

Dental & Oral Surgery

Schedule of Benefits
for Professional Fees

ANAESTHSIA

Code	Description	Pre-Approval Required	Payment Rules
398	Paediatric Dental - General Anaesthesia (I.P.)	Yes	<p>This procedure code 398 is not a dental procedure. It is for a contribution towards the Anaesthesiologist professional fees only that you will incur when a child requires Anaesthetic for the dental procedure.</p> <p>What we will pay (subject to pre-approval being granted)</p> <ul style="list-style-type: none"> A contribution towards the Anaesthesiologist costs, paid directly to the practitioner <p>What we will not pay</p> <ul style="list-style-type: none"> The costs of the consultant/surgeons/ dentist professional fees The cost of the dental work being carried out The shortfall of the Anaesthesiologist costs Any excess or co-payments on the hospital day costs as listed below.

CORONECTOMY

Code	Description	Pre-Approval Required	Payment Rules
29761	The planned surgical removal of the crown of an impacted tooth to preserve the inferior dental nerve, where radiographic evidence suggests the nerve is at risk on complete tooth removal	Yes	
418996	Coronectomy	No	

GINGIVECTOMY

Code	Description	Pre-Approval Required	Payment Rules
2953	Gingivectomy, one to four teeth	No	
2954	Gingivectomy, five to eleven teeth	No	
2956	Gingivectomy, twelve or more teeth	No	

IMPACTED TOOTH

Code	Description	Pre-Approval Required	Payment Rules
2973	Removal of one upper impacted or unerupted tooth	No	
2974	Removal of two upper impacted or unerupted teeth	No	
2976	Removal of one lower impacted or unerupted tooth	No	
2977	Removal of two lower impacted or unerupted teeth	No	

IMPACTED TOOTH

Code	Description	Pre-Approval Required	Payment Rules
2978	Removal of one impacted or unerupted canine tooth	No	
2979	Removal of two impacted or unerupted canine teeth	No	
2981	Removal of four or more impacted or unerupted teeth	No	
2982	Removal of three impacted or unerupted teeth which includes two lower teeth	No	
2983	Removal of three impacted or unerupted teeth which includes two upper teeth	No	
2984	Removal of one upper and one lower impacted or unerupted tooth	No	
3001	Surgical exposure and repositioning of an impacted tooth	No	
3002	Surgical exposure and repositioning of impacted teeth	No	
3032	Removal of an impacted or unerupted tooth in a patient 16 years or younger under general anaesthetic	No	
3033	Removal of two impacted or unerupted teeth in a patient 16 years or younger under general anaesthetic	No	
3036	Open surgical exposure of a single impacted tooth in compact bone in patients 16 years or younger	No	

MAXILLOFACIAL

Code	Description	Pre-Approval Required	Payment Rules
3011	Temporomandibular joint, reconstruction osteotomy of ramus and joint with costochondral graft (I.P.)	No	
3012	Temporomandibular joint, open surgical correction of dislocation	No	
3013	Le Fort I osteotomy (includes segmental or cleft) with or without graft	No	
3014	Le Fort II osteotomy (includes via bicoronal flap) with or without graft	No	
3016	Osseointegrated mandibular implant including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.
3017	Two osseointegrated mandibular implants including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.
3018	Three osseointegrated mandibular implants including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.
3019	Four osseointegrated mandibular implants including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.
3021	Five osseointegrated mandibular implants including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.

MAXILLOFACIAL

Code	Description	Pre-Approval Required	Payment Rules
3022	Six or more osseointegrated mandibular implants including second stage abutment installation	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. A grant-in-aid of € 532.29 is payable per implant towards the cost of the implant components.
3024	Le Fort III osteotomy via bicoronal flap with or without graft with Le Fort I	No	
3026	Reconstruction midface, osteotomies (other than Le Fort I type) and bone grafts (includes obtaining autografts) (includes via bicoronal flap)	No	
3027	Sagittal split osteotomy with or without graft	No	
3028	Vertical ramus osteotomy, intraoral or extraoral with or without graft	No	
3029	Zygomatic osteotomy, unilateral	No	
3030	Tuberosity's, reduction of	No	
430310	Osteotomy segmental of maxilla and mandible	No	

ODONTOMA

Code	Description	Pre-Approval Required	Payment Rules
2985	Odontoma, excision of (I.P.)	No	
3034	Surgical removal of odontoma(s) in a patient 16 years or younger under general anaesthetic	No	

OTHER DENTAL PROCEDURES

Code	Description	Pre-Approval Required	Payment Rules
2940	Dental cysts of maxilla or mandible	No	
2980	Labial frenectomy with dissection of tissue	No	
3015	Reimplantation of tooth in socket with splinting	No	
3020	Simple cysts or epulis, palate or floor of mouth, excision of	No	
3025	Small tumours of dental origin, removal of, includes biopsy	No	
3037	Open surgical exposure of two teeth in compact bone in patients 16 years or younger	No	

PERIODONTAL PROCEDURE

Code	Description	Pre-Approval Required	Payment Rules
2996	Periodontal mucoperiosteal flap surgery, one to four teeth	No	
2997	Periodontal mucoperiosteal flap surgery, five to eleven teeth	No	
2998	Periodontal mucoperiosteal flap surgery, twelve or more teeth	No	

ROOT RESECTION/ REMOVAL

Code	Description	Pre-Approval Required	Payment Rules
2930	Buried tooth roots, (includes more than one root) of one tooth, removal of	No	
2935	Buried tooth roots, (multiple) of teeth, removal of	No	
3005	Root resection or apicectomy, single, with or without cyst removal and apical curettage	No	
3010	Root resection or apicectomy, multiple, with or without cyst removal and apical curettage	No	

TOOTH EXTRACTION

Code	Description	Pre-Approval Required	Payment Rules
2950	Extraction of teeth (more than six permanent teeth) with or without alveolectomy	No	
994410	Consultation Review, Extraction and bone graft on same day	No	
994411	Extraction of more than 6 teeth with or without alveolectomy, in a patient 16 years or younger under general anaesthetic	No	