

Code	2011 Price	2012 Price	Description	Rules	Pr Type 054	Pr Type 062	Pr Type 064	Pr Type 092	Pr Type 093	Pr Type 094	Pr Type 095	Pr Type 098	Hospital	Foundation	Progressive Flex	Progressive Saver	Prestige
8001			Assistant surgeon - specialist (1/3 of the appropriate benefit)			x											
8006			Multiple surgical procedures - third and subsequent procedures (50% of the appropriate benefit)			x											
8007			Assistant surgeon - general dental practitioner (15% of the appropriate benefit)		x												
8008			Emergency surgery - after hours (PLUS 25% of the appropriate benefit)		x	x											
8009			Multiple surgical procedures - second procedure (75% of the appropriate benefit)			x											
8099			Dental laboratory service	Detailed Lab Account must be supplied with Clinical tariff.									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8101	147.78	156.65	Oral Examination	Cannot go together with code 8104, 8129, 8189, 8190; 8140 cannot be charged with 8101, if patient older than 7 years; Payable once in 6 months per patient, irrespective of provider involved; Max 2 per patient per year	x	x	x	x	x	x	x		No Benefit	Dental Anaesthetics in Rooms -	Dentistry - Annual Checks -	Saver Benefit	Consultations -
8102	238.65	252.96	Comprehensive oral examination - GDP	Exclusion	x				x		x		No Benefit	Dental Anaesthetics in Rooms -	Dentistry - Annual Checks -	Saver Benefit	Consultations -
8104	71.62	75.91	Limited oral examination - GDP	Cannot follow 8101, within a four (4) week period	x	x	x	x	x	x	x		No Benefit	Dentistry - Emergency Consultations -	Dentistry - Emergency Consultations -	Saver Benefit	Dentistry - Emergency Consultations -
8106	151.75	160.85	Special report	Exclusion	x	x	x	x	x	x	x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8107	59.84	63.43	Intraoral radiograph - periapical	Maximum of 8 per patient per year.	x	x	x	x	x	x	x		No Benefit	X-Rays - Internal -	X-Rays - Internal -	Saver Benefit	X-Rays - Internal -
8108	463.06	490.84	Intraoral radiographs - complete series	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8109	13.30	14.09	Infection control/barrier techniques	Maximum of 2 per patient per day; Not to be charged with code 8140	x	x	x	x	x	x	x		No Benefit	Preventative	Preventative	Saver Benefit	Preventative
8110	34.29	36.35	Sterilized instrumentation	Maximum one (1x) per visit, per dependant; Not applicable for procedures done in theatre (8140); Network dentists to give declaration for code to be paid.	x	x	x	x	x				No Benefit	Preventative	Preventative	Saver Benefit	Preventative
8111		0.00	Dental testimony	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8112	59.84	63.43	Intraoral radiograph - bitewing	Cannot be charged with 8108; May not follow 8108; Maximum of 4 per patient per year; May be charged with 8107	x	x	x	x	x	x			No Benefit	X-Rays - Internal -	X-Rays - Internal -	Saver Benefit	X-Rays - Internal -
8113	102.99	109.17	Intraoral radiograph - occlusal	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8114		0.00	Extraoral radiograph - hand-wrist	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8115	239.11	253.46	Extraoral radiograph - panoramic	Maximum of 1 per annum per beneficiary	x	x	x	x	x	x			No Benefit	X-Rays - External	X-Rays - External	Saver Benefit	X-Rays - External
8116	239.11	253.46	Extraoral radiograph - cephalometric	Prestige only	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	Specialised Dentistry	Orthodontics -
8117	64.27	68.12	Diagnostic models	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8118		0.00	Extraoral radiograph - skull/facial bone	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8119	161.66	171.36	Diagnostic models mounted	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8120		0.00	Treatment plan completed	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8121	64.27	68.12	Oral and/or facial image (digital/conventional)	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8122		0.00	Microbiological studies	Exclusion	x	x							No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8123	66.83	70.84	Caries susceptibility tests (By Arrangement)	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8124	17.61	18.67	Pulp tests	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8129	222.55	235.90	After hours visit - GP	Exclusion					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8131	184.99	196.09	Emergency dental treatment	Tooth numbers required once per treatment date; No other tariff/item can be charged on the same tooth, on the same service date.	x				x	x			No Benefit	Emergency Consultations -	Emergency Consultations -	Saver Benefit	Emergency Consultations -
8132	148.37	157.27	Pulp removal (pulpectomy)	Tooth number required	x								No Benefit	Dentistry - Root Canal Therapy -	Dentistry - Root Canal Therapy -	Saver Benefit	Dentistry - Root Canal Therapy -
8133	115.12	122.03	Recement inlay, onlay, crown or veneer	Tooth numbers required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	SD- Crown
8135	180.56	191.39	Remove inlay, onlay or crown	Tooth numbers required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -

8136	80.83	85.68	Access through a prosthetic crown or inlay to facilitate root canal treatment	Tooth numbers required;Should be accompanied by endo codes ie 8132/8334	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8137	311.20	329.87	Emergency crown (chair-side)	Only for Prestige Option; Tooth numbers required; Lab fees will be excluded;No other codes on same tooth on same day	x				x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8138	118.51	125.62	Remove retention post (prefabricated or cast)	Tooth number required	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8139		0.00	Appointment not kept /30min	Exclusion	x	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8140	147.32	156.16	House/Hospital call - GP and Oral medicine		x				x				No Benefit	Dentistry - Fillings -	Dental Treatment in Hospital-	Dental Hospitalisation and Anaesthetics -	Dental Hospitalisation and Anaesthetics -
8141	66.48	70.47	Inhalation sedation - first 15 minutes or part thereof	Not to be claimed with code 8140; Pre-auth needed									No Benefit	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -
8143	34.29	36.35	Inhalation sedation - each addnl 15 minutes	Charged per 15 minutes; Not to be claimed with code 8140; Pre-auth needed									No Benefit	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -
8144	39.89	42.28	Intravenous sedation	Not to be claimed with code 8140; Pre-auth needed									No Benefit	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -
8145	57.62	61.08	Local anaesthetic - per visit	Maximum one (1x) per visit per patient irrespective of procedure(s) and quadrants involved; Not to be claimed with code 8140	x	x	x	x	x	x	x		No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8146		0.00	Resin bonding for restorations	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8147	141.83	150.34	Monitoring equipment for intravenous sedation	Charged once (1x) only - either by dentist or anaesthetist;Must be accompanied by 8144									No Benefit	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -	Dental Anaesthetics in Rooms -
8149		0.00	Nutritional counselling	Exclusion	x				x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8150		0.00	Tobacco counselling	Exclusion	x				x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8151	181.61	192.50	Oral hygiene instruction	Exclusion	x				x	x	x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8153	87.48	92.73	Oral hygiene instruction - each additional visit	Exclusion	x				x	x	x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8155	125.04	132.54	Polishing - complete dentition	Not with code 8159 or 8160 on same service date; Only on children below 12 years; Max 2 per beneficiary per year	x				x	x	x		No Benefit	Dentistry - Preventative -	Dentistry - Preventative -	Saver Benefit	Preventative -
8157	90.75	96.19	Re-burnishing and polishing of restorations - complete dentition	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8158	83.05	88.03	Enamel microabrasion	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8159	251.48	266.56	Prophylaxis - complete dentition	Only on patients older than 12 years; Cannot be charged with code 8155 or 8160 on same service date; Max once (1x) per 6 months; Max 2 per beneficiary per year	x				x	x	x		No Benefit	Dentistry - Preventative -	Dentistry - Preventative -	Saver Benefit	Preventative -
8160		0.00	Removal of gross calculus	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8161	90.75	96.19	Topical application of fluoride - child	Not to be done on children above the age of 12 years; Not with code 8167 on same service date; Maximum of 2 per beneficiary per per year; Cannot be charged together with 8140 and surgical periodontal tariff codes	x				x	x	x		No Benefit	Dentistry - Preventative -	Dentistry - Preventative -	Saver Benefit	Preventative -
8162	90.75	96.19	Topical application of fluoride - adult	Exclusion	x				x	x	x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8163	59.84	63.43	Dental sealant	Tooth number required; Tooth numbers 54;55;84;85;65;64;74;75;16;17;26;27;36;37;46;47; Only on children under the age of 16	x					x	x		No Benefit	Dentistry - Preventative -	Dentistry - Preventative -	Saver Benefit	Preventative -
8165	90.75	96.19	Sedative filling	Temporary fillings. Tooth numbers required; No other procedure, per tooth at the same visit, to be claimed; Reject if claimed as part of endodontic treatment; Tooth numbers 54;55;84;85;65;64;74;75;16;17;26;27;36;37;46;47; Only on children under the age of 16	x					x			No Benefit	Dentistry - Preventative -	Dentistry - Preventative -	Saver Benefit	Preventative -
8166	59.84	63.43	Application of desensitising resin, per tooth	Exclusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8167	69.75	73.94	Application of desensitising medicament, per visit	Exclusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8168		0.00	Behavior management	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8169	348.75	369.68	Occlusal guard	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

8171	105.56	111.89	Mouth guard (By Arrangement)	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8172		0.00	Cost of orthotic appliance	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8173	168.43	178.53	Space maintainer - fixed, per abutment	Prestige only - Motivation required; Tooth number required	x								No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8175	217.07	230.09	Space maintainer - removable	Prestige only - Motivation required	x								No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8176	124.45	131.92	Periodontal screening - GDP	Only for Prestige Option; Not with code 8102 on the same service date; Must follow 8101, 8104; Max 2 per patient per year	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -	
8177	137.40	145.65	Oral hygiene instruction (periodontally compromised patient)	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8178	74.18	78.63	Oral hygiene instruction - each additional visit (periodontally compromised patient)	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8179	104.16	110.41	Polishing - complete dentition (periodontally compromised patient)	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8180	193.74	205.36	Prophylaxis - complete dentition (periodontally compromised patient)	Non surgical procedures only	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -	
8183	39.89	42.28	Therapeutic drug injection	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8189	71.62	75.91	Re-examination, existing condition - GDP	Exclusion	x				x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8190		0.00	Consultation - GDP (New Code)	Exclusion	x				x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8192	447.43	474.28	Suture - minor	Exclusion	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8201	136.12	144.29	Extraction - tooth or exposed tooth roots (first per quadrant)	Maximum of four (4) (1x per quadrant)(not on same day if not accompanied by 8140); Tooth numbers required; Max 3 per patient per year	x		x			x			No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	Saver Benefit	Extractions -	
8202	54.82	58.11	Extraction - each additional tooth or exposed tooth roots	Must follow 8201; Tooth numbers required; Max 3 per patient per year	x		x			x			No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	Saver Benefit	Extractions -	
8213	392.14	415.67	Surgical removal of residual roots, first tooth - per tooth	Tooth numbers required; This code is charged per tooth, not per root; Requires mucoperiosteal flap elevation and bone removal; Charged with 8220; Only in rooms; Max 3 per patient per year	x		x			x		x		No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	Saver Benefit	Extractions -
8214	302.33	320.47	Surgical removal of residual roots, second and subsequent teeth's roots	Tooth numbers required; This code is charged per tooth, not per root; Requires mucoperiosteal flap elevation and bone removal; Charged with 8220; Only in rooms; Max 3 per patient per year	x								No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	Saver Benefit	Extractions -	
8220		0.00	Cost of suture material	Cannot be claimed with code 8140; Must be charged with surgical procedures	x		x	x	x	x	x		No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	Saver Benefit	Extractions -	
8231	3056.67	3,240.07	Complete dentures - maxillary and mandibular	Maximum of 1 every 4 years; Can not be charged with code 8667; Lab required	x						x		No Benefit	Dentistry - Plastic Dentures -	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8232	2138.59	2,266.91	Complete denture - maxillary or mandibular	Maximum of 2 claimed every 48 month period; Can not be charged with code 8667; Lab required; dentures once in 4 years.	x						x		No Benefit	Dentistry - Plastic Dentures -	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8233	419.67	444.85	Partial denture - resin base - one tooth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; Prestige only	x								No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8234	419.67	444.85	Partial denture - resin base - two teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x								No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8235	627.99	665.67	Partial denture - resin base - three teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x								No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8236	627.99	665.67	Partial denture - resin base - four teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x								No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	
8237	627.99	665.67	Partial denture - resin base - five teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x								No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -	

8238	832.93	882.90	Partial denture - resin base - six teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x							No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8239	832.93	882.90	Partial denture - resin base - seven teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x							No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8240	832.93	882.90	Partial denture - resin base - eight teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required; lab required	x							No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8241	832.93	882.90	Partial denture - resin base - nine or more teeth	Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Tooth numbers required;	x							No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8244	1353.96	1,435.19	Immediate denture - maxillary	Maximum of 1 claimed for life; Not applicable to partial dentures; Lab required.	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8245	1353.96	1,435.19	Immediate denture - mandibular	Maximum of 1 claimed for life; Not applicable to partial dentures; Lab required.	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8251	83.05	88.03	Clasp or rest - cast gold	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8253	83.05	88.03	Clasp or rest - wrought gold	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8255	87.48	92.73	Clasp or rest - stainless steel	Must follow 8233,8234,8235,8236,8237,8238,8239,8240,8241,8281	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8257	102.99	109.17	Bar - lingual or palatal	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8259	493.85	523.48	Rebase complete or partial denture (laboratory)	Maximum of two (2) may be charged (1x upper and 1x lower) Once per denture	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8261	549.37	582.34	Remodel complete or partial denture	Cannot be charged on same service date of new dentures' delivery. Once per denture	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8263	271.30	287.58	Reline complete or partial denture (chair-side)	No lab . Once per denture	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8265	181.61	192.50	Tissues conditioning per arch (including soft self-cure reline)	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8267	499.57	529.54	Soft base reline per denture (heat cured)	Not to be charged on same service date dentures' delivery Not concurrently with codes 8231 to 8241. Lab fees required	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8269	123.99	131.43	Repair denture or other intra-oral appliance	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8270	83.05	88.03	Add clasp to existing partial denture	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8271	83.05	88.03	Add tooth to existing partial denture	One or more teeth. May be reported in addition to code 8269 or 8273	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8273	66.48	70.47	Impression to repair or modify a denture or other intra-oral appliance	Exclusion	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8275	66.48	70.47	Adjust complete or partial denture	Exclusion	x				x			No Benefit	No Benefit	Dentistry - Plastic Dentures -	Saver Benefit	Dentistry - Plastic Dentures -
8277		0.00	Inlay in denture	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8281	979.08	1,037.82	Partial denture - cast metal framework only	Cannot be claimed with 8231 or 8232; 8251, 8253, 8255, 8257 cannot be claimed together with 8281; Dentures once in 4 years. All dentures need pre-auth if charged with tariff 8281; Prestige / Progressive Lab required								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Partial Metal Frame Dentures -
8301	120.72	127.97	Pulp cap - direct	Exclusion	x							No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8303	120.72	127.97	Pulp cap - indirect	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8304	70.92	75.17	Rubber dam per arch	Exclusion	x							No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8306		0.00	Cost of MTA	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8307	118.51	125.62	Pulp amputation (pulpotomy)	Not together with 8132; 8332;8333;8335;8328;8336;8337;8338; 8329;8339;8340; Tooth number required(primary teeth)	x							No Benefit	Dentistry - Root Canal Therapy -	Dentistry - Root Canal Therapy -	Saver Benefit	Root Canal Therapy -
8308		0.00	External bleaching - per arch	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8309		0.00	Home bleaching - instructions and applicator	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8310		0.00	Supply of bleaching materials	Exclusion	x							No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8311		0.00	Home bleaching - subsequent visit	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8325	322.39	341.74	Internal bleaching - per tooth	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

8350	393.89	417.53	Resin crown - anterior primary tooth (direct)	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8351	198.17	210.06	Resin - one surface, anterior	Anterior tooth only(11,12,13,21,22,23,31,32,33,41,42,43); Tooth numbers required; Pre Authorisation required for more than 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8352	249.26	264.22	Resin - two surfaces, anterior	Applicable per restoration (max two); Tooth number 1-3; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8353	297.90	315.77	Resin - three surfaces, anterior	Applicable per restoration (max two); Tooth number 1-3; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8354	332.31	352.25	Resin - four or more surfaces, anterior	Application per restoration (max two); Tooth numbers 1-3; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8355	314.58	333.45	Veneer - resin (chair-side)	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8357	184.99	196.09	Prefabricated metal crown	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8361	543.78	576.40	Inlay - metal - one surface	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8362	788.49	835.80	Inlay/onlay - metal - two surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8363	1222.62	1,295.98	Inlay/onlay - metal - three surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8364	1222.62	1,295.98	Inlay/onlay - metal - four or more surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8366	181.61	192.50	Pin retention as part of cast restoration (any number of pins)	Tooth numbers required	x					x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8367	214.85	227.74	Resin - one surface, posterior	Applicable once only, per tooth; Tooth numbers 4-8; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8368	265.82	281.77	Resin - two surfaces, posterior	Applicable once only, per tooth; Tooth numbers 4-8; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8369	321.23	340.50	Resin - three surfaces, posterior	Applicable once only, per tooth; Tooth numbers 4-8; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8370	345.49	366.22	Resin - four or more surfaces, posterior	Applicable once only, per tooth; Tooth numbers 4-8; Tooth numbers required; Max 3 per beneficiary per year	x					x				No Benefit	Dentistry - Fillings -	Dentistry - Fillings -	Saver Benefit	Fillings -
8371	656.80	696.21	Inlay - porcelain - one surface	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8372	945.83	1,002.58	Inlay/onlay - porcelain - two surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8373	1469.66	1,557.84	Inlay/onlay - porcelain - three surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8374	1469.66	1,557.84	Inlay/onlay - porcelain - four or more surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8375	184.99	196.09	Prefabricated resin crown	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8376	493.85	523.48	Core build-up with prefabricated posts	Tooth numbers required	x					x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8379		0.00	Cost of prefabricated posts	Tooth number required	x									No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8381	656.80	696.21	Inlay - resin - one surface	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8382	945.83	1,002.58	Inlay/onlay - resin - two surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8383	1469.66	1,557.84	Inlay/onlay - resin - three surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8384	1469.66	1,557.84	Inlay/onlay - resin - four or more surfaces	Excusion	x					x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8391	208.32	220.82	Cast core with single post	Tooth number required; Lab fees required	x									No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8392	123.99	131.43	Cast post (each additional)	Must follow 8391; Tooth number required	x									No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8397	431.92	457.83	Cast core with pins (any number of pins)	Tooth numbers required	x					x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8398	403.11	427.29	Core build-up with or without pins	Tooth numbers required	x					x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -

8415	846.11	896.87	Pontic - porcelain/ceramic	Tooth numbers required; Not on tooth numbers 17;27;37;47 Lab required Limitation per option	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8416	672.20	712.53	Pontic - cast metal	Tooth numbers required; Not on tooth numbers 17;27;37;47 Lab required	x								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8417	846.11	896.87	Pontic - resin with metal	Tooth numbers required; Not on tooth numbers 17;27;37;47 Lab required	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8418	846.11	896.87	Pontic - porcelain fused to metal	Tooth numbers required; Not on tooth numbers 17;27;37;47 Lab required	x								No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8419	302.33	320.47	Provisional pontic	Tooth numbers required; Not on tooth numbers 17;27;37;47 Lab required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8432	788.49	835.80	Inlay/onlay retainer - metal - two surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8433	1222.62	1,295.98	Inlay/onlay retainer - metal - three surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8434	1222.62	1,295.98	Inlay/onlay retainer - metal - four or more surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8436	945.83	1,002.58	Inlay/onlay retainer - porcelain - two surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8437	1469.66	1,557.84	Inlay/onlay retainer - porcelain - three surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8438	1469.66	1,557.84	Inlay/onlay retainer - porcelain - four or more surfaces	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8441	1526.12	1,617.68	Crown retainer - full cast metal	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8442	1526.12	1,617.68	Crown retainer - 3/4 cast metal	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8443	1526.12	1,617.68	Crown retainer - porcelain/ceramic	Tooth numbers required; Can be charged on all teeth(permanent); Only 2 crowns per family per year Lab required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8444	1526.12	1,617.68	Crown retainer - 3/4 porcelain/ceramic	Tooth numbers required; Can be charged on posterior teeth; Only 2 crowns per family per year	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8445	1526.12	1,617.68	Crown retainer - porcelain with metal	Tooth numbers required; Lab required (9505); Can be charged on all teeth(permanent); Only 2 crowns per family per year	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8446	1526.12	1,617.68	Crown retainer - resin with metal	Tooth numbers required; Can be charged on all teeth; Only 2 crowns per family per year	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8447	302.33	320.47	Provisional crown retainer	Tooth numbers required; Cannot be charged as part of bridge preparation, Only 2 crowns per family per year	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8499		0.00	General anaesthetic	Excusion	x		x			x			No Benefit	No Benefit			No Benefit
8501	188.26	199.55	Consultation - Prosthodontis							x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8503	302.33	320.47	Occlusion analysis mounted	Excusion	x					x			No Benefit	No Benefit			No Benefit
8505	438.57	464.88	Pantographic recording	Excusion	x					x			No Benefit	No Benefit			No Benefit
8506	492.80	522.37	Detailed consultation - Prosthodontist							x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8507	302.33	320.47	Comprehensive consultation - Prosthodontist							x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8508	469.59	497.77	Electrognathographic recording	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8509	779.62	826.40	Electrognathographic recording with computer analysis	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8514	115.12	122.03	Recement bridge	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8516	180.56	191.39	Remove bridge	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8517	314.58	333.45	Reimplantation of avulsed tooth (include stabilisation)	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8518	201.44	213.52	Repair bridge	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8533	2440.93	2,587.38	Implant supported removable complete overdenture	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8534	1952.67	2,069.83	Implant supported removable partial overdenture	Excusion	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8536	1779.69	1,886.47	Crown - implant/abutment supported - porcelain/ceramic	Tooth numbers required; Not to be charged with code 8411; Only 2 crowns per family per year Lab required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -
8537	1779.69	1,886.47	Crown - implant/abutment supported - porcelain with metal	Tooth numbers required; Not to be charged with code 8411; Only 2 crowns per family per year Lab required	x					x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Crowns -

8649	2440.93	2,587.38	Complete denture - maxillary or mandibular (with complications)	Maximum of 1 every 4 years						x			No Benefit	Dentistry - Plastic Dentures -	Dentistry - Plastic Dentures -	saver Benefit	Plastic Dentures -
8651	2745.47	2,910.20	Complete denture - maxillary or mandibular (with major complications)	Maximum of 1 every 4 years						x			No Benefit	Dentistry - Plastic Dentures -	Dentistry - Plastic Dentures -	saver Benefit	Plastic Dentures -
8652	2440.93	2,587.38	Overdenture - complete	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8653	1952.67	2,069.83	Overdenture - partial	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8654	2745.47	2,910.20	Implant supported fixed-detachable complete overdenture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8655	1881.29	1,994.16	Implant supported fixed-detachable partial overdenture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8657	123.99	131.43	Replacement of precision attachment	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8658	1353.84	1,435.07	Interim complete denture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8659	1083.12	1,148.11	Interim partial denture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8660	252.53	267.68	Additional fee to implant supported fixed detachable denture - per implant	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8661	2440.93	2,587.38	Diagnostic dentures (including tissue conditioning)	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8662	352.25	373.39	Adjust complete or partial dentures (remounting)	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8663	735.42	779.54	Metal base to complete denture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8664	368.00	390.08	Remount crown or bridge for prosthetics	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8667	735.42	779.54	Soft base to denture (heat cured)	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8671	2440.93	2,587.38	Partial denture - cast metal framework with resin denture base	Cannot be claimed with 8231 or 8232; 8251, 8253, 8255, 8257 cannot be claimed together with 8281						x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Partial Metal Frame Dentures -
8672	94.25	99.90	Altered cast technique (in addition to partial denture)	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8674	1107.50	1,173.95	Additive partial denture	Excision	x					x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8701	188.26	199.55	Consultation - periodontist	Max 2 per patient per year; Only for Prestige Option				x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8703	492.80	522.37	Consultation - Periodontist (detailed)	Max 2 per patient per year; Only for Prestige Option				x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8705	147.32	156.16	Re-examination - Periodontist	Max 2 per patient per year; Only for Prestige Option				x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8707	147.32	156.16	Periodontal screening - Periodontist	Max 2 per patient per year; Only for Prestige Option				x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8723	252.53	267.68	Provisional splinting - extracoronal (wire) per sextant		x			x		x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8725	366.60	388.60	Provisional splinting - extracoronal (wire plus resin) - per sextant		x			x		x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8727	115.12	122.03	Provisional splinting - intracoronal - per tooth	Tooth number required Per tooth Include amalgam or resin	x			x		x			No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8731	217.07	230.09	Incision & drainage of abscess - intra-oral	Max 3 per patient per year; Tooth number required	x			x					No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Consultations -
8737	492.80	522.37	Root planing - four or more teeth per quadrant	Maximum four (4x) on new treatment; Must follow 8102, 8176, 8159, 8180, 8170; May only be charged once in 24 months;	x			x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8739	393.19	416.79	Root planing - one to three teeth per quadrant	Must follow 8102, 8176, 8159, 8180, 8170; Maximum of four (4) per treatment; May only be charged once in 24 months; To be referred to a specialist after the prescribed period and no improvement with regular 8159, 8180	x			x					No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8741	650.15	689.16	Gingivectomy/gingivoplasty - four or more teeth per quadrant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8743	516.13	547.10	Gingivectomy or gingivoplasty - one to three teeth per quadrant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8749	1476.31	1,564.89	Flap procedure, root planing and one to three surgical services - per quadrant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8751	1222.62	1,295.98	Flap procedure, root planing and one to three surgical services - per sextant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8753	1829.62	1,939.39	Flap procedure, root planing and four or more surgical services - per quadrant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8755	1482.96	1,571.94	Flap procedure, root planing and four or more surgical services - per sextant	Excision	x			x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

8756	899.18	953.13	Clinical crown lengthening (isolated procedure)	Exclusion	x			x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8759	675.58	716.11	Pedicle flapped graft (isolated procedure)	Exclusion	x			x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8761	734.25	778.30	Masticatory mucosal autograft - one to four teeth (isolated procedure)	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8762	1103.06	1,169.25	Masticatory mucosal autograft - four or more teeth (isolated procedure)	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8763	431.92	457.83	Wedge resection (isolated procedure)	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8765	593.58	629.20	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	Excusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8766	353.30	374.50	Bone regeneration/repair procedure - as part of a flap operation	Exclusion	x				x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8767	915.97	970.93	Bone regeneration/repair procedure - at a single site	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8768	431.92	457.83	Unlisted periodontal procedure	Exclusion	x			x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8769	431.92	457.83	Membrane removal (used for guided tissue regeneration)	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8770		0.00	Cost of bone regenerative/repair material	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8772	742.06	786.59	Submucosal connective tissue autograft (isolated procedure)	Exclusion	x	x			x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8773		0.00	Cost of intrapocket chemotherapeutic agent	Exclusion	x			x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8781	147.32	156.16	Consultation - Oral medicine (simple)	Max 2 per patient per year				x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8782	259.17	274.72	Consultation - Oral medicine (complex)	Max 2 per patient per year				x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8783	109.64	116.22	Consultation - Oral medicine (subsequent)	Max 2 per patient per year				x				No Benefit	No Benefit	Specialised Dentistry -	Specialised Dentistry -	Specialised Dentistry -
8787	155.01	164.32	Unlisted oral medicine procedure	Exclusion	x			x				No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8801	188.26	199.55	Consultation - Orthodontist	Only patients under 18 years; Ony 1 family may start per beneficiary year				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8803	109.64	116.22	Consultation - Orthodontis (subsequent, retention and post treatment)	Only patients under 18 years; Ony 1 family may start per beneficiary year				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8811	27.76	29.43	Tracing and analysis of extra-oral film	Only patients under 18 years; Ony 1 family may start per beneficiary year	x	x	x	x	x			No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8837	87.48	92.73	Diagnosis and treatment planning - Orthodontist	Only patients under 18 years; Ony 1 family may start per beneficiary year				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8839	184.99	196.09	Diagnostic setup (orthodontics)	Only patients under 18 years; Ony 1 family may start per beneficiary year	x			x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8840	637.90	676.18	Treatment planning for orthognathic surgery - ALL	Exclusion			x					No Benefit	No Benefit		No Benefit	
8841	9860.05	10,451.65	Ortho Tx - fixed lingual appliance - one arch	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x			x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8842	11587.72	12,282.98	Ortho Tx - fixed lingual appliance - one arch, modeate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x			x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8843	13202.48	13,994.63	Ortho Tx - fixed lingual appliance - one arch, severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x			x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8846	125.04	132.54	Repair orthodontic appliance - removable	Exclusion								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8847	431.92	457.83	Replace orthodontic appliance - removable	Exclusion								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8848	184.99	196.09	Repair orthodontic appliance - fixed	Exclusion								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8849	431.92	457.83	Retainer (orthodontic)	Exclusion								No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8850	208.32	220.82	Treatment of MPDS - first visit	Exclusion	x			x		x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8851	109.64	116.22	Treatment of MPDS - subsequent visit	Exclusion	x			x		x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8852	459.56	487.14	Occlusal orthotic appliance	Exclusion	x	x	x	x	x			No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8855	252.53	267.68	Consultation - cleft palate therapy (house or hospital)	Pmb	x			x		x		Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation

8856	123.99	131.43	Consultation - cleft palate (subsequent)	Pmb	x				x				Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation
8857	862.67	914.43	Consultation - cleft palate (maximum)	Pmb	x				x				Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation
8858	2751.07	2,916.14	Ortho Tx - functional appliance	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8861	1829.62	1,939.39	Ortho Tx - partial fixed appliance - minor	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8862	1527.17	1,618.80	Ortho Tx - removable appliance	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8863	767.49	813.54	Ortho Tx - each additional removable appliance	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8865	4880.68	5,173.53	Ortho Tx - partial fixed appliance - one arch	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8866	6712.52	7,115.27	Ortho Tx - partial fixed appliance - both arches	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8867	5246.23	5,561.01	Ortho Tx - fixed appliance - one arch	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8868	6471.07	6,859.33	Ortho Tx - fixed appliance - one arch, moderate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8869	7568.65	8,022.77	Ortho Tx - fixed appliance - one arch, severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8873	9600.87	10,176.92	Ortho Tx - fixed appliance - both arches, Class 1 mild	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8874	18809.83	19,938.42	Ortho Tx - fixed lingual appliance - both arches, Class 1 mild	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8875	11785.89	12,493.04	Ortho Tx - fixed appliance - both arches, Class 1 moderate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8876	22022.68	23,344.04	Ortho Tx - fixed lingual appliance - both arches, Class 1 moderate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8877	13739.61	14,563.99	Ortho Tx - fixed appliance - both arches, Class 1 severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8878	24992.92	26,492.49	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8879	15440.69	16,367.13	Ortho Tx - fixed appliance - both arches, Class 1 severe w/complications	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -
8880	27731.74	29,395.65	Ortho Tx - fixed lingual appliance - both arches, Class 1 severe w/ complications	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x				x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -

8881	13739.61	14,563.99	Ortho Tx - fixed appliance - both arches, Class 2/3 mild	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8882	22958.37	24,335.87	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 mild	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8883	15440.69	16,367.13	Ortho Tx - fixed appliance - both arches, Class 2/3 moderate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8884	25682.84	27,223.82	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 moderate	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8885	17333.52	18,373.53	Ortho Tx - fixed appliance - both arches, Class 2/3 severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8886	28604.44	30,320.71	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8887	19529.62	20,701.40	Ortho Tx - fixed appliance - both arches, Class 2/3 severe w/ complications	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8888	31828.37	33,738.08	Ortho Tx - fixed lingual appliance - both arches, Class 2/3 severe w/ complications	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8890	0.00		Monthly instalment ortho tx	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8891	0.00		Orthodontic transfer	Only patients under 18 years; Ony 1 family may start per beneficiary year. Treatment plan must be pre authorised	x									No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8892	0.00		Orthodontic re-treatment	Exclusion	x									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8901	188.26	199.55	Consultation - MFOS	Max 2 per patient per year										No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8902	492.80	522.37	Consultation - MFOS (detailed)	Max 2 per patient per year										No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8903	164.93	174.82	House/Hosp/Nursing home consultation - MFOS											No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8904	109.64	116.22	House/Hosp/Nursing home consultation (subsequent) - MFOS											No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Orthodontics -	
8905	241.56	256.06	After regularly hours consultation - MFOS	Emergency Only										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8907	274.57	291.04	House/Hosp/Nursing home consultation (maximum per week) - MFOS											No Benefit	No Benefit		Dental Treatment in Hospital-	Dental Hospitalisation and Anaesthetics -	Dental Hospitalisation and Anaesthetics -
8908	1798.59	1,906.50	Surgical removal of roots from maxillary antrum	Only on Prestige Option; Max 3 per patient per year	x									No Benefit	No Benefit		Dental Surgery in Rooms -	Dental Surgery in Rooms -	Dental Surgery in Rooms -
8909	1378.80	1,461.53	Oral antral fistula closure	Not to be charged with codes 8941,8943,8945,8953	x									No Benefit	No Benefit		Dental Surgery in Rooms -	Dental Surgery in Rooms -	Dental Surgery in Rooms -
8911	539.46	571.83	Caldwell-Luc procedure	Exclusion	x									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8917	305.60	323.93	Biopsy of oral tissue - soft	Exclusion	x									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8919	529.31	561.07	Biopsy of bone - needle	Exclusion	x									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8921	865.94	917.89	Biopsy - extra-oral bone/soft tissue	Exclusion	x									No Benefit	No Benefit	No Benefit	No Benefit	No Benefit	
8931	398.68	422.60	Treatment of post-extraction haemorrhage	PMB	x									No Benefit	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	
8933	1378.80	1,461.53	Treatment of haemorrhage (blood dyscracias)	PMB	x									No Benefit	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	
8935	104.16	110.41	Treatment of septic socket	Pmb	x									No Benefit	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	Specialists - Consultation	
8937	529.31	561.07	Surgical removal of tooth	Tooth numbers required; Must be charged with code 8220; Max 3 per patient per year	x									No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	saver Benefit	Extractions -	
8941	854.97	906.27	Surgical removal of impacted tooth - first tooth	Max of 1 per patient; Tooth numbers required; Needs pre authorisation with X Rays;Max 3 per patient per year	x									No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	saver Benefit	Extractions -	
8943	460.61	488.25	Surgical removal of impacted tooth - second tooth	Max of 1 per patient; Tooth numbers required; Needs pre authorisation with X Rays;Max 3 per patient per year	x									No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	saver Benefit	Extractions -	

8945	261.39	277.07	Surgical removal of impacted tooth - third and subsequent teeth	Max of 1 per patient; Tooth numbers required; Needs pre authorisation with X Rays;Max 3 per patient per year	x	x						No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	saver Benefit	Extractions -
8953	529.31	561.07	Surgical removal of residual roots, first tooth - per tooth	Tooth numbers required		x						No Benefit	Dentistry - Extractions -	Dentistry - Extractions -	saver Benefit	Extractions -
8957	722.12	765.45	Alveolotomy or alveolectomy (including extractions)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8958	606.88	643.29	Emergency tracheotomy	Exclusion	x	x						No Benefit	General Fees	General Fees	General Fees	General Fees
8959	606.88	643.29	Pharyngostomy	Exclusion	x	x						No Benefit	General Fees	General Fees	General Fees	General Fees
8961	1183.90	1,254.93	Tooth transplantation	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8962	357.62	379.08	Harvest iliac crest graft	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8963	500.62	530.66	Harvest rib graft	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8964	392.14	415.67	Harvest cranium graft	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8965	1183.90	1,254.93	Peripheral neurectomy	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8966	1646.96	1,745.77	Repair of oronasal fistula (local flaps)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8967	1644.74	1,743.43	Surgical removal of jaw cyst - intra-oral approach	Only payable with pathology report confirming cyst (not granuloma); Max 3 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
8969	2634.66	2,792.74	Surgical removal of jaw cyst - extra-oral approach	Only payable with pathology report confirming cyst (not granuloma); Max 3 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
8971	529.31	561.07	Excision of tumour of the soft tissue	PMB	x	x	x					General Fees	General Fees	General Fees	General Fees	General Fees
8973	2634.66	2,792.74	Surgical excision of tumours of the jaw	PMB	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
8975	2767.63	2,933.69	Hemiresection of jaw excluding condyl	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8977	2765.42	2,931.34	Surgical repair of maxilla or mandible - major	Exclusion	x	x						No Benefit	General Fees	General Fees	General Fees	General Fees
8979	228.15	241.84	Harvesting of autogenous grafts (intra-oral)	Exclusion	x	x	x					No Benefit	General Fees	General Fees	General Fees	General Fees
8981	986.77	1,045.98	Surgical exposure of impacted or unerupted teeth to aid eruption	Tooth Number required	x	x	x					No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
8983	786.27	833.45	Corticotomy - first tooth	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8984	398.68	422.60	Corticotomy - each additional tooth	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8985	722.12	765.45	Frenulectomy/frenulotomy	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8987	1183.90	1,254.93	Reduction of mylohyoid ridges - per side	Exclusion	x	x										
8989	1183.90	1,254.93	Removal torus mandibularis	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8991	1183.90	1,254.93	Removal of torus palatinus	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8993	529.31	561.07	Surgical reduction of osseous tuberosity - per side	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8995	1053.26	1,116.45	Gingivectomy - per jaw	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
8997	2714.56	2,877.44	Sulcoplasty / Vestibuloplasty	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9003	1644.74	1,743.43	Reposition mental foramen and nerve - per side	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9004	2650.29	2,809.31	Lateralization of inferior dental nerve	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9005	2767.63	2,933.69	Alveolar ridge augmentation - total (by bone graft)	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9007	1742.02	1,846.54	Alveolar ridge augmentation - total (by alloplastic material)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9008	656.80	696.21	Alveolar ridge augmentation - one to two tooth sites	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9009	1197.19	1,269.02	Alveolar ridge augmentation - three across 3 or more tooth sites	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9010	1798.59	1,906.50	Sinus lift procedure	Exclusion	x	x	x					No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9011	336.62	356.82	Incision & drainage of abscess - intra-oral (pyogenic)	Only payable as an isolated procedure; Max 3 per patient per year				x				No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
9013	460.61	488.25	Incision & drainage of abscess - extra-oral (pyogenic)	PMB; Max 3 per patient per year	x	x						No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
9015	593.58	629.20	Apicectomy - anteriors (including retrograde filling)	Only in Chair; Tooth number required; Exclude hospitalisation	x	x	x		x			No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
9016	1183.90	1,254.93	Apicectomy including retrograde root filling where necessary - posterior teeth	Only in Chair; Tooth number required; Exclude hospitalisation Not on 18,28,38,48	x	x	x		x			No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
9017	2437.54272	2,583.80	Decortication, saucerisation and sequestrectomy	Max 2 per patient per year	x	x						No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -
9019	529.31	561.07	Sequestrectomy - intra oral per sextant and/or ramus	Max 3 per patient per year	x	x						No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	saver Benefit	Extractions -

9021	593.58	629.20	Suture - reconstruction, minor (excludes closure of surgical incisions)	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9023	1249.33	1,324.29	Suture - reconstruction, major (excludes closure of surgical incisions)	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9024	593.58	629.20	Dento-alveolar fracture - per sextant	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9025	1314.65	1,393.53	Mandible fracture - closed reduction	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9027	1846.18	1,956.95	Mandible fracture - compound, with eyelet wiring	PMB; Max 2 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9029	2044.35	2,167.01	Mandible fracture - splints	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9031	3030.07	3,211.88	Mandible fracture - open reduction	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9032		0.00	Reduction of masseter muscle and bone - extra-oral approach	Exclusion		x						General Fees	General Fees	General Fees	General Fees	General Fees
9033		0.00	Reduction of masseter muscle and bone - intra-oral approach	Exclusion		x						General Fees	General Fees	General Fees	General Fees	General Fees
9035		0.00	Maxilla fracture - Le Fort I or Guerin	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9037	3030.07	3,211.88	Maxilla fracture - Le Fort II or middle third face	PMB; Max 1 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9039	4345.89	4,606.64	Maxilla fracture - Le Fort III or craniofacial disjunction	PMB; Max 1 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9041	1314.65	1,393.53	Zygomatic arch fracture - closed reduction	PMB; Max 1 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9043	2634.66	2,792.74	Zygomatic arch fracture - open reduction	PMB; Max1 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9045	3947.10	4,183.92	Zygomatic arch fracture - open reduction (requiring osteosynthesis and/or grafting)	PMB; Max1 per patient per year	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9046	2604.72	2,761.00	Placement of Zygomaticus fixture, per fixture	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9047	5519.19	5,850.34	Osteotomy - open with stabilisation	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9048	505.75	536.10	Surgical removal of internal fixation devices, per site	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9049	4599.63	4,875.61	Osteotomy - mandible body, anterior segmental	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9050	8413.61	8,918.43	Osteotomy - total subapical	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9051	2632.22	2,790.15	Genioplasty	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9052	4166.95	4,416.97	Midfacial exposure	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9053	1642.05	1,740.57	Coronoidectomy (intra-oral approach)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9055	4599.63	4,875.61	Osteotomy - segmented, posterior	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9057	4599.63	4,875.61	Osteotomy - segmented, anterior	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9059	8654.83	9,174.12	Reconstruct maxilla - Le Fort I osteotomy, one piece	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9060	9715.86	10,298.81	Reconstruct maxilla - Le Fort I osteotomy w/ repositioning and graft	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9061	3027.27	3,208.91	Palatal osteotomy	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9062	11048.17	11,711.06	Reconstruct maxilla - Le Fort I osteotomy, multiple segments	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9063	11053.64	11,716.86	Reconstruct maxilla - Le Fort 2 osteotomy (facial and post-traumatic deformities)	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9065	16566.07	17,560.03	Reconstruct maxilla - Le Fort 3 osteotomy (severe congenital deformities)	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9066	2632.22	2,790.15	Surgical expansion - maxillary or mandibular	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9069	1971.60	2,089.90	Glossectomy - partial	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9071	1182.80	1,253.77	Geniohyoidotomy	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9072	8654.83	9,174.12	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9074	1306.67	1,385.07	Tmj arthroscopy diagnostic	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9075	3282.94	3,479.92	Condylectomy, coronoidectomy or both	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9076	721.45	764.74	TMJ arthrocentesis	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9077	196.94	208.76	TMJ intra-articular injection	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9079	153.82	163.05	Trigger point injection	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9081	1313.43	1,392.24	Condylectomy (Ward/Kostecka)	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

9083	3282.94	3,479.92	TMJ srthroplasty	Exclusion	x	x						No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9085	261.15	276.82	Reduction of TMJ disloc w/o anaesthetic	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9087	528.82	560.55	Reduction of TMJ disloc w/ anaesthetic	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9089	1313.43	1,392.24	Reduction of TMJ disloc w/ anaesthetic and immobilisation	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9091	3282.94	3,479.92	Reduction of TMJ dislocation - open reduction	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9092	8764.37	9,290.23	Joint reconstruction	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9093	593.03	628.61	Removal of salivary stone (Sialolithotomy)	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9095	1461.66	1,549.36	Excision of sublingual salivary gland	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9096	2165.40	2,295.32	Excision of salivary gland - extra oral approach	Exclusion	x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9099		0.00	Unlisted dental procedure or service (By report)	Exclusion								No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9101	121.08	128.34	Obturator prosthesis, surgical - modified denture	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9102	328.15	347.84	Obturator prosthesis, surgical - continuous base	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9103	488.97	518.31	Obturator prosthesis, surgical - split base	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9104	737.65	781.91	Obturator prosthesis, interim - on existing denture	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9105	2277.97	2,414.65	Obturator prosthesis, interim - on new denture	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9106	737.65	781.91	Obturator prosthesis, definitive - open/hollow box	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9107	1424.37	1,509.83	Obturator prosthesis, definitive - silicone glove	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9108	1749.73	1,854.71	Mandibular resection prosthesis w/ guide flange	Pmb	x					x		General Fees	General Fees	General Fees	General Fees	General Fees
9109	1625.74	1,723.28	Mandibular resection prosthesis w/o guide flange	Pmb	x					x		General Fees	General Fees	General Fees	General Fees	General Fees
9110	328.15	347.84	Mandibular resection prosthesis, palatal augmentation	Pmb	x					x		General Fees	General Fees	General Fees	General Fees	General Fees
9111	684.51	725.58	Glossal resection prosthesis - simple	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9112	1025.37	1,086.89	Glossal resection prosthesis - complex	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9113	737.65	781.91	Radiation carrier - simple	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9114	2035.93	2,158.09	Radiation carrier - complex	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9115	737.65	781.91	Radiation shield - simple	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9116	2035.93	2,158.09	Radiation shield - complex	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9117	737.65	781.91	Radiation cone locator	Pmb	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9118	737.65	781.91	Chemotherapeutic agent carrier	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9119	979.33	1,038.09	Feeding aid prosthesis, neonatal	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9120	979.33	1,038.09	Orthopaedic appliance, active presurgical - minor	Exclusion	x		x			x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9121	1449.43	1,536.40	Orthopaedic appliance, active presurgical - moderate	Exclusion	x		x			x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9122	2438.67	2,584.99	Orthopaedic appliance, active presurgical - severe	Exclusion	x		x			x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9123	123.87	131.30	Orthopaedic appliance, active presurgical - modification	Exclusion	x		x			x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9125	328.97	348.71	Speech aid/obturator prosthesis - palatal alteration	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9126	737.65	781.91	Speech aid/obturator prosthesis - velar alteration	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9127	1625.74	1,723.28	Speech aid/obturator prosthesis - pharyngeal alteration	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9128	82.62	87.58	Speech aid/obturator prosthesis - modification	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9129	652.81	691.98	Speech aid/obturator prosthesis - surgical	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9130	328.15	347.84	Speech aid appliance - palatal lift	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9131	737.65	781.91	Speech aid appliance - palatal stimulating	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9132	1625.74	1,723.28	Speech aid appliance - bulb	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9133	82.62	87.58	Speech aid appliance - modification	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9134		0.00	Unspecified speech aid appliance	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9135	2035.93	2,158.09	Auricular prosthesis - simple	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9136	2656.35	2,815.73	Auricular prosthesis - complex	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9137	2035.93	2,158.09	Nasal prosthesis - simple	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9138	2656.35	2,815.73	Nasal prosthesis - complex	Exclusion	x					x		No Benefit	No Benefit	No Benefit	No Benefit	No Benefit

9139	737.65	781.91	Ocular prosthesis - interim	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9140	1830.02	1,939.82	Ocular prosthesis - modified stock appliance	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9141	2656.35	2,815.73	Ocular prosthesis - custom appliance	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9142	1830.02	1,939.82	Orbital prosthesis - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9143	2656.35	2,815.73	Orbital prosthesis - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9144		0.00	Facial prosthesis, combination - small	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9145		0.00	Facial prosthesis, combination - medium	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9146		0.00	Facial prosthesis, combination - large	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9147		0.00	Facial prosthesis, combination - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9148		0.00	Unspecified body prosthesis - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9149		0.00	Unspecified body prosthesis - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9150		0.00	Facial prosthesis, surgical - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9151		0.00	Facial prosthesis, surgical - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9152		0.00	Extraoral appliance - additional prosthesis	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9153		0.00	Extraoral appliance - replacement prosthesis	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9155		0.00	Cranial prosthesis	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9156		0.00	Cranial implant prosthesis, custom made	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9157		0.00	Facial implant prosthesis, custom made - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9158		0.00	Facial implant prosthesis, custom made - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9159		0.00	Ocular implant prosthesis, custom made	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9160		0.00	Body implant prosthesis - custom made	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9161		0.00	Surgical splint - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9162		0.00	Surgical splint - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9163		0.00	Surgical template - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9164		0.00	Surgical template - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9165		0.00	Surgical conformer - simple	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9166		0.00	Surgical conformer - complex	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9167		0.00	Trismus appliance (simple)	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9168		0.00	Trismus appliance (complex)	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9169		0.00	Orthoses appliance	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9170		0.00	Facial palsy appliance	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9171		0.00	Commissure splint	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9172		0.00	Oral retractor, dynamic - per arm	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9173		0.00	Hand splint	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9174		0.00	Unspecified burn appliance	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9175		0.00	Theatre attendance (MaxFac prosthodont) /hour	Exclusion	x										No Benefit	No Benefit	No Benefit	No Benefit	No Benefit
9180	1792.06	1,899.58	Surgical placement of sub-periosteal implant - preparatory stage	Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1600 per implant	x		x								No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9181	1792.06	1,899.58	Surgical placement of sub-periosteal implant - placement stage	Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1600 per implant	x		x								No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9182	897.08	950.90	Surgical placement of endosteal implant plate	Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1600 per implant	x		x			x					No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9183	1144.01	1,212.65	Surgical placement of endosteal implant - first per jaw	; Tooth numbers required; Six (6) month healing period (before phase 2/3); Not to be charged with code 8411, 8536/7/8, 8546/7/8; Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1600 per implant	x		x			x					No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9184	858.24	909.73	Surgical placement of endosteal implant - second per jaw	Tooth numbers required; Six (6) month healing period (before phase 2/3); Not to be charged with code 8411, 8536/7/8, 8546/7/8; Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1600 per implant	x		x			x					No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -

9185	574.80	609.29	Surgical placement of endosteal implant - third and subsequent per jaw	Excision	x	x	x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9187		0.00	Cost of endosteal implant body	Limited to R1600 per implant	x	x					No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9188		0.00	Cost of prefabricated abutment	Exclusion	x	x	x		x		No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9189		0.00	Cost of other implant compnts	Limited to R1500 per implant	x	x	x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9190	422.94	448.31	Surgical placement of abutment - first per jaw	Only for Tooth numbers required; Six (6) month healing period (before phase 2/3); Lab required; Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1500 per implant	x	x	x		x		No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9191	317.96	337.04	Surgical placement of abutment - second per jaw	Tooth numbers required; Six (6) month healing period (before phase 2/3); Lab required; Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1500 per implant	x	x	x		x		No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9192	213.80	226.63	Surgical placement of abutment - third and subsequent per jaw	Tooth numbers required; Six (6) month healing period (before phase 2/3); Lab required; Max 2 per beneficiary in 5 years; Cost of implant components limited to R 1500 per implant	x	x	x		x		No Benefit	No Benefit	No Benefit	SD-Implants	SD-Implants
9198	583.67	618.69	Surgical removal of implant	Exclusion	x	x	x				No Benefit	No Benefit	No Benefit	Specialised Dentistry -	Implants -
9201	188.26	199.55	Consultation - oral pathologist	Max 2 per patient per year						x	No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	Surgery in rooms -	Dental Anaesthetics in Rooms -
9203	164.93	174.82	House/Hosp/Nursing home consultation - Oral pathologist	Max 2 per patient per year						x	No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	Surgery in rooms -	Dental Anaesthetics in Rooms -
9205	109.64	116.22	Consultation - oral pathologist (subsequent)	Max 2 per patient per year						x	No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	Surgery in rooms -	Dental Anaesthetics in Rooms -
9207	241.56	256.06	After hours visit - Oral pathologist	Max 2 per patient per year						x	No Benefit	Dental Surgery in Rooms -	Dental Surgery in Rooms -	Surgery in rooms -	Dental Anaesthetics in Rooms -
9220	4834.21	5,124.27	Repair cleft hard palate - unilateral		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9222	6136.46	6,504.65	Repair cleft hard palate - bilateral (one procedure)		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9224	9142.98	9,691.56	Repair cleft hard palate - bilateral (two procedures)		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9226	4050.77	4,293.81	Repair cleft soft palate - w/o muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9228	5881.95	6,234.87	Repair cleft soft palate - w/ muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9230	4379.51	4,642.28	Repair submucosal cleft and/or bifid uvula - w/ muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9232	4506.64	4,777.04	Velopharyngeal reconstruction - uncomplicated		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9234	4818.71	5,107.84	Velopharyngeal reconstruction - complicated		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9238	2756.21	2,921.59	Repair oronasal fistula (one procedure)		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9240	4808.69	5,097.21	Repair oronasal fistula (two procedues)		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9246	2403.24	2,547.43	Secondary periosteal flaps		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9248	898.35	952.25	Lipadhesion		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9250	1582.27	1,677.21	Repair cleft lip - unilateral w/o muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9252	2145.47	2,274.20	Repair cleft lip - unilateral w/ muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9254	2209.68	2,342.26	Repair cleft lip - bilateral w/o muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9256	3413.57	3,618.39	Repair cleft lip - bilateral w/ muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9258	861.87	913.58	Repair anterior nasal floor		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9260	861.87	913.58	Revision of secondary cleft lip deformity - partial		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9262	1947.37	2,064.21	Revision of secondary cleft lip deformity - total w/ muscle reconstruction		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9264	2205.25	2,337.57	Abbe-flap - two stages		x	x					General Fees	General Fees	General Fees	General Fees	General Fees
9266	1303.41	1,381.62	Reconstruct columella		x	x					General Fees	General Fees	General Fees	General Fees	General Fees

9268	1656.39	1,755.77	Reconstruct nose due to cleft deformity - partial		x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9270	2617.89	2,774.96	Reconstruct nose due to cleft deformity - complete		x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9272	1303.41	1,381.62	Paranasal augmentation for nasal base deviation		x	x						General Fees	General Fees	General Fees	General Fees	General Fees
9274			Repair anterior table, frontal sinus and/or supraorbital rim									General Fees	General Fees	General Fees	General Fees	General Fees
9276			Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus									General Fees	General Fees	General Fees	General Fees	General Fees
9278			Repair medial canthal ligament (canthopexy), per side									General Fees	General Fees	General Fees	General Fees	General Fees
9280			Open reduction and fixation of nasal fractures									General Fees	General Fees	General Fees	General Fees	General Fees
9282			Manipulation and immobilisation of nasal fracture									General Fees	General Fees	General Fees	General Fees	General Fees
9284			Musculofascial flap									General Fees	General Fees	General Fees	General Fees	General Fees
9286			Musculocranial flap									General Fees	General Fees	General Fees	General Fees	General Fees
9288			Buccal fat pad (major repair)									General Fees	General Fees	General Fees	General Fees	General Fees
9290			Maxillectomy - Alveolus only, Level I									General Fees	General Fees	General Fees	General Fees	General Fees
9292			Maxillectomy - Alveolus and sinus or nasal floor, Level II									General Fees	General Fees	General Fees	General Fees	General Fees
9294			Maxillectomy - Alveolus, sinus, nasal floor and zygoma excluding orbital rim Level III									General Fees	General Fees	General Fees	General Fees	General Fees
9296			Maxillectomy - Alveolus, sinus, nasal floor and zygoma including orbital rim Level IV									General Fees	General Fees	General Fees	General Fees	General Fees
9298			Maxillectomy - Alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V									General Fees	General Fees	General Fees	General Fees	General Fees
9300			Hemiresection of jaw including condyle and coronoid process									General Fees	General Fees	General Fees	General Fees	General Fees