



BUNDESZAHNÄRZTEKAMMER



**Dental fee schedule (GOZ)**  
as of December 5, 2011





# Contents

## **Dental fee schedule**

### **Table of fees for dental services**

A General dental services

B Prophylactic services

C Conservative services

D Surgical services

E Services provided for diseases of the oral mucosa and periodontium

F Prosthetic services

G Orthodontic services

H Insertion of occlusal splints and splints

J Functional analysis and functional therapy

K Implantological services

L Surcharges for specific dental and surgical services

Annex 2

Imprint

# Dental fee schedule (GOZ)

First regulation on the amendment of the dental fee schedule of December 5, 2011

On the basis of § 15 of the Gesetz über die Ausübung der Zahnheilkunde [Dental Practice Law] in the version promulgated on April 16, 1987 [Federal Law Gazette I p. 1225], the Federal Government of Germany hereby decrees the following:

Article 1  
Amendment of the dental fee schedule

The Dental Fee Schedule of October 22, 1987 (Federal Law Gazette I p. 2316), last amended by Art. 18 the Law of December 4, 2001 (Federal Law Gazette I p. 3320) is amended as follows:

## § 1 Area of application

(1) Compensation for professional dental services is guided by this regulation if not otherwise provided in federal law.

(2) Dentists may only charge for services that are required for necessary dental care in accordance with the established guidelines of dental practice. Services beyond those necessary for dental care may only be charged when they are performed upon the request of the payer.

## § 2 Contrary agreements

(1) Fees deviating from those provided in this Regulation may be specified in an agreement between the dentist and payer.

It is impermissible to agree upon different number of points (§ 5 Para. 1 sentence 2) or a different point value (§ 5 in Para. 1 sentence 3). Emergency treatments and treatments for acute pain may not be made contingent upon an agreement pursuant to sentence 1.

(2) Agreements pursuant to Para. 1 sentence 1 must be made in writing on a case-by-case basis after a personal discussion between the dentist and payer before the service is rendered by the dentist. In addition to the number, the description of the service, the agreed multiplier and the resulting amount, the agreement must also state that full reimbursement for services by payment agencies may not be guaranteed. The agreement may not contain any additional statements. The dentist must provide the payer with a copy of the agreement.

(3) Services delineated under § 1 Para. 2 sentence 2 and their reimbursement must be agreed in writing in a treatment and payment plan. The treatment and payment plan must be prepared before the service is rendered; it must itemise the individual services and reimbursements and state that the services are being provided upon request, and that reimbursement is not necessarily guaranteed. § 6 Para. 1 shall remain unaffected.

(4) An agreement pursuant to Para. 1 sentence 1 may only be concluded for private dental services for inpatient care, partial inpatient care and follow-up inpatient care when personally provided by the private dentist.

## § 3 Compensation

.....  
Dentists are entitled to compensation in the form of fees, remuneration and reimbursement for expenses.

## § 4 Fees

.....

(1) Fees are reimbursement for dental services rendered that are listed in the Table of Fees (Annex 1).

(2) The dentist is only entitled to charge for independent dental services that he or she has rendered personally, or that have been rendered under his or her supervision after professional instruction (own services). Dentists may not charge for services that are part of a different service, or are a special performance of a different service, according to the Table of Fees if a fee has been charged for the other service. This also applies to the individual surgical steps that are methodologically necessary to perform the surgical services listed in Table of Fees. A service is a methodologically necessary element of another service when it is described in the description of the service (target service) and has also been included in the valuation of the other service.

(3) The fees cover the costs of the dental practice including costs for filling materials, consultation, the use of instruments and equipment and storage if not otherwise specified in the Table of Fees. If dentists perform dental services using third parties who are not authorised to invoice in their own name according to this Regulation, the associated costs are also covered by the fee.

(4) Costs that are covered according to Para. 3 by the fees may not be invoiced separately. The payer is not obligated to pay for assigned claims for remuneration to the amount of said costs.

(5) If the payer is invoiced directly for services provided by third parties, the dentist is obligated to inform the payer of this.

## § 5

### Calculating fees for services in the Table of Fees

---

(1) Individual fees are calculated as a multiple of 1 x 3.5 of the fee rate. The fee rate is the sum the results from multiplying the points for the individual service in the Table of Fees by the point value. The point value is €5.62421 cents. When calculating fees, the resulting fractions of a cent below 0.5 are rounded down, and the fractions of 0.5 and more are rounded up. The amount is rounded after multiplication with the multiplier according to sentence 1.

(2) Within the fee framework, the calculated fees should reflect the difficulty and time required for the individual service and the circumstances while performing the service based on the dentist's equitable discretion. The difficulty of the individual service can also be established by the difficulty of the medical condition. Calculation criteria that were already considered in the description of the service shall not be considered in this context. A rate of 2.3 is charged for services of average difficulty and time. This rate may only be exceeded when justified by the special considerations cited in sentence 1. A lower rate shall be charged for services that are less difficult or require less time.

## § 6

### Fees for additional services

---

(1) Independent dental services that are not listed in the Schedule of Fees can be invoiced corresponding to the equivalent service in the Schedule of Fees provided in this Regulation in terms of type, cost, and time. If an equivalent service in terms of type, cost and time is not found in the Table of Fees of this Regulation, the independent dental service can be invoiced corresponding to an equivalent service in terms of type, cost and time of the services of the Table of Fees of the Dental Fee Schedule cited under Para. 2.

## Dental fee schedule (GOZ)

(2) Reimbursements are to be calculated according to the German Medical Fee Schedule if the service is not listed in the Table of Fees of the Dental Fee Schedule as an independent service, or part of independent service, and when the services rendered by the dentist are listed in the following sections of the Table of Fees of the Dental Fee Schedule:

1. B I, B II, B III under no. 30, 31 and 34. B IV to B VI,
2. C I under no. 200, 204, 210 and 211, C II, C III to C VII, C VIII only if an underlying outpatient surgical procedure is invoiced,
3. E V and E VI,
4. J,
5. L I, L II under no. 2072 to 2074, L III, L V under no. 2253 to 2256 in the context of treating jaw fractures, L VI under no. 2321, 2355 and 2356 in the context of treating jaw fractures, L VII, L IX,
6. M under no. 3511, 3712, 3714, 3715, 4504, 4530, 4538, 4605, 4606 and 4715.
7. N under number 4852 and
8. O.

## § 7

### Inpatient treatment fees

---

(1) Private dental services provided for inpatient, partial inpatient and pre- and post-inpatient services are to be calculated based the fees in this Regulation including associated surcharges, minus 25%. In deviation from the above is a 15% reduction for services and surcharges according to sentence 1 provided by private dentists with hospital privileges or other dentists with private practices. Excepted from this obligatory reduction is the surcharge under letter J in Section B V of the Table of Fees in the Dental Fee Schedule.

(2) Dentists may not charge any costs beyond the reduced fees according to Para. 1; §§ 8 and 9 shall remain unaffected.

## § 8

### Remuneration

---

(1) Dentists are entitled to trip and travel allowances for visits; this covers time lost and extra expenses arising from the visit.

(2) Dentists are entitled to charge travel expenses for each visit. For each visit within a radius extending from the dental practice of

1. up to 2 km: €4.3; overnight (between 8 PM and 8 AM): €8.60.
2. more than 2 km up to 5 km: €8.00; overnight: €12.30.
3. more than 5 km up to 10 km: €12.30; overnight: €18.40.
4. more than 10 km up to 25 km: €18.40; overnight: €30.70.



## Dental fee schedule (GOZ)

If the dentist travels from his or her residence to visit the patient, the calculation is based on a radius extending from the dentist's residence instead of the dental practice. If several patients are visited at the same residence or in a care facility, especially a retirement or senior care facility, the dentist may only charge once for travel expenses on a pro rata basis independent of the number of visited patients and their insurance coverage.

(3) If the visits extend more than a radius of 25, trip allowance will be charged instead of travel allowance. Dentists are entitled to trip allowance calculated as follows:

1. €0.42 for each traveled kilometer when the dentist's own vehicle is used, or the actual expense when other means of transportation are used,
2. €56.00 when absent for more than eight hours, €112.50 per day when absent for more than eight hours,
3. Reimbursement for hotel costs.

Para. 2 sentence 3 and 4 correspondingly apply.

## § 9 Reimbursement for expenses associated with dental services

(1) In addition to fees for individual dental services, actual, reasonable costs borne by the dentist for dental services can be charged as expenses if these costs are not covered by the fees provided in the Table of Fees.

(2) The dentist must present the payer with a cost estimate from the commercial laboratory or the practice's laboratory for the anticipated costs for dental services, in writing if requested, if the costs are expected to exceed €1000. For treatments ranging over a period of more than 12 months based on a treatment and payment schedule, sentence 1 only

applies if costs above €1000 are expected within a period of six months. The cost estimate must list the expected overall costs for dental services and the materials used. Upon request, the payer must be informed of the type, scope and methods of the individual services, the basis for calculation and the production site of the prosthetics. If it is anticipated that the costs cited in the estimate will be exceeded by more than 15%, the dentist must immediately notify the payer in writing.

## § 10 Payment requirement and billing for payment; invoice

.....

(1) Payment becomes due when the payer is submitted an invoice in correspondence with this Regulation as illustrated in Annex 2. Future amendments to Annex 2 will be promulgated by the Federal Ministry for Health.

(2) The invoice must contain the following in particular:

1. The date on which the service was rendered,
2. When fees are charged, the number and description of the individual service charged including a clear description of the treated tooth and, if applicable, a minimum duration cited in the description of the service or billing terms as well as the amount and the multiplier,
3. When fees are charged for inpatient, partial inpatient or pre- and post-inpatient services by a private dentist, the reduced rate pursuant to § 7.
4. For remuneration pursuant to § 8, the amount, type of remuneration and calculation,
5. In the case of reimbursement for expenses pursuant to § 9, the type, scope and method of the individual services and their cost as well as directly associated materials and their cost, in particular the description, weight and daily price of the alloys used,
6. In the case of costs separately billable according to the Table of Fees, the type, amount and cost of materials used; expenses must be explained in detail to the payer upon request.

## ••••• Dental fee schedule (GOZ)

(3) If the calculated fee according to Para. 2 no. 2 exceeds the fee rate by factor of 2.3, this must be explained in writing to the payer in a clear and concise manner with reference to the individual service. The reason must be explained in detail upon request. If a deviating agreement has been concluded pursuant to § 2 and a rate higher than that cited in sentence 1 would be justifiable without the separate agreement, the higher rate must be explained in writing to the payer upon request; sentences 1 and 2 apply correspondingly. The services do not have to be described according to Para. 2 no. 2 when an itemisation is appended to the invoice that lists the description associated with the invoiced service number. In case of expenses according to Para. 2 no. 5, a receipt or other related documentation is to be appended. If the services of a dental laboratory were used, the invoice from the dental laboratory needs to be appended as provided under Para. 2 no. 5; it is sufficient to indicate the overall amount for these services in the dentist's invoice. Services that were rendered upon request (§ 1 Para. 2 sentence 2 and § 2 Para.3) are to be identified as such.

(4) If a service is charged in accordance with § 6 Para. 1, the correspondingly valued service needs to be described to the payer in an understandable manner with the notation "corresponds to" in addition to the number and description of the service that is considered equivalent.

(5) A regulation that deviates from the provisions of Para. 1 to 4 can be reached in agreement with a public funding organisation.

(6) Data may only be forwarded to third parties for billing purposes if the patient has provided his or her consent in writing to the dentist for the transfer of the necessary billing data and has released the dentist from his or her confidentiality requirement.

## § 11 Transitional regulation

.....  
The Dental Fee Schedule in effect before January 1, 2012 will continue to apply for:

1. Services rendered before the Regulation of December 5, 2011 (Federal Law Gazette I p. 2661) took effect,
2. Services that began before the Regulation of December 5, 2011 took effect for no. 215 to 222, 500 to 523 and 531 to 534 of the Table of Fees of the Dental Fee Schedule in the version applicable before January 1, 2012 if they concluded after the Regulation of December 5, 2011 took effect (Federal Law Gazette I p. 2661),
3. Services from the Table of Fees of the Dental Fee Schedule in the version in effect before January 1, 2012 rendered for orthopedic treatment that was planned before the Regulation of December 5, 2011 took effect (Federal Law Gazette I p. 2661) until the end of treatment up to a maximum of four years after said Regulation took effect.

.....  
: Dental fee schedule (GOZ)

§ 12

Review

.....  
The Federal Government will review the consequences of the restructuring and reevaluation of the services of the Dental Fee Schedule. It will present to the Bundesrat by mid-2015 the results of the review and the supportive reasoning.

## General provisions

1. A consultation fee according to no. 1 of the Table of Fees for Dental Services – Annex to the Dental Fee Schedule in the version of January 1. 2012 – may only be charged once during the treatment together with a fee for a service under this Table of Fees, and for a service listed under sections C to O of the Table of Fees for Dental Services. A consultation fee pursuant to no. 3 of the Table of Fees for Dental Services is only available as a single service or together with an examination according to no. 0010, or an examination according to no. 5 or 6 of the Table of Fees for Dental Service. Additional services may not be billed beyond the service under no. 3. An individual case of treatment is considered a treatment for the same disease over a period of one month after the initial involvement of the dentist.

2. The impression material used for these services according to this Table of Fees is separately billable.

3. Materials and laboratory costs pursuant to this Table of Fees include the costs for the dental practice according to § 4 Para. 3 and expenses for laboratory services according to § 9 of this Schedule of Fees.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
0010	Thorough examination to determine diseases of the teeth, mouth and jaw and to collect and record periodontal findings	100	5.62	12.94	19.68
0030	Preparation of a written schedule of treatment and charges based on the findings and evaluation of any models	200	11.25	25.87	39.37

Number	Service	Points	x 1,0 €	x 2,3 €	x 3,5 €
0040	Preparation of a written schedule of treatment and charges for orthopedic treatment, or for the analysis and treatment of functional relationships after an examination and preparation of a plan of therapy  The services under no. 0030 and 0040 are not simultaneously billable.	250	14.06	32.34	49.21
0050	Impression or partial impression of a jaw for a situation model including an assessment for diagnosis or scheduling	120	6.75	15.52	23.62
0060	Impression of both jaws for situation models and simple interocclusal records including assessment for diagnosis or scheduling  The reason for simultaneously billing both services under no. 0050 and 0060 must be explained in the invoice.	260	14.62	33.63	51.18
0065	Optoelectronic impression including preparatory measures, simple digital bite registration and archiving of each half of the jaw or anterior region  Conventional impressions according to this Table of Fees for the same jaw half or the same anterior region are not billable in addition to the service under no. 0065.	80	4.50	10.35	15.75
0070	Assessment of the vitality of a tooth or several teeth including a comparison in each session	50	2.81	6.47	9.84
0080	Intraoral superficial anesthesia per jaw half or anterior region	30	1.69	3.88	5.91

## B Prophylactic services

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
0090	Intraoral infiltration anesthesia	60	3.37	7.76	11.81
0100	Intraoral block anesthesia If the service is billed more than once per tooth under no. 0090, it must be justified in the invoice. The costs of the anesthetic used for services under no. 0090 and 0100 are separately billable.	70	3.94	9.05	13.78
0110	Surcharge for use of a surgical microscope for services according to no. 2195, 2330, 2340, 2360, 2410, 2440, 3020, 3030, 3040, 3045, 3060, 3110, 3120, 3190, 3200, 4090, 4100, 4130, 4133, 9100, 9110, 9120, 9130 and 9170 The surcharge according to no. 0110 can only be billed once and only at single fee rate per day of treatment.	400	22.50	51.74	78.74
0120	Surcharge for the use of a laser for services according to no. 2410, 3070, 3080, 3210, 3240, 4080, 4090, 4100, 4130, 4133 and 9160 The surcharge pursuant to no. 0120 is 100% of the simple fee rate for the relevant services, but not more than €68. The surcharge according to no. 0120 is only billable once per day of treatment.				



## A : General dental services

### General provisions

Prophylactic services according to Section B are only billable for individual instructions (individual prophylaxis); they are not billable for group instructions (group prophylaxis).

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
1000	Assessment of oral hygiene status and thorough instructions regarding the prevention of caries and periodontal diseases for at least 25 minutes	200	11.25	25.87	39.37
1010	Review to determine compliance with instructions including additional instructions lasting at least 15 minutes	100	5.62	12.94	19.68
1020	Local fluoridation to reinforce enamel and dentin and prevent and treat caries with coating or gel, per session	50	2.81	6.47	9.84

The service under no. 1000 is billable once a year, and the service under no. 1010 is billable three times a year. The services include assessing oral hygiene, staining the teeth, practical instructions with individual training and patient motivation. When associated with the services under no. 1000 and 1010, the services under no. 0010, 4000 and 8000 as well as consultations and examinations according to the Dental Fee Schedule are billable when these services are for other purposes and are justified in the invoice. Services according to no. 1020 are billable a maximum of four times a year.

## C Conservative services

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
1030	<p>Local use of medications to prevent caries or initially treat caries with an individually manufactured retainer as the mode of delivering the medication, per jaw</p> <p>1. The production of an individually manufactured splint to supply the medication (such as a thermoformed retainer) is separately billable.            2. The cost of the medication used is covered by the fee.            3. Using a prefabricated tray for delivering the medication is not covered by the service under no. 1030.            4. When an individually fabricated retainer is used to deliver the medication (fluoride treatment), charging for this service under no. 1030 for more than four times a year must be justified in the invoice.</p>	90	5.06	11.64	17.72
.....					
1040	<p>Professional teeth cleaning</p> <p>This service includes removing supragingival/gingival plaque from the surface of the tooth and root including the interdental spaces, removal of the biofilm, polishing the surface and appropriate fluoridation per tooth or implant or bridge element. This service under no. 1040 is not separately billable in addition to the services under no. 1020, 4050, 4055, 4060, 4070, 4075, 4090 and 4100.</p>	28	1.57	3.62	5.51

## B : Prophylactic services

### General provisions

Disposable nickel/ titanium instruments for preparing a root canal are separately billable.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
2000	Sealing caries-free tooth fissures with curing plastics including sealing smooth surfaces, per tooth	90	5.06	11.64	17.72
2010	Treatment of hypersensitive tooth surfaces, per jaw	50	2.81	6.47	9.84
2020	Temporary saliva-resistant sealing of a cavity	98	5.51	12.68	19.29
2030	Special measures to prepare or fill cavities (such as separate or remove problematic gingiva, stanch excessive papillary hemorrhaging), per jaw half or anterior region  The service under no. 2030 is billable a maximum of once per session for each jaw half or anterior region for special preparation measures, and a maximum of once per session for special measures involved in filling cavities.	65	3.66	8.41	12.80
2040	Creation of a dental dam per each jaw half or anterior region	65	3.66	8.41	12.80
2050	Preparation of a cavity and restoration with plastic filling material including underfilling, creation of a matrix or the use of other tools to create the filling, single surface	213	11.98	27.55	41.93

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
2060	Preparation of the cavity and restoration with composite materials using an adhesive (conditioning), single surface, optionally including multilayering including polishing, optionally including the use of inserts	527	29.64	68.17	103.74
2070	Preparation of a cavity and restoration with plastic filling material including underfilling, creation of a matrix or the use of other tools to create the filling, two surfaces	242	13.61	31.30	47.64
2080	Preparation of a cavity and restoration with composite materials using an adhesive (conditioning), two surfaces, optionally including multilayering including polishing, optionally including the use of inserts	556	31.27	71.92	109.45
2090	Preparation of a cavity and restoration with plastic filling material including underfilling, creation of a matrix or the use of other tools to create the filling, three surfaces	297	16.70	38.42	58.46
2100	Preparation of a cavity and restoration with composite materials using an adhesive (conditioning), three surfaces, optionally including multilayering including polishing, optionally including the use of inserts	642	36.11	83.05	126.38
2110	Preparation of a cavity and restoration with plastic filling material including underfilling, creation of a matrix or the use of other tools to create the filling, more than three surfaces	319	17.94	41.26	62.79

2120	Restoration with composite materials and using adhesive (conditioning), more than three surfaces, multilayer technique including polishing, possibly including the use of an insert	770	43.31	99.60	151.57
2130	Check, refine/polish a restoration in a separate session, repolish an existing restoration	104	5.85	13.45	20.47
2150	Inlay filling, single surface	1141	64.17	147.60	224.60
2160	Inlay filling, two surfaces	1356	76.26	175.41	266.93
2170	Inlay filling, more than two surfaces	1709	96.12	221.07	336.41
2180	Preparation of a destroyed tooth with plastic augmentation materials to receive a crown	150	8.44	19.40	29.53
2190	Preparation of a destroyed tooth with a cast core anchored by a post to receive a crown	450	25.31	58.21	88.58

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
2195	Preparation of a destroyed tooth with a screw mounting filling or fiberglass pin, etc. to receive a crown.  The services according to no. 2180, 2190 or 2195 are not billable in addition to the services 2150 to 2170.  The service under no. 2180 is not billable in addition to the service under no. 2190. The service under no. 2195 is billable in addition to the service under no. 2180. The services under no. 2180, 2190 and/or the service under no. 2195 are billable only once per tooth. The costs for the anchoring elements are separately billable.	300	16.87	38.81	59.05
2197	Adhesive fastening (plastic buildup, pin, inlay, crown, partial crown, veneer, etc.)	130	7.31	16.82	25.59
2200	Restoration of a tooth or implement in the form of a full crown (tangential preparation)	1322	74.35	171.01	260.23
2210	Restoration of a tooth in the form of a full crown (groove or ledge preparation)	1678	94.37	217.06	330.31

2220	Restoration of a tooth with a partial crown with retention grooves or boxes or with pin ledges including a reconstruction of the entire masticatory surface, restoration of the tooth with a veneer	2067	116.25	267.38	406.88
------	---	------	--------	--------	--------

The services under no. 2050 to 2130 are not billable in addition to the services under no. 2200 to 2220. The service under no. 2210 is not billable in association with implants. The following dental services are covered by the services under no. 2150 to 2170 and 2200 to 2220: Preparation of the tooth or implant, determining relations, impressions, try-ins, provisionals, fixed insertion of the in-lay filling or crown or partial crown or veneer, checking and corrections. The service under 2200 also includes the screw and coverage with filling material. Crowns according to no. 2200 to 2220 include crowns (full and partial crowns) of any dental design.

.....  
 Partial services according to no. 2200 to 2220:  
 .....

2230 If the services end with the preparation of a tooth or an impression of an implant, one half of the fee is billable.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
2240	If additional measures were performed, three-fourths of the respective fee is billable. The service under no. 2230 or 2240 are only billable when the dentist was objectively unable to continue treatment over the long term, or continuation was not indicated for medical reasons.				
2250	Insertion of a prefabricated crown in a child. The costs of prefabricated crowns are separately billable.	210	11.81	27.16	41.34
2260	Provisional provided directly without an impression, per tooth or implant, including removal	100	5.62	12.94	19.68
2270	Provisional provided directly with an impression, per tooth or implant, including removal  When a prefabricated provisional is used, the costs are separately billable. The reinsertion of the same provisional, including several times, including removal is covered by the fee for no. 2260 or 2270.	270	15.19	34.93	53.15
2290	The removal of an inserted filling, crown, bridge anchor, the disconnection of a bridge element or bar, etc.	180	10.12	23.28	35.43
2300	Removal of a root pin	270	15.19	34.93	53.15



2310	Reinsertion of an inlay filling, partial crown, veneer or crown, or restoration of a veneer on a removable denture	145	8.16	18.76	28.54
.....					
2320	Restoration of a crown, partial crown, veneer, bridge anchor, veneer shell or veneer on a fixed restoration, optionally including a reinsertion and impression	350	19.68	45.27	68.90
.....					
2330	Measures for retaining the vital pulp in the case of deep caries (excavation and indirect capping), per cavity	110	6.19	14.23	21.65
.....					
2340	Measures for retaining exposed vital pulp (excavation, direct capping), per cavity	200	11.25	25.87	39.37
.....					
2350	Amputation and treatment of the vital pulp including excavation	290	16.31	37.51	57.09
.....					
2360	Extirpation of the vital pulp including excavation, per canal	110	6.19	14.23	21.65
.....					
2380	Amputation and final treatment of the avital deciduous pulp	160	9.00	20.70	31.50
.....					
2390	Trepanation of a tooth as an independent service	65	3.66	8.41	12.80
.....					
2400	Electrometric determination of the length of a root canal  The service under no. 2400 is billable a maximum of two times per root canal per session.	70	3.94	9.05	13.78

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
2410	Preparation of a root canal including retrograde preparation, per canal, optionally over several sessions  The service under no. 2410 is only billable a second time for the same root canal when the root canal underwent definitive restoration after the first preparation. If the preparation requires more than one session due to anatomical peculiarities, the service can be billed again for the same root canal under no. 2410. This must be explained in the invoice. The service can only be billed twice for each preparation of a root canal.	392	22.05	50.71	77.16
2420	Additional use of electrical, physical, or chemical methods, per canal	70	3.94	9.05	13.78
2430	Medicated inlay in connection with measures under no. 2360, 2380 and 2410, per tooth and session	204	11.47	26.39	40.16
2440	Filling of a root canal	258	14.51	33.37	50.79

## D Surgical services

### General provisions

1. Primary wound care (such as cleaning the wound, smoothing the bone, cutting tissue, tamponades, wound closure without additional flap formation, optional application of a plastic bandage) is considered part of the services provided in Section D and is not separately billable.

2. The creation of a surgical access is included in the services under Section D and is not separately billable.

3. Bone substitute materials as well as materials for promoting coagulation or tissue regeneration (such as membranes) as well as the stanching of superficial bleeding in the case of hemorrhagic diathesis or, if necessary to protect important anatomical structures (such as nerves) atraumatic suture material or disposable or explantation burrs are separately billable.

Number	Service	Points	x 1,0 €	x 2,3 €	x 3,5 €
3000	Removal of a single-root tooth or an enossal implant	70	3.94	9.05	13.78
3010	Removal of a multi-root tooth	110	6.19	14.23	21.65
3020	Removal of a deeply fractured or tooth with deep destruction	270	15.19	34.93	53.15
3030	Removal of a tooth or enossal implant in an osteotomy	350	19.68	45.27	68.90
3040	Removal of a retained, impacted or misaligned tooth in an osteotomy	540	30.37	69.85	106.30
3045	Removal of an extremely misaligned and/or impacted tooth in an extensive osteotomy with endangered adjacent anatomical structures	767	43.14	99.22	150.98

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
3050	Stanching of excessive bleeding in the mouth and jaw as an independent service	110	6.19	14.23	21.65
3060	Stanching bleeding by tying off or ligating a vessel or by bone bolting	140	7.87	18.11	27.56
3070	Excision of the mucosa or granulation tissue as an independent service	45	2.53	5.82	8.86
3080	Excision of a large mucosal proliferation (such as a lobular fibroma, epulis)	150	8.44	19.40	29.53
3090	Plastic closure of an opened maxillary sinus	370	20.81	47.86	72.83
3100	Plastic coverage during treatment including an incision of the periostium, per surgical area (area of a continuous incision)  The service under no. 3100 is not billable for the same surgical area in addition to the service under no. 3090.	270	15.19	34.93	53.15
3110	Resection of a root tip of an anterior tooth	460	25.87	59.50	90.55
3120	Resection of a root tip of a posterior tooth  The costs for prefabricated apical pin systems are separately billable.	580	32.62	75.03	114.17
<del>3130</del>	<del>Hemisection and partial extraction of a multi-root tooth</del>	<del>280</del>	<del>15.75</del>	<del>36.22</del>	<del>55.12</del>
3140	Reimplantation of a tooth including simple fixation	550	30.93	71.15	108.27

## D Surgical services

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
3160	Transplantation of a tooth including the surgical creation of a bone bed	650	36.56	84.08	127.95
3190	Cyst surgery in the form of a cystectomy in conjunction with an osteotomy or root tip resection	270	15.19	34.93	53.15
3200	Cyst surgery in the form of a cystectomy as an independent service Scraping out granulation tissue or small cysts during extractions, osteotomies or root tip resections is not billable under no. 3190 to 3200 and 3310.	500	28.12	64.68	98.42
3210	Removal of annoying mucosal striae per jaw half or anterior region	140	7.87	18.11	27.56
3230	Bone resection of the alveolar process to form a prosthetic bed as an independent service, per jaw	440	24.75	56.92	86.61
3240	Small vestibuloplasty or mouth floor plasty or gingival extension plasty per jaw half or anterior region for an area up to two adjacent teeth, optionally in an edentulous jaw section	550	30.93	71.15	108.27
3250	Tuberoplasty, one-sided	270	15.19	34.93	53.15
3260	Exposure of an impacted or shifted tooth for orthopedic adjustment	550	30.93	71.15	108.27
3270	Germectomy	590	33.18	76.32	116.14

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
3280	Detachment, relocation and fixation of the labial frenulum and dissection of the septum in the case a genuine diastema	270	15.19	34.93	53.15
.....					
3290	Checkup after a surgery as an independent service, per jaw half or anterior region	55	3.09	7.11	10.83
.....					
3300	Follow-up treatment after surgery (such as tamponade) as an independent service, per area of surgery (area of continuous incision)  The service under no. 3300 is billable a maximum of two times per jaw half or anterior region. The services under 3060 or 3310 are not billable in addition the service under 3300.	65	3.66	8.41	12.80
.....					
3310	Surgical wound revision (such as removing the bone, scratching out, sutures) per surgical area (area of continuous incision)  The service under no. 3300 is billable a maximum of two times per jaw half or anterior region. The services under 3060 or 3310 are not billable in addition the service under 3310.	100	5.62	12.94	19.68

## E Services provided for diseases of the oral mucosa and periodontium

### General provisions

1. Primary wound care (such as cleaning the wound, smoothing the bone, cutting tissue, tamponades, wound closure without additional flap formation, optional application of a plastic bandage) is considered part of the services provided in Section E and is not separately billable.

2. Bone substitute materials as well as materials for promoting coagulation or tissue regeneration (such as membranes) as well as the stanching of superficial bleeding in the case of hemorrhagic diathesis or, if necessary to protect important anatomical structures (such as nerves), atraumatic suture material and materials for fixing membranes are separately billable.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
4000	Preparation and documentation of the status of the periodontium  The service can be billed a maximum of two times per year under no. 4000.	160	9.00	20.70	31.50
4005	Preparation of at least one gingival index and/or a periodontal index (such as a periodontal screening index - PSI)  The service can be billed a maximum of two times per year under no. 4005.	80	4.50	10.35	15.75
4020	Local treatment of diseases of the oral mucosa, optionally including the rinsing of pockets, per session	45	2.53	5.82	8.86
4025	Subgingival local application of antibacterial medication, per drug  The antibacterial materials used are separately billable.	15	0.84	1.94	2.95

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
4030	Removal of sharp tooth edges, annoying prosthesis margins and foreign irritations of the periodontium, per jaw half or anterior region	35	1.97	4.53	6.89
4040	Removal of major initial contacts in occlusion and articulation by grinding the natural dentition or pre-existing restoration, per session	45	2.53	5.82	8.86
4050	Removal of hard and soft plaque, optionally including polishing a single-root tooth or implant or bridge element	10	0.56	1.29	1.97
4055	Removal of hard and soft plaque, optionally including polishing a multiple-root tooth  Services under no. 4050 and 4055 I can only be billed once for the same tooth within 30 days.	13	0.73	1.68	2.56
4060	Checkup after removal of hard and soft plaque, or professional tooth cleaning under No. 1040 with recleaning including polishing, per tooth or implant or bridge element  The service under no.4060 is not billable in addition to services under no. 1040, 4050 and 4055.	7	0.39	0.91	1.38
4070	Periodontal surgery (especially removal of subgingival concretions and root smoothing) of a single-root tooth or implant, closed procedure	100	5.62	12.94	19.68



## E : Services provided for diseases of the oral mucosa and parodontium

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
4075	Periodontal surgery (especially removal of subgingival concretions and root smoothing) of a multiple-root tooth, closed procedure	130	7.31	16.82	25.59
4080	Gingivectomy, gingivoplasty, perperiodontium	45	2.53	5.82	8.86
4090	Flap surgery, open curettage including osteoplasty of an anterior tooth, per periodontium	180	10.12	23.28	35.43
4100	Flap surgery, open curettage including osteoplasty of a posterior tooth, per periodontium  Services under no. 4050 to 4080 are not billable in addition to services under 4090 and 4100.	275	15.47	35.57	54.13
4110	Filling of parodontal bone defects with buildup material (bone and/or replacement material) including the introduction of proteins for regenerative treatment of periodontal defects, optionally including removal of material in the augmented area, per tooth or periodontium or implant  The service under no. 4110 is also billable in surgery. The cost of a disposable bone collector or scraper is separately billable.	180	10.12	23.28	35.43
4120	Relocation of a peaked flap of oral mucosa per jaw half or anterior region	275	15.47	35.57	54.13

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
4130	Harvesting and transplantation of mucosa, optionally including the treatment of the harvesting site, per transplant	180	10.12	23.28	35.43
4133	Harvesting and transplantation of connective tissue, including treatment of the harvesting site, per interdental space	880	49.49	113.83	173.23
4136	Osteoplasty, including crown lengthening, tunneling or the like per tooth or periodontium, including an implant as an independent service	200	11.25	25.87	39.37
4138	Use of a membrane for treating bone defects including fixation, per tooth per implant	220	12.37	28.46	43.31
4150	Checkup/follow-up after periodontal surgery, per tooth, implant or periodontium	7	0.39	0.91	1.38

## E : Services provided for diseases of the oral mucosa and parodontium

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
5000	Restoration of a partially edentulous arch with a bridge or prosthesis: per abutment tooth or implant as a bridge or prosthesis anchor with a full crown (tangential preparation)	1016	57.14	131.43	200.00
5010	Restoration of a partially edentulous arch with a bridge or prosthesis: per abutment tooth as a bridge or prosthesis anchor with a full crown (groove and step preparation) or inlay filling	1483	83.41	191.84	291.92
5020	Restoration of a partially edentulous arch with a bridge or prosthesis: per abutment tooth as a bridge or prosthesis anchor with a partial crown with retention grooves or boxes or with pin ledges including a reconstruction of the masticatory surface	1997	112.32	258.33	393.10
5030	Restoration of a partially edentulous arch with a bridge or prosthesis: per abutment tooth or implant as a bridge or prosthesis anchor with a root cap with a pin, optionally to receive a connecting device or other connecting elements	1483	83.41	191.84	291.92

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
5040	<p>Restoration of a partially edentulous arch with a bridge or prosthesis: per abutment tooth or implant as a bridge or prosthesis anchor with a telescopic crown or conical crown</p> <p>The service under no. 5040 is not billable in addition to the service under no. 5080.</p> <p>The following dental services are covered by no. 5000 to 5040: preparation of the tooth or implant, determining relations, impressions, try-ins, provisional insertion, fixed insertion of the crown, inlay filling, partial crown, etc., checkup and corrections. The services under no. 5000 and 5030 also include screws and coverage with filling material. Bridge or prosthesis anchors with connecting elements of any design are included among the services under no. 5000 to 5040. The services under no. 5010 and 5020 are not billable together with implants. Crowns according to no. 5000 to 5040 include crowns (full crowns, partial crowns, telescopic crowns and root post caps) of any dental design.</p> <p>.....</p> <p>Partial services according to no. 5000 to 5040:</p> <p>.....</p>	2605	146.51	336.97	512.79
5050	<p>If the services conclude with the preparation of bridge abutments or prosthetic anchors with connecting elements or the impression for an implant, one half of the fee is billable.</p>				

5060	<p>If additional measures were performed, three-fourths of the respective fee is billable.</p> <p>The service under no. 5050 or 5060 are only billable when the dentist was objectively unable to continue treatment over the long term, or continuation was not indicated for medical reasons.</p>				
5070	<p>Restoration of a partially edentulous arch with a bridge or prosthesis: Connecting crowns or inlay fillings by means of bridge elements, prosthetic bridges or bars per section of free-end saddle to be bridged</p>	400	22.50	51.74	78.74
5080	<p>Restoration of an edentulous arch or prosthesis with an assembled bridge or prosthesis, per connecting element</p> <p>The matrix and patrix are considered one connecting element.</p> <p>The service under no. 5040 is not billable in addition to the service under no. 5080.</p>	230	12.94	29.75	45.27
5090	<p>Restoration of the function of a connecting element under no. 5080</p>	110	6.19	14.23	21.65
5100	<p>Replacement of a secondary part of a telescopic crown including an impression</p>	450	25.31	58.21	88.58
5110	<p>Reinsertion of a final bridge after the restoration of function</p>	360	20.25	46.57	70.87
5120	<p>Provisional bridge in a direct procedure with an impression, per per tooth or implant including removal</p>	240	13.50	31.05	47.24

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
5140	Provisional bridge in a direct procedure with an impression, per bridge or free-end saddle including removal	80	4.50	10.35	15.75
	The reinsertion of the same provisional bridge, optionally several times, including removal is covered by the fees for no. 5120 to 5140.				
5150	Treatment of an edentulous arch by adhesion of a bridge for the first length to be bridged	730	41.06	94.43	143.70
5160	Restoration of an edentulous arch under no. 5150, for each additional section to be bridged	360	20.25	46.57	70.87
5170	Anatomical impression of a jaw using an individual tray for a malformed dental arch or jaw and/or deep ligaments or special impressions for remounting, per jaw	250	14.06	32.34	49.21
5180	Functional impression of the maxilla with an individual tray	450	25.31	58.21	88.58
5190	Functional impression of the mandible with an individual tray	540	30.37	69.85	106.30
5200	Restoration of a partially edentulous jaw with a partial prosthesis with single curved adhesive elements including grinding the bases	700	39.37	90.55	137.79
5210	Restoration of a partially edentulous jaw with a cast model prosthesis using cast retention and support elements including grinding the bases	1400	78.74	181.10	275.59

5220	Restoration of an edentulous jaw with a total prosthesis or overdenture using a plastic or metal base in the maxilla  An overdenture employs the same base design as a total prosthesis.	1850	104.05	239.31	364.17
5230	Restoration of an edentulous jaw with a total prosthesis or overdenture using a plastic or metal base in the mandible  An overdenture uses the same base design as a total prosthesis. The following services are covered by no. 5200 to 5230: Anatomical impression (also of the opposing arch), determination of the jaw relation, try-ins sitting and insertion, checkups and corrections.	2200	123.73	284.59	433.06
5240	Partial services according to no. 5200 and 5230:  For measures up to and including determination of the jaw relation, one-half the fee is billable; for measures that go further, three-fourths of the respective fee is billable.				
5250	Measures for restoring function or adding to a removable prosthesis (without an impression)	140	7.87	18.11	27.56
5260	Measures for restoring function or adding to a removable prosthesis (without an impression) including retention and support appliances	270	15.19	34.93	53.15

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
5270	Partial realigning of a prosthesis	180	10.12	23.28	35.43
5280	Complete re-lining of a prosthesis	270	15.19	34.93	53.15
5290	Complete relining of a prosthesis including the functional shaping of the edge in the maxilla	450	25.31	58.21	88.58
5300	Complete relining of a prosthesis including the functional shaping of the edge in the mandible	540	30.37	69.85	106.30
5310	Complete relining of a defective prosthesis including the functional shaping of the margin  Services for no. 5250 and 5260 may only be billed in conjunction with services under no. 5270 to 5310 if they are performed at different times. Services under 5270 to 5310 are only billable as measures for restoring the function of a removable prosthesis.	730	41.06	94.43	143.70
5320	Insertion of an obturator to close defects in the gum	2200	123.73	284.59	433.06
5330	Insertion of a resection prosthesis to close and compensate for defects in the jaw	2800	157.48	362.20	551.17
5340	Insertion of a prosthesis or epithesis to cover extraoral soft tissue defects or replace missing facial parts including supportive, retaining or auxiliary appliances  Measures for supporting the soft tissue are covered by the services under no. 5200 to 5340.	7300	410.57	944.30	1436.99



## G Orthodontic services

### General provisions

Services under no. 6100, 6120, 6140 and 6150 include material and laboratory costs for standard materials such as non-programmed stainless steel brackets, non-programmed attachments and stainless steel braces.

If additional materials are used, the additional cost of these materials can be billed separately if agreed in writing before use by the payer after a personal discussion. This agreement must include information on the estimated itemised materials and laboratory costs, and the materials and laboratory costs for the deducted standard materials. The agreement must also note that the full reimbursement by the cost center is not necessarily guaranteed.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
6000	Profile or frontal photographs including orthopedic evaluation Billing for the service more than four times under no. 6000 over the course of an orthodontic treatment must be explained in the invoice.	80	4.50	10.35	15.75
6010	The use of methods to analyse jaw models (three-dimensional, graphic or metric analysis, diagrams) per service under no. 0060	180	10.12	23.28	35.43
6020	The use of methods to investigate the facial skull (graphic evaluation of x-rays of the skull, growth analyses)	360	20.25	46.57	70.87
6030	Measures to shape a jaw including retention, minor in scope	1350	75.93	174.63	265.74

Number	Service	Points x 1.0	€	x 2.3 €	x 3.5 €
6040	Measures to shape a jaw including retention, average amount of effort	2100	118.11	271.65	413.38
6050	Measures to shape a jaw including retention, extensive effort  Under no. 6040, at least three of the criteria under a) to e) need to be satisfied in the case of moderate efforts, and at least four need to be satisfied in the case of extensive efforts: a) Number of shifted tooth the groups: two and more tooth groups, b) extent of tooth movement: more than 2 mm, c) Type of tooth movement: Physically more than 2 mm, controlled root movement, direct change of occlusal height, tooth rotation of more than 30°, d) Direction of movement: opposite the migration tendency, e) Anchoring: with additional intraoral or extraoral measures.	3600	202.47	465.68	708.65
6060	Measures for adjusting the jaw in neutral occlusion during the growth phase including retention, minor in scope	1800	101.24	232.84	354.33
6070	Measures for adjusting the jaw in neutral occlusion during the growth phase including retention, moderate in scope	2600	146.23	336.33	511.80

## G Orthodontic services

6080	Measures for adjusting the jaw in neutral occlusion during the growth phase including retention, major in scope  At least one of the criteria under a) to c) need to be satisfied in the case of moderate efforts, and at least two need to be satisfied in the case of extensive efforts: a) Extent of the occlusal shift: more than 4 mm, b) Direction of the occlusal shift, mandible relative to the maxilla: dorsal, c) Skeletal conditions: problematic growth. The services under no. 6030 to 6080 include all of the measures specified in the treatment plan up to 4 years. The measures under no. 6030 to 6080 include all services for jaw reshaping and retention, or to adjust the normal occlusion of mandible within a period up to four years independent of the treatment methods for the therapeutic appliances. The services under no. 6190 to 6260 are not billable in addition to the services under no. 6030 to 6080.	3600	202.47	465.68	708.65
.....					
6090	Methods for adjusting occlusion by alveolar compensation after the growth phase including retention, per jaw	700	39.37	90.55	137.79
.....					
6100	Inclusion of an adhesive bracket to accommodate orthodontic appliances	165	9.28	21.34	32.48

Number	Service	Points x 1.0	€	x 2.3 €	x 3.5 €
6110	Removal of an adhesive bracket including polishing and optional tooth sealing	70	3.94	9.05	13.78
6120	Insertion of a brace to accommodate orthodontic appliances	230	12.94	29.75	45.27
6130	Removal of a brace including polishing and optional tooth sealing	20	1.12	2.59	3.94
6140	Insertion of an arch wire	210	11.81	27.16	41.34
6150	Insertion of an undivided arch wire for all groups of teeth, per jaw	500	28.12	64.68	98.42
6160	Insertion of intraoral/extraoral anchoring (such as headgear).	370	20.81	47.86	72.83
6170	Incorporation of a head-chin cap. The costs for the incorporated appliances under no. 6160 and 6170 are separately billable	500	28.12	64.68	98.42
6180	Measures to restore the functioning and/or to add to removable appliances including an impression and reinsertion, per jaw and session, billable one time	270	15.19	34.93	53.15
6190	Consultation and patient education to overcome bad habits and dysfunctions The service under no. 0010 is not billable in the same session in addition to the service under no. 6190.	140	7.87	18.11	27.56

## G Orthodontic services

6200	Incorporation of appliances to overcome malfunctions (such as a vestibular plate) including instructions for use and monitoring	450	25.31	58.21	88.58
6210	Monitoring the course of treatment or continuation of retention including small alterations to the treatment or retention appliances, check of therapy of controlled extraction, per session	90	5.06	11.64	17.72
6220	Preparatory measures for orthopedic treatment (such as an impression, bite registration), per jaw	180	10.12	23.28	35.43
6230	Incorporation of orthopedic appliances, per jaw	180	10.12	23.28	35.43
6240	Measures to prevent the negative consequences of premature tooth loss (keeping a gap open)	270	15.19	34.93	53.15
6250	Elimination of the diastema as an independent service	450	25.31	58.21	88.58
6260	Measures to align a shifted tooth in the dental arch as an independent service	1100	61.87	142.29	216.53

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
--------	---------	--------	------------	------------	------------

General provisions

Final crowns, bridges and prosthetics are not billable as occlusal splints or splints according to Section H.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
7000	Inclusion of an occlusal splint without adjusting the surface	270	15.19	34.93	53.15
7010	Inclusion of an occlusal splint with surface adjustment	800	44.99	103.49	157.48
7020	Change of an existing prosthesis to an occlusal splint	450	25.31	58.21	88.58
7030	Restoration of the function of an occlusal splint, for example with a lining	370	20.81	47.86	72.83
7040	Inspection of an occlusal splint	65	3.66	8.41	12.80
7050	Inspection of an occlusal splint with surface adjustment: subtractive measures, per session	180	10.12	23.28	35.43
7060	Inspection of an occlusal splint with surface adjustment: additive measure, per session	410	23.06	53.04	80.71
7070	Semipermanent splint using etching, per interdental space	90	5.06	11.64	17.72
7080	Restoration of a jaw with a fixed, laboratory-made provisional (including initial preparation) using an indirect method, per tooth or implant, including removal	600	33.75	77.61	118.11

## H : Inclusion of occlusal splints and splints

7090	<p>Restoration of a jaw with a laboratory-made provisional using an indirect method, per bridge element, including removal</p> <p>When billing for services under no. 7080 and 7090, the fixed, laboratory-made provisional must be a long-term provisional to be worn for at least three months. If the fixed, laboratory-made provisional will be worn for less than three months, the services need to be billed under no. 2260, 2270 or 5120 and 5140 instead of no. 7080 and 7090. Services under no. 2230, 2240, 5050 or 5060 are not billable in conjunction with services under no. 7080 or 7090.</p>	270	15.19	34.93	53.15
------	---	-----	-------	-------	-------

---

7100	<p>Measures for restoring the function of a long-term provisional per crown, bridge or cantilevered bridge element</p> <p>The reincorporation of the same fixed, laboratory-based provisional under no. 7080 or 7090, possibly several times, including removal is covered by the fees for no. 7080 to 7100.</p>	200	11.25	25.87	39.37
------	--	-----	-------	-------	-------

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
8000	<p>Clinical functional analysis including documentation</p> <p>The service under no. 8000 also includes the following dental services: prophylactic, prosthetic, periodontal and occlusal examination, functional diagnosis of x-rays of the skull and cervical spine, clinical reaction tests (such as a resiliency test and provocation test).</p>	500	28.12	64.68	98.42
8010	<p>Registration of the joint-related central position of the mandible, including support pin registration, per registration</p> <p>The service under no. 8010 is billable a maximum of twice per session. In addition to the service under no. 8010, the materials and laboratory costs for the bite check and delivery of the support pin kit are separately billable.</p>	180	10.12	23.28	35.43
8020	<p>Arbitrary determination of the hinge axis (this includes the arbitrary determination of the hinge axis, the creation of a facebow, and coordination of a facebow with an articulator)</p>	300	16.87	38.81	59.05
8030	<p>Kinematic determination of the hinge axis (this includes the kinematic determination of the hinge axis, the definitive marking of reference points, creation of a facebow, and the coordination of the facebow with the articulator)</p>	550	30.93	71.15	108.27



8035	Kinematic determination of the hinge axis with electronic recording (this includes the kinematic determination of the hinge axis, the definitive marking of reference points, in the optional creation of a facebow, and the optional coordination of the facebow with the articulator)  The materials and laboratory costs for articulating the maxilla and mandibular model in a (semi-adjustable) individual articulator are separately billable in addition to the services under no. 8020 to 8035.	550	30.93	71.15	108.27
.....					
8050	Registration of mandibular movements to adjust semi-adjustable individual articulators according to the measurements, per session	500	28.12	64.68	98.42
.....					
8060	Registration of mandibular movements to adjust fully adjustable articulators according to the measurements, per session	750	42.18	97.02	147.64
.....					
8065	Registration of mandibular movements with electronic recording to adjust fully adjustable articulators according to the measurements, per session  The materials and laboratory costs for adjusting the (semi-adjustable) individual articulator according to measurements are separately billable in addition to the services under no. 8050 to 8065.	850	47.81	109.95	167.32

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
8080	Diagnostic measures using models in the articulator including subtractive or additive corrections, examination and planning of treatment, per session	250	14.06	32.34	49.21
.....					
8090	Diagnostic build-up of functional surfaces of the natural occlusion on a fixed or removable restoration, per session	250	14.06	32.34	49.21
.....					
8100	Systematic subtractive measures on the natural occlusion on a fixed and/or removable restoration, per tooth pair	20	1.12	2.59	3.94

## K Implantological services

### General provisions

1. Primary wound care (such as cleaning the wound, wound closure without additional flap formation, optionally including application of a plastic bandage) is included in the services in Section K and is not separately billable.

2. The implants, implant parts and disposable implant burrs used for the services under Section K are separately billable.

Bone substitute materials as well as materials for promoting coagulation or tissue regeneration (such as membranes), for fixing membranes, staunching superficial bleeding in the case of hemorrhagic diathesis or, if necessary to protect important anatomical structures (such as nerves), atraumatic suture material or disposable or explantation burrs are separately billable.

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
9000	<p>Implant-related analysis and measurement of the alveolar process of the body of the jaw and neighboring bony structures as well as the mucosa, including the metric evaluation of radiological records, models and photographs for determining the position of implants, optionally with the assistance of individual diagnostic templates, including implant selection, per jaw.</p> <p>When an x-ray measuring template is used, the materials and laboratory costs are separately billable.</p>	884	49.72	114.35	174.01

Number	Service	Points x 1.0	€	x 2.3 €	x 3.5 €
9003	Use of an orientation template/positioning template for implantation, per jaw  When an orientation template is used, the materials and laboratory costs are separately billable.	100	5.62	12.94	19.68
9005	Use of a navigation templates/surgical guide template supported by three-dimensional data for implantation, optionally including fixation, per jaw  The employed fixation elements as well as the materials and laboratory costs for the navigation template are separately billable.	300	16.87	38.81	59.05
9010	Implant insertion, per implant preparation of a bone cavity for an enossal implant, use of an implant template for assessing the bone cavity (such as a depth gauge) optionally including bone condensation, bone smoothing in the area of the implant, insertion of an enossal implant including a locking screw and the optional insertion of buildup elements in the case of open healing and wound closure	1545	86.89	199.86	304.13
9020	Insertion of a temporary implant or orthodontic implant	515	28.96	66.62	101.38
9040	Exposure of an import and insertion of one or more augmentation elements (such as a gingiva former) for a two- phase implant system	626	35.21	80.98	123.23

## K Implantological services

9050	The removal and reinsertion as well as exchange of one or more augmentation elements for a two-phase implant system during the reconstruction phase  1. The service under no. 9050 is not billable in addition to the service under 9010 and 9040. 2. The service under no. 9050 is billable a maximum of three times per implant and once per session.	313	17.60	40.49	61.61
.....					
9060	Exchange of augmentation elements (secondary parts) in repairs  The service under no. 9060 is billable a maximum of once per implant and once per session.	313	17.60	40.49	61.61
.....					
9090	Bone harvesting (such as with a bone collector or bone scraper), bone preparation and implantation, including for lining soft tissue  The cost of a disposable bone collector or scraper is separately billable.	400	22.50	51.74	78.74

Number	Service	Points x 1.0	€	x 2.3 €	x 3.5 €
9100	<p>Build up of the alveolar process by argumentation without additional stabilisation, per jaw half or anterior region. The following services are covered by the service under no. 9100: Bed formation, smoothing the alveolar process, optional removal of bone within the augmented area, insertion of augmentation material (bone and/or bone substitute material) and wound closure with complete coverage of the mucosa, optionally including the insertion and fixation of absorbable or nonabsorbable barriers</p> <p>1. The service under no. 9100 is not billable for smoothing the alveolar process in the area of the implant bed.</p> <p>2. The services under no. 9130 are not billable in addition the service under no. 9100.</p> <p>3. If the service for no. 9100 is performed in the same jaw half as the service under no. 9110, one half of the fee for no. 9100 is billable.</p> <p>4. If the service for no. 9120 is performed in the same jaw half as the service under no. 9110, one third of the fee for no. 9100 is billable.</p>	2694	151.52	348.49	530.31

## K Implantological services

9110	<p>Closed sinus floor elevation starting from the alveolar ridge (internal sinus lift)</p> <p>The following services are covered by the service under no. 9110: creation of the access through the alveoles or the implant site, elevation of the maxillary sinus floor by bone displacement or compression and the maxillary sinus membrane, removal of bone chips within the area of augmentation of the implant site and introduction of augmentation material (bone and/or bone replacement material)</p> <p>The service under no. 9110 is not billable for the same implant activity in addition to the services under no. 9120 and 9130.</p>	1500	84.36	194.04	295.27
.....					
9120	<p>Sinus floor elevation by an external bone fenestration (external sinus lift), per jaw half</p>	3000	168.73	388.07	590.54

.....

The following services are covered by the service under no. 9120: creation of an axis to the maxillary sinus by bone fenestration (or bone flap), preparation of the maxillary sinus membrane, elevation of the maxillary sinus floor and maxillary sinus membrane, bed formation, optional removal of bone chips within the augmentation area, insertion of augmentation material (bone and/or bone replacement material), optional insertion of absorbable or non- absorbable barriers including fixation, optional repositioning of the bone flap, closure of the maxillary sinus and wound



## K Implantological services

Number	Service	Points x 1.0	€	x 2.3 €	x 3.5 €
9130	<p>Dissection and spreading of bone segments (bone splitting), optionally filling the cavity with bone or bone substitute, optionally including additional osteosynthesis, optionally including the introduction of absorbable or non-absorbable barriers and fixing them, per jaw half or Interior region, or vertical distraction of the alveolar process including fixation, per jaw half or anterior region</p> <p>The service under no. 9100 is not billable in addition to the service under no. 9130.</p>	1540	86.61	199.21	303.14
9140	<p>Intraoral removal of bone outside of the augmentation area, optionally including preparation of the bone material and/or augmentation region, including the necessary care for the harvesting site, per jaw half or anterior region</p> <p>When one or more bone blocks is removed, twice the fee under no. 9140 is billable. A bone block within the meaning of this billing provision exists when it needs to be independently fixed during implantation.</p>	650	36.56	84.08	127.95
9150	<p>Fixation or stabilisation of the augmentation by osteosynthesis (such as screws or plate osteosynthesis or titanium meshes) in addition to the service under no. 9100, per jaw half or anterior region</p>	675	37.96	87.32	132.87

9160	Removal of materials under the mucosa (such as barriers including fixation, osteosynthesis material), per jaw half or anterior region	330	18.56	42.69	64.96
.....					
9170	Removal of materials under the bone by an osteotomy (such as bone synthesis material, bone screws), or removal of a subperiosteal framework implant, per jaw half or anterior region	500	28.12	64.68	98.42

The removal of an implant is covered by the fee for services under no. 3000 and 3030.

## L Surcharges for specific dental and surgical services

### General provisions

1. If certain outpatient dental surgery procedures are performed in a dentist's private practice or in a hospital, surcharges can be billed to cover the costs of preparing reusable surgical materials or disposable materials.
2. The surcharges under no. 0500 to 0530 are only billable at the single fee rate.
3. The surcharges under no. 0500 to 0530 are considered dental surgical services
  - under no. 3020, 3030, 3040, 3045, 3090, 3100, 3110, 3120, 3130, 3140, 3160, 3190, 3200, 3230, 3240, 3250, 3260, 3270, 3280 in Section D,
  - under no. 4090, 4100, 4130 and 4133 in Section E, and
  - under no. 9010, 9020, 9090, 9100, 9110, 9120, 9130, 9140, 9150, 9160 und 9170 in Section K.
4. The surcharges are to be itemised in the invoice directly following the assigned dental surgical service.
5. To bill a surcharge under no. 0500 to 0530, the rendered dental surgery must have the highest number of points. A surcharge under no. 0500 to 0530 cannot be added to the sum of the individual outpatient dental surgical services.

6. Surcharges under no. 0500 to 0530 are not billable if the patient is admitted for hospital treatment on the same day for the same illness. This does not apply when the inpatient treatment is necessary and justified due to unforeseeable complications during or after the outpatient surgery.

7. The surcharges under no. 0110, 0120 and 0500 to 0530 are not billable in addition to the corresponding surcharges under no. 440 to 445 of the Dental Fee Schedule for the same session.

## L Surcharges for specific dental and surgical services

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
0500	<p>Surcharge for outpatient dental surgical procedures that are assigned 250 to 499 points or fall under no. 4090 or 4130</p> <p>The surcharge under no. 0500 is only billable once per day of treatment. The surcharge under no. 0500 is not billable in addition to the surcharges under no. 0510 to 0530.</p>	400	22.50		
0510	<p>Surcharge for outpatient dental surgical procedures that are assigned 500 to 799 points</p> <p>The surcharge under no. 0510 is only billable once per day of treatment. The surcharge under no. 0510 is not billable in addition to the surcharges under no. 0500, 0520 and/or 0530.</p>	750	42.18		
0520	<p>Surcharge for outpatient dental surgical procedures that are assigned 800 to 1199 points</p> <p>The surcharge under no. 0520 is only billable once per day of treatment. The surcharge under no. 0520 is not billable in addition to the surcharges under no. 0500, 0510 and/or 0530.</p>	1300	73.11		

Number	Service	Points	x 1.0 €	x 2.3 €	x 3.5 €
0530	<p>Surcharge for outpatient dental surgical procedures that are assigned 1200 points and more</p> <p>The surcharge under no. 0530 is only billable once per day of treatment. The surcharge under no. 0530 is not billable in addition to the surcharges under no. 0500 to 0520.</p>	2200	123.73		

.....

# Annex 2

Field for letterhead (Form A according to DIN 676)

Field for the recipient's address

10 lines for free text  
such as bank  
information  
Indicate the dentist in the case of  
clearing center  
Indicate whether this is an original or copy, etc.

3 lines for free text

Patient: Date of  
birth:

4 lines for free text

3 lines for free text

Invoice date  
Invoiced amount €  
Invoice number P  
Installment number

Date	tooth/ Region	GOZ no.	Description of service/ expenses	Number	E-rate	Factor	Amount €
------	------------------	---------	-------------------------------------	--------	--------	--------	----------

Expl

Amount brought forward

Free lines of text

page 1 of 2



2 free lines of text

Amount  
brought  
forward

Subtotal

Inpatient reduction

Expenses

Expenses according to  
§ 9 GOZ (own laboratory)

Expenses according to §9 GOZ  
(outside laboratory)

Invoiced amount

Justification: (explanations identified in the explanation (expl.) column)

ID            Text

A two- or three-dimensional bar code can also be printed below





.....

**Publisher:**

German Dental Association,  
Arbeitsgemeinschaft der Deutschen Zahnärztekammern e. V.  
Postfach 04 01 80. 10061 Berlin  
Chausseestraße 13. 10115 Berlin  
Telephone: +49 30 40005-0  
Fax: +49 30 40005-200  
E-mail: info@bzaek.de  
www.bzaek.de

.....

**Project Coordination:**

Atty. René Krouský  
Deputy Managing Director/Corporate Attorney  
of the German Dental Association

.....

**Design:**

tobedesign

.....

**Production:**

Bosch-Druck GmbH

German Dental Association  
Arbeitsgemeinschaft der Deutschen Zahnärztekammern e.V.  
Chausseestraße 13 | 10115 Berlin  
Telephone: +49 30 40005-0 | Fax: +49 30 40005-200  
E-mail: [info@bzaek.de](mailto:info@bzaek.de)  
| [www.bzaek.de](http://www.bzaek.de)

