

Conservative Dentistry Codes

| Code | Description |
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| 8101 | ORAL EXAMINATION |
| 8102 | COMPREHENSIVE ORAL EXAMINATION |
| 8104 | LIMITED ORAL EXAMINATION |
| 8107 | INTRAORAL RADIOGRAPH - PERIAPICAL |
| 8108 | INTRAORAL RADIOGRAPHS - COMPLETE SERIES |
| 8109 | INFECTION CONTROL/BARRIER TECHNIQUES |
| 8110 | STERILIZED INSTRUMENTATION |
| 8112 | INTRAORAL RADIOGRAPH - BITEWING |
| 8113 | INTRAORAL RADIOGRAPH - OCCLUSAL |
| 8114 | EXTRAORAL RADIOGRAPH - HAND-WRIST |
| 8115 | EXTRAORAL RADIOGRAPH - PANORAMIC |
| 8116 | EXTRAORAL RADIOGRAPH - CEPHALOMETRIC |
| 8117 | DIAGNOSTIC MODELS |
| 8118 | EXTRAORAL RADIOGRAPH - SKULL/FACIAL BONE |
| 8119 | DIAGNOSTIC MODELS MOUNTED |
| 8121 | ORAL AND/OR FACIAL IMAGE (DIGITAL/CONVENTIONAL) |
| 8129 | OFFICE/HOSPITAL VISIT – AFTER REGULARLY SCHEDULED HOURS |
| 8131 | EMERGENCY DENTAL TREATMENT |
| 8132 | PULP REMOVAL (PULPECTOMY) |
| 8136 | ACCESS THROUGH A PROSTHETIC CROWN OR INLAY TO FACILITATE ROOT CANAL TREATMENT |
| 8140 | HOUSE/EXTENDED CARE FACILITY/HOSPITAL CALL |
| 8141 | INHALATION SEDATION - FIRST 15 MINUTES OR PART THEREOF |
| 8143 | INHALATION SEDATION - EACH ADDNL 15 MINUTES |
| 8145 | LOCAL ANAESTHETIC - PER VISIT |
| 8147 | MONITORING EQUIPMENT FOR INTRAVENOUS SEDATION |
| 8151 | ORAL HYGIENE INSTRUCTION |
| 8155 | POLISHING - COMPLETE DENTITION |
| 8159 | PROPHYLAXIS - COMPLETE DENTITION |
| 8161 | TOPICAL APPLICATION OF FLUORIDE - CHILD |
| 8162 | TOPICAL APPLICATION OF FLUORIDE - ADULT |
| 8163 | DENTAL SEALANT |
| 8165 | SEDATIVE FILLING |
| 8166 | APPLICATION OF DESENSITISING RESIN, PER TOOTH |
| 8167 | APPLICATION OF DESENSITISING MEDICAMENT, PER VISIT |
| 8169 | OCCLUSAL GUARD |
| 8171 | MOUTH PROTECTOR |
| 8176 | PERIODONTAL SCREENING |
| 8179 | POLISHING - COMPLETE DENTITION (PERIODONTALLY COMPROMISED PATIENT) |
| 8180 | PROPHYLAXIS - COMPLETE DENTITION (PERIODONTALLY COMPROMISED PATIENT) |
| 8190 | CONSULTATION - SECOND OPINION OR ADVICE |
| 8201 | EXTRACTION - TOOTH OR EXPOSED TOOTH ROOTS (FIRST PER QUADRANT) |
| 8202 | EXTRACTION - EACH ADDITIONAL TOOTH OR EXPOSED TOOTH ROOTS |
| 8220 | COST OF SUTURE MATERIAL |
| 8231 | COMPLETE DENTURES - MAXILLARY AND MANDIBULAR |
| 8232 | COMPLETE DENTURE - MAXILLARY OR MANDIBULAR |
| 8233 | PARTIAL DENTURE - RESIN BASE - ONE TOOTH |
| 8234 | PARTIAL DENTURE - RESIN BASE - TWO TEETH |

| Code | Description |
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| 8235 | PARTIAL DENTURE - RESIN BASE - THREE TEETH |
| 8236 | PARTIAL DENTURE - RESIN BASE - FOUR TEETH |
| 8237 | PARTIAL DENTURE - RESIN BASE - FIVE TEETH |
| 8238 | PARTIAL DENTURE - RESIN BASE - SIX TEETH |
| 8239 | PARTIAL DENTURE - RESIN BASE - SEVEN TEETH |
| 8240 | PARTIAL DENTURE - RESIN BASE - EIGHT TEETH |
| 8241 | PARTIAL DENTURE - RESIN BASE - NINE OR MORE TEETH |
| 8244 | IMMEDIATE DENTURE - MAXILLARY |
| 8245 | IMMEDIATE DENTURE - MANDIBULAR |
| 8259 | REBASE COMPLETE OR PARTIAL DENTURE (LABORATORY) |
| 8261 | REMODEL COMPLETE OR PARTIAL DENTURE |
| 8263 | RELINE COMPLETE OR PARTIAL DENTURE (CHAIR-SIDE) |
| 8265 | TISSUES CONDITIONING PER ARCH (INCLUDING SOFT SELF-CURE RELINE) |
| 8267 | RELINE COMPLETE OR PARTIAL DENTURE (LABORATORY) |
| 8269 | REPAIR DENTURE OR OTHER INTRA-ORAL APPLIANCE |
| 8273 | IMPRESSION TO REPAIR OR MODIFY A DENTURE OR OTHER INTRA-ORAL APPLIANCE |
| 8275 | ADJUST COMPLETE OR PARTIAL DENTURE |
| 8304 | RUBBER DAM PER ARCH |
| 8307 | PULP AMPUTATION (PULPOTOMY) |
| 8328 | ROOT CANAL OBTURATION - ANTERIORS AND PREMOLARS - EACH ADDITIONAL CANAL |
| 8329 | ROOT CANAL THERAPY - ANTERIORS AND PREMOLARS - EACH ADDITIONAL CANAL |
| 8330 | REMOVAL OF ROOT CANAL OBSTRUCTION |
| 8332 | ROOT CANAL PREPARATORY VISIT - SINGLE CANAL TOOTH |
| 8333 | ROOT CANAL PREPARATORY VISIT - MULTI CANAL TOOTH |
| 8334 | RE-TREATMENT OF PREVIOUSLY COMPLETED ROOT CANAL THERAPY, PER CANAL |
| 8335 | ROOT CANAL OBTURATION - ANTERIORS AND PREMOLARS - FIRST CANAL |
| 8336 | ROOT CANAL OBTURATION - POSTERIOR - FIRST CANAL |
| 8337 | ROOT CANAL OBTURATION - POSTERIOR - EACH ADDITIONAL CANAL |
| 8338 | ROOT CANAL THERAPY - ANTERIORS AND PREMOLARS - FIRST CANAL |
| 8339 | ROOT CANAL THERAPY - POSTERIOR - FIRST CANAL |
| 8340 | ROOT CANAL THERAPY - POSTERIOR - EACH ADDITIONAL CANAL |
| 8341 | AMALGAM - ONE SURFACE |
| 8342 | AMALGAM - TWO SURFACES |
| 8343 | AMALGAM - THREE SURFACES |
| 8344 | AMALGAM - FOUR OR MORE SURFACES |
| 8345 | PREFABRICATED POST RETENTION, PER POST (IN ADDITION TO RESTORATION) |
| 8347 | PIN RETENTION - FIRST PIN (IN ADDITION TO RESTORATION) |
| 8348 | PIN RETENTION - EACH ADDITIONAL PIN (IN ADDITION TO RESTORATION) |
| 8349 | CARVE RESTORATION TO ACCOMMODATE EXISTING REMOVABLE PROSTHESIS |
| 8350 | RESIN CROWN - ANTERIOR PRIMARY TOOTH (DIRECT) |
| 8351 | RESIN - ONE SURFACE, ANTERIOR |
| 8352 | RESIN - TWO SURFACES, ANTERIOR |
| 8353 | RESIN - THREE SURFACES, ANTERIOR |
| 8354 | RESIN - FOUR OR MORE SURFACES, ANTERIOR |
| 8355 | VENEER - RESIN (CHAIR-SIDE) |
| 8367 | RESIN - ONE SURFACE, POSTERIOR |
| 8368 | RESIN - TWO SURFACES, POSTERIOR |
| 8369 | RESIN - THREE SURFACES, POSTERIOR |
| 8370 | RESIN - FOUR OR MORE SURFACES, POSTERIOR |

| Code | Description |
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| 8376 | CORE BUILD-UP WITH PREFABRICATED POSTS |
| 8379 | COST OF PREFABRICATED POSTS |
| 8398 | CORE BUILD-UP WITH PINS |
| 8533 | IMPLANT SUPPORTED REMOVABLE COMPLETE OVERDENTURE |
| 8534 | IMPLANT SUPPORTED REMOVABLE PARTIAL OVERDENTURE |
| 8551 | OCCLUSAL ADJUSTMENT - MAJOR |
| 8553 | OCCLUSAL ADJUSTMENT - MINOR |
| 8635 | APEXIFICATION/APEXOGENESIS/RECALCIFICATION – PER VISIT |
| 8640 | REMOVAL OF FRACTURED ROOT CANAL INSTRUMENT |
| 8652 | OVERDENTURE - COMPLETE |
| 8653 | OVERDENTURE - PARTIAL |
| 8654 | IMPLANT SUPPORTED FIXED-DETACHABLE COMPLETE OVERDENTURE |
| 8655 | IMPLANT SUPPORTED FIXED-DETACHABLE PARTIAL OVERDENTURE |
| 8811 | TRACING AND ANALYSIS OF EXTRA-ORAL FILM |
| 8839 | DIAGNOSTIC SETUP |
| 8850 | TREATMENT OF MPDS - FIRST VISIT |
| 8851 | TREATMENT OF MPDS - SUBSEQUENT VISIT |
| 8852 | OCCLUSAL ORTHOTIC APPLIANCE |
| 8855 | CONSULTATION - CLEFT PALATE THERAPY (HOUSE OR HOSPITAL) |
| 9301 | CASTING AND TRIMMING OF MODEL IN PLASTER (YELLOW/WHITE), PER MODEL |
| 9303 | CASTING AND TRIMMING OF MODEL IN SUPER-HARD STONE (DIE-STONE) PER MODEL |
| 9305 | CASTING AND TRIMMING OF STUDY MODEL, PER MODEL |
| 9307 | CASTING AND TRIMMING OF GNATHOSTATIC MODEL, PER MODEL. |
| 9309 | NEW TRIMMED BASE TO SUPPLIED MODEL, PER MODEL |
| 9311 | TRIMMING OF SUPPLIED MODEL, PER MODEL |
| 9313 | DUPLICATING MODEL, PER MODEL |
| 9314 | REFRACTORY MODEL, PER UNIT |
| 9320 | INDEXED OR MODEL TRAY PER DIE (NOT MORE THAN 9319) |
| 9321 | OCCLUSION BLOCK, PER BLOCK |
| 9323 | OCCLUSION BLOCK ON BASEPLATE, PER BLOCK |
| 9327 | CONTACT WITH BODY FLUIDS |
| 9329 | FIT AND SUPPLY OF DISPOSABLE ARTICULATOR |
| 9330 | DELIVERY / COLLECTION FEE PER COMPLETED PROCEDURE (MAXIMUM 4) |
| 9331 | FULL UPPER AND LOWER DENTURES |
| 9333 | FULL UPPER OR LOWER DENTURE |
| 9335 | SET-UP AND WAXING OF FULL UPPER AND LOWER DENTURES |
| 9337 | SET-UP AND WAXING OF FULL UPPER OR LOWER DENTURE |
| 9339 | WAXING AND FINISHING OF FULL UPPER AND LOWER DENTURES |
| 9341 | WAXING AND FINISHING OF FULL UPPER OR LOWER DENTURE |
| 9343 | ADDITIONAL FEE FOR DENTURES ON FULLY ADJUSTABLE ARTICULATOR AT REQUEST OF DENTIST |
| 9345 | ADDITIONAL FEE FOR IMMEDIATE DENTURES, OR TOOTH SOCKETED |
| 9346 | ADDITIONAL FEE FOR IMMEDIATE DENTURES, PER TOOTH NOT SOCKETED. |
| 9347 | ADDITIONAL FEE FOR EACH RETRY FROM THE THIRD AND UPWARDS AT AN AGREED QUANTUM OF TIME TO BE CALCULATED AT HOURLY RATE |
| 9351 | SET-UP AND FINISH OF ONE-TOOTH DENTURE |
| 9352 | SET-UP AND FINISH OF TWO-TOOTH DENTURE |
| 9353 | SET-UP AND FINISH OF THREE-TOOTH DENTURE |

| Code | Description |
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| 9354 | SET-UP AND FINISH OF FOUR-TOOTH DENTURE |
| 9355 | SET-UP AND FINISH OF FIVE-TOOTH DENTURE |
| 9356 | SET-UP AND FINISH OF SIX-TOOTH DENTURE |
| 9357 | SET-UP AND FINISH OF SEVEN-TOOTH DENTURE |
| 9358 | SET-UP AND FINISH OF EIGHT-TOOTH DENTURE |
| 9359 | SET-UP AND FINISH NINE OR MORE TOOTH DENTURE |
| 9361 | SET-UP AND WAXING OF ONE-TOOTH DENTURE |
| 9362 | SET-UP AND WAXING OF TWO-TOOTH DENTURE |
| 9363 | SET-UP AND WAXING OF THREE-TOOTH DENTURE |
| 9364 | SET-UP AND WAXING OF FOUR-TOOTH DENTURE |
| 9365 | SET-UP AND WAXING OF FIVE-TOOTH DENTURE |
| 9366 | SET-UP AND WAXING OF SIX-TOOTH DENTURE |
| 9367 | SET-UP AND WAXING OF SEVEN-TOOTH DENTURE |
| 9368 | SET-UP AND WAXING OF EIGHT-TOOTH DENTURE |
| 9369 | SET-UP AND WAXING OF NINE OR MORE TOOTH DENTURE |
| 9371 | WAXING AND FINISHING OF ONE-TOOTH DENTURE |
| 9372 | WAXING AND FINISHING OF TWO-TOOTH DENTURE |
| 9373 | WAXING AND FINISHING OF THREE-TOOTH DENTURE |
| 9374 | WAXING AND FINISHING OF FOUR-TOOTH DENTURE |
| 9375 | WAXING AND FINISHING OF FIVE-TOOTH DENTURE |
| 9376 | WAXING AND FINISHING OF SIX-TOOTH DENTURE |
| 9377 | WAXING AND FINISHING OF SEVEN-TOOTH DENTURE |
| 9378 | WAXING AND FINISHING OF EIGHTH-TOOTH DENTURE |
| 9379 | WAXING AND FINISHING OF NINE OR MORE TOOTH DENTURE |
| 9383 | ADDITIONAL FEE FOR FINISHING DENTURE IN TOOTH COLOUR MATERIAL, PER TOOTH |
| 9385 | ADDITIONAL FEE FOR SUPPLYING FINISHED DENTURE ON DUPLICATE MODEL BASIC CHARGE WHICH INCLUDES REPAIR OF ONE FRACTURE, OR ADDITION OF ONE TOOTH, |
| 9391 | OR ADDITION OF ONE CLASP |
| 9393 | ADDITIONAL CHARGE FOR EACH ADDITIONAL FRACTURE, OR TOOTH, OR CLASP |
| 9395 | ADDITIONAL FEE FOR USING WIRE STRENGTHENER |
| 9397 | ADDITIONAL FEE FOR USING PRE-FORMED STRENGTHENER |
| 9398 | ADDITIONAL FEE FOR USING MESH STRENGTHENER IN REPAIR PROCEDURE |
| 9403 | DOX GRINDING OF UPPER AND LOWER DENTURES |
| 9407 | HEKA BASE TECHNIQUE PER UPPER OR LOWER DENTURE |
| 9409 | FREGO FRAME |
| 9411 | TEMPLATE PER UPPER OR LOWER DENTURE |
| 9413 | RELINING/REBASE OF SINGLE DENTURE |
| 9415 | REMODEL OF SINGLE DENTURE |
| 9417 | SOFT BASE RELINE PER DENTURE |
| 9419 | SOFT BASE TO NEW DENTURE, PER DENTURE |
| 9423 | LINGUAL OR PALATAL BAR |
| 9425 | CLEANING AND POLISHING OF EXISTING DENTURE, PER DENTURE |
| 9427 | MESH STRENGTHENER |
| 9429 | THEATRE/ CONSULTATION OUT OF LABORATORY PER HOUR OR PART THEREOF |
| 9431 | SPECIAL TRAY, ACRYLIC, EACH |
| 9432 | SPECIAL TRAY LIGHT CURE, EACH |
| 9433 | SPECIAL TRAY IN BASE PLATE MATERIAL, EACH |
| 9435 | PROVISION OF SINGLE ARM CLASP, TO PARTIAL DENTURE |
| 9437 | PROVISION OF DOUBLE ARM CLASP, TO PARTIAL DENTURE |

| Code | Description |
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| 9439 | PROVISION OF SINGLE ARM CLASP WITH REST, TO PARTIAL DENTURE |
| 9441 | PROVISION OF DOUBLE ARM CLASP WITH REST, TO PARTIAL DENTURE |
| 9443 | PROVISION OF PREFORMED ROACH CLASP, TO PARTIAL DENTURE |
| 9445 | PROVISION OF REST ONLY TO PARTIAL DENTURE |
| 9447 | CAST CLASP CASTING AND TRIMMING OF MODEL FROM IMPRESSION INSIDE OCCLUSION BLOCK OR WAX |
| 9448 | TRY IN |
| 9450 | FINISHING OF ACRYLIC WORK ON ANY CHROME COBALT OR GOLD PROSTHESIS BASIC FEE FOR THE REPAIRING OF OR ADDITION TO ANY APPLIANCE NECESSITATING THE |
| 9495 | CASTING OF A MODEL (9301) BASIC FEE IF A NEW SECTION IS TO BE FABRICATED AND WHERE ITEM 9495 DOES NOT APPLY |
| 9497 | (9301) |
| 9571 | BASIC CHARGE WHICH INCLUDES ACRYLIC BASE |
| 9576 | ADDITIONAL FEE FOR FULL ACLUSAL BITE PLATE |
| 9577 | ADDITIONAL FEE FOR BITE PLATE ANTERIOR |
| 9578 | ADDITIONAL FEE FOR BITE PLATE POSTERIOR |
| 9581 | ADDITIONAL FEE FOR FLAT OR INCLINED PLANE |
| 9587 | ADDITIONAL FEE FOR BALL CLASP |
| 9607 | ADDITIONAL FEE FOR FITTING FLAPPER OR "T"-SPRING |
| 9700 | DIATORICS 1 X 6/8 |
| 9702 | DIATORICS, ODDS, ANTERIOR |
| 9704 | DIATORICS, ODDS, POSTERIOR |
| 9720 | SOFT BASE MATERIAL PER DENTURE |
| 9722 | ACRYLIC PER DENTURE |
| 9726 | PREFORMED BALL OR ROACH CLASP |
| 9728 | COST OF LINGUAL / PALATAL BAR |
| 9729 | COST OF MESH STRENGTHENER |
| 9738 | COST OF PREFORMED STRENGTHENER |