**Cost of Treatment**

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**1st January 2020**

Cork University Dental School and Hospital

Wilton, Cork

Website: http://www.ucc.ie/en/dentalschool Tel: 021/4901100 or Fax: 021/4545539

# Cork University Dental School and Hospital

The University Dental School and Hospital is primarily a teaching institution. ***The mission statement of the Dental School is: Advancing Oral Health through excellence and innovation in education, patient care and research.*** Through its teaching, a service is provided to the community at a low cost.

**Access to clinical services for new patients may take place in the following ways:**

1. Direct referral by a Dentist, General Practitioner or a Consultant to a named Consultant in the Cork University Dental School & Hospital.  **Please note you will have to pay in full for any treatment received.**
2. Referral by a Principal Dental Surgeon, HSE South/South West (for full medical card holders in HSE South) to a named Consultant in Cork University Dental School and Hospital.  [HSE South/South West Catchment Area](http://www.ucc.ie/en/media/academic/dentalschool/HSESouthCatchmentAreaNov2013.pdf) (110kB). This referral can be made by completing the CUDSH referral form or you can now refer electronically. Please visit our website for links to the referral form or the Healthlink site.
3. Walk in attendance at our Emergency Clinic.  **Please note you will have to pay in full for any treatment received.**
4. For Oral Health and Development Clinics, specific arrangements are in place with the HSE under Service Level Agreements.

On receipt of a referral, you will be placed on waiting list and will be contacted regarding an appointment.

At your first appointment, you are first seen by a qualified dentist who provides you with an assessment of your dental needs.

Should you be suitable for treatment by one of our students, an appointment will be scheduled. There is a waiting list for some procedures and you will be informed of its duration at your assessment visit**. Not all patients are suitable for treatment by an undergraduate student.**

Your dental care provided by a dental student will take longer than would be the case in general practice. **This will include longer treatment times and more appointment dates.**

# Patients Fees and Charges

**Please note that Cork University Dental Hospital is not a part of the HSE and does not operate under the DTSS, therefore your medical card cannot be used to cover your care here unless you have been approved by the HSE Principal Dental Surgeon.**

# Payment for treatments

All treatments must be paid for on the day treatments are provided or on receipt of a bill. In cases where treatments will continue over a period of time, treatment costs will be discussed with you and a payment schedule can be organised in accordance with the policy in place. **Please note that the treatment plan and hence the costs may be subject to change during the course of treatment.** 50% of the Laboratory work associated with treatment **must be** paid for in advance. If you have any queries, please ask any of our Reception Staff who will be pleased to help.

We accept the following methods of payment at our Reception Desks:

 Cash

Cheque/Postal/Money Order (made payable to Dental School and Hospital)

 Credit or Laser Card

# Debt Collection

The Cork University Dental School and Hospital engages the services of a Debt Collector to recover outstanding debts.

# Medical Card Holders (Full)

Medical Card holders from HSE South who are referred by a HSE Principal Dental Surgeon are provided with the treatments for which they are referred. Medical Card holders outside HSE South must have a referral letter from a HSE Principal Dental Surgeon confirming that the cost of their treatment will be covered by the HSE. If a referral letter from a HSE Principal Dental Surgeon is not provided, a check-up fee of €50 **plus** the cost of any treatment must be paid, this is non-refundable. **All HSE referrals must be in writing and must be received in advance of any treatment being provided**. **Patients presenting without a referral letter from a HSE Principal Dental Surgeon are entering into a private arrangement and must pay for any consultation/ treatment provided on the day as per the pricelist.**

# PRSI/Tax allowances

While PRSI contributions/stamps do not provide cover for treatment in Cork University Dental School and Hospital certain dental treatments do qualify for tax relief. (Please note that this is subject to change)

Treatments that qualify for tax relief**\*** include:

 Orthodontics

 Surgical Removal of impacted wisdom teeth

 Crowns, veneers, bridgework

 Root Canal treatment

 Implants

***\*Subject to Revenue regulations***

Med 2 forms are available on request from any Reception desk.

***Link to revenue website: www.revenue.ie***

# Hospital Saturday Fund HSF

Members of the HSF may claim for treatments provided by Cork University Dental School and Hospital (excluding student treatments). Stamped receipts provided on request. Please check with HSF re entitlements.

# VHI - Dental Care Plan

Members of VHI Dental care plan may claim for treatments provided by Cork University Dental School and Hospital (excluding student treatments). Stamped receipts are provided on request.

Please check with VHI re entitlements.

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| **Code**  | **Emergency Treatments**  | **Consultant/** **Specialist/** **NCHD/**\***PG €**  | **Under** **Graduate** **€**  |
| Em 1  | Check up only (includes if required xray, bloods, prescription and treatment plan. For all other treatments that will be completed the cost per item of treatment will be added to the check up cost) | 50.00  | N/A  |
| Em 5  | Temporary Dressing/Filling (per Tooth)  | 40.00  | 20.00  |
| Em 6  | Tip Replacement  | 60.00  | N/A  |
| Em 8  | Re-cement Crown/Bridge (free within 12 Months)  | 40.00  | 40.00  |
| Em 9  | Primary Root Canal Treatment  | 50.00  | 50.00 |
| Em 11  | Trauma Splint  | 50.00  | 50.00  |
| Em 12  | Temporary Crown  | 60.00  | 60.00  |
| Em 13  | Biopsy (Emergency – when done as part of the check up – cost of check up with biopsy)  | 65.00  | N/A  |

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| **Code**  | **Extractions**  | **Consultant/** **Specialist/ NCHD/**\***PG €**  | **Under** **Graduate** **€**  |
| XT1  | LA extraction one deciduous tooth  | 60.00  | 40.00  |
| XT1a  | LA extraction 2 to 5 deciduous teeth (maximum charge €170)  | first tooth: 60.00 additional teeth each: 30.00  | first tooth: 40.00 additional teeth each: 10.00  |
| XT1b  | LA extraction 6 to 10 deciduous teeth (maximum charge €270)  | first five teeth: 180.00 additional teeth each: 20.00  | first five teeth: 70.00 additional teeth each: 10.00  |
| XT1c  | LA extraction 11 to 19 deciduous teeth (maximum charge €360)  | first ten teeth: 280.00 additional teeth each: 10.00  | first ten teeth: 110.00 additional teeth each: 10.00  |
| XT2  | LA extraction one permanent tooth  | 60.00  | 40.00  |
| XT2a  | LA extraction 2 to 5 permanent teeth (maximum charge €170)  | first tooth: 60.00 additional teeth each: 30.00  | first tooth: 20.00 additional teeth each: 10.00  |
| XT2b  | LA extraction 6 to 10 permanent teeth (maximum charge €270)  | first five teeth: 180.00 additional teeth each: 20.00  | first five teeth: 70.00 additional teeth each: 10.00  |
| XT2c  | LA extraction 11 to 19 permanent teeth (maximum charge €360)  | first ten teeth: 280.00 additional teeth each: 10.00  | first ten teeth: 110.00 additional teeth each: 10.00  |
| SXT1  | Surgical Extraction (Deciduous tooth)  | 160.00  | N/A  |
| SXT2  | Surgical Extraction (one permanent tooth)  | 180.00  | N/A  |
| SXT2a  | Surgical Extraction (two permanent teeth)  | 250.00  | N/A  |
| SXT2b  | Surgical Extraction (three permanent teeth)  | 325.00  | N/A  |
| SXT2c  | Surgical Extraction (four permanent teeth)  | 400.00  | N/A  |
| SXT2d  | Surgical Extraction (five or more permanent teeth)  | 450.00  | N/A  |
| COR | Coronectomy | 160.00 | N/A |
|  | \*\*\*Costs to be calculated per visit – not per course of treatment  |  |  |

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| **Code**  | **Oral Medicine**  | **Consultant/** **Specialist/** **NCHD/**\***PG €**  | **Under** **Graduate €**  |
| OM1  | Hard Splint (oral med)  | 140.00  | N/A  |
| OM2  | Soft Splint  | 100.00  | N/A  |
| OM3  | Biopsy  | 65.00  | N/A  |
| OM4  | Intralesional Steroid Injection  | 55.00  | N/A  |
| OM5  | Blood/swab tests  | 0.00  | N/A  |
| OM6  | Oral Medicine Review  | 40.00  | N/A  |
| OM7  | Consultation with Oral Medicine Consultant/Specialist  | 100.00  | N/A  |

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| **Code**  | **Dental Hygiene**  | Staff Treatment€  |  | €  | Student Treatment |
| DH 1  | DH-Course of Periodontal Treatment  |  | 200.00  |  | 90.00  |
| DH 2  | DH-Subsequent Visit  |  |   |  | 20.00  |

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| **Code**  | **X-Ray**  | **External Referral (€)** |  **Internal Referral (€)** |
| Xray ext **or** XrayL  | Lateral Ceph / OPG (Full Mouth)  | 40.00  | 40.00  |
| XrayS  | Periapical/Bitewing  |   | 10.00  |
| XrayC  | Copy X-Ray  |   | 10.00  |
| CBCT | CBCT – including report | 180.00 | 180.00 |
|  **Code**  | **Dental Surgery**  | **Staff Treatment****€** |  |
| DS1  | First visit  |  | 90.00  |
| DS2  | Review (Review visit includes any of the following: Dental hygiene, denture ease, dressing, desensitisation, socket lavage, bone removal, prescription, oral health advice) |  | 40.00  |
| follow up RV  | Follow-up review  |  | 0.00  |
| DS3  | Biopsy  |  | 65.00  |
| Bx result  | Biopsy result  |  | 0.00  |
| DS4  | Blood/swab tests  |  | 0.00  |
| DS5  | Impression and fit soft occlusal splint  |  | 150.00  |

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| **Code**  | **Oral and Maxillofacial Surgery**  | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| OSConsult  | Consultation with Consultant/Specialist  | 120.00  | N/A  |
| OSAssess | Assessment (with biopsy) | 100.00 | N/A |
| RV  | Review  | 40.00  | N/A  |
| IS  | Intravenous Sedation (conscious sedation )**\*\***  | 150.00  | N/A  |
| NO2  | Sedation – Nitrous Oxide **\*\***  | 55.00  | N/A  |
| INJ - S  | Intra-lesional steroid injection  | 65.00  | N/A  |
| INJ - A  | Alcohol injection  | 65.00  | N/A  |
| DS5  | Impression and fit soft occlusal splint  | 150.00  | N/A  |
| Bx  | Biopsy  | 80.00  | N/A  |
| Frenectomy  | Tongue Tie / Frenectomy  | 90.00  | N/A  |
| SGS min  | Salivary Gland surgery (minor)  | 135.00  | N/A  |
| ID - I  | Incision and drainage of abscess – intra oral  | 50.00  | N/A  |
| ID - E  | Incision and drainage of abscess – extra oral  | 80.00  | N/A  |
| Exp  | Exposure  | 150.00  | N/A  |
| Exp -GC  | Exposure & gold chain  | 150.00  | N/A  |
| Sup  | Removal of supernumerary  | 150.00  | N/A  |
| Apic  | Apicectomy  | 240.00  | N/A  |
| Torus  | Removal of Torus  | 150.00  | N/A  |
| OAC  | Closure of OAC/OAF  | 150.00  | N/A  |
| Cyst En  | Cyst—Enucleate  | 150.00  | N/A  |
| Cyst Mar  | Cyst—Marsupialise  | 150.00  | N/A  |
| Ch Pk  | Change Pack  | 40.00  | N/A  |
| MOS  | MOS Procedure—not otherwise stated  | 150.00  | N/A  |
| #wiring  | Fracture (Wiring)  | 150.00  | N/A  |
| IMF  | Inter-maxillary fixation  | 150.00  | N/A  |
| ROP  | Removal of plates  | 150.00  | N/A  |
| Sin lft  | Sinus Lift  | 500.00  | N/A  |
| Gft  | Bone Graft  | 500.00  | N/A  |
| TMJ AC  | TMJ Arthrocentesis  | 200.00  | N/A  |
| TMJ Inj 1 | TMJ Injection (e.g. Botulinum toxin) – 1 muscle | 150.00 | N/A |
| TMJ Inj 2 | TMJ Injection (e.g. Botulinum toxin) – more than 1 muscle | 250.00 | N/A |
| Luc  | Caldwell Luc  | 150.00  | N/A  |
| Nre  | Nerve Resection  | 150.00  | N/A  |

# \*\* Sedation charge only– treatment extra

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|  **Code**  | **Maxillofacial Prosthetics**  | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| OMF 1  | Surgical Obturator  | 170.00  | N/A  |
| OMF 2  | Intermediate Denture with Obturator  | 285.00  | N/A  |
| OMF 3  | Definitive Denture with Obturator  | 460.00  | N/A  |
| OMF 4  | CoCR Denture with Obturator & Chrome Framework  | 690.00  | N/A  |
| OMF 5  | Radiation Stent  | 230.00  | N/A  |
| OMF 6  | Special Dental Obturator  | 860.00  | N/A  |

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| **Code**  | **Endodontology**  | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| Endo 1 | Endodontic Consultation with Consultant/Specialist | 120.00 | N/A |
| Endo 2 | Endodontic Follow Up | 0.00 | N/A |
| Endo 3 | Endodontic Review | 40.00 | N/A |
| Endo 4 | Incisor RCT | 600.00 | 60.00 |
| Endo 5 | Canine RCT | 600.00 | 60.00 |
| Endo 6 | Premolar RCT | 650.00 | 90.00 |
| Endo 7 | Molar RCT | 850.00 | 185.00 |
| Endo 8 | RCT Retreatment (Additional Fee) | 150.00 | N/A |
| Endo 9 | Endodontic Microsurgery | 450.00 | N/A |
| Endo 10 | Intentional Reimplantation | 450.00 | N/A |
| Endo 11 | Amalgam Endodontic Core | 80.00 | 30.00 |
| Endo 12 | Composite Endodontic Core | 80.00 | 30.00 |
| Endo 13 | Pulpotomy/Vital Pulp Therapy | 250.00 | 50.00 |

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| **Code**  | **Periodontology**  | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| restconsult  | Consultation with Consultant/Specialist  | 120.00  | N/A  |
| Per 1  | Root Debridement (per Quadrant)  | 65.00  | N/A  |
| Per 2  | Topical Antimicrobial Treatment  | 55.00  | 30.00  |
| Per 3  | Periodontal Re-Evaluation  | 55.00  | 30.00  |
| Per 4  | Biopsy of Gingiva  | 65.00  | N/A  |
| Per 5  | Gingivoplasty - per tooth  | 150.00  | N/A  |
| Per 6  | Periodontal surgery  | 350.00  | N/A  |
| Per 7  | Gingivoplasty (1 - 4 teeth)  | 180.00  | N/A  |
| Per 8  | Gingivoplasty (5 - 11 teeth)  | 230.00  | N/A  |
| Per 9  | Gingivoplasty (12 or more teeth)  | 250.00  | N/A  |
| Per 10  | Modified Widman Flap  | 170.00  | N/A  |
| Per 11  | Apically Repositioned Flap - per tooth  | 170.00  | N/A  |
| Per 12  | Periodontal Mucoperiosteal flap Surgery (1 - 4 teeth)  | 230.00  | N/A  |
| Per 13  | Periodontal Mucoperiosteal flap Surgery (5 - 11 teeth)  | 325.00  | N/A  |
| Per 14  | Periodontal Mucoperiosteal flap Surgery (12 or more teeth)  | 425.00  | N/A  |
| Per 15  | Mucogingival Surgery  | 300.00  | N/A  |
| Per 16  | Regenerative Surgery  | 400.00  | N/A  |
| Per 17  | Periodontal Splint  | 100.00  | N/A |
| Per 18  | Perio Surgery - Root Amputation / Hemisection  | 200.00  | N/A  |
| Per 19  | Perio Surgery - Crown Lengthening  | 230.00  | N/A  |
| Per 20  | Ridge Augmentation - Xenograft  | 600.00  | N/A  |
| Per 21  | Perio Review  | 40.00 | N/A  |

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| **Code**  | **Adult/Restorative Treatments**  | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| restconsult  | Consultation with Consultant/Specialist  | 120.00  | N/A  |
| RV  | Review  | 40.00 | N/A  |
| BNV  | Internal Bleaching (with tray)  | 220.00  | 150.00  |
| BV  | Bleaching (vital) per arch  | 195.00  | 150.00  |
| BKIT  | Bleaching kit top-up tube (2 syringe pack)  | 50.00  | 50.00  |
|   | ***Fillings***   |   |   |
|   | Restoration: Fillings per Tooth  | 60.00  | 30.00  |
| Obtu  | Root Filling (per Canal)  | 150.00  | 50.00  |
| Repair  | Repair of Existing Restoration (no charge within 1 year)  | 45.00  | 25.00  |
|   | ***Crowns***  |   |   |
| Cven  | Composite Veneer  | 120.00  | 105.00  |
| Pven  | Porcelain Veneer  | 780.00  | 230.00  |
| PA  | Precision attachment  | 140.00  | 25.00 |
| CER onlay  | Ceramic onlay  | 570.00  | 190.00  |
| COMP onlay  | Composite onlay  | 225.00  | 120.00  |
| ACC  | All Ceramic Crown  | 620.00  | 270.00  |
| PFM  | Porcelain Fused to Metal Crown  | 520.00  | 270.00  |
| Milled Crown | Crown with milled Features (PFM) | 650.00 | 300.00 |
| FGC  | Full Gold Crown  | 500.00  | 260.00  |
| P&C  | Post & Core (Lab)  | 300.00  | 215.00  |
| FPC  | Fibre Post & Core  | 200.00  | 80.00  |
|   | ***Bridges***  |   |   |
| ConB(2U)  | Conventional Bridge: 1 Attachment, 1 Tooth  | 900.00  | 420.00  |
| ConB(3U)  | Conventional Bridge: 2 Attachments, 1 Tooth  | 1,300.00  | 620.00  |
| ConB(4U)  | Conventional Bridge: 2 Attachments, 2 Teeth  | 1,600.00  | 770.00  |
| RBB(1U)  | RBB Cantilever - 1 Tooth  | 650.00  | 270.00  |
| RBB(3U)  | RBB Fixed-Fixed - 1 Tooth  | 850.00  | 380.00  |
| RBB(4U)  | RBB Fixed-Fixed - 2 Teeth  | 950.00  | 470.00  |
| Temp Bridge  | Temporary bridge (lab made)  | 270.00  | 110.00  |
|   | ***Prosthetics / Dentures***  |   |   |
| P/- CoCr Delivery **or** -/P CoCr Delivery  | Partial upper denture COCR  Partial lower denture COCR  | 770.00  | 345.00  |
| P/- Acrylic Delivery **or** -/P Acrylic Delivery  | Partial upper denture - Acrylic  Partial lower denture - Acrylic  | 420.00  | 270.00  |
| F/F Delivery  | Full Upper & Lower denture  | 800.00  | N/A  |
| F/- Delivery **or** -/F Delivery  | Full upper denture Full lower denture  | 400.00  | N/A  |
| Di  | Temporary immediate denture  | 320.00  | 220.00  |
| Partial Overdenture acrylic  | Partial Overdenture acrylic  | 420.00  | 270.00  |
| Partial Overdenture COCR  | Partial Overdenture COCR  | 770.00  | 345.00  |
| Drl  | \*\*Denture Rebase/Reline permanent (external referral only)  | 135.00  | 80.00  |
| Repair denture  | \*\*Repair Denture  | 75.00  | 55.00  |
| Addition  | \*\*Addition to Denture  | 80.00 | 50.00 |
|   | ***Splints / Shields***  |   |   |
| Ssplint  | \*\*Soft Splint  | 100.00  | 50.00  |
| Hsplint  | Hard Splint  | 160.00  | 120.00  |
| Gshield  | \*\*Gum Shield/Bite guard  | 100.00  | 85.00  |
| Gven  | \*\*Gingival veneer  | 220.00  | N/A  |
|   | **Implants**  |   |   |
| Imp 2  | Implant Consultation—Diag Procedure  | 150.00  | N/A  |
| Imp 3  | 1st Stage Implant Surgery (per Implant)  | 1,300.00  | N/A  |
| Imp 4  | Single Tooth Implant - Restoration (incl. temp restoration)  | 1,700.00  | N/A  |
| Imp 5  | Implant Bridge (per tooth replaced ) - Restoration  | 1350.00  | N/A |
| Imp 6  | Implant - Full Arch Fixed (per arch) - Acrylic Restoration  | 7,000.00  | N/A  |
| Imp 7  | Implant - Full Arch Fixed (per arch) - Ceramic Restoration  | 11,500.00  | N/A  |
| Imp 8  | Implant – Overdenture Simple – Start Restoration  | 2,000.00  | N/A  |
| Imp 9  | Implant – Overdenture Complex – Start Restoration  | 3,900.00  | N/A  |
| Imp 10  | Implant – replacement of attachments (locators, clips) each  | 75.00  | N/A |
| Imp 11  | Implant – Reline of Overdenture (upper and lower)  | 110.00  | N/A  |
| Imp 12  | Implant Stent  | 150.00  | N/A  |
| Imp 13  | \*\*Artificial bone graft (e.g. Bio-oss)  | 295.00  | N/A  |
| Imp 14  | \*\*Guided tissue regeneration (e.g. Bio-gide)  | 165.00  | N/A  |
| Imp 15  | Removal of implant  | 250.00  | N/A  |

\**Cost of Treatment carried out by non consultant staff—30% reduction*

**\*\**Treatment carried out by non consultant staff—no reduction***

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| **Code**  | **Orthodontic Treatments and Appliances**   | **Consultant/Specialist/** **NCHD/**\***PG**  | **Under** **Graduate**  |
| Ortho 6  | Repair of upper OR lower bonded retainer  | 70.00  | N/A  |
| Ortho 7  | Replacement of upper AND lower bonded retainer  | 120.00  | N/A  |
| Ortho 8  | Replacement of Essix retainer  | 130.00  | N/A  |
| Ortho 9  | Repair of Hawley retainer upper or lower  | 80.00  | N/A  |
| Ortho 10  | Fixed appliance adjustment  | No charge, part of fixed appl.  | N/A  |
| Ortho 11  | Aesthetic brackets (additional)  | 500.00  | N/A  |
| Ortho 12  | Replacement of Appliance due to loss or damage  | 170.00  | N/A  |
| Ortho 15  | Replacement of Hawley retainer upper OR lower  | 150.00  | N/A  |
| Ortho 16  | Rebonding emergency visit  | 60.00  | N/A  |

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| **Code**  | **Dental Theatre (DOPD) List of Treatments**   | **€**  |
| GA 1 | DOPD General Anaesthetic (under 10 years of age) | 250.00  |
| GA 2 | DOPD General Anaesthetic (10 years old and older) | 350.00 |
| EUA  | DOPD Examination under anaesthetic  | 80.00 |
| LA  | DOPD Local Anaesthetic case done in theatre (medical reasons)  | 150.00  |
| LATEX  | DOPD Latex Allergy  | 150.00  |
| IS  | DOPD Intravenous sedation  | 150.00  |
| XrayS  | DOPD Small x-ray  | 20.00  |
| S/P  | DOPD Scale & Polish  | 90.00  |
| Injection B  | DOPD Botulinum toxin injection to extra oral muscles  | 200.00  |
| Bx  | DOPD Biopsy  | 140.00  |
| XT1  | DOPD extraction one deciduous tooth  | 60.00  |
| XT1a  | DOPD extraction of 2 to 5 deciduous teeth (maximum charge €170)  | first tooth: 60.00 additional teeth each: 30.00  |
| XT1b  | DOPD extraction of 6 to 10 deciduous teeth (maximum charge €270)  | first five teeth: 180.00 additional teeth each: 20.00  |
| XT1c  | DOPD extraction of 11 to 19 deciduous teeth (maximum charge €360)  | first ten teeth: 280.00 additional teeth each: 10.00  |
| XT2  | DOPD extraction one permanent tooth  | 60.00  |
| XT2a  | DOPD extraction of 2 to 5 permanent teeth (maximum charge €170)  | first tooth: 60.00 additional teeth each: 40.00  |
| XT2b  | DOPD extraction of 6 to 10 permanent teeth (maximum charge €270)  | first five teeth: 220.00 additional teeth each: 25.00  |
| XT2c  | DOPD extraction of 11 to 19 permanent teeth (maximum charge €360)  | first ten teeth: 345.00 additional teeth each: 10.00  |
| SXT1  | DOPD Surgical Extraction (one deciduous tooth)  | 140.00  |
| SXT2  | DOPD Surgical Extraction (one permanent tooth)  | 180.00  |
| SXT2a  | DOPD Surgical Extraction (two permanent teeth)  | 250.00  |
| SXT2b  | DOPD Surgical Extraction (three permanent teeth)  | 325.00  |
| SXT2c  | DOPD Surgical Extraction (four permanent teeth)  | 400.00  |
| SXT2d  | DOPD Surgical Extraction (five or more permanent teeth)  | 450.00  |
| IDA-eo  | DOPD Incision and drainage abscess - extra oral  | 250.00  |
| IDA-io  | DOPD Incision and drainage abscess - intra oral  | 200.00  |
| Frenectomy  | DOPD Frenectomy  | 90.00  |
| SGS min  | DOPD Salivary Gland Surgery (minor)  | 250.00  |
| SGS maj  | DOPD Salivary Gland Surgery (major)  | 900.00  |
| Apic  | DOPD Apicectomy  | 250.00  |
| OAC  | DOPD Closure of OAC/OAF  | 300.00  |
| Torus  | DOPD Removal of Torus  | 300.00  |
| Luc  | DOPD Caldwell Luc  | 300.00  |
| Cyst - En  | DOPD Cyst - enucleate  | 280.00  |
| Cyst - Mar  | DOPD Cyst - marsupialise  | 280.00  |
| Ch Pk  | DOPD Change pack  | 130.00  |
| Nre  | DOPD Nerve Resection  | 250.00  |
| Cor | Coronectomy | 180.00 |
| MOS  | DOPD MOS Procedure - not otherwise stated  | 250.00  |
| Exp  | DOPD Exposure  | 250.00  |
| Exp -GC  | DOPD Exposure & gold chain  | 250.00  |
| Sup  | DOPD Removal of Supernumerary  | 250.00  |
| SXP  | DOPD Palatal expansion  | 450.00  |
| GEN  | DOPD Genioplasty  | 500.00  |
| Ost Man  | DOPD Single Jaw Osteotomy (mandible)  | 1,300.00  |
| Ost Max  | DOPD Single Jaw Osteotomy (maxilla)  | 1,300.00  |
| Bimax  | DOPD Bimaxillary Osteotomy  | 1,500.00  |
| Imp  | DOPD Implant  | 1,300.00  |
| Gft  | DOPD Bone Graft  | 500.00  |
| Imp 13  | DOPD Artificial bone graft (e.g. Bio-oss)  | 200.00  |
| Sin lft  | DOPD Sinus lift  | 800.00  |
| Imp 15  | DOPD Removal of implant  | 150.00  |
| TMJ AC  | DOPD TMJ Arthrocentesis  | 250.00  |
| TMJ Sx  | DOPD TMJ Surgery  | 700.00  |
| IMF  | DOPD Inter-maxillary fixation  | 350.00  |
| Gil  | DOPD Fracture (elevation zygoma)  | 460.00  |
| #wiring  | DOPD Fracture (wiring)  | 450.00  |
| #man  | DOPD Fracture - plating (mandible)  | 650.00  |
| #max  | DOPD Fracture - plating (maxilla)  | 450.00  |
| ROP  | DOPD Removal of plates  | 300.00 |

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| **Code**  | **Dental Theatre (DOPD) List of Treatments**   | **€**  |