

# Pulamed Dental Tariffs 2025 - 2026



TARIFF CODE	TARIFF DESCRIPTION	PracType	Tariff Price
8101	CONSULTATION AND CHARTING AT SURGERY	54	P241.77
8102	COMPREHENSIVE CONSULTATION	54	P2.31
8104	CONS.FOR SPECIAL PROBLEM	54	P123.68
8105	APPOINTMENT NOT KEPT (IRRESPECTIVE OF LENGTH OF APPOINTMENT)	54	P2.31
8106	PROVISION OF A REPORT FOR PRIOR AUTHORISATION PROGRAMS (OR BY ARRANGEMENT)	54	P2.31
8107	DIAGNOSTIC PROCEDURES INTRA-ORAL RADIOGRAPHS PER FILM	54	P120.76
8108	DIAGNOSTIC PROCEDURES MAXIMUM FOR 8107	54	P935.05
8109	USE OF RUBBER GLOVES AND MASKS	54	P38.83
8110	STERILE TRAY	54	P72.55
8112	INTRAORAL RADIOGRAPH - BITEWING	54	P95.93
8113	DIAGNOSTIC PROCEDURES OCCLUSAL RADIOGRAPHS	54	P206.71
8114	DIAGNOSTIC PROCEDURES - HAND-WRIST RADIOGRAPH	54	P483.41
8115	DIAGNOSTIC PROCEDURES -EXTRA-ORAL RADIOGRAPH - PER FILM-(PANORAMIC)MAX 2 FILMS PER TREATMENT	54	P483.41
8116	EXTRAORAL RADIOGRAPH - CEPHALOMETRIC	54	P437.15
8117	DIAGNOSTIC PROCEDURES STUDY MODELS - UNMOUNTED	54	P214.13
8118	EXTRAORAL RADIOGRAPH - SKULL/FACIAL BONE	54	P345.48
8119	DIAGNOSTIC PROCEDURES STUDY MODELS MOUNTED ON ADJUSTABLE ARTICULATOR	54	P673.68
8121	DIAGNOSTIC PHOTOGRAPHS; PER PHOTOGRAPH	54	P2.31
8129	ADDITIONAL FEE FOR EMERGENCY TREATMENT RENDERED OUTSIDE NORMAL WORKING HOURS	54	P2.31
8131	EMERGENCY TREATMENT UNDER GEN ANAES FOR PAIN RELIEF WHERE NO OTHER TARIFF APPLIC	54	P182.72
8132	EXTIRPATION OF THE PULP CHAMBER CONTENTS FOR THE RELIEF OF PAIN	54	P298.37
8133	RE-CEMENTING OF INLAYS; CROWNS; BRIDGES PER ABUTMENT; UNDER GENERAL ANAESTHETIC	54	P182.72
8135	REMOVAL OF INLAYS; CROWNS (PER UNIT) & BRIDGES (PER ABUTMENT) UNDER GA	54	P365.33

8136	TREATMENT ACCESS THROUGH CROWN ETC.	54	P161.18
8137	EMERGENCY CROWN (NOT APPLICABLE TO TEMP CROWNS PLACED DURING ROUTINE) UNDER GA	54	P1,080.03
8138	PRE-FORMED METAL CROWN AS AN EMERGENCY PROCEDURE UNDER GENERAL ANAESTHETIC	54	P183.94
8140	FEE FOR TREATMENT UNDER GEN ANAES OR DOMICILIARY OR HOSP. TREAT.	54	P2.31
8141	INHALATION SEDATION - 1ST QUARTER HOUR OR PART THEREOF UNDER GEN ANAES	54	P134.39
8143	INHLALATION SEDATION ; PER ADDITIONAL QUARTER HOUR OR PART THEREOF (GEN ANAES)	54	P72.55
8144	INTRAVENOUS SEDATION UNDER GA.	54	P80.71
8145	MISC. LOCAL ANAESTHETIC PER VISIT. [APPLICABLE TO ALL DISCIPLINES]	54	P34.82
8146	MISC. RESIN BONDING FOR RESTORATIONS BY ARRANGEMENT. (NO BENEFIT AS PER DR LEVENSTEIN)	54	P2.31
8151	ORAL HYGIENE INSTRUCTION	54	P2.31
8153	FOLLOW-UP VISIT; RE-EVALUATION OF ORAL HYGIENE (IF NO OTHER TREATMENT GIVEN)	54	P2.31
8155	POLISHING ONLY (INCLUDING REMOVAL OF PLAQUE) (COMPLETE DENTITION)	54	P182.72
8157	REBURNISHING & POLISHING OF RESTORATIONS (COMPLETE DENTITION) ETC	54	P182.72
8159	SCALING & POLISHING	54	P359.85
8161	TOPICAL APPLICATION OF FLUORIDE PREPS (EXCLUDING SCALING &/OR POLISHING)	54	P182.72
8162	TOPICAL APPLICATION OF FLUORIDE - ADULT	54	P145.59
8163	FISSURE SEALANT; PER TOOTH	54	P120.76
8165	LABORATORY PROCESSED FLUORIDE APPLICATORS	54	P109.32
8167	TREATMENT OF HYPERSENSITIVE DENTINE; PER VISIT	54	P139.75
8169	BITE PLATE OR OCCLUSAL GUARDS	54	P1,374.63
8170	MINOR OCCLUSAL ADJ	54	P400.14
8171	MOUTH PROTECTORS / GUM GUARDS COST BY ARRANGEMENT (PER B KEAL)	54	P470.26
8173	FIXED SPACE MAINTAINERS PER ABUTMENT UNIT	54	P964.63
8175	REMOVABLE SPACE MAINTAINER (ALL-INCLUSIVE FEE)	54	P1,066.64
8176	PERIODONTAL SCREENING	54	P220.34
8177	ORAL HYGIENE INSTRUCTION	54	P276.83
8178	ORAL HYGIENE EVALUATION	54	P147.79
8179	PLAQUE REMOVAL	54	P206.71
8180	SCALING FOR PERIODON COMPROMISED	54	P389.55
8182	ROOT PLANING WITH OR WITHOUT PERIODONTALCURETTAGE PER QUADRANT	54	P730.90
8183	INTRA-MUSCULAR OR SUBCUTANEOUS INJECTION THERAPY; PER INJECTION (EXCLUD MATERIAL)	54	P45.04
8184	ROOT PLANING WITH OR WITHOUT PERIODONTALCURETTAGE PER SEXTANT	54	P582.99

8185	GINGIVECTOMY-GINGIVOPLASTY PER QUADRANT	54	P956.47
8186	GINGIVECYOMY-GINGIVOPLASTY PER SEXTANT	54	P762.91
8188	BIOPSY	54	P464.91
8189	BIOPSY OF BONE	54	P371.90
8192	TREATMENT OF SOFT TISSUE INJURY	54	P902.66
8193	OSSEO -INTEGRATED ABUTEMENT RESTORATION - PER ABUTEMENT	54	P4,067.65
8194	PLACING OF SINGLE OSSEO INT IMPLANT PER JAW	54	P1,695.16
8195	PLACEMENT OF 2ND OSSEO INT IMPLANT IN SAME JAW	54	P1,268.12
8196	PLACEMENT OF 3RD + OSSEO INT IMPLANT IN SAME JAW	54	P849.10
8197	COST OF IMPLANTS	54	P2,927.73
8198	EXP OF OSSEO IMPLANT AND PLACEMENT OF ELEMENT	54	P628.52
8199	EXP OF 2ND OSSEO IMPLANT AND PLACEMENT OF ELEMENT IN SAME JAW	54	P472.70
8200	EXP OF 3RD + OSSEO IMPLANT IN SAME JAW PER IMPLANT	54	P317.00
8201	EXTRACTIONS DURING SINGLE VISIT ONE	54	P182.72
8202	EXTRACTIONS - EACH ADDITIONAL TOOTH IN THE SAME QUADRANT	54	P72.55
8209	SURGICAL REM OF TOOTH	54	P789.82
8210	UNERUPTED OR IMP TEETH 1st	54	P1,311.09
8211	UNERUPTED OR IMP TEETH 2ND	54	P703.87
8212	UNERUPTED OR IMP TEETH 3+	54	P397.71
8213	SURGICAL REM OF RESIDUAL ROOTS 1ST	54	P789.82
8214	SURGICAL REMOVAL RESIDUAL ROOTS OF EACH SUB TOOTH	54	P609.89
8215	SURG EXP OF IMP OR UNERUPTED TEETH	54	P1,354.06
8216	FRENECTOMY	54	P48.57
8220	USE OF SUTURE	54	P48.69
8221	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE (EXCL BLEEDING/HAEMOPHILIA)	54	P134.39
8223	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE; EACH ADDITIONAL VISIT	54	P49.30
8225	TREATMENT OF SEPTIC SOCKET	54	P134.39
8227	TREATMENT OF SEPTIC SOCKET; EACH ADDITIONAL VISIT	54	P85.95
8228	INCISION AND DRAINAGE OF PYOGENIC ABSCESS	54	P247.97
8229	APICECTOMY INC FILLING IF NECESSARY	54	P902.66
8231	PROSTHETICS FULL UPPER & LOWER DENTURES	54	P4,519.17
8232	PROSTHETICS FULL UPPER OR LOWER DENTURES	54	P3,041.18
8233	PROSTHETICS PARTIAL DENTURE; 1 TOOTH	54	P1,367.45
8234	PROSTHETICS PARTIAL DENTURE; 2 TEETH	54	P1,399.83
8235	PROSTHETICS PARTIAL DENTURE; 3 TEETH	54	P1,851.23
8236	PROSTHETICS PARTIAL DENTURE; 4 TEETH	54	P1,851.23
8237	PROSTHETICS PARTIAL DENTURE; 5 TEETH	54	P1,851.23
8238	PROSTHETICS PARTIAL DENTURE; 6 TEETH	54	P2,391.00
8239	PROSTHETICS PARTIAL DENTURE; 7 TEETH	54	P2,520.04
8240	PROSTHETICS PARTIAL DENTURE; 8 TEETH	54	P2,632.76

8241	PROSTHETICS PARTIAL DENTURE; 9 OR MORE TEETH	54	P2,659.79
8243	PROSTHETICS SOFT BASE TO NEW DENTURE (NO BENEFIT)	54	P2.31
8251	PROSTHETICS CAST GOLD CLASP OR REST PER CLASP OR REST	54	P292.89
8253	PROSTHETICS WROUGHT GOLD CLASP OR REST PER CLASP OR REST	54	P287.54
8255	PROSTHETICS STAINLESS STEEL CLASP OR REST PER CLASP OR REST	54	P292.89
8257	PROSTHETICS LINGUAL BAR OR PALATAL BAR	54	P395.03
8259	PROSTHETICS RE-BASE PER DENTURE	54	P1,340.55
8261	PROSTHETICS RE-MODEL; PER DENTURE	54	P1,953.00
8263	PROSTHETICS RE-LINE; SELF-CURING HARD CONDITIONER ACRYLIC PER DENTURE	54	P435.20
8265	PROSTHETICS TISSUE CONDITIONER; PER DENTURE SOFT SELFCURE INTERIM RELINE	54	P287.54
8267	PROSTHETICS SOFT BASE; PER DENTURE RELINE HEAT CURED	54	P2,079.23
8269	PROSTHETICS REPAIR OF DENTURE &/OR ADD OF 1 OR MORE TEETH OR CLASPS TO DENTURE	54	P499.48
8270	REPAIR OF DENTURE OR OTHER INTRA-ORAL APPLIANCE	54	P249.80
8271	Add tooth to existing partial denture	54	P249.80
8273	PROSTHETICS ADDITIONAL FEE WHERE - IMPRESSION IS REQUIRED FOR 8269-8270-8271	54	P225.58
8275	PROSTHETICS ADJUSTMENT OF DENTURE AFTER 6 MTHS OR FOR PATIENT OF DIFF. DOCTOR	54	P134.39
8277	PROSTHETICS: GOLD INLAY IN DENTURE COST BY ARRANGEMENT	54	P2.31
8279	PROSTHETICS METAL BASE TO FULL DENTURE (PER DENTURE)	54	P2.31
8281	PROSTHETICS METAL BASE TO PARTIAL DENTURE; PER DENTURE	54	P3,454.96
8301	DIRECT PULP CAPPING - (NO BENEFIT)	54	P2.31
8303	INDIRECT PULP CAPPING WHERE PERM FILLING NOT COMPLETED AT SAME VISIT	54	P241.77
8304	APPLICATION OF RUBBER DAM; PER ARCH FOR ITEMS 8305 8307 8330 8334=8336	54	P142.43
8305	APEXIFICATION OF ROOT CANAL PER VISIT	54	P241.77
8307	AMPUTATION OF PULP (PULPOTOMY)	54	P239.09
8308	BLEACHING OF VITAL TEETH PER ARCH	54	P1.34
8309	HOME BLEACHING	54	P1.34
8310	BLEACHING MATERIALS	54	P2.31
8311	FOLLOW UP HOME BLEACHING	54	P2.31
8323	BACTERIOLOGICAL SPECIMEN PER CANAL	54	P49.30
8325	BLEACHING PER TOOTH	54	P432.65
8327	EACH ADDITIONAL VISIT FOR BLEACHING; PER TOOTH (MAXIMUM FOR 8327 - R74.60)	54	P196.12
8328	MAXIMUM FOR 8327	54	P338.79
8329	EACH ADDITIONAL CANALS - ANTERIORS AND PREMOLARS	54	P421.81
8330	PREPARATORY VISIT - SINGLE CANAL TOOTH PER VISIT	54	P239.09
8331	MAXIMUM FOR 8333	54	P487.06
8332	PREPARATORY VISIT= MULTI-ROOTED TOOTH PER VISIT MAX. 4 (R120.40)	54	P182.72

8333	PREP VISITS MULTI-CANAL TOOTH PER VISIT.	54	P255.28
8334	ROOT CANAL THERAPY EXCLUDING MOLARS FIRST CANAL	54	P271.47
8335	ROOT CANAL THERAPY MOLARS FIRST CANAL	54	P827.56
8336	FIRST CANAL - MOLARS	54	P1,141.63
8337	EACH ADDITIONAL CANAL - MOLARS	54	P338.79
8338	OBTURATION OF ROOT CANAL MOLARS 1ST	54	P1,268.12
8339	PREP AND OBTURATION OF ROOT CANAL ONE VISIT	54	P1,746.29
8340	PREP ROOT CANALS ADD. CANAL PER EACH.	54	P421.81
8341	PLASTIC RESTORATIONS INCL OF DIRECT PULP CAPS - 1 SURFACE	54	P330.51
8342	PLASTIC RESTORATIONS 2 SURFACES	54	P411.10
8343	PLASTIC RESTORATIONS 3 SURFACES	54	P494.37
8344	PLASTIC RESTORATIONS 4 OR MORE SURFACES	54	P553.41
8345	PLASTIC RESTORATIONS PREFORMED POST REINFORCEMENT PER POST	54	P359.85
8347	PLASTIC RESTORATIONS PIN RETENTION FOR RESTORATION; FIRST PIN	54	P180.17
8348	PIN RETENTION FOR RESTORATION EACH ADDITIONAL PIN -MAX OF 2 ADDITIONAL PINS	54	P169.33
8349	PLASTIC RESTORATIONS - FOR EXISTING PROSTHESIS	54	P75.11
8351	ACID ETCH TECHNIQUE 1 SURFACE	54	P365.33
8352	ACID ETCH TECHNIQUE 2 SURFACES	54	P456.63
8353	ACID ETCH TECHNIQUE 3 SURFACES	54	P548.05
8354	ACID ETCH TECHNIQUE MORE THAN 3 SURFACES	54	P609.89
8355	ACID ETCH TECHNIQUE COMPOSITE VENEERS	54	P631.44
8356	BRIDGE PER ABUTMENT PER PONTIC (SEE 8420 8422 & 8424)	54	P811.36
8357	ACID ETCH TECHNIQUE: PREFORMED METAL CROWN	54	P373.36
8358	METAL INLAYS ON ANTERIOR TEETH - ONE SURFACE (SEE CODE 8361)	54	P2.31
8359	METAL INLAYS ON ANTERIOR TEETH - TWO SURFACES SEE CODE 8362	54	P2.31
8360	METAL INLAYS ON ANTERIOR TEETH - THREE SURFACES SEE CODE 8363	54	P2.31
8361	METAL INLAYS ON POSTERIOR TEETH - 1 SURFACE	54	P1,257.52
8362	METAL INLAYS ON POSTERIOR TEETH - 2 SURFACES	54	P1,832.11
8363	METAL INLAYS ON POSTERIOR TEETH - 3 SURFACES	54	P2,420.70
8364	METAL INLAYS ON POSTERIOR TEETH - 4 OR MORE SURFACES	54	P2,702.76
8365	METAL INLAYS ON ANTERIOR TEETH - FOUR OR MORE SURFACES - SEE CODE 8364	54	P2.31
8366	PIN RETENTION AS PART OF CAST REST	54	P271.47
8367	PLASTIC REST ONE SURFACE ON MOLAR OR PRE MOLAR	54	P440.80
8368	PLASTIC RES TWO SURFACES MOLAR OR PRE MOLAR	54	P486.09
8369	PLASTIC RES THREE SURFACES MOLAR OR PRE MOLAR	54	P585.67
8370	PLASTIC REST FOUR + SURFACES MOLAR OR PRE MOLAR	54	P631.44
8371	CERAMIC/RESIN BONDED INLAYS ONE SURFACE	54	P2,060.73
8372	CERAMIC/LAMINATED VENEERS TWO SURFACES	54	P2,380.41

8373	CERAMIC/LAMINATED VENEERS THREE SURFACES	54	P3,019.64
8374	CERAMIC/LAMINATED VENEERS FOUR SURFACES	54	P3,156.71
8376	PREFABRICATED POST & CORE IN ADDITION TO CROWN	54	P997.01
8377	PREFORMED POST & CORE DOUBLE	54	P346.09
8378	PREFORMED POST & CORE TRIPLE	54	P474.40
8379	COST OF POSTS - NOBLE METALS ONLY	54	P169.33
8391	POST WITH THIMBLE OR COPING SINGLE POST	54	P916.18
8393	POST WITH THIMBLE OR COPING BINARY POST	54	P1,380.84
8395	POST WITH THIMBLE OR COPING TRIPLE POST	54	P1,378.40
8396	POST WITH THIMBLE OR COPING COPINGS	54	P760.36
8397	POST WITH THIMBLE OR COPING CAST CORE WITH PINS	54	P1,380.84
8398	POST WITH THIMBLE OR COPING PLASTIC CORE ON PIN REINFORCING (ANY NO OF PINS)	54	P811.36
8401	CAST FULL CROWN	54	P3,334.32
8403	CAST THREE QUARTER CROWN	54	P2,928.46
8405	ACRYLIC JACKET CROWN - BY ARRANGEMENT	54	P2,087.51
8407	ACRYLIC VENEERED CROWN	54	P2,917.62
8409	PORCELAIN JACKET CROWN	54	P3,366.46
8410	PROVISIONAL CROWN ( TEMPORARY)	54	P1,155.88
8411	PORCELAIN VENEERED CROWN	54	P3,385.09
8413	CROWNS FACING REPLACEMENT	54	P950.99
8414	ADD. FEE FOR CROWN	54	P370.56
8415	PONTIC - PORCELAIN/CERAMIC	54	P1,381.94
8418	PONTIC - PORCELAIN FUSED TO METAL	54	P1,356.86
8420	RESIN BONDED BRIDGES - SANITARY PONTIC	54	P1,015.39
8422	RESIN BONDED BRIDGES - POSTERIOR PONTIC	54	P1,356.86
8424	RESIN BONDED BRIDGES - ANTERIOR PONTIC	54	P1,705.87
8443	CROWN RETAINER - PORCELAIN/CERAMIC	54	P1,693.82
8445	CROWN RETAINER - PORCELAIN WITH METAL	54	P1,662.29
8499	GENERAL ANAESTHETICS AS PER MEDICAL TARIFF	54	P2.31
8503	OCCLUSAL ANALYSIS ON ADJUSTABLE ARTICULAR	54	P339.88
8507	DIAGNOSTIC PROCEDURES EXAMINATION; DIAGNOSIS & TREATMENT PLANNING	54	P339.88
8513	EMERGENCY TREATMENT TEMPORARY CROWN	54	P346.09
8515	RECEMENTATION OF INLAY; CROWN OR BRIDGE PER ABUTMENT	54	P83.39
8516	REMOVE BRIDGE	54	P295.21
8517	REIMPLANTATION OF A TOOTH; INCLUDING FIXATION AS REQUIRED	54	P354.86
8521	PROVISIONAL SPLINTING - EXTRACORONAL WIRE; PER SEXTANT	54	P286.32
8523	PROVISIONAL SPLINTING - EXTRACORONAL WIRE PLUS RESIN; PER SEXTANT	54	P2.31
8527	PROVISIONAL SPLINTING-INTRACORONAL WIRE/PINS/CAST BAR AMALGAM/RESIN PER UNIT	54	P130.74
8529	PROVISIONAL CROWN	54	P226.55

8530	PROVISIONAL TREATMENT PREFORMED METAL CROWN	54	P192.34
8536	IMPLANT - CROWN PORCELAIN /CERAMIC	54	P3,821.14
8537	CROWN - IMPLANT/ABUTMENT SUPPORTED - PORCELAIN WITH METAL	54	P1,944.84
8551	OCCLUSAL ADJUSTMENT MAJOR	54	P649.58
8553	OCCLUSAL ADJUSTMENT MINOR	54	P206.71
8554	CERAMIC INLAID VENEERS	54	P786.53
8560	CERAMIC/LAMINATED VENEERS FOUR SURFACES	54	P230.44
8570	FABRICATION OF COMPUTER GENERATED CERAMIC RESTORATION	54	P2,030.78
8577	GOLD RESTORATIONS PIN RETENTION	54	P205.12
8578	PREFABRICATED ABUTMENT	54	P243.35
8579	CUSTOM ABUTMENT	54	P1,450.84
8590	PERIODIC MAINTENANCE OF IMPLANT PROSTHESIS.	54	P130.74
8592	IMPLANTS OSSEO-INTEGRATED PER ABUTMENT.	54	P1,378.77
8597	CONNECTORS LOCKS & MILLED RESTS	54	P2.31
8599	CONNECTORS PRECISION ATTACHMENTS	54	P2.31
8600	Cost of Implant Components	54	P1,311.45
8603	CAST GOLD CROWN	54	P1,149.79
8618	RESIN BONDING FOR RESTORATIONS	54	P2.31
8621	CONSERVATIVE TREATMENT MYOFASCIAL PAIN-DYSFUNCTION SYNDROME 1ST VISIT	54	P140.85
8623	CONSERVATIVE TREATMENT MYOFASCIAL PAIN-DYSFUNCTION SYNDROME SUBSEQUENT VISIT	54	P109.32
8634	ENDONTIC PROCEDURE ON PRIMARY TOOTH	54	P243.59
8637	HEMISECTION OF A TOOTH OR RESECTION OF ROOT	54	P669.06
8640	REMOVAL OF FRACTURED POST OR INSTRUMENT FROM ROOT CANAL	54	P354.86
8662	PROSTHETICS REMOUNTING & OCCLUSAL ADJUSTMENT OF DENTURES	54	P397.59
8664	REMOUNT OF CROWN OR BRIDGE	54	P397.59
8701	DIAGNOSTIC PROCEDURES CONSULTATION	54	P164.71
8703	DETAILED CLINICAL EXAMINATION; RECORDSRADIOGRAPHIC INTERPRETATION DIAGNOSIS ET	54	P555.84
8705	PERIODIC RE-EXAMINATION	54	P164.71
8706	APPOINTMENTS NOT KEPT (ACCORDING TO AGREEMENT WITH PATIENT)	54	P2.31
8707	PERIODONTAL SCREENING	54	P164.71
8721	OCCLUSAL ADJUSTMENT PER VISIT	54	P310.06
8723	PROVISIONAL SPLINTING - EXTRACORONAL WIRE; PER SEXTANT	54	P286.32
8725	PROVISIONAL SPLINTING - EXTRACORONAL WIRE PLUS RESIN; PER SEXTANT	54	P414.75
8727	PROVISIONAL SPLINTING - INTRACORONAL WIRE/PINS/CAST BAR AMALGAM/RESIN ETC	54	P130.74
8731	PERIODONTAL ADSCCESS - TREATMENT OF ACUTE PHASE SURGICALLY	54	P162.39

8737	ROOT PLANING WITH OR WITHOUT PERIODONTALCURETTAGE; PER QUADRANT	54	P370.32
8739	ROOT PLANING WITH OR WITHOUT PERIODONTALCURETTAGE PER SEXTANT	54	P296.42
8741	GINGIVECTOMYH - GINGIVOPLASTY; PER QUADRANT	54	P488.89
8743	GINGIVECTOMY-GINGIVOPLASTY; PER SEXTANT	54	P389.19
8749	FLAP OP WITH ROOT PLANING & CURETTAGE; PER QUADRANT ETC	54	P1,111.08
8751	AS ITEM 8749; PER SEXTANT	54	P920.56
8753	FLAP OP WITH ROOT PLANING & CURETTAGE PER QUADRANT; ETC	54	P1,377.92
8755	AS ITEM 8753; PER SEXTANT	54	P1,116.92
8756	FLAP OP WITH BONE REMOVAL TO INCR CLINICLENGTH OF TOOTH (ISOLATED PROCEDURE)	54	P676.97
8757	FRENOPLASTY (AS AN ISOLATED PROCEDURE)	54	P816.48
8758	SURGICAL EXPOSURE OF IMPACTED TEETH FOR ORTHODONTIC REASONS	54	P1,115.70
8759	PEDICLE FLAPPED GRAFT EG LATERAL SLIDINGDOUBLE PAPILLA; ROTATED & SIMILAR (ETC)	54	P764.98
8760	APICECTOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY-ANTERIOR TEETH	54	P669.06
8761	MASTICATORY MUCOSAL AUTOGRAFT EXTENDING ACROSS NOT MORE THAN 4 TEETH	54	P828.89
8763	WEDGE RESECTION (AS AN ISOLATED PROCED)	54	P487.06
8764	APICETOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY POSTERIOR TEETH	54	P1,335.92
8765	HEMISECTION OF TOOTH/RESECTION OF ROOT EXCL ENDODONTICS AS ISOLATED PROCEDURE	54	P669.06
8766	BONE REGENERATION/REPAIR EXCLU COST OF MATERIAL.C REASONS.	54	P399.78
8767	BONE REGENERATIVE / REPAIR PROCEDURE AT A SINGLE SITE	54	P1,034.38
8768	ANY OTHER PERIODONTAL PROCEDURE INVOLVING A SINGLE TOOTH	54	P325.15
8769	SUBS REMOVAL OF MEMBRANE USED FOR TISSUE REGENERATION PROC	54	P325.15
8770	COST OF BONE REGENERATIVE/REPAIR MATERIAL. AT COST	54	P1,010.89
8771	PRERESTORATIVE RIDGE AUGMENTATION USING FIBROUS TISSUE;HYDROXYAPATITE GRANULES AND/OR BONE PARTICLES	54	P1,044.97
8781	CONSULT/EXAM/DIAGNOSIS OR ORAL DISEASE; PATH CONDIT OF SURROUNDING TISSUES ETC	54	P164.71
8782	ORAL DISEASES COMLPLEX CASE	54	P293.26
8783	SUBSEQUENT CONSULTATION FOR SAME DISEASE	54	P123.93
8785	BIOPSY. INCISIONAL/EXCISIONAL EG. EPULIS	54	P344.27
8786	SURGICAL TREATMENT OF SOFT TISSUE TUMOURS E.G.EPULIS	54	P397.59
8787	ANY OTHER PROCEDURE CONNECTED WITH THE PRACTICE OF ORAL MEDICINE	54	P175.30
8801	1ST CONSULTATION	54	P241.77

8803	SUBSEQUENT CONSULTATION; RETENTION &/OR POST-TREATMENT CONSULTATION	54	P180.17
8811	Tracing and Analysis of Extra-Oral Film	54	P56.49
8837	DIAGNOSIS & TREATMENT PLANNING	54	P142.43
8839	ORTHODONTIC DIAGNOSTIC SETUP	54	P300.81
8840	TREATMENT PLANNING FOR ORTHOGNATHIC SURGERY	54	P1,044.97
8841	MILD-SINGLE ARCH TREATMENT-LINGUAL ORTHO	54	P16,165.32
8842	MODERATE-SINGLE ARCH TREATMENT LINGUAL ORTHODONTICS	54	P18,994.20
8843	SEVERE-SINGLE ARCH TREATMENT LINGUAL ORTHODONTICS	54	P21,640.72
8846	REMOVABLE REPAIR	54	P206.71
8847	REPLACEMENT	54	P706.79
8848	FIXED REPAIR OR REPLACEMENT PER UNIT	54	P300.81
8849	RETAINER	54	P706.79
8850	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME 1ST CONSULTATION	54	P343.78
8851	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME SUBSEQUENT CONSULTATION	54	P180.17
8852	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME BITE PLATE	54	P746.72
8853	MAJOR OCCLUSAL ADJUSTMENT	54	P1,413.10
8854	MINOR OCCLUSAL ADJUSTMENT	54	P451.52
8855	CLEFT PALATE THERAPY CONSULTATION AT HOSPITAL/NURSING HOME/RESIDENCE	54	P411.10
8856	CLEFT PALATE THERAPY SUBSEQUENT CONSULTATION	54	P201.59
8857	CLEFT PALATE THERAPY WEEKLY MAXIMUM	54	P1,415.66
8858	FUNCTIONAL APPLIANCE THERAPY - APPLIANCE	54	P5,346.24
8861	MINOR CORRECTIVE THERAPY FIXED	54	P2,998.34
8862	MINOR CORRECTIVE THERAPY REMOVABLE (SINGLE)	54	P3,334.32
8863	MINOR CORRECTIVE THERAPY REMOVABLE (PER ADDITIONAL)	54	P2,095.55
8865	MAJOR CORRECTIVE THERAPY PRELIMINARY TREATMENT; UPPER OR LOWER ARCH	54	P8,003.47
8866	MAJOR CORRECTIVE THERAPY COMBINED UPPER& LOWER ARCH	54	P11,004.36
8867	SINGLE ARCH TREATMENT MILD	54	P8,599.85
8868	SINGLE ARCH TREATMENT MODERATE	54	P10,609.45
8869	SINGLE ARCH TREATMENT SEVERE	54	P12,406.75
8870	SINGLE ARCH TREATMENT SEVERE PLUS COMPLICATIONS	54	P6,505.52
8873	CLASS I - MALOCCLUSIONS MILD	54	P15,740.95
8874	MILD-CLASS 1 MALOCCLUSIONS--LINGUAL ORTH	54	P30,831.71
8875	CLASS I - MALOCCLUSIONS MODERATE	54	P19,316.79
8876	MODERATE CLASS 1 MALOCCLUSION LINGUAL ORTHODONTICS	54	P36,100.04
8877	CLASS I - MALOCCLUSIONS SEVERE	54	P22,519.15

8878	SEVERE CLASS 1 MALOCCLUSION LINGUAL ORTHODONTICS	54	P40,967.86
8879	CLASS I - MALOCCLUSIONS SEVERE WITH COMPLICATIONS	54	P25,307.74
8880	SEVERE PLUS COMPLICATIONS CLASS 1 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P45,457.44
8881	CLASS II & III - MALOCCLUSIONS MILD	54	P22,519.15
8882	MILD - CLASS-2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P37,835.61
8883	CLASS I & III - MALOCCLUSIONS MODERATE	54	P25,307.74
8884	MODERATE - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P42,099.26
8885	CLASS II & III - MALOCCLUSIONS SEVERE	54	P28,413.56
8886	SEVERE - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P46,884.06
8887	CLASS II & III - MALOCCLUSIONS SEVERE WITH COMPLICATIONS	54	P32,013.51
8888	SEVERE PLUS COMPLICATIONS - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P52,176.73
8890	CLASS I&II&III MALOCCLUSIONS MONTHLY PAYMENT FOR TREATMENT (REF CODE NUMBER)	54	P10,639.03
8891	RENEGOTIATED FEE FOR TRANSFER CASES BY ARRANGMENT	54	P2.31
8892	ORTHODONTICS RETREATMENT	54	P2.31
8904	SUBSEQUENT CONSULTATION AT CONSULTING ROOMS; HOSPITAL; NURSING HOME OR HOUSE	54	P216.45
8908	DIVERSE PROCEDURES REMOVAL OF ROOTS FROM MAXILLARY ANTRUM ETC	54	P22.77
8909	CLOSURE OF ORAL ANTRAL FISTULA ACUTE OR CHRONIC	54	P2,256.60
8917	DIAGNOSTIC PROCEDURES BIOPSIES; INTRA-ORAL	54	P1,034.26
8931	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE (EXCL BLEEDING ETC)	54	P2,947.21
8937	SURGICAL REMOVAL OF TOOTH IE RAISING OF MUCOPERIOSTEAL FLAP; REMOVE BONE/SUTURE	54	P566.56
8941	UNERUPTED OR IMPACTED TEETH FIRST	54	P1,311.09
8943	UNERUPTED OR IMPACTED TEETH SECOND	54	P22.77
8945	UNERUPTED OR IMPACTED TEETH THIRD	54	P22.77
8947	UNERUPTED OR IMPACTED TEETH FOURTH	54	P22.77
8953	REMOVAL OF ROOTS - SURGICAL REMOVAL RESIDUAL ROOTS OF 1ST TOOTH	54	P397.59
8957	ALVEOLOTOMY OR ALVEOLECTOMY - CONCURRENTWITH/INDEPENDANT OF EXTRACTIONS PER JAW	54	P544.40
8961	IMPLANTS RE-IMPLANTATION OR TRANSPLANTATION OF TEETH	54	P1,335.92
8967	CYSTS OF JAWS INTRA-ORAL APPROACH	54	P1,238.04
8971	NEOPLASMS SURGICAL TREATMENT OF SOFT TISSUE TUMOURS EG EPULIS	54	P596.38
8981	SURGICAL EXPOSURE OF IMPACTED/UNERUPTED TEETH FOR ORTHODONTIC REASONS	54	P1,184.73
8983	CORTICOTOMY - 1ST TOOTH	54	P889.03

8984	CORTICOTOMY - ADJACENT OR SUBSEQUENT TOOTH	54	P448.72
8985	FRENECTOMY	54	P1,939.73
8987	MYLOHYOID RIDGE REDUCTION	54	P1,335.92
8989	TORUS PALATINUS OR MANDIBULARIS REDUCTION	54	P1,939.73
8993	REDUCTION OF HYPERTROPHIC TUBEROSITY; PER SIDE	54	P550.85
8995	GINGIVECTOMY PER JAW	54	P2,060.73
8997	SULCOPLASTY VESTIBULOPLASTY	54	P5,313.98
9011	INCISION & DRAINAGE OF PYOGENIC ABSCESSSES (INTRAORAL APPROACH)	54	P253.33
9013	SEPSIS EXTRA-ORAL APPROACH EG LUDWIG'S ANGINA	54	P519.69
9015	APICECTOMY INCLUDING RETROGRADE ROOT FILLING WHERE NECESSARY	54	P1,939.73
9016	EPICECTOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY;	54	P890.73
9019	SEPSIS SEQUESTRECTOMY; INTRA-ORAL	54	P397.59
9021	TREATMENT OF ASSOCIATION SOFT TISSUE INJURIES MINOR	54	P669.06
9023	TREATMENT OF ASSOCIATED SOFT TISSUE INJURIES MAJOR	54	P22.77
9025	MANDIBULAR FRACTURES TREAT BY CLOSED REDUCTION WITH INTERMAXILLARY FIXATION	54	P988.73
9027	MANDIBULAR FRACTURES TREAT OF COMPOUND FRACTURE INVOLVING EYELET WIRING	54	P1,389.12
9047	OP TO IMPROVE OR RESTORE OCCLUSAL & MASTICATORY FUNCTION	54	P6,238.19
9073	CONSERV TREAT FOR TEMPOROMANDIUBULAR JOINT DERANGEMENT/BITE PLATE DYSFUNCTION	54	P1,374.63
9079	Trigger Point Injection	54	P115.40
9087	REDUCTION OF TEMPOROMANDIBULAR JOINT DISLOCATION; WITH ANAESTHETIC	54	P596.38
9105	MAXILLARY PROSTHESIS; INTERIM OBTURATOR ON NEW DENTURE	54	P3,863.87
9127	SPEECH AID/OBTURATOR WITH PHARYNGEAL MODIFICATION	54	P2,759.12
9163	TEMPLATES - SIMPLE	54	P226.55
9175	ATTENDANCE IN THEATRE PER HOUR	54	P461.38
9180	PLACEMENT OF SUB-PERIOSTEAL - PREPARATORY PROCEDURE/OPERATION	54	P2,081.55
9181	PLACEMENT OF SUB PERIOSTEAL IMPLANT PROSTHESIS/OPERATION	54	P2,081.55
9182	PLACEMENT OF ENDOSTEAL IMPLANT PER IMPLANT	54	P1,042.78
9183	PLACEMENT OF A SINGLE OSSEOINTEGRATED IMPLANT PER JAW	54	P1,329.10
9184	PLACEMENT OF SECOND OSSEOINTEGRATED IMPLANT IN THE SAME JAW	54	P995.67
9185	PLACEMENT OF A THIRD & SUB.OSSEOINTEGRATIMPLANT IN THE SAME JAW; PER IMPLANT	54	P666.99
9187	COST OF ENDOSTEAL IMPLANT BODY	54	P1,967.24
9189	COST OF IMPLANTS BY ARRANGEMENT	54	P2.31

9190	EXPOSURE OF A SINGLE OSSEOINTEGRATED IMPLANT & PLACEMENT OF A TRANSMUCOSAL EL	54	P491.44
9191	EXP.OF 2ND OSSEOINTEGRATED IMP. & PLACE-MENT OF TRANSMUCOSAL ELEMENT IN SAME JAW	54	P369.71
9192	EXP. OF 3RD & SUB. OSSEOINTEGRATED IMP. IN SAME JAW;PER IMPLANT	54	P247.97
9505	Ceramic bonded crown or pontic	54	P2,056.86