

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼		
89013C	複合體充填 Compomer restoration	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24, .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	Y	
89014C	前牙雙鄰接面複合樹脂充填 Composite resin restoration for two proximal (mesial and distal) surfaces in anterior teeth	N	N		NY	NY	11,12,13,21,22,23,31,32,33,41,42,43,51 .52,53,61,62,63,71,72,73,81,82,83,99,1 9,29,39,49	Y	
89015C	後牙雙鄰接面複合樹脂充填 Composite resin restoration for two proximal (mesial and distal) surfaces in posterior	N	N		NY	NY	14,15,16,17,24,25,26,27,34,35,36,37,44 .45,46,47,54,55,64,65,74,75,84,85,99,1 9,29,39,49	Y	
89088C	牙體復形轉出醫療院所之轉診費用	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,51,52, 53,54,55,61,62,63,64,65,71,72,73,74,75 .81,82,83,84,85,99	Y	
89113C	特殊狀況之複合體充填 Compomer restoration for patients with special needs	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	Y	
89114C	特殊狀況之前牙雙鄰接面複合樹脂充填 Composite resin restoration for two proximal (mesial and distal) surfaces in anterior teeth for patients with special needs	N	N		NY	NY	11,12,13,21,22,23,31,32,33,41,42,43,51 .52,53,61,62,63,71,72,73,81,82,83,99,1 9,29,39,49	Y	
89115C	特殊狀況之後牙雙鄰接面複合樹脂充填 Composite resin restoration for two proximal (mesial and distal) surfaces in posterior teeth for patients with special needs	N	N		NY	NY	14,15,16,17,24,25,26,27,34,35,36,37,44 .45,46,47,54,55,64,65,74,75,84,85, 99,19,29,39,49	Y	
90006C	去除縫成牙冠 Removal of s-p crown	Y	N	11,12,13,14,15,16,17,18,19,21,22, 23,24,25,26,27,28,29,31,32,33,34, 35,36,37,38,39,41,42,43,44,45,46, 47,48,49,99,51,52,53,54,55,61,62, 63,64,65,71,72,73,74,75,81,82,83,	Y	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,51,52, 53,54,55,61,62,63,64,65,71,72,73,74,75 .81,82,83,84,85,99	Y	
90007C	去除鑄造牙冠 Removal of casting crown	Y	N	11,12,13,14,15,16,17,18,19,21,22, 23,24,25,26,27,28,29,31,32,33,34, 35,36,37,38,39,41,42,43,44,45,46, 47,48,49,99	Y	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	Y	
90091C	難症特別處理Difficult case special treatment- 大白齒(C-Shaped)根管	Y	Y	11,12,13,14,15,16,17,18,19,21,22, 23,24,25,26,27,28,29,31,32,33,34, 35,36,37,38,39,41,42,43,44,45,46, 47,48,49,99	Y	Y	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,38,39,41, 42,43,44,45,46,47,48,49,99	Y	
90092C	難症特別處理Difficult case special treatment- 有額外根管者(1)前牙及下顎小白齒有超過一根管 者。(2)上顎小白齒有超過二根管者。(3)大白齒有 超過三根管者。	Y	N	11,12,13,14,15,16,17,18,19,21,22, 23,24,25,26,27,28,29,31,32,33,34, 35,36,37,38,39,41,42,43,44,45,46, 47,48,49,99	Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	N	
90098C	難症特別處理Difficult case special treatment- 符合附表3.3.1標準之多根管根管治療。(五根及五 根以上根管)	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	Y	
90088C	根管治療轉出醫療院所之轉診費用	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,51,52, 53,54,55,61,62,63,64,65,71,72,73,74,75 .81,82,83,84,85,99	Y	
91001C	牙周病緊急處置Periodontal emergency treatment	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,51,52, 53,54,55,61,62,63,64,65,71,72,73,74,75 .81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y	
91002C	牙周敷料每次 Packing註：1/2 顎以下	Y	N		Y	NY	UA,LA,FM,UR,UL,LR,LL,UR,LB	Y	
91004C	牙結石清除 Scaling-全口 full mouth	Y	N	FM	Y	NY	FM	Y	
91006C	齒齦下括除術(含牙根整平衡)Subgingival curettage (Root planing)-全口 full mouth	Y	N	FM	Y	NY	FM	Y	
91007C	齒齦下括除術(含牙根整平衡)Subgingival curettage (Root planing)-1/2 顎 1/2 arch	Y	N		Y	N	UR,UL,LL,LR	Y	
91008C	齒齦下括除術(含牙根整平衡)Subgingival curettage (Root planing)-局部 localized	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99,UR, UL,LL,LR	Y	
91009B	牙周骨膜翻開術 Periodontal flap operation- 局部 localized	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99,UR, UL,LR,LL,UA,LA	Y	
91010B	牙周骨膜翻開術 Periodontal flap operation- 1/3 顎 1/3 arch	Y	N		Y	N	UR,UL,LL,LR,UA,LA	Y	
91011C	牙齦切除術Gingivectomy-局部 localized	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99,UR, UL,LR,LL,UA,LA	Y	
91012C	牙齦切除術Gingivectomy- 1/3 顎 1/3 arch	Y	N		Y	N	UR,UL,LL,LR,UA,LA	Y	
91013C	牙齦切除術 Gingivectomy-施行根管治療或牙體復 形時，所需之牙齦切除術	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24 .25,26,27,28,29,31,32,33,34,35,36,37,3 8,39,41,42,43,44,45,46,47,48,49,99	Y	

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			修 改 註 記	醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼			
91088C	牙周病轉出醫療院所之轉診費用	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99	Y		
91014C	牙周疾病控制基本處置	Y	N	FM	Y	NY	FM	Y		
91103C	特殊狀況牙結石清除 Scaling for patients with special needs -局部 Localized	N	N		NY	N	UR,UL,LL,LR	Y		
91114C	特殊牙周疾病控制基本處置	Y	N		Y	NY	FM	Y		
91005C	口乾症牙結石清除-全口 Full mouth scaling for xerostomia patients	N	N		NY	NY	FM	Y		
91015C	特定牙周保存治療 Comprehensive periodontal treatment for patients with special needs -全口總齒數九~十五顆 9<= no. of teeth<=15	N	N		NY	NY	FM	Y		
91016C	特定牙周保存治療 Comprehensive periodontal treatment for patients with special needs -全口總齒數四~八顆 4<= no. of teeth<=8	N	N		NY	NY	FM	Y		
91017C	懷孕婦女牙結石清除-全口 Full mouth scaling for pregnant women	N	N		NY	NY	FM	Y		
91018C	牙周病支持性治療 Supportive periodontal treatment	N	N		NY	NY	FM	Y		
91019C	懷孕婦女牙周緊急處置 Management of periodontal disease emergences for pregnant women	N	N		NY	NY	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA,99	Y		
91020C	牙菌斑去除照護 Dental plaque removal	N	N		NY	NY	FM	Y		
92001C	手術後治療 Postoperation treatment	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92066C	特定局部治療 Specific local treatment	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92003C	口內切開排膿 Intraoral incision & drainage	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92004C	口外切開排膿 Extraoral incision & drainage	Y	N		Y	N	UR,UA,UL,LR,LA,LL,99	Y		
92005C	拆線 Removal of stitches 每次 each time	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92007B	鋼線固定 3齒以內 Closed reduction with wiring fixation <=3 teeth	Y	N		Y	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92008B	鋼線固定(上顎或下顎固定術) 4齒以上 Closed reduction with wiring fixation >=4 teeth	Y	N		Y	N	UR,UL,LR,LL,UA,LA	Y		
92012C	拔牙後特別處理 Special treatment of extraction wound	Y	N		Y	NY	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,99	Y		
92021B	軟組織切片 Biopsy, soft tissue	N	N		NY	N		Y		
92022B	硬組織切片 Biopsy, hard tissue	N	N		NY	N		Y		
92028C	繫帶切除術 Frenectomy- 簡單法 simple method	N	N		NY	N		Y		
92029C	繫帶切除術 Frenectomy- Z字法 Z-plasty	N	N		NY	N		Y		
92051B	塗氟 Fluoride application	N	N		Y	NY	FM	Y		
92071C	簡單性口內切開排膿 Simple intraoral incision & drainage	N	N		NY	N	11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,31,32,33,34,35,36,37,38,39,41,42,43,44,45,46,47,48,49,51,52,53,54,55,61,62,63,64,65,71,72,73,74,75,81,82,83,84,85,99,UR,UL,LR,LL,UA,LA	Y		
92072C	口乾症塗氟 Topical fluoride application in xerostomia patients	N	N		NY	NY	FM	Y		
92089B	氟托(單顎) Fluoride tray/per jaw	N	N		NY	NY	UB,LB	Y		

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代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢査	申報限填部位代碼	需填 牙位	進行數 量檢査	申報限填部位代碼		
92092C	乳牙複雜性拔牙 Complex extraction of primary tooth	N	N		NY	NY	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73 .74, 75, 81, 82, 83, 84, 85, 19, 29, 39, 49, 99	Y	
92095C	顎顏面骨壞死術後傷口照護 Wound care for osteonecrosis of jaws	N	N		NY	N		Y	
92096C	牙齒外傷急症處理	N	N		NY	NY	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99, UR, UL, LR, LL, UA, LA, F M	Y	
92099B	單側顳顎關節障礙乾針治療 Dry needling for craniomandibular disorders	N	N		NY	NY	R, L	Y	
92100B	單側顳顎關節沖洗 Arthrocentesis of the temporomandibular joint	N	N		NY	NY	R, L	Y	
92034B	口竇瘻管修補術Repair oro-antral fistula	Y	N		Y	N		N	
34001C	根尖周 X光攝影 Periapical radiography	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99, UR, UL, LR, LL, UA, LA, FM	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99, UR, UL, LR, LL, UA, LA, F M	N	
34002C	咬翼式 X光攝影 Bite-Wing radiography	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99, UR, UL, LR, LL, UA, LA, FM	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99, UR, UL, LR, LL, UA, LA, F M	N	
34003C	咬合片 X光攝影 Occlusal radiography	N	N		N	N		N	
34004C	齒頸全景 X光片攝影 Panoramic radiography	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99, FM	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99, FM	N	
34005B	測顱 X光攝影 Cephalometric radiography	N	N		N	N		N	
34006B	顳顎關節 X光攝影(單側)	N	N		N	N		N	
89001C	銀粉充填 Amalgam restoration—單面 single surface	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99	N	
89002C	銀粉充填 Amalgam restoration—雙面 two surfaces	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99	N	
89003C	銀粉充填 Amalgam restoration—三面 three surfaces	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99	N	
89004C	前牙複合樹脂充填 Anterior teeth composite resin restoration—單面 single surface	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51 .52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 1 9, 29, 39, 49	N	
89005C	前牙複合樹脂充填 Anterior teeth composite resin restoration—雙面 two surfaces	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51 .52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 1 9, 29, 39, 49	N	
89006C	覆髓 Pulp capping	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
89007C	釘強化術(每支) Enforcing pin, each	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84,	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99	N	
89008C	後牙複合樹脂充填Posterior teeth composite resin restoration—單面 single surface	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34 .35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 5 5, 64, 65, 74, 75, 84, 85, 99	N	
89009C	後牙複合樹脂充填Posterior teeth composite resin restoration—雙面 two surfaces	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34 .35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 5 5, 64, 65, 74, 75, 84, 85, 99	N	
89010C	後牙複合樹脂充填Posterior teeth composite resin restoration—三面 three surfaces	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34 .35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 5 5, 64, 65, 74, 75, 84, 85, 99	N	
89011C	玻璃離子體充填 Glass Ionomer Cement	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84,	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24 .25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 3 8, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75 .81, 82, 83, 84, 85, 99	N	

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼		
89102C	前牙三面複合樹脂充填Anterior teeth composite resin restoration	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	N	
89101C	特殊狀況之銀粉充填 Amalgam restoration-單面 single surface	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
89102C	特殊狀況之銀粉充填 Amalgam restoration-雙面 two surfaces	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
89103C	特殊狀況之銀粉充填 Amalgam restoration-三面 three surfaces	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
89104C	特殊狀況之前牙複合樹脂充填 Anterior teeth composite resin restoration-單面 single surface	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	N	
89105C	特殊狀況之前牙複合樹脂充填 Anterior teeth composite resin restoration-雙面 two surfaces	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	N	
89108C	特殊狀況之後牙複合樹脂充填Posterior teeth composite resin restoration-單面 single surface	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	N	
89109C	特殊狀況之後牙複合樹脂充填Posterior teeth composite resin restoration-雙面 two surfaces	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	N	
89110C	特殊狀況之後牙複合樹脂充填Posterior teeth composite resin restoration-三面 three surfaces	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 54, 55, 64, 65, 74, 75, 84, 85, 99	N	
89111C	特殊狀況之玻璃離子體充填 Glass Ionomer Cement	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
89112C	特殊狀況之前牙三面複合樹脂充填Anterior teeth composite resin restoration	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83, 99, 19, 29, 39, 49	N	
90001C	恆牙根管治療 (單根) Endodontics	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90002C	恆牙根管治療 (雙根) Endodontics	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90003C	恆牙根管治療 (三根以上) Endodontics	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90019C	恆牙根管治療 (四根) Endodontics	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90020C	恆牙根管治療 (五根(含)以上) Endodontics	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90004C	齒內治療緊急處理Endodontic emergency treatment	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90005C	乳牙斷髓處理Primary tooth pulpotomy	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90008C	去除釘柱 Removal of post	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90093C	難症特別處理Difficult case special treatment-根管特別彎曲、根管鈣化、器械斷折 (非同一醫療院所)	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90094C	難症特別處理Difficult case special treatment-根管重新治療在X光片上root canal內顯現出radioopaque等有obstruction之根管等個案。	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼		
90095C	難症特別處理Difficult case special treatment-符合附表3.3.1標準之多根管根管治療。(雙根管)	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90096C	難症特別處理Difficult case special treatment-符合附表3.3.1標準之多根管根管治療。(三根管)	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90097C	難症特別處理Difficult case special treatment-符合附表3.3.1標準之多根管根管治療。(四根管)	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90010C	根尖逆充填術 Retrograde filling	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90011C	牙齒再植術 Replantation	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90012C	橡皮障防濕裝置 Rubber dam appliance	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90013C	根尖成形術 Apexification-前牙 anterior teeth	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 99, 19, 29, 39, 49	N	
90014C	根尖成形術 Apexification-後牙 posterior teeth	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 99	Y	Y	14, 15, 16, 17, 18, 19, 24, 25, 26, 27, 28, 29, 34, 35, 36, 37, 38, 39, 44, 45, 46, 47, 48, 49, 99	N	
90015C	根管擴張及清創 Canal enlarge & debridement	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90016C	乳牙根管治療 Milk tooth pulpectomy	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90017C	恆牙斷髓處理 tooth pulpotomy	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
90018C	乳牙多根管治療 Milk tooth pulpectomy	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
90021C	特殊狀況-保護性肢體制約 Protective physical restraint for patients with special needs	N	N		N	N		N	
90112C	特殊狀況橡皮障防濕裝置Rubber dam appliance	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	N	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
91003C	牙結石清除 Scaling-局部Localized	Y	N	UR, UL, LL, LR	Y	N	UR, UL, LL, LR	N	
91104C	特殊狀況牙結石清除 Scaling for patients with special needs -全口 Full mouth	Y	Y	FM	Y	Y	FM	N	
92002C	齒間暫時固定術, 每齒 Temporary splinting, each teeth	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	
92006C	固定鋼線移除 Removal of splinting wire	Y	N		Y	N		N	
92009C	去除齒列夾板 Removal of splinting plate	N	N		N	N		N	
92010B	顎間固定法 Intermaxillary fixation (I.M.F.)	N	N		N	N		N	
92011B	環繞結紮法 Circumferential wiring	N	N		N	N		N	
92013C	簡單性拔牙 Simple extraction	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
92014C	複雜性拔牙 Complicated extraction	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N	
92017C	囊腫摘除術 Cystic enucleation- 小 small <	Y	N		Y	N		N	
92018B	囊腫摘除術 Cystic enucleation- 中 middle2-	Y	N		Y	N		N	
92019B	囊腫摘除術 Cystic enucleation- 大 large >	Y	N		Y	N		N	
92023B	囊腫造袋術 Marsupialization	Y	N		Y	N		N	
92024B	瘻管切除術 Fistulectomy	Y	N		Y	N		N	
92025B	腐骨清除術 Sequestrectomy - 簡單, 1/3顎以下 simple case under 1/3 arch	Y	N		Y	N		N	
92026B	腐骨清除術 Sequestrectomy - 複雜, 1/3顎以上 complicated case more than 1/3 arch	Y	N		Y	N		N	
92027C	膿蓋切除術 Operculectomy	Y	N		Y	N		N	

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			修改註記	醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼			
92030C	前齒根尖切除術 Apicoectomy-anterior	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 99, 19, 29, 39, 49	Y	Y	11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 99, 19, 29, 39, 49	N		
92031C	小白齒根尖切除術Apicoectomy-premolar	Y	Y	14, 15, 24, 25, 34, 35, 44, 45, 99, 19, 29, 39, 49	Y	Y	14, 15, 24, 25, 34, 35, 44, 45, 99, 19, 29, 39, 49	N		
92032C	大白齒根尖切除術Apicoectomy-molar	Y	Y	16, 17, 18, 19, 26, 27, 28, 29, 36, 37, 38, 39, 46, 47, 48, 49, 99	Y	Y	16, 17, 18, 19, 26, 27, 28, 29, 36, 37, 38, 39, 46, 47, 48, 49, 99	N		
92033C	牙齒半術或牙根切斷術Hemisection or root amputation	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N		
92035B	神經撕除法Nerve avulsion	N	N		N	N		N		
92036B	口內植皮Intraoral skin or mucosal grafts	N	N		N	N		N		
92037B	涎石切除術，在腺管中Sialolithotomy, In duct	N	N		N	N		N		
92038B	皮瓣手術Flap repair- 小(4平方公分以下)	N	N		N	N		N		
92039B	皮瓣手術Flap repair- 中(4-16平方公分)	N	N		N	N		N		
92040B	皮瓣手術Flap repair- 大(16平方公分以上)	N	N		N	N		N		
92041C	齒槽骨成形術(1/2顎以內) Alveoloplasty	Y	N		Y	N		N		
92042C	齒槽骨成形術(1/2顎以上) Alveoloplasty	Y	N		Y	N		N		
92043C	顱頰關節脫臼整復Dislocation, TMJ, closed reduction- 無固定 without fixation	N	N		N	N		N		
92044B	顱頰關節脫臼整復Dislocation, TMJ, closed reduction- 有固定 with fixation	N	N		N	N		N		
92045A	自體牙齒移植Autotransplantation	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N	*	103.01.31
92046A	酒精注射 Alcohol injection	N	N		N	N		N		
92047A	關節腔內注射 Intraarticular injection	N	N		N	N		N	*	103.01.31
92048A	唾液腺導管 Salivary gland catheterization	N	N		N	N		N		
92049A	黏膜下注射 Submucosal injection	N	N		N	N		N	*	103.01.31
92050C	埋伏齒露出手術Surgical exposure of impacted tooth	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N		
92052A	閉塞器裝置 Obturator appliance	N	N		N	N		N	*	103.01.31
92053A	咬合板治療 Occlusal bite splint	N	N		N	N		N	*	100.03.31
92054A	軟性咬合器治療 Soft splint	N	N		N	N		N	*	103.01.31
92055C	乳牙拔除Primary tooth extraction	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	Y	Y	51, 52, 53, 54, 55, 61, 62, 63, 64, 65, 71, 72, 73, 74, 75, 81, 82, 83, 84, 85, 99	N		
92060B	手術用固定用埋鉤 Surgical hooks for IMF	N	N		N	N		N		
92061B	矯正後之活動維持裝置(每顎) Retainer	N	N		N	N		N		
92062C	唾液腺管沖洗Salivary duct irrigation	N	N		N	N		N		
92067B	癌前病變軟組織切片 Biopsy, soft tissue	N	N		N	N		N		
92068B	癌前病變硬組織切片 Biopsy, soft tissue	N	N		N	N		N		
92065B	口腔頰面頸部急性腫瘤術後照護Oral and maxillofacial & neck malignant tumor post-op treatment	N	N		N	N		N		
92088C	口腔頰面外科轉出醫療院所之轉診費用	N	N		N	N		N		
92069B	複雜型顱頰障礙症之特殊咬合板 Occlusal bite splint treatment for complicated craniomandibular disorders	N	N		N	N		N		
92070B	複雜型顱頰障礙症之特殊咬合板治療追蹤檢查與調整 Follow up examination and the adjustment of occlusal bite splint for complicated	N	N		N	N		N		
92073C	口腔黏膜難症特別處置 Management of difficult oral mucosal disease	N	N		N	N		N		
92090C	定期性口腔癌與癌前病變追蹤治療 Periodic care for oral potentially malignant disorder (PMD)	N	N		N	N		N		
92091C	非定期性口腔癌與癌前病變追蹤治療 Occasional care for oral potentially malignant disorder (PMD)	N	N		N	N		N		
92093B	牙醫急症處置 Management of dental emergencies	N	N		N	N		N		
92094C	週六、日及國定假日牙醫門診急症處置 Management of dental emergencies on Saturdays, Sundays or in the national	N	N		N	N		N		
92097C	顱頰關節障礙特殊檢查費-初診 Special evaluation for craniomandibular disorders-first visit	N	N		N	N		N		
92098C	顱頰關節障礙特殊檢查費-複診 Special evaluation for craniomandibular disorders-return visit	N	N		N	N		N		
92129B	頰面外傷術後初次門診檢查與照護費 Primary Post-operative Recroding, Care for Maxillofacial Trauma	N	N		N	N		N		
92130B	頰面外傷術後照護費 Post-operative Care for Maxillofacial Trauma	N	N		N	N		N		
92015C	單純齒切除術 Odontectomy, simple case	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N		
92016C	複雜齒切除術 Odontectomy, complicated case	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	Y	Y	11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48, 49, 99	N		

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼		
92020B	口內軟組織腫瘤切除 Intraoral excision of softtissue tumor	N	N		N	N		N	
92056C	骨瘤切除術Tumor excision Bone tumor < 1 cm	N	N		N	N		N	
92057C	骨瘤切除術 Tumor excision1 cm ≤ Bone tumor ≤ 2 cm	N	N		N	N		N	
92058C	骨瘤切除術 Tumor excisionBone tumor > 2 cm	N	N		N	N		N	
92059C	手術去除陷入上顎竇內牙齒或異物 Surgical removal of tooth or foreign body in maxillary	N	N		N	N		N	
92063C	手術拔除深及下顎骨角或下顎枝之阻生齒 Surgical removal of deep impaction in mandibular angle or ramus	N	N		N	N		N	
92064C	手術去除解剖間隙內異物或牙齒, Surgical removal of foreign body in pterygomandibular space, submandibular space, etc	N	N		N	N		N	
92201B	單側髁狀突下截骨術或關節成形術Subcondylar osteotomy or arthroplasty, unilateral	N	N		N	N		N	
92202B	涎石切除術, 在腺體內Sialolithotomy, in gland	N	N		N	N		N	
92203B	髁狀突切除術, 單側Condylectomy unilateral	N	N		N	N		N	
92204B	造碟術及扇骨清除術Saucerization and sequestrectomy	N	N		N	N		N	
92205B	造碟術Saucerization	N	N		N	N		N	
92206B	髁狀突骨折手術復位術、單側Open reduction of condylar fracture, unilateral	N	N		N	N		N	
92207B	補顎術Palatoplasty	N	N		N	N		N	
92208B	顎骨弓骨折整復術Gillis method for reduction of zygomatic arch	N	N		N	N		N	
92209B	顎骨折整復術Open Reduction of the jaws fracture—單一骨折 single	N	N		N	N		N	
92210B	顎骨折整復術Open Reduction of the jaws fracture— 複離骨折 multiple	N	N		N	N		N	
92211B	顎骨切除術、邊緣切除Resection of the jaw (each), marginal	N	N		N	N		N	
92212B	顎骨切除術部份切除Resection of the jaw (each), partial	N	N		N	N		N	
92213B	顎骨切除術、半切除 Resection of the jaw (each), hemi-resection	N	N		N	N		N	
92214B	顎骨重建術、骨移植Reconstruction of the jaw by bone grafting	N	N		N	N		N	
92215B	顎骨重建術、金屬夾板(材料另計) Reconstruction of the jaw by metal splint	N	N		N	N		N	
92218B	唾液腺切除術Sialoadenectomy—表淺或良性 superficial or benign	N	N		N	N		N	
92219B	唾液腺切除術Sialoadenectomy—惡性 malignant	N	N		N	N		N	
92220B	末梢神經抽除術 Peripheral neurectomy	N	N		N	N		N	
92221B	下齒槽神經抽除術Peripheral neurectomy-inferior alveolar nerve	N	N		N	N		N	
92222B	顱顎關節脫臼手術整復 Dislocation, TMJ, complicated, open reduction	N	N		N	N		N	
92223A	顎骨矯正手術 Orthognathic surgery—合併上、下顎骨切除術或Le Fort III型切骨術Two jaw surgery or Le fort III Osteotomy	N	N		N	N		N	
92224A	顎骨矯正手術 Orthognathic surgery—單顎或二處 one jaw or two sites	N	N		N	N		N	
92225A	顎骨矯正手術 Orthognathic surgery—一處single site	N	N		N	N		N	
92229B	快速顎骨擴張器治療Rapid palatal expander	N	N		N	N		N	
96001C	牙科阻斷麻醉 Dental injection block	Y	N	UR, UL, LR, LL, UA, LA	Y	N	UR, UA, UL, LR, LA, LL	N	
8A	一、施作牙位：16二、服務項目1. 恆牙第一大臼齒窩溝封填2. 一般口腔檢查、衛教指導三、補助對象1. 103年入學國小一年級學童(出生日期為96年9月2日至97年9月1日(含)) 2. 低收入戶及中低收入戶之國小二年級學童3. 不含山地原住民鄉、離島地區及身心障礙國小一、二年級	Y	N	16	Y	N	16	N	
8B	一、施作牙位：26二、服務項目1. 恆牙第一大臼齒窩溝封填2. 一般口腔檢查、衛教指導三、補助對象1. 103年入學國小一年級學童(出生日期為96年9月2日至97年9月1日(含)) 2. 低收入戶及中低收入戶之國小二年級學童3. 不含山地原住民鄉、離島地區及身心障礙國小一、二年級	Y	N	26	Y	N	26	N	
8C	一、施作牙位：36二、服務項目1. 恆牙第一大臼齒窩溝封填2. 一般口腔檢查、衛教指導三、補助對象1. 103年入學國小一年級學童(出生日期為96年9月2日至97年9月1日(含)) 2. 低收入戶及中低收入戶之國小二年級學童3. 不含山地原住民鄉、離島地區及身心障礙國小一、二年級	Y	N	36	Y	N	36	N	

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			修改註記	醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼			
8D	一、施作牙位：46 二、服務項目 1. 恆牙第一大臼齒窩溝封填 2. 一般口腔檢查、衛教指導 三、補助對象 1. 103年入學國小一年級學童（出生日期為96年9月2日至97年9月1日(含)） 2. 低收入戶及中低收入戶之國小二年級學童 3. 不含山地原住民鄉、離島地區及身心障礙國小一、二年級	Y	N	46	Y	N	46	N		
8E	一、施作牙位：16 二、服務項目 1. 恆牙第一大臼齒窩溝封填 2. 一般口腔檢查、衛教指導 三、補助對象 1. 山地原住民鄉及離島地區之國小一、二年級學童 補助條件：依兒童戶籍資料之所在地或學校所在地認定 2. 身心障礙之國小一、二年級 補助條件：持有社政主管機關核發之身心障礙手冊	Y	N	16	Y	N	16	N		
8F	一、施作牙位：26 二、服務項目 1. 恆牙第一大臼齒窩溝封填 2. 一般口腔檢查、衛教指導 三、補助對象 1. 山地原住民鄉及離島地區之國小一、二年級學童 補助條件：依兒童戶籍資料之所在地或學校所在地認定 2. 身心障礙之國小一、二年級 補助條件：持有社政主管機關核發之身心障礙手冊	Y	N	26	Y	N	26	N		
8G	一、施作牙位：36 二、服務項目 1. 恆牙第一大臼齒窩溝封填 2. 一般口腔檢查、衛教指導 三、補助對象 1. 山地原住民鄉及離島地區之國小一、二年級學童 補助條件：依兒童戶籍資料之所在地或學校所在地認定 2. 身心障礙之國小一、二年級 補助條件：持有社政主管機關核發之身心障礙手冊	Y	N	36	Y	N	36	N		
8H	一、施作牙位：46 二、服務項目 1. 恆牙第一大臼齒窩溝封填 2. 一般口腔檢查、衛教指導 三、補助對象 1. 山地原住民鄉及離島地區之國小一、二年級學童 補助條件：依兒童戶籍資料之所在地或學校所在地認定 2. 身心障礙之國小一、二年級 補助條件：持有社政主管機關核發之身心障礙手冊	Y	N	46	Y	N	46	N		
8I	一、施作牙位：16 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第一次評估檢查（同一牙位窩溝封填施作間隔6個月(含)以上）	Y	N	16	Y	N	16	N		
8J	一、施作牙位：26 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第一次評估檢查（同一牙位窩溝封填施作間隔6個月(含)以上）	Y	N	26	Y	N	26	N		
8K	一、施作牙位：36 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第一次評估檢查（同一牙位窩溝封填施作間隔6個月(含)以上）	Y	N	36	Y	N	36	N		
8L	一、施作牙位：46 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第一次評估檢查（同一牙位窩溝封填施作間隔6個月(含)以上）	Y	N	46	Y	N	46	N		
8M	一、施作牙位：16 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第二次評估檢查（同一牙位窩溝封填施作間隔12個月(含)以上，且與第一次評估檢查間隔6個月(含)以	Y	N	16	Y	N	16	N		
8N	一、施作牙位：26 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第二次評估檢查（同一牙位窩溝封填施作間隔12個月(含)以上，且與第一次評估檢查間隔6個月(含)以	Y	N	26	Y	N	26	N		

新、舊牙科門診醫令申報牙位與數量及限填部位代碼之檢核邏輯對照表

代碼	診 療 項 目	原檢核邏輯(就醫日期110年6月30日前)			新檢核邏輯(就醫日期110年7月1日後)			修改註記	醫令代碼 停用註記	有效迄日
		需填 牙位	進行數 量檢查	申報限填部位代碼	需填 牙位	進行數 量檢查	申報限填部位代碼			
80	一、施作牙位：36 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第二次評估檢查(同一牙位窩溝封填施作間隔12個月(含)以上，且與第一次評估檢查間隔6個月(含)以	Y	N	36	Y	N	36	N		
8P	一、施作牙位：46 二、服務項目 1. 恆牙第一大臼齒窩溝封填評估或脫落補施作 2. 一般口腔檢查、口腔保健衛教指導 三、補助對象 第二次評估檢查(同一牙位窩溝封填施作間隔12個月(含)以上，且與第一次評估檢查間隔6個月(含)以	Y	N	46	Y	N	46	N		
92216B	骨瘤切除術 — 2 公分以下	N	N		N	N		N	*	093.06.30
92043B	顫顎關節脫臼整復— 無固定	N	N		N	N		N	*	093.06.30
90009C	難症特別處理	Y	N		Y	N		N	*	093.06.30
92051A	塗氟	Y	N		Y	N		N	*	103.01.31
92217B	骨瘤切除術 — 2 公分以上	N	N		N	N		N	*	093.06.30