

Dentistry
Procedure List
As Of
01 April 2019

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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES

01 NONOPERATIVE ENDOSCOPY

01.0 Nonoperative endoscopy of respiratory tract

01.01 Rhinoscopy

	BASE	ANE
01.01DA Sinus Endoscopy	94.15 V	104.34

01.05 Pharyngoscopy

01.05DA Nasendoscopy	143.01	110.53
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01.3 Other nonoperative endoscopy

01.32 Otoscopy

01.32D Otoscopy	142.47	109.31
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NOTE: May only be claimed when performed under general anaesthesia.

01.39 Other nonoperative endoscopy NEC

01.39A Arthroscopy temporo-mandibular joint	287.74	109.21
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NOTE: When performed via arthroscope, items 88.81A, 88.29NA, 88.29QA, 92.49A, 88.29RA, 88.29SA and 88.95A may be claimed in addition to 01.39A. Refer to Price List.

03 CLINICAL EVALUATION AND EXAMINATION

03.0 Diagnostic interview and evaluation or consultation

03.01 Diagnostic interview and evaluation, unqualified

03.01DC Telehealth assistance service	35.05	
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NOTE: May only be claimed when performed at a telehealth site.

03.01DJ Oral maxillofacial surgeon or oral pathologist to physician or dentist, telephone or telehealth videoconference consultation, consultant, weekdays 0700 to 1700 hours	48.40	
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NOTE: Refer to notes following HSC 03.01DM.

03.01DK Oral maxillofacial surgeon or oral pathologist to physician or dentist, telephone or telehealth videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours . . .	71.64	
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NOTE: Refer to notes following HSC 03.01DM.

03.01DM Oral maxillofacial surgeon or oral pathologist to physician or dentist, telephone or telehealth videoconference consultation, consultant, any day 2200 to 0700 hours	84.55	
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I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.01 Diagnostic interview and evaluation, unqualified (cont'd)

BASE ANE

- NOTE:
1. HSCs 03.01DJ, 03.01DK, 03.01DM may only be claimed when initiated by the referring physician or dentist.
 2. The consultant may not claim a major consultation or procedure for the same patient for the same condition within 24 hours unless the patient was transferred from an outside facility and advice was given on management of that patient prior to transfer.
 3. May only be claimed when the consultant has provided an opinion and recommendations for patient treatment as well as management after reviewing pertinent family/patient history and history of the presenting complaint as well as discussion of the patient's condition and management after reviewing laboratory and other data where indicated. It is expected that the purpose of the call will be to seek the advise of an oral maxillofacial surgeon or oral pathologist more experienced in treating the particular problem in question, and that the referring physician or dentist intends to continue to care for the patient.
 4. May not be claimed for situations where the purpose of the call is to:
 - arrange for an expedited consultation or procedure within 24 hours except when the conditions in note 2 are met
 - arrange for laboratory or diagnostic investigations
 - discuss or inform the referring physician or dentist of results of diagnostic investigations.
 5. A maximum of two (any combination of HSC 03.01DJ, 03.01DK, 03.01DM) claims may be claimed per patient, per oral maxillofacial surgeon or oral pathologist, per day.
 6. Documentation must be recorded by both the referring physician, dentist and the consultant in their respective records.
 7. Telehealth videoconferences may only be claimed when all participants are participating in the videoconference from regional telehealth facilities.

03.03 Diagnostic interview and evaluation, described as limited

03.03DA Repeat follow-up office visits after major surgery 45.41

NOTE: Maximum of 2 - 03.03DA may be claimed per benefit year per practitioner.

03.03DB Emergent follow-up hospital visits for medical management, ie. IV antibiotics, failure to thrive, etc. 27.04 V

- NOTE:
1. Only six level one days may be claimed when the same practitioner claims either an admission or a consultation on the date of the hospital admission.
 2. Failure to thrive is where the patient is readmitted to hospital because of dehydration, nausea and vomiting, incomplete pain management on oral analgesics etc.

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.03 Diagnostic interview and evaluation, described as limited (cont'd)

BASE ANE

03.03DC Emergency visit/special call-back to hospital emergency/outpatient department, auxiliary hospital or nursing home when specially called from home or office, weekday (0700 - 1700 hours) 119.74
NOTE: See notes following HSC 03.03DE.

03.03DD Emergency visit/special call-back to hospital emergency/outpatient department, auxiliary hospital or nursing home when specially called from home or office, weekday (1700 - 2200 hours) or on Saturday, Sunday or statutory holiday (0700 - 2200 hours) 133.37
NOTE: See notes following HSC 03.03DE.

03.03DE Emergency visit/special call-back to hospital emergency/outpatient department, auxiliary hospital or nursing home, when specially called from home or office, any day (1700 - 2200 hours) or on Saturday, Sunday or statutory holiday (2200 - 0700 hours) 267.77
NOTE: Benefits for HSCs 03.03DC, 03.03DD and 03.03DE are payable based on the time at which the call for attendance is made and the practitioner responds on an unscheduled priority basis.

03.03DN Home visit - first patient 89.00
03.03DP Home visit - second/subsequent patient 30.31
03.03DQ Home visit - repeat same day 30.31

03.04 Diagnostic interview and evaluation, described as comprehensive

03.04DA Emergent hospital admission for medical management ie. IV antibiotics, failure to thrive 82.25

03.05 Other diagnostic interview and evaluation

03.05DA Special call-back to inpatient, when specially called from home or office, weekdays, 0700 - 1700 hours. 84.48
03.05DB Special call-back to inpatient, weekdays, 1700 - 2200 hours. 81.21
03.05DC Special call-back to inpatient, 2200-0700 hours. 194.93
03.05DD Special call-back to inpatient, Saturday, Sunday, Statutory holidays, 0700 - 2200 hours. 81.21

NOTE: 1. A special call for attendance is made on the patient's behalf.
2. The practitioner responds from outside the hospital, to such a call on an unscheduled basis.
3. There is direct attendance by the practitioner.
4. The patient is attended on a priority basis.
5. Second or subsequent patients seen during the same call-back are not eligible for benefits under 03.05DA, 03.05DB, 03.05DC or 03.05DD.
6. May not be claimed in association with another service during the same encounter.

03.05DE Intensive care unit visit per 15 mins. 57.81

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

03 CLINICAL EVALUATION AND EXAMINATION (cont'd)

03.0 Diagnostic interview and evaluation or consultation (cont'd)

03.05 Other diagnostic interview and evaluation (cont'd)

BASE ANE

NOTE: Time spent with a patient may be claimed on a cumulative basis per day (defined as 0001 to 2400).

03.07 Consultation, described as limited

03.07DA Limited Consultation 47.91

NOTE: 1. A consultation can not be charged when provided in conjunction with services which are not insured services, (e.g. Routine extraction, implant consultations, or any treatment or procedure performed on the teeth).
2. Use of the TELES modifier is restricted to oral and maxillofacial surgeons (ORSG) and oral pathologists (ORPA).

03.08 Consultation, described as comprehensive

03.08D Comprehensive consultation 75.53 V

NOTE: 1. A consultation can not be charged when provided in conjunction with services which are not insured services, (e.g. Routine extraction, implant consultations, or any treatment or procedure performed on the teeth).
2. Use of the TELES modifier is restricted to oral and maxillofacial surgeons (ORSG) and oral pathologists (ORPA).

03.08DK Consultation for evaluation of complex/major reconstructive issues 122.48

NOTE: May only be claimed for patients with:
- malignant mucosal disease of the upper aerodigestive tract, excluding salivary gland, thyroid and skin malignancy or
- malignant disease of the facial bones, sinuses or skull base or,
- head and neck sarcomas and other rare malignancies requiring significantly invasive surgery of the head and neck.

13 OTHER NONOPERATIVE PROCEDURES

13.4 Injection or infusion of other therapeutic or prophylactic substance

13.4 B Diagnostic block 73.61

13.5 Other injection or infusion of other therapeutic or prophylactic substance

13.59 Injection or infusion of therapeutic or prophylactic substance NEC

13.59DE Injection of Botulinum A Toxin 139.23

For spastic dystonia

13.59DF Follow up treatment. 70.00

13.59DH Local infiltration of tissue 26.93

NOTE: May not be claimed with 17.7 A, 17.7 B or 17.7 C

13.59DJ Injection with local anaesthetic of myofascial trigger points 29.40

I. CERTAIN DIAGNOSTIC AND THERAPEUTIC PROCEDURES (cont'd)

13 OTHER NONOPERATIVE PROCEDURES (cont'd)

13.5 Other injection or infusion of other therapeutic or prophylactic substance (cont'd)

13.59 Injection or infusion of therapeutic or prophylactic substance NEC (cont'd)

NOTE: A maximum of three calls applies per encounter.

BASE ANE

13.59DK Injection with local anaesthetic of myofascial trigger points combined with a spray and stretch technique 67.49

13.9 Other miscellaneous diagnostic and therapeutic procedures

13.99 Other miscellaneous diagnostic and therapeutic procedures NEC

13.99DE Resuscitation, first hour 218.16

NOTE: 1. Resuscitation is defined as the emergency treatment of an unstable patient whose condition may result in imminent mortality without such intervention.
2. Each subsequent 15 minutes is payable at the rate specified in the Price List.

II. OPERATIONS ON THE NERVOUS SYSTEM

15 OTHER OPERATIONS ON SKULL, BRAIN, AND CEREBRAL MENINGES

15.0 Cranioplasty

15.03 Repair of skull with flap or graft

15.03A Pericranial flap to orbit or face 374.65 305.76

NOTE: When performed in conjunction with coronal approach for another procedure may be claimed at 100% (Refer to Price List).

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES

17.0 Incision, division, and excision of cranial and peripheral nerves

17.08 Other excision or avulsion of cranial and peripheral nerves

17.08L Avulsion of trigeminal nerve at periphery 193.50 139.77

17.08M Total avulsion of a branch of trigeminal nerve 257.97 139.77

17.08N Neurectomy 257.97 139.77

17.1 Destruction of cranial and peripheral nerves

17.1 E Injection into peripheral nerve (injection of trigeminal nerve for destruction) 239.98 109.21

17.2 Suture of cranial and peripheral nerves

17.2 E Micro-suturing of injured nerve 1,409.37 576.58

17.2 F Major peripheral nerve-epineural 239.17 165.98

Peripheral nerve reconstruction utilizing microsurgical technique

17.2 G Minor, single cable 715.78 262.08

17.2 H Major, multiple cables 959.25 436.81

II. OPERATIONS ON THE NERVOUS SYSTEM (cont'd)

17 OPERATIONS ON CRANIAL AND PERIPHERAL NERVES (cont'd)

17.3	Freeing of adhesions and decompression of cranial and peripheral nerves		
17.32	Other cranial nerve decompression		
17.32D	Inferior alveolar nerve in the canal	BASE 1,162.49	ANE 262.08
17.5	Transposition of cranial and peripheral nerves		
17.5 C	Transposition of mental nerve	557.60	139.77
17.7	Injection into peripheral nerve		
17.7 A	Alcohol	239.87	109.21
17.7 B	Diagnostic	73.61 V	109.21
17.7 C	Injection block, regional deep	218.38	110.53

VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX

33 OPERATIONS ON NOSE

33.0	Control of epistaxis		
33.02	Control of epistaxis by posterior (and anterior) packing		
33.02DA	Control of epistaxis by posterior/ anterior packing, initial.	220.81	139.77
33.02DB	Control of epistaxis by posterior/ anterior packing, repeat.	53.79 V	148.51
	NOTE: Repeat service must be claimed if provided within 14 days of initial treatment.		
33.05	Control of epistaxis by (transantral) ligation of the maxillary artery		
33.05DA	Control of epistaxis, transantral ligation of maxillary artery.	541.80	183.46
33.4	Submucous resection of nasal septum		
33.4 B	Submucous resection of nasal septum	288.93	122.30
	NOTE: May only be claimed in association with cleft maxilla repair, trauma or orthognathic surgery.		
33.6	Reduction of nasal fracture		
33.61	Reduction (closed) of nasal fracture		
33.61B	Reduction (closed) of nasal fracture	124.01 V	109.21
	NOTE: May only be claimed when another insured service has been provided and is not claimable for cosmetic purposes.		
33.62	Open reduction of nasal fracture		
33.62C	External or sinusal approach	405.23	183.46
	NOTE: May only be claimed with other facial fractures.		
33.62E	Orbital approach with insertion of subperiosteal implant	405.23	183.46
	NOTE: May only be claimed in association with cleft maxilla repair, trauma or orthognathic surgery.		

VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX (cont'd)

33 OPERATIONS ON NOSE (cont'd)

33.6 Reduction of nasal fracture (cont'd)

33.62 Open reduction of nasal fracture (cont'd)

	BASE	ANE
33.62DA Open reduction of nasal fracture and mini-plate fixation	417.37	148.51
NOTE: May be claimed only when performed in conjunction with another major surgical procedure due to trauma.		
33.62DB Open reduction of nasal fracture, mini-plate fixation via coronal approach.	1,112.55	384.39
NOTE: May be claimed only when performed in conjunction with another major surgical procedure due to trauma.		

33.7 Repair and plastic operations on the nose

33.76 Other rhinoplasty or septoplasty

NOTE: Health service codes 33.76DA to 33.76DF may only be claimed when performed in conjunction with another insured oral surgical procedure or in the treatment of a trauma injury.

33.76DA Tip revision	240.76	139.77
33.76DB Hump removal	196.38	131.04
33.76DC Infracture	202.78	131.04
33.76DD Hump removal and infracture	321.31	139.77
33.76DE Complete (hump removal, infracture and tip revision)	463.71	165.98
33.76DF Complete rhinoplasty and S.M.R. (1 surgeon)	541.73	174.72
33.76DG Repair of nasal septum perforation.	363.53	139.77
33.76DH Repeat reconstructive rhinoplasty following previous complete rhinoplasty.	705.16	314.50

34 OPERATIONS ON NASAL SINUSES

34.1 Intranasal antrotomy

34.1 B Other invasive diagnostic procedures on nose (Nasal Antrostomy)	107.96 V	109.21
NOTE: May only be claimed with Caldwell-Luc procedures for foreign bodies or oroantral fistulae.		

34.6 Repair and plastic operation of nasal sinus

34.61 Closure of sinus fistula (oroantral)

34.61A Primary closure	370.00	159.01
34.61B With an associated Caldwell-Luc procedure	471.96	157.25
34.61C Secondary closure with palatal flap	370.00	159.01
34.61D Secondary closure with pharyngeal flap	370.00	157.25
34.61E Secondary closure with tongue flap	370.00	157.25
NOTE: To be followed by 37.49A.		
34.61F Secondary closure with buccal flap	370.00	167.83

VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX (cont'd)

35 REMOVAL AND RESTORATION OF TEETH

35.0 Forceps extraction of tooth (multiple) (single)

	BASE	ANE
35.0 DA Dental extraction/treatment	27.96	109.31
NOTE: May be claimed when performed by an oral and maxillofacial surgeon on an emergency basis or when required as part of surgical repair of fractured mandible.		

36 OTHER OPERATIONS ON TEETH, GUMS, AND ALVEOLI

36.3 Excision of dental lesion of jaw

NOTE: The biopsy is included in the benefit payable for the removal of
the lesion.

36.3 B Benign, simple soft tissue, surface	135.92 V	109.31
36.3 C Benign, complicated soft tissue, surface	409.02	147.37
36.3 D Malignant soft tissue	204.54	165.79
36.3 E Simple cyst, bony tissue - less than 1 cm	151.68	110.43
36.3 M Simple cyst, bony tissue - 1 cm to 2 cm	298.86	165.79
36.3 F Simple cyst, bony tissue - over 2 cm	450.54	185.51
36.3 G Bony tissue, complicated cyst	644.33	200.39
36.3 H Bony tissue, benign-fibro-osseous lesions, myxoma, most odontogenic tumors .	485.79	202.64
36.3 J Bony tissue, malignant tumor	615.44	174.72
36.3 K Bony tissue, complicated, central hemangioma, ameloblastoma	889.79	257.90
36.3 L Bony tissue, complicated malignant tumor	889.79	220.84

36.6 Application of orthodontic appliance

36.6 A Application of maxillary and mandibular arch bars.	373.03	279.96
NOTE: May not be billed in addition to HSCs for the management of facial trauma.		

36.7 Other orthodontic operation

36.7 A Removal of wire, interosseous or bone plate	133.00 V	110.53
36.7 B Removal of an arch splint	64.64 V	110.53

36 OTHER OPERATIONS ON TEETH, GUMS AND ALVEOLI

36.9 Other dental operations

36.99 Other dental operations NEC

36.99DA Surgical assistant provided by an oral surgeon for a surgery performed by a physician.	102.10	
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37 OPERATIONS ON TONGUE

37.1 Partial glossectomy

37.1 DA Partial glossectomy	270.86	139.28
37.1 DB Hemiglossectomy	424.34	259.98

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VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX (cont'd)

37 OPERATIONS ON TONGUE (cont'd)

37.2 Complete glossectomy

	BASE	ANE
37.2 D Complete glossectomy	980.86	576.58

37.4 Repair and plastic operations on tongue

37.49 Other repair and plastic operations on tongue

37.49A Taking down of tongue flap	130.65	122.30
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NOTE: Procedure to follow 34.61E.

37.8 Invasive diagnostic procedures on tongue

37.81 Needle biopsy of tongue

37.81D Needle biopsy of tongue	41.97 V	110.43
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37.9 Other operations on tongue

37.91 Lingual frenotomy

37.91DA Release of simple tongue tie, clipping	47.91	110.43
37.91DB Release of complex tongue tie	216.83	110.53

That requiring Z plasty closure

37.99 Other operations on tongue NEC

37.99B Ankyloglossia - frenoplasty	213.44	147.37
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38 OPERATIONS ON SALIVARY GLANDS AND DUCTS

38.0 Incision of salivary gland or duct

38.0 B Duct orifice, sialolithotomy	40.89 V	110.53
38.0 C Posterior floor of mouth	145.35	110.53
38.0 D Calyx of gland	114.86 V	109.31

38.1 Excision of lesion of salivary gland

38.19 Other excision of lesion of salivary gland

38.19A Mucocoele	40.89 V	110.43
38.19B Benign, simple - ranula	135.92 V	109.21
38.19D Benign, complicated ranula including sublingual gland.	409.02	150.17

38.2 Sialoadenectomy

38.21 Sialoadenectomy, unqualified

38.21DA Submandibular gland	439.41	167.83
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38.9 Other operations on salivary gland or duct

38.91 Probing of salivary duct

38.91A Dilation	54.74 V	109.21
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39 OTHER OPERATIONS ON MOUTH AND FACE

39.0 Drainage of face or floor of mouth

39.0 A Intraoral	151.68	147.37
39.0 B Extra-oral	531.48	147.37
39.0 C Vestibular	54.74 V	145.74

VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX (cont'd)

39 OTHER OPERATIONS ON MOUTH AND FACE (cont'd)

39.1 Incision of palate

	BASE	ANE
39.1 A Intra-oral incision and drainage	54.74 V	109.21

39.2 Excision of lesion or tissue of palate

39.21 Local excision or destruction of lesion or tissue of palate

39.21B Removal of torus, palate	151.68	147.37
39.21C Removal of torus mandible	108.86 V	147.37
Per quadrant		

39.4 Plastic repair of mouth (internal)

39.41 Suture of (traumatic) laceration of mouth	55.94 V	110.43
NOTE: 1. For each layer or unit refer to Price List.		
2. Fee includes primary closure of wound, normal wound care follow up and suture removal.		
3. May not be claimed where the laceration is treated with the use of steri-strip or simple bandaging.		

39.5 Palatoplasty

39.52 Correction of cleft palate

39.52E Repair of primary palate (alveolar cleft)	834.84	165.98
39.52F Repair of secondary palate	969.31	192.20
39.52H Closure of palatal fistulae	969.31	200.94
39.52J Closure of labial fistulae	969.31	200.94
39.52DA Repair of cleft alveolus with bone graft	1,453.34	331.97
NOTE: HSCs 88.29DJ and 88.29DK may be claimed in addition for harvesting.		

39.52DB Nasal floor reconstruction in cleft lip and palate	638.75	483.56
NOTE: HSCs 88.29DJ and 88.29DK may be claimed in addition for harvesting.		

39.52DC Bone graft to the pyriform rim in cleft lip and palate reconstruction . . .	648.97	483.56
NOTE: HSCs 88.29DJ and 88.29DK may be claimed in addition for harvesting.		

39.59 Other plastic repair of palate

39.59B Repeat palatal reconstruction	1,366.98	323.24
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39.8 Invasive diagnostic procedures on oral cavity

39.83 Biopsy of unspecified structure of mouth

39.83C Soft tissue when done as a separate procedure	54.74 V	110.53
39.83D Hard tissue when done as a separate procedure	145.97	141.34

39.9 Other operations on mouth and face

39.91 Labial frenotomy

39.91DB Labial frenotomy	43.84	109.21
That for clipping of frenulum of lip		
39.91DC Labial frenotomy	216.83	110.53
That for release of frenulum of lip requiring Z plasty closure		

VI. OPERATIONS ON NOSE, MOUTH, AND PHARYNX (cont'd)

39 OTHER OPERATIONS ON MOUTH AND FACE (cont'd)

39.9 Other operations on mouth and face (cont'd)

39.92 Incision of unspecified structure of mouth

	BASE	ANE
39.92A Removal of foreign body from soft tissue	331.03	110.53

39.99 Other operations on oral cavity

39.99B Design and construction of acrylic resin appliances to facilitate healing following burns involving the lips, oral cavity or paraoral structures . . .	427.88	148.51
39.99C Lab for design and construction of acrylic resin appliances to facilitate healing following burns involving the lips, oral cavity or paraoral structures	195.98	

41 OPERATIONS ON PHARYNX

41.3 Plastic operation on pharynx

41.3 C Pharyngoplasty	439.77	174.72
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43 OTHER OPERATIONS ON LARYNX AND TRACHEA

43.1 Temporary tracheostomy

43.1 DA Temporary Tracheostomy	393.36	122.30
43.1 DB Emergency cricothyroidotomy	227.85	122.30

46 OPERATIONS ON CHEST WALL, PLEURA, MEDIASTINUM, AND DIAPHRAGM

46.0 Incision of chest wall and pleura

46.04 Insertion of intercostal catheter (with water seal) for drainage

46.04DA Insertion of Intercostal catheter with water seal, that for conditions other than empyema	58.57 V	109.21
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VIII. OPERATIONS ON THE CARDIOVASCULAR SYSTEM

51 OTHER OPERATIONS ON VESSELS

51.9 Other operations on vessels

51.98 Control of hemorrhage, not otherwise specified

51.98B Control of hemorrhage, not otherwise specified	531.48	141.34
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

88 OPERATIONS ON FACIAL BONES AND JOINTS

88.0 (Closed) reduction of facial fractures

88.02 (Closed) reduction of malar and zygomatic fracture

88.02C Zygoma	277.75	109.21
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

88 OPERATIONS ON FACIAL BONES AND JOINTS (cont'd)

88.0 (Closed) reduction of facial fractures (cont'd)

88.03 (Closed) reduction of maxillary fracture

	BASE	ANE
88.03B Horizontal Le Fort I	383.84	176.68

88.04 (Closed) reduction of mandibular fracture

88.04C (Closed) reduction of mandibular fracture	281.76	184.21
88.04DB Multiple fractures, with external fixation	542.89	353.34
88.04DC Application of external fixator in complex mandibular fractures	1,226.40	916.22

NOTE: May not be claimed with HSC 88.04DB.

88.09 (Closed) reduction of other facial fracture

88.09B Zygomatic - maxillary fracture dislocation	255.75	163.96
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88.1 Open reduction of facial fractures

88.12 Open reduction of malar and zygomatic fracture

88.12DB With mini-plate fixation of fractured zygoma, malar, one plate	657.60	454.27
88.12DC With mini-plate fixation of fractured zygoma, malar, more than one plate	985.60	607.91
88.12DD With mini-plate fixation of fractured zygoma, malar, via coronal approach	1,227.65	803.71

NOTE: 15.03A can be paid in addition

88.12F By simple elevation	397.66	165.79
88.12G With antrostomy and packing	397.66	148.51
88.12H By osteosynthesis	397.66	148.51
88.12J By sinus approach	397.66	148.51

88.13 Open reduction of maxillary fracture

88.13DC With multiple mini-plate fixation, both sides	1,313.59	1,170.62
88.13F Horizontal Le Fort I, single	821.83	218.39

NOTE: For second and subsequent, refer to Price List.

88.13J With miniplate fixation	1,080.15	646.47
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88.14 Open reduction of mandibular fracture

88.14DA With internal fixation, single	348.39	401.85
88.14DB Single and interdental fixation with splint	565.50	471.75
88.14DC Multiple and interdental fixation with splint	639.82	512.35
88.14J One miniplate or lag screw	810.45	441.68
88.14K With miniplate fixation, more than one plate or lag screw and more than one fracture	1,080.15	653.70
88.14L With miniplate fixation, multiple	1,313.59	674.05

88.16 Open reduction of orbital fracture

88.16DB Mini-plate fixation of fractured supraorbital ridge via coronal approach	1,313.59	803.71
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NOTE: 15.03A can be paid in addition

88.16C Exploration of orbital blowout fracture for miniplate fixation of intraorbital rim	428.41	174.72
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

88 OPERATIONS ON FACIAL BONES AND JOINTS (cont'd)

88.1 Open reduction of facial fractures (cont'd)

88.16 Open reduction of orbital fracture (cont'd)

	BASE	ANE
88.16D Exploration of orbital blowout fracture and reconstruction with insertion of subperiosteal implant	520.32	174.72

88.19 Open reduction of other facial fractures

88.19DA With mini-plate fixation of fractured frontal bone via coronal approach . .	1,313.59	978.43
NOTE: 15.03A can be paid in addition		

88.2 Incision of facial bone without division

88.29 Other incision of facial bone without division

88.29C Removal of foreign body from bone	543.68	331.97
88.29E Subcondylar closed osteotomy	1,783.36	1,153.16
88.29F Subcondylar open osteotomy	1,783.36	618.34
88.29H Anterior segmental osteotomy of the mandible	1,783.36	611.52
88.29M Anterior segmental osteotomy of the maxilla	1,783.36	601.19
88.29T Oblique osteotomy of ramus	2,015.08	611.52
That including bone graft		
88.29U Osteotomy of condylar neck	1,783.36	1,202.38
88.29V Sagittal split osteotomy	1,783.36	644.75
88.29X Inverted L osteotomy	1,783.36	1,065.80
88.29Y C osteotomy	1,783.36	1,083.27
88.29DB Inverted L osteotomy including bone graft	2,175.32	803.71
88.29DC Osseodistraction and Bone Lengthening, including management of advancement .	2,351.67	873.60
88.29DD Le Fort I	1,783.36	700.02
88.29DE Le Fort I with bone graft	2,175.32	803.71
88.29DF Le Fort I, segmental without bone graft	2,015.08	663.94
88.29DG Le Fort I, segmental with bone graft	2,378.15	765.15
NOTE: 88.29DJ, 88.29DK may be claimed in addition for harvesting.		

88.29CA Le Fort I in cleft palate	1,783.36	671.35
88.29DA Le Fort I in cleft palate	2,175.32	663.94
88.29N Le Fort II osteotomy	2,377.83	1,415.24
88.29FA Le Fort III osteotomy	2,575.99	1,572.48
88.29GA Posterior segmental osteotomy of the mandible	1,783.36	567.84
88.29HA Total dent-alveolar osteotomy of the mandible	1,783.36	1,083.27
88.29TA Posterior segmental osteotomy of the maxilla	1,783.36	628.98
88.29MA Lower Border ostectomy	1,783.36	611.52
88.29NA Removal of loose bodies	119.90 V	157.25
88.29PA Surgical lavage	287.76	145.74
NOTE: May not be claimed with diagnostic TMJ arthroscopy.		

88.29QA Surgical lysis of adhesions	119.90 V	139.77
88.29RA Mechanical debridement	119.90 V	139.77
88.29SA Laser debridement	119.90 V	148.51

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

88 OPERATIONS ON FACIAL BONES AND JOINTS (cont'd)

88.2 Incision of facial bone without division (cont'd)

88.29 Other incision of facial bone without division (cont'd)

	BASE	ANE
88.29DH Harvesting of bone graft - Homologous graft, from the bank	64.03	109.21
88.29DJ Harvesting of bone graft - Autogenous bone graft, anterior iliac crest, tibial plateau	350.98	109.21
88.29DP Harvesting of bone graft - Autogenous bone graft, posterior iliac crest. . .	664.30	109.21
NOTE: May not be claimed in addition to HSC 88.29DJ.		
88.29DQ Ileoplasty, repair of iliac crest defect following bone graft harvest . . .	88.57	
NOTE: Benefit includes repair with autograft, allograft or bone cement.		
88.29DK Harvesting of bone graft - Autogenous bone graft, same or other site, . . .	181.53	109.21
88.29DL Harvesting of costal chondral graft, using chest wall, minor (one rib) . . .	320.68	131.04
88.29DM Harvesting of costal chondral graft, using chest wall, major (two ribs or more)	705.73	209.65
88.29DN Harvesting of costal chondral graft, using chest wall, major with insertion of Marlex mesh.	1,026.52	297.01

88.4 Partial ostectomy of facial bone, except mandible

88.4 DA Resection of maxilla	1,144.42	419.33
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88.5 Excision and reconstruction of mandible

88.51 Partial ostectomy, mandible

88.51DA Resection of mandible	1,226.40	916.22
NOTE: May not be claimed in addition to HSCs 33.4 B, 89.09C, 89.09D, 88.4 DA, 88.29RA, 88.29SA, 98.11DB, and 98.11DC.		

88.6 Temporomandibular arthroplasty

88.6 C Meniscectomy	431.64 V	131.04
88.6 J Condylectomy	913.67	183.46
88.6 FA Condyloplasty	335.72 V	183.46
88.6 P Repair of meniscus with dermal graft	431.64 V	331.97
88.6 Q Plication of meniscus	431.64 V	148.51
88.6 R Repair of meniscus with temporalis fascia	431.64 V	323.24
88.6 S Repair of meniscus with other biological material	431.64 V	331.97
88.6 U Removal of alloplastic material	913.67	323.24
88.6 V Gap Arthroplasty for Ankylosis	1,287.45	331.97
88.6 W Coronoidectomy	882.21	122.30
88.6 X Condylar replacement	1,558.10	856.13
88.6 Y Biological graft	483.62	209.65
88.6 Z Alloplastic graft	483.62	157.25
88.6 CA Other manipulation of temporomandibular joint (manipulation under general anaesthesia)	156.77	109.31
88.6 DA Reconstruction of the glenoid fossa, zygomatic arch and temporal bone . . .	1,558.10	471.75
88.6 EA Fossa replacements	1,692.75	489.21

XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

88 OPERATIONS ON FACIAL BONES AND JOINTS (cont'd)

88.7 Other facial bone repair and osteoplasty

88.71 Division of mandible

	BASE	ANE
88.71B Condylotomy	913.67	349.44
88.71C Eminoplasty	335.72 V	323.24
NOTE: May not be claimed in addition to item 88.71D.		
88.71D Re-contour of glenoid fossa	335.72 V	192.20
NOTE: May not be claimed in addition to item 88.71C.		

88.76 Reconstruction of mandible without associated resection

88.76B Bone graft, mandible	385.26	174.72
88.76DA Reconstruction of mandible with bone graft.	1,783.36	663.94

88.77 Reconstruction of other facial bone without associated resection

88.77A Bone graft, maxilla	385.26	182.17
88.77DA Reconstruction of maxilla with bone graft	1,783.36	692.28

88.8 Invasive diagnostic procedures on facial bones

88.81 Biopsy of facial bone

88.81A Biopsy	119.90 V	141.34
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88.9 Other operations on facial bones and joints

88.92 (Closed) reduction of temporomandibular dislocation

88.92B Uncomplicated	23.99 V	
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88.92 (Closed) reduction of temporomandibular dislocation

88.92C Complicated requiring sedation or general anaesthesia	117.58 V	110.43
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88.93 Open reduction of temporomandibular dislocation

88.93D Open reduction fracture/dislocation of temporomandibular joint - single incision.	1,313.59	838.01
88.93E Open reduction fracture/dislocation of temporomandibular joint - multiple incisions.	2,015.08	1,170.62
88.93F Reconstruction of capsule of fracture/dislocation of temporomandibular joint.	363.72	200.94
88.93G Reconstruction of meniscus and internal soft tissue of fracture/dislocation of temporomandibular joint.	846.56	349.44

88.95 Injection into temporomandibular joint

88.95A Therapeutic injection under direct vision	118.79 V	
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88.97 Bone graft to facial bone

88.97A Costicartilage or bone graft to nose, orbit, forehead, facial bones, etc . .	483.62	212.00
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XV. OPERATIONS ON THE MUSCULOSKELETAL SYSTEM (cont'd)

89 INCISION, EXCISION, AND DIVISION OF OTHER BONES

89.0 Sequestrectomy

89.09 Sequestrectomy, unspecified site

	BASE	ANE
89.09C Intra-Oral	218.38	174.72
89.09D Extra-Oral	271.81	192.20

90 OTHER OPERATIONS ON BONES EXCEPT FACIAL BONES

90.6 Removal of internal fixation device

90.6 DD Removal of external fixation device in complex mandibular fractures 357.70 331.97

NOTE: 1. May only be claimed when performed in a hospital operating theatre or non-hospital surgical suite.
2. May not be claimed in addition to HSC 88.29C.

92 INCISION AND EXCISION OF JOINT STRUCTURES

92.4 Synovectomy

92.49 Synovectomy, unspecified site

92.49A Synovectomy	335.72	165.98
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93 REPAIR AND PLASTIC OPERATIONS ON JOINT STRUCTURES

93.9 Other operations on joints

93.91 Arthrocentesis

93.91DA Arthrocentesis of the TMJ, unilateral.	287.74	458.11
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NOTE: May not be claimed in addition to HSCs 01.39A, 88.81A, 88.29NA, 88.29QA, 88.29RA, 88.29SA, 88.95A, and 92.49A.

93.96 Other repair of joint

93.96A Capsulorrhaphy	392.65	200.94
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NOTE: May only be claimed as a sole procedure or with item 88.71C.

95 OPERATIONS ON MUSCLES, TENDONS, FASCIA, AND BURSA, EXCEPT HAND

95.0 Incision of muscle, tendon, fascia and bursa

95.02 Myotomy

95.02B Lateral pterygoid muscle	392.65	109.21
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XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE

98.1 Excision of skin and subcutaneous tissue

98.11 Debridement of wound or infected tissue

98.11DB Debridement of oral and perioral tissue - minor - less than 2 cm	398.66	147.37
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98.11DC Debridement of oral and perioral tissue - major - 2 cm or greater.	664.67	200.94
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XVII. OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98 OPERATIONS ON SKIN AND SUBCUTANEOUS TISSUE (cont'd)

98.1 Excision of skin and subcutaneous tissue (cont'd)

98.12 Local excision or destruction of lesion or tissue of skin and subcutaneous tissue

	BASE	ANE
98.12DN Removal of pigmented benign naevus of the face	59.87 V	122.30
98.12DP Removal of complicated naevi	BY ASSESS	122.30

98.13 Radical excision of skin lesion

98.13DB Excision of large malignant facial lesion with primary closure	230.10	109.21
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98.3 Relaxation of scar or contracture of skin

98.3 A Revision of scar	125.90 V	110.43
98.3 B Excision of scar tissue and skin graft, one site	785.08	297.01
98.3 C Excision of scar tissue and skin graft, more than one site	1,192.94	406.35
98.3 D Excision of scar tissue and mucosal graft, one site	907.44	349.44
98.3 E Excision of scar tissue and mucosal graft, more than one site	1,313.59	489.21

98.5 Flap or pedicle graft

98.5 DA Rotation or transposition flap	357.08	200.94
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- NOTE: 1. Functional areas includes the head, neck, and includes coverage of exposed vital structures (bone, tendon, major vessel, nerve).
2. Flap for functional areas are designated by FNCAR modifier, add 50% to total benefit.
3. Flap size 5-10 cms or double Z-plasty designated by 2ZPL modifier, add 25% to benefit.
4. Flap size greater than 10 cms or triple Z-plasty designated by 3ZPL modifier, add 50% to benefit.
5. Modifiers do not apply to pedicle flaps.
6. Composite tissue resection (includes bone) designated by CMPRSC modifier, add 25% to benefit.

98.51 Flap or pedicle graft, unqualified

98.51D Muscle flap with single tissue (e.g. fascial cutaneous or muscle) with axial blood supply including insertion of tissue expander	744.01	297.01
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98.6 Plastic operations on lip and external mouth

98.6 DA Simple excision of carcinoma of lip (plastic repair)	71.36 V	165.98
98.6 DB Major excision of carcinoma of lip (plastic repair)	142.10	165.98
98.6 DC Leukoplakia wedge excision of lip (plastic repair)	117.00 V	165.98
98.6 DD Leukoplakia vermilionectomy of lip (plastic repair)	231.25	157.25
98.6 DE Leukoplakia vermilionectomy and wedge resection of lip (plastic repair)	288.75	174.72
98.6 DF Removal of complicated leukoplakia of lip (plastic repair)	BY ASSESS	165.98
98.6 DG Major excision and plastic repair of lip	BY ASSESS	165.98

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XVIII. PROCEDURES NOT ELSEWHERE CLASSIFIED

99 PROCEDURES NOT ELSEWHERE CLASSIFIED

99.0 Ill-defined operations

99.09 Surgical procedures NOS

	BASE	ANE
99.09S Unlisted procedures, Oral and Facial Surgery	BY ASSESS	

