

BPOMAS DENTAL TARIFFS

Tariff Code	Tariffs Description	DENTAL Tarifs 2017-18	Lab Fees 2017-18	DENTAL FEES (incl Lab) 2017-18
	DIAGNOSTIC PROCEDURES			
8101	Consultation	176.9		176.9
8102	Comprehensive consultation			
8104	Consultation for specific problem	90.5		90.5
8105	Appointment not kept (30 min)			
8106	Written treatment plan where prior authorisation is required (covered under 8102)			
8107	Intra oral radiograph	88.4		88.4
8108	Maximum for 8107	683.8		683.8
8113	Occlusal radiograph	151.2		151.2
8114	Handwrist radiograph	353.8		353.8
8115	Panoramic or cephalometric radiograph	353.8		353.8
8117	Two study models	96.3	60.7	157.0
8119	Study models mounted on adjustable articulator	240.1	252.9	493.0
8121	Diagnostic photographs			
8122	Bacteriological studies for determination of pathologic agents			
8123	Caries susceptibility test			
8811	Tracing and analysis of cephalometric radiograph	41.3		41.3
	EMERGENCY PROCEDURES			
8131	Emergency treatment for relief of pain	133.6		133.6
8132	Gross pulpal debridement	218.5		218.5
8133	Recementing (per crown or abutment unit)	133.6		133.6
8135	Removal of crown, inlay, bridge	267.4		267.4
8136	Access through prosthetic crown for RCT	117.8		117.8
8137	Temporary crown if perm. crown is not to be made	458.1		458.1
	MISCELLANEOUS PROCEDURES			

8109	Cross-infection control (i.e. use of rubber gloves, masks, etc. per dentist, per assistant, per visit)	19.8	8.7	28.5
8110	Provision of sterilised & wrapped instruments	53.1		53.1
8141	Inhalational sedation, first quarter hour	98.5		98.5
8143	Inhalational sedation, each add. quarter hour	53.1		53.1
8144	IV sedation	59.0		59.0
8145	Local anaesthetic, per visit	25.6		25.6
8147	Use of monitoring equipment under I.V. sedation	210.5		210.5
8155	Polish only	133.6		133.6
8157	Re-burnishing	133.6		133.6
8159	Scale and polish	263.3		263.3
8161	Topical fluoride	133.6		133.6
8163	Fissure sealant, per tooth	88.4		88.4
8167	Treatment o. hypersens. dentine	102.2		102.2
8169	Bite plate or occlusal guards	515.0	490.8	1005.8
8170	Minor occlusal adjustment	292.9		292.9
8171	Mouth protector	0.0	294.8	294.8
8173	Fixed spacemaintainer	247.4	458.1	705.5
8175	Removable spacemaintainer	318.7	462.1	780.8
8176	Periodontal screening	161.2		161.2
8177	Oral hygiene instructions for the periodontally compromised patient	202.4		202.4
8178	Oral hygiene evaluation for period. comp. patient	108.0		108.0
8179	Plaque removal for period. comp. patient	151.2		151.2
8180	Scaling and polishing for the period. comp. patient	285.3		285.3
8182	Root planing, per quadrant	535.0		535.0
8184	Root planing, per sextant	426.7		426.7
8185	Gingivectomy-gingivoplasty, per quadrant	699.9		699.9
8186	Gingivectomy-gingivoplasty, per sextant	558.3		558.3
8188	Biopsy	340.1		340.1
8192	Appositioning of soft tissue injuries	660.6		660.6
8194	Placement of a single osseo-integrated implant per jaw	1240.4		1240.4
8195	second o.-i. Implant, per jaw	928.1		928.1
8196	subsequent o.-i. Implant, per jaw	621.3		621.3
8198	Exp./transmuc. o.-i. Implant, per jaw	459.9		459.9
8199	second Exp./transmuc. o.-i. Implant	346.0		346.0
8200	subsequ. Exp./transmuc. o.-i. Implant	232.1		232.1
8201	Simple extraction	133.6		133.6

8202	Add. Tooth same quadrant	53.1		53.1
8209	Surgical removal of tooth	578.0		578.0
8210	Impacted tooth, first tooth	959.2		959.2
8211	Impacted tooth, second tooth	515.0		515.0
8212	Impacted tooth, each additional	291.0		291.0
8213	Surgical removal of residual roots (cutting procedure)	578.0		578.0
8214	Surgical removal of residual roots - each subsequent tooth	446.2		446.2
8215	Surgical exposure for orthodontic reasons	990.7		990.7
8220	Suture material provided by practitioner	35.3		35.3
8221	Post-extr. Haemorrhage, first visit	98.5		98.5
8225	Septic socket, initial visit	98.5		98.5
8227	Septic socket, each additional visit	62.8		62.8
8229	Apicectomy, incisors and canines	660.6		660.6
8231	Full upper and lower dentures	2158.6	1148.1	3306.7
8232	Full upper or lower denture	1326.8	897.3	2224.1
8233	1 tooth	619.1	381.3	1000.4
8234	2 teeth	619.1	408.9	1028.0
8235	3 teeth	926.3	428.6	1354.9
8236	4 teeth	926.3	428.6	1354.9
8237	5 teeth	926.3	428.6	1354.9
8238	6 teeth	1226.8	522.8	1749.6
8239	7 teeth	1226.8	617.1	1843.9
8240	8 teeth	1226.8	699.9	1926.7
8241	9 teeth or more	1226.8	719.8	1946.6
8251	Cast gold clasp per rest or clasp	124.0	92.7	216.7
8253	Wrought gold clasp or rest per rest or clasps	124.0	86.2	210.2
8255	Stainless steel clasp or rest	130.0	86.2	216.2
8257	Lingual or palatal bar	151.2	137.7	288.9
8259	Rebase, heat cure	505.3	475.9	981.2
8261	Remodel	808.0	621.3	1429.3
8263	Reline, cold cure, direct	318.7		318.7
8265	Tiss. Cond. + soft self cure interim re-line	210.5		210.5
8267	Soft-base reline, heat cured	735.2	599.8	1335.0
8269	Repair of denture or intra-oral appliance	171.1	194.8	365.9
8270	Add clasp to existing partial denture	124.0	59.0	183.0
8271	Add tooth to existing denture	124.0	59.0	183.0
8273	Additional fee when impression required	98.5	67.0	165.5
8275	Adjustment of denture	98.5		98.5
8277	Gold inlay in denture			
8279	Metal base to full denture			
8281	Chrome cobalt partial base	1442.8	1085.1	2527.9

8303	Indirect pulp capping	176.9		176.9
8304	Rubber Dam, per arch	104.1		104.1
8305	Apexification of root canal, per visit	176.9		176.9
8306	Cost of Mineral Trioxide Aggregate			
8307	Pulpotomy	174.8		174.8
8308	Bleaching, vital, per arch			
8309	Supply of and instruction for home bleaching			
8310	Supply of bleaching materials			
8311	Follow-up visit for honme bleaching			
8325	Bleaching, non vital,per tooth	316.7		316.7
8327	Each additional visit for non-vital bleaching	143.5		143.5
8330	Removal/bypassing of fractured post/ instrument	174.8		174.8
	Preparatory visits, obturation done at separate visit			
8332	Single canal tooth, per visit (max. 2 visits)	133.6		133.6
8333	Multi canal tooth, per visit (max. 2 visits)	186.8		186.8
8334	Re-preparation of previously obturated canal	198.5		198.5
	Obturation visit			
8335	First canal, anteriors and premolars	605.5		605.5
8328	Each additional canal, anteriors and premolars	247.4		247.4
8336	First canal, molars	835.3		835.3
8337	Each additional canal, molars	247.4		247.4
8338	First canal, anteriors and premolars	928.1		928.1
8329	Each additional canal, anteriors and premolars	308.7		308.7
8339	First canal, molars	1277.8		1277.8
8340	Each additional canal, molars	308.7		308.7
8341	One surface	241.5		241.5
8342	Two surfaces	300.8		300.8
8343	Three surfaces	361.7		361.7
8344	More than three surfaces	405.1		405.1
8345	Pre-formed post retention	263.3		263.3
8347	Pin retention, first pin	132.0		132.0
8348	Pin retention, each additional pin	124.0		124.0
8349	Carving or contouring plastic restoration to accommodate existing prosthesis	54.8		54.8
8366	Pin retention as part of cast restoration	198.5		198.5

8376	Prefabricated post and core in addition to crown	729.2		729.2
8379	Cost of posts	124.0		124.0
8351	One surface, anterior	267.4		267.4
8352	Two surfaces, anterior	334.4		334.4
8353	Three surfaces, anterior	401.0		401.0
8354	More than three surfaces, ant.	446.2		446.2
8355	Composite Veneers (Direct)	462.1		462.1
8367	One surface, posterior	286.9		286.9
8368	Two surfaces, posterior	355.9		355.9
8369	Three surfaces, posterior	428.6		428.6
8370	More than three surfaces, pos.	462.1		462.1
8361	One surface inlay	407.1	513.1	920.2
8362	Two surface inlay	593.7	746.9	1340.6
8363	Threesurfaces inlay	992.8	778.5	1771.3
8364	Four or more surfaces inlay	1199.3	778.5	1977.8
8371	One surface inlay	489.6	1018.4	1508.0
8372	Two surfaces inlay	723.4	1018.4	1741.8
8373	Three surfaces inlay	1191.5	1018.4	2209.9
8374	More than three surfaces inlay	1442.8	867.0	2309.8
8193	Crown on implant	1983.7	992.8	2976.5
8356	Bridge per abutment - only applicable to Maryland type	593.7		593.7
8357	Pre-formed metal crown	273.1		273.1
8391	Cast post & core - single	306.7	363.6	670.3
8393	Cast post & core - double	489.6	521.2	1010.8
8395	Cast post & core - triple	707.8	521.2	1229.0
8396	Cast coping	198.5	357.9	556.4
8397	Cast core with pins	489.6	521.2	1010.8
8398	Core build-up including any pins	593.7		593.7
8401	Cast metal full crown	1527.5	912.3	2439.8
8403	Cast three-quarter crown	1527.5	621.3	2148.8
8405	Acrylic jacket crown	1527.5		1527.5
8407	Acrylic veneered crown	1527.5	607.5	2135.0
8409	Porcelain jacket crown	1527.5	935.8	2463.3
8411	Porcelain veneered crown	1527.5	949.5	2477.0
8413	Facing replacement	298.9	401.0	699.9
8414	Additional fee for provision of crown within an existing clasp	88.4	184.0	272.4
8420	Sanitary pontic	742.9		742.9
8422	Posterior pontic	992.8		992.8
8424	Anterior pontic including premolars	1248.3		1248.3
8560	Cost of ceramic block			