

Fee schedule

of

Dental services

For

#### **Dentists**

And

#### **Dental specialists**

Effective 1 January 2025

Based on *The Australian Schedule of Dental Services and Glossary*, 12th Edition

iMPORTANT INFORMATION

Dental Services by Dental Therapists, Dental Hygienists and Oral Health Therapists

Dental therapists, dental hygienists and oral health therapists can provide dental services to members of the veteran community if they are:

* registered with the Dental Board of Australia and comply with approved scope of practice registration standards;
* covered by either their employer’s indemnity insurance or maintain their own insurance as mandated by the Dental Board of Australia; and
* qualified and competent to provide the service.

Claims for these services are to be submitted by the dentist or dental specialist on their behalf at the current DVA dental fee.

Process for Schedule A – time and quantity restrictions

If there is a clinically assessed need to provide dental services *above the time and/or quantity limits* as listed in the fee schedule, dentists and dental specialists will only be required to seek prior financial authorisation for items marked with an asterisk (\*).

Lost or broken dentures

For the replacement of dentures that are lost or broken beyond repair, a statutory declaration from the patient must be provided and stored for audit purposes.

Changes to holders of Repatriation Health Card – For Specific Conditions (White Card)

* For treatment provided under the *Veterans’ Entitlements Act 1986 (*VEA) and the *Military Rehabilitation and Compensation Act 2004 (*MRCA)

Where a service is related to the White Card holders accepted condition(s) dental providers are not required to contact DVA for prior financial authorisation of the treatment unless otherwise specified in this fee schedule.

Providers can contact DVA (see telephone numbers listed below) if they require treatment status for White Card holders.

Compliance

DVA is placing a greater emphasis on the existing compliance model for the provision of all health services. DVA will maintain its commitment to working with service providers to maximise voluntary compliance. Therefore treatment must be based on assessed clinical need. It is important dental providers continue to document the clinical reasons for treatment provision to DVA entitled persons.

DVA has compliance monitoring systems which monitor the servicing and claiming patterns of health care providers. This information assists DVA to establish internal benchmarks, the current utilisation and projected future delivery of services.

Further information

<http://www.dva.gov.au/providers/allied-health-professionals>

**ADDRESS AND CONTACT NUMBERS FOR**

**THE DEPARTMENT OF VETERANS’ AFFAIRS (DVA)**

Further information on dental services may be obtained from DVA. The contact details for health care providers requiring further information or prior financial authorisation for all States & Territories are listed below:

|  |  |
| --- | --- |
| **Phone:**  | **1800 550 457** (Select Option 3, then Option 1) |
| **Email:**  | health.approval@dva.gov.au  |
| **Post:** | Health Approvals & Home Care SectionDepartment of Veterans’ AffairsGPO Box 9998BRISBANE QLD 4001 |

**Prior financial authorisation can only be submitted by email -** health.approval@dva.gov.au

The prior approval request form can be found at:

<https://www.dva.gov.au/providers/services-requiring-prior-approval>.

**Information for dentists and dental specialists can be found at:**

<http://www.dva.gov.au/providers/dentists-dental-specialists-and-dental-prosthetists>

CLAIMS FOR PAYMENT

Claim Enquiries: 1300 550 017 (Option 2 Allied Health)

For more information about claims for payment visit:

[www.dva.gov.au/providers/how-claim](http://www.dva.gov.au/providers/how-claim)

Claiming Online and DVA Webclaim

DVA offers online claiming utilising Medicare Online Claiming. DVA Webclaim is available on the Department of Human Services (DHS) [Provider Digital Access (PRODA) Service](https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/proda). For more information about the online solutions available:

* DVA Webclaim\Technical Support enquiries: Phone: 1800 700 199 or email: eBusiness@servicesaustralia.gov.au
* Billing, banking and claim enquiries: Phone: 1300 550 017
* Visit the Services Australia Medicare website at:

<https://www.servicesaustralia.gov.au/health-professionals>

Manual Claiming

Please send all claims for payment to:

Veterans’ Affairs Processing (VAP)

Department of Human Services

GPO Box 964

ADELAIDE SA 5001

Dental Claim Forms

DVA provider health care claim forms and vouchers are available via the DVA website or by request. Further information: <http://www.dva.gov.au/providers/forms-service-providers>

Explanation of the Fee Schedule

* Schedules A, B and C together form the DVA comprehensive dental schedule. The entitlements are detailed below.
* “D” prefix refers to items that may be provided by a General Dental Practitioner.
* “S” prefix refers to items that may be provided by a Dental Specialist.
* “FBN” means Fee By Negotiation.

|  |  |
| --- | --- |
| Schedule A |  |
| * Prior financial authorisation is not required for Gold Card holders (except where specified).
* Prior financial authorisation is not required for White Card holders (except where specified) provided the treatment relates to the White Card holder’s accepted condition(s).
* Prior financial authorisation is required for items marked with an asterisk (\*) if treatment is provided above the quantity and/or time limits listed in Schedule A.
 |
| * No Annual Monetary Limit (AML) applies.
 |
| Schedule B | * Prior financial authorisation required for all Gold and White Card holders.
 |
| * No AML applies.
 |
| Schedule C | * Prior financial authorisation is generally not required (see exceptions below).
* Prior financial authorisation is generally not required for White Card holders (see exceptions below) provided the treatment is related to the White Card holder’s accepted condition(s).
* Gold and White Card holders are not entitled to receive unlimited gold crowns.
* An AML applies for all items listed as Schedule C items. This limit is not cumulative and cannot be used in subsequent years.
 |
| * DVA will pay up to a total of $2920.05 for each calendar year from 2025 for all services provided from Schedule C.
 |
| * DVA Dental Advisers have no discretion in the application of the Schedule C AML.
 |
| *Exceptions:** The AML does not apply to all ex-POWs and entitled persons with a relevant dental accepted disability who are receiving dental treatment related to accepted war-caused disabilities or malignant neoplasia involving oral tissues.
* Prior financial authorisation is required for treatment plans that include Schedule C items for entitled persons who are exempt from the AML.
 |

**Provision of dentures for radiation therapy patients:**

A patient with a history of oral pathology needs to have a consultation with a dentist or specialist**CATEGORY 000 DIAGNOSTIC SERVICES**

**EXAMINATIONS**

**Note 1:** Prior financial authorisation is required for orthodontic, oral medicine and prosthodontic specialists claiming items 014 and 015.

| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Comprehensive oral examination | D011 | No | 61.90 | Limit of one (1) per provider every two years after previous 011 or 012. Limit applies to the same provider. | A |
| Periodic oral examination | D012S012 | NoNo | 51.4051.40 | Limit of one (1) per provider every 6 months. Limit applies to the same provider. | AA |
| Oral examination – limited | D013S013 | NoNo |

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| --- |
|  32.35 |
|  32.35 |

 | Limit of three (3) per three month period. | AA |
| Consultation | S014 | No | 74.70  | See Note 1.Not claimable by general dentists | A |
| Consultation - extended (30 mins) | S015 | No | 122.20 | See Note 1. Limit of one (1) per provider per 12 month period.  | A |
| Consultation by referral from DVA | D016S016 | YesYes |

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| 120.80 |
| 177.55 |

 | Payable only when specifically requested by DVA. Includes report to DVA.Subject to GST. | BB |

**EXAMINATIONS (Cont.)**

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| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Consultation by referral - extended (30 mins or more) | S017 | No | 241.90 | May only be claimed by oral medicine and special needs dentistry specialists. | A |
| Comprehensive clinical report (not elsewhere included) | D018S018 | YesYes |

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| --- |
| 55.40 |
| 55.40 |

 | Claimable only when specifically requested by DVA. Report must be kept on patient’s file.Subject to GST. | BB |
| S6A typed letter of referral. This must be a detailed typed referral. | \*D019\*S019 | NoNo |

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| 13.1013.10 |

 | Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.  | AA |

**RADIOLOGICAL EXAMINATION AND INTERPRETATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Intraoral periapical or bitewing radiograph – per exposure.Claim the higher fee for first periapical or bitewing radiograph each day and claim the step-down fee for each subsequent radiograph on the same day. |
| First exposure only  | \*D022\*S022 | NoNo | 43.6043.60 | Limit of six (6) per day – one initial and five subsequent exposures. For use of radiographs in endodontics refer to Note 9.  | AA |
| *Each subsequent exposure (on same day)* | *\*D022**\*S022* | *No**No* |  *35.85**35.85* |  See above. | AA |
| Intraoral radiograph- occlusal, maxillary or mandibular – per exposure | D025S025 | NoNo |

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| 72.35 |
| 72.35 |

 |  | AA |

**RADIOLOGICAL EXAMINATION AND INTERPRETATION (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Extraoral radiograph- maxillary, mandibular – per exposure | D031S031 | NoNo |

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| --- |
| 82.45 |
| 82.45 |

 |  | AA |
| Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure | S033 | No | 154.75 | Limit of one (1) per 12 month period. | A |
| Radiograph of temporomandibular joint – per exposure | S035 | No | 118.95 |  | A |
| Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure | S036 | No | 174.75 | Limit of one (1) per 12 month period.  | A |
| Panoramic radiograph – per exposure | D037S037 | NoNo |

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| --- |
| 110.80 |
| 110.80 |

 |  | AA |
| Hand-wrist radiograph for skeletal age assessment | S038 | No |  103.70 | Age limit applies - 18 years or under. Limit of one (1) per 12 month period per provider. | A |
| Computed tomography of the skull or parts thereof | D039S039 | NoNo |

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| 174.85 |
| 174.85 |

 | Limit of one (1) per 12 month period.  | AA |

**OTHER DIAGNOSTIC SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Saliva screening test | D047S047 | NoNo |

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| 47.7047.70 |

 | Limit of one (1) per 12 month period.  | AA |
| Biopsy of tissue | D051S051 | NoNo |

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| --- |
| 145.75 |
| 145.75 |

 |  | AA |
| Pulp testing – per appointment | D061S061 | NoNo | -- | No fee payable - part of examination.  | AA |
| Diagnostic model – per model | D071S071 | NoNo |

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| --- |
| 71.10 |
| 71.10 |

 | Limit of two (2) models per appointment (that is, one upper and one lower).The preparation of a model, from an impression. The model is used for examination and treatment planning procedures.This item should not be used to describe a working model. | AA |
| Photographic records – intraoral  | D072S072 | NoNo |

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| --- |
| 38.25 |
| 38.25 |

 | Limit of one (1) per 12 month period.Fee to include all photographs taken, not per photograph. | AA |
| Photographic records – extraoral | D073S073 | NoNo |

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| --- |
| 38.25 |
| 38.25 |

 | Limit of one (1) per 12 month period.Fee to include all photographs taken, not per photograph. | AA |
| Diagnostic wax-up | D074S074 | YesYes |

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| --- |
| 187.10 |
| 280.60 |

 | For use in complex prosthodontic cases only. | BB |
| Cephalometric analysis, excluding radiographs | S081 | No | 76.35 | May only be claimed with item 881. | A |
| Tooth-jaw size prediction analysis | \*S082 | No | 124.30 | Age limit applies 18 years or under.Limit of one (1) per 12 month period per provider.  | A |

**CATEGORY 100 PREVENTIVE SERVICES**

**DENTAL PROPHYLAXIS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Removal of plaque and/or stain. | D111S111 | NoNo |

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| --- |
| 63.25 |
| 63.25 |

 | Limit of one (1) per six month period. | AA |
| Recontouring and polishing of pre-existing restoration(s) – per appointment | D113S113 | NoNo |

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| --- |
| 24.00 |
| 24.00 |

 |  | AA |
| Removal of calculus - first appointment | D114S114 | NoNo |

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| --- |
| 105.50 |
| 105.50 |

 | Limit of one (1) per six month period. | AA |
| Removal of calculus - subsequent appointment | D115S115 | No No |

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| --- |
| 68.65 |
| 68.65 |

 | Limit of two (2) per 12 month period. | AA |
| Bleaching, internal - per tooth | D117S117 | NoNo |

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| --- |
| 225.65225.65 |

 | For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period. | AA |

**REMINERALISING AGENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Topical application of remineralising and/or cariostatic agents, one treatment | D121S121 | NoNo |

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| --- |
| 40.70 |
| 40.70 |

 | Limit of one (1) per six month period. | AA |
| Concentrated remineralising and /or cariostatic agent, application – single tooth | D123S123 | NoNo |

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| --- |
| 31.85 |
| 31.85 |

 | Limit of one (1) per appointment.  | AA |

OTHER PREVENTIVE SERVICES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Dietary analysis and advice  | D131S131 | NoNo |

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| 42.80 |
| 42.80 |

 | Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. | AA |
| Oral hygiene instruction | D141S141 | NoNo |

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| --- |
| 58.20 |
| 58.20 |

 | Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. | AA |
| Provision of a mouthguard – indirect | D151S151 | NoNo |

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| --- |
| 176.75 |
| 176.75 |

 | Subject to GST. | AA |
| Fissure and/or tooth surface sealing-per tooth | D161S161 | NoNo |

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| --- |
| 54.20 |
| 54.20 |

 |  | AA |
| Desensitising procedure - per appointment | D165S165 | NoNo |

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| --- |
| 31.85 |
| 31.85 |

 |  | AA |
| Odontoplasty- per tooth | D171S171 | NoNo |

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| --- |
| 59.75 |
| 59.75 |

 | Limit of one (1) per appointment. | AA |

**CATEGORY 200 PERIODONTICS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Treatment of acute periodontal infection – per appointment | D213S213 | NoNo |

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| --- |
| 82.00 |
| 82.00 |

 | Limit of two (2) appointments per 12 month period.  | AA |
| Clinical periodontal analysis and recording | D221S221 | NoNo |

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| --- |
| 62.30 |
| 165.80 |

 | Limit of one (1) per 12 month period.  | AA |
| Periodontal debridement - per tooth | D222S222 | NoNo |

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| --- |
| 30.65 |
| 42.30 |

 | Limit of 10 per appointment, maximum 20 per 12 month period.  | AA |
| Non-surgical treatment of peri-implant disease – per implant | \*D223\*S223 | NoNo |

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| --- |
| 30.65 |
| 42.30 |

 | Limit of five (5) per appointment, maximum 10 per 12 month period.  | AA |

**CATEGORY 200 PERIODONTICS (Cont.)**

| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Gingivectomy - per tooth  | D231S231 | YesYes | FBNFBN | Limit of 10 per appointment, 20 per 12 month period.  | BB |
| Periodontal flap surgery - per tooth  | D232S232 | YesYes | FBNFBN | Limit of 10 per appointment, 20 per 12 month period.  | BB |
| Surgical treatment of peri-implant disease - per implant | S233 | Yes | FBN |  | B |
| Application of biologically active material | S234 | Yes | FBN |  | B |
| Gingival graft – per tooth or implant | S235 | No | 622.40 | Limit of two (2) per 12 month period.  | A |
| Guided tissue regeneration - per tooth or implant | S236 | Yes | 622.40 |  | B |
| Guided tissue regeneration –membrane removal | S237 | No | 320.25 |  | A |
| Periodontal flap surgery for crown lengthening-per tooth | D238S238 | NoNo |

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| --- |
| 444.55 |
| 657.95 |

 |  | AA |
| Root resection – per root | D241S241 | NoNo |

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| --- |
| 254.65 |
| 318.30 |

 |  | AA |
| Osseous surgery - per tooth or implant | D242S242 | YesYes | FBNFBN |  | BB |
| Osseous graft -per tooth or implant | D243S243 | YesYes | FBNFBN |  | BB |
| Osseous graft – block | S244 | Yes | FBN | Limit one (1) per 12 month period. | B |
| Periodontal surgery involving one tooth  | \*D245\*S245 | NoNo |

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| --- |
| 93.35186.45 |

 | Limit of one (1) per 12 month period. | AA |
| Maxillary sinus augmentation – Trans-alveolar technique – per sinus | S246 | Yes | 926.60 | Will only be approved where applicable as part of an entire treatment plan that includes implants. | B |
| Maxillary sinus augmentation – Lateral wall approach – per sinus | S247 | Yes | 926.60 | Will only be approved where applicable as part of an entire treatment plan that includes implants. | B |
| Active Non-surgical Periodontal Therapy - per quadrant | D250S250 | NoNo |

|  |
| --- |
| 173.50 |
| 346.95 |

 | Limit of four (4) per 12 month period.Only claim as per quadrants of teeth treated. | A |
| Supportive Periodontal Therapy - per appointment | D251S251 | NoNo |

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| --- |
| 186.45 |
| 323.70 |

 | Limit of three (3) per 12 month period. | A |

**CATEGORY 300 ORAL SURGERY**

**EXTRACTIONS**

**Note 2:** For items 311, 314, 322, 323 and 324 DVA will pay the higher fee for the first extracted tooth from each quadrant and pay a step down fee for the second and subsequent extractions from the same quadrant on the same day. Where the teeth are not clearly identified on the D919, DVA will pay the higher fee for the first extracted tooth and pay the step down fee for the second and subsequent extractions. All items inclusive of local anaesthesia and routine post-operative care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Removal of a tooth or part(s) thereof |
| 1st tooth extracted from each quadrant | D311S311 | NoNo | 154.40191.80 | See Note 2. | AA |
| *Step down fee for second tooth in same quadrant* | *D311**S311* | *No**No* | 97.30124.15 |  | AA |
| Sectional removal of a tooth. |
| 1st sectional removal from each quadrant | D314 S314 | NoNo | 197.35262.20 | See Note 2. | AA |
| *Step down fee for second tooth in same quadrant* | *D314**S314* | *No**No* | 130.40173.35 |  | AA |

**SURGICAL EXTRACTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division. |
| 1st tooth extracted from each quadrant | D322S322 | NoNo | 250.60333.20 | See Note 2. | AA |
| *Step down fee for second tooth in same quadrant* | *D322**S322* | *No**No* | 166.75207.30 |  | AA |
| Surgical removal of a tooth or tooth fragment requiring removal of bone. |
| 1st tooth extracted from each quadrant | D323S323 | NoNo | 286.25413.60 | See Note 2. | AA |
| *Step down fee for second tooth in same quadrant* | *D323**S323* | *No**No* | 205.05271.45 |  | AA |
| Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division. |
| 1st tooth extracted from each quadrant | D324S324 | NoNo | 385.05512.15 | See Note 2. | AA |
| *Step down fee for second tooth in same quadrant* | *D324**S324* | *No**No* | 253.80337.90 |  | AA |

**SURGERY FOR PROSTHESES**

**Note 3:** Fee exclusive of fee for extraction. Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

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| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Alveolectomy - per segment  | D331S331 | NoNo |

|  |
| --- |
| 156.25196.80 |

 | See Note 3. | AA |
| Ostectomy – per jaw | S332 | No | 522.70 | See Note 3. | A |
| Reduction of fibrous tuberosity | D337S337 | NoNo |

|  |
| --- |
| 219.70 |
| 292.10 |

 | See Note 3. | AA |

**SURGERY FOR PROSTHESES (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Reduction of flabby ridge - per segment | D338S338 | NoNo |

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| --- |
| 124.40 |
| 177.85 |

 | See Note 3.Limit of one (1) per 12 month period. | AA |
| Removal of hyperplastic tissue | D341S341 | NoNo |

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| --- |
| 199.15 |
| 426.80 |

 | See Note 3.Limit of one (1) per 12 month period.Not for tooth-associated soft tissue treatment. | AA |
| Repositioning of muscle attachment | S343 | No | 480.20 | See Note 3. | A |
| Vestibuloplasty | S344 | No | 509.15 | See Note 3. | A |
| Skin or mucosal graft | S345 | Yes | 468.00 | See Note 3. | B |

**TREATMENT OF MAXILLO-FACIAL INJURIES**

**Note 4:** Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

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| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Repair of skin and subcutaneous tissue or mucous membrane | D351S351 | NoNo |

|  |
| --- |
| 188.20 |
| 250.30 |

 | See Note 4. | AA |
| Fracture of maxilla or mandible – not requiring fixation | S352 | No | 219.10 | See Note 4. | A |
| Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation | S353 | No | 690.30 | See Note 4. | A |
| Fracture of maxilla or mandible – with external fixation | S354 | No | 690.30 | See Note 4. | A |
| Fracture of zygoma | S355 | No | 917.80 | See Note 4. | A |
| Fracture requiring open reduction | S359 | No | 741.60 | See Note 4. | A |

**DISLOCATIONS**

**Note 5:** Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

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| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Mandible – relocation following dislocation | S361 | No | 69.85 | See Note 5. | A |
| Mandible – relocation requiring open operation | S363 | No | 201.95 | See Note 5. | A |

**OSTEOTOMIES**

Note 6: Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

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| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Osteotomy – maxilla | S365 | No | 1641.95 | See Note 6. | A |
| Osteotomy – mandible | S366 | No | 1641.95 | See Note 6. | A |

**GENERAL SURGICAL**

**Note 7:** Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

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| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Removal of tumour, cyst or scar –cutaneous, subcutaneous or in mucous membrane  | S371 | No | 241.70 | See Note 7.Limit one (1) per appointment | A |
| Removal of tumour, cyst or scar involving muscle, bone or other deep tissue. | S373 | No | 856.75 | See Note 7. | A |
| Surgery to salivary duct | S375 | No | 754.35 | See Note 7. | A |

GENERAL SURGICAL (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Surgery to salivary gland | S376 | No | 255.70 | See Note 7. | A |
| Removal or repair of soft tissue (not elsewhere defined) | D377S377 | NoNo |

|  |
| --- |
| 238.35317.30 |

 | See Note 7. | AA |
| Surgical removal of foreign body | D378S378 | NoNo |

|  |
| --- |
| 134.90179.30 |

 | See Note 7. | AA |
| Marsupialisation of cyst | S379 | No |  462.40 | See Note 7. | A |

**OTHER SURGICAL PROCEDURES**

**Note 8:** Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Surgical exposure of unerupted tooth – per tooth | D381S381 | YesYes | FBN408.95 | See Note 8. | BB |
| Surgical exposure and attachment of device for orthodontic traction | S382 | Yes | 463.85 | See Note 8. | B |
| Repositioning of displaced tooth/teeth – per tooth | D384S384 | NoNo |

|  |
| --- |
| 224.50 |
| 299.30 |

 | See Note 8. | AA |
| Surgical repositioning of unerupted tooth – per tooth | S385 | Yes | 463.85 | See Note 8. | B |
| Splinting of displaced tooth/teeth – per tooth | D386S386 | NoNo |

|  |
| --- |
| 231.65 |
| 311.90 |

 | See Note 8. | AA |
| Replantation and splinting of a tooth – per tooth | D387S387 | NoNo |

|  |
| --- |
| 453.45 |
| 603.10 |

 | See Note 8. | AA |
| Transplantation of tooth or tooth bud | S388 | Yes | 692.40 | See Note 8. | B |
| Surgery to isolate and preserve neurovascular tissue | S389 | No | 221.20 | See Note 8. | A |
| Frenectomy | D391S391 | NoNo |

|  |
| --- |
| 208.00 |
| 276.70 |

 | See Note 8. | AA |
| Drainage of abscess  | D392S392 | NoNo |

|  |
| --- |
| 113.95 |
| 145.15 |

 | See Note 8. | AA |
| Surgery involving the maxillary antrum | S393 | Yes |  926.60 | See Note 8. | B |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Surgery for osteomylitis | S394 | No  | 605.05 | See Note 8. | A |
| Repair of nerve trunk | S395 | No | 1214.55 | See Note 8. | A |

**CATEGORY 400 ENDODONTICS**

**Note 9:** A maximum of four (4) radiographs are payable per tooth, for each course of endodontic treatment. Item fees include all other radiographs.

**PULP and ROOT CANAL TREATMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Direct pulp capping | \*D411\*S411 | NoNo |

|  |
| --- |
| 41.0554.45 |

 | See Note 9. | AA |
| Incomplete endodontic therapy (tooth not suitable for further treatment) | \*D412\*S412 | NoNo |

|  |
| --- |
| 140.45224.50 |

 | See Note 9.  | AA |
| Pulpotomy | \*D414\*S414 | NoNo |

|  |
| --- |
| 89.50103.70 |

 | See Note 9.  | AA |

**PULP and ROOT CANAL TREATMENTS (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Complete chemo-mechanical preparation of root canal – one canal | \*D415\*S415 | NoNo |

|  |
| --- |
| 251.90 |
| 466.30 |

 | See Note 9. | AA |
| Complete chemo-mechanical preparation of root canal – each additional canal | \*D416\*S416 | NoNo |

|  |
| --- |
| 120.05 |
| 238.35 |

 | See Note 9.  | AA |
| Root canal obturation – one canal | \*D417\*S417 | NoNo |

|  |
| --- |
| 245.40 |
| 466.30 |

 | See Note 9.  | AA |
| Root canal obturation – each additional canal | \*D418\*S418 | NoNo |

|  |
| --- |
| 114.85 |
| 238.35 |

 | See Note 9.  | AA |
| Extirpation of pulp or debridement of root canal(s) – emergency or palliative | D419S419 | NoNo |

|  |
| --- |
| 162.15 |
| 194.75 |

 |  | AA |
| Resorbable root canal filling – primary tooth | \*D421\*S421 | NoNo |

|  |
| --- |
| 140.45 |
| 224.50 |

 | See note 9.Limit of one (1) per primary tooth | AA |

PERIRADICULAR SURGERY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee** **$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Periapical curettage – per root | D431S431 | NoNo |

|  |
| --- |
| 355.75 |
| 480.20 |

 | See Note 9.Item cannot be claimed with 432 and 434 | AA |
| Apicectomy – per root  | D432S432 | NoNo |

|  |
| --- |
| 355.75 |
| 480.20 |

 | See Note 9.Includes curettage. | AA |
| Exploratory periradicular surgery | D433S433 | NoNo |

|  |
| --- |
| 149.65 |
| 187.10 |

 | Limit of one (1) per 12 month period. Not claimable with items 431, 432, 434, 436, 437 and 438. | AA |
| Apical seal - per canal | D434S434 | NoNo |

|  |
| --- |
| 426.80 |
| 622.40 |

 | See Note 9.Includes apicectomy and periapical curettage.  | AA |
| Sealing of perforation | D436S436 | NoNo |

|  |
| --- |
| 224.00 |
| 444.55 |

 | See Note 9.Limit of one (1) per 12 month period. | AA |
| Surgical treatment and repair of an external root resorption – per tooth | D437S437 | NoNo |

|  |
| --- |
| 311.15 |
| 435.55 |

 | See Note 9.Limit of one (1) per 12 month period. | AA |
| Hemisection | D438S438 | NoNo |

|  |
| --- |
| 286.25 |
| 413.60 |

 | See Note 9. | AA |

OTHER ENDODONTIC SERVICES

| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Exploration and/or negotiation of a calcified canal – per canal, per appointment | D445S445 | NoNo |

|  |
| --- |
| 124.30 |
| 165.80 |

 | See Note 9. | AA |
| Removal of root filling – per canal | D451S451 | NoNo |

|  |
| --- |
| 124.30165.80 |

 | See Note 9. | AA |
| Removal of cemented root canal post or post crown | D452S452 | NoNo |

|  |
| --- |
| 124.30 |
| 155.40 |

 | See Note 9. | AA |
| Removal or bypassing fractured endodontic instrument | D453S453 | NoNo |

|  |
| --- |
| 103.70145.15 |

 | See Note 9. | AA |
| Additional appointment for irrigation and/or dressing of the root canal system – per tooth | \*D455\*S455 | NoNo |

|  |
| --- |
| 124.30165.80 |

 | Within three months of items 415 or 416. Appointment for irrigation only – cannot be paid with any other item.  | AA |
| Obturation of resorption defect or perforation (non-surgical) | D457S457 | NoNo |

|  |
| --- |
| 124.30 |
| 165.80 |

 | See Note 9. Limit of one (1) per tooth.  | AA |
| Interim therapeutic root filling – per tooth | D458S458 | NoNo |

|  |
| --- |
| 165.80 |
| 186.45 |

 | No other endodontic treatment on the same tooth within three months.Limit of three (3) in a 12 month period. | AA |

**CATEGORY 500 RESTORATIVE SERVICES**

**METALLIC RESTORATIONS - DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Metallic restoration - one surface  | D511S511 | NoNo |

|  |
| --- |
| 122.60 |
| 122.60 |

 |  | AA |
| Metallic restoration - two surfaces  | D512S512 | NoNo |

|  |
| --- |
| 150.25 |
|  150.25 |

 |  | AA |
| Metallic restoration - three surfaces  | D513S513 | NoNo |

|  |
| --- |
| 179.40 |
| 179.40 |

 |  | AA |
| Metallic restoration - four surfaces  | D514S514 | NoNo |

|  |
| --- |
| 204.50 |
| 204.50 |

 |  | AA |
| Metallic restoration - five surfaces  | D515S515 | NoNo |

|  |
| --- |
| 233.40 |
| 233.40 |

 |  | AA |

**ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Adhesive restoration - one surface - anterior tooth  | D521S521 | NoNo |

|  |
| --- |
| 135.80 |
| 135.80 |

 |  | AA |
| Adhesive restoration - two surfaces - anterior tooth  | D522S522 | NoNo |

|  |
| --- |
| 164.85 |
| 164.85 |

 |  | AA |
| Adhesive restoration– three surfaces - anterior tooth  | D523S523 | NoNo |

|  |
| --- |
| 195.25 |
| 195.25 |

 |  | AA |
| Adhesive restoration– four surfaces - anterior tooth  | D524S524 | NoNo |

|  |
| --- |
| 225.65 |
| 225.65 |

 |  | AA |
| Adhesive restoration– five surfaces - anterior tooth  | D525S525 | NoNo |

|  |
| --- |
| 265.15 |
| 315.25 |

 |  | AA |
| Adhesive restoration – veneer – anterior tooth – direct | D526S526 | NoNo |

|  |
| --- |
| 265.15315.25 |

 | Annual limit applies. | CC |

**ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Adhesive restoration - one surface - posterior tooth  | D531S531 | NoNo |

|  |
| --- |
| 145.10 |
| 145.10 |

 |  | AA |
| Adhesive restoration - two surfaces - posterior tooth  | D532S532 | NoNo |

|  |
| --- |
| 182.15 |
| 182.15 |

 |  | AA |
| Adhesive restoration – three surfaces – posterior tooth  | D533S533 | NoNo |

|  |
| --- |
| 218.95 |
| 218.95 |

 |  | AA |
| Adhesive restoration – four surfaces – posterior tooth  | D534S534 | NoNo |

|  |
| --- |
| 246.60 |
| 246.60 |

 |  | AA |
| Adhesive restoration – five surfaces – posterior tooth  | D535S535 | NoNo |

|  |
| --- |
| 284.80 |
| 369.20 |

 |  | AA |
| Adhesive restoration – veneer – posterior tooth – direct | D536S536 | NoNo |

|  |
| --- |
|  265.15315.25 |

 | Annual limit applies | CC |

METALLIC RESTORATIONS - INDIRECT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Metallic restoration– one surface  | D541S541 | NoNo |

|  |
| --- |
| 640.05 |
| 640.05 |

 | Annual limit applies.  | CC |
| Metallic restoration– two surfaces | D542S542 | NoNo |

|  |
| --- |
| 817.95817.95 |

 | Annual limit applies.  | CC |
| Metallic restoration– three surfaces | D543S543 | NoNo |

|  |
| --- |
| 1066.951066.95 |

 | Annual limit applies. | CC |
| Metallic restoration - four surfaces  | D544S544 | NoNo |

|  |
| --- |
| 1191.451191.45 |

 | Annual limit applies. | CC |
| Metallic restoration - five surfaces | D545S545 | NoNo |

|  |
| --- |
| 1333.601760.25 |

 | Annual limit applies. | CC |

**TOOTH COLOURED RESTORATIONS - INDIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Tooth-coloured restoration- one surface | D551S551 | NoNo |

|  |
| --- |
| 800.251066.95 |

 | Annual limit applies. | CC |
| Tooth-coloured restoration- two surfaces | D552S552 | NoNo |

|  |
| --- |
| 924.601209.20 |

 | Annual limit applies. | CC |
| Tooth-coloured restoration - three surfaces | D553S553 | NoNo |

|  |
| --- |
| 1137.951529.20 |

 | Annual limit applies. | CC |
| Tooth-coloured restoration- four surfaces | D554S554 | NoNo |

|  |
| --- |
| 1369.251653.50 |

 | Annual limit applies. | CC |
| Tooth-coloured restoration - five surfaces  | D555S555 | NoNo |

|  |
| --- |
| 1467.901760.25 |

 | Annual limit applies. | CC |
| Tooth-coloured restoration – veneer – indirect | D556S556 | NoNo |

|  |
| --- |
| 978.501066.95 |

 | Annual limit applies. | CC |

OTHER RESTORATIVE SERVICES

| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Provisional (intermediate/ temporary) restoration – per tooth | D572S572 | NoNo |

|  |
| --- |
| 57.35 |
| 57.35 |

 | Not claimable with endodontic items except 419. Limit of three (3) per three month period. | AA |
| Metal band | D574S574 | NoNo |

|  |
| --- |
| 48.35 |
| 48.35 |

 |  | AA |
| Pin retention– per pin | D575S575 | NoNo |

|  |
| --- |
| 33.10 |
| 33.10 |

 | Limit of three (3) per tooth. Limit of six (6) pins payable. | AA |
| Cusp capping – per cusp | D577S577 | NoNo |

|  |
| --- |
| 35.70 |
| 35.70 |

 | Limit of two (2) cusps per tooth. | AA |
| Restoration of an incisal corner – per corner | D578S578 | NoNo |

|  |
| --- |
| 35.70 |
| 35.70 |

 | Limit of two (2) per tooth. | AA |
| Bonding of tooth fragment | D579S579 | NoNo |

|  |
| --- |
| 113.95 |
| 145.15 |

 | Limit of one (1) per appointment | AA |
| Crown – metallic – with tooth preparation – preformed | \*D586\*S586 | NoNo |

|  |
| --- |
| 302.30 |
| 408.95 |

 | No other crown item number to be claimed on the same tooth within six (6) months.  | AA |
| Crown – metallic – minimal tooth preparation – preformed | \*D587\*S587 | NoNo |

|  |
| --- |
| 179.40 |
| 179.40 |

 | No other crown item number to be claimed on the same tooth within six (6) months.  | AA |
| Crown – tooth-coloured – preformed | \*D588\*S588 | NoNo |

|  |
| --- |
| 302.30 |
| 408.95 |

 | No other crown item number to be claimed on the same tooth within six (6) months.  | AA |
| Removal of indirect restoration | D595 S595 | NoNo |

|  |
| --- |
| 113.95 |
| 165.80 |

 |  | AA |
| Recementing of indirect restoration | D596 S596 | NoNo |

|  |
| --- |
| 93.10 |
| 93.10 |

 |  | AA |

**OTHER RESTORATIVE SERVICES (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Post – direct* 1st post in a tooth

 * *Step down fee for subsequent posts in the same tooth*
 | D597S597*D597**S597* | NoNo*No**No* | 176.20227.85*103.70**124.30* | Limit of two (2) posts per tooth. | AAAA |

**CATEGORY 600 CROWN AND BRIDGE**

**CROWNS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Full crown - acrylic resin - indirect | D611S611 | NoNo |

|  |
| --- |
| 1086.25 |
| 1444.80 |

 | Annual limit applies. | CC |
| Full crown - non metallic - indirect | D613S613 | NoNo |

|  |
| --- |
|  1579.75 |
| 2101.15 |

 | Annual limit applies. | CC |
| Full crown - veneered - indirect  | D615S615 | NoNo |

|  |
| --- |
| 1486.15 |
| 2318.55 |

 | Annual limit applies. | CC |
| Full crown - metallic - indirect  | D618S618 | NoNo |

|  |
| --- |
| 1392.55 |
| 1854.70 |

 | Annual limit applies. | CC |
| Core for crown including post – indirect | D625S625 | NoNo |

|  |
| --- |
| 376.05 |
| 500.05 |

 | Annual limit applies. | CC |
| Preliminary restoration for crown – direct | D627S627 | NoNo |

|  |
| --- |
| 155.40207.30 |

 | Annual limit applies. | CC |
| Post and root cap – indirect | D629S629 | NoNo |

|  |
| --- |
| 393.80 |
| 507.70 |

 | Annual limit applies. | CC |

**TEMPORARY (PROVISIONAL) CROWN, BRIDGE OR IMPLANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Provisional crown – per tooth | \*D631\*S631 | NoNo |

|  |
| --- |
| 179.30 |
| 179.30 |

 | No other crown item number to be claimed on same tooth within six (6) months.  | AA |
| Provisional bridge -per pontic | \*D632\*S632 | NoNo |

|  |
| --- |
| 355.75 |
| 462.40 |

 | No other crown item number to be claimed on same tooth within six (6) months.  | AA |
| Provisional implant crown abutment – per abutment | \*D633\*S633 | NoNo |

|  |
| --- |
| 179.30 |
| 179.30 |

 | No other crown item number to be claimed on same tooth within 6 months.  | AA |

**BRIDGES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Bridge pontic - direct - per pontic | D642S642 | NoNo |

|  |
| --- |
| 1137.95 |
| 1529.20 |

 | Annual limit applies. | CC |
| Bridge pontic - indirect - per pontic | D643S643 | NoNo |

|  |
| --- |
| 1213.35 |
| 1529.20 |

 | Annual limit applies. | CC |
| Semi-fixed attachment | D644S644 | NoNo |

|  |
| --- |
| 273.85 |
| 497.75 |

 | Annual limit applies. | CC |
| Precision or magnetic attachment | D645S645 | NoNo |

|  |
| --- |
| 348.45 |
| 448.10 |

 | Annual limit applies. | CC |
| Retainer for bonded fixture – indirect – per tooth  | D649S649 | NoNo |

|  |
| --- |
| 462.40622.40 |

 | Annual limit applies. | CC |

**CROWN AND BRIDGE REPAIRS AND OTHER SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Recementing crown or veneer | D651S651 | NoNo |

|  |
| --- |
| 121.30 |
| 138.05 |

 |  | AA |
| Recementing bridge or splint – per abutment | D652S652 | NoNo |

|  |
| --- |
| 118.50 |
| 157.65 |

 |  | AA |
| Rebonding of bridge or splint where retreatment of bridge surface is required | D653S653 | NoNo |

|  |
| --- |
| 107.75 |
| 147.20 |

 |  | AA |
| Removal of crown | D655S655 | NoNo |

|  |
| --- |
| 72.45 |
| 93.35 |

 |  | AA |
| Removal of bridge or splint | D656S656 | NoNo |

|  |
| --- |
| 217.55 |
| 217.55 |

 |   | AA |
| Repair of crown, bridge or splint- indirect | D658andD472 | NoNo | 273.85219.10 | Both items must be claimed.658 to be claimed for GST-free component of service. 472 (labour, lab. costs) to be claimed for GST-able component of service. Annual limit applies. | CC |
| Repair of crown/bridge or splint – indirect  | S658andS472 | NoNo | 273.85219.10 | Both items must be claimed. 658 to be claimed for GST-free component of service. 472 (labour, lab. costs) to be claimed for GST-able component of service. Annual limit applies. | CC |
| Repair of crown, bridge or splint- direct | D659S659 | NoNo |

|  |
| --- |
| 348.45522.70 |

 | Annual limit applies.   | CC |

IMPLANT PROSTHESES

Note 10: Requests for osseointegrated implants should be directed to DVA. Where implants are provided in a public hospital, in some States, the cost of the prostheses are included in the bed rate and therefore the specialist may need to liaise with the hospital as to payment or arrangements for the equipment to be provided for the surgery.

Fees include cost of consumables and hardware.

| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Fitting of implant abutment – per abutment | D661S661 | YesYes | FBNFBN | See Note 10. | BB |
| Removal of implant and/or retention device | S663 | Yes | FBN | See Note 10. | B |
| Fitting of bar for denture – per abutment | S664 | Yes | FBN | See Note 10. | B |
| Prosthesis with metal frame attached to implants - fixed – per arch | S666 | Yes | FBN | See Note 10. | B |
| Fixture or abutment screw removal and replacement | D668S668 | YesYes | FBNFBN | See Note 10. | BB |
| Removal and reattachment of prosthesis fixed to implant(s) – per implant | D669S669 | YesYes | FBNFBN | See Note 10. | BB |
| Full crown attached to osseointegrated implant - non metallic - indirect | D671S671 | YesYes |

|  |
| --- |
| 1579.75 |
| 2101.15 |

 | See Note 10. | BB |
| Full crown attached to osseointegrated implant - veneered - indirect  | D672S672 | YesYes |

|  |
| --- |
| 1789.60 |
| 2318.55 |

 | See Note 10. | BB |

IMPLANT PROSTHESES (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Full crown attached to osseointegrated implant-metallic-indirect | D673S673 | YesYes |

|  |
| --- |
| 1394.55 |
| 1854.70 |

 | See Note 10. | BB |
| Diagnostic template | S678 | Yes | FBN | See Note 10.Limit one (1) per 12 months | B |
| Surgical implant guide | S679 | Yes | FBN | See Note 10. | B |
| Insertion of first stage of two-stage endosseous implant - per implant  | S684 | Yes | FBN | See Note 10. | B |
| Insertion of one-stage endosseous implant – per implant | S688 | Yes | FBN | See Note 10. | B |
| Provisional retention or anchorage device | S690 | Yes | FBN | See Note 10.Maximum two (2) per course of treatment. For use with 881 only. | B |
| Second stage surgery of two stage endosseous implant – per implant | S691 | Yes | FBN | See Note 10.. | B |

**CATEGORY 700 PROSTHODONTICS**

**DENTURES AND DENTURE COMPONENTS**

**Note 11:** DVA will pay for dentures every six (6) years and a reline every two (2) years. DVA will not pay for a new denture if provided within twelve months of a reline of an existing denture.

If a patient has been assessed as requiring new dentures/relines outside of the above limits, providers are no longer required to contact DVA for prior financial authorisation. **If treatment is provided outside of the above limits, providers must provide clinical justification to DVA if requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Complete maxillary denture | D711S711 | NoNo |

|  |
| --- |
| 1122.15 |
| 1122.15 |

 | See Note 11. | AA |
| Complete mandibular denture | D712S712 | NoNo |

|  |
| --- |
| 1122.15 |
| 1122.15 |

 | See Note 11. | AA |
| Provisional complete maxillary denture | D713S713 | NoNo |

|  |
| --- |
| 841.60 |
| 841.60 |

 | This item allows for provisional denture to be relined or replaced within 12 months. | AA |
| Provisional complete mandibular denture | D714S714 | NoNo |

|  |
| --- |
| 841.60 |
| 841.60 |

 | This item allows for provisional denture to be relined or replaced within 12 months. | AA |
| Provisional complete maxillary and mandibular dentures | D715S715 | NoNo |

|  |
| --- |
| 1492.40 |
| 1492.40 |

 | This item allows for provisional denture to be relined or replaced within 12 months. | AA |
| Metal palate or plate  | D716S716 | NoNo | As per lab invoice | Additional to item 711, 712 or 719. Laboratory casting invoice required. Maximum amount payable $497.90. | AA |

**DENTURES AND DENTURE COMPONENTS (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Complete maxillary and mandibular dentures | D719S719 | NoNo |

|  |
| --- |
| 1989.85 |
| 1989.85 |

 | See Note 11. | AA |
| Partial maxillary denture – resin base | D721S721 | NoNo |

|  |
| --- |
| 513.45 |
| 513.45 |

 | See Note 11.This item refers to denture base only.The number of teeth are specified in item 733. | AA |
| Partial mandibular denture – resin base | D722S722 | NoNo |

|  |
| --- |
| 513.45 |
| 513.45 |

 | See Note 11.This item refers to denture base only.The number of teeth are specified in item 733. | AA |
| Provisional partial maxillary denture | D723S723 | NoNo |

|  |
| --- |
| 385.15 |
| 385.15 |

 | This item refers to denture base only.The number of teeth are specified in item 733.This item allows for provisional denture to be relined or replaced within 12 months. | AA |
| Provisional partial mandibular denture | D724S724 | NoNo |

|  |
| --- |
| 385.15 |
| 385.15 |

 | This item refers to denture base only.The number of teeth are specified in item 733.This item allows for provisional denture to be relined or replaced within 12 months. | AA |
| Partial maxillary denture – cast metal framework | D727S727 | NoNo |

|  |
| --- |
| 1503.20 |
| 1503.20 |

  | See Note 11.This item refers to denture base only.The number of teeth are specified in item 733. | AA |

**DENTURES AND DENTURE COMPONENTS (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Partial mandibular denture – cast metal framework | D728S728 | NoNo |

|  |
| --- |
| 1503.20 |
| 1503.20 |

 | See Note 11.This item refers to denture base only.The number of teeth are specified in item 733. | AA |
| Retainer – per tooth | D731S731 | NoNo |

|  |
| --- |
| 51.85 |
| 51.85 |

 |  | AA |
| Occlusal rest - per rest | D732S732 | NoNo |

|  |
| --- |
| 25.25 |
| 25.25 |

 |  | AA |
| Tooth/teeth (partial denture) | D733S733 | NoNo |

|  |
| --- |
| 42.50 |
| 42.50 |

 | Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728). | AA |
| Overlays – per tooth | D734S734 | NoNo |

|  |
| --- |
| 51.85 |
| 51.85 |

 | Can only be claimed with items 727 or 728. | AA |
| Precision or magnetic denture attachment  | D735S735 | NoNo |

|  |
| --- |
|  311.15 |
|  311.15 |

 | Limit of two (2) items per 12 month period. | AA |
| Immediate tooth replacement - per tooth  | D736S736 | NoNo |

|  |
| --- |
| 10.80 |
| 10.80 |

 |  | AA |
| Resilient lining  | D737S737 | NoNo |

|  |
| --- |
| 222.50 |
| 222.50 |

 | DVA will pay for item 737 with a new denture or items 737 and 743 together for an existing complete denture; and items 737 and 744 for an existing partial denture. | AA |
| Wrought bar | D738S738 | NoNo |

|  |
| --- |
| 207.30 |
| 207.30 |

 |  | AA |
| Metal backing – per backing | D739S739 | NoNo |

|  |
| --- |
| 10.80 |
| 10.80 |

 | Can only be claimed with items 716, 727 or 728.Only claimable where a denture tooth has its entire occlusal contact with teeth of opposing arch covered by metal. | AA |

**DENTURE MAINTENANCE**

**Note 12**  A fee will not be paid for:

1. adjustment(s) to full or partial dentures within twelve (12) months following provision or relining; or

2. reline(s) or remodel(s) to each upper or lower denture within two (2) years following provision or relining (except for immediate dentures which can be relined once within two years of their provision – please specify immediate denture reline on the claim form).

**Upper or lower denture must be specified for each claim.**

If a patient has been assessed as requiring adjustments or relines outside of the above limits, providers are no longer required to contact DVA for prior financial authorisation.

**If treatment is provided outside of the above limits, providers must provide clinical justification to DVA if requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Adjustment of a denture | D741S741 | NoNo |

|  |
| --- |
| 61.40 |
| 61.40 |

 | See Note 12. Adjustment(s) to full or partial dentures within twelve (12) months following provision or relining by the same provider. | AA |
| Relining - complete denture - processed | D743S743 | NoNo |

|  |
| --- |
| 391.65 |
| 568.35 |

 | See Note 12.For soft relines, use items 743 and 737.  | AA |
| Relining - partial denture - processed | D744S744 | NoNo |

|  |
| --- |
| 333.90 |
| 441.85 |

 | See Note 12.For soft relines, use items 744 and 737.  | AA |
| Remodelling- complete denture | D745S745 | YesYes | FBNFBN | See Note 12. | BB |
| Remodelling– partial denture | D746S746 | YesYes | FBNFBN | See Note 12. | BB |
| Relining - complete denture - direct | D751S751 | NoNo |

|  |
| --- |
| 213.45 |
| 320.25 |

 | See Note 12.Limit of one (1) per denture every 2 years.Chair-side only. Either hard or soft material. Not to be used for temporary materials i.e. tissue conditioners. | AA |

**DENTURE MAINTENANCE (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Relining - partial denture - direct | D752S752 | NoNo |

|  |
| --- |
| 177.85 |
| 195.70 |

 | See Note 12. Limit of one (1) per denture every 2 years.Not to be used for temporary materials i.e. tissue conditioners. | AA |
| Cleaning and polishing of pre-existing denture  | D753S753 | NoNo |

|  |
| --- |
| 49.80 |
| 66.30 |

 | Limit of one (1) per denture every 2 years. Subject to GST. | AA |

**DENTURE REPAIRS**

**Note 13:** Item 767/488 to be claimed for ANY second and subsequent reattachment/repair/replacement items performed on the same denture on the same day. Items 761 and 762 for additional clasps or teeth replaced, use multiples of 767/488. **UPR or LWR must be specified for each claim.** If a patient has been assessed as requiring repairs outside of the limits, providers are no longer required to contact DVA for prior financial authorisation.

**If treatment is provided outside of the limits, providers must provide clinical justification to DVA if requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Reattaching pre-existing tooth or clasp to denture | D761andD482 | NoNo | 44.80124.80 | Both items must be claimed.761 to be claimed for GST-free component of service.482 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13. | AA |
| Reattaching pre-existing tooth or clasp to denture | S761andS482 | NoNo | 44.80124.80 | Both items must be claimed.761 to be claimed for GST-free component of service.482 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13. | AA |
| Replacing/adding clasp to denture – per clasp | D762S762 | NoNo |

|  |
| --- |
| 177.20 |
|  177.20 |

 | See Note 13. Limit of one (1) per day per denture. GST free.  | AA |

DENTURE REPAIRS (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Repairing broken base of a complete denture | D763andD484 | NoNo | 44.80124.80 | Both items must be claimed.763 to be claimed for GST-free component of service.484 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13 | AA |
| Repairing broken base of a complete denture | S763andS484 | NoNo |  44.80124.80 | Both items must be claimed.763 to be claimed for GST-free component of service.484 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13 | AA |
| Repairing broken base of a partial denture | D764andD485 | NoNo | 44.80124.80 | Both items must be claimed.764 to be claimed for GST-free component of service.485 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13 | AA |
| Repairing broken base of a partial denture | S764andS485 | NoNo | 44.80124.80 | Both items must be claimed.764 to be claimed for GST-free component of service.485 (labour, laboratory costs) to be claimed for GST-able component of service.Limit of one (1) per day per denture. See Note 13 | AA |

DENTURE REPAIRS (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Replacing/adding new tooth on denture – per tooth  | D765S765 | NoNo |

|  |
| --- |
| 177.20 |
| 177.20 |

 | Limit of one (1) per day per denture. See Note 13 | AA |
| Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day | D767andD488 | NoNo | 22.1048.00 | Both items must be claimed.767 to be claimed for GST-free component of service.488 (labour, laboratory costs) to be claimed for GST-able component of service. | AA |
| Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day | S767andS488 | NoNo | 22.1048.00 | Both items must be claimed.767 to be claimed for GST-free component of service.488 (labour, laboratory costs) to be claimed for GST-able component of service. | AA |
| Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth | D768S768 | NoNo |

|  |
| --- |
| 179.40179.40 |

 | Limit of one (1) per day per denture.See Note 13 | AA |
| Repair or addition to metal casting | D769S769 | NoNo | As per lab invoice | Limit of one (1) per day per denture. Laboratory casting invoice required. Maximum amount payable $330.05.Subject to GST.See Note 13 | AA |

**OTHER PROSTHODONTIC SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| For provision of dentures in difficult cases including all component associated with the prosthesis\* | D770S770 | YesYes | FBNFBN | Non ADA item number. To be used in exceptional cases only – contact DVA. \*excluding fees for castings, itemised as D/S 716 or 769 | BB |
| Tissue conditioning preparatory to impressions – per application | D771S771 | NoNo |

|  |
| --- |
| 81.50 |
| 81.50 |

 | Limit of one (1) per denture per appointment.Limit of five (5) per three month period.UPR or LWR must be specified.  | AA |
| Splint - resin - indirect | D772S772 | NoNo |

|  |
| --- |
| 408.95 |
| 533.40 |

 | A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth. | AA |
| Splint - metal - indirect | D773S773 | NoNo |

|  |
| --- |
| 408.95 |
| 533.40 |

 | A metal splint that is used to stabilise mobile or displaced teeth. | AA |
| Obturator | D774S774 | YesYes | FBNFBN |  | BB |
| Impression - dental appliance repair/modification | D776S776 | NoNo |

|  |
| --- |
| 54.20 |
| 54.20 |

 |  | AA |
| Identification | D777S777 | NoNo |

|  |
| --- |
| 43.4543.45 |

 | Limit of one (1) per denture.  | AA |

**CATEGORY 800 ORTHODONTICS**

**Note 14:** Specify upper or lower for each claim. For diagnostic services see Category 000.

**REMOVABLE APPLIANCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Passive removable appliance – per arch | D811S811 | YesYes | FBNFBN | See Note 14. Limit of one (1) per jaw. | BB |
| Active removable appliance – per arch | D821S821 | YesYes | FBNFBN | See Note 14. Limit of one (1) per jaw. | BB |
| Functional orthopaedic appliance – custom fabrication | D823S823 | YesYes | FBNFBN | See Note 14. Limit of one (1) per jaw. | BB |

## FIXED APPLIANCES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Partial banding- per arch | D829S829 | YesYes | FBNFBN | See Note 14. Limit of one (1) per jaw. | BB |
| Full arch banding– per arch | D831S831 | YesYes | FBNFBN | See Note 14. Limit of one (1) per jaw. | BB |

**COMPLETE ORTHODONTIC TREATMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Complete course of orthodontic treatment | D881S881 | YesYes | FBNFBN | See Note 14. | BB |

**CATEGORY 900 GENERAL SERVICES**

**EMERGENCIES**

**Note 15:** If two or more emergency treatments (item 911) have been paid for an entitled person in the previous six months, **the provider must provide clinical justification if requested by DVA.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Palliative care | D911S911 | NoNo |

|  |
| --- |
| 80.50 |
| 107.05 |

 | See Note 15.Not to be claimed with an extraction, endodontic or restorative treatment on same tooth. | AA |
| After hours callout  | D915S915 | NoNo |

|  |
| --- |
| 108.10 |
| 108.10 |

 | Flat fee is claimable as an emergency loading for services provided after hours.Limit of 3 per 3 month period. | AA |

**PROFESSIONAL APPOINTMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Travel to provide services | D916 S916 | NoNo |

|  |
| --- |
| 78.60 |
| 78.60 |

 | One per client per day.One per location per day. For example, only pay once per day for travel to retirement home regardless of how many patients are seen. Note: a provider operating a mobile dental clinic is not entitled to this item.Can be claimed without a dental item if it is part of non-billable dental treatment such as adjustments or repairs to dentures. Reasons for the travel should be provided. | AA |

Note: Kilometre Allowance

A kilometre allowance may be paid in addition to a fee for Item 916 (*travel to provide services)* if you are required to travel from your normal place of business to visit an entitled person at home or in an institution. The allowance will not be paid for the first 10 kilometres travelled and you must be the nearest suitable provider to the entitled person.

**DRUG THERAPY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Individually made tray – medicaments | \*D926\*S926 | NoNo |

|  |
| --- |
| 186.45 |
| 186.45 |

 | Limit of one (1) per arch per 12 month period.Not to be claimed for bleaching. | AA |
| Provision of medication/ medicament | \*D927\*S927 | NoNo |

|  |
| --- |
| 32.35 |
| 32.35 |

 | For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period. | AA |

ANAESTHESIA AND SEDATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Treatment under general anaesthesia provided in a hospital or day procedure centre | D949S949 | YesYes | FBNFBN | Items D949 and S949 can be claimed to cover the additional costs a dental provider, who does not have regular theatre times at a hospital or day procedure center, may incur when leaving their usual place of practice to undertake a procedure which requires the administration of a general anaesthesia. | BB |

OCCLUSAL THERAPY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Minor occlusal adjustment - per appointment | D961S961 | YesYes | FBNFBN | Not related to any other procedure.  | BB |
| Clinical occlusal analysis including muscle and joint palpation | D963S963 | NoNo |

|  |
| --- |
| 103.70 |
| 145.15 |

 | Limit of one (1) per three year period. | AA |
| Registration and mounting of casts for occlusal analysis | D964S964 | NoNo |

|  |
| --- |
| 88.90 |
| 106.85 |

 | Limit of one (1) per three year period.Cannot be claimed with items 500-899 inclusive. | AA |
| Occlusal splint | D965S965 | NoNo |

|  |
| --- |
| 626.50 |
| 1049.15 |

 |  | AA |
| Adjustment of pre-existing occlusal splint – per appointment  | D966S966 | NoNo |

|  |
| --- |
| 88.90 |
| 106.20 |

 | Limit of four (4) per 12 months.  | AA |
| Occlusal adjustment following occlusal analysis – per appointment  | D968S968 | NoNo |

|  |
| --- |
| 124.40 |
| 160.15 |

 | Can only be claimed following D/S963 and/or D/S964Limit of four (4) per year | AA |
| Adjunctive physical therapy for temporomandibular joint and associated structures – per appointment  | D971S971 | NoNo |

|  |
| --- |
| 88.90106.85 |

 | Limit of four (4) per 12 month period. | AA |
| Repair/addition – occlusal splint | D972 S972 | NoNo |

|  |
| --- |
| 337.90 |
| 337.90 |

 |  | AA |

**MISCELLANEOUS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Splinting and stabilisation – direct – per tooth | D981S981 | NoNo |

|  |
| --- |
| 113.95 |
| 145.15 |

 |  | AA |
| Enamel stripping- per appointment | D982S982 | NoNo |

|  |
| --- |
| 112.00 |
| 112.00 |

 |  | AA |
| Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea | D983S983 | YesYes | FBNFBN | Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP. | BB |
| Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea | D984S984 | YesYes | FBNFBN | Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP. | BB |
| Repair/addition – snoring or sleep apnoea device | D985S985 | NoNo |

|  |
| --- |
| 337.90 |
| 337.90 |

 |  | AA |
| Post-operative care where not otherwise included | \*D986\*S986 | NoNo |

|  |
| --- |
| 82.95 |
| 103.70 |

 | Limit of two (2) per 12 month period.  | AA |

**TREATMENT NOT OTHERWISE INCLUDED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **PriorApproval** | **Fee$****(Excl. GST)** | **SpecialRemarks** | **Schedule** |
| Treatment not otherwise included (specify) | D990 S990 | YesYes | FBNFBN | Exceptional use item only – contact DVA | BB |