

WAMS DENTAL PROGRAM FEES SCHEDULE MARCH 2010

Item no.	Dental Service	50% WAMS	100% WAMS
	Diagnostic and Emergency Services		
011	Comprehensive oral examination	25.00	50.00
012	Periodic oral examination	21.00	42.00
013	Oral examination - limited	13.00	26.00
014	Consultation	30.00	60.00
015	Consultation, extended (30 minutes)	49.00	98.00
911	Emergency, palliative care - not to be claimed when an extraction, endodontic or restorative treatment is done on the same tooth.	32.50	65.00
	<i>Intraoral, periapical or bitewing radiograph - per exposure</i>		
022	Periapical, bitewing radiograph, first film	17.50	35.00
025	Intraoral occlusal radiograph - maxillary or mandibular, per exposure	29.00	58.00
031	Extraoral radiograph - maxillary or mandibular per exposure	33.00	66.00
036	Cephalometric radiograph - lateral, A-P, P-A or submento-vertex - per exposure	70.00	140.00
037	Panoramic radiograph - per exposure	44.50	89.00
	Other Diagnostic Services		
047	Caries activity screening test	19.00	38.00
051	Biopsy of tissue	58.50	117.00
061	Pulp testing, no fee payable, part of examination	0	0
071	Diagnostic model - per model	28.50	57.00
072	Photographic records - intraoral	15.00	30.00
073	Photographic records - extraoral	15.00	30.00

	Preventive Services		
	<i>Dental prophylaxis</i>		
111	Removal of plaque and/or stain	25.00	50.00
113	Recontouring pre-existing restoration(s)	10.00	20.00
114	Removal of calculus, first visit	42.00	84.00
115	Removal of calculus, subsequent visit	27.50	55.00
117	Bleaching, internal per tooth (non-vital)	90.50	181.00
	Remineralising agents		
121	Topical application of remineralising agent, one treatment	16.00	32.00
123	Concentrated remineralising agent, application - single tooth	12.50	25.00
	Other Preventive Services		
131	Dietary advice (for appointment of at least 15 minutes)	17.00	34.00
141	Oral hygiene instruction	23.50	47.00
151	Provision of mouthguard, indirect	71.00	142.00
161	Fissure sealing - per tooth	22.00	44.00
165	Desensitising procedure - per visit	12.50	25.00
171	Odontoplasty - per tooth	24.00	48.00
	Periodontics		
213	Treatment of acute periodontal infection - per visit	33.00	66.00
221	Clinical periodontal analysis and recording	25.00	50.00
222	Root planing and subgingival curettage, per eight teeth or less	12.50	25.00
225	Non-surgical periodontal treatment where otherwise not specified - per visit	50.00	100.00
245	Periodontal surgery involving one tooth or an implant	37.50	75.00

	Oral Surgery		
	<i>Extractions, removal of a tooth or part/s thereof</i>		
311	First tooth extracted	62.00	124.00
311	Second and other teeth extracted, fee per tooth	39.00	78.00
	<i>Extractions, sectional removal of a tooth</i>		
314	First sectional removal	79.00	158.00
314	Second and other sectional removals of teeth	52.00	104.00
	<i>Surgical extractions</i>		
	<i>Surgical removal of a tooth or tooth fragment not requiring bone removal or tooth division</i>		
322	First tooth extracted from each quadrant	101.00	202.00
322	Second and other teeth removed surgically, fee per tooth	67.00	134.00
	<i>Surgical removal of a tooth or tooth fragment requiring bone removal</i>		
323	First tooth extracted	115.00	230.00
323	Second and other tooth fragments, fee per tooth	82.00	164.00
	<i>Surgical removal of a tooth or tooth fragment requiring both bone removal and tooth division</i>		
324	First tooth extracted	155.00	310.00
324	Second and other teeth requiring such removal, fee per tooth	102.00	204.00
	<i>General surgical and other surgical procedures, fee includes insertion of sutures, normal post-op care and suture removal</i>		
377	Removal or repair of soft tissue	96.00	192.00
378	Surgical removal of foreign body	54.00	108.00
381	Surgical exposure of unerupted tooth	55.00	110.00
386	Splinting of displaced tooth/teeth - per tooth	93.00	186.00

387	Replantation and splinting of a tooth	182.00	364.00
391	Frenectomy	84.00	168.00
392	Incision and drainage of abscess or cyst	46.00	92.00
	Endodontics		
411	Direct pulp capping	16.50	33.00
412	Incomplete endodontic therapy (inoperable or fractured)	56.50	113.00
414	Pulpotomy	36.00	72.00
415	Complete chemo-mechanical preparation of root canal, one canal	101.00	202.00
416	Complete chemo-mechanical preparation of root canal, each additional canal	48.00	96.00
417	Root canal obturation - one canal	99.00	198.00
418	Root canal obturation - each additional canal	46.00	92.00
419	Extirpation of pulp or debridement of root canal/s - emergency or palliative	65.00	130.00
445	Exploration for a calcified root canal - per canal	50.00	100.00
451	Removal of root filling - per canal	50.00	100.00
452	Removal of cemented root canal post or post crown	50.00	100.00
453	Removal of bypassing fractured endodontic instrument	42.00	84.00
455	Additional visit for irrigation and/or dressing of the root canal system - per tooth	50.00	100.00
457	Obturation of resorption defect or perforation (non-surgical)	50.00	100.00
458	Interim therapeutic root filling - per tooth	66.50	133.00

	Restorative Services		
	<i>Metallic restorations</i>		
511	Metallic restoration - one surface direct	49.00	98.00
512	Metallic restoration - two surface direct	60.00	120.00
513	Metallic restoration - three surface direct	72.00	144.00
514	Metallic restoration - four surface direct	82.00	164.00
515	Metallic restoration - five surface direct	94.00	188.00
	<i>Adhesive restorations - anterior teeth direct</i>		
521	Adhesive restoration, anterior tooth - one surface direct	55.00	110.00
522	Adhesive restoration, anterior tooth - two surface direct	66.00	132.00
523	Adhesive restoration, anterior tooth - three surface direct	78.50	157.00
524	Adhesive restoration, anterior tooth - four surface direct	90.50	181.00
525	Adhesive restoration, anterior tooth - five surface direct	106.50	213.00
	<i>Adhesive restorations - posterior teeth direct</i>		
531	Adhesive restoration, posterior tooth - one surface direct	58.00	116.00
532	Adhesive restoration, posterior tooth - two surface direct	73.00	146.00
533	Adhesive restoration, posterior tooth - three surface direct	88.00	176.00
534	Adhesive restoration, posterior tooth - four surface direct	99.00	198.00
535	Adhesive restoration, posterior tooth - five surface direct	114.00	228.00
	<i>Other restorative services</i>		
572	Provisional (intermediate/temporary) restoration	23.00	46.00
574	Metal band	19.50	39.00
575	Pin retention - per pin	13.00	26.00
576	Stainless steel crown	121.50	243.00

577	Cusp capping - per cusp	14.50	29.00
578	Restoration of an incisal corner - per corner	14.50	29.00
579	Bonding of tooth fragment	46.00	92.00
582	Veneer - direct	120.00	240.00
583	Veneer - indirect	to be negotiated	to be negotiated
595	Removal of inlay/onlay	46.00	92.00
596	Recementing of inlay/onlay	37.50	75.00
597	Post - direct, first post in tooth	71.00	142.00
597	Stepdown fee for subsequent posts in the same tooth	41.50	83.00
	Crown and Bridgework		
611	Full crown, acrylic resin - indirect	436.50	873.00
613	Full crown, non metallic - indirect	635.00	1270.00
615	Full crown, veneered (VMK) - indirect	597.00	1194.00
618	Full crown, metallic - indirect	560.00	1120.00
625	Core for crown including post - indirect	151.00	302.00
627	Preliminary restoration for crown - direct	62.50	125.00
629	Post and root cap - indirect	158.00	316.00
631	Provisional crown	72.00	144.00
632	Provisional bridge - per pontic	to be negotiated	to be negotiated
643	Bridge pontic, indirect - per pontic	to be negotiated	to be negotiated
644	Semi-fixed attachment	to be negotiated	to be negotiated
645	Precision or magnetic attachment	to be negotiated	to be negotiated
649	Retainer for bonded fixture, indirect - per tooth	to be negotiated	to be negotiated
651	Recementing crown or veneer	49.00	98.00
652	Recementing bridge or splint - per abutment	47.50	95.00
655	Removal of crown	29.00	58.00
656	Removal of bridge or splint	87.50	175.00
658	Repair of crown, bridge or splint - indirect	to be negotiated	to be negotiated

	Drug therapy		
927	Provision of medication/medicament	13.00	26.00
	Occlusal therapy		
961	Minor occlusal adjustment, per visit	15.00	30.00
963	Clinical analysis including muscle and joint palpation	41.50	83.00
964	Occlusal splint	50% lab cost	100% lab cost
966	Adjustment of pre-existing occlusal splint - per visit	36.00	72.00
711	Complete (full) upper denture	450.50	901.00
712	Complete (full) lower denture	450.50	901.00
716	Metal palate or plate (fee is additional to 711, 712)	as per lab invoice	as per lab invoice
719	Complete upper and lower dentures	800.00	1600.00
721 upper	Partial upper acrylic denture		
722 lower	Partial lower acrylic denture		
	One tooth	189.00	378.00
	Two teeth	216.00	432.00
	Three teeth	252.50	505.00
	Four teeth	284.00	568.00
	Five to nine teeth	336.00	672.00
	Ten to twelve teeth	388.50	777.00
	<i>Fees are inclusive of retainers, occlusal rests</i>		

727	Partial upper denture - cast metal framework		
728	Partial lower denture - cast metal framework		
	Above fees plus lab cost of casting		
730	Metal casting	lab cost	lab cost
737	Resilient lining	88.00	176.00
738	Wrought bar	83.00	166.00
741	Adjustment of a denture	25.00	50.00
	- <i>no fee payable within 12 months of denture issue</i>		
743	Relining complete denture, processed	157.50	315.00
	- <i>no fee payable within 2 years of denture issue</i>		
744	Relining partial denture, processed	134.00	268.00
	- <i>no fee payable within 2 years of denture issue</i>		
763	Repair denture base - complete denture	65.00	130.00
764	Repair denture base - partial denture	65.00	130.00
765	Replacing first tooth on denture	71.00	142.00
768	Adding tooth to partial denture to replace an extracted tooth	72.00	144.00