

**(MBSOnline Extract) CDBS – Child Dental Benefits Schedule
Items and Rates for 2025.
Rates commencing from 1 January 2025 to 31 December 2025.**

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U0	1	88011	Comprehensive oral examination	Evaluation of all teeth, their supporting tissues and the oral tissues in order to record the condition of these structures. This evaluation includes recording an appropriate medical history and any other relevant information. Applicable restrictions: Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of one (1) per provider every 24 months.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	59.60
10	U0	1	88012	Periodic oral examination	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic examination. Applicable restrictions: Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of one (1) per provider every 5 months. Limit of two (2) per provider per calendar year. A benefit does not apply if the service is provided within 5 months of a service under item 88011 by the same provider.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	49.55
10	U0	1	88013	Oral examination - limited	A limited oral problem-focussed evaluation carried out immediately prior to required treatment. This evaluation includes recording an appropriate medical history and any other relevant information. Applicable restrictions Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of three (3) per 3 month period.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	31.10
10	U0	2	88022	Intraoral periapical or bitewing radiograph - per exposure	Taking and interpreting a radiograph made with the film inside the mouth. Applicable restrictions: Limit of four (4) per day.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	34.50
10	U0	2	88025	Intraoral radiograph - occlusal, maxillary, mandibular - per exposure	Taking and interpreting an occlusal, maxillary or mandibular intraoral radiograph. This radiograph shows a more extensive view of teeth and maxillary or mandibular bone.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	69.70
10	U1	1	88111	Removal of plaque and/or stain	Removal of dental plaque and/or stain from the surfaces of all teeth and/or implants. Applicable restrictions: Limit of one (1) per 5 month period. Limit of two (2) per calendar year. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.	01.01.2018	01.01.2014	D	E	01.01.2014	01.01.2025	60.90
10	U1	1	88114	Removal of calculus - first visit	Removal of calculus from the surfaces of teeth. Applicable restrictions: Limit of one (1) per 5 month period. Limit of two (2) per calendar year. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	101.55
10	U1	1	88115	Removal of calculus - subsequent visit	This item describes procedures in item 88114 when, because of the extent or degree of calculus, an additional visit(s) is required to remove deposits from the teeth. Applicable restrictions: Limit of two (2) per 12 month period. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	66.00
10	U1	2	88121	Topical application of remineralisation and/or cariostatic agents, one treatment	Application of remineralisation and/or cariostatic agents to the surfaces of the teeth. This may include activation of the agent. Not to be used as an intrinsic part of the restoration. Applicable restrictions: Limit of one (1) per 5 month period. Limit of two (2) per calendar year.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	39.15

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U1	3	88161	Fissure and/or tooth surface sealing - per tooth (first four services on a day)	Sealing of non-carious pits, fissures, smooth surfaces or cracks in a tooth with an adhesive material. Any preparation prior to application of the sealant is included in this item number. Applicable restrictions: Limit of four (4) per day. For additional fissure sealing on the same day use item 88162. A benefit does not apply if a benefit has been paid for a restoration service (items 88511- 88535) on the same tooth on the same day.	01.01.2015	01.01.2014	D	E	01.01.2014	01.01.2025	52.15
10	U1	3	88162	Fissure and/or tooth surface sealing - per tooth (subsequent services)	Sealing of non-carious pits, fissures, smooth surfaces or cracks in a tooth with an adhesive material. Any preparation prior to application of the sealant is included in this item number. Applicable restrictions: A benefit does not apply if a benefit has been paid for a restoration service (items 88511- 88535) on the same tooth on the same day.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	26.10
10	U2		88213	Treatment of acute periodontal infection - per visit	This item describes the treatment of acute periodontal infection(s). It may include establishing drainage and the removal of calculus from the affected tooth (teeth). Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: Limit of two (2) per 12 month period. A benefit does not apply if a benefit has been paid for item 88415 on the same tooth on the same day.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	78.90
10	U2		88221	Clinical periodontal analysis and recording	This is a special examination performed as part of the diagnosis and management of periodontal disease. The procedure consists of assessing and recording a patient's periodontal condition. All teeth and six sites per tooth must be recorded. Written documentation of these measurements must be retained. Applicable restrictions: Limit of one (1) per 24 month period.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	59.95
10	U3	1	88311	Removal of a tooth or part(s) thereof - first tooth extracted on a day	A procedure consisting of the removal of a tooth or part(s) thereof. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: Limit of one (1) per day. For additional extractions on the same day, use item 88316. A benefit does not apply if a benefit has been paid for item 88314 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	148.65
10	U3	1	88314	Sectional removal of a tooth or part(s) thereof - first tooth extracted on a day	The removal of a tooth or part(s) thereof in sections. Bone removal may be necessary. Inclusive of the insertion of sutures, normal postoperative care and suture removal. Applicable restrictions: Limit of one (1) per day. For additional extractions on the same day, use item 88316. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	190.00
10	U3	1	88316	Additional extraction requiring removal of a tooth or part(s) thereof, or sectional removal of a tooth.	Additional extraction provided on the same day as a service described in item 88311 or 88314 is provided to the patient. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	93.70
10	U3	2	88322	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division - first tooth extracted on a day	Removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required, but where removal of bone or sectioning of the tooth is not necessary to remove the tooth. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit does not apply if a benefit has been paid for item 88323 or 88324 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	241.25

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U3	2	88323	Surgical removal of a tooth or tooth fragment requiring removal of bone - first tooth extracted on a day	Removal of a tooth or tooth fragment where removal of bone is required after an incision and a mucoperiosteal flap raised. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit does not apply if a benefit has been paid for item 88324 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	275.50
10	U3	2	88324	Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division - first tooth extracted on a day	Removal of a tooth or tooth fragment where both removal of bone and sectioning of the tooth are required after an incision and a mucoperiosteal flap raised. The tooth will be removed in portions. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit only applies if performed on multi-rooted teeth. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	370.60
10	U3	2	88326	Additional extraction requiring surgical removal of a tooth or tooth fragment	Additional surgical extraction provided on the same day as a service described in item 88322, 88323 or 88324 is provided to the patient. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	197.35
10	U3	5	88351	Repair of skin and subcutaneous tissue or mucous membrane	The surgical cleaning and repair of a facial skin wound in the region of the mouth or jaws, or the repair of oral mucous membrane, where the wounds involve the subcutaneous tissues. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: A benefit only applies if the service is provided on the same day of a service under item 88384, 88386 or 88387. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	181.10
10	U3	8	88384	Repositioning of displaced tooth/teeth - per tooth	A procedure following trauma where the position of the displaced tooth/teeth is corrected by manipulation. Stabilising procedures are itemised separately. Inclusive of the insertion of sutures, normal postoperative care and suture removal. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	216.10
10	U3	8	88386	Splinting of displaced tooth/teeth - per tooth	A procedure following trauma where the position of the displaced tooth/teeth may be stabilized by splinting. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	222.95
10	U3	8	88387	Replantation and splinting of a tooth	Replantation of a tooth which has been avulsed or intentionally removed. It may be held in the correct position by splinting. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	436.55
10	U3	8	88392	Drainage of abscess	Drainage and/or irrigation of an abscess other than through a root canal or at the time of extraction. The drainage may be through an incision or inserted tube. Inclusive of the insertion of sutures, normal post-operative care and suture removal. Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction service on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	109.70

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U4	1	88411	Direct pulp capping	<p>A procedure where an exposed pulp is directly covered with a protective dressing or cement.</p> <p>Applicable restrictions: A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	39.45
10	U4	1	88412	Incomplete endodontic therapy (tooth not suitable for further treatment)	<p>A procedure where in assessing the suitability of a tooth for endodontic treatment a decision is made that the tooth is not suitable for restoration.</p> <p>Applicable restrictions: Limit of one (1) per tooth. Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2015	01.01.2015	D	E	01.01.2015	01.01.2025	135.15
10	U4	1	88414	Pulpotomy	<p>Amputation within the pulp chamber of part of the vital pulp of a tooth. The pulp remaining in the canal(s) is then covered with a protective dressing or cement.</p> <p>Applicable restrictions: A benefit does not apply if a benefit has been paid for item 88421 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	86.15
10	U4	1	88415	Complete chemo-mechanical preparation of root canal - one canal	<p>Complete chemo-mechanical preparation including removal of pulp or necrotic debris from a canal.</p> <p>Applicable restrictions: Limit of one (1) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458 unless on same day. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	242.45
10	U4	1	88416	Complete chemo-mechanical preparation of root canal - each additional canal	<p>Complete chemo-mechanical preparation including removal of pulp or necrotic debris from each additional canal of a tooth with multiple canals.</p> <p>Applicable restrictions: Limit of two (2) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458 unless on same day. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	115.50
10	U4	1	88417	Root canal obturation - one canal	<p>The filling of a root canal, following chemo-mechanical preparation.</p> <p>Applicable restrictions: Limit of one (1) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	236.15
10	U4	1	88418	Root canal obturation - each additional canal	<p>The filling, following chemo-mechanical preparation, of each additional canal in a tooth with multiple canals.</p> <p>Applicable restrictions: Limit of two (2) per tooth per day. A benefit does not apply if a benefit has been paid for item 88419 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth. Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	110.45

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U4	1	88419	Extirpation of pulp or debridement of root canal(s) - emergency or palliative	<p>The partial or thorough removal of pulp and/or debris from the root canal system of a tooth. This is an emergency or palliative procedure distinct from visits for scheduled endodontic treatment.</p> <p>Applicable restrictions: A benefit does not apply if a benefit has been paid for an extraction, metallic or adhesive restoration service or items 88411, 88415, 88416, 88417, 88421, 88455, 88458, on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	156.15
10	U4	1	88421	Resorbable root canal filling - primary tooth	<p>The placement of resorbable root canal filling material in a primary tooth.</p> <p>Applicable restrictions: Limit of one (1) per tooth. A benefit does not apply if a benefit has been paid for item 88414 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	135.15
10	U4	4	88455	Additional visit for irrigation and/or dressing of the root canal system - per tooth	<p>Additional debridement irrigation and short-term dressing required where evidence of infection or inflammation persists following prior opening of the root canal and removal of its contents.</p> <p>Applicable restrictions: A benefit does not apply if a benefit has been paid for item 88414, 88415, 88416, 88417, 88418 or 88421 on the same tooth on the same day. A benefit only applies if the service is provided within 3 months of a service under item 88415 or 88416. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	119.65
10	U4	4	88458	Interim therapeutic root filling - per tooth	<p>A procedure consisting of the insertion of a long-term provisional (temporary) root canal filling with therapeutic properties which facilitates healing/development of the root and periradicular tissues over an extended time.</p> <p>Applicable restrictions: Limit of three (3) per 12 month period. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	159.60
10	U5	1	88511	Metallic restoration - one surface - direct	<p>Direct metallic restoration involving one surface of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	118.00
10	U5	1	88512	Metallic restoration - two surfaces - direct	<p>Direct metallic restoration involving two surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	144.70
10	U5	1	88513	Metallic restoration - three surfaces - direct	<p>Direct metallic restoration involving three surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	172.70

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U5	1	88514	Metallic restoration - four surfaces - direct	<p>Metallic restoration - four surfaces - direct Direct metallic restoration involving four surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	196.80
10	U5	1	88515	Metallic restoration - five surfaces - direct	<p>Direct metallic restoration involving five surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	224.70
10	U5	2	88521	Adhesive restoration - one surface - anterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving one surface of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day. Limit of five (5) single-surface adhesive restorations (88521 or 88531) per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	130.70
10	U5	2	88522	Adhesive restoration - two surfaces - anterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving two surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	158.65
10	U5	2	88523	Adhesive restoration - three surfaces - anterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving three surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	187.95
10	U5	2	88524	Adhesive restoration - four surfaces - anterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving four surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	217.20
10	U5	2	88525	Adhesive restoration - five surfaces - anterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving five surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	255.25
10	U5	3	88531	Adhesive restoration - one surface - posterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving one surface of an posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day. Limit of five (5) single-surface adhesive restorations (88521 or 88531) per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	139.55

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U5	3	88532	Adhesive restoration - two surfaces - posterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving two surfaces of an posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	175.20
10	U5	3	88533	Adhesive restoration - three surfaces - posterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving three surfaces of an posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	210.65
10	U5	3	88534	Adhesive restoration - four surfaces - posterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving four surfaces of an posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	237.45
10	U5	3	88535	Adhesive restoration - five surfaces - posterior tooth - direct	<p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving five surfaces of an posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p>Applicable restrictions: Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	274.20
10	U5	7	88572	Provisional (intermediate/temporary) restoration - per tooth	<p>The provisional (intermediate) restoration of a tooth designed to last until the definitive restoration can be constructed or the tooth is removed. This item should only be used where the provisional (intermediate) restoration is not an intrinsic part of treatment. It does not include provisional (temporary) sealing of the access cavity during endodontic treatment or during construction of indirect restorations.</p> <p>Applicable restrictions: Limit of three (3) per 3 month period. A benefit does not apply if a benefit has been paid for item 88411, 88414, 88415, 88416, 88417, 88418, 88421, 88455 or 88458 on the same day.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	55.20
10	U5	7	88574	Metal band	<p>The cementation of a metal band for diagnostic, protective purposes or for the placement of a provisional (intermediate) restoration.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	46.50
10	U5	7	88575	Pin retention - per pin	<p>Use of a pin to aid the retention and support of direct or indirect restorations in a tooth.</p> <p>Applicable restrictions: Limit of two (2) per tooth per day. Limit of four (4) per day. A benefit only applies if the service is provided on the same tooth on the same day of a service under item 88511-88535.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	31.70
10	U5	7	88579	Bonding of tooth fragment	<p>The direct bonding of a tooth fragment as an alternative to placing a restoration.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	109.70

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U5	7	88586	Crown-metallic-with tooth preparation-preformed	Placing a preformed metallic crown as a coronal restoration for a tooth. Applicable restrictions: Limit of one (1) metallic crown service (88586 or 88587) per tooth per day. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2018	01.01.2018	D	E	01.01.2018	01.01.2025	291.05
10	U5	7	88587	Crown-metallic-minimal tooth preparation-preformed	Placing a preformed metallic crown as a coronal restoration for a tooth and where minimal or no restoration of the tooth is required. Commonly referred to as a 'Hall' crown. Applicable restrictions: Limit of one (1) metallic crown service (88586 or 88587) per tooth per day. Provider claiming restrictions: This item may only be claimed by a dentist, dental therapist, or oral health therapist.	01.01.2018	01.01.2018	D	E	01.01.2018	01.01.2025	172.70
10	U5	7	88597	Post - direct	Insertion of a post into a prepared root canal to provide an anchor for an artificial crown or other restoration. Applicable restrictions: Limit of two (2) per tooth per day. A benefit only applies if the service is provided on the same tooth on the same day of a service under item 88511-88535. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	99.80
10	U7	1	88721	Partial maxillary denture - resin, base only	Provision of a resin base for a removable dental prosthesis for the maxilla where some natural teeth remain. Applicable restrictions: Limit of one (1) per 24 month period. A benefit does not apply if the service is provided within 6 months of a service under item 88723. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	494.35
10	U7	1	88722	Partial mandibular denture - resin, base only	Provision of a resin base for a removable dental prosthesis for the mandible where some natural teeth remain. Applicable restrictions: Limit of one (1) per 24 month period. A benefit does not apply if the service is provided within 6 months of a service under item 88724. Provider claiming restrictions: This item may only be claimed by a dentist	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	494.35
10	U7	1	88723	Provisional partial maxillary denture	Provision of a patient removable partial dental prosthesis replacing the natural teeth and adjacent tissues in the maxilla which is designed to last until the definitive prosthesis can be constructed. This item should only be used where a provisional denture is not an intrinsic part of item 88721. Applicable restrictions: Limit of one (1) per patient. Provider claiming restrictions: This item may only be claimed by a dentist	01.01.2018	01.01.2018	D	E	01.01.2018	01.01.2025	370.70
10	U7	1	88724	Provisional partial mandibular denture	Provision of a patient removable partial dental prosthesis replacing the natural teeth and adjacent tissues in the mandible which is designed to last until the definitive prosthesis can be constructed. This item should only be used where a provisional denture is not an intrinsic part of item 88722. Applicable restrictions: Limit of one (1) per patient. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2018	01.01.2018	D	E	01.01.2018	01.01.2025	370.70
10	U7	1	88731	Retainer - per tooth	A retainer or attachment fitted to a tooth to aid retention of a partial denture. The number of retainers should be indicated. Applicable restrictions: Limit of four (4) per denture base (88721-88724) Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	49.90

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U7	1	88733	Tooth/teeth (partial denture)	An item to describe each tooth added to the base of a new partial denture. The number of teeth should be indicated. Applicable restrictions: Limited to anterior teeth. Limit of four (4) per denture base (88721-88724). Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	40.95
10	U7	1	88736	Immediate tooth replacement - per tooth	Provision within a denture to allow immediate replacement of an extracted tooth. The number of teeth so replaced should be indicated. Applicable restrictions: Limit of four (4) per denture base (88721-88724). Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	10.30
10	U7	4	88741	Adjustment of a denture	Adjustment of a denture to improve comfort, function or aesthetics. This item does not apply to routine adjustments following the insertion of a new denture or the maintenance or repair of an existing denture. Applicable restrictions: A benefit does not apply if the service is provided within 12 months of a service under items 88721, 88724 by the same provider. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	59.45
10	U7	6	88761	Reattaching pre-existing clasp to denture	Repair, insertion and adjustment of a denture involving re-attachment of a pre-existing clasp. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	163.20
10	U7	6	88762	Replacing/adding clasp to denture - per clasp	Repair, insertion and adjustment of a denture involving replacement or addition of a new clasp or clasps. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	170.55
10	U7	6	88764	Repairing broken base of a partial denture	Repair, insertion and adjustment of a broken resin partial denture base. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	163.20
10	U7	6	88765	Replacing/adding new tooth on denture - per tooth	Repair, insertion and adjustment of a denture involving replacement with or addition of a new tooth or teeth to a previously existing denture. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	170.55
10	U7	6	88766	Reattaching existing tooth on denture - per tooth	Repair, insertion and adjustment of a denture involving reattachment of a pre-existing denture tooth or teeth. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	163.20
10	U7	6	88768	Adding tooth to partial denture to replace an extracted ordecoronated tooth - per tooth	Modification, insertion and adjustment of a partial denture involving an addition to accommodate the loss of a natural tooth or its coronal section. Applicable restrictions: Limit of eight (8) per 24 month period. Provider claiming restrictions: This item may only be claimed by a dentist.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	172.70
10	U7	7	88776	Impression - dental appliance repair/modification	An item to describe taking an impression where required for the repair or modification of a dental appliance.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	52.15
10	U9	1	88911	Palliative care	An item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. Applicable restrictions: A benefit does not apply if the service is provided on the same day as any other service by the same provider.	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	77.40

Category	Group	SubGroup	ItemNum	Item Name	Description	DescriptionStartDate	ItemStartDate	ItemType	BenefitType	BenefitStartDate	FeeStartDate	2025 ScheduleFee
10	U9	4	88942	Sedation - intravenous	<p>Sedative drug(s) administered intravenously, usually in increments.The incremental administration may continue while dental treatment is being provided.</p> <p>Applicable restrictions: Limit of one (1) per 12 month period.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	151.75
10	U9	4	88943	Sedation - inhalation	<p>Nitrous oxide gas mixed with oxygen is inhaled by the patient while dental treatment is being provided.</p> <p>Provider claiming restrictions: This item may only be claimed by a dentist.</p>	01.01.2014	01.01.2014	D	E	01.01.2014	01.01.2025	75.85

I