

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](mailto:health.approval@dva.gov.au) |
| **Post:** | Health Approvals & Home Care Section  Department of Veterans’ Affairs  GPO Box 9998  BRISBANE QLD 4001 |

**Prior financial authorisation can only be submitted by email -** [health.approval@dva.gov.au](mailto: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](mailto: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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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 | D012  S012 | No  No | 51.40  51.40 | Limit of one (1) per provider every 6 months. Limit applies to the same provider. | A  A |
| Oral examination – limited | D013  S013 | No  No | |  | | --- | | 32.35 | | 32.35 | | Limit of three (3) per three month period. | A  A |
| 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 | D016  S016 | Yes  Yes | |  | | --- | | 120.80 | | 177.55 | | Payable only when specifically requested by DVA. Includes report to DVA.  Subject to GST. | B  B |

**EXAMINATIONS (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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) | D018  S018 | Yes  Yes | |  | | --- | | 55.40 | | 55.40 | | Claimable only when specifically requested by DVA. Report must be kept on patient’s file.  Subject to GST. | B  B |
| S6A typed letter of referral. This must be a detailed typed referral. | \*D019  \*S019 | No  No | |  | | --- | | 13.10  13.10 | | Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider. | A  A |

**RADIOLOGICAL EXAMINATION AND INTERPRETATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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 | No  No | 43.60  43.60 | Limit of six (6) per day – one initial and five subsequent exposures.  For use of radiographs in endodontics refer to Note 9. | A  A |
| *Each subsequent exposure (on same day)* | *\*D022*  *\*S022* | *No*  *No* | *35.85*  *35.85* | See above. | A  A |
| Intraoral radiograph- occlusal, maxillary or mandibular – per exposure | D025  S025 | No  No | |  | | --- | | 72.35 | | 72.35 | |  | A  A |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Extraoral radiograph- maxillary, mandibular – per exposure | D031  S031 | No  No | |  | | --- | | 82.45 | | 82.45 | |  | A  A |
| 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 | D037  S037 | No  No | |  | | --- | | 110.80 | | 110.80 | |  | A  A |
| 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 | D039  S039 | No  No | |  | | --- | | 174.85 | | 174.85 | | Limit of one (1) per 12 month period. | A  A |

**OTHER DIAGNOSTIC SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Saliva screening test | D047  S047 | No  No | |  | | --- | | 47.70  47.70 | | Limit of one (1) per 12 month period. | A  A |
| Biopsy of tissue | D051  S051 | No  No | |  | | --- | | 145.75 | | 145.75 | |  | A  A |
| Pulp testing – per appointment | D061  S061 | No  No | -  - | No fee payable - part of examination. | A  A |
| Diagnostic model – per model | D071  S071 | No  No | |  | | --- | | 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. | A  A |
| Photographic records – intraoral | D072  S072 | No  No | |  | | --- | | 38.25 | | 38.25 | | Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph. | A  A |
| Photographic records – extraoral | D073  S073 | No  No | |  | | --- | | 38.25 | | 38.25 | | Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph. | A  A |
| Diagnostic wax-up | D074  S074 | Yes  Yes | |  | | --- | | 187.10 | | 280.60 | | For use in complex prosthodontic cases only. | B  B |
| 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Removal of plaque and/or stain. | D111  S111 | No  No | |  | | --- | | 63.25 | | 63.25 | | Limit of one (1) per six month period. | A  A |
| Recontouring and polishing of pre-existing restoration(s) – per appointment | D113  S113 | No  No | |  | | --- | | 24.00 | | 24.00 | |  | A  A |
| Removal of calculus - first appointment | D114  S114 | No  No | |  | | --- | | 105.50 | | 105.50 | | Limit of one (1) per six month period. | A  A |
| Removal of calculus - subsequent appointment | D115  S115 | No  No | |  | | --- | | 68.65 | | 68.65 | | Limit of two (2) per 12 month period. | A  A |
| Bleaching, internal - per tooth | D117  S117 | No  No | |  | | --- | | 225.65  225.65 | | For non-vital discoloured tooth.  Limit of two (2) teeth per 12 month period. | A  A |

**REMINERALISING AGENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Topical application of remineralising and/or cariostatic agents, one treatment | D121  S121 | No  No | |  | | --- | | 40.70 | | 40.70 | | Limit of one (1) per six month period. | A  A |
| Concentrated remineralising and /or cariostatic agent, application – single tooth | D123  S123 | No  No | |  | | --- | | 31.85 | | 31.85 | | Limit of one (1) per appointment. | A  A |

OTHER PREVENTIVE SERVICES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Dietary analysis and advice | D131  S131 | No  No | |  | | --- | | 42.80 | | 42.80 | | Where a full appointment of at least 15 minutes is used.  Limit of one (1) per 12 month period. | A  A |
| Oral hygiene instruction | D141  S141 | No  No | |  | | --- | | 58.20 | | 58.20 | | Where a full appointment of at least 15 minutes is used.  Limit of one (1) per 12 month period. | A  A |
| Provision of a mouthguard – indirect | D151  S151 | No  No | |  | | --- | | 176.75 | | 176.75 | | Subject to GST. | A  A |
| Fissure and/or tooth surface sealing-per tooth | D161  S161 | No  No | |  | | --- | | 54.20 | | 54.20 | |  | A  A |
| Desensitising procedure - per appointment | D165  S165 | No  No | |  | | --- | | 31.85 | | 31.85 | |  | A  A |
| Odontoplasty- per tooth | D171  S171 | No  No | |  | | --- | | 59.75 | | 59.75 | | Limit of one (1) per appointment. | A  A |

**CATEGORY 200 PERIODONTICS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Treatment of acute periodontal infection – per appointment | D213  S213 | No  No | |  | | --- | | 82.00 | | 82.00 | | Limit of two (2) appointments per 12 month period. | A  A |
| Clinical periodontal analysis and recording | D221  S221 | No  No | |  | | --- | | 62.30 | | 165.80 | | Limit of one (1) per 12 month period. | A  A |
| Periodontal debridement - per tooth | D222  S222 | No  No | |  | | --- | | 30.65 | | 42.30 | | Limit of 10 per appointment, maximum 20 per 12 month period. | A  A |
| Non-surgical treatment of peri-implant disease – per implant | \*D223  \*S223 | No  No | |  | | --- | | 30.65 | | 42.30 | | Limit of five (5) per appointment, maximum 10 per 12 month period. | A  A |

**CATEGORY 200 PERIODONTICS (Cont.)**

| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Gingivectomy - per tooth | D231  S231 | Yes  Yes | FBN  FBN | Limit of 10 per appointment, 20 per 12 month period. | B  B |
| Periodontal flap surgery - per tooth | D232  S232 | Yes  Yes | FBN  FBN | Limit of 10 per appointment, 20 per 12 month period. | B  B |
| 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 | D238  S238 | No  No | |  | | --- | | 444.55 | | 657.95 | |  | A  A |
| Root resection – per root | D241  S241 | No  No | |  | | --- | | 254.65 | | 318.30 | |  | A  A |
| Osseous surgery - per tooth or implant | D242  S242 | Yes  Yes | FBN  FBN |  | B  B |
| Osseous graft -per tooth or implant | D243  S243 | Yes  Yes | FBN  FBN |  | B  B |
| Osseous graft – block | S244 | Yes | FBN | Limit one (1) per 12 month period. | B |
| Periodontal surgery involving one tooth | \*D245  \*S245 | No  No | |  | | --- | | 93.35  186.45 | | Limit of one (1) per 12 month period. | A  A |
| 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 | D250  S250 | No  No | |  | | --- | | 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 | D251  S251 | No  No | |  | | --- | | 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Removal of a tooth or part(s) thereof | | | | | |
| 1st tooth extracted from each quadrant | D311  S311 | No  No | 154.40  191.80 | See Note 2. | A  A |
| *Step down fee for second tooth in same quadrant* | *D311*  *S311* | *No*  *No* | 97.30  124.15 |  | A  A |
| Sectional removal of a tooth. | | | | | |
| 1st sectional removal from each quadrant | D314  S314 | No  No | 197.35  262.20 | See Note 2. | A  A |
| *Step down fee for second tooth in same quadrant* | *D314*  *S314* | *No*  *No* | 130.40  173.35 |  | A  A |

**SURGICAL EXTRACTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division. | | | | | |
| 1st tooth extracted from each quadrant | D322  S322 | No  No | 250.60  333.20 | See Note 2. | A  A |
| *Step down fee for second tooth in same quadrant* | *D322*  *S322* | *No*  *No* | 166.75  207.30 |  | A  A |
| Surgical removal of a tooth or tooth fragment requiring removal of bone. | | | | | |
| 1st tooth extracted from each quadrant | D323  S323 | No  No | 286.25  413.60 | See Note 2. | A  A |
| *Step down fee for second tooth in same quadrant* | *D323*  *S323* | *No*  *No* | 205.05  271.45 |  | A  A |
| Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division. | | | | | |
| 1st tooth extracted from each quadrant | D324  S324 | No  No | 385.05  512.15 | See Note 2. | A  A |
| *Step down fee for second tooth in same quadrant* | *D324*  *S324* | *No*  *No* | 253.80  337.90 |  | A  A |

**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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Alveolectomy - per segment | D331  S331 | No  No | |  | | --- | | 156.25  196.80 | | See Note 3. | A  A |
| Ostectomy – per jaw | S332 | No | 522.70 | See Note 3. | A |
| Reduction of fibrous tuberosity | D337  S337 | No  No | |  | | --- | | 219.70 | | 292.10 | | See Note 3. | A  A |

**SURGERY FOR PROSTHESES (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Reduction of flabby ridge - per segment | D338  S338 | No  No | |  | | --- | | 124.40 | | 177.85 | | See Note 3.  Limit of one (1) per 12 month period. | A  A |
| Removal of hyperplastic tissue | D341  S341 | No  No | |  | | --- | | 199.15 | | 426.80 | | See Note 3.  Limit of one (1) per 12 month period.  Not for tooth-associated soft tissue treatment. | A  A |
| 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Repair of skin and subcutaneous tissue or mucous membrane | D351  S351 | No  No | |  | | --- | | 188.20 | | 250.30 | | See Note 4. | A  A |
| 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Surgery to salivary gland | S376 | No | 255.70 | See Note 7. | A |
| Removal or repair of soft tissue (not elsewhere defined) | D377  S377 | No  No | |  | | --- | | 238.35  317.30 | | See Note 7. | A  A |
| Surgical removal of foreign body | D378  S378 | No  No | |  | | --- | | 134.90  179.30 | | See Note 7. | A  A |
| 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Surgical exposure of unerupted tooth – per tooth | D381  S381 | Yes  Yes | FBN  408.95 | See Note 8. | B  B |
| Surgical exposure and attachment of device for orthodontic traction | S382 | Yes | 463.85 | See Note 8. | B |
| Repositioning of displaced tooth/teeth – per tooth | D384  S384 | No  No | |  | | --- | | 224.50 | | 299.30 | | See Note 8. | A  A |
| Surgical repositioning of unerupted tooth – per tooth | S385 | Yes | 463.85 | See Note 8. | B |
| Splinting of displaced tooth/teeth – per tooth | D386  S386 | No  No | |  | | --- | | 231.65 | | 311.90 | | See Note 8. | A  A |
| Replantation and splinting of a tooth – per tooth | D387  S387 | No  No | |  | | --- | | 453.45 | | 603.10 | | See Note 8. | A  A |
| 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 | D391  S391 | No  No | |  | | --- | | 208.00 | | 276.70 | | See Note 8. | A  A |
| Drainage of abscess | D392  S392 | No  No | |  | | --- | | 113.95 | | 145.15 | | See Note 8. | A  A |
| Surgery involving the maxillary antrum | S393 | Yes | 926.60 | See Note 8. | B |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Direct pulp capping | \*D411  \*S411 | No  No | |  | | --- | | 41.05  54.45 | | See Note 9. | A  A |
| Incomplete endodontic therapy (tooth not suitable for further treatment) | \*D412  \*S412 | No  No | |  | | --- | | 140.45  224.50 | | See Note 9. | A  A |
| Pulpotomy | \*D414  \*S414 | No  No | |  | | --- | | 89.50  103.70 | | See Note 9. | A  A |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Complete chemo-mechanical preparation of root canal – one canal | \*D415  \*S415 | No  No | |  | | --- | | 251.90 | | 466.30 | | See Note 9. | A  A |
| Complete chemo-mechanical preparation of root canal – each additional canal | \*D416  \*S416 | No  No | |  | | --- | | 120.05 | | 238.35 | | See Note 9. | A  A |
| Root canal obturation – one canal | \*D417  \*S417 | No  No | |  | | --- | | 245.40 | | 466.30 | | See Note 9. | A  A |
| Root canal obturation – each additional canal | \*D418  \*S418 | No  No | |  | | --- | | 114.85 | | 238.35 | | See Note 9. | A  A |
| Extirpation of pulp or debridement of root canal(s) – emergency or palliative | D419  S419 | No  No | |  | | --- | | 162.15 | | 194.75 | |  | A  A |
| Resorbable root canal filling – primary tooth | \*D421  \*S421 | No  No | |  | | --- | | 140.45 | | 224.50 | | See note 9.  Limit of one (1) per primary tooth | A  A |

PERIRADICULAR SURGERY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee**  **$**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Periapical curettage – per root | D431  S431 | No  No | |  | | --- | | 355.75 | | 480.20 | | See Note 9.  Item cannot be claimed with 432 and 434 | A  A |
| Apicectomy – per root | D432  S432 | No  No | |  | | --- | | 355.75 | | 480.20 | | See Note 9.  Includes curettage. | A  A |
| Exploratory periradicular surgery | D433  S433 | No  No | |  | | --- | | 149.65 | | 187.10 | | Limit of one (1) per 12 month period.  Not claimable with items 431, 432, 434, 436, 437 and 438. | A  A |
| Apical seal - per canal | D434  S434 | No  No | |  | | --- | | 426.80 | | 622.40 | | See Note 9.  Includes apicectomy and periapical curettage. | A  A |
| Sealing of perforation | D436  S436 | No  No | |  | | --- | | 224.00 | | 444.55 | | See Note 9.  Limit of one (1) per 12 month period. | A  A |
| Surgical treatment and repair of an external root resorption – per tooth | D437  S437 | No  No | |  | | --- | | 311.15 | | 435.55 | | See Note 9.  Limit of one (1) per 12 month period. | A  A |
| Hemisection | D438  S438 | No  No | |  | | --- | | 286.25 | | 413.60 | | See Note 9. | A  A |

OTHER ENDODONTIC SERVICES

| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Exploration and/or negotiation of a calcified canal – per canal, per appointment | D445  S445 | No  No | |  | | --- | | 124.30 | | 165.80 | | See Note 9. | A  A |
| Removal of root filling – per canal | D451  S451 | No  No | |  | | --- | | 124.30  165.80 | | See Note 9. | A  A |
| Removal of cemented root canal post or post crown | D452  S452 | No  No | |  | | --- | | 124.30 | | 155.40 | | See Note 9. | A  A |
| Removal or bypassing fractured endodontic instrument | D453  S453 | No  No | |  | | --- | | 103.70  145.15 | | See Note 9. | A  A |
| Additional appointment for irrigation and/or dressing of the root canal system – per tooth | \*D455  \*S455 | No  No | |  | | --- | | 124.30  165.80 | | Within three months of items 415 or 416.  Appointment for irrigation only – cannot be paid with any other item. | A  A |
| Obturation of resorption defect or perforation (non-surgical) | D457  S457 | No  No | |  | | --- | | 124.30 | | 165.80 | | See Note 9.  Limit of one (1) per tooth. | A  A |
| Interim therapeutic root filling – per tooth | D458  S458 | No  No | |  | | --- | | 165.80 | | 186.45 | | No other endodontic treatment on the same tooth within three months.  Limit of three (3) in a 12 month period. | A  A |

**CATEGORY 500 RESTORATIVE SERVICES**

**METALLIC RESTORATIONS - DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Metallic restoration  - one surface | D511  S511 | No  No | |  | | --- | | 122.60 | | 122.60 | |  | A  A |
| Metallic restoration  - two surfaces | D512  S512 | No  No | |  | | --- | | 150.25 | | 150.25 | |  | A  A |
| Metallic restoration  - three surfaces | D513  S513 | No  No | |  | | --- | | 179.40 | | 179.40 | |  | A  A |
| Metallic restoration - four surfaces | D514  S514 | No  No | |  | | --- | | 204.50 | | 204.50 | |  | A  A |
| Metallic restoration - five surfaces | D515  S515 | No  No | |  | | --- | | 233.40 | | 233.40 | |  | A  A |

**ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Adhesive restoration  - one surface  - anterior tooth | D521  S521 | No  No | |  | | --- | | 135.80 | | 135.80 | |  | A  A |
| Adhesive restoration  - two surfaces  - anterior tooth | D522  S522 | No  No | |  | | --- | | 164.85 | | 164.85 | |  | A  A |
| Adhesive restoration – three surfaces  - anterior tooth | D523  S523 | No  No | |  | | --- | | 195.25 | | 195.25 | |  | A  A |
| Adhesive restoration – four surfaces  - anterior tooth | D524  S524 | No  No | |  | | --- | | 225.65 | | 225.65 | |  | A  A |
| Adhesive restoration – five surfaces  - anterior tooth | D525  S525 | No  No | |  | | --- | | 265.15 | | 315.25 | |  | A  A |
| Adhesive restoration – veneer – anterior tooth – direct | D526  S526 | No  No | |  | | --- | | 265.15  315.25 | | Annual limit applies. | C  C |

**ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Adhesive restoration  - one surface  - posterior tooth | D531  S531 | No  No | |  | | --- | | 145.10 | | 145.10 | |  | A  A |
| Adhesive restoration  - two surfaces  - posterior tooth | D532  S532 | No  No | |  | | --- | | 182.15 | | 182.15 | |  | A  A |
| Adhesive restoration – three surfaces – posterior tooth | D533  S533 | No  No | |  | | --- | | 218.95 | | 218.95 | |  | A  A |
| Adhesive restoration  – four surfaces  – posterior tooth | D534  S534 | No  No | |  | | --- | | 246.60 | | 246.60 | |  | A  A |
| Adhesive restoration  – five surfaces  – posterior tooth | D535  S535 | No  No | |  | | --- | | 284.80 | | 369.20 | |  | A  A |
| Adhesive restoration – veneer – posterior tooth – direct | D536  S536 | No  No | |  | | --- | | 265.15  315.25 | | Annual limit applies | C  C |

METALLIC RESTORATIONS - INDIRECT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Metallic restoration – one surface | D541  S541 | No  No | |  | | --- | | 640.05 | | 640.05 | | Annual limit applies. | C  C |
| Metallic restoration – two surfaces | D542  S542 | No  No | |  | | --- | | 817.95  817.95 | | Annual limit applies. | C  C |
| Metallic restoration – three surfaces | D543  S543 | No  No | |  | | --- | | 1066.95  1066.95 | | Annual limit applies. | C  C |
| Metallic restoration - four surfaces | D544  S544 | No  No | |  | | --- | | 1191.45  1191.45 | | Annual limit applies. | C  C |
| Metallic restoration  - five surfaces | D545  S545 | No  No | |  | | --- | | 1333.60  1760.25 | | Annual limit applies. | C  C |

**TOOTH COLOURED RESTORATIONS - INDIRECT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Tooth-coloured restoration  - one surface | D551  S551 | No  No | |  | | --- | | 800.25  1066.95 | | Annual limit applies. | C  C |
| Tooth-coloured restoration  - two surfaces | D552  S552 | No  No | |  | | --- | | 924.60  1209.20 | | Annual limit applies. | C  C |
| Tooth-coloured restoration  - three surfaces | D553  S553 | No  No | |  | | --- | | 1137.95  1529.20 | | Annual limit applies. | C  C |
| Tooth-coloured restoration  - four surfaces | D554  S554 | No  No | |  | | --- | | 1369.25  1653.50 | | Annual limit applies. | C  C |
| Tooth-coloured restoration  - five surfaces | D555  S555 | No  No | |  | | --- | | 1467.90  1760.25 | | Annual limit applies. | C  C |
| Tooth-coloured restoration – veneer – indirect | D556  S556 | No  No | |  | | --- | | 978.50  1066.95 | | Annual limit applies. | C  C |

OTHER RESTORATIVE SERVICES

| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Provisional (intermediate/ temporary) restoration – per tooth | D572  S572 | No  No | |  | | --- | | 57.35 | | 57.35 | | Not claimable with endodontic items except 419.  Limit of three (3) per three month period. | A  A |
| Metal band | D574  S574 | No  No | |  | | --- | | 48.35 | | 48.35 | |  | A  A |
| Pin retention – per pin | D575  S575 | No  No | |  | | --- | | 33.10 | | 33.10 | | Limit of three (3) per tooth. Limit of six (6) pins payable. | A  A |
| Cusp capping – per cusp | D577  S577 | No  No | |  | | --- | | 35.70 | | 35.70 | | Limit of two (2) cusps per tooth. | A  A |
| Restoration of an incisal corner – per corner | D578  S578 | No  No | |  | | --- | | 35.70 | | 35.70 | | Limit of two (2) per tooth. | A  A |
| Bonding of tooth fragment | D579  S579 | No  No | |  | | --- | | 113.95 | | 145.15 | | Limit of one (1) per appointment | A  A |
| Crown – metallic – with tooth preparation – preformed | \*D586  \*S586 | No  No | |  | | --- | | 302.30 | | 408.95 | | No other crown item number to be claimed on the same tooth within six (6) months. | A  A |
| Crown – metallic – minimal tooth preparation – preformed | \*D587  \*S587 | No  No | |  | | --- | | 179.40 | | 179.40 | | No other crown item number to be claimed on the same tooth within six (6) months. | A  A |
| Crown – tooth-coloured – preformed | \*D588  \*S588 | No  No | |  | | --- | | 302.30 | | 408.95 | | No other crown item number to be claimed on the same tooth within six (6) months. | A  A |
| Removal of indirect restoration | D595  S595 | No  No | |  | | --- | | 113.95 | | 165.80 | |  | A  A |
| Recementing of indirect restoration | D596  S596 | No  No | |  | | --- | | 93.10 | | 93.10 | |  | A  A |

**OTHER RESTORATIVE SERVICES (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Post – direct   * 1st post in a tooth      * *Step down fee for subsequent posts in the same tooth* | D597  S597  *D597*  *S597* | No  No  *No*  *No* | 176.20  227.85  *103.70*  *124.30* | Limit of two (2) posts per tooth. | A  A  A  A |

**CATEGORY 600 CROWN AND BRIDGE**

**CROWNS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Full crown  - acrylic resin  - indirect | D611  S611 | No  No | |  | | --- | | 1086.25 | | 1444.80 | | Annual limit applies. | C  C |
| Full crown  - non metallic  - indirect | D613  S613 | No  No | |  | | --- | | 1579.75 | | 2101.15 | | Annual limit applies. | C  C |
| Full crown  - veneered  - indirect | D615  S615 | No  No | |  | | --- | | 1486.15 | | 2318.55 | | Annual limit applies. | C  C |
| Full crown  - metallic  - indirect | D618  S618 | No  No | |  | | --- | | 1392.55 | | 1854.70 | | Annual limit applies. | C  C |
| Core for crown including post – indirect | D625  S625 | No  No | |  | | --- | | 376.05 | | 500.05 | | Annual limit applies. | C  C |
| Preliminary restoration for crown – direct | D627  S627 | No  No | |  | | --- | | 155.40  207.30 | | Annual limit applies. | C  C |
| Post and root cap – indirect | D629  S629 | No  No | |  | | --- | | 393.80 | | 507.70 | | Annual limit applies. | C  C |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Provisional crown – per tooth | \*D631  \*S631 | No  No | |  | | --- | | 179.30 | | 179.30 | | No other crown item number to be claimed on same tooth within six (6) months. | A  A |
| Provisional bridge -per pontic | \*D632  \*S632 | No  No | |  | | --- | | 355.75 | | 462.40 | | No other crown item number to be claimed on same tooth within six (6) months. | A  A |
| Provisional implant crown abutment – per abutment | \*D633  \*S633 | No  No | |  | | --- | | 179.30 | | 179.30 | | No other crown item number to be claimed on same tooth within 6 months. | A  A |

**BRIDGES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Bridge pontic  - direct  - per pontic | D642  S642 | No  No | |  | | --- | | 1137.95 | | 1529.20 | | Annual limit applies. | C  C |
| Bridge pontic  - indirect  - per pontic | D643  S643 | No  No | |  | | --- | | 1213.35 | | 1529.20 | | Annual limit applies. | C  C |
| Semi-fixed attachment | D644  S644 | No  No | |  | | --- | | 273.85 | | 497.75 | | Annual limit applies. | C  C |
| Precision or magnetic attachment | D645  S645 | No  No | |  | | --- | | 348.45 | | 448.10 | | Annual limit applies. | C  C |
| Retainer for bonded fixture – indirect – per tooth | D649  S649 | No  No | |  | | --- | | 462.40  622.40 | | Annual limit applies. | C  C |

**CROWN AND BRIDGE REPAIRS AND OTHER SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Recementing crown or veneer | D651  S651 | No  No | |  | | --- | | 121.30 | | 138.05 | |  | A  A |
| Recementing bridge or splint – per abutment | D652  S652 | No  No | |  | | --- | | 118.50 | | 157.65 | |  | A  A |
| Rebonding of bridge or splint where retreatment of bridge surface is required | D653  S653 | No  No | |  | | --- | | 107.75 | | 147.20 | |  | A  A |
| Removal of crown | D655  S655 | No  No | |  | | --- | | 72.45 | | 93.35 | |  | A  A |
| Removal of bridge or splint | D656  S656 | No  No | |  | | --- | | 217.55 | | 217.55 | |  | A  A |
| Repair of crown, bridge or splint  - indirect | D658  and  D472 | No  No | 273.85  219.10 | 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. | C  C |
| Repair of crown/bridge or splint – indirect | S658  and  S472 | No  No | 273.85  219.10 | 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. | C  C |
| Repair of crown, bridge or splint  - direct | D659  S659 | No  No | |  | | --- | | 348.45  522.70 | | Annual limit applies. | C  C |

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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| --- | --- | --- | --- | --- | --- |
| Fitting of implant abutment – per abutment | D661  S661 | Yes  Yes | FBN  FBN | See Note 10. | B  B |
| 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 | D668  S668 | Yes  Yes | FBN  FBN | See Note 10. | B  B |
| Removal and reattachment of prosthesis fixed to implant(s) – per implant | D669  S669 | Yes  Yes | FBN  FBN | See Note 10. | B  B |
| Full crown attached to osseointegrated implant  - non metallic  - indirect | D671  S671 | Yes  Yes | |  | | --- | | 1579.75 | | 2101.15 | | See Note 10. | B  B |
| Full crown attached to osseointegrated implant  - veneered  - indirect | D672  S672 | Yes  Yes | |  | | --- | | 1789.60 | | 2318.55 | | See Note 10. | B  B |

IMPLANT PROSTHESES (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Full crown attached to osseointegrated implant  -metallic  -indirect | D673  S673 | Yes  Yes | |  | | --- | | 1394.55 | | 1854.70 | | See Note 10. | B  B |
| 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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Complete maxillary denture | D711  S711 | No  No | |  | | --- | | 1122.15 | | 1122.15 | | See Note 11. | A  A |
| Complete mandibular denture | D712  S712 | No  No | |  | | --- | | 1122.15 | | 1122.15 | | See Note 11. | A  A |
| Provisional complete maxillary denture | D713  S713 | No  No | |  | | --- | | 841.60 | | 841.60 | | This item allows for provisional denture to be relined or replaced within 12 months. | A  A |
| Provisional complete mandibular denture | D714  S714 | No  No | |  | | --- | | 841.60 | | 841.60 | | This item allows for provisional denture to be relined or replaced within 12 months. | A  A |
| Provisional complete maxillary and mandibular dentures | D715  S715 | No  No | |  | | --- | | 1492.40 | | 1492.40 | | This item allows for provisional denture to be relined or replaced within 12 months. | A  A |
| Metal palate or plate | D716  S716 | No  No | As per lab invoice | Additional to item 711, 712 or 719.  Laboratory casting invoice required. Maximum amount payable $497.90. | A  A |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Complete maxillary and mandibular dentures | D719  S719 | No  No | |  | | --- | | 1989.85 | | 1989.85 | | See Note 11. | A  A |
| Partial maxillary denture – resin base | D721  S721 | No  No | |  | | --- | | 513.45 | | 513.45 | | See Note 11.  This item refers to denture base only.  The number of teeth are specified in item 733. | A  A |
| Partial mandibular denture – resin base | D722  S722 | No  No | |  | | --- | | 513.45 | | 513.45 | | See Note 11.  This item refers to denture base only.  The number of teeth are specified in item 733. | A  A |
| Provisional partial maxillary denture | D723  S723 | No  No | |  | | --- | | 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. | A  A |
| Provisional partial mandibular denture | D724  S724 | No  No | |  | | --- | | 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. | A  A |
| Partial maxillary denture – cast metal framework | D727  S727 | No  No | |  | | --- | | 1503.20 | | 1503.20 | | See Note 11.  This item refers to denture base only.  The number of teeth are specified in item 733. | A  A |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Partial mandibular denture – cast metal framework | D728  S728 | No  No | |  | | --- | | 1503.20 | | 1503.20 | | See Note 11.  This item refers to denture base only.  The number of teeth are specified in item 733. | A  A |
| Retainer – per tooth | D731  S731 | No  No | |  | | --- | | 51.85 | | 51.85 | |  | A  A |
| Occlusal rest - per rest | D732  S732 | No  No | |  | | --- | | 25.25 | | 25.25 | |  | A  A |
| Tooth/teeth (partial denture) | D733  S733 | No  No | |  | | --- | | 42.50 | | 42.50 | | Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728). | A  A |
| Overlays – per tooth | D734  S734 | No  No | |  | | --- | | 51.85 | | 51.85 | | Can only be claimed with items 727 or 728. | A  A |
| Precision or magnetic denture attachment | D735  S735 | No  No | |  | | --- | | 311.15 | | 311.15 | | Limit of two (2) items per 12 month period. | A  A |
| Immediate tooth replacement - per tooth | D736  S736 | No  No | |  | | --- | | 10.80 | | 10.80 | |  | A  A |
| Resilient lining | D737  S737 | No  No | |  | | --- | | 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. | A  A |
| Wrought bar | D738  S738 | No  No | |  | | --- | | 207.30 | | 207.30 | |  | A  A |
| Metal backing – per backing | D739  S739 | No  No | |  | | --- | | 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. | A  A |

**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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Adjustment of a denture | D741  S741 | No  No | |  | | --- | | 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. | A  A |
| Relining  - complete denture  - processed | D743  S743 | No  No | |  | | --- | | 391.65 | | 568.35 | | See Note 12.  For soft relines, use items 743 and 737. | A  A |
| Relining  - partial denture  - processed | D744  S744 | No  No | |  | | --- | | 333.90 | | 441.85 | | See Note 12.  For soft relines, use items 744 and 737. | A  A |
| Remodelling - complete denture | D745  S745 | Yes  Yes | FBN  FBN | See Note 12. | B  B |
| Remodelling – partial denture | D746  S746 | Yes  Yes | FBN  FBN | See Note 12. | B  B |
| Relining  - complete denture  - direct | D751  S751 | No  No | |  | | --- | | 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. | A  A |

**DENTURE MAINTENANCE (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Relining  - partial denture  - direct | D752  S752 | No  No | |  | | --- | | 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. | A  A |
| Cleaning and polishing of pre-existing denture | D753  S753 | No  No | |  | | --- | | 49.80 | | 66.30 | | Limit of one (1) per denture every 2 years. Subject to GST. | A  A |

**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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Reattaching pre-existing tooth or clasp to denture | D761  and  D482 | No  No | 44.80  124.80 | 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. | A  A |
| Reattaching pre-existing tooth or clasp to denture | S761  and  S482 | No  No | 44.80  124.80 | 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. | A  A |
| Replacing/adding clasp to denture – per clasp | D762  S762 | No  No | |  | | --- | | 177.20 | | 177.20 | | See Note 13. Limit of one (1) per day per denture.  GST free. | A  A |

DENTURE REPAIRS (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Repairing broken base of a complete denture | D763  and  D484 | No  No | 44.80  124.80 | 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 | A  A |
| Repairing broken base of a complete denture | S763  and  S484 | No  No | 44.80  124.80 | 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 | A  A |
| Repairing broken base of a partial denture | D764  and  D485 | No  No | 44.80  124.80 | 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 | A  A |
| Repairing broken base of a partial denture | S764  and  S485 | No  No | 44.80  124.80 | 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 | A  A |

DENTURE REPAIRS (Cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Replacing/adding new tooth on denture – per tooth | D765  S765 | No  No | |  | | --- | | 177.20 | | 177.20 | | Limit of one (1) per day per denture.  See Note 13 | A  A |
| Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day | D767  and  D488 | No  No | 22.10  48.00 | 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. | A  A |
| Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day | S767  and  S488 | No  No | 22.10  48.00 | 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. | A  A |
| Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth | D768  S768 | No  No | |  | | --- | | 179.40  179.40 | | Limit of one (1) per day per denture.  See Note 13 | A  A |
| Repair or addition to metal casting | D769  S769 | No  No | 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 | A  A |

**OTHER PROSTHODONTIC SERVICES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| For provision of dentures in difficult cases including all component associated with the prosthesis\* | D770  S770 | Yes  Yes | FBN  FBN | Non ADA item number. To be used in exceptional cases only – contact DVA.  \*excluding fees for castings, itemised as D/S 716 or 769 | B  B |
| Tissue conditioning preparatory to impressions – per application | D771  S771 | No  No | |  | | --- | | 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. | A  A |
| Splint  - resin  - indirect | D772  S772 | No  No | |  | | --- | | 408.95 | | 533.40 | | A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth. | A  A |
| Splint  - metal  - indirect | D773  S773 | No  No | |  | | --- | | 408.95 | | 533.40 | | A metal splint that is used to stabilise mobile or displaced teeth. | A  A |
| Obturator | D774  S774 | Yes  Yes | FBN  FBN |  | B  B |
| Impression - dental appliance repair/modification | D776  S776 | No  No | |  | | --- | | 54.20 | | 54.20 | |  | A  A |
| Identification | D777  S777 | No  No | |  | | --- | | 43.45  43.45 | | Limit of one (1) per denture. | A  A |

**CATEGORY 800 ORTHODONTICS**

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

**REMOVABLE APPLIANCES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Passive removable appliance – per arch | D811  S811 | Yes  Yes | FBN  FBN | See Note 14.  Limit of one (1) per jaw. | B  B |
| Active removable appliance – per arch | D821  S821 | Yes  Yes | FBN  FBN | See Note 14.  Limit of one (1) per jaw. | B  B |
| Functional orthopaedic appliance – custom fabrication | D823  S823 | Yes  Yes | FBN  FBN | See Note 14.  Limit of one (1) per jaw. | B  B |

## FIXED APPLIANCES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Partial banding - per arch | D829  S829 | Yes  Yes | FBN  FBN | See Note 14.  Limit of one (1) per jaw. | B  B |
| Full arch banding – per arch | D831  S831 | Yes  Yes | FBN  FBN | See Note 14.  Limit of one (1) per jaw. | B  B |

**COMPLETE ORTHODONTIC TREATMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Complete course of orthodontic treatment | D881  S881 | Yes  Yes | FBN  FBN | See Note 14. | B  B |

**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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Palliative care | D911  S911 | No  No | |  | | --- | | 80.50 | | 107.05 | | See Note 15.  Not to be claimed with an extraction, endodontic or restorative treatment on same tooth. | A  A |
| After hours callout | D915  S915 | No  No | |  | | --- | | 108.10 | | 108.10 | | Flat fee is claimable as an emergency loading for services provided after hours.  Limit of 3 per 3 month period. | A  A |

**PROFESSIONAL APPOINTMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Travel to provide services | D916  S916 | No  No | |  | | --- | | 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. | A  A |

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** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Individually made tray – medicaments | \*D926  \*S926 | No  No | |  | | --- | | 186.45 | | 186.45 | | Limit of one (1) per arch per 12 month period.  Not to be claimed for bleaching. | A  A |
| Provision of medication/ medicament | \*D927  \*S927 | No  No | |  | | --- | | 32.35 | | 32.35 | | For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period. | A  A |

ANAESTHESIA AND SEDATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Treatment under general anaesthesia provided in a hospital or day procedure centre | D949  S949 | Yes  Yes | FBN  FBN | 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. | B  B |

OCCLUSAL THERAPY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Minor occlusal adjustment  - per appointment | D961  S961 | Yes  Yes | FBN  FBN | Not related to any other procedure. | B  B |
| Clinical occlusal analysis including muscle and joint palpation | D963  S963 | No  No | |  | | --- | | 103.70 | | 145.15 | | Limit of one (1) per three year period. | A  A |
| Registration and mounting of casts for occlusal analysis | D964  S964 | No  No | |  | | --- | | 88.90 | | 106.85 | | Limit of one (1) per three year period.  Cannot be claimed with items 500-899 inclusive. | A  A |
| Occlusal splint | D965  S965 | No  No | |  | | --- | | 626.50 | | 1049.15 | |  | A  A |
| Adjustment of pre-existing occlusal splint – per appointment | D966  S966 | No  No | |  | | --- | | 88.90 | | 106.20 | | Limit of four (4) per 12 months. | A  A |
| Occlusal adjustment following occlusal analysis – per appointment | D968  S968 | No  No | |  | | --- | | 124.40 | | 160.15 | | Can only be claimed following D/S963 and/or D/S964  Limit of four (4) per year | A  A |
| Adjunctive physical therapy for temporomandibular joint and associated structures – per appointment | D971  S971 | No  No | |  | | --- | | 88.90  106.85 | | Limit of four (4) per 12 month period. | A  A |
| Repair/addition – occlusal splint | D972  S972 | No  No | |  | | --- | | 337.90 | | 337.90 | |  | A  A |

**MISCELLANEOUS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Splinting and stabilisation – direct – per tooth | D981  S981 | No  No | |  | | --- | | 113.95 | | 145.15 | |  | A  A |
| Enamel stripping - per appointment | D982  S982 | No  No | |  | | --- | | 112.00 | | 112.00 | |  | A  A |
| Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea | D983  S983 | Yes  Yes | FBN  FBN | Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP. | B  B |
| Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea | D984  S984 | Yes  Yes | FBN  FBN | Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP. | B  B |
| Repair/addition – snoring or sleep apnoea device | D985  S985 | No  No | |  | | --- | | 337.90 | | 337.90 | |  | A  A |
| Post-operative care where not otherwise included | \*D986  \*S986 | No  No | |  | | --- | | 82.95 | | 103.70 | | Limit of two (2) per 12 month period. | A  A |

**TREATMENT NOT OTHERWISE INCLUDED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Item** | **Prior Approval** | **Fee $**  **(Excl. GST)** | **Special Remarks** | **Schedule** |
| Treatment not otherwise included (specify) | D990  S990 | Yes  Yes | FBN  FBN | Exceptional use item only – contact DVA | B  B |