Tariff Code	Tariff Description	PracType	Tariff Price 2026-2027
8101	CONSULTATION AND CHARTING AT SURGERY	54	P252.65
8102	COMPREHSIVE CONSULTATION	54	P2.42
8104	CONS.FOR SPECIAL PROBLEM	54	P129.25
8105	APPOINTMENT NOT KEPT (IRRESPECTIVE OF LENGTH OF APPOINTMENT)	54	P2.42
8106	PROVISION OF A REPORT FOR PRIOR AUTHORISATION PROGRAMS (OR BY ARRANGEMENT)	54	P2.42
8107	DIAGNOSTIC PROCEDURES INTRA-ORAL RADIOGRAPHS PER FILM	54	P126.20
8108	DIAGNOSTIC PROCEDURES MAXIMUM FOR 8107.	54	P977.12
8109	USE OF RUBBER GLOVES AND MASKS	54	P40.58
8110	STERILE TRAY.	54	P75.82
8112	INTRAORAL RADIOGRAPH - BITEWING	54	P100.24
8113	DIAGNOSTIC PROCEDURES OCCLUSAL RADIOGRAPHS	54	P216.01
8114	DIAGNOSTIC PROCEDURES - HAND-WRIST RADIOGRAPH	54	P505.16

8115	DIAGNOSTIC PROCEDURES - EXTRA-ORAL RADIOGRAPH - PER FILM- (PANORAMIC)MAX 2 FILMS PER TREATMENT	54	P505.16
8116	EXTRAORAL RADIOGRAPH - CEPHALOMETRIC	54	P456.82
8117	DIAGNOSTIC PROCEDURES STUDY MODELS - UNMOUNTED	54	P223.77
8118	EXTRAORAL RADIOGRAPH - SKULL/FACIAL BONE	54	P361.03
8119	DIAGNOSTIC PROCEDURES STUDY MODELS MOUNTED ON ADJUSTABLE ARTICULATOR	54	P704.00
8121	DIAGNOSTIC PHOTOGRAPHS; PER PHOTOGRAPH	54	P2.42
8129	ADDITIONAL FEE FOR EMERGENCY TREATMENT RENDERED OUTSIDE NORMAL WORKING HOURS	54	P2.42
8131	EMERGENCY TREATMENT UNDER GEN ANAES FOR PAIN RELIEF WHERE NO OTHER TARIFF APPLIC	54	P190.95
8132	EXTIRPATION OF THE PULP CHAMBER CONTENTS FOR THE RELIEF OF PAIN	54	P311.80

8133	RE-CEMENTING OF INLAYS; CROWNS; BRIDGES PER ABUTMENT; UNDER GENERAL ANAESTHETIC	54	P190.95
8135	REMOVAL OF INLAYS; CROWNS (PER UNIT) & BRIDGES (PER ABUTMENT) UNDER GA.	54	P381.77
8136	TREATMENT ACCESS THROUGH CROWN ETC.	54	P168.43
8137	EMERGENCY CROWN (NOT APPLICABLE TO TEMP CROWNS PLACED DURING ROUTINE)UNDER GA.	54	P1,128.63
8138	PRE-FORMED METAL CROWN AS AN EMERGENCY PROCEDURE UNDER GENERAL ANAESTHETIC	54	P192.22
8140	FEE FOR TREATMENT UNDER GEN ANAES OR DOMICILIARY OR HOSP. TREAT.	54	P2.42
8141	INHALATION SEDATION - 1ST QUARTER HOUR OR PART THEREOF UNDER GEN ANAES	54	P140.44
8143	INHLALATION SEDATION ; PER ADDITIONAL QUARTER HOUR OR PART THEREOF (GEN ANAES)	54	P75.82
8144	INTRAVENOUS SEDATION UNDER GA.	54	P84.34

8145	MISC. LOCAL ANAESTHETIC PER VISIT.[APPLICABLE TO ALL DISCIPLINES]	54	P36.38
8146	MISC. RESIN BONDING FOR RESTORATIONS BY ARRANGEMENT. (NO BENEFIT AS PER DR LEVENSTEIN)	54	P2.42
8151	Oral hygiene instruction	54	P2.42
8153	FOLLOW-UP VISIT; RE-EVALUATION OF ORAL HYGIENE (IF NO OTHER TREATMENT GIVEN)	54	P2.42
8155	POLISHING ONLY (INCLUDING REMOVAL OF PLAQUE) (COMPLETE DENTITION)	54	P190.95
8157	REBURNISHING & POLISHING OF RESTORATIONS(COMPLETE DENTITION) ETC	54	P190.95
8159	SCALING & POLISHING	54	P376.04
8161	TOPICAL APPLICATION OF FLUORIDE PREPS (EXCLUDING SCALING &/OR POLISHING)	54	P190.95
8162	TOPICAL APPLICATION OF FLUORIDE - ADULT	54	P152.15
8163	FISSURE SEALANT; PER TOOTH	54	P126.20
8165	LABORATORY PROCESSED FLUORIDE APPLICATORS	54	P114.24

8167	TREATMENT OF HYPERSENSITIVE DENTINE; PER VISIT	54	P146.04
8169	BITE PLATE OR OCCLUSAL GUARDS	54	P1,436.49
8170	MINOR OCCLUSAL ADJ.	54	P418.15
8171	MOUTH PROTECTORS / GUM GUARDS COST BY ARRANGEMENT (PER B KEAL)	54	P491.42
8173	FIXED SPACE MAINTAINERS PER ABUTMENT UNIT	54	P1,008.04
8175	REMOVABLE SPACE MAINTAINER (ALL-INCLUSIVE FEE)	54	P1,114.64
8176	PERIODONTAL SCREENING.	54	P230.26
8177	ORAL HYGIENE INSTRUCTION	54	P289.28
8178	ORAL HYGIENE EVALUATION	54	P154.44
8179	PLAQUE REMOVAL	54	P216.01
8180	SCALING FOR PERIODON COMPROMISED	54	P407.08
8182	ROOT PLANING WITH OR WITHOUT PERIODONTALCURE TTAGE PER QUADRANT	54	P763.79
8183	INTRA-MUSCULAR OR SUBCUTANEOUS INJECTIONTHERAPY; PER INJECTION (EXCLUD MATERIAL)	54	P47.07
8184	ROOT PLANING WITH OR WITHOUT PERIODONTALCURE TTAGE PER SEXTANT	54	P609.22

8185	GINGIVECTOMY-GINGIVOPLASTY PER QUADRANT	54	P999.51
8186	GINGIVECYOMY-GINGIVOPLASTY PER SEXTANT	54	P797.24
8188	BIOPSY	54	P485.83
8189	BIOPSY OF BONE.	54	P388.64
8192	TREATMENT OF SOFT TISSUE INJURY	54	P943.28
8193	OSSEO - INTEGRATEDABUTEMENT RESTORATION - PER ABUTEMENT	54	P4,250.70
8194	PLACING OF SINGLE OSSEO INT IMPLANT PER JAW	54	P1,771.44
8195	PLACEMEMT OF 2ND OSSEO INT IMPLANT IN SAME JAW	54	P1,325.18
8196	PLACEMENT OF 3RD + OSSEO INT IMPLANT IN SAME JAW	54	P887.31
8197	COST OF IMPLANTS	54	P3,059.48
8198	EXP OF OSSEO IMPLANT AND PLACEMANT OF ELEMENT	54	P656.80
8199	EXP OF 2ND OSSEO IMPLANT AND PLACEMENT OF ELEMENT IN SAME JAW	54	P493.97
8200	EXP OF 3RD + OSSEO IMPLANT IN SAME JAW PER IMPLANT	54	P331.26
8201	EXTRACTIONS DURING SINGLE VISIT ONE	54	P190.95
8202	EXTRACTIONS - EACH ADDITIONAL TOOTH IN THE SAME QUADRANT	54	P75.82

8209	SURGICAL REM OF TOOTH	54	P825.36
8210	UNERUPTED OR IMP TEETH 1st	54	P1,370.09
8211	UNERUPTED OR IMP TEETH 2ND	54	P735.55
8212	UNERUPTED OR IMP TEETH 3+	54	P415.60
8213	SURGICAL REM OF RESIDUAL ROOTS 1ST	54	P825.36
8214	SURGICAL REMOVAL RESIDUAL ROOTS OF EACH SUB TOOTH.	54	P637.34
8215	SURG EXP OF IMP OR UNERUPTED TEETH.	54	P1,414.99
8216	FRENECTOMY	54	P50.76
8220	USE OF SUTURE	54	P50.88
8221	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE (EXCL BLEEDING/HAEMOPHILIA)	54	P140.44
8223	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE; EACH ADDITIONAL VISIT	54	P51.52
8225	TREATMENT OF SEPTIC SOCKET	54	P140.44
8227	TREATMENT OF SEPTIC SOCKET; EACH ADDITIONAL VISIT	54	P89.81
8228	INCISION AND DRAINAGE OF PYOGENIC ABSCESS	54	P259.13
8229	APICECTOMY INC FILLING IF NECESSARY	54	P943.28

8231	PROSTHETICS FULL UPPER & LOWER DENTURES	54	P4,722.53
8232	PROSTHETICS FULL UPPER OR LOWER DENTURES	54	P3,178.04
8233	PROSTHETICS PARTIAL DENTURE; 1 TOOTH	54	P1,428.98
8234	PROSTHETICS PARTIAL DENTURE; 2 TEETH	54	P1,462.82
8235	PROSTHETICS PARTIAL DENTURE; 3 TEETH	54	P1,934.53
8236	PROSTHETICS PARTIAL DENTURE; 4 TEETH	54	P1,934.53
8237	PROSTHETICS PARTIAL DENTURE; 5 TEETH	54	P1,934.53
8238	PROSTHETICS PARTIAL DENTURE; 6 TEETH	54	P2,498.59
8239	PROSTHETICS PARTIAL DENTURE; 7 TEETH	54	P2,633.44
8240	PROSTHETICS PARTIAL DENTURE; 8 TEETH	54	P2,751.24
8241	PROSTHETICS PARTIAL DENTURE; 9 OR MORE TEETH	54	P2,779.48
8243	PROSTHETICS SOFT BASE TO NEW DENTURE (NO BENEFIT)	54	P2.42
8251	PROSTHETICS CAST GOLD CLASP OR REST PER CLASP OR REST	54	P306.08
8253	PROSTHETICS WROUGHT GOLD CLASP OR REST PER CLASP OR REST	54	P300.48

8255	PROSTHETICS STAINLESS STEEL CLASP OR REST PER CLASP OR REST	54	P306.08
8257	PROSTHETICS LINGUAL BAR OR PALATAL BAR	54	P412.81
8259	PROSTHETICS RE-BASE PER DENTURE	54	P1,400.87
8261	PROSTHETICS RE-MODEL; PER DENTURE	54	P2,040.88
8263	PROSTHETICS RE-LINE; SELF-CURING HARD CONDITIONER ACRYLIC PER DENTURE	54	P454.79
8265	PROSTHETICS TISSUE CONDITIONER; PER DENTURE SOFT SELFCURE INTERIM RELINE	54	P300.48
8267	PROSTHETICS SOFT BASE; PER DENTURE RELINE HEAT CURED	54	P2,172.80
8269	PROSTHETICS REPAIR OF DENTURE &/OR ADD OF 1 OR MORE TEETH OR CLASPS TO DENTURE	54	P521.95
8270	REPAIR OF DENTURE OR OTHER INTRA-ORAL APPLIANCE	54	P261.04
8271	Add tooth to existing partial denture	54	P261.04

8273	PROSTHETICS ADDITIONAL FEE WHERE - IMPRESSION IS REQUIRED FOR 8269-8270-8271	54	P235.73
8275	PROSTHETICS ADJUSTMENT OF DENTURE AFTER6 MTHS OR FOR PATIENT OF DIFF. DOCTOR	54	P140.44
8277	PROSTHETICS: GOLD INLAY IN DENTURE COST BY ARRANGEMENT	54	P2.42
8279	PROSTHETICS METAL BASE TO FULL DENTURE (PER DENTURE)	54	P2.42
8281	PROSTHETICS METAL BASE TO PARTIAL DENTURE; PER DENTURE	54	P3,610.44
8301	DIRECT PULP CAPPING - (NO BENEFIT)	54	P2.42
8303	INDIRECT PULP CAPPING WHERE PERM FILLING NOT COMPLETED AT SAME VISIT	54	P252.65
8304	APPLICATION OF RUBBER DAM;PER ARCH FOR ITEMS 8305 8307 8330 8334=8336	54	P148.84
8305	APEXIFICATION OF ROOT CANAL PER VISIT	54	P252.65
8307	AMPUTATION OF PULP (PULPOTOMY)	54	P249.85
8308	BLEACHING OF VITAL TEETH PER ARCH	54	P1.40
8309	HOME BLEACHING.	54	P1.40
8310	BLEACHING MATERIALS.	54	P2.42

8311	FOLLOW UP HOME BLEACHING.	54	P2.42
8323	BACTERIOLOGICAL SPECIMEN PER CANAL	54	P51.52
8325	BLEACHING PER TOOTH	54	P452.12
8327	EACH ADDITIONAL VISIT FOR BLEACHING; PER TOOTH (MAXIMUM FOR 8327 - R74.60)	54	P204.94
8328	MAXIMUM FOR 8327	54	P354.03
8329	EACH ADDITIONAL CANALS - ANTERIORS AND PREMOLARS	54	P440.79
8330	PREPATATORY VISIT -SINGLE CANAL TOOTH PER VISIT.	54	P249.85
8331	MAXIMUM FOR 8333.	54	P508.98
8332	PREPARITORY VISIT=MULTI-ROOTED TOOTH PER VISIT MAX. 4 (R120.40)	54	P190.95
8333	PREP VISITS MULTI-CANAL TOOTH PER VISIT.	54	P266.77
8334	ROOT CANAL THERAPGY EXCLUDING MOLARS FIRST CANAL	54	P283.69
8335	ROOT CANAL THERAPHY MOLARS FIRST CANAL	54	P864.80
8336	FIRST CANAL - MOLARS	54	P1,193.00
8337	EACH ADDITIONAL CANAL - MOLARS	54	P354.03
8338	OBTURATION OF ROOT CANAL MOLARS 1ST	54	P1,325.18

8339	PREP AND OBTURATION OF ROOT CANAL ONE VISIT	54	P1,824.87
8340	PREP ROOT CANALS ADD. CANAL PER EACH.	54	P440.79
8341	PLASTIC RESTORATIONS INCL OF DIRECT PULP CAPS - 1 SURFACE	54	P345.38
8342	PLASTIC RESTORATIONS 2 SURFACES	54	P429.60
8343	PLASTIC RESTORATIONS 3 SURFACES	54	P516.61
8344	PLASTIC RESTORATIONS 4 OR MORE SURFACES	54	P578.31
8345	PLASTIC RESTORATIONS PREFORMED POST REINFORCEMENT PER POST	54	P376.04
8347	PLASTIC RESTORATIONS PIN RETENTION FOR RESTORATION; FIRST PIN	54	P188.28
8348	PIN RETENTION FOR RESTORATION EACH ADDITIONAL PIN - MAX OF 2 ADDITIONAL PINS	54	P176.95
8349	PLASTIC RESTORATIONS- FOR EXISTING PROSTHESIS.	54	P78.49
8351	ACID ETCH TECHNIQUE 1 SURFACE	54	P381.77
8352	ACID ETCH TECHNIQUE 2 SURFACES	54	P477.18

8353	ACID ETCH TECHNIQUE 3 SURFACES	54	P572.71
8354	ACID ETCH TECHNIQUE MORE THAN 3 SURFACES	54	P637.34
8355	ACID ETCH TECHNIQUE COMPOSITE VENEERS	54	P659.86
8356	BRIDGE PER ABUTMENT PER PONTIC (SEE 8420 8422 & 8424)	54	P847.88
8357	ACID ETCH TECHNIQUE: PREFORMED METAL CROWN	54	P390.16
8358	METAL INLAYS ON ANTERIORTEETH - ONE SURFACE (SEE CODE 8361)	54	P2.42
8359	METAL INLAYS ON ANTERIOR TEETH - TWO SURFACES SEE CODE 8362	54	P2.42
8360	METAL INLAYS ON ANTERIOR TEEETH - THREE SURFACES SEE CODE 8363	54	P2.42
8361	METAL INLAYS ON POSTERIOR TEETH - 1 SURFACE	54	P1,314.11
8362	METAL INLAYS ON POSTERIOR TEETH - 2 SURFACES	54	P1,914.56
8363	METAL INLAYS ON POSTERIOR TEETH - 3 SURFACES	54	P2,529.63
8364	METAL INLAYS ON POSTERIOR TEETH - 4 OR MORE SURFACES	54	P2,824.38

8365	METAL INLAYS ON ANTERIOR TEETH - FOUR OR MORE SURFACES - SEE CODE 8364	54	P2.42
8366	PIN RETENTION AS PART OF CAST REST.	54	P283.69
8367	PLASTIC REST ONE SURFACE ON MOLAR OR PRE MOLAR	54	P460.64
8368	PLASTIC RES TWO SURFACES MOLAR OR PRE MOLAR	54	P507.96
8369	PLASTIC RES THREE SURFACES MOLAR OR PRE MOLAR	54	P612.02
8370	PLASTIC REST FOUR + SURFACES MOLAR OR PRE MOLAR	54	P659.86
8371	CERAMIC/RESIN BONDED INLAYS ONE SURFACE	54	P2,153.46
8372	CERAMIC/LAMINATED VENEERS TWO SURFACES	54	P2,487.53
8373	CERAMIC/LAMINATED VENEERS THREE SURFACES	54	P3,155.52
8374	CERAMIC/LAMINATED VENEERS FOUR SURFACES	54	P3,298.76
8376	PREFABRICATED POST & CORE IN ADDITION TO CROWN	54	P1,041.87
8377	PREFORMED POST & CORE DOUBLE	54	P361.67
8378	PREFORMED POST & CORE TRIPLE	54	P495.75
8379	COST OF POSTS - NOBLE METALS ONLY	54	P176.95

8391	POST WITH THIMBLE OR COPING SINGLE POST	54	P957.41
8393	POST WITH THIMBLE OR COPING BINARY POST	54	P1,442.98
8395	POST WITH THIMBLE OR COPING TRIPLE POST	54	P1,440.43
8396	POST WITH THIMBLE OR COPING COPINGS	54	P794.57
8397	POST WITH THIMBLE OR COPING CAST CORE WITH PINS	54	P1,442.98
8398	POST WITH THIMBLE OR COPING PLASTIC CORE ON PIN REINFORCING (ANY NO OF PINS)	54	P847.88
8401	CAST FULL CROWN	54	P3,484.37
8403	CAST THREE QUARTER CROWN	54	P3,060.24
8405	ACRYLIC JACKET CROWN - BY ARRANGEMENT	54	P2,181.45
8407	ACRYLIC VENEERED CROWN	54	P3,048.92
8409	PORCELAIN JACKET CROWN	54	P3,517.95
8410	PROVISIONAL CROWN (TEMPORARY)	54	P1,207.89
8411	PORCELAIN VENEERED CROWN	54	P3,537.42
8413	CROWNS FACING REPLACEMENT	54	P993.79
8414	ADD. FEE FOR CROWN.	54	P387.24
8415	PONTIC - PORCELAIN/CERAMIC	54	P1,444.12

8418	PONTIC - PORCELAIN FUSED TO METAL	54	P1,417.92
8420	RESIN BONDED BRIDGES - SANITARY PONTIC	54	P1,061.09
8422	RESIN BONDED BRIDGES - POSTERIOR PONTIC	54	P1,417.92
8424	RESIN BONDED BRIDGES - ANTERIOR PONTIC	54	P1,782.64
8443	CROWN RETAINER - PORCELAIN/CERAMIC	54	P1,770.04
8445	CROWN RETAINER - PORCELAIN WITH METAL	54	P1,737.09
8499	GENERAL ANAESTHETICS AS PER MEDICAL TARIFF	54	P2.42
8503	OCCLUSAL ANALYSIS ON ADJUSTABLE ARTICULAR	54	P355.18
8507	DIAGNOSTIC PROCEDURES EXAMINATION; DIAGNOSIS & TREATMENT PLANNING	54	P355.18
8513	EMERGENCY TREATMENT TEMPORARY CROWN	54	P361.67
8515	RECEMENTATION OF INLAY; CROWN OR BRIDGE PER ABUTMENT	54	P87.14
8516	REMOVE BRIDGE	54	P308.49
8517	REIMPLANTATION OF A TOOTH; INCLUDING FIXATION AS REQUIRED	54	P370.83

8521	PROVISIONAL SPLINTING - EXTRACORONAL WIRE; PER SEXTANT	54	P299.21
8523	PROVISIONAL SPLINTING - EXTRACORONAL WIRE PLUS RESIN; PER SEXTANT	54	P2.42
8527	PROVISIONAL SPLINTING- INTRACORONAL WIRE/PINS/CAST BAR AMALGAM/RESIN PER UNIT	54	P136.63
8529	PROVISIONAL CROWN	54	P236.74
8530	PROVISIONAL TREATMENT PREFORMED METAL CROWN	54	P201.00
8536	IMPLANT -CROWN PORCELAIN /CERAMIC	54	P3,993.09
8537	CROWN - IMPLANT/ABUTMENT SUPPORTED - PORCELAIN WITH METAL	54	P2,032.36
8551	OCCLUSAL ADJUSTMENT MAJOR	54	P678.81
8553	OCCLUSAL ADJUSTMENT MINOR	54	P216.01
8554	CERAMIC INLAID VENEERS	54	P821.92
8560	CERAMIC/LAMINATED VENEERS FOUR SURFACES	54	P240.81
8570	FABRICATION OF COMPUTER GENERATED CERAMIC RESTORATION	54	P2,122.17

8577	GOLD RESTORATIONS PIN RETENTION	54	P214.35
8578	PREFABRICATED ABUTMENT	54	P254.30
8579	CUSTOM ABUTMENT	54	P1,516.13
8590	PERIODIC MAINTENANCE OF IMPLANT PROSTHESIS.	54	P136.63
8592	IMPLANTS OSSEO-INTEGRATED PER ABUTMENT.	54	P1,440.82
8597	CONNECTORS LOCKS & MILLED RESTS	54	P2.42
8599	CONNECTORS PRECISION ATTACHMENTS	54	P2.42
8600	Cost of implant components	54	P1,370.47
8603	CAST GOLD CROWN	54	P1,201.53
8618	RESIN BONDING FOR RESTORATIONS	54	P2.42
8621	CONSERVATIVE TREATMENT MYOFASCIAL PAIN-DYSFUNCTION SYNDROME 1ST VISIT	54	P147.19
8623	CONSERVATIVE TREATMENT MYOFASCIAL PAIN-DYSFUNCTION SYNDROME SUBSEQUENT VISIT	54	P114.24
8634	ENDONTIC PROCEDURE ON PRIMARY TOOTH	54	P254.55
8637	HEMISECTION OF A TOOTH OR RESECTION OF ROOT	54	P699.16

8640	REMOVAL OF FRACTURED POST OR INSTRUMENT FROM ROOT CANAL	54	P370.83
8662	PROSTHETICS REMOUNTING & OCCLUSAL ADJUSTMENT OF DENTURES	54	P415.48
8664	REMOUNT OF CROWN OR BRIDGE	54	P415.48
8701	DIAGNOSTIC PROCEDURES CONSULTATION	54	P172.12
8703	DETAILED CLINICAL EXAMINATION; RECORDSRADIOGRAPHIC INTERPRETATION DIAGNOSIS ET	54	P580.85
8705	PERIODIC RE-EXAMINATION	54	P172.12
8706	APPOINTMENTS NOT KEPT (ACCORDING TO AGREEMENT WITH PATIENT)	54	P2.42
8707	PERIODONTAL SCREENING	54	P172.12
8721	OCCLUSAL ADJUSTMENT PER VISIT	54	P324.01
8723	PROVISIONAL SPLINTING - EXTRACORONAL WIRE; PER SEXTANT	54	P299.21
8725	PROVISIONAL SPLINTING - EXTRACORONAL WIRE PLUS RESIN; PER SEXTANT	54	P433.41

8727	PROVISIONAL SPLINTING - INTRACORONAL WIRE/PINS/CAST BAR AMALGAM/RESIN ETC	54	P136.63
8731	PERIODONTAL ADSCESS - TREATMENT OF ACUTEPHASE SURGICALLY	54	P169.70
8737	ROOT PLANING WITH OR WITHOUT PERIODONTALCURE TTAGE; PER QUADRANT	54	P386.98
8739	ROOT PLANING WITH OR WITHOUT PERIODONTALCURE TTAGE PER SEXTANT	54	P309.76
8741	GINGIVECTOMYH - GINGIVOPLASTY; PER QUADRANT	54	P510.89
8743	GINGIVECTOMY- GINGIVOPLASTY; PER SEXTANT	54	P406.70
8749	FLAP 0P WITH ROOT PLANING & CURETTAGE; PER QUADRANT ETC	54	P1,161.07
8751	AS ITEM 8749; PER SEXTANT	54	P961.99
8753	FLAP OP WITH ROOT PLANING & CURETTAGE PER QUADRANT; ETC	54	P1,439.93
8755	AS ITEM 8753; PER SEXTANT	54	P1,167.18
8756	FLAP OP WITH BONE REMOVAL TO INCR CLINICLENGTH OF TOOTH (ISOLATED PROCEDURE)	54	P707.43
8757	FRENOPLASTY (AS AN ISOLATED PROCEDURE)	54	P853.22

8758	SURGICAL EXPOSURE OF IMPACTED TEETH FOR ORTHODONTIC REASONS	54	P1,165.91
8759	PEDICLE FLAPPED GRAFT EG LATERAL SLIDINGDOUBLE PAPILLA; ROTATED & SIMILAR (ETC)	54	P799.41
8760	APICECTOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY- ANTERIOR TEETH	54	P699.16
8761	MASTICATORY MUCOSAL AUTOGRAFT EXTENDING ACROSS NOT MORE THAN 4 TEETH	54	P866.19
8763	WEDGE RESECTION (AS AN ISOLATED PROCED)	54	P508.98
8764	APICETOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY POSTERIOR TEETH	54	P1,396.04
8765	HEMISECTION OF TOOTH/RESECTION OF ROOT EXCL ENDODONTICS AS ISOLATED PROCEDURE	54	P699.16
8766	BONE REGENERATION/REPAIR EXCLU COST OF MATERIAL.C REASONS.	54	P417.77
8767	BONE REGENERATIVE / REPAIR PROCEDURE AT A SINGLE SITE	54	P1,080.93

8768	ANY OTHER PERIODONTAL PROCEDURE INVOLVING A SINGLE TOOTH	54	P339.79
8769	SUBS REMOVAL OF MEMBRANE USED FOR TISSUE REGENERATION PROC	54	P339.79
8770	COST OF BONE REGENERATIVE/REPAIR MATERIAL. AT COST	54	P1,056.38
8771	PRERESTORATIVE RIDGE AUGMENTATION USING FIBROUS TISSUE;HYDROXYAPATITE GRANULES AND/OR BONE PARTICLES	54	P1,092.00
8781	CONSULT/EXAM/DIAGNOSIS OR ORAL DISEASE; PATH CONDIT OF SURROUNDING TISSUES ETC	54	P172.12
8782	ORAL DISEASES COMLPEX CASE	54	P306.46
8783	SUBSEQUENT CONSULTATION FOR SAME DISEASE	54	P129.50
8785	BIOPSY. INCISIONAL/EXCISIONAL EG. EPULIS	54	P359.76
8786	SURGICAL TREATMENT OF SOFT TISSUE TUMOURS E.G.EPULIS	54	P415.48
8787	ANY OTHER PROCEDURE CONNECTED WITH THE PRACTICE OF ORAL MEDICINE	54	P183.19
8801	1ST CONSULTATION	54	P252.65

8803	SUBSEQUENT CONSULTATION; RETENTION &/OR POST-TREATMENT CONSULTATION	54	P188.28
8811	Tracing and analysis of extra-oral film	54	P59.03
8837	DIAGNOSIS & TREATMENT PLANNING	54	P148.84
8839	ORTHODONTIC DIAGNOSTIC SETUP	54	P314.34
8840	TREATMENT PLANNING FOR ORTHOGNATHIC SURGERY	54	P1,092.00
8841	MILD-SINGLE ARCH TREATMENT-LINGUAL ORTHO	54	P16,892.76
8842	MODERATE-SINGLE ARCH TREATMENT LINGUAL ORTHODONTICS	54	P19,848.94
8843	SEVERE-SINGLE ARCH TREATMENT LINGUAL ORTHODONTICS	54	P22,614.55
8846	REMOVABLE REPAIR	54	P216.01
8847	REPLACEMENT	54	P738.60
8848	FIXED REPAIR OR REPLACEMENT PER UNIT	54	P314.34
8849	RETAINER	54	P738.60
8850	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME 1ST CONSULTATION	54	P359.25
8851	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME SUBEQUENT CONSULTATION	54	P188.28
8852	TREATMENT OF MYOFASCIAL PAIN-DYSFUNCTIONSYNDROME BITE PLATE	54	P780.32

8853	MAJOR OCCLUSAL ADJUSTMENT	54	P1,476.69
8854	MINOR OCCLUSAL ADJUSTMENT	54	P471.83
8855	CLEFT PALATE THERAPY CONSULTATION AT HOSPITAL/NURSING HOME/RESIDENCE	54	P429.60
8856	CLEFT PALATE THERAPY SUBSEQUENT CONSULTATION	54	P210.66
8857	CLEFT PALATE THERAPY WEEKLY MAXIMUM	54	P1,479.36
8858	FUNCTIONAL APPLIANCE THERAPY - APPLIANCE	54	P5,586.82
8861	MINOR CORRECTIVE THERAPY FIXED	54	P3,133.26
8862	MINOR CORRECTIVE THERAPY REMOVABLE (SINGLE)	54	P3,484.37
8863	MINOR CORRECTIVE THERAPY REMOVABLE (PER ADDITIONAL)	54	P2,189.85
8865	MAJOR CORRECTIVE THERAPY PRELIMINARY TREATMENT; UPPER OR LOWER ARCH	54	P8,363.62
8866	MAJOR CORRECTIVE THERAPY COMBINED UPPER& LOWER ARCH	54	P11,499.56
8867	SINGLE ARCH TREATMENT MILD	54	P8,986.84

8868	SINGLE ARCH TREATMENT MODERATE	54	P11,086.88
8869	SINGLE ARCH TREATMENT SEVERE	54	P12,965.05
8870	SINGLE ARCH TREATMENT SEVERE PLUS COMPLICATIONS	54	P6,798.27
8873	CLASS I - MALOCCLUSIONS MILD	54	P16,449.29
8874	MILD-CLASS 1 MALOCCLUSIONS-- LINGUAL ORTH	54	P32,219.14
8875	CLASS I - MALOCCLUSIONS MODERATE	54	P20,186.05
8876	MODERATE CLASS 1 MALOCCLUSION LINGUAL ORTHODONTICS	54	P37,724.54
8877	CLASS I - MALOCCLUSIONS SEVERE	54	P23,532.52
8878	SEVERE CLASS 1 MALOCCLUSION LINGUAL ORTHODONTICS	54	P42,811.41
8879	CLASS I - MALOCCLUSIONS SEVERE WITH COMPLICATIONS	54	P26,446.59
8880	SEVERE PLUS COMPLICATIONS CLASS 1 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P47,503.03
8881	CLASS II & III - MALOCCLUSIONS MILD	54	P23,532.52
8882	MILD - CLASS-2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P39,538.22

8883	CLASS I & III - MALOCCLUSIONS MODERATE	54	P26,446.59
8884	MODERATE - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P43,993.73
8885	CLASS II & III - MALOCCLUSIONS SEVERE	54	P29,692.17
8886	SEVERE - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P48,993.84
8887	CLASS II & III - MALOCCLUSIONS SEVERE WITH COMPLICATIONS	54	P33,454.12
8888	SEVERE PLUS COMPLICATIONS - CLASS 2+3 MALOCCLUSIONS LINGUAL ORTHODONTICS	54	P54,524.68
8890	CLASS 1&II&III MALOCCLUSSIONS MONTHLY PAYMENT FOR TREATMENT (REF CODE NUMBER)	54	P11,117.79
8891	RENEGOTIATED FEE FOR TRANSFER CASES BY ARRANGMENT	54	P2.42
8892	ORTHODONTICS RETREATMENT	54	P2.42
8904	SUBSEQUENT CONSULTATION AT CONSULTING ROOMS; HOSPITAL; NURSING HOME OR HOUSE	54	P226.19

8908	DIVERSE PROCEDURES REMOVAL OF ROOTS FROM MAXILLARY ANTRUM ETC	54	P23.79
8909	CLOSURE 0F ORAL ANTRAL FISTULA ACUTE OR CHRONIC	54	P2,358.15
8917	DIAGNOSTIC PROCEDURES BIOPSIES; INTRA-ORAL	54	P1,080.80
8931	LOCAL TREATMENT OF POST-EXTRACTION HAEMORRHAGE (EXCL BLEEDING ETC)	54	P3,079.83
8937	SURGICAL REMOVAL OF TOOTH IE RAISING OF MUCOPERIOSTEAL FLAP; REMOVE BONE/SUTURE	54	P592.05
8941	UNERUPTED OR IMPACTED TEETH FIRST	54	P1,370.09
8943	UNERUPTED OR IMPACTED TEETH SECOND	54	P23.79
8945	UNERUPTED OR IMPACTED TEETH THIRD	54	P23.79
8947	UNERUPTED OR IMPACTED TEETH FOURTH	54	P23.79
8953	REMOVAL OF ROOTS -SURGICAL REMOVAL RESIDUAL ROOTS OF 1ST TOOTH	54	P415.48

8957	ALVEOLOTOMY OR ALVEOLECTOMY - CONCURRENTWITH/INDEPENDANT OF EXTRACTIONS PER JAW	54	P568.90
8961	IMPLANTS RE-IMPLANTATION OR TRANSPLANTATION OF TEETH	54	P1,396.04
8967	CYSTS OF JAWS INTRA-ORAL APPROACH	54	P1,293.76
8971	NEOPLASMS SURGICAL TREATMENT OF SOFT TISSUE TUMOURS EG EPULIS	54	P623.22
8981	SURGICAL EXPOSURE OF IMPACTED/UNERUPTED TEETH FOR ORTHODONTIC REASONS	54	P1,238.04
8983	CORTICOTOMY - 1ST TOOTH	54	P929.04
8984	CORTICOTOMY - ADJACENT OR SUBSEQUENT TOOTH	54	P468.91
8985	FRENECTOMY	54	P2,027.01
8987	MYLOHYOID RIDGE REDUCTION	54	P1,396.04
8989	TORUS PALATINUS OR MANDIBULARIS REDUCTION	54	P2,027.01
8993	REDUCTION OF HYPERTROPHIC TUBEROSITY; PER SIDE	54	P575.64
8995	GINGIVECTOMY PER JAW	54	P2,153.46
8997	SULCOPLASTY VESTIBULOPLASTY	54	P5,553.11

9011	INCISION & DRAINAGE OF PYOGENIC ABSCESSES (INTRAORAL APPROACH)	54	P264.73
9013	SEPSIS EXTRA-ORAL APPROACH EG LUDWIG'S ANGINA	54	P543.07
9015	APICECTOMY INCLUDING RETROGRADE ROOT FILLING WHERE NECESSARY	54	P2,027.01
9016	EPICECTOMY INCLUDING RETROGRADE FILLING WHERE NECESSARY;	54	P930.82
9019	SEPSIS SEQUESTRECTOMY; INTRA-ORAL	54	P415.48
9021	TREATMENT OF ASSOCIATION SOFT TISSUE INJURIES MINOR	54	P699.16
9023	TREATMENT OF ASSOCIATED SOFT TISSUE INJURIES MAJOR	54	P23.79
9025	MANDIBULAR FRACTURES TREAT BY CLOSED REDUCTION WITH INTERMAXILLARY FIXATION	54	P1,033.22
9027	MANDIBULAR FRACTURES TREAT OF COMPOUND FRACTURE INVOLVING EYELET WIRING	54	P1,451.63

9047	OP TO IMPROVE OR RESTORE OCCLUSAL & MASTICATORY FUNCTION	54	P6,518.91
9073	CONSERV TREAT FOR TEMPOROMANDIUBULAR JOINT DERANGEMENT/BITE PLATE DYSFUNCTION	54	P1,436.49
9079	Trigger point injection	54	P120.60
9087	REDUCTION OF TEMPOROMANDIBULAR JOINT DISLOCATION; WITH ANAESTHETIC	54	P623.22
9105	MAXILLARY PROSTHESIS; INTERIM OBTURATOR ON NEW DENTURE	54	P4,037.75
9127	SPEECH AID/OBTURATOR WITH PHARYNGEAL MODIFICATION	54	P2,883.28
9163	TEMPLATES - SIMPLE	54	P236.74
9175	ATTENDANCE IN THEATRE PER HOUR	54	P482.14
9180	PLACEMENT OF SUB-PERIOSTEAL - PREPARATORY PROCEDURE/OPERATION	54	P2,175.22
9181	PLACEMENT OF SUB PERIOSTEAL IMPLANT PROSTHESIS/OPERATION	54	P2,175.22
9182	PLACEMENT OF ENDOSTEAL IMPLANT PER IMPLANT	54	P1,089.71

9183	PLACEMENT OF A SINGLE OSSEOINTEGRATED IMPLANT PER JAW	54	P1,388.91
9184	PLACEMENT OF SECOND OSSEOINTEGRATED IMPLANT IN THE SAME JAW	54	P1,040.48
9185	PLACEMENT OF A THIRD & SUB.OSSEOINTEGRATIMPLANT IN THE SAME JAW; PER IMPLANT	54	P697.00
9187	COST OF ENDOSTEAL IMPLANT BODY	54	P2,055.76
9189	COST OF IMPLANTS BY ARRANGEMENT	54	P2.42
9190	EXPOSURE OF A SINGLE OEESOINTEGRATED IMPLANT & PLACEMENT OF A TRANSMUCOSAL EL	54	P513.56
9191	EXP.OF 2ND OSSEOINTEGRATED IMP. & PLACE-MENT OF TRANSMUCOSAL ELEMENT IN SAME JAW	54	P386.35
9192	EXP. OF 3RD & SUB. OSSEOINTEGRATED IMP. IN SAME JAW;PER IMPLANT	54	P259.13
9505	Ceramic bonded crown or pontic	54	P2,149.42