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Oral Health							
Routine Monthly Report							
CHC: KRAAIFONTEIN CHC							
Date: _____							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	TOTAL
PHC Headcount under 5 years							
PHC Headcount 5yrs and older							
Dental Visit							
Extractions All							
Restorations All							
Scaling and Polishing							
Gr.1 Children on which sealants were placed							
Creche Screening for OHS							
Primary School Screening for OHS							

Appendix 7. Objectives Matrix: Dentists

Oral Health Services QUARTERLY OBJECTIVES MATRIX: DENTISTS								
Name of Dentist					Date			
Production	Policy / PDE units	Production / PDE units	Patients Screened	1° / 2°&3° prevention	FS / Restorations	Special Progr. /DHE		
1	2	3	4	5	6	7	Criteria	
							Actual Performance	
							Performance scale	
5500	50%	200%	1500	2.0	2.0	1.000	10	
5000	45%	165	1300	1.8	1.8	0.900	9	
4500	40%	130	1100	1.6	1.6	0.750	8	
4000	35%	95	900	1.4	1.4	0.500	7	
3500	30%	60	700	1.2	1.2	0.250	6	
3000	25%	25	500	1.0	1.0	0.100	5	
2500	20%	20	400	0.8	0.8	0.075	4	
2000	15%	15	300	0.6	0.6	0.050	3	
1500	10%	10	200	0.4	0.4	0.025	2	
1000	5%	5	100	0.2	0.2	0.012	1	
0	-25%	0	0	0.0	0	0.000	0	
							Performance score	
0.175	0.166	0.158	0.140	0.132	0.123	0.105	Weighting	
							Weighted score	
							Performance Index	

Revised 3 December 2009

Appendix 8. Objectives Matrix: Oral Hygienists

Oral Health Services QUARTERLY OBJECTIVES MATRIX: ORAL HYGIENISTS					
Name of Oral Hygienist			Date		
Production	Policy / PDE units	Production / PDE units	Patients Screened	Special Progr. /DHE	
1	2	3	4	7	Criteria
					Actual Performance
					Performance scale
5500	50%	200%	2000	1.000	10
5000	45%	185	1800	0.900	9
4500	40%	130	1600	0.750	8
4000	35%	95	1400	0.500	7
3500	30%	80	1200	0.250	6
3000	25%	25	1000	0.100	5
2500	20%	20	800	0.075	4
2000	15%	15	600	0.050	3
1500	10%	10	400	0.025	2
1000	5%	5	200	0.012	1
0	-25%	0	0	0.000	0
					Performance score
0.235	0.224	0.212	0.189	0.141	Weighting
					Weighted score
					Performance Index

Revised 3 December 2009

Appendix 9. List of Z804 Treatments and sequencing

Z804 SEQ	DESCRIPTION OF PROCEDURE
1	ATTENDANCES
2	EXAMINATION + CHARTING
3	X-RAY
4	TEMPORARY FILLING
5	AMALGAM - PRIMARY TEETH (N/A)
6	AMALGAM - PRIM. SURFACES (N/A)
7	AMALGAM - TEETH
8	AMALGAM - SURFACES
9	COMPOSITES - TEETH
10	COMPOSITES - SURFACES
11	PINS
12	TEMP. INLAY, CROWN OR BRIDGE
13	INLAYS - TEETH
14	INLAYS - SURFACES
15	CROWNS & BRIDGES
16	PULP CAPPING
17	PULPOTOMIES
18	ROOT CANAL TREATMENTS
19	ROOT CANAL FILLINGS
20	EXTRACTIONS - PRIM. TEETH (N/A)
21	EXTRACTIONS - TEETH
22	IMPRESSIONS
23	BITE REGISTRATIONS
24	FULL DENTURES
25	PARTIAL DENTURES
26	RELATIVE ANALGESIA
27	GENERAL ANAESTHESIA
28	LABORATORY WORK
29	OTHER (TREATMENT SERVICES)
30	ATTENDANCE (PREVENTION)
31	PRELIMINARY EXAM (O.H.)
32	X-RAY (O.H.)
33	ORAL HYGIENE INSTRUCTION
34	ORAL HYG. INSTRUCTION (GROUPS)
35	SCALE & POLISH
36	POLISH ONLY
37	FLUORIDE FULL
38	FLUORIDE PARTIAL
39	FISSURE SEALANTS

Z804 SEQ	DESCRIPTION OF PROCEDURE
40	POLISH FILLINGS
41	IMPRESSION O/H
42	STUDY MODELS O/H
43	OTHER (CLINICAL PREVENTION)
44	PRE-PRIMARY SCHOOL VISITS
45	PRIMARY SCHOOL VISITS
46	SECONDARY SCHOOL VISITS
47	SPECIAL SCHOOL VISITS
48	INSTITUTION VISITS
49	PUBLIC VENUE VISITS
50	SCREENING EXAM. (PATIENTS)
51	TREATMENT REQUIRED
52	INDEX EVALALUATION (PATIENTS)
53	GROUP EDUCATION (GROUPS)
54	GROUP EDUCATION (PATIENTS)
55	NEW PROGRAMME - BRUSHING
56	NEW PROG. - FLUORIDE RINSING
57	NEW PROG. - FLUORIDE TABLETS
58	NEW PROG. - BRUSH. & FLUORIDE
59	FOLLOW UP VISITS (PREV. PROG.)
60	OTHER (COMMUNITY PREVENTION)
61	ORTHODONTICS - ATTENDANCES
62	ORTHO. INITIAL EXAMINATION
63	ORTHO. FOLLOW UP EXAMINATION
64	ORTHO. X-RAY
65	ORTHO. CEPHALOGRAM
66	ORTHO. STUDY MODELS
67	REMOVABLE APPLIANCE
68	FIXED APPLIANCE - FULL
69	FIXED APPLIANCE - PARTIAL
70	ORTHO. ADJUSTMENTS
71	ORTHO. REPAIR
72	SPACE MAINTAINER
73	ORTHO. TREATMENT DISCONTINUED
74	ORTHO. TREATMENT COMPLETED
75	ORTHO. OTHER
76	MFOS. CONSULTATION
77	MFOS. X-RAYS
78	MFOS. BIOPSIES
79	MFOS. FOLLOW UP
80	SOFT TISSUE TRAUMA - MINOR
81	SOFT TISSUE TRAUMA - MAJOR

Z804 SEQ	DESCRIPTION OF PROCEDURE
82	MANDIBLE FRACTURE - NON-OPERAT
83	MANDIBLE FRACTURE - OPERATIVE
84	MAXILLA FRACTURE
85	GILLIES FRACTURE
86	MINOR SURGERY
87	PERIODONTAL SURGERY
88	INFECTIVE CASES
89	CYSTS
90	TUMORS
91	REFERRALS
92	MFOS. OTHER



Appendix 10. PDE Treatment Codes

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
VISIT PRE-PRIMARY SCHOOL	7000	0.00	0.00	0.00	0.00	2	44
VISIT PRIMARY SCHOOL	7001	0.00	0.00	0.00	0.00	2	45
VISIT SECONDARY SCHOOL	7002	0.00	0.00	0.00	0.00	2	46
VISIT SPECIAL SCHOOL	7003	0.00	0.00	0.00	0.00	2	47
VISIT INSTITUTIONS	7004	0.00	0.00	0.00	0.00	2	48
VISIT PUBLIC VENUE	7005	0.00	0.00	0.00	0.00	2	49
SCREENING EXAM	7100	0.20	0.00	0.20	0.00	2	50
INDEX EVALUATION (O HEALTH SURVEY)	7200	1.88	0.00	1.50	0.00	2	52
GROUP DENTAL HEALTH EDUCATION	7300	4.00	0.00	6.00	0.00	2	53
NEW BRUSHING PROGRAMME	7400	4.00	0.00	4.00	0.00	2	55
NEW FLUORIDE RINSING PROGRAMME	7500	4.00	0.00	4.00	0.00	2	56
NEW FLUORIDE TABLET PROGRAMME	7600	4.00	0.00	4.00	0.00	2	57
NEW BRUSHING & FLUORIDE PROGRAMME	7700	4.00	0.00	4.00	0.00	2	58
PREV. PROGRAMME FOLLOW UP VISIT	7800	1.00	0.00	4.00	0.00	2	59
OTHER COMMUNITY SERVICE	7900	1.00	0.00	0.50	0.00	2	60
EXHIBITION (PER HOUR MANNED)	7950	4.00	0.00	0.50	0.00	2	60
TRAVELLING TIME (PER 15 MIN)	7960	0.00	0.00	0.00	0.00	0	0
SESSION ABSENT (PER 4 HOURS)	7970	0.00	0.00	0.00	0.00	0	0
KM TRAVELLED (FOR PDD'S USE ONLY)	7980	0.00	0.00	0.00	0.00	0	0
ATTENDANCE	8000	0.00	0.67	0.00	73.62	0	1
PRESCRIPTION	8001	0.25	0.00	0.50	0.00	3	29
ATTENDANCE: CLINICAL PREVENTION	8010	0.00	0.00	0.00	0.00	0	30
ATTENDANCE: ORTHODONTICS	8011	0.00	0.00	0.00	0.00	0	61
EXAM (INCLUDING CHARTING)	8101	1.88	0.40	1.00	78.17	2	2
PRELIM. EXAM. (O.HYGIENISTS ONLY)	8102	0.50	0.00	0.50	0.00	2	31
EXAM AT HOSPITAL OR INSTITUTION	8103	2.50	0.96	1.00	0.00	2	2
EXAMINATION FOR SPECIFIC PROBLEM	8104	0.60	0.00	0.50	0.00	2	29
APPOINTMENT NOT KEPT	8105	0.00	0.00	0.00	0.00	0	29
REFER PATIENT TO ORAL HYGIENIST	8106	0.50	0.00	0.00	0.00	2	43
X RAY (INTRA ORAL-PER FILM)(G.P.)	8107	1.25	0.64	1.00	61.45	2	3
X RAY (INTRA ORAL-PER FILM)(O H)	8108	1.25	0.64	1.00	61.45	2	32
USE GLOVES AND MASK	8109	0.25	0.13	0.50	13.65	2	29
X RAY (INTRA ORAL-PER FILM)(MFOS)	8110	1.25	0.64	1.00	61.45	2	77
X RAY (OCCLUSAL)(O.H.)	8111	1.25	0.64	1.00	105.89	2	32
X RAY (OCCLUSAL)(ORTHO)	8112	1.25	1.13	1.00	105.89	2	64
X RAY (OCCLUSAL)(G.P.)	8113	1.25	1.13	1.00	105.89	2	3
X RAY (OCCLUSAL)(MFOS)	8114	1.25	1.13	1.00	105.89	2	77
EXTRA-ORAL RADIOGRAPH (ALL GROUPS)	8115	1.25	2.64	1.00	245.65	2	3
LABORATORY WORK (15 MINUTES)	8116	1.00	0.00	2.50	0.00	0	28

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
STUDY MODELS (INCLUDING DIAGNOSIS)	8117	2.50	0.71	1.00	166.01	2	66
PHOTOGRAPH (DIAGNOSTIC)	8121	0.63	0.71	0.50	66.00	2	29
EMERGENCY (OVERTIME)	8129	3.00	2.47	0.50	228.64	1	29
EMERGENCY FOR PAIN RELIEF	8131	1.50	1.00	0.50	93.27	1	29
EMERGENCY ROOT CANAL TREATMENT	8132	3.00	1.64	0.50	152.52	1	29
RECEMENT INLAY, CROWN OR BRIDGE	8133	0.50	1.00	0.50	93.27	4	29
REMOVE INLAY, CROWN OR BRIDGE ABUT	8135	0.50	2.00	0.50	185.52	4	29
ACCESS THROUGH CROWN FOR RCT	8136	1.00	0.89	0.50	83.01	3	29
EMERGENCY CROWN,BRIDGE, OR INLAY	8137	1.00	3.44	2.00	319.71	4	12
PREFORMED METAL CROWN	8138	1.00	2.04	0.50	190.07	4	29
G.A.	8139	4.00	0.00	4.00	0.00	3	27
TREATMENT AWAY FROM SURGERY	8140	1.50	1.62	0.00	151.35	3	29
R.A./FIRST 15 MINUTES	8141	1.00	0.73	1.00	68.34	3	26
R.A. /ADDITIONAL 15 MINUTES	8143	1.00	0.38	1.00	35.34	3	26
LOCAL ANAESTHETIC, PER VISIT	8145	0.00	0.16	0.50	59.25	3	29
ORAL HYGIENE INSTRUCTION (INDIVID)	8151	1.88	1.00	1.50	93.27	2	33
ORAL HYGIENE INSTRUCTN.(FOLLOW UP)	8153	1.25	0.73	1.50	68.34	2	33
POLISH (ONLY)	8155	1.25	1.00	1.00	93.27	2	36
POLISH RESTORATIONS (WHOLE MOUTH)	8157	1.88	1.00	1.50	93.27	2	40
SCALING (ONLY)	8158	1.25	1.00	0.50	0.00	2	43
SCALE & POLISH	8159	2.50	1.87	2.00	183.17	2	35
TOPICAL FLUORIDE (FULL)	8161	1.25	1.00	1.50	93.27	2	37
TOPICAL FLUORIDE (PARTIAL)	8162	0.63	1.00	0.50	93.27	2	38
FISSURE SEALANT PER TOOTH	8163	1.25	0.64	1.00	61.45	2	39
TREAT HYPERSENSITIVE DENTINE/VISIT	8167	1.25	0.78	0.50	71.71	2	38
BITE PLATE OR OCCLUSAL GUARD	8169	1.88	3.87	0.50	358.28	2	29
MINOR OCCLUSAL ADJUSTMENT	8170	3.00	2.22	0.50	0.00	1	29
MOUTH GUARD	8171	1.88	1.00	0.50	108.38	2	29
SPACE MAINTAINER; FIXED	8173	1.88	1.87	3.00	173.05	2	72
SPACE MAINTAINER; REMOVABLE	8175	1.88	2.40	3.00	223.06	2	72
PERIODONTAL SCREENING	8176	1.50	1.22	0.50	127.88	1	29
EXTRACT 1 TOOTH/QUADRANT	8201	0.31	1.00	0.75	93.27	4	21
EXTRACT 2 TEETH/QUADRANT	8202	0.48	1.40	1.50	130.81	4	21
EXTRACT 3 TEETH/QUADRANT	8203	0.63	1.80	2.25	168.35	4	21
EXTRACT 4 TEETH/QUADRANT	8204	0.79	2.20	3.00	205.89	4	21
EXTRACT 5 TEETH/QUADRANT	8205	0.94	2.60	3.75	243.43	4	21
EXTRACT 6 TEETH/QUADRANT	8206	1.25	3.00	4.50	280.97	4	21
EXTRACT 7 TEETH/QUADRANT	8207	1.40	3.40	5.25	318.51	4	21
EXTRACT 8 TEETH/QUADRANT	8208	1.56	3.80	6.00	356.05	4	21
SURGICAL REMOVAL OF A TOOTH	8209	4.00	3.09	6.00	402.86	4	86
SURGICAL REMOVAL OF RESIDUAL ROOTS	8213	6.00	4.44	6.00	402.86	1	86

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
PLACE SUTURES	8220	0.25	0.67	0.50	0.00	3	29
POST EXTRACTION HAEMORRHAGE	8221	0.25	0.73	0.50	68.34	4	29
DRY/SEPTIC SOCKET	8225	0.75	0.73	0.50	68.34	1	29
FULL UPPER & LOW. DENT.(COMPLETED)	8231	3.75	16.22	10.00	1504.10	4	24
FULL UP. OR LOW. DENT.(COMPLETED)	8232	2.50	10.00	5.00	927.30	4	24
PARTIAL DENT. 1 TOOTH (COMPLETED)	8233	1.00	4.64	4.00	431.17	4	25
PARTIAL DENT. 2 TEETH (COMPLETED)	8234	1.00	4.64	4.00	431.17	4	25
PARTIAL DENT. 3 TEETH (COMPLETED)	8235	1.00	6.96	4.00	645.14	4	25
PARTIAL DENT. 4 TEETH (COMPLETED)	8236	1.00	6.96	4.00	645.14	4	25
PARTIAL DENT. 5 TEETH (COMPLETED)	8237	1.25	6.96	4.00	645.14	4	25
PARTIAL DENT. 6 TEETH (COMPLETED)	8238	1.25	9.24	4.00	855.59	4	25
PARTIAL DENT. 7 TEETH (COMPLETED)	8239	1.50	9.24	4.00	855.59	4	25
PARTIAL DENT. 8 TEETH (COMPLETED)	8240	1.50	9.24	4.00	855.59	4	25
PARTIAL DENT. 9+ TEETH (COMPLETED)	8241	1.75	9.24	4.00	855.59	4	25
FILL IN DENTURE FORM	8242	0.25	0.00	0.50	0.00	4	29
PRIMARY IMPRESSIONS	8243	0.00	0.00	1.50	0.00	4	22
SECONDARY IMPRESSIONS	8244	0.00	0.00	1.50	0.00	4	22
BITE REGISTRATION	8245	0.00	0.00	5.00	0.00	4	23
TRY-IN DENTURE	8246	0.00	0.00	0.50	0.00	0	29
RE-TRY DENTURE	8247	0.00	0.00	0.50	0.00	0	29
EASE (OF NEW DENTURE)	8248	0.25	0.00	0.50	0.00	0	29
CLASP	8255	0.25	0.96	0.50	89.75	4	29
REBASE DENTURE	8259	1.00	3.80	0.50	351.53	4	29
REMODEL DENTURE	8261	1.00	6.09	0.50	564.33	4	29
RELINE DENTURE	8263	1.00	2.40	0.50	223.06	4	29
TISSUE CONDITIONER	8265	0.50	1.58	0.50	145.63	4	29
SOFT BASE RELINE	8267	1.00	5.53	0.50	513.15	4	29
REPAIR DENTURE OR OTHER APPLIANCE	8269	0.25	1.29	0.50	118.35	4	29
REPAIR DENTURE (INCL. IMPRESSIONS)	8273	0.50	2.02	0.50	68.34	4	29
EASE (DENTURE > 6 MONTHS OLD)	8275	0.50	0.73	0.50	68.34	4	29
DIRECT PULP CAPPING	8301	1.00	0.00	1.00	123.92	3	16
INDIRECT PULP CAPPING	8303	1.00	1.33	1.00	123.92	3	16
APPLIC.OF RUBBER DAM,(ENDO,BLEACH)	8304	0.50	0.80	0.50	72.89	3	29
APEXIFICATION (PER VISIT)	8305	0.50	1.33	0.50	0.00	3	29
PULPOTOMY	8307	1.50	1.31	1.50	121.72	3	17
BLEACHING VITAL TEETH/ARCH	8308	4.00	0.00	0.50	0.00	3	29
SUPPLY & INSTR FOR HOME BLEACHING	8309	2.00	0.00	0.50	0.00	2	29
FOLLOW-UP VISIT, HOME BLEACHING	8311	1.00	0.00	0.50	0.00	2	29
TEMPORARY FILLING	8320	1.00	0.00	1.00	0.00	3	4
ATRAUMATIC REST. TECHNIQUE(1 SURF)	8321	1.00	0.00	0.50	185.52	3	4
ATRAUMATIC REST. TECHNIQUE(2 SURF)	8322	1.20	0.00	0.50	228.64	3	4
BLEACH NON-VITAL TOOTH (PER TOOTH)	8325	1.50	2.38	0.50	220.72	3	29

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
BLEACH (NON-VITAL)ADD.VISIT(MAX.2)	8327	1.50	1.13	0.50	105.89	3	29
RCT FILLING ADD. CANALS (ANT.&PM)	8328	6.00	1.87	6.00	173.05	3	19
RCT PREP & FILL ADD.CANAL (ANT&PM)	8329	2.00	2.33	6.00	216.17	3	19
REMOVAL FRACTURED ENDO INSTRUMENT	8330	1.10	1.31	2.00	121.72	0	18
RCT PREP VISIT ANT.TOOTH(INCL.PM)	8332	1.00	1.00	2.00	93.27	3	18
RCT PREP VISIT MOLARS	8333	1.50	1.40	2.00	130.82	3	18
RCT RE-PREP. OF PREVIOUS RCT	8334	1.30	1.49	2.00	137.71	3	18
RCT FILLING FIRST CANAL EXCL. MOL.	8335	4.00	4.58	6.00	423.25	3	19
RCT FILLING FIRST CANAL MOLARS	8336	5.00	6.29	6.00	582.52	3	19
RCT FILLING ADDIT. CANALS MOLARS	8337	1.50	1.87	6.00	173.05	3	19
RCT PREP AND FILL 1st CANAL ANT	8338	6.00	6.98	6.00	647.34	3	19
RCT PREP AND FILL 1st CANAL MOLAR	8339	8.00	9.60	6.00	889.61	3	19
RCT PREP AND FILL ADD.CANAL MOLARS	8340	2.00	2.33	6.00	216.17	3	19
PLAST.FILL. 1 SURFACE	8341	1.10	1.82	1.50	185.52	3	7
PLAST.FILL. 2 SURFACE	8342	1.50	2.27	3.00	228.64	3	7
PLAST.FILL. 3 SURFACE	8343	2.00	2.73	4.50	278.65	3	7
PLAST.FILL. >3 SURFACES	8344	2.50	3.04	6.00	310.62	3	7
PIN (MAX 2)	8347	0.25	0.98	1.25	92.10	3	11
ACID ETCH 1 SURFACE (ANT. TOOTH)	8351	1.20	2.00	1.50	203.56	3	9
ACID ETCH 2 SURFACE (ANT. TOOTH)	8352	1.60	2.51	3.00	256.06	3	9
ACID ETCH 3 SURFACE (ANT. TOOTH)	8353	2.10	3.00	4.50	306.07	3	9
ACID ETCH >3 SURFACE (ANT. TOOTH)	8354	2.50	3.33	6.00	341.27	3	9
COMPOSITE VENEERS	8355	1.55	3.49	0.50	323.23	4	29
PREFORMED METAL CROWN	8357	0.75	2.04	0.50	190.07	4	29
INLAY 1 SURFACE (POSTERIOR)	8361	0.75	3.07	4.00	283.19	4	13
INLAY 2 SURFACE (POSTERIOR)	8362	1.50	4.47	8.00	414.16	4	13
INLAY 3 SURFACE (POSTERIOR)	8363	2.25	7.47	12.00	690.60	4	13
INLAY 4 OR MORE SURFACES (POSTERIO	8364	3.00	9.02	16.00	835.06	4	13
ACID ETCH 1 SURF.(PRE-M. & MOLARS)	8367	1.20	2.16	1.50	220.72	3	9
ACID ETCH 2 SURF.(PRE-M. & MOLARS)	8368	1.60	2.67	3.00	273.07	3	9
ACID ETCH 3 SURF.(PRE-M. & MOLARS)	8369	2.10	3.22	4.50	329.98	3	9
ACID ETCH >3 SURF(PRE-M. & MOLARS)	8370	2.50	3.49	6.00	354.91	3	9
CERAM/RESIN BOND. INLAY 1 SURF.	8371	1.00	3.67	4.00	341.27	4	13
CERAM/RESIN BOND. INLAY 2 SURF.	8372	1.50	5.42	8.00	503.91	4	13
CERAM/RESIN BOND. INLAY 3 SURF.	8373	2.00	8.96	12.00	830.51	4	13
CERAM/RESIN BOND. INLAY 4 SURF.	8374	2.50	10.84	16.00	1005.91	4	13
CAST CORE WITH SINGLE POST	8391	0.50	2.31	0.50	213.97	4	29
CORE & PINS (CAST)	8397	1.00	3.67	0.50	341.27	4	29
PLASTIC(AG,COMP,GD)CORE FOR CROWN	8398	1.00	4.47	0.50	414.16	4	29
CAST FULL CROWN	8401	3.00	11.49	12.00	1064.87	4	15
CAST 3/4 CROWN	8403	3.00	11.49	12.00	1064.87	4	15

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
ACRYLIC JACKET CROWN	8405	3.00	11.49	12.00	1005.77	4	15
ACRYLIC VENEER CROWN	8407	3.00	11.49	12.00	1064.87	4	15
PORCELAIN JACKET CROWN	8409	3.00	11.49	12.00	1064.87	4	15
PORCELAIN VENEER CROWN	8411	3.00	11.49	12.00	1064.87	4	15
ADDIT. FEE FOR CROWN WITHIN CLASP	8414	0.25	0.64	0.50	61.45	4	29
BRIDGE, SANITARY PONTIC	8420	1.00	5.60	12.00	690.60	4	15
PONTIC, POSTERIOR	8422	1.00	7.47	12.00	869.23	4	15
PONTIC, ANTERIORS & PREMOLARS	8424	1.00	9.38	12.00	869.23	4	15
SPLINTING/SEXTANT EXTRACORON. WIRE	8723	2.00	1.87	0.50	173.05	3	29
SPLINTING/SEXT. EXTRACOR. WIRE+RES	8725	3.00	2.71	0.50	251.07	3	29
SPLINTING INTRACOR. WIRE/PIN+RESIN	8727	1.00	0.86	0.50	78.75	3	29
TREAT PERIODONTAL ABCESS,INCL.FLAP	8731	2.25	1.60	4.00	148.71	1	88
ROOT PLANING / QUADRANT	8737	4.00	3.63	6.00	373.24	3	87
ROOT PLANING / SEXTANT	8739	3.00	2.90	6.00	296.98	3	87
GINGIVECTOMY / QUADRANT	8741	4.00	4.80	6.00	487.04	3	87
GINGIVECTOMY / SEXTANT	8743	4.00	3.82	6.00	389.08	3	87
PERIODONTAL SURGERY / TOOTH	8768	2.00	3.19	6.00	295.80	3	87
ORTHO: CONSULTATION	8801	1.88	1.08	1.50	0.00	2	62
ORTHO: FOLLOW UP EXAM	8803	1.25	0.81	1.00	0.00	2	63
ORTHO: ADJUSTMENTS	8804	0.00	0.00	0.50	0.00	3	70
ORTHO: TREATMENT DISCONTINUED	8806	0.00	0.00	0.00	0.00	3	73
ORTHO: TREATMENT COMPLETED	8807	0.00	0.00	0.00	0.00	3	74
X RAY (INTRA ORAL-PER FILM)(ORTHO)	8810	1.25	0.64	1.00	0.00	2	64
TRACING & ANALYSIS OF E-ORAL FILM	8811	1.50	0.31	2.50	28.45	3	65
ORTHO: DIAGN. & TREATMENT PLANNING	8837	0.92	0.64	1.00	60.00	2	66
ORTHO DIAGNOSTIC SETUP	8839	1.93	1.36	1.00	126.71	2	66
TREAT. PLAN. FOR ORTHOGNATIC SURG.	8840	6.70	4.71	1.00	436.89	2	66
ORTHO: REMOVABLE APPLIANCE: REPAIR	8846	1.04	0.92	0.50	85.65	3	71
ORTHO: REMOVABLE APPL: REPLACEMENT	8847	3.61	3.19	6.00	295.80	3	67
FIXED: REPAIR OR REPLACEMENT/UNIT	8848	1.55	1.36	0.50	126.71	3	71
ORTHO: RETAINER	8849	3.61	3.19	3.00	295.80	3	72
ORTHO: MPDS FIRST CONSULTATION	8850	1.75	1.54	1.50	142.55	3	62
ORTHO: MPDS SUBSEQ. CONSULTATION	8851	0.92	0.81	1.00	75.09	3	63
ORTHO: BITE PLATE	8852	2.52	3.38	6.00	358.28	3	67
ORTHO: MINOR (FIXED)	8861	15.33	13.51	6.00	1253.17	3	69
ORTHO: MINOR REMOVABLE APPLIANCE	8862	12.81	11.29	6.00	1045.95	3	67
ORTHO: REMOVABLE, PER ADDIT. APPL.	8863	6.44	5.67	6.00	525.61	3	67
ORTHO: MAJOR,PRELIM.UPPER OR LOWER	8865	40.94	36.05	12.00	3342.73	3	68
ORTHO: MAJ.PRELIM.UPPER AND LOWER	8866	56.30	49.57	12.00	4597.37	3	68
ORTHO: MAJOR, SINGLE ARCH, MILD	8867	44.00	38.76	12.00	3593.07	3	68
ORTHO: MAJOR, SINGLE ARCH, MOD	8868	54.25	47.79	12.00	4431.94	3	68

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
ORTHO: MAJOR, SINGLE ARCH, SEVERE	8869	63.46	55.91	12.00	5183.70	3	68
ORTHO: MAJOR, CLASS I MILD	8873	80.55	70.92	12.00	6575.46	3	68
ORTHO: MAJOR, CLASS I MODERATE	8875	98.86	87.04	12.00	8072.08	3	68
ORTHO: MAJOR, CLASS I SEVERE	8877	115.24	101.47	12.00	9410.03	3	68
ORTHO: MAJOR, CL I SEVERE + COMP.	8879	129.51	114.04	12.00	10575.21	3	68
ORTHO: MAJOR, CLASS II & III MILD	8881	115.24	101.47	12.00	9410.03	3	68
ORTHO: MAJOR, CLASS II & III MOD	8883	129.51	114.04	12.00	10575.21	3	68
ORTHO: MAJOR, CLASS II & III SEV.	8885	145.40	128.02	12.00	11871.50	3	68
ORTHO: MAJ., CL II & III SEV.+COM	8887	161.68	144.26	12.00	13375.45	3	68
MFOS: CONSULTATION	8901	1.54	1.08	1.50	0.00	2	76
REFER TO MFOS OR OTHER SPECIALIST	8902	0.00	0.00	0.00	0.00	0	91
MFOS: CONS AT HOSPITAL	8903	1.74	1.23	1.50	112.98	2	76
MFOS: SUBSEQ. CONS AT ROOMS	8904	1.16	0.81	1.00	75.12	2	79
MFOS: WEEKEND, NIGHT VISITS	8905	3.01	1.78	1.50	165.51	1	76
ASSIST IN THEATRE (PER 15 MINUTES)	8906	1.50	0.00	0.50	0.00	1	92
MFOS: CALD-LUC + ROOT IN ANTRUM	8908	7.54	13.27	15.00	1231.76	4	84
MFOS: CLOSE ANTRO-ORAL FISTULA	8909	5.78	10.18	6.00	944.32	4	86
MFOS: CALDWELL-LUC	8911	2.27	3.99	6.00	369.43	4	86
MFOS: BIOPSY, INTRA-ORAL	8917	3.19	2.56	3.00	235.53	2	78
MFOS: BIOPSY, NEEDLE	8919	5.53	3.90	3.00	362.53	2	78
MFOS: BIOPSY OF BONE, OPEN	8921	9.09	6.40	3.00	593.22	2	78
MFOS: LOC. TREAT. POST-EXTR. HAEM.	8931	0.73	2.93	4.00	68.34	1	80
MFOS: TRT.PT-EXTR.HAEM.(BL.DYSRC.)	8933	17.34	10.18	4.00	944.32	1	80
MFOS: SEPTIC SOCKET	8935	1.32	0.77	4.00	68.34	1	88
MFOS: SURGIC. REMOV. TOOTH	8937	4.00	2.68	6.00	402.86	4	86
MFOS: IMPACTIONS: 1ST TOOTH	8941	4.00	7.20	6.00	667.87	3	86
MFOS: IMPACTIONS: 2ND TOOTH	8943	3.50	3.87	6.00	358.28	3	86
MFOS: IMPACTIONS: 3RD TOOTH	8945	3.00	2.20	6.00	203.56	3	86
MFOS: IMPACTIONS: 4TH AND SUBSQ. T	8947	3.00	2.20	6.00	203.56	3	86
MFOS: SURGICAL REMOVAL OF ROOTS	8953	6.00	4.44	6.00	402.86	1	86
MFOS: ALVEOLOTOMY OR ALVEOLECTOMY	8957	3.03	5.33	6.00	494.52	4	86
MFOS: AUTO-TRANSPLANT. OF TOOTH	8961	4.96	8.74	6.00	810.86	4	86
MFOS: PERIFERAL NEURECTOMY	8965	4.96	8.74	6.00	810.86	4	86
FUNCTIONAL REPAIR ORONASAL FISTULA	8966	13.79	12.16	6.00	1127.93	4	86
MFOS: CYST; INTRA-ORAL APPROACH	8967	13.79	12.15	12.00	1126.46	3	89
MFOS: CYST; EXTRA-ORAL APPROACH	8969	22.08	19.45	12.00	1804.45	3	89
MFOS: NEOPLASMS; SOFT TISSUE TUMR.	8971	4.42	3.90	18.00	362.53	3	90
MFOS: NEOPLASMS; JAW TUMOURS	8973	22.08	19.45	18.00	1804.45	3	90
MFOS: HEMIRESECTION + SPLINT	8975	11.60	20.43	6.00	1895.53	4	86
MFOS: MAJ. REP. UPPER OR LOWER JAW	8977	11.59	20.42	6.00	1894.06	4	86
MFOS: HARVESTING OF BONE GRAFT	8978	4.42	3.87	6.00	342.88	4	86

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
MFOS: EXPOSURE OF IMPACT. FOR ORTH	8981	8.27	7.29	6.00	744.13	3	86
MFOS: CORTICOTOMY; FIRST TOOTH	8983	3.30	5.81	6.00	538.52	4	86
MFOS: CORTICOTOMY; SUBSEQ. TOOTH	8984	1.67	2.93	6.00	273.07	4	86
MFOS: FRENECTOMY	8985	7.57	5.33	6.00	494.52	2	86
MFOS: MYLOHYOID RIDGE REDUCTION	8987	4.96	8.74	6.00	810.86	4	86
MFOS: TORUS REDUCTION	8989	4.96	8.74	6.00	810.86	4	86
MFOS: MAXILLARY TUBEROPLASTY	8991	4.96	8.74	6.00	810.86	4	86
MFOS: RED. OSSEUS TUBEROSITY	8993	2.21	3.90	6.00	362.53	4	86
MFOS: GINGIVECTOMY / JAW	8995	8.83	7.78	6.00	721.40	3	87
MFOS: SULCOPLASTY/VESTIBULOPLASTY	8997	11.38	20.05	6.00	1859.16	4	86
MFOS: REPOSITION MENTAL FORAMEN	9003	6.89	12.15	6.00	1126.46	4	86
MFOS: AUGMENTATION ALV.RIDGE(BONE)	9005	11.60	20.43	6.00	1895.53	4	86
MFOS: AUGMENT. ALV. RIDGE (ALLOPLA	9007	7.29	12.87	6.00	1193.05	4	86
MFOS: SINUS LIFT	9010	7.05	13.21	6.00	1231.76	4	86
MFOS: INCISE AND DRAIN ABCESS	9011	3.53	2.49	4.00	230.69	1	88
MFOS: SEPSIS, EXTRA-ORAL APPROACH	9013	4.81	3.39	4.00	315.46	1	88
MFOS: APICECTOMY - ANTERIOR	9015	2.92	4.37	6.00	459.62	4	86
MFOS: APICECTOMY - POSTERIOR	9016	4.97	8.74	6.00	810.86	4	86
MFOS: OSTEO; DECORT. SAUC. SEQ	9017	10.23	18.02	6.00	1669.38	4	86
MFOS: SEQUESTRECTOMY	9019	6.64	3.90	6.00	362.53	1	86
SOFT TISSUE TRAUMA (MINOR)	9021	2.00	4.37	4.00	459.62	3	80
SOFT TISSUE TRAUMA (MAJOR)	9023	10.00	9.23	8.00	855.59	3	81
DENTO-ALVEOLAR FRACTURE/SEXTANT	9024	2.19	4.37	12.00	406.53	1	82
FRACTURED MAND.(CLOSED REDUCTION)	9025	9.00	9.70	12.00	900.32	1	82
MFOS: MAND. FRACTURE COMPOUND	9027	23.21	13.63	18.00	1264.47	1	83
MFOS: MAND. FRACT GUNNING SPLINT	9029	25.71	15.10	18.00	1400.12	1	83
MFOS: MAND. FRACT OPED RED.+SPLINT	9031	38.10	22.37	18.00	2075.33	1	83
MFOS: LE FORT I FRACTURE	9035	23.27	13.66	15.00	1266.81	1	84
MFOS: LE FORT II FRACTURE	9037	38.10	22.37	15.00	2075.33	1	84
MFOS: LE FORT III FRACTURE	9039	54.68	32.09	15.00	2976.78	1	84
MFOS: GILLIES ELEVATION	9041	16.53	9.70	12.00	900.32	1	85
MFOS: UNSTBLE OR COMMINUTED ZYGOMA	9043	33.12	19.45	12.00	1804.45	1	85
MFOS: ZYGOMA; MULT.INTEROSS.WIRING	9045	49.67	29.16	15.00	2703.31	1	84
MFOS: IMPROVE MASTICATORY FUNCTION	9047	57.93	40.80	6.00	3783.43	4	86
MFOS: ANT. SEG. OSTEOT. MANDIB.	9049	38.61	34.00	6.00	3153.50	4	86
MFOS: TOTAL SUBAPICAL OSTEOTOMY	9050	31.11	62.21	6.00	5767.83	4	86
MFOS: GENIOPLASTY	9051	11.04	19.45	6.00	1804.45	4	86
MFOS: MIDFACIAL EXPOSURE	9052	17.47	30.80	6.00	2856.56	4	86
MFOS: CORONOIDECTOMY (INTRA-ORAL)	9053	6.89	12.13	6.00	1125.58	4	86
MFOS: SCHUKARDT OSTEOTOMY	9055	19.31	34.00	6.00	3153.25	4	86

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
MFOS: WASSMUND OSTEOTOMY	9057	19.31	34.00	6.00	3153.25	4	86
MFOS: LE FORT I OSTEOTOMY(1ST SEG)	9059	36.33	63.99	15.00	5933.11	4	84
MFOS: LE FORT I OSTEOTOMY+REPOSIT	9060	40.74	71.83	15.00	6660.52	4	84
MFOS: PALATAL OSTEOTOMY	9061	12.70	22.37	15.00	2075.33	4	84
MFOS: LE FORT I OSTEOTOMY (>1 SEG)	9062	46.35	81.66	15.00	7573.75	4	84
MFOS: LE FORT II OSTEOTOMY	9063	46.40	81.71	15.00	7577.56	4	84
MFOS: LE FORT III OSTEOTOMY	9065	69.54	122.47	15.00	11356.29	4	84
MFOS: PARTIAL GLOSSECTOMY	9069	8.28	14.58	6.00	1351.58	4	86
MFOS: GENIOHYIODOTOMY	9071	4.96	8.74	6.00	810.86	4	86
MFOS: CLOSE ORO-NAS. FIST. +GRAFT	9072	72.67	63.99	6.00	5933.11	3	86
MFOS: TMJ DIAGNOSTIC ARTHROSCOPY	9074	5.48	9.66	0.50	895.77	3	92
MFOS: CODYLECTOMY ETC (EXTRA-ORAL)	9075	13.79	24.28	6.00	2250.43	4	86
MFOS: ARTHROCENTESIS TMJ	9076	2.67	5.33	6.00	494.52	4	86
MFOS: INTRA-ARTICULAR INJECTION	9077	0.83	1.45	0.50	134.92	4	92
MFOS: TRIGGER POINT INJECTION	9079	0.32	1.13	0.50	105.30	4	92
MFOS: WARD/KOSTECTA OSTEOTOMY	9081	5.51	9.70	6.00	900.32	4	86
MFOS: LE CLERK & TOLLER PROCED.	9083	13.79	24.28	6.00	2250.43	4	86
MFOS: REDUCT. TMJ DISLOCATION	9085	3.29	1.93	6.00	179.07	1	86
MFOS: REDUCT.TMJ DISLOC.(ANAESTH.)	9087	6.64	3.90	6.00	362.53	1	86
MFOS: RED.TMJ DISLOC.(AN.+IMMOB.)	9089	16.53	9.70	6.00	900.32	1	86
MFOS: OPEN REDUCT. TMJ DISLOC.	9091	41.37	24.28	6.00	2250.43	1	86
MFOS: TMJ TOTAL RECONSTRUCTION	9092	36.75	64.80	6.00	6008.20	4	86
MFOS: REMOVE SALIVARY CALCULUS	9093	4.96	4.37	6.00	406.53	3	86
MFOS: REMOVE SALIVARY GLAND	9095	13.25	10.80	6.00	1001.95	3	86
MFOS: REMOVE SALIV. GLAND (EX-OR)	9096	17.50	16.00	6.00	1484.45	3	86
MFOS: SUB-PRIOST. IMPL. PREPARAT.	9180	7.73	13.62	6.00	1227.22	4	86
MFOS: SUB-PRIOST. IMPL. PLACEMENT	9181	7.73	13.62	6.00	1227.22	4	86
MFOS: ENDOSTEAL IMPL. PLACEMENT	9182	3.87	6.82	6.00	614.34	4	86
MFOS: PLACE 1 OSS.INTEG IMPLANT	9183	4.92	8.70	6.00	864.68	4	86
MFOS: PLACE 2nd OSS.INTEG IMPLANT	9184	3.70	6.52	6.00	647.34	4	86
MFOS: PLACE 3rd OSS.INTEG.IMPLANT	9185	3.70	4.36	6.00	433.37	4	86
MFOS: EXPOSE 1 OSS.INTEG IMPLANT	9190	1.83	3.21	6.00	320.74	4	86
MFOS: EXPOSE 2nd OSS.INTEG IMPLANT	9191	1.37	2.41	6.00	241.10	4	86
MFOS: EXPOSE 3rd OSS.INTEG IMPLANT	9192	0.91	1.61	6.00	161.47	4	86
MFOS: CLEFT REPAIR HARD UNILATERAL	9220	17.87	35.74	6.00	3313.84	4	86
MFOS: CLEFT REPAIR HARD BILATERAL	9222	22.68	45.37	6.00	4206.68	4	86
MFOS: CLEFT REPAIR HARD BILATERAL	9224	33.80	67.60	6.00	6268.36	4	86
MFOS: CLEFT REPAIR SOFT NO MUSCLE	9226	14.97	29.94	6.00	2776.93	4	86
MFOS: CLEFT REPAIR SOFT INCL MUSC	9228	21.74	43.48	6.00	4032.16	4	86
MFOS: CLEFT REPAIR SUBMUCOSAL	9230	16.19	32.39	6.00	3002.19	4	86
MFOS: CLEFT VELOPHAR. RECONSTR. UN	9232	16.66	33.32	6.00	3089.45	4	86

PROCEDURE	CODE	PDE RVU	RVU	Z804 RVU	TARIFF	PREV	Z804 SEQ
MFOS: CLEFT VELOPHAR. RECONSTR. CO	9234	17.82	35.63	6.00	3303.42	4	86
MFOS: CLEFT ORONASAL FISTULE 1 PRO	9238	10.19	20.37	6.00	1889.51	4	86
MFOS: CLEFT ORONASAL FISTULE 2 PRO	9240	17.77	35.54	6.00	3296.38	4	86
MFOS: CLEFT PERIOSTEAL SWIVEL FLAP	9246	8.88	17.76	6.00	1647.39	4	86
MFOS: CLEFT LIP ADHESION	9248	3.32	6.64	6.00	615.81	4	86
MFOS: CLEFT LIP REPAIR UNILAT NO M	9250	5.85	11.70	6.00	1084.67	4	86
MFOS: CLEFT LIP REPAIR UNILAT INCL	9252	7.93	15.87	6.00	1470.66	4	86
MFOS: CLEFT LIP REPAIR BILAT NO MU	9254	8.17	16.34	6.00	1514.66	4	86
MFOS: CLEFT LIP REPAIR BILAT INCL	9256	12.62	25.25	6.00	2340.04	4	86
MFOS: CLEFT ANT NASAL FLOOR REPAIR	9258	3.19	6.37	6.00	590.88	4	86
MFOS: CLEFT PART REV OF 2ND LIP DE	9260	3.19	6.37	6.00	590.88	4	86
MFOS: CLEFT TOT REV OF 2ND LIP DEF	9262	7.20	14.40	6.00	1335.01	4	86
MFOS: CLEFT ABBE FLAP	9264	8.15	16.30	6.00	1511.73	4	86
MFOS: CLEFT COLLUMELLA RECONSTRUC.	9266	4.82	9.64	6.00	893.57	4	86
MFOS: CLEFT PART. RECONSTR OF NOSE	9268	6.12	12.24	6.00	1135.56	4	86
MFOS: CLEFT COMPL. RECONSTR OF NOS	9270	9.68	19.36	6.00	1794.63	4	86
MFOS: CLEFT PARANASAL AUGMENTATION	9272	4.82	9.64	6.00	893.57	4	86

