  | NDA      | Notes |    |          |          |
|                                 | <b>A. DIAGNOSTIC PROCEDURES</b>  |          |       |    |          |          |
| 8501                            | Consultation   | 257.89   |       |    |          | A        |
| 8107                            | Intra-oral radiographs, per film   | 89.47    |       |    |          | B        |
| 8108                            | Maximum for 8107   | 721.93   |       |    |          | B        |
| 8113                            | Occlusal radiographs   | 140.35   |       |    |          | B        |
| 8114                            | Hand-wrist radiograph  | 370.18   |       |    |          | A        |
| 8115                            | Extra-oral radiograph, per film<br>(i.e. Panoramic, cephalometric, PA)   | 370.18   |       |    |          | B        |
| 8811                            | Tracing and analysis of extra-oral film  | 42.98    |       |    |          | B        |
| 8117                            | Study models - unmounted   | 100.88   |       | +L |          | B        |
| 8119                            | Study models - mounted on adjustable articulator   | 260.53   |       | +L |          | B        |
| 8121                            | Diagnostic photographs, per photograph   | 100.88   |       |    |          | B        |
| 8503                            | Occlusal analysis on adjustable articulator  | 531.58   |       |    |          | A        |
| 8505                            | Pantographic recording   | 776.32   |       |    |          | A        |
| 8507                            | Examination, diagnosis and treatment planning  | 531.58   |       |    |          | A        |
| 8506                            | Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation<br>Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognathic surgery where extensive restorative procedures will be required | 876.32   |       |    |          | A        |
| (M)                             | In the case of treatment planning requiring the combined services of a Prosthodontist and/or Orthodontist and/or a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist   |          |       |    |          |          |
| 8508                            | Electrognathographic recording   | 832.46   |       |    |          | A        |
| 8509                            | Electrognathographic recording with computer analysis  | 1 383.33 |       |    |          | A        |
| 8510                            | Appointment not kept - per half-hour<br>(By arrangement with patient)  | 211.40   |       |    |          |          |
|                                 | <b>B. PREVENTIVE PROCEDURES</b>  |          |       |    |          |          |
| 8711                            | Oral hygiene instruction<br>The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction  | 234.21   |       |    |          | B        |
| 8713                            | Oral hygiene evaluation  | 154.39   |       |    |          | B        |
| 8155                            | Polishing only (including removal of plaque) - complete dentition  | 140.35   |       |    |          | B        |
| 8159                            | Scaling and polishing<br>Where item 8159 is applied, Item 8155 can not be charged  | 260.53   |       |    |          | B        |

| III. SPECIALIST PROSTHODONTISTS |  |        |       |    |          |          |
|---------------------------------|--|--------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009   |        |       |    |          |          |
| Code                            | Procedure description  | N\$    |       |    | MP<br>MD | TC<br>BK |
|                                 |  | NDA    | Notes |    |          |          |
| 8161                            | Topical application of fluoride preparations - complete dentition<br>(Excluding scaling and/or polishing)  | 140.35 |       |    |          | B        |
| 8163                            | Fissure sealant, per tooth<br>Chargeable to a maximum of two teeth per quadrant  | 89.47  |       |    | T        | B        |
| 8165                            | Application of fluoride using laboratory processed applicators   | 165.79 |       | +L |          | B        |
| 8167                            | Treatment of hypersensitive dentine, per visit   | 107.89 |       |    |          | B        |
| 8171                            | Mouth protectors   | 140.35 |       | +L |          | B        |
|                                 | <b>C. TREATMENT PROCEDURES</b>   |        |       |    |          |          |
|                                 | <b>Emergency treatment</b>   |        |       |    |          |          |
| 8511                            | Emergency treatment for relief of pain (where no other tariff item is applicable)  | 325.44 |       |    |          | B        |
| 8513                            | Emergency crown<br>(Not applicable to temporary crowns placed during routine crown and bridge preparations)  | 541.23 |       | +L | T        | A        |
| 8515                            | Recementing of inlay, crown or bridge, per abutment  | 207.89 |       |    | T        | B        |
| 8517                            | Re-implantation of an avulsed tooth, including fixation as required  | 557.89 |       | +L | T        | S        |
|                                 | <b>Provisional treatment</b>   |        |       |    |          |          |
| 8521                            | Provisional splinting - extracoronal wire, per sextant   | 283.33 |       |    |          | A        |
| 8523                            | Provisional splinting - extracoronal wire plus resin, per sextant  | 650.00 |       |    |          | A        |
| 8527                            | Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint   | 207.89 |       | +L |          | A        |
| *8529                           | Provisional crown<br>Crown utilized as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration | 531.58 |       | +L | T        | A        |
| 8530                            | Preformed metal crown  | 452.63 |       |    | T        | A        |

| III. SPECIALIST PROSTHODONTISTS |   |          |       |    |          |          |
|---------------------------------|---|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009  |          |       |    |          |          |
| Code                            | Procedure description   | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |   | NDA      | Notes |    |          |          |
|                                 | <b>Occlusal adjustment</b>  |          |       |    |          |          |
| 8551                            | Major occlusal adjustment<br>This procedure can not be carried out without study models mounted on an adjustable articulator            | 1 526.32 |       |    |          | A        |
| 8553                            | Minor occlusal adjustment   | 485.96   |       |    |          | A        |
|                                 | <b>Ceramic and/or resin bonded inlays and veneers:</b><br>In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply. |          |       |    |          |          |
| 8554                            | Bonded veneers  | 1 853.51 |       | +L | T        | I        |
| 8555                            | One surface   | 1 337.72 |       | +L | T        | A        |
| 8556                            | Two surfaces  | 1 676.32 |       | +L | T        | A        |
| 8557                            | Three surfaces  | 2 600.88 |       | +L | T        | A        |
| 8558                            | Four or more surfaces   | 2 600.88 |       | +L | T        | A        |
| 8560                            | Cost of ceramic block<br>Applicable to computer generated prosthesis only   | Rule 013 |       |    | T        | A        |
|                                 | <b>Gold foil restorations</b>   |          |       |    |          |          |
| 8561                            | Class I and Class VI  | 1 397.37 |       |    | T        | A        |
| 8563                            | Class V   | 1 635.09 |       |    | T        | A        |
| 8565                            | Class III   | 2 052.63 |       |    | T        | A        |
|                                 | <b>Gold restorations</b>  |          |       |    |          |          |
| 8571                            | One surface   | 967.54   |       | +L | T        | A        |
| 8572                            | Two surfaces  | 1 397.37 |       | +L | T        | A        |
| 8573                            | Three surfaces  | 2 163.16 |       | +L | T        | A        |
| 8574                            | Four or more surfaces   | 2 163.16 |       | +L | T        | A        |
| 8577                            | Pin retention   | 321.93   |       |    | T        | A        |
|                                 | <b>Posts and copings</b>  |          |       |    |          |          |
| 8581                            | Single post   | 541.23   |       | +L | T        | A        |
| 8582                            | Double post   | 776.32   |       | +L | T        | A        |
| 8583                            | Triple post   | 967.54   |       | +L | T        | A        |
| 8587                            | Copings   | 444.74   |       | +L | T        | A        |
| 8589                            | Cast core with pins   | 763.16   |       | +L | T        | A        |

| III. SPECIALIST PROSTHODONTISTS |   |          |       |    |          |          |
|---------------------------------|---|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009  |          |       |    |          |          |
| Code                            | Procedure description   | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |   | NDA      | Notes |    |          |          |
|                                 | <b>Preformed posts and cores</b>  |          |       |    |          |          |
| 8591                            | Core build-up, including any pins/<br>Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used | 531.58   |       |    | T        | B        |
| 8593                            | Prefabricated post and core in addition to crown<br>Core is built around a prefabricated post(s).   | 576.32   |       |    | T        | B        |
| 8596                            | Cost of posts<br>Applicable to pre-fabricated noble metal, ceramic, iridium and pure titanium posts   | Rule 013 |       |    | T        | A        |
|                                 | <b>Implants</b>   |          |       |    |          |          |
| 8592                            | Osseo-integrated abutment restoration, per abutment   | 3 243.86 |       | +L | T        | A        |
| 8600                            | Cost of implant components  | Rule 013 |       |    |          |          |
| 8590                            | Periodic maintenance of existing implant prosthesis, per abutment   | 207.89   |       |    | T        | A        |
| 9190                            | Exposure of a single osseo-integrated implant and placement of a transmucosal element   | 769.30   |       |    |          | S        |
| 9191                            | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw   | 580.70   |       |    |          | S        |
| 9192                            | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant  | 389.47   |       |    |          | S        |
|                                 | <b>Connectors</b>   |          |       |    |          |          |
| 8597                            | Locks and milled rests  | 218.72   |       | +L | T        | A        |
| 8599                            | Precision attachments   | 531.58   |       | +L | T        | A        |
|                                 | <b>Crowns</b>   |          |       |    |          |          |
| 8601                            | Cast three-quarter crown  | 2 704.39 |       | +L | T        | A        |
| 8603                            | Cast gold crown   | 2 704.39 |       | +L | T        | A        |
| 8605                            | Acrylic veneered gold crown   | 2 704.39 |       | +L | T        | A        |
| 8607                            | Porcelain jacket crown  | 2 704.39 |       | +L | T        | A        |
| 8609                            | Porcelain veneered metal crown  | 2 704.39 |       | +L | T        | A        |

| III. SPECIALIST PROSTHODONTISTS |  |          |       |    |          |          |
|---------------------------------|--|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009   |          |       |    |          |          |
| Code                            | Procedure description  | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |  | NDA      | Notes |    |          |          |
|                                 | <b>Bridges</b><br>(Retainers as above)   |          |       |    |          |          |
| 8611                            | Sanitary pontic  | 1 635.09 |       | +L | T        | A        |
| 8613                            | Posterior pontic   | 1 997.37 |       | +L | T        | A        |
| 8615                            | Anterior pontic  | 2 163.16 |       | +L | T        | A        |
|                                 | <b>Resin bonded retainers</b>  |          |       |    |          |          |
| 8617                            | Per abutment<br>Per pontic (see 8611, 8613, 8615)  | 1 397.37 |       | +L | T        | A        |
| 8618                            | Resin bonding for restorations<br>Applicable to any metal restorations, crowns or conventional bridges, per abutment except Maryland type bridges  | 179.82   |       |    |          |          |
|                                 | <b>Conservative treatment for temporomandibular joint dysfunction</b>  |          |       |    |          |          |
| 8625                            | Bite plate for TMJ dysfunction   | 808.77   |       | +L |          | B        |
| 8621                            | First visit for treatment of TMJ dysfunction   | 370.18   |       |    |          | S        |
| 8623                            | Follow-up visit for TMJ dysfunction<br>The number of visits and charge therefore depends on the relation between the practitioner and the patient, and the problems involved in the case | 194.74   |       |    |          | S        |
|                                 | <b>Endodontic and bleaching procedures, etc.</b>   |          |       |    |          |          |
|                                 | <b>ROOT CANAL THERAPY</b><br>Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits  |          |       |    |          |          |
| 8631                            | Root canal therapy, first canal  | 1 912.28 |       |    | T        | B        |
| 8633                            | Each additional canal  | 475.44   |       |    | T        | B        |
| 8636                            | Re-preparation of previously obturated canal, per canal  | 309.65   |       |    | T        | B        |
|                                 | <b>BLEACHING</b><br>(M) Modifier 8002 is applicable to procedure codes 8325, 8327  |          |       |    |          |          |
| 8325                            | Bleaching of non-vital teeth, per tooth as a separate procedure  | 357.89   |       |    | T        | A        |
| 8327                            | Each additional visit for bleaching of non-vital tooth as a separate procedure<br>A maximum of two additional visits may be charged  | 165.79   |       |    |          | A        |

| III SPECIALIST PROSTHODONTISTS |   |          |       |    |          |          |
|--------------------------------|---|----------|-------|----|----------|----------|
| III                            | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009  |          |       |    |          |          |
| Code                           | Procedure description   | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                |   | NDA      | Notes |    |          |          |
| 8308                           | Bleaching of vital teeth, per arch, per visit<br>The unpredictability and lack of permanence of this procedure should be pointed out, and alternative procedures discussed with the patient | 196.49   |       |    |          | A        |
|                                | OTHER ENDODONTIC PROCEDURE  |          |       |    |          |          |
| 8635                           | Apexification of root canal, per visit  | 314.04   |       |    | T        | B        |
| 8637                           | Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)  | 1 047.37 |       |    | T        | A        |
| 9015                           | Apicectomy including retrograde root filling where necessary - anterior teeth   | 1 047.37 |       |    | T        | S        |
| 9016                           | Apicectomy including retrograde root filling where necessary - posterior teeth  | 2 096.49 |       |    | T        | S        |
| 8640                           | Removal of fractured post or instrument from root canal   | 557.89   |       |    | T        | B        |
|                                | <b>Prosthetics (Removable)</b>  |          |       |    |          |          |
| 8641                           | Complete upper and lower dentures without primary complications   | 5 414.04 |       | +L |          | B        |
| 8643                           | Complete upper and lower dentures without major complications   | 7 025.44 |       | +L |          | B        |
| 8645                           | Complete upper and lower dentures with major complications  | 8 640.35 |       | +L |          | B        |
| 8647                           | Complete upper or lower denture without primary complications   | 3 785.09 |       | +L |          | B        |
| 8649                           | Complete upper or lower denture without major complications   | 4 326.32 |       | +L |          | B        |
| 8651                           | Complete upper or lower denture with major complications  | 4 781.58 |       | +L |          | B        |
| 8661                           | Diagnostic dentures (inclusive of tissue conditioning treatment)  | 4 326.32 |       | +L |          | A        |
| 8662                           | Remounting and occlusal adjustment of dentures  | 622.81   |       | +L |          | B        |
| 8663                           | Chrome cobalt base or gold base for full denture (extra charge)   | 1 300.00 |       | +L |          | I        |
| 8664                           | Remount of crown or bridge for extensive prosthetics  | 622.81   |       |    |          | A        |
| 8665                           | Re-base, per denture  | 876.32   |       | +L |          | B        |
| 8667                           | Soft base, per denture (heat cured)   | 1 300.00 |       | +L |          | B        |
| 8668                           | Tissue conditioner, per denture   | 321.93   |       |    |          | B        |
| 8669                           | Intra-oral reline of complete or partial denture  | 479.82   |       |    |          | B        |
| 8671                           | Metal (e.g. Chrome cobalt or gold) partial denture  | 4 326.32 |       | +L |          | B        |
| 8672                           | Additional fee/benefit for altered cast technique for partial denture   | 168.42   |       | +L |          | B        |

| III. SPECIALIST PROSTHODONTISTS |  |          |       |    |          |          |
|---------------------------------|--|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009   |          |       |    |          |          |
| Code                            | Procedure description  | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |  | NDA      | Notes |    |          |          |
| 8674                            | Additive partial denture   | 1 962.28 |       | +L |          | B        |
| 8679                            | Repairs  | 218.42   |       | +L |          | B        |
| 8273                            | Additional fee/benefit where impression is required for 8679 -   | 100.88   |       | +L |          | B        |
| 8275                            | Adjustment of denture<br>(After six months or for a patient of another practitioner)   | 100.88   |       |    |          | B        |
|                                 | <b>D. MAXILLO-FACIAL PROSTHODONTIC PROSTHESES</b><br><br>Where "+D" appears the practitioner will charge the relevant fee/benefit for the denture in the Prosthodontic Schedule plus the fee/benefit indicated |          |       |    |          |          |
|                                 | <b>Maxillary prostheses</b>  |          |       |    |          |          |
| 9101                            | Surgical obturator - Modified denture  | 321.93   |       | +L |          |          |
| 9102                            | Surgical obturator - continuous base   | 876.32   |       | +L |          |          |
| 9103                            | Surgical obturator - split base  | 1 298.25 |       | +L |          |          |
| 9104                            | Interim obturator on existing denture  | 1 950.88 |       | +L |          |          |
| 9105                            | Interim obturator on new denture   | 6 060.53 |       | +L |          |          |
| 9106                            | Definitive obturator - open/ hollow box  | 1 962.28 |       | +D |          |          |
| 9107                            | Definitive obturator - silicone glove  | 2 278.07 |       | +D |          |          |
|                                 | <b>Mandibular resection prostheses</b>   |          |       |    |          |          |
| 9108                            | Prosthesis with guide flange   | 4 650.00 |       | +L |          |          |
| 9109                            | Prosthesis without guide flange  | 4 326.32 |       | +L |          |          |
| 9110                            | Prosthesis - Palatal augmentation  | 875.44   |       | +D |          |          |
|                                 | <b>Glossal resection prostheses</b>  |          |       |    |          |          |
| 9111                            | Simple prosthesis.   | 1 817.54 |       | +D |          |          |
| 9112                            | Complex prosthesis   | 2 724.56 |       | +D |          |          |
|                                 | <b>Radiotherapy appliances</b>   |          |       |    |          |          |
| 9113                            | Carriers - simple  | 1 962.28 |       | +L |          |          |
| 9114                            | Carriers - complex   | 5 414.04 |       | +L |          |          |
| 9115                            | Shields - simple   | 1 962.28 |       | +L |          |          |
| 9116                            | Shields - complex  | 5 414.04 |       | +L |          |          |
| 9117                            | Cone locators  | 1 962.28 |       | +L |          |          |
|                                 | <b>Chemotherapy appliances</b>   |          |       |    |          |          |



| III. SPECIALIST PROSTHODONTISTS |   |          |       |    |          |          |
|---------------------------------|---|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009                |          |       |    |          |          |
| Code                            | Procedure description   | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |   | NDA      | Notes |    |          |          |
| 9118                            | Chemotherapeutic agent carriers                               | 1 962.28 |       | +L |          |          |
|                                 | <b>Cleft palate prostheses</b>                                |          |       |    |          |          |
| 8855                            | Consultation and therapy at hospital/ nursing home/ residence | 444.74   |       |    |          |          |
| 8856                            | Subsequent consultation                                       | 218.42   |       |    |          |          |
| 8857                            | Weekly maximum  | 1 529.82 |       |    |          |          |
|                                 | <b>Neonatal prostheses</b>                                    |          |       |    |          |          |
| 9119                            | Passive presurgical prosthesis/ Neonatal feeding aid          | 1 738.60 |       | +L |          |          |
| 9120                            | Active presurgical orthopaedic appliance - minor              | 1 738.60 |       | +L |          |          |
| 9121                            | Active presurgical orthopaedic appliance - moderate           | 2 572.81 |       | +L |          |          |
| 9122                            | Active presurgical orthopaedic appliance - severe             | 4 326.32 |       | +L |          |          |
| 9123                            | Active presurgical orthopaedic appliance adjustment           | 218.42   |       |    |          |          |
|                                 | <b>Intermediate/Definitive prostheses</b>                     |          |       |    |          |          |
| 9125                            | Speech aid/obturator with palatal modification                | 876.32   |       | +D |          |          |
| 9126                            | Speech aid/obturator with velar modification                  | 1 962.28 |       | +D |          |          |
| 9127                            | Speech aid/ obturator with pharyngeal modification            | 4 326.32 |       | +D |          |          |
| 9128                            | Speech aid/obturator adjustment                               | 218.42   |       |    |          |          |
| 9129                            | Speech aid/obturator surgical prosthesis                      | 1 738.60 |       | +L |          |          |
|                                 | <b>Speech appliances</b>                                      |          |       |    |          |          |
| 9130                            | Palatal lift  | 876.32   |       | +D |          |          |
| 9131                            | Palatal stimulating   | 1 962.28 |       | +D |          |          |
| 9132                            | Speech bulb   | 4 326.32 |       | +D |          |          |
| 9133                            | Adjustments   | 218.42   |       |    |          |          |
| 9134                            | Other<br>(By arrangement)                                     | na       |       | +L |          |          |
|                                 | <b>Extra-oral appliances</b>                                  |          |       |    |          |          |
| 9135                            | Auricular prosthesis - simple                                 | 5 414.04 |       | +L |          |          |
| 9136                            | Auricular prosthesis - complex                                | 7 025.44 |       | +L |          |          |
| 9137                            | Nasal prosthesis - simple                                     | 5 414.04 |       | +L |          |          |
| 9138                            | Nasal prosthesis - complex                                    | 7 025.44 |       | +L |          |          |
| 9139                            | Ocular prosthesis - conformer                                 | 1 962.28 |       | +L |          |          |
| 9140                            | Ocular prosthesis using modified stock appliance              | 4 866.67 |       | +L |          |          |

| III. SPECIALIST PROSTHODONTISTS |  |          |       |    |          |          |
|---------------------------------|--|----------|-------|----|----------|----------|
| III                             | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009                 |          |       |    |          |          |
| Code                            | Procedure description  | N\$      |       |    | MP<br>MD | TC<br>BK |
|                                 |  | NDA      | Notes |    |          |          |
| 9141                            | Ocular prosthesis using custom appliance                       | 7 025.44 |       | +L |          |          |
| 9142                            | Orbital prosthesis - simple (excluding ocular section          | 4 866.67 |       | +L |          |          |
| 9143                            | Orbital prosthesis - complex (excluding ocular section         | 7 025.44 |       | +L |          |          |
| 9144                            | Combination facial prostheses - small                          | na       |       | +L |          |          |
| 9145                            | Combination facial prostheses - medium                         | na       |       | +L |          |          |
| 9146                            | Combination facial prostheses - large                          | na       |       | +L |          |          |
| 9147                            | Combination facial prostheses - complex                        | na       |       | +L |          |          |
| 9148                            | Other body prostheses - simple                                 | 4 866.67 |       | +L |          |          |
| 9149                            | Other body prostheses - complex                                | 7 025.44 |       | +L |          |          |
| 9150                            | Surgical facial prostheses - simple                            | 3 785.09 |       | +L |          |          |
| 9151                            | Surgical facial prostheses - complex                           | 4 866.67 |       | +L |          |          |
| 9152<br>(M)                     | Additional prostheses (from mould at time of first prosthesis) | M 8006   |       | +L |          |          |
| 9153<br>(M)                     | Replacement prosthesis (from original mould)                   | M 8006   |       | +L |          |          |
| 9155                            | Cranial prosthesis   | 1 962.28 |       | +L |          |          |
|                                 | <b>Custom implants</b>   |          |       |    |          |          |
| 9156                            | Cranial - acrylic, elastomeric, metallic                       | 4 507.89 |       | +L |          |          |
| 9157                            | Facial - simple  | 1 214.04 |       | +L |          |          |
| 9158                            | Facial - complex   | 2 437.72 |       | +L |          |          |
| 9159                            | Ocular - custom made   | 1 214.04 |       | +L |          |          |
| 9160                            | Body - special prosthesis                                      | 5 414.04 |       | +L |          |          |
|                                 | <b>Surgical appliances</b>                                     |          |       |    |          |          |
| 9161                            | Splints - simple   | 531.58   |       | +L |          |          |
| 9162                            | Splints - complex  | 1 962.28 |       | +L |          |          |
| 9163                            | Templates - simple   | 531.58   |       | +L |          |          |
| 9164                            | Templates - complex  | 1 962.28 |       | +L |          |          |
| 9165                            | Conformers - simple  | 531.58   |       | +L |          |          |
| 9166                            | Conformers - complex   | 1 962.28 |       | +L |          |          |
|                                 | <b>Trismus appliances</b>                                      |          |       |    |          |          |
| 9167                            | Trismus appliance - simple                                     | 218.42   |       | +L |          |          |
| 9168                            | Trismus appliance - complex                                    | 1 962.28 |       | +L |          |          |
| 9169                            | Orthoses (for paralysed patients)                              | 4 326.32 |       | +L |          |          |
| 9170                            | Facial palsy appliances  | 1 299.12 |       | +D |          |          |
| 9171                            | Oral splints (per commissure)                                  | 531.58   |       | +L |          |          |
| 9172                            | Dynamic oral retractors (per arm)                              | 531.58   |       | +L |          |          |

|   |   |        |       |    |          |          |
|---|---|--------|-------|----|----------|----------|
| III. SPECIALIST PROSTHODONTISTS                                   |   |        |       |    |          |          |
| III   | SPECIALIST PROSTHODONTISTS<br>(M) See Rule 009  |        |       |    |          |          |
| Code  | Procedure description   | N\$    |       |    | MP<br>MD | TC<br>BK |
|   |   | NDA    | Notes |    |          |          |
| 9173  | Hand splints  | na     |       | +L |          |          |
| 9174  | Other   | na     |       | +L |          |          |
|   | Attendance in theatre   |        |       |    |          |          |
| 9175  | Attendance in theatre, per hour   | 715.79 |       |    |          |          |
|   |   |        |       |    |          |          |
| IV. SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS / PERIODONTISTS |   |        |       |    |          |          |
| PREAMBLE  |   |        |       |    |          |          |
| (1)   | The scheduled fees for diagnostic procedures may be charged irrespective of whether treatment is accepted or not  |        |       |    |          |          |
| (2)   | The expenses appurtenant to diagnostic tests, laboratory procedures (unless routinely charged to the patient by the laboratory), special materials, medicaments, etc., shall be charged over and above the fee for treatment (See Rule 013)   |        |       |    |          |          |
| (3)   | If the extent of a procedure carried out is less than that specified in the tariff of fees, or if multiple procedures are carried out at a single visit and the value of the time factor is consequently reduced, the specialist may at his discretion charge a reduced fee or reduced fees as per modifiers. (See Rule 011)  |        |       |    |          |          |
| (M)   |   |        |       |    |          |          |
| (4)   | Fees for surgical procedures include any postsurgical complications not exceeding three months  |        |       |    |          |          |
| (5)   | The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007); the fee for an assistant who is a specialist in oral medicine and periodontics shall be 33 1/3 % of the fee for the procedure. The patient must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient |        |       |    |          |          |

| SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS / PERIODONTISTS |   |        |       |    |    |    |
|---|---|--------|-------|----|----|----|
| IV  | (M) See Rule 009  |        |       |    |    |    |
| Code  | Procedure description   | N\$    |       |    | MP | TC |
|   |   | NDA    | Notes |    |    |    |
| <b>DIAGNOSTIC PROCEDURES</b>                                  |   |        |       |    |    |    |
|   | Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit   |        |       |    |    |    |
| 8701  | Consultation<br>A periodontal consultation comprises a reasonably detailed examination and presentation and explanation of the findings to enable the patient to make a decision as to future treatment   | 260.53 |       |    |    | A  |
| 8107  | Intra-oral radiographs, per film  | 89.47  |       |    |    | B  |
| 8108  | Maximum for 8107  | 721.93 |       |    |    | B  |
| 8113  | Occlusal radiographs  | 140.35 |       |    |    | B  |
| 8114  | Hand-wrist radiograph   | 370.18 |       |    |    | A  |
| 8115  | Extra-oral radiograph, per film<br>(i.e. panoramic, cephalometric, PA)  | 370.18 |       |    |    | B  |
| 8811  | Tracing and analysis of extra-oral film   | 42.98  |       |    |    | B  |
| 8117  | Study models - unmounted  | 100.88 |       | +L |    | B  |
| 8119  | Study models - mounted on adjustable articulator  | 260.53 |       | +L |    | B  |
| 8140  | Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit  | 230.70 |       |    |    | B  |
| *8703   | Detailed clinical examination, records, radiographic interpretation, probing, percussion, diagnosis, treatment planning and case presentation for periodontal and/or implant cases<br><br>Code 8703 is always a separate procedure from code 8701 and comprises inspection, percussion, probing and other diagnostic procedures and the systematic recording of every important feature in order to permit correct treatment planning | 876.32 |       |    |    | A  |
| 8705  | Periodic re-examination   | 260.53 |       |    |    | A  |
| 8706  | Appointment not kept - per half-hour<br>(By arrangement with patient)   | 211.40 |       |    |    |    |
| 8707  | Periodontal screening<br><br>A periodontal screening consists of the measurement and recording of a plaque index, a bleeding index, probing depths, a periodontal disease index, a microbiological assay and/or gingival crevicular fluid assay   | 260.63 |       |    |    | B  |
| 8711  | Oral hygiene instruction<br><br>The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction   | 234.21 |       |    |    | B  |
| 8713  | Oral hygiene evaluation<br>(If oral hygiene re-instruction is necessary, only item 8711 shall apply)  | 154.39 |       |    |    | B  |
| 8714  | Full mouth clinical plaque removal  | 218.42 |       |    |    | B  |
| 8715  | Scaling   | 442.98 |       |    |    | B  |
| 8721  | Occlusal adjustment per visit   | 488.60 |       |    |    | A  |
| 8723  | Provisional splinting - extracoronal wire, per sextant  | 444.74 |       | +L |    | A  |
| 8725  | Provisional splinting - extracoronal wire plus resin, per sextant   | 646.49 |       | +L |    | A  |

| IV | SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS / PERIODONTISTS |   |          |       |    |    |
|----|---|---|----------|-------|----|----|
|    | (M) See Rule 009  |   |          |       |    |    |
|    | Code  | Procedure description   | N\$      |       |    | MP |
|    |   |   | NDA      | Notes |    |    |
|    | 8727  | Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint  | 207.89   |       | +L | A  |
|    |   | <b>TEMPOROMANDIBULAR JOINT PROCEDURES</b>   |          |       |    |    |
|    | 8625  | Bite plate for TMJ dysfunction  | 808.77   |       | +L | B  |
|    |   | <b>SURGICAL PROCEDURES</b>  |          |       |    |    |
|    | 8731  | Periodontal abscess - treatment of acute phase (with or without flap procedure)   | 385.09   |       |    | A  |
|    | 8737  | Root planing with or without periodontal curettage, per quadrant  | 876.32   |       |    | A  |
|    | 8739  | Root planing with or without periodontal curettage, per sextant   | 697.37   |       |    | A  |
|    | 8741  | Gingivectomy-gingivoplasty, per quadrant  | 1 152.63 |       |    | A  |
|    | 8743  | Gingivectomy-gingivoplasty, per sextant   | 915.79   |       |    | A  |
|    | *8749   | Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant | 2 617.54 |       |    | A  |
|    | *8751   | As item 8749, per sextant   | 2 163.16 |       |    | A  |
|    | *8753   | Flap operation with root planing and curettage and which may include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant     | 3 240.35 |       |    | A  |
|    | *8755   | As item 8753, per sextant   | 2 626.32 |       |    | A  |
|    |   | NOTES   |          |       |    |    |
|    |   | 1. Each root resection, tooth hemisection, muco-gingival procedure, wedge resection, clinical crown lengthening and apicectomy shall be deemed to be one procedure  |          |       |    |    |
|    |   | 2. Where a bone regeneration/ repair procedure is included within a flap operation, item 8766 shall apply in addition to the item for the flap operation  |          |       |    |    |
|    |   | 3. Where an apicectomy is included with a flap operation either code 8760 or code 8764 with modifier 8006 shall apply in addition to the item for the flap operation.   |          |       |    |    |
|    | 8756  | Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure)   | 1 591.23 |       |    | A  |
|    | 8757  | Frenectomy  | 1 280.70 |       |    | A  |
|    | 8758  | Surgical exposure of impacted or unerupted teeth for orthodontic reasons  | 1 476.49 |       |    | A  |
|    | 8759  | Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)   | 1 200.00 |       |    | A  |
|    | *8761   | Masticatory mucosal autograft extending across not more than 4 teeth (isolated procedure).  | 1 413.16 |       | +L | A  |

| IV               | SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS / PERIODONTISTS  |          |       |    |    |    |
|------------------|--|----------|-------|----|----|----|
| (M) See Rule 009 |  |          |       |    |    |    |
| Code             | Procedure description  | N\$      |       |    | MP | TC |
|                  |  | NDA      | Notes |    |    |    |
| *8762            | Masticatory mucosal autograft extending more than 4 teeth across (isolated procedure)  | 1 956.14 |       | +L |    | A  |
| •8772            | Submucosal connective tissue autograft (isolated procedure)  | 1 154.82 |       |    |    |    |
| •8773            | Cost of intrapocket chemotherapeutic agent<br>Used to report intrapocket chemotherapeutic agent provided by the practitioner   | Rule 013 |       |    |    | A  |
| 8763             | Wedge resection (as an isolated procedure)   | 763.16   |       |    | T  | A  |
| 8760             | Apicoectomy including retrograde filling where necessary - anterior teeth<br>* When code 8764 is part of a flap operation that requires an apisectomy, Modifier 8006 applies | 1 007.89 |       |    | T  | S  |
| 8764             | Apicoectomy including retrograde filling where necessary, posterior teeth<br>* When code 8760 is part of a flap operation that requires an apisectomy, Modifier 8006 applies | 2 096.49 |       |    | T  | S  |
| 8765             | Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)   | 1 047.37 |       |    | T  | A  |
| 8766             | Bone regenerative/ repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749, 8751, 8753 and 8755, per procedure       | 625.44   |       |    |    | A  |
| 8770             | Cost of bone regenerative/repair material  | Rule 013 |       |    |    |    |
| 8768             | Any other periodontal procedure involving a single tooth   | 763.16   |       |    | T  | A  |
| 8979             | Harvesting of autogenous grafts (intra-oral)   | 410.53   |       |    |    | S  |
| 9008             | Alveolar ridge augmentation across 1 to 2 adjacent tooth sites   | 1 160.53 |       | +L |    | S  |
| 9009             | Alveolar ridge augmentation across 3 or more tooth sites   | 1 737.00 |       | +L |    | S  |
| 9010             | Sinus lift procedure   | 3 179.82 |       | +L |    | S  |
|                  | <b>IMPLANT PROCEDURES</b>  |          |       |    |    |    |
| 9182             | Placement of endosteal implant, per implant  | 1 632.46 |       | +L |    | S  |
| 9183             | Placement of a single osseo-integrated implant per jaw   | 2 086.84 |       |    |    | S  |
| 9184             | Placement of a second osseo-integrated implant in the same jaw   | 1 563.16 |       |    |    | S  |
| 9185             | Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant  | 1 044.74 |       |    |    | S  |
| 9189             | Cost of implants   | Rule 013 |       |    |    | S  |
| 9190             | Exposure of a single osseo-integrated implant and placement of a transmucosal element  | 769.30   |       |    |    | S  |
| 9191             | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw  | 580.70   |       |    |    | S  |
| 9192             | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant   | 389.47   |       |    |    | S  |
| •9198            | Implant removal  | 933.33   |       |    |    | S  |

| SPECIALISTS IN ORAL MEDICINE AND PERIODONTICS / PERIODONTISTS |                         |   |          |       |  |    |    |
|---|-------------------------|---|----------|-------|--|----|----|
| (M) See Rule 009  |                         |   |          |       |  |    |    |
| IV  | Code                    | Procedure description   | N\$      |       |  | MP | TC |
|   |                         |   | NDA      | Notes |  |    |    |
|   | 8767                    | This procedure involves the surgical removal of an implant i.e. cutting of soft tissue and bone, removal of implant and closure.<br>Bone regenerative/ repair procedure at a single site<br>(Excluding cost of regenerative material - see code 8770) | 1 621.05 |       |  |    | A  |
|   | 8769                    | Subsequent removal of membrane used for guided tissue regeneration procedure<br>Codes 8761, 8767 and 8769 to be used only as part of implant surgery  | 763.16   |       |  |    | A  |
|   | ORAL MEDICAL PROCEDURES |   |          |       |  |    |    |
|   | 8781                    | Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction: Straight forward case                                      | 260.53   |       |  |    | S  |
|   | 8782                    | Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case   | 456.14   |       |  |    | S  |
|   | 8783                    | Subsequent consultation for same disease/condition  | 194.74   |       |  |    | S  |
|   | 8785                    | Biopsy - incisional/excisional (e.g. epulis)  | 541.23   |       |  |    | S  |
|   | 8786                    | Surgical treatment of soft tissue tumours (e.g. epulis  | 935.09   |       |  |    | S  |
|   | 8787                    | Any other procedure connected with the practice of oral medicine  | 272.81   |       |  |    | S  |

## V. SPECIALIST ORTHODONTISTS

### PREAMBLE

- (1) Where an invoice refers to orthodontic services, a statement containing the following information shall accompany the first invoice to the member of the scheme/
  - (a) the code number of the envisaged treatment
  - (b) a plan of treatment indicating the following/
    - (i) the total tariff that would be charged by the practitioner for the treatment
    - (ii) the duration of the treatment
    - (iii) the initial primary tariff payable by the member; and
    - (iv) the monthly tariff which the member must pay
- (2) The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be charged for additional visits (Code 8803), oral hygiene instructions/re-evaluation (Codes 8151 and 8153), scaling and/or polishing (Codes 8155 and 8159) or topical application of fluoride (Code 8161) until the treatment is completed.
- (3) When partial fixed appliance therapy or preliminary treatment (8858, 8861, 8865 or 8866) is followed by full fixed appliance treatment (8873 to 8888) the fee initially charged for 8858, 8861, 8865 or 8866 is deducted from the full fixed appliance fee and the remainder then becomes the fee charged for the second stage of full fixed appliance therapy
- (4) If more than one of the stages of treatment of a multiphase treatment procedure is carried out by the same orthodontist, then the total fee should not exceed the fee laid down by the original classification at current values, save in exceptional circumstances, e.g. cleft palate treatment
- (5) The fees for services covered under the heading 'Fixed appliance therapy' (items 8861 and 8865 to 8887) shall be charged over the period of treatment in a manner to be determined by the individual orthodontist
- (6) If treatment is discontinued prior to its completion, the balance of the fee shall be assessed on the basis of the services rendered up to the time of termination
- (7) There are no specific codes for orthodontic treatment in the general practitioners' schedule, and the general practitioner must refer to the specialist orthodontists schedule. The codes for the treatment must be quoted together with Modifier 8004 (See Rules 009 and 011). This denotes that a general practitioner is delivering the treatment and the fee is calculated as up to two-thirds of the appropriate specialists fee. Where "+L" is denoted this can be added on to the two-thirds fee. If "+L" is not denoted then this is incorporated in the appropriate two-thirds fee and cannot be added to the invoice



| SPECIALIST ORTHODONTISTS                           |  |          |  |    |    |    |
|--|--|----------|--|----|----|----|
| V  | (M) See Rule 009   |          |  |    |    |    |
| Code   | Procedure description  | N\$      |  |    | MP | TC |
|  |  | NDA      |  |    |    |    |
| <b>CONSULTATIONS</b>                               |  |          |  |    |    |    |
| 8801   | First consultation   | 260.53   |  |    |    | A  |
| 8803   | Subsequent consultation, retention and/ or post-treatment consultation   | 194.74   |  |    |    | A  |
| 8805   | Appointment not kept - per half-hour<br>(By arrangement with patient)  | 211.40   |  |    |    |    |
| <b>RECORDS AND INVESTIGATIONS</b>                  |  |          |  |    |    |    |
| 8107   | Intra-oral radiographs, per film   | 89.47    |  |    |    | B  |
| 8108   | Maximum for 8107   | 721.93   |  |    |    | B  |
| 8113   | Occlusal radiograph  | 140.35   |  |    |    | B  |
| 8114   | Hand-wrist radiograph  | 370.18   |  |    |    | A  |
| 8115   | Extra-oral radiograph, per film<br>(i.e. panoramic, cephalometric, PA)   | 370.18   |  |    |    | B  |
| 8811   | Tracing and analysis of extra-oral film  | 42.98    |  |    |    | B  |
| 8117   | Study models - unmounted   | 100.88   |  | +L |    | B  |
| 8119   | Study models - mounted on adjustable articulator   | 260.53   |  | +L |    | B  |
| 8121   | Diagnostic photographs, per photograph   | 100.88   |  |    |    | B  |
| 8837   | Diagnosis and treatment planning   | 154.39   |  |    |    | A  |
| 8839   | Orthodontic diagnostic setup   | 325.44   |  |    |    | A  |
| <b>ORTHOGNATHIC SURGERY AND TREATMENT PLANNING</b> |  |          |  |    |    |    |
| (M)  | In the case of treatment planning requiring the combined services of a Prosthodontist and/or Orthodontist and/or a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist |          |  |    |    |    |
| 8840   | Treatment planning for orthognathic surgery  | 1 130.70 |  | +L |    | A  |
| <b>RETAINERS, REPAIRS AND/OR REPLACEMENTS</b>      |  |          |  |    |    |    |
| 8846   | Removable: Repairs   | 222.81   |  | +L |    | A  |
| 8847   | Removable: Replacement   | 763.16   |  | +L |    | A  |
| 8848   | Fixed: Repair or replacement per unit<br>(As a result of the patient's negligence)   | 325.44   |  |    |    | A  |
| 8849   | Retainer   | 763.16   |  | +L |    | A  |
| <b>CORRECTIVE THERAPY</b>                          |  |          |  |    |    |    |
| <b>Treatment of MPDS</b>                           |  |          |  |    |    |    |
| 8850   | First consultation   | 370.18   |  |    |    | A  |
| 8851   | Subsequent consultation  | 194.74   |  |    |    | A  |
| 8852   | Bite plate for TMJ dysfunction   | 808.77   |  | +L |    | B  |

| V                | SPECIALIST ORTHODONTISTS  |           |  |    |    |    |
|------------------|---|-----------|--|----|----|----|
| (M) See Rule 009 |   |           |  |    |    |    |
| Code             | Procedure description   | N\$       |  |    | MP | TC |
|                  |   | NDA       |  |    |    |    |
|                  | <b>Occlusal adjustment</b>  |           |  |    |    |    |
| 8853             | Major occlusal adjustment   | 1 526.32  |  |    |    | A  |
| 8854             | Minor occlusal adjustment   | 485.96    |  |    |    | A  |
|                  | <b>Cleft palate therapy</b>   |           |  |    |    |    |
| 8855             | Consultation and therapy at hospital, nursing home, or residence  | 444.74    |  |    |    | S  |
| 8856             | Subsequent consultation   | 218.42    |  |    |    | S  |
| 8857             | Weekly maximum  | 1 529.82  |  |    |    | S  |
|                  | <b>Neonatal prostheses</b>  |           |  |    |    |    |
| 9119             | Passive presurgical prosthesis/ Neonatal feeding aid  | 1 738.60  |  | +L |    | S  |
| 9120             | Active presurgical orthopaedic appliance - minor  | 1 738.60  |  | +L |    | S  |
| 9121             | Active presurgical orthopaedic appliance - moderate   | 2 572.81  |  | +L |    | S  |
| 9122             | Active presurgical orthopaedic appliance - severe   | 4 326.32  |  | +L |    | S  |
| 9123             | Active presurgical orthopaedic appliance - adjustment   | 218.42    |  |    |    | S  |
|                  | NOTE  |           |  |    |    |    |
|                  | Subsequent treatment as per schedule  |           |  |    |    |    |
|                  | <b>Removable appliance therapy</b>  |           |  |    |    |    |
| 8862             | Removable (single)  | 2 700.00  |  | +L |    | A  |
| 8863             | Removable (per additional)  | 1 361.40  |  | +L |    | A  |
|                  | (Code 8862 may only be charged once per malocclusion. A maximum of two additional removable appliances per treatment plan may be charged  |           |  |    |    |    |
|                  | <b>Functional appliance therapy</b>   |           |  |    |    |    |
|                  | A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arch and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane |           |  |    |    |    |
| 8858             | Functional appliance  | 4 873.68  |  | +L |    | A  |
|                  | if additional functional appliances are required, +L can be charged but no further fee/benefit  |           |  |    |    |    |
|                  | <b>Fixed appliance therapy</b>  |           |  |    |    |    |
|                  | <b>Partial fixed appliance therapy - Preliminary treatment</b>  |           |  |    |    |    |
|                  | The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition   |           |  |    |    |    |
|                  | The application of codes 8865 and/or 8866 requires the use of fixed bands and/or brackets as a major component of the appliances  |           |  |    |    |    |
| 8865             | Maxillary or mandibular arch  | 8 647.37  |  |    |    | A  |
| 8866             | Combined maxillary and mandibular arch  | 11 886.84 |  |    |    | A  |
| 8861             | Minor fixed appliance   | 3 240.35  |  |    |    | A  |

| V                | SPECIALIST ORTHODONTISTS  |              |  |  |    |    |
|------------------|---|--------------|--|--|----|----|
| (M) See Rule 009 |   |              |  |  |    |    |
| Code             | Procedure description   | N\$          |  |  | MP | TC |
|                  |   | NDA          |  |  |    |    |
|                  | <b>Comprehensive fixed appliance therapy</b><br>This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within each arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase<br><br>SINGLE ARCH TREATMENT |              |  |  |    |    |
| 8867             | Mild  | 9 294.74     |  |  |    | A  |
| 8868             | Moderate  | 11<br>464.04 |  |  |    | A  |
| 8869             | Severe  | 13<br>408.77 |  |  |    | A  |
|                  | COMBINED MAXILLARY AND MANDIBULAR ARCH THERAPY  |              |  |  |    |    |
|                  | CLASS I MALOCCLUSIONS   |              |  |  |    |    |
| 8873             | Mild  | 17<br>011.40 |  |  |    | A  |
| 8875             | Moderate  | 20<br>876.32 |  |  |    | A  |
| 8877             | Severe  | 24<br>336.84 |  |  |    | A  |
| 8879             | Severe plus complications   | 27<br>350.00 |  |  |    | A  |
|                  | CLASS II AND III MALOCCLUSIONS  |              |  |  |    |    |
| 8881             | Mild  | 24<br>336.00 |  |  |    | A  |
| 8883             | Moderate  | 27<br>350.00 |  |  |    | A  |
| 8885             | Severe  | 30<br>707.00 |  |  |    | A  |
| 8887             | Severe plus complications   | 34<br>597.37 |  |  |    | A  |
|                  | <b>Lingual orthodontics</b><br>This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires<br><br>SINGLE ARCH TREATMENT  |              |  |  |    |    |
| 8841             | Mild  | 17<br>468.00 |  |  |    | A  |
| 8842             | Moderate  | 20<br>528.07 |  |  |    | A  |
| 8843             | Severe  | 23<br>385.96 |  |  |    | A  |
|                  | COMBINED MAXILLARY AND MANDIBULAR ARCH THERAPY  |              |  |  |    |    |
|                  | CLASS I MALOCCLUSIONS   |              |  |  |    |    |

| V                | SPECIALIST ORTHODONTISTS   |                   |  |  |    |    |
|------------------|--|-------------------|--|--|----|----|
| (M) See Rule 009 |  |                   |  |  |    |    |
| Code             | Procedure description  | N\$               |  |  | MP | TC |
|                  |  | NDA               |  |  |    |    |
| 8874             | Mild   | 33<br>318.42      |  |  |    | A  |
| 8876             | Moderate   | 39<br>012.28      |  |  |    | A  |
| 8878             | Severe   | 44<br>274.56      |  |  |    | A  |
| 8880             | Severe plus complications  | 49<br>124.56      |  |  |    | A  |
|                  | CLASS II AND III MALOCCLUSIONS                                       |                   |  |  |    |    |
| 8882             | Mild   | 40<br>671.05      |  |  |    | A  |
| 8884             | Moderate   | 45<br>496.49      |  |  |    | A  |
| 8886             | Severe   | 50<br>667.54      |  |  |    | A  |
| 8888             | Severe plus complications  | 56<br>385.96      |  |  |    | A  |
|                  | OTHER ORTHODONTIC SERVICES   |                   |  |  |    |    |
| 8890             | Monthly payment for treatment<br>(Refer to code number of treatment) | By<br>arrangement |  |  |    | A  |
| 8891             | Re-negotiated fee for transfer cases                                 | By<br>arrangement |  |  |    |    |
| 8892             | Re-treatment   | By<br>arrangement |  |  |    |    |

|  | VI. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS   |
|--|--|
|  | <p><b>PREAMBLE</b></p> <p>(See Rule 011)</p> <p>1. If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002)</p> <p>(M)</p> <p>2. The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005)</p> <p>(M)</p> <p>3. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus:</p> <p>(M)</p> <p style="padding-left: 40px;">75% for the second procedure/operation (Modifier 8009)</p> <p style="padding-left: 40px;">50% for the third and subsequent procedures/operations (Modifier 8006)</p> <p>This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialties, in which case each practitioner shall be entitled to the full fee for his operation</p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation</p> <p>The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the scheme may be charged</p> <p>4. The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the patient</p> <p>(M)</p> <p>5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008)</p> <p>(M)</p> <p>6. In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff item must be indicated (See Rule 012)</p> |

| SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS |  |                  |       |    |    |    |
|--|--|------------------|-------|----|----|----|
| VI   |  | (M) See Rule 009 |       |    |    |    |
| Code   | Procedure description  | N\$              |       |    | MP | TC |
|  |  | NDA              | Notes |    |    |    |
| CONSULTATIONS AND VISITS                     |  |                  |       |    |    |    |
| 8901   | Consultation at consulting rooms   | 260.53           |       |    |    | S  |
| 8902   | Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation<br>Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction | 876.32           |       |    |    | S  |
| 8903   | Consultation at hospital, nursing home or house  | 297.37           |       |    |    | S  |
| 8904   | Subsequent consultation at consulting rooms, hospital, nursing home or house   | 194.74           |       |    |    | S  |
| 8905   | Weekend visits and night visits between 18h00 - 07h00 the following day  | 423.68           |       |    |    | S  |
| 8907   | Subsequent consultations, per week, to a maximum of<br>Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation                | 485.96           |       |    |    | S  |
| INVESTIGATIONS AND RECORDS                   |  |                  |       |    |    |    |
| 8107   | Intra-oral radiographs, per film   | 89.47            |       |    |    | B  |
| 8108   | Maximum for 8107   | 721.93           |       |    |    | B  |
| 8113   | Occlusal radiographs   | 140.35           |       |    |    | B  |
| 8114   | Hand-wrist radiograph  | 370.18           |       |    |    | A  |
| 8115   | Extra-oral radiograph, per film<br>(i.e. panoramic, cephalometric, PA)   | 370.18           |       |    |    | B  |
| 8811   | Tracing and analysis of extra-oral film  | 42.98            |       |    |    | B  |
| 8117   | Study models - unmounted   | 100.88           |       | +L |    | B  |
| 8119   | Study models - mounted on adjustable articulator   | 260.53           |       | +L |    | B  |
| 8121   | Diagnostic photographs - per photograph  | 100.88           |       |    |    | B  |
| 8917   | Biopsies – intra-oral  | 541.23           |       |    |    | S  |
| 8919   | Biopsy of bone - needle  | 935.09           |       |    |    | S  |
| 8921   | Biopsy of bone - open  | 1 535.96         |       |    |    | S  |
| ORTHOGNATHIC SURGERY AND TREATMENT PLANNING  |  |                  |       |    |    |    |
| (M)  | In the case of treatment planning requiring the combined services of a Prosthodontist and/or Orthodontist and/or a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist   |                  |       |    |    |    |
| 8840   | Treatment planning for orthognathic surgery  | 1 130.70         |       | +L |    | A  |
| REMOVAL OF TEETH                             |  |                  |       |    |    |    |
|  | Modifier 8002 is applicable to codes 8201 and 8202   |                  |       |    |    |    |

| VI        | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS<br>(M) See Rule 009  |          |       |    |    |    |
|-----------|---|----------|-------|----|----|----|
| Code      | Procedure description   | N\$      |       |    | MP | TC |
|           |   | NDA      | Notes |    |    |    |
|           | <b>Extractions during a single visit</b>  |          |       |    |    |    |
| 8201      | Single tooth<br>Code 8201 is charged for the first extraction in a quadrant   | 140.35   |       |    | T  | B  |
| 8202      | Each additional tooth in the same quadrant<br>Code 8202 is charged for each additional extraction in the same quadrant  | 56.14    |       |    | T  | B  |
| 8957      | Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)   | 1 280.70 |       |    |    | S  |
| *8961     | Auto-transplantation of teeth<br>(See rule 011 and Notes 2 and 3)   | 2 096.49 |       | +L |    | S  |
| 8931      | Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)  | 699.12   |       |    |    | S  |
| 8933      | Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week   | 2 440.35 |       |    |    | S  |
| 8935      | Treatment of post-extraction septic socket where patient is referred by another registered person   | 185.09   |       |    |    | S  |
| 8937      | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and/or section of tooth<br>Includes cutting of gingiva and bone, removal of tooth structure and closure<br>Code 8220 is applicable when sutures are provided by practitioner (Rule 013) | 933.33   |       |    |    | S  |
|           | <b>Removal of roots</b><br>Code 8220 is applicable when sutures are provided by practitioner (Rule 013)   |          |       |    |    |    |
| 8953      | Surgical removal of residual tooth roots (cutting procedure)<br>Includes cutting of gingiva and bone, removal of tooth structure and closure  | 933.33   |       |    | T  | S  |
| 8955 (MW) | Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth<br>Includes cutting of gingiva and bone, removal of tooth structure and closure<br>(See Rule 011 and Notes 2 and 3)   | na       |       |    | T  | S  |
|           | <b>Unerrupted or impacted teeth</b>   |          |       |    |    |    |
| 8941      | First tooth   | 1 513.16 |       |    | T  | S  |
| 8943      | Second tooth  | 812.28   |       |    | T  | S  |
| 8945      | Third tooth   | 465.79   |       |    | T  | S  |
| 8947      | Fourth and subsequent tooth   | 465.79   |       |    | T  | S  |
|           | <b>DIVERSE PROCEDURES</b>   |          |       |    |    |    |
| 8908      | Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication  | 3 184.21 |       |    |    | S  |
| 8909      | Closure of oral antral fistula - acute or chronic   | 2 440.35 |       |    |    | S  |
| 8911      | Caldwell-Luc procedure  | 958.77   |       |    |    | S  |
| -         |   |          |       |    |    |    |

| VI               | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS  |          |       |    |    |    |
|------------------|---|----------|-------|----|----|----|
| (M) See Rule 009 |   |          |       |    |    |    |
| Code             | Procedure description   | NS       |       |    | MP | TC |
|                  |   | NDA      | Notes |    |    |    |
| 8965             | Peripheral neurectomy   | 2 096.49 |       |    |    | S  |
| 8966             | Functional repair of oronasal fistula (local flaps)   | 2 915.79 |       |    |    | S  |
| 8977             | Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage)<br>(Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure) | 4 895.61 |       |    |    | S  |
| 8979             | Harvesting of autogenous grafts (intra-oral)  | 410.53   |       |    |    | S  |
| •9048            | Removal of internal fixation devices per site   | 785.96   |       |    |    | S  |
| 8962             | Harvest iliac crest graft   | 771.05   |       |    |    | S  |
| 8963             | Harvest rib graft   | 886.84   |       |    |    | S  |
| 8964             | Harvest cranium graft   | 693.86   |       |    |    | S  |
|                  | <b>CYSTS OF JAWS</b>  |          |       |    |    |    |
| 8967             | Intra-oral approach   | 2 915.79 |       |    |    | S  |
| 8969             | Extra-oral approach   | 4 664.91 |       |    |    | S  |
|                  | <b>NEOPLASMS</b>  |          |       |    |    |    |
| 8971             | Surgical treatment of soft tissue tumours   | 935.09   |       |    |    | S  |
| 8973             | Surgical treatment of tumours of the jaws   | 4 664.91 |       |    |    | S  |
| 8975             | Hemiresection of jaw, with splintage of segments  | 4 898.25 |       |    |    | S  |
|                  | <b>PARA-ORTHODONTIC SURGICAL PROCEDURES</b>   |          |       |    |    |    |
| 8981             | Surgical exposure of impacted or unerupted teeth for orthodontic reasons  | 1 746.49 |       |    | T  | S  |
| 8983             | Corticotomy – first tooth   | 1 392.98 |       |    | T  | S  |
| 8984             | Corticotomy - adjacent or subsequent tooth  | 702.63   |       |    | T  | S  |
| 8985             | Frenectomy  | 1 280.70 |       |    |    | S  |
|                  | <b>SURGICAL PREPARATION OF JAWS FOR PROSTHETICS</b>   |          |       |    |    |    |
| 8987             | Reduction of mylohyoid ridges, per side   | 2 096.49 |       | +L |    | S  |
| 8989             | Torus mandibularis reduction, per side  | 2 096.49 |       | +L |    | S  |
| 8991             | Torus palatinus reduction   | 2 096.49 |       | +L |    | S  |
| 8993             | Reduction of hypertrophic tuberosity, per side<br>See procedure code 8971 for excision of denture granuloma   | 935.09   |       | +L |    | S  |
| 8995             | Gingivectomy, per jaw   | 1 866.67 |       | +L |    | S  |
| 8997             | Sulcoplasty/Vestibuloplasty   | 4 807.89 |       | +L |    | S  |
| 9003             | Repositioning mental foramen and nerve, per side  | 2 915.79 |       | +L |    | S  |
| •9004            | Lateralization of inferior dental nerve (including bone grafting)   | 4 126.32 |       |    |    | S  |
| 9005             | Total alveolar ridge augmentation by bone graft   | 4 898.32 |       | +L |    | S  |
| 9007             | Total alveolar ridge augmentation by alloplastic material   | 3 088.60 |       | +L |    | S  |



| VI               | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS  |          |       |    |    |    |
|------------------|---|----------|-------|----|----|----|
| (M) See Rule 009 |   |          |       |    |    |    |
| Code             | Procedure description   | N\$      |       |    | MP | TC |
|                  |   | NDA      | Notes |    |    |    |
| 9008             | Alveolar ridge augmentation across 1 to 2 adjacent tooth sites  | 1 160.53 |       | +L |    | S  |
| 9009             | Alveolar ridge augmentation across 3 or more tooth sites  | 1 737.72 |       | +L |    | S  |
| 9010             | Sinus lift procedure  | 3 179.82 |       | +L |    | S  |
|                  | <b>SEPSIS</b>   |          |       |    |    |    |
| 9011             | Incision and drainage of pyogenic abscesses (intra-oral approach  | 596.49   |       |    |    | S  |
| 9013             | Extra-oral approach, e.g. Ludwig's angina   | 812.28   |       |    |    | S  |
| 9015             | Apicectomy including retrograde filling where necessary – anterior teeth  | 1 047.37 |       |    | T  | S  |
| 9016             | Apicectomy including retrograde filling where necessary, posterior teeth  | 2 096.49 |       |    | T  | S  |
| 9017             | Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible                                 | 4 322.81 |       |    |    | S  |
| 9019             | Sequestrectomy - intra-oral, per sextant and/or per ramus   | 935.09   |       |    |    | S  |
|                  | <b>TRAUMA</b>   |          |       |    |    |    |
|                  | <b>Treatment of associated soft tissue injuries</b>   |          |       |    |    |    |
| 9021             | Minor   | 1 047.37 |       |    |    | S  |
| 9023             | Major   | 2 214.00 |       |    |    | S  |
| 9024             | Dento-alveolar fracture, per sextant  | 1 047.37 |       | +L |    | S  |
|                  | <b>Mandibular fractures</b>   |          |       |    |    |    |
| 9025             | Treatment by closed reduction, with intermaxillary fixation   | 2 327.19 |       |    |    | S  |
| 9027             | Treatment of compound fracture, involving eyelet wiring   | 3 269.30 |       |    |    | S  |
| 9029             | Treatment by metal cap splintage or Gunning's splints   | 3 618.42 |       | +L |    | S  |
| 9031             | Treatment by open reduction with restoration of occlusion by splintage  | 5 363.16 |       | +L |    | S  |
|                  | <b>Maxillary fractures with special attention to occlusion</b>  |          |       |    |    |    |
|                  | When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied                             |          |       |    |    | S  |
| 9035             | Le Fort I or Guerin fracture  | 3 276.32 |       | +L |    | S  |
| 9037             | Le Fort II or middle third of face  | 5 363.16 |       | +L |    | S  |
| 9039             | Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage | 7 697.37 |       | +L |    | S  |
|                  | <b>Zygoma/Orbit/Antral - complex fractures</b>  |          |       |    |    |    |

| VI   | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS   |           |       |    |    |    |
|------|--|-----------|-------|----|----|----|
|      | (M) See Rule 009   |           |       |    |    |    |
| Code | Procedure description  | N\$       |       |    | MP | TC |
|      |  | NDA       | Notes |    |    |    |
| 9041 | Gillies or temporal elevation  | 2 327.19  |       |    |    | S  |
| 9043 | Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation   | 4 664.91  |       |    |    | S  |
| 9045 | Requiring multiple osteosynthesis and/ or grafting   | 6 992.98  |       |    |    | S  |
|      | <b>FUNCTIONAL CORRECTION OF MALOCCLUSIONS</b>  |           |       |    |    |    |
|      | For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply   |           |       |    |    |    |
| 9047 | Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)                        | 9 785.96  |       | +L |    | S  |
| 9049 | Anterior segmental osteotomy of mandible (Köle)  | 8 119.30  |       | +L |    | S  |
| 9050 | Total subapical osteotomy  | 16 114.91 |       |    |    | S  |
| 9051 | Genioplasty  | 4 664.91  |       |    |    | S  |
| 9052 | Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)  | 7 390.35  |       |    |    | S  |
| 9055 | Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure   | 8 154.39  |       | +L |    | S  |
| 9057 | Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure   | 8 154.39  |       | +L |    | S  |
| 9059 | Le Fort I osteotomy - one piece  | 15 347.37 |       | +L |    | S  |
| 9062 | Le Fort I osteotomy - multiple segments  | 19 574.56 |       | +L |    | S  |
| 9060 | Le Fort I osteotomy with inferior repositioning and inter positional grafting  | 17 227.19 |       |    |    | S  |
| 9061 | Palatal osteotomy  | 5 363.16  |       |    |    | S  |
| 9063 | Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities  | 19 593.86 |       | +L |    | S  |
| 9065 | Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction                                  | 29 373.68 |       | +L |    | S  |
| 9066 | Surgical assisted maxillary or mandibular expansion<br>This procedure is to expand the maxilla or mandible to facilitate orthodontic aligning of constricted dental arch | 4 667.54  |       |    |    | S  |
| 9069 | Functional tongue reduction (partial glossectomy)  | 3 498.25  |       |    |    | S  |
| 9071 | Geniohyoidotomy  | 2 096.49  |       |    |    | S  |
| 9072 | Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)  | 15 347.37 |       | +L |    | S  |
|      | <b>TEMPOROMANDIBULAR JOINT PROCEDURES</b>  |           |       |    |    |    |
|      | For Items 9081, 9083 and 9092 the full fee may be charged per side   |           |       |    |    |    |
| 9073 | Bite plate for TMJ dysfunction   | 808.77    |       | +L |    | B  |
| 9074 | Diagnostic arthroscopy   | 2 316.67  |       |    |    | S  |
| 9075 | Condylectomy or coronoidectomy or both (extra-oral approach)   | 5 822.81  |       |    |    | S  |
| 9076 | Arthrocentesis TMJ   | 1 382.46  |       |    |    | S  |

| VI               | SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS  |           |       |    |    |    |
|------------------|---|-----------|-------|----|----|----|
| (M) See Rule 009 |   |           |       |    |    |    |
| Code             | Procedure description   | N\$       |       |    | MP | TC |
|                  |   | NDA       | Notes |    |    |    |
| 9053             | Coronoidectomy (intra-oral approach)  | 2 909.65  |       |    |    | S  |
| 9077             | Intra-articular injection, per injection  | 347.37    |       |    |    | S  |
| 9079             | Trigger point injection, per injection  | 272.81    |       |    |    | S  |
| 9081             | Condyle neck osteotomy (Ward/ Kostecka)   | 2 327.19  |       |    |    | S  |
| 9083             | Temporomandibular joint arthroplasty  | 5 822.81  |       |    |    | S  |
| 9085             | Reduction of temporomandibular joint dislocation without anaesthetic  | 465.79    |       |    |    | S  |
| 9087             | Reduction of temporomandibular joint dislocation, with anaesthetic  | 935.09    |       |    |    | S  |
| 9089             | Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation   | 2 327.19  |       |    |    | S  |
| 9091             | Reduction of temporomandibular joint dislocation requiring open reduction   | 5 822.81  |       |    |    | S  |
| 9092             | Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)                           | 15 539.47 |       | +L |    | S  |
|                  | <b>SALIVARY GLANDS</b>  |           |       |    |    |    |
| 9093             | Removal of salivary calculus  | 1 047.37  |       |    |    | S  |
| 9095             | Removal of sublingual salivary gland  | 2 796.49  |       |    |    | S  |
| 9096             | Removal of salivary gland (extra-oral)  | 4 144.74  |       |    |    | S  |
|                  | <b>IMPLANTS</b>   |           |       |    |    |    |
|                  | For items 9180 to 9192 the full fee may be charged, i.e. Note 2 of Rule 011 will not apply  |           |       |    |    |    |
| 9180             | Placement of sub-periosteal implant - Preparatory procedure/operation   | 3 266.67  |       |    |    | S  |
| 9181             | Placement of sub-periosteal implant prosthesis/ operation   | 3 266.67  |       |    |    | S  |
| 9182             | Placement of endosteal implant, per implant/  | 1 632.46  |       | +L |    | S  |
| 9183             | Placement of a single osseo-integrated implant per jaw  | 2 086.84  |       |    |    | S  |
| 9184             | Placement of a second osseo-integrated implant in the same jaw  | 1 563.16  |       |    |    | S  |
| 9185             | Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant   | 1 044.74  |       |    |    | S  |
| 9189             | Cost of implants  | Rule 013  |       |    |    |    |
| 9190             | Exposure of a single osseo-integrated implant and placement of a transmucosal element   | 769.30    |       |    |    | S  |
| 9191             | Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw                             | 580.70    |       |    |    | S  |
| 9192             | Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant  | 389.47    |       |    |    | S  |
| •9046            | Placement of Zygomaticus fixture, per fixture   | 4 175.44  |       |    |    | S  |
| •9198            | Implant removal   | 933.33    |       |    |    | S  |
|                  | This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure |           |       |    |    |    |

| SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS |  |           |       |    |    |    |
|--|--|-----------|-------|----|----|----|
| VI   | (M) See Rule 009   |           |       |    |    |    |
| Code   | Procedure description  | N\$       |       |    | MP | TC |
|  |  | NDA       | Notes |    |    |    |
| *8761  | Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)   | 1 413.15  |       | +L |    | A  |
| *8772  | Submucosal connective tissue autograft (isolated procedure)  | 1 154.82  |       |    |    | A  |
| 8767   | Bone regenerative/ repair procedure at a single site (Excluding cost of regenerative material - see code 8770)                                       | 1 621.05  |       |    |    | A  |
| 8769   | Subsequent removal of membrane used for guided tissue regeneration procedure<br>Codes 8761, 8767 and 8769 to be used only as part of implant surgery | 763.16    |       |    |    | A  |
| 8770   | Cost of bone regenerative/repair material  | Rule 013  |       |    |    |    |
|  | <b>CLEFT LIP AND PALATE</b>  |           |       |    |    |    |
| 9220   | Repair of cleft hard palate (unilateral)   | 8 570.18  |       |    |    | S  |
| 9222   | Repair of cleft hard palate (bilateral, one procedure)   | 10 886.84 |       |    |    | S  |
| 9224   | Repair of cleft hard palate (bilateral, in two procedures)   | 16 212.28 |       |    |    | S  |
| 9226   | Repair of cleft soft palate (without muscle reconstruction)  | 7 182.46  |       |    |    | S  |
| 9228   | Repair of soft palatum (with muscle reconstruction   | 10 431.58 |       |    |    | S  |
| 9230   | Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction)   | 7 766.67  |       |    |    | S  |
| 9232   | Velopharyngeal reconstruction (uncomplicated)  | 7 992.98  |       |    |    | S  |
| 9234   | Velopharyngeal reconstruction (complicated type)   | 8 541.23  |       |    |    | S  |
| 9238   | Functional repair of oro-nasal fistula (distant flaps - in a single procedure)   | 4 819.30  |       |    |    | S  |
| 9240   | Functional repair of oro-nasal fistula (distant flaps - in two procedures)   | 8 523.68  |       |    |    | S  |
| 9246   | Secondary periosteal swivel flaps for bone induction   | 4 260.53  |       |    |    | S  |
| 9248   | Lip adhesion   | 3 782.46  |       |    |    | S  |
| 9250   | Unilateral cleft lip repair (without muscle reconstruction)  | 7 564.91  |       |    |    | S  |
| 9252   | Unilateral cleft lip repair (with muscle reconstruction)   | 10 226.67 |       |    |    | S  |
| 9254   | Bilateral cleft lip repair (without muscle reconstruction)   | 11 887.72 |       |    |    | S  |
| 9256   | Bilateral cleft lip repair (with muscle reconstruction)  | 18 371.93 |       |    |    | S  |
| 9258   | Anterior nasal floor repair (between alveolus)   | 4 863.16  |       |    |    | S  |
| 9260   | Partial revision of secondary cleft lip deformity  | 4 863.16  |       |    |    | S  |
| 9262   | Total revision of secondary cleft lip deformity (with functional muscle reconstruction)  | 9 726.32  |       |    |    | S  |
| 9264   | Abbe-flap (in two stages)  | 18 415.79 |       |    |    | S  |
| 9266   | Columella reconstruction   | 10 266.67 |       |    |    | S  |
| 9268   | Partial reconstruction of nose due to cleft deformity  | 10 266.67 |       |    |    | S  |
| 9270   | Complete reconstruction of the nose due to cleft deformity   | 16 210.53 |       |    |    | S  |
| 9272   | Paranasal augmentation for nasal base deviation  | 4 863.16  |       |    |    | S  |

## Appendix A

SUMMARY OF ADDITIONS, DELETIONS AND REVISIONS FOR DENTAL  
PROCEDURES AND NOMENCLATURE

## ADDITIONS, DELETIONS AND REVISIONS

| Codes<br>Kodes | Description         | Notes |
|----------------|---------------------|-------|
| 8110           | Terminology revised |       |
| 8122           | Code added          |       |
| 8123           | Code added          |       |
| 8131           | Terminology revised |       |
| 8132           | Terminology revised |       |
| 8149           | Code added          |       |
| 8150           | Code added          |       |
| 8160           | Code added          |       |
| 8168           | Code added          |       |
| 8141           | Terminology revised |       |
| 8143           | Terminology revised |       |
| 8145           | Terminology revised |       |
| 8259           | Terminology revised |       |
| 8306           | Code added          |       |
| 8346           | Code added          |       |
| 8529           | Terminology revised |       |
| 8634           | Code deleted        |       |
| 8703           | Terminology revised |       |
| 8749           | Terminology revised |       |
| 8751           | Terminology revised |       |
| 8753           | Terminology revised |       |
| 8755           | Terminology revised |       |
| 8761           | Terminology revised |       |
| 8762           | Terminology revised |       |
| 8772           | Code added          |       |
| 8773           | Code added          |       |
| 8961           | Terminology revised |       |
| 9004           | Code added          |       |
| 9046           | Code added          |       |
| 9048           | Code added          |       |
| 9198           | Code added          |       |

## General Practitioner's Guideline to the correct use of treatment codes

## INTRODUCTION

The Dental Association respects the clinical freedom and judgement of every practitioner to institute whatever treatment he or she considers appropriate in given circumstances, provided it is based on a sound clinical diagnosis and the patient is given an informed choice regarding treatment options available. A copy of these *guidelines* will be made available to the Dental Board of Namibia.

In view of the increasing complexity of the Namibian Dental Association (NDA) treatment codes and the application thereof, and the misunderstanding which sometimes results, and in order to eradicate the disturbing trend of wrongful, or fraudulent application of treatment codes, the NDA has drawn up these *guidelines*. Reference to these *guidelines* will promote the correct use of certain items of the NDA fee schedule, which may be

either misunderstood or misinterpreted by practitioners. In this way the highest standards of ethical practice will be maintained.

These *guidelines* will be updated periodically and for this reason the Dental Association will value comments on any aspect of this publication.

Good record keeping assists in dento-legal matters.

These Guidelines were prepared by Dr Harold Levenstein for the General Practice Committee of the SADA. These guidelines were modified by the Namibian Dental Association.

## CODE

### 8099 Laboratory Fee

Laboratory fees are chargeable on presentation of the invoice. Where a patient fails to return for the completion of the treatment the laboratory fee should be charged.

The Dental Board accepts that the *patient* can be required to pay an *initial amount* to cover laboratory costs.

### 8101 Full mouth examination, charting and treatment planning

No further examination fee shall be chargeable until the treatment plan resulting from the consultation is completed with the exception of Items **8102**.

The full mouth examination, charting and treatment planning **must** be recorded on a treatment card, keeping accurate and legible records. This may be important in dento-legal cases.

**Code 8101** may include the issuing of a prescription. If a dentist who is registered as a dispensing dentist does dispense medication then it is recommended that medicine used in treatment should have a mark-up of not more than 50% of the cost price and must not exceed the retail ethical price list, which is obtainable from the Namibian Pharmaceutical Board. The medicine account must be separated from the services account. Dentists who are registered to dispense must strictly observe the applicable rules published by the Namibian Pharmaceutical Board.

**Note:** When a patient is consulted for an emergency or a specific problem and did not come in for a full mouth examination and charting, then **Code 8101 cannot be charged**. Under these circumstances **Code 8104** – Consultation for a specific problem - must be charged.

### 8102 Comprehensive Consultation

The guidelines on which this code item is based are set out in the National Schedule of Fees.

These guidelines specify the complete documentation of all the relevant medical and dental data in respect of the particular patient with regard to the procedures as listed under Code 8102. The diagnosis and the recommended treatment plans, as well as alternatives, are based on this data. Furthermore, all such data must be recorded in an acceptable and transmissible form and must be presented to the patient in writing.

**8104 Consultation for a specific problem not requiring full mouth examination and treatment planning.**

Cannot be charged when 8101 has been charged. Can only be charged for a specific problem which does not form part of an original treatment plan and may not be used in conjunction with a regular appointment. Code 8104 may include the issuing of a prescription. If a dentist who is registered as a dispensing dentist does dispense medication then it is recommended that medicine used in treatment should have a mark-up of not more than 50% of the cost price and must not exceed the retail ethical price list, which is obtainable from Namibian Pharmaceutical Board. The medicine account must be separated from the services account. Dentists who are registered to dispense must strictly observe the applicable rules published by the Namibian Pharmaceutical Board.

**8107, 8108, 8113, 8114, 8115:****Radiographs**

It is the duty of every dentist who takes radiographs to ensure full compliance with the Regulations concerning safe radiological practice for the protection of the patient. Failure to do so may lead to disciplinary proceedings.

*The frequency with which a patient is X-rayed and the number of radiographs taken is left to the clinical experience and discretion of the practitioner as well as his or her integrity. If a patient refuses to have a radiograph taken, this fact must be recorded on the record card.*

All radiographs charged must be of good quality or they must *be re-done at no charge*.

As a general rule:-

- Full mouth radiographs are taken once for clinical record purposes - the only exception is a follow-up of the patient, e.g. after periodontal surgery.
- Panoramic radiographs are only taken *once* – except in cases where a follow-up is essential, e.g. surgery, trauma, orthodontic treatment and re-evaluation of wisdom teeth.
- Radiographs are required pre-operatively for endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots, crown or bridgework.
- Major orthodontic treatment should not be undertaken without cephalometric and panoramic radiographs.

**No** unerupted tooth should be extracted without pre-operative radiographs, which clearly show the whole tooth and its relationship to important anatomical landmarks.

A report must be written down on the treatment card following the taking of any radiographs and the sites of the radiographs taken must also be recorded. **The dentist who takes the radiographs owns them.** Radiographs are an integral part of the patient's records and should be retained for a minimum of five years. If a patient who has paid for his/her radiographs requests that they be given to him/her either for a second opinion or because he/she has changed dentists, then the dentist who took the radiographs may send the radiographs direct to the new dentist for viewing only. Duplicates of the films can be provided to the patient at a fee.

Radiographs can provide invaluable dento-legal evidence and their loss may prejudice a practitioner's defence.

**8117 Study models - unmounted and**

**8119 Study models mounted on adjustable articulator**

Study models are plaster or stone models of the teeth and adjoining tissues of the upper and lower jaws.

**Codes 8117 and 8119 include both upper and lower models.** *Study models are not working models; they are used for treatment planning and should be retained for record purposes.* Study models can not be used for the construction of crowns or dentures. An impression of the opposing arch for the bite registration is *not a study model*. A model used for the construction of a special tray cannot be classed as a study model.

**8129 Emergency visit – after regularly scheduled hours**

Applicable to instances where a dental practitioner is called out from his/her home to his/her rooms after normal working hours, or a hospital, to render emergency treatment.

**Note:** Code 8129 is not applicable when working late after normal working hours on routine dental treatment, nor if a practice routinely operates on a Saturday, Sunday or Public Holiday.

**8131 Emergency treatment where no other tariff item is applicable**

Code 8131 cannot be used in addition to any other item if it involves treatment on the same tooth. It is also not applicable where a patient has made a prior appointment as part of an existing, unfinished, treatment plan, for routine procedures.

**8137 Temporary crown as an emergency procedure**

An emergency crown is usually constructed in the treatment of a *fractured tooth* or where the patient has lost a previously fitted permanent crown. An emergency crown is a preformed or manufactured crown, usually made of metal or resin, which is fitted over a damaged tooth as an immediate protective device or for aesthetic purposes.

This procedure may not be applied to elective crown and bridgework and is especially not applicable to temporary crowns placed during routine crown and bridge preparations.

An Acrylic Jacket Crown (8405) is a **permanent** and not a temporary crown.

**Code 8529** in the Prosthodontic Schedule refers to a provisional crown placed, for example before or after periodontal surgery, during the healing period before the final crown preparation and impressions are taken or as a diagnostic crown.

**8141 Electronic Analgesia**

Electronic Analgesia (8141) can only be charged when it is the sole form of analgesia administered and not when it is used to make Local Anaesthesia (Code 8145) more comfortable for the patient.

**8145 Local Anaesthesia Per Visit**

This fee is for the administration of local anaesthesia by injection per visit, irrespective of the number of injections given/ampoules used at that visit.



The use of the "Wand" is a technique and not a procedure and Code 8145 is the correct Code to be used.

**8151 Oral Hygiene Instruction**

Patients should be informed that a fee will be charged for oral hygiene instruction. A standard oral hygiene instruction procedure *usually* includes the following:-

- (i) Plaque control information, e.g. instruction pamphlets or leaflets;
- (ii) Dietary instructions;
- (iii) Explanation and demonstration of plaque control (brushing and flossing);
- (iv) Self-practice session in the mouth under professional supervision;
- (v) Use of special aids such as disclosing agents;
- (vi) Scoring of plaque levels (plaque index);

*Oral hygiene instructions on a child under 9 years of age should take place in the presence of a parent.*

**8153 Follow-up visit for re-evaluation of oral hygiene**

This would encompass evaluating and monitoring the steps in 8151.

Any follow-up visits for re-evaluation of oral hygiene instructions, in the same course of treatment, may only be charged under **Code 8153**.

**8159 Scaling and polishing**

*The presence of supra- or subgingival calculus will determine whether this procedure is justifiable in a child under 10 years of age.*

**8161 Topical application of fluoride**

*Fluoride has a beneficial effect throughout a person's lifetime.*

The use of a fluoridated paste during polishing is not a topical fluoride application.

Code 8161 can only be charged when a tray is used to apply the fluoride.

**8163 Fissure sealant, per tooth**

A general rule is that caries-free teeth that have been in the mouth for longer than 4 to 6 years or those with shallow wide grooves, need not be sealed.

**8167 Treatment of hypersensitive dentine, per visit**

This is charged once only irrespective of the number of teeth treated per visit. This Code may not be used together with Code 8161.

**8169 Bite Plate for TMJ dysfunction or occlusal guard**

This refers to a removable dental appliance which is designed to minimise the effects of bruxism (clenching and grinding) and other occlusal factors. This Code is not applicable to mouth protectors (Code 8171).

**8170 Minor occlusal adjustment**

This may also be known as equilibration; reshaping occlusal surfaces of teeth or restorations by grinding to create harmonious contact relationships between the upper and lower teeth.

*Not applicable to adjustment of a denture or a restoration fitted or placed as part of a current treatment plan.*

**8182 Root Planing with or without periodontal curettage per quadrant**

A quadrant consists of 7 or 8 teeth.

**8184 Root Planing with or without periodontal curettage per sextant**

A sextant usually comprises 6 teeth or between 4-6 teeth.

If a periodontally compromised patient is to undergo periodontal treatment in the form of *Root Planing* - Codes 8182 and 8184 - it is essential that *certain diagnostic procedures and preliminary treatment must first be carried out*, namely:-

- (1) X-rays are required to evaluate bone level, infra-bony pockets and calculus.
- (2) Periodontal screening (Code 8176) which should include the recording of at least:-
  - (a) Complete pocket charting
  - (b) Plaque index
  - (c) Bleeding index
- (3) A Scaling and Polishing *at a previous appointment prior* to root planing.
- (4) Oral hygiene instructions at a previous appointment and the patient must be recalled to evaluate the instructions.

Once the *periodontally compromised patient* has undergone the above treatment, ideally, the patient should be recalled after approximately one month and a periodontal screening should be carried out again to evaluate the success of the treatment.

When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. The successful long-term control of periodontal disease depends upon active maintenance care through supportive periodontal treatment.

Active periodontal therapy may consist of surgical or non-surgical services or both.

Periodic maintenance treatment following active therapy is not synonymous with a prophylaxis.

**8185 Gingivectomy-gingivoplasty per quadrant and**

**8186 Gingivectomy - gingivoplasty per sextant**

*Gingivectomy is a very old procedure and is no longer a mainstream periodontal procedure.*

**Note:** Scaling and polishing (Code 8159) is usually carried out prior to Code 8185 or Code 8186.

**Oral Surgery (See Rule 011)**

When a professional assistant is used his/her name must appear on the account rendered to the patient and the patient must be informed, beforehand, that an assistant will be used.

**Implants**

NDA does not approve of the re-use of any implant components because of the hazards to the patient.

When an implant fixture is placed for osseointegration, the following is charged:

**Surgery 8194, 8195****Components 8197**

When the fixture is exposed after osseointegration, the following fee is charged:

**Surgery 8198****Components 8197**

(Usually a transmucosal healing abutment)

After the second stage surgery and an appropriate healing period, the abutment components are attached to the fixture, an impression is taken, and the following is charged:

**Components 8197**

(Usually the abutment, Impression Copings, Healing Caps, Abutment Replicas)

The laboratory constructs, to your prescription, a crown made to fit the abutment replica. In doing so the laboratory will also charge, on the laboratory invoice, for components that might have been used, e.g. abutment replicas, gold cylinders and gold screws

When the laboratory work is secured to the abutment for the patient, to complete the restoration, the following is charged:

**Osseo-integrated Abutment Restoration 8193 Laboratory Fee 8099**

**Note:** No fee is levied apart from 8193 and 8099. One can not charge for the particular restoration actually placed, as Code 8193 already includes this fee. Code 8193 is charged and not 8409, 8411 etc.

Where a pre-angulated abutment is placed (to correct alignment of the FIXTURES) this is then charged as 8600 (Implant components).

When a cast coping is custom made in a laboratory to correct alignment of fixtures it is then permissible to charge for 8396 (Cast Coping) or 8587 (Cast Coping: Prosthodontists Schedule) in addition to 8193 and 8099 for the restoration of an Osseointegrated Abutment.

If a bridge is constructed on one or more implant fixtures the pontics are charged for as in conventional crown and bridgework, e.g.

- Sanitary pontic 8420
- Posterior pontic 8422
- Anterior pontic 8424 and the
- Bridge abutments per abutment (8193).

**Removable Implant Prostheses*****First Surgical Stage***

- Surgical placement of implants 8194-8196
- Components 8197

***Second Surgical Stage***

- Surgery and placement of transmucosal element (usually transmucosal abutment) 8198-8199
- Cost of Transmucosal element 8197

In some cases tissue conditioning and soft self-cure interim re-line to denture (8265) may be necessary after the first and second surgical stage.

***Prosthodontic Procedures***

Superstructure, i.e. denture, 8231 or 8232

The metal superstructure of the implant is covered by the charge for the abutment 8193+L (8099).

Laboratory costs (8099) will be incurred at all stages. Components used at all stages will be charged as 8197. Periodic maintenance of implants is charged as 8590 by specialist prosthodontists and as two-thirds of 8590 by general practitioner dentists.

**8209      Surgical removal of a tooth, i.e., raising of a mucoperiosteal flap, removal of bone and suturing**

**Note:** If a tooth fractures during an extraction, leaving the roots behind then Code 8209 is applicable and not Codes 8213 and 8214.

**UNERUPTED OR IMPACTED TEETH**

If an unerupted and impacted canine or premolar were to be removed **in addition** to four unerupted and impacted wisdom teeth then the fees should be rendered as follows:-

|         |                                       |
|---------|---------------------------------------|
| 8210    | First tooth                           |
| 8211    | Second tooth                          |
| 8212x 3 | Third and subsequent teeth, per tooth |

**8213      Surgical removal of residual roots of first tooth and**  
**8214      Surgical removal of residual roots of each subsequent tooth. (See Rule 011)**

***Residual roots are roots in the absence of a crown prior to surgical intervention.*** This procedure requires the raising of a flap, removal of bone and suturing.

**Note:** Codes **8213** and **8214** refer to roots left behind, buried or retained roots lying under the mucosa and detected by radiographs, which are essential for this procedure.

The residual roots would have been there for some time, and should not have resulted at the time of an extraction of a tooth, i.e., this fee cannot be applied when the dentist, at the same appointment, has broken a tooth.

**8220      Use of suture provided by practitioner**

This fee refers to one pack of suture material.

**8221      Local treatment of post-extraction haemorrhage**

This Code is charged for a subsequent visit following an extraction. It may not be charged during the visit for the extraction of that particular tooth.

**8273 Additional fee where one or more impressions are required for Codes 8269, 8270, 8271 and 8846**

This code can be charged *only once* irrespective whether upper and/or lower impressions are taken.

It cannot be used for the taking of impressions for any other procedure.

**8301 Direct Pulp Capping**

Procedures in which the *exposed pulp* is covered with a dressing or cement that protects the pulp and promotes healing and repair.

Only applicable for frank pulp exposure with pinpoint haemorrhage. *Linings in deep cavities are not classed as a direct or indirect pulp cap.*

**8303 Indirect pulp capping where permanent filling is not completed at same visit**

A dressing of Calcium Hydroxide is placed over a thin partition of remaining carious dentine which, if removed, might expose the dental pulp. This dressing protects the pulp from additional injury and permits healing and repair via formation of secondary dentine. The temporary restoration of Zinc Oxide - Eugenol covering the Calcium Hydroxide, is left for 6 weeks. According to the literature (see Massler) a *minimum* period of six weeks should be allowed. When the cavity is examined, all infected dentine must be removed and, if there is any doubt about this, a further period of six weeks should be allowed. Under these conditions, 8303 may again be charged for the *same tooth*.

**8305 Apexification of root canal, per visit**

Apexification is the induction of apical closure and the continued development of an immature tooth in which the pulp is no longer vital. During apexification, as an isolated procedure it could take from months to years for apical closure to occur. The patient is recalled approximately every 4 months for assessment and change of the Calcium Hydroxide dressing.

*Apexogenesis* is physiological root end development and formation. After pulp exposure of an incompletely formed tooth in which the pulp is apparently vital, a pulpotomy or pulp-capping procedure may allow apical closure with deposition of dentine and cementum. The main difference between Apexification and Apexogenesis is that in the former the tooth is non-vital and in the latter the tooth is *vital*. In both Apexification and Apexogenesis the teeth are immature with incompletely formed apices.

**Note:** The Code and fee for both Apexification and Apexogenesis is the same.

**8307 Amputation of pulp (pulpotomy)**

*A pulpotomy cannot be charged together with any other endodontic procedure, such as a preparatory visit or obturation, on the same tooth.*

**8328 to 8330 & 8332 to 8340: Endodontics**

Codes for endodontic procedures for general practitioners are applicable to primary **and** permanent teeth.

Radiographs are essential in endodontic treatment. The use of electronic apex locators should not preclude the taking of pre- and post-operative radiographs.

**Note:** Codes 8336, 8337, 8339 and 8340 refer to root canal therapy on *molars only* and thus these codes may not be used on pre-molars.

**8334 Re-preparation of previously obturated canal, per canal (in the re-treatment of a tooth)**

Endodontic re-treatment would include the removal of old gutta percha, silver points, cements and the cleaning and shaping of all the root canals.

In a re-treatment case the practitioner would charge Code 8334 per canal at the first visit.

If by chance in a molar with 3-4 canals, it was not possible to complete the re-preparation of all the canals at the first visit, then the remaining canals could be charged using Code 8334 at the second visit, i.e. each canal is charged only once.

If the tooth required any further cleaning and shaping, then the practitioner may charge Code 8333 **in a multi-canal tooth** where applicable, at any subsequent visits up to a maximum of four visits **per tooth**.

In re-treatment of a single canal, Code 8334 would be charged at the first visit and Code 8332, where applicable, at any subsequent visits up to a maximum of four visits **per tooth**.

Codes 8332 and 8333 may not be charged together with Code 8334 at the same visit **on the same tooth**.

If a previously undetected root canal was found during the re-treatment of a tooth, Code 8334 can only be charged for the re-preparation of each previously obturated canal and not for the preparation of the undetected (and therefore not previously obturated) canal. If, however, the preparation and the obturation of the undetected canal were completed at the same single visit, then the fee for this undetected canal would be charged under Code 8338 or 8339.

When the obturation of the canal/s is carried out at a subsequent visit, then Codes 8335, 8328, 8336 and 8337 would be used where applicable.

**8371- Ceramic/Resin bonded inlays  
8374 and veneers and**

**8560 Cost of Ceramic Block**

For computer generated inlays it is recommended that laboratory technicians Code 9512 with their Rule 002 be charged as 8099 on the practitioner's account. The cost of material is charged as Code 8560 in accordance with Rule 013. An invoice should be attached indicating that computer technology, e.g. CAD/CAM or CEREC was used and that manufacture did not take place in the dentist's laboratory.

**Note:** If computer generated inlays are manufactured at the chairside, no fee is chargeable for the use of an articulator or models.

**8354 Four-or-more surface acid etch restoration**

Large acid etch restorations carried out on deciduous teeth, particularly under a full course of dental treatment under general anaesthetic, can not be charged out as **8405 - Acrylic Jacket Crowns**.

**8376 Prefabricated post and core**

**NB:** This item is inclusive of pins.

Code 8376 has the same quantum of fee irrespective of the number of posts used. Obviously, this treatment is only possible on a root-treated tooth.

**8396 Cast Coping**

The following **description of Copings** is derived from "*Precision attachments in Prosthodontics: Overdentures and Telescopic Prostheses*", Volume 2, by Harold W Prieskel. Two types are described and both are of cast metal.

1. **Thimble Coping:** May utilise pins for additional retention. Generally used to parallel cavity preparations for bridges and splints. May be similarly used to parallel abutments where implant fixtures are not parallel.
2. **Dome-shaped Coping (with post)** for endodontically treated overdenture abutment teeth.

**8398 Core build-up irrespective of number of pins used**

If a core build-up in amalgam, glass-ionomer or resin is carried out without pin retention, then the respective fee for the plastic restoration only should be charged such as Codes 8344, 8354 or 8370. Code 8398 is then not applicable.

**8405 Acrylic Jacket Crown**

*The crown should be an indirect heat cured crown constructed in the laboratory.* This fee is not applicable to stock plastic crowns or to four-surface Acid Etch Restorations (see 8354).

**Note: Specialists' Fees Rule 009** - General dental practitioners may charge two-thirds of the fees of specialists, *only for treatment that is not listed in the fees for dentists in General Practice and Modifier 8004 must be shown against any such item.*

**8409 – Porcelain jacket crown**

**8607** Codes 8409 and 8607 (Prosthodontists Schedule) include any crowns which do not have a metal base, e.g. Targis Vectris, Inceram etc..

**8411 Porcelain Veneered Crown**

**8609** Codes 8411 and 8609 (Prosthodontists Schedule) apply to any **metal-based** porcelain veneered crowns.

**8529 Provisional crown, which is not placed during routine crown preparation**

A provisional crown does not refer to an interim crown placed after crown preparation and impression taking and pending delivery of the permanent crown.

**8551 Major occlusal adjustment**

Major occlusal adjustment may require several appointments of varying length, and sedation may be necessary to attain adequate relaxation of the musculature. Study models mounted on an adjustable condyle articulator (e.g., Hanau) must be utilised for analysis of occlusal disharmony.

**8560 Cost of ceramic block**

Code 8560 is for the cost of the ceramic block only and does not include the cost of any materials, models, articulators etc.

**8721 Occlusal adjustment per visit**

Codes 8553 and 8721 are not applicable to adjustments of a denture or of a restoration fitted or placed as part of a current treatment plan.

**8592 Osseo-integrated abutment, per abutment (see corresponding codes 8193 to 8197 on pages 8 and 9)**

It is not permissible to charge an additional amount e.g. Code 8411 - Porcelain Jacket Crown, as well as Code 8592. The plastic (composite) acid etch restoration used to cover the screw of the implant can be charged as an additional one surface acid etch restoration Code 8351 or 8367. If fixed bridgework is performed, the crown over the implant is considered the abutment.

**8637 Hemisection of a tooth or resection of root and****8765 Hemisection of a tooth/resection of a root apicectomy including retrograde filling where necessary, but excluding endodontics (as an isolated procedure)**

Hemisection includes separation of a multirooted tooth into separate sections containing the root and overlying portion of the crown. It may also include the surgical removal of one or more of those sections.

**8756 Flap operation with bone removal to increase clinical length of a single tooth (as an isolated procedure).**

This is a surgical procedure exposing more tooth for restorative purposes by apically positioning the gingival margin and removing supporting bone.

**Note:** Electro-surgery at the time of crown preparation and impression taking with cord retraction, cannot be charged as a crown lengthening procedure.

**8763 Wedge resection (as an isolated procedure)**

Wedge resection is a periodontal procedure to reduce the bulky retromolar tissue forming the distal wall of a pocket. This could be distal to either a wisdom tooth or to a second molar upper or lower.

**Note:** The use of electro-surgery or cautery on its own does not constitute a fee for this procedure.

**ORTHODONTIC FEES: GENERAL DENTAL PRACTITIONERS**

There is often confusion with regard to the selection of Codes and rendering of accounts for orthodontic treatment by general practitioners. Attention is drawn to the following:-

1. Where an account refers to **orthodontic services**, a statement containing the following information shall accompany the first account to the patient:-
  - (a) the code number of the envisaged treatment;
  - (b) a plan of treatment indicating the following:-
    - (i) the total tariff that would be charged by the practitioner for the treatment;
    - (ii) the duration of treatment;
    - (iii) the initial primary tariff payable by the member;
    - (iv) the monthly tariff to be paid by the member.
2. As there are no specific codes for orthodontic treatment in the General Practitioners' section of the National Schedule of Fees or in the Scale of Benefits, the General Practitioner must refer to the Specialist Orthodontists Schedule. The codes for the treatment must be quoted together with the Modifier **8004** (refer to Rules **009** and **011**). This denotes that a General Practitioner is delivering the treatment and



the fee is calculated as up to two-thirds of the appropriate specialist fee. Where "L" is denoted this can be added on to the two-thirds fee. If "L" is not denoted then this is incorporated in the appropriate two-thirds fee and *cannot be added to the account*.

3. The fee for **Corrective Therapy** (i.e. Codes **8861 to 8888**) is a *fully inclusive fee and no additional fees* may be charged for additional visits (Code **8803**) until the treatment is completed.

4. **Removable Appliance Therapy (8862 & 8863)**

Removable appliance therapy indicates that the patient is able to remove and replace the appliance *at will*.

Codes 8862-8863 are usually reserved for simple minor tooth movement and treatment would not normally extend over a longer period of time. **No** additional charges can be made for adjustment.

5. **Functional Appliances**

Functional appliance therapy is classified under code 8858 and is only very rarely not followed by full fixed appliance therapy. Functional appliances are usually used as a first step in order to simplify the second stage of full fixed appliance treatment.

The fee charged for the functional appliance is deducted from the full fixed appliance fee and the remainder then becomes the fee charged for the second stage of the full fixed appliance therapy.

6. **Fixed Appliance Therapy**

Fixed appliance therapy indicates that the appliance is fixed and cannot be removed by the patient at will.

All malocclusion codes listed under Fixed Appliance Therapy, i.e. 8865-8888, will invariably require, for the correction of the respective malocclusion, fixed appliances as the major component of appliance therapy *No laboratory fees* are charged for Codes 8861 and 8865 to 8888.

**NB:** *These codes cannot be used for removable appliance therapy.*

Some of the features that merit consideration and require full fixed appliances for their correction are:

- (a) Class II and Class III skeletal relationships.
- (b) Vertical discrepancies such as excessive anterior facial height, or reduced anterior facial height.
- (c) Profile changes such as excessive protrusion and retrusion of the lips.
- (d) Dental malalignment such as overjet and overbite, correction, individual rotation and angulation, and the correct relationship of the maxillary and mandibular dental arches to each other.
- (e) The stability of the final result.

To further assist the General Practitioner in the interpretation of the Orthodontic Schedule, please note the following:-

### **Payment**

For fixed appliance therapy the fee payment arrangements are usually as follows:-

- (a) The practitioner decides upon a fee and the appropriate treatment code.
- (b) An initial fee is deducted from the total and the balance is reduced on a monthly basis over the estimated treatment time.