

2010 - 2011 Published Tariffs

DENTAL		
Tariff Code	Tariff Description	Tariff Amount
8101	Consultation	132.1
8104	Consultation for specific problem	67.6
8107	Intra oral radiograph	66
8108	Maximum for 8107	510.9
8113	Occlusal radiograph	113
8114	Handwrist radiograph	264.3
8115	Panoramic or cephalometric radiograph	264.3
8117	Two study models	117.1
8119	Study models mounted on adjustable articulator	368.2
8811	Tracing and analysis of cephalometric radiograph	31
8131	Emergency treatment for relief of pain	99.8
8132	Gross pulpal debridement	163.1
8133	Recementing (per crown or abutment unit)	99.8
8135	Removal of crown, inlay, bridge	199.7
8136	Access through prosthetic crown for RCT	88.1
8137	Temporary crown if perm. crown is not to be made	590.9
8109	Cross-infection control (i.e. use of rubber gloves, masks, etc. per dentist, per assistant, per visit)	21.2
8110	Provision of sterilised & wrapped instruments	39.6
8141	Inhalational sedation, first quarter hour	73.5
8143	Inhalational sedation, each add. quarter hour	39.6
8144	IV sedation	44.1
8145	Local anaesthetic, per visit	19.1
8147	Use of monitoring equipment under I.V. sedation	157.2
8155	Polish only	99.8
8157	Re-burnishing	99.8
8159	Scale and polish	196.7
8161	Topical fluoride	99.8
8163	Fissure sealant, per tooth	66
8167	Treatment o. hypersens. dentine	76.4
8169	Bite plate or occlusal guards	751.5
8170	Minor occlusal adjustment	218.8
8171	Mouth protector	220.2
8173	Fixed spacemaintainer	527
8175	Removable spacemaintainer	583.1
8176	Periodontal screening	120.4
8177	Oral hygiene instructions for the periodontally compromised patient	151.2
8178	Oral hygiene evaluation for period. comp. patient	80.8
8179	Plaque removal for period. comp. patient	113
8180	Scaling and polishing for the period. comp. patient	213
8182	Root planing, per quadrant	399.6
8184	Root planing, per sextant	318.7
8185	Gingivectomy-gingivoplasty, per quadrant	522.8
8186	Gingivectomy-gingivoplasty, per sextant	417
8188	Biopsy	254.1
8192	Appositioning of soft tissue injuries	493.4
8194	Placement of a single osseo-integrated implant per jaw	926.6
8195	second o.-i. Implant, per jaw	693.2
8196	subsequent o.-i. Implant, per jaw	464.1
8198	Exp./transmuc. o.-i. Implant, per jaw	343.5
8199	second Exp./transmuc. o.-i. Implant	258.4
8200	subsequ. Exp./transmuc. o.-i. Implant	173.3
8201	Simple extraction	99.8
8202	Add. Tooth same quadrant	39.6
8209	Surgical removal of tooth	431.7
8210	Impacted tooth, first tooth	716.5
8211	Impacted tooth, second tooth	384.8
8212	Impacted tooth, each additional	217.3
8213	Surgical removal of residual roots (cutting procedure)	431.7
8214	Surgical removal of residual roots - each subsequent tooth	333.3
8215	Surgical exposure for orthodontic reasons	740
8220	Suture material provided by practitioner	26.4
8221	Post-extr. Haemorrhage, first visit	73.5
8225	Septic socket, initial visit	73.5
8227	Septic socket, each additional visit	47
8229	Apicectomy, incisors and canines	493.4
8231	Full upper and lower dentures	2470
8232	Full upper or lower denture	1661.4
8233	1 tooth - Dentures	747.4
8234	2 teeth - Dentures	767.9
8235	3 teeth - Dentures	1011.9
8236	4 teeth - Dentures	1011.9
8237	5 teeth - Dentures	1011.9
8238	6 teeth - Dentures	1307
8239	7 teeth - Dentures	1377.5
8240	8 teeth - Dentures	1439.2
8241	9 teeth or more - Dentures	1454
8251	Cast gold clasp per rest or clasp	161.8
8253	Wrought gold clasp or rest per rest or clasps	157.1
8255	Stainless steel clasp or rest	161.5
8257	Lingual or palatal bar	215.9
8259	Rebase, heat cure	732.8
8261	Remodel	1067.7
8263	Reline, cold cure, direct	238
8265	Tiss. Cond. + soft self cure interim re-line	157.2
8267	Soft-base reline, heat cured	997.1
8269	Repair of denture or intra-oral appliance	273.2
8270	Add clasp to existing partial denture	136.7
8271	Add tooth to existing denture	136.7
8273	Additional fee when impression required	123.5
8275	Adjustment of denture	73.5

Tariff Code	Tariff Description	Tariff Amount
8281	Chrome cobalt partial base	1888.4
8303	Indirect pulp capping	132.1
8304	Rubber Dam, per arch	77.8
8305	Apexification of root canal, per visit	132.1
8325	Bleaching, non vital,per tooth	236.5
8327	Each additional visit for non-vital bleaching	107.2
8330	Removal/bypassing of fractured post/ instrument	130.6
Preparatory visits, obturation done at separate visit		
8332	Single canal tooth, per visit (max. 2 visits)	99.8
8333	Multi canal tooth, per visit (max. 2 visits)	139.5
8334	Re-preparation of previously obturated canal	148.3
Obturation of Root Canal at subsequent visits		
8335	First canal, anteriors and premolars	452.3
8328	Each additional canal, anteriors and premolars	184.9
8336	First canal, molars	624
8337	Each additional canal, molars	184.9
Preparation and Obturation of Root Canal		
8338	First canal, anteriors and premolars	693.2
8329	Each additional canal, anteriors and premolars	230.7
8339	First canal, molars	954.5
8340	Each additional canal, molars	230.7
Plastic Restoration		
8341	One surface	180.5
8342	Two surfaces	224.7
8343	Three surfaces	270.2
8344	More than three surfaces	302.6
8345	Pre-formed post retention	196.7
8347	Pin retention, first pin	98.6
8348	Pin retention, each additional pin	92.6
8349	Carving or contouring plastic restoration to accommodate existing prosthesis	41
8366	Pin retention as part of cast restoration	148.3
8376	Prefabricated post and core in addition to crown	544.8
8379	Cost of posts	92.6
Acid Technique		
8351	One surface, anterior	199.7
8352	Two surfaces, anterior	249.8
8353	Three surfaces, anterior	299.5
8354	More than three surfaces, ant.	333.3
8355	Composite Veneers (Direct)	345.1
8367	One surface, posterior	214.3
8368	Two surfaces, posterior	265.8
8369	Three surfaces, posterior	320.1
8370	More than three surfaces, pos.	345.1
Metallic In-lays		
8361	One surface inlay	687.4
8362	Two surface inlay	1001.3
8363	Threesurfaces inlay	1323.1
8364	Four or more surfaces inlay	1477.3
Ceramin or Resin In-lays		
8371	One surface inlay	1126.3
8372	Two surfaces inlay	1301
8373	Three surfaces inlay	1650.6
8374	More than three surfaces inlay	1725.4
8193	Crown on implant	2223.3
8356	Bridge per abutment - only applicable to Maryland type	443.4
8357	Pre-formed metal crown	204
8391	Cast post & core - single	500.7
8393	Cast post & core - double	754.8
8395	Cast post & core - triple	917.9
8396	Cast coping	415.6
8397	Cast core with pins	754.8
8398	Core build-up including any pins	443.4
8401	Cast metal full crown	1822.4
8403	Cast three-quarter crown	1605.1
8405	Acrylic jacket crown	1141
8407	Acrylic veneered crown	1594.8
8409	Porcelain jacket crown	1840
8411	Porcelain veneered crown	1850.2
8413	Facing replacement	522.7
8414	Additional fee for provision of crown within an existing clasp	203.4
8420	Sanitary pontic	555
8422	Posterior pontic	741.6
8424	Anterior pontic including premolars	932.4