



**Australian Government**  
**Department of Veterans' Affairs**

**FEE SCHEDULE**

**OF**

**DENTAL SERVICES**

**FOR**

**DENTISTS**

**AND**

**DENTAL SPECIALISTS**

**EFFECTIVE 1 NOVEMBER 2012**

BASED ON *AUSTRALIAN SCHEDULE OF DENTAL SERVICES AND GLOSSARY*, 9<sup>TH</sup> EDITION

## **IMPORTANT INFORMATION**

Changes since the *Fee Schedule of Dental Services for Dentists and Dental Specialists Effective 1 September 2012* are listed below.

### **Preventive Dental Services by Dental Therapists, Dental Hygienists and Oral Health Therapists**

Effective 1 November 2012, dental hygienists and oral health therapists, registered with the Dental Board of Australia, will be able to provide preventive dental services to eligible members of the veteran community. The remuneration for these services remains unchanged; i.e. the claim is submitted by the dentist or dental specialist on their behalf at the current DVA dental fee.

### **Removal of prior approval**

Effective 1 November 2012 prior financial authorisation requirements have been removed from the following items:

<i>Dentists</i>	<i>Dental Specialists</i>
D281	S281

### **New process for Schedule A – time and quantity restrictions**

If there is a clinical 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)*

Dental providers will no longer be required to contact DVA for prior financial authorisation of treatment for White Card holders *where the service is related to the White Card holders accepted condition(s)* unless otherwise specified in this fee schedule.

Provider 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**

Website: [http://www.dva.gov.au/service\\_providers/dental\\_allied/dental/Pages/dental.aspx](http://www.dva.gov.au/service_providers/dental_allied/dental/Pages/dental.aspx)

Or

Medical & Allied Health section on:

**Non-metropolitan callers:** 1800 550 457 (Select Option 3, then Option 1)

**Metropolitan callers:** 1300 550 457 (Select Option 3, then Option 1)

## **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.
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### **Schedule A**

- Prior financial authorisation not required for Gold or White Card holders (except where specified).
  - 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.
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### **Schedule B**

- Prior financial authorisation required for all Gold and White Card holders.
  - No AML applies.
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### **Schedule C**

- Prior financial authorisation is generally not required (see exceptions below).
  - 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 adjusted on an annual basis and applies to a calendar year. This limit is not cumulative and cannot be used in subsequent years.
  - DVA will pay up to a total of \$2,446.00 in the 2013 calendar year for all services provided from Schedule C.
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#### *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.
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#### **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.

**ADDRESS AND CONTACT NUMBERS FOR  
THE DEPARTMENT OF VETERANS' AFFAIRS (DVA)**

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

**Non-metropolitan callers:** 1800 550 457 (Select Option 3, then Option 1)

**Metropolitan callers:** 1300 550 457 (Select Option 3, then Option 1)

**DVA fax number for prior financial authorisation: (08) 8290 0422** (for all States & Territories)

Postal address (for all States & Territories): **Medical & Allied Health Section  
Department of Veterans' Affairs  
GPO Box 9998  
ADELAIDE SA 5001**

[http://www.dva.gov.au/service\\_providers/dental\\_allied/Pages/index.aspx](http://www.dva.gov.au/service_providers/dental_allied/Pages/index.aspx).

Department of Human Services (DHS) processes claims for health care providers on behalf of DVA.

Postal address for claims: **Veterans' Affairs Processing (VAP)  
Department of Human Services  
GPO Box 964  
ADELAIDE SA 5001**

**All claim enquiries telephone:** 1300 550 017 (for all States & Territories)  
(Option 2 Allied Health)

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**Dental Claim Forms**

D919 - Dental Report and Voucher

D986 - Dental Request

D1217 - Claim for Treatment Services

P02098C - Schedule of Dental Services for Dentists and Dental Specialists

Ordering forms online is quick and simple and will ensure prompt delivery. To place your order online go to:

[http://www.dva.gov.au/service\\_providers/Pages/Forms.aspx](http://www.dva.gov.au/service_providers/Pages/Forms.aspx) or

Tel: 1800 155 355

Fax: 1800 671 670

**DVA provider fillable and printable health care claim forms & vouchers are also available on the DVA website at:** [http://www.dva.gov.au/service\\_providers/Pages/Forms.aspx](http://www.dva.gov.au/service_providers/Pages/Forms.aspx)

## **CATEGORY 000 DIAGNOSTIC SERVICES**

### **EXAMINATIONS**

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

<b>DESCRIPTION</b>	<b>ITEM</b>	<b>PRIOR APPROVAL</b>	<b>FEE \$ (EXCL. GST)</b>	<b>SPECIAL REMARKS</b>	<b>SCHEDULE</b>
Comprehensive oral examination	D011	No	52.65	See Note 1. 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	No	43.75	See Note 1.	A
	S012	No	43.75	Limit of one (1) per provider every 6 months. Limit applies to the same provider.	A
Oral examination – limited	D013	No	27.50	Limit of three (3) per three month period.	A
	S013	No	27.50		A
Consultation	S014	No	63.45	See Note 1. Not claimable by general dentists	A
Consultation - extended (30 mins)	S015	No	103.85	See Note 1. Limit of one (1) per provider per 12 month period.	A
Consultation by referral	D016	Yes	102.70	Payable only when specifically requested by DVA. Includes report to referring practitioner.  Subject to GST.	B
	S016	Yes	150.90		B

## EXAMINATIONS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Consultation by referral - extended (30 mins or more)	S017	No	205.60	May only be claimed by oral medicine and special needs dentistry specialists.	A
Comprehensive clinical report (not elsewhere included)	D018	Yes	47.05	See Note 1.	B
	S018	Yes	47.05	Claimable only when specifically requested by DVA. Report must be kept on patient's file. Subject to GST.	B
A typed letter of referral. This must be a detailed typed referral.	*D019	No	11.10	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.	A
	*S019	No	11.10		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 radiographs on the same day.					
First exposure only  <i>Each subsequent exposure (on same day)</i>	*D022	No	37.00	Limit of six (6) per day – one initial and five subsequent exposures.  Limit of four (4) per tooth undergoing endodontic treatment (refer to Note 9).	A
	*S022	No	37.00		A
	*D022	No	30.45		A
	*S022	No	30.45		A
Intraoral radiograph-occlusal, maxillary or mandibular – per exposure	D025	No	61.55		A
	S025	No	61.55		A

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Extraoral radiograph-maxillary, mandibular – per exposure	D031	No	70.15		A
	S031	No	70.15		A
Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure	S033	No	131.65	Limit of one (1) per 12 month period.	A
Radiograph of temporomandibular joint – per exposure	S035	No	101.15		A
Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure	S036	No	148.55	Limit of one (1) per 12 month period.	A
Panoramic radiograph – per exposure	D037	No	94.20		A
	S037	No	94.20		A
Hand-wrist radiograph for skeletal age assessment	S038	No	88.15	Age limit applies - 18 years or under. Limit of one (1) per 12 month period per provider.	A
Tomography of the skull or parts thereof	D039	No	148.65	Limit of one (1) per 12 month period.	A
	S039	No	148.65		A

## OTHER DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Saliva screening test	D047	No	40.50	Limit of one (1) per 12 month period.	A
	S047	No	40.50		A
Biopsy of tissue	D051	No	123.85		A
	S051	No	123.85		A
Pulp testing – per visit	D061	No	-	No fee payable - part of examination.	A
	S061	No	-		A
Diagnostic model – per model	D071	No	60.40	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
	S071	No	60.40		A
Photographic records – intraoral	D072	No	32.50	Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph.	A
	S072	No	32.50		A
Photographic records – extraoral	D073	No	32.50	Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph.	A
	S073	No	32.50		A
Diagnostic wax-up	D074	Yes	159.05	For use in complex prosthodontic cases only.	B
	S074	Yes	238.60		B
Cephalometric analysis, excluding radiographs	S081	No	64.95	May only be claimed with item 881.	A
Tooth-jaw size prediction analysis	*S082	No	105.70	Age limit applies 18 years or under.  Limit of one (1) per 12 month period per provider.	A



## **CATEGORY 100 PREVENTIVE SERVICES**

### **DENTAL PROPHYLAXIS**

<b>DESCRIPTION</b>	<b>ITEM</b>	<b>PRIOR APPROVAL</b>	<b>FEE \$ (EXCL. GST)</b>	<b>SPECIAL REMARKS</b>	<b>SCHEDULE</b>
Removal of plaque and/or stain.	D111	No	53.80	Limit of one (1) per six month period.	A
	S111	No	53.80		A
Recontouring pre-existing restoration(s)	D113	No	20.35		A
	S113	No	20.35		A
Removal of calculus - first visit	D114	No	89.70	Limit of one (1) per six month period.	A
	S114	No	89.70		A
Removal of calculus - subsequent visit	D115	No	58.35	Limit of two (2) per 12 month period.	A
	S115	No	58.35		A
Bleaching, internal - per tooth	D117	No	191.85	For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period.	A
	S117	No	191.85		A

### **REMINERALISING AGENTS**

<b>DESCRIPTION</b>	<b>ITEM</b>	<b>PRIOR APPROVAL</b>	<b>FEE \$ (EXCL. GST)</b>	<b>SPECIAL REMARKS</b>	<b>SCHEDULE</b>
Topical application of remineralising and/or cariostatic agents, one treatment	D121	No	34.55	Limit of one (1) per six month period.	A
	S121	No	34.55		A
Concentrated remineralising and /or cariostatic agent, application – single tooth	D123	No	27.05	Limit of one (1) per visit.	A
	S123	No	27.05		A

## OTHER PREVENTIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Dietary advice	D131	No	36.40	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S131	No	36.40		A
Oral hygiene instruction	D141	No	49.45	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S141	No	49.45		A
Provision of a mouthguard – indirect	D151	No	150.25	Subject to GST.	A
	S151	No	150.25		A
Fissure sealing – per tooth	D161	No	46.05		A
	S161	No	46.05		A
Desensitizing procedure - per visit	D165	No	27.05		A
	S165	No	27.05		A
Odontoplasty- per tooth	D171	No	50.80	Limit of two (2) per visit.	A
	S171	No	50.80		A

## CATEGORY 200 PERIODONTICS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment of acute periodontal infection – per visit	D213	No	69.70	Limit of two (2) visits per 12 month period.	A
	S213	No	69.70		A
Clinical periodontal analysis and recording	D221	No	52.95	Limit of one (1) per 12 month period.	A
	S221	No	140.95		A
Root planing and subgingival curettage - per tooth	D222	No	26.05	Limit of 10 per visit, maximum 20 per 12 month period.	A
	S222	No	35.95		A
Non-surgical periodontal treatment where not otherwise specified – per visit	D225	No	105.70	Limit of one (1) per 12 month period.	A
	S225	No	140.95		A

**CATEGORY 200 PERIODONTICS (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Gingivectomy - per tooth	D231	Yes	FBN	Limit of ten (10) per visit, 20 per 12 month period.	B
	S231	Yes	FBN		B
Periodontal flap surgery - per tooth	D232	Yes	FBN	Limit of ten (10) per visit, 20 per 12 month period.	B
	S232	Yes	FBN		B
Gingival graft – per tooth or implant	S235	No	529.25	Limit of two (2) per 12 month period.	A
Guided tissue regeneration - per tooth or implant	S236	Yes	529.25		B
Guided tissue regeneration – membrane removal	S237	No	272.25		A
Periodontal flap surgery for crown lengthening-per tooth	D238	No	378.00		A
	S238	No	559.45		A
Root resection – per root	D241	No	216.50		A
	S241	No	270.60		A
Osseous surgery - per tooth	D242	Yes	FBN		B
	S242	Yes	FBN		B
Osseous graft -per tooth or implant	D243	Yes	FBN		B
	S243	Yes	FBN		B
Osseous graft – block	S244	Yes	FBN	Limit one (1) per 12 month period.	B
Periodontal surgery involving one tooth or an implant	*D245	No	79.40	Limit of one (1) per 12 month period.	A
	*S245	No	158.55		A
Course of non-surgical periodontal treatment	D281	No	574.50	Limit of one (1) per 12 month period.	A
	S281	No	1028.15		A
Continuation/review of periodontal treatment or maintenance subsequent to item 281	*D282	No	158.55	Limit of three (3) per 12 month period.  S282 can only be claimed where item S281 or S282 has been paid in the last 5 years.	A
	*S282	No	275.15		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					
1 <sup>st</sup> tooth extracted from each quadrant	D311	No	131.30	See Note 2.	A
	S311	No	163.10		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D311</i>	<i>No</i>	<i>82.75</i>		A
	<i>S311</i>	<i>No</i>	<i>105.60</i>		A
Sectional removal of a tooth.					
1 <sup>st</sup> sectional removal from each quadrant	D314	No	167.80	See Note 2.	A
	S314	No	223.25		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D314</i>	<i>No</i>	<i>110.80</i>		A
	<i>S314</i>	<i>No</i>	<i>147.35</i>		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.					
1 <sup>st</sup> tooth extracted from each quadrant	D322	No	213.10	See Note 2.	A
	S322	No	283.30		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D322</i>	<i>No</i>	<i>141.75</i>		A
	<i>S322</i>	<i>No</i>	<i>176.25</i>		A
Surgical removal of a tooth or tooth fragment requiring removal of bone.					
1 <sup>st</sup> tooth extracted from each quadrant	D323	No	243.35	See Note 2.	A
	S323	No	351.70		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D323</i>	<i>No</i>	<i>174.35</i>		A
	<i>S323</i>	<i>No</i>	<i>230.85</i>		A
Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division.					
1 <sup>st</sup> tooth extracted from each quadrant	D324	No	327.35	See Note 2.	A
	S324	No	435.45		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D324</i>	<i>No</i>	<i>215.80</i>		A
	<i>S324</i>	<i>No</i>	<i>287.25</i>		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.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Alveolectomy - per segment	D331	No	132.80	See Note 3.	A
	S331	No	167.30		A
Ostectomy – per jaw	S332	No	444.40	See Note 3.	A
Reduction of fibrous tuberosity	D337	No	186.75	See Note 3.	A
	S337	No	248.35		A

**SURGERY FOR PROSTHESES (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reduction of flabby ridge - per segment	D338	No	105.80	See Note 3.	A
	S338	No	151.15	Limit of one (1) per 12 month period.	A
Removal of hyperplastic tissue	D341	No	169.30	See Note 3.	A
	S341	No	362.85	Limit of one (1) per 12 month period. Not for tooth-associated soft tissue treatment.	A
Repositioning of muscle attachment	S343	No	408.30	See Note 3.	A
Vestibuloplasty	S344	No	432.95	See Note 3.	A
Skin or mucosal graft	S345	Yes	398.00	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.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repair of skin and subcutaneous tissue or mucous membrane	D351	No	159.95	See Note 4.	A
	S351	No	212.80		A
Fracture of maxilla or mandible – not requiring splinting	S352	No	186.20	See Note 4.	A
Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation	S353	No	586.95	See Note 4.	A
Fracture of maxilla or mandible – with external fixation	S354	No	586.95	See Note 4.	A
Fracture of zygoma	S355	No	780.40	See Note 4.	A
Fracture requiring open reduction	S359	No	630.65	See Note 4.	A

## DISLOCATIONS

**Note 5:** 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
Mandible – relocation following dislocation	S361	No	59.35	See Note 5.	A
Mandible – relocation requiring open operation	S363	No	171.70	See Note 5.	A

## OSTEOTOMIES

**Note 6:** 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
Osteotomy – maxilla	S365	No	1396.20	See Note 6.	A
Osteotomy – mandible	S366	No	1396.20	See Note 6.	A

## GENERAL SURGICAL

**Note 7:** 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
Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane	S371	No	205.45	See Note 7. Limit one (1) per visit	A
Removal of tumour, cyst or scar involving muscle, bone or other deep tissue.	S373	No	728.50	See Note 7.	A
Surgery to salivary duct	S375	No	641.40	See Note 7.	A

## GENERAL SURGICAL (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery to salivary gland	S376	No	217.40	See Note 7.	A
Removal or repair of soft tissue (not elsewhere defined)	D377	No	202.60	See Note 7.	A
	S377	No	269.75		A
Surgical removal of foreign body	D378	No	114.70	See Note 7.	A
	S378	No	152.40		A
Marsupialisation of cyst	S379	No	393.15	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	D381	Yes	FBN	See Note 8.	B
	S381	Yes	347.70		B
Surgical exposure and attachment of device for orthodontic traction	S382	Yes	394.40	See Note 8.	B
Repositioning of displaced tooth/teeth – per tooth	D384	No	190.85	See Note 8.	A
	S384	No	254.45		A
Surgical repositioning of unerupted tooth	S385	Yes	394.40	See Note 8.	B
Splinting of displaced tooth/teeth – per tooth	D386	No	196.90	See Note 8.	A
	S386	No	265.25		A
Replantation and splinting of a tooth	D387	No	385.55	See Note 8.	A
	S387	No	512.95		A



## OTHER SURGICAL PROCEDURES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Transplantation of tooth or tooth bud	S388	Yes	588.75	See Note 8.	B
Surgery to isolate and preserve neurovascular tissue	S389	No	188.05	See Note 8.	A
Frenectomy	D391	No	176.85	See Note 8.	A
	S391	No	235.20		A
Drainage of abscess	D392	No	96.85	See Note 8.	A
	S392	No	123.35		A
Surgery involving the maxillary antrum	S393	Yes	847.40	See Note 8.	B
Surgery for osteomyelitis	S394	No	514.40	See Note 8.	A
Repair of nerve trunk	S395	No	1032.80	See Note 8.	A

## CATEGORY 400 ENDODONTICS

**Note 9:** A maximum of four (4) radiographs are payable per 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	No	34.85	See Note 9.	A
	*S411	No	46.25		A
Incomplete endodontic therapy (inoperable or fractured)	*D412	No	119.40	See Note 9.	A
	*S412	No	190.85		A
Pulpotomy	*D414	No	76.05	See Note 9.	A
	*S414	No	88.15		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	No	214.15	See Note 9.	A
	*S415	No	396.45		A
Complete chemo-mechanical preparation of root canal – each additional canal	*D416	No	102.00	See Note 9.	A
	*S416	No	202.60		A
Root canal obturation – one canal	*D417	No	208.60	See Note 9.	A
	*S417	No	396.45		A
Root canal obturation – each additional canal	*D418	No	97.55	See Note 9.	A
	*S418	No	202.60		A
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	D419	No	137.90		A
	S419	No	165.55		A
Resorbable root canal filling – primary tooth	*D421	No	119.40	See note 9. Limit of one (1) per primary tooth	A
	*S421	No	190.85		A

## PERIRADICULAR SURGERY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Periapical curettage – per root	D431	No	302.45	See Note 9.	A
	S431	No	408.30	Item cannot be claimed with 432 and 434	A
Apicectomy – per root	D432	No	302.45	See Note 9.	A
	S432	No	408.30	Includes curettage.	A
Exploratory periradicular surgery	D433	No	127.20	Limit of one (1) per 12 month period. Not claimable with items 431, 432, 434, 436, 437 and 438.	A
	S433	No	159.05		A
Apical seal - per canal	D434	No	362.85	See Note 9.	A
	S434	No	529.25	Includes apicectomy and periapical curettage.	A
Sealing of perforation	D436	No	190.45	See Note 9.	A
	S436	No	378.00	Limit of one (1) per 12 month period.	A
Surgical treatment and repair of an external root resorption – per tooth	D437	No	264.55	See Note 9.	A
	S437	No	370.35	Limit of one (1) per 12 month period.	A
Hemisection	D438	No	243.35	See Note 9.	A
	S438	No	351.70		A

## OTHER ENDODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Exploration for a calcified root canal – per canal	D445	No	105.70	See Note 9.	A
	S445	No	140.95		A
Removal of root filling – per canal	D451	No	105.70	See Note 9.	A
	S451	No	140.95		A
Removal of cemented root canal post or post crown	D452	No	105.70	See Note 9.	A
	S452	No	132.10		A

**OTHER ENDODONTIC SERVICES (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal or bypassing fractured endodontic instrument	D453	No	88.15	See Note 9.	A
	S453	No	123.35		A
Additional visit for irrigation and/or dressing of the root canal system – per tooth	*D455	No	105.70	Within three months of items 415 or 416. Visit for irrigation only – cannot be paid with any other item.	A
	*S455	No	140.95		A
Obturation of resorption defect or perforation (non-surgical)	D457	No	105.70	See Note 9. Limit of one (1) per tooth.	A
	S457	No	140.95		A
Interim therapeutic root filling – per tooth	D458	No	140.95	No other endodontic treatment on the same tooth within three months.  Limit of three (3) in a 12 month period.	A
	S458	No	158.55		A

**CATEGORY 500 RESTORATIVE SERVICES**

**METALLIC RESTORATIONS - DIRECT**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D511	No	104.25		A
	S511	No	104.25		A
Metallic restoration - two surfaces	D512	No	127.80		A
	S512	No	127.80		A
Metallic restoration - three surfaces	D513	No	152.50		A
	S513	No	152.50		A
Metallic restoration - four surfaces	D514	No	173.85		A
	S514	No	173.85		A
Metallic restoration - five surfaces	D515	No	198.45		A
	S515	No	198.45		A

**ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface	D521	No	115.45	Limit of five (5) single-surface adhesive restorations (521/531) per day.	A
- anterior tooth	S521	No	115.45		A
Adhesive restoration - two surfaces	D522	No	140.15		A
- anterior tooth	S522	No	140.15		A
Adhesive restoration – three surfaces	D523	No	166.00		A
- anterior tooth	S523	No	166.00		A
Adhesive restoration – four surfaces	D524	No	191.85		A
- anterior tooth	S524	No	191.85		A
Adhesive restoration – five surfaces	D525	No	225.45		A
- anterior tooth	S525	No	268.00		A

**ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface	D531	No	123.30	Limit of five (5) single-surface adhesive restorations (521/531) per day.	A
- posterior tooth	S531	No	123.30		A
Adhesive restoration - two surfaces	D532	No	154.80		A
- posterior tooth	S532	No	154.80		A
Adhesive restoration – three surfaces	D533	No	186.10		A
– posterior tooth	S533	No	186.10		A
Adhesive restoration – four surfaces	D534	No	209.70		A
– posterior tooth	S534	No	209.70		A
Adhesive restoration – five surfaces	D535	No	242.20		A
– posterior tooth	S535	No	313.85		A

### METALLIC RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration – one surface	D541	No	544.25	Annual limit applies.	C
	S541	No	544.25		C
Metallic restoration – two surfaces	D542	No	695.55	Annual limit applies.	C
	S542	No	695.55		C
Metallic restoration – three surfaces	D543	No	907.25	Annual limit applies.	C
	S543	No	907.25		C
Metallic restoration - four surfaces	D544	No	1013.15	Annual limit applies.	C
	S544	No	1013.15		C
Metallic restoration - five surfaces	D545	No	1133.95	Annual limit applies.	C
	S545	No	1496.80		C

### TOOTH COLOURED RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Tooth-coloured restoration - one surface	D551	No	680.45	Annual limit applies.	C
	S551	No	907.25		C
Tooth-coloured restoration - two surfaces	D552	No	786.20	Annual limit applies.	C
	S552	No	1028.15		C
Tooth-coloured restoration - three surfaces	D553	No	967.65	Annual limit applies.	C
	S553	No	1300.25		C
Tooth-coloured restoration - four surfaces	D554	No	1164.30	Annual limit applies.	C
	S554	No	1406.10		C
Tooth-coloured restoration - five surfaces	D555	No	1248.20	Annual limit applies.	C
	S555	No	1496.80		C

## OTHER RESTORATIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional (intermediate/ temporary) restoration	D572	No	48.75	Not claimable with endodontic items except 419.  Limit of three (3) per three month period.	A
	S572	No	48.75		A
Metal band	D574	No	41.05		A
	S574	No	41.05		A
Pin retention – per pin	D575	No	28.05	Limit of three (3) per tooth. Limit of six (6) pins payable.	A
	S575	No	28.05		A
Metallic crown - direct	*D576	No	257.05	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S576	No	347.70		A
Cusp capping – per cusp	D577	No	30.30	Limit of two (2) cusps per tooth.	A
	S577	No	30.30		A
Restoration of an incisal corner – per corner	D578	No	30.30	Limit of two (2) per tooth.	A
	S578	No	30.30		A
Bonding of tooth fragment	D579	No	96.85	Limit of one (1) per visit	A
	S579	No	123.35		A
Veneer – direct	D582	No	253.50	Annual limit applies.	C
	S582	No	326.70		C
Veneer – indirect	D583	No	832.00	Annual limit applies.	C
	S583	No	907.25		C
Removal of inlay/onlay	D595	No	96.85		A
	S595	No	140.95		A
Recementing of inlay/onlay	D596	No	79.20		A
	S596	No	79.20		A
Post – direct  – 1 <sup>st</sup> post in a tooth  – <i>Step down fee for subsequent posts in the same tooth</i>	D597	No	149.80	Limit of two (2) posts per tooth.	A
	S597	No	193.70		A
	D597	No	88.15		A
	S597	No	105.70		A

## **CATEGORY 600 CROWN AND BRIDGE**

### **CROWNS**

<b>DESCRIPTION</b>	<b>ITEM</b>	<b>PRIOR APPROVAL</b>	<b>FEE \$ (EXCL. GST)</b>	<b>SPECIAL REMARKS</b>	<b>SCHEDULE</b>
Full crown - acrylic resin - indirect	D611	No	923.65	Annual limit applies.	C
	S611	No	1228.55		C
Full crown - non metallic - indirect	D613	No	1343.30	Annual limit applies.	C
	S613	No	1786.75		C
Full crown - veneered - indirect	D615	No	1263.70	Annual limit applies.	C
	S615	No	1971.55		C
Full crown - metallic - indirect	D618	No	1184.15	Annual limit applies.	C
	S618	No	1577.15		C
Core for crown including post – indirect	D625	No	319.65	Annual limit applies.	C
	S625	No	425.15		C
Preliminary restoration for crown – direct	D627	No	132.10	Annual limit applies.	C
	S627	No	176.25		C
Post and root cap – indirect	D629	No	334.85	Annual limit applies.	C
	S629	No	431.65		C

### **TEMPORARY (PROVISIONAL) CROWN AND BRIDGE**

<b>DESCRIPTION</b>	<b>ITEM</b>	<b>PRIOR APPROVAL</b>	<b>FEE \$ (EXCL. GST)</b>	<b>SPECIAL REMARKS</b>	<b>SCHEDULE</b>
Provisional crown	*D631	No	152.40	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S631	No	152.40		A
Provisional bridge - per pontic	*D632	No	302.45	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S632	No	393.15		A



## BRIDGES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Bridge pontic - direct - per pontic	D642	No	967.65	Annual limit applies.	C
	S642	No	1300.25		C
Bridge pontic - indirect - per pontic	D643	No	1031.65	Annual limit applies.	C
	S643	No	1300.25		C
Semi-fixed attachment	D644	No	232.80	Annual limit applies.	C
	S644	No	423.25		C
Precision or magnetic attachment	D645	No	296.25	Annual limit applies.	C
	S645	No	380.95		C
Retainer for bonded fixture – indirect – per tooth	D649	No	393.15	Annual limit applies.	C
	S649	No	529.25		C

## CROWN AND BRIDGE REPAIRS AND OTHER SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Recementing crown or veneer	D651	No	103.15		A
	S651	No	117.35		A
Recementing bridge or splint – per abutment	D652	No	100.70		A
	S652	No	134.00		A
Rebonding of bridge or splint where retreatment of bridge surface is required	D653	No	91.60		A
	S653	No	125.15		A
Removal of crown	D655	No	61.65		A
	S655	No	79.40		A
Removal of bridge or splint	D656	No	185.00		A
	S656	No	185.00		A

### CROWN AND BRIDGE REPAIRS AND OTHER SERVICES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repair of crown, bridge or splint - indirect	D658	No	232.80	<b>Both items must be claimed.</b> 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
	D472	No	186.20		C
Repair of crown/bridge or splint – indirect	S658	No	232.80	<b>Both items must be claimed.</b> 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
	S472	No	186.20		C
Repair of crown, bridge or splint - direct	D659	No	296.25	Annual limit applies.	C
	S659	No	444.40		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.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Fitting of implant abutment – per abutment	D661	Yes	FBN	Includes the cost of hardware.	B
	S661	Yes	FBN		B
Provisional implant crown abutment – per abutment	*D662	No	152.40	No other crown item number to be claimed on same tooth within 6 months.	A
	*S662	No	152.40		A

**IMPLANT PROSTHESES (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of implant	S663	Yes	FBN		B
Fitting of bar for denture – per abutment	S664	Yes	FBN		B
Prosthesis with metal frame attached to implants – per tooth	S666	Yes	FBN		B
Fixture or abutment screw removal and replacement	D668	Yes	FBN		B
	S668	Yes	FBN		B
Removal and reattachment of prosthesis fixed to implant(s) – per implant	D669	Yes	FBN		B
	S669	Yes	FBN		B
Full crown attached to osseointegrated implant - non metallic - indirect	D671	Yes	1343.30		B
	S671	Yes	1786.75		B
Full crown attached to osseointegrated implant - veneered - indirect	D672	Yes	1521.70		B
	S672	Yes	1971.55		B
Full crown attached to osseointegrated implant -metallic -indirect	D673	Yes	1185.75		B
	S673	Yes	1577.15		B
Diagnostic template	S678	Yes	FBN	Limit one (1) per 12 months	B
Surgical implant guide	S679	Yes	FBN		B
Insertion of first stage of two-stage endosseous implant - per implant	S684	Yes	FBN	Includes the cost of hardware.	B

## IMPLANT PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Insertion of one-stage endosseous implant – per implant	S688	Yes	FBN	Includes the cost of hardware.	B
Provisional implant	S689	Yes	FBN	Maximum two (2) per course of treatment. For use with 881only.	B
Second stage surgery of two stage endosseous implant – per implant	S691	Yes	FBN	Includes the cost of hardware.	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. The number of teeth for each individual partial denture should be specified for each claim.

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	No	954.25	<b>See Note 11.</b>	A
	S711	No	954.25		A
Complete mandibular denture	D712	No	954.25	<b>See Note 11.</b>	A
	S712	No	954.25		A
Metal palate or plate	D716	No	As per lab invoice	Additional to item 711, 712 or 719.  Laboratory casting invoice required. Maximum amount payable \$423.35	A
	S716	No			A

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE	
Complete maxillary and mandibular dentures	D719	No	1692.10	See Note 11.	A	
	S719	No	1692.10		A	
Partial maxillary denture – resin base	D721 S721	No No		See Note 11.	A A	
			– one tooth			400.10
			– two teeth			456.95
			– three teeth			534.70
			– four teeth			600.90
			– five to nine teeth inclusive			711.40
			– ten to twelve teeth inclusive			822.35
Partial mandibular denture – resin base	D722 S722	No No		See Note 11.	A A	
			– one tooth			400.10
			– two teeth			456.95
			– three teeth			534.70
			– four teeth			600.90
			– five to nine teeth inclusive			711.40
			– ten to twelve teeth inclusive			822.35
Partial maxillary denture – cast metal framework	D727 S727	No No		See Note 11. For the cost of casting use item 730.	A A	
			– one tooth			902.15
			– two teeth			988.90
			– three teeth			1078.40
			– four teeth			1112.10
			– five to nine teeth inclusive			1280.25
			– ten to twelve teeth inclusive			1412.35

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE	
Partial mandibular denture – cast metal framework – one tooth – two teeth – three teeth – four teeth – five to nine teeth inclusive – ten to twelve teeth inclusive	D728	No		<b>See Note 11.</b> For the cost of casting use item 730.	A	
	S728	No			A	
			902.15			
			988.90			
			1078.40			
			1112.10			
		1280.25				
			1412.35			
Provision of casting	D730	No	As per lab invoice amount	Invoice is not submitted with claim, but should be retained by provider. Fee inclusive of clasps, retainers, occlusal rests, overlays, and backings. Maximum amount payable \$725.65	A	
	S730	No			A	
Retainer – per tooth	D731	No	44.05	Additional to items 721 and 722.	A	
	S731	No	44.05		A	
Occlusal rest - per rest	D732	No	21.40	Additional to items 721 and 722.	A	
	S732	No	21.40		A	
Precision or magnetic denture attachment	D735	No	264.55	Limit of two (2) items per 12 month period.	A	
	S735	No	264.55		A	
Immediate tooth replacement - per tooth	D736	No	9.10		A	
	S736	No	9.10		A	
Resilient lining	D737	No	189.15		A	
	S737	No	189.15		A	
Wrought bar	D738	No	176.25		A	
	S738	No	176.25		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	No	52.20	<b>See Note 12.</b>	A
	S741	No	52.20	Adjustment(s) to full or partial dentures within twelve (12) months following provision or relining by the same provider.	A
Relining - complete denture - processed	D743	No	333.00	<b>See Note 12.</b>	A
	S743	No	483.25	For soft relines, use items 743 and 737.	A
Relining - partial denture - processed	D744	No	283.85	<b>See Note 12.</b>	A
	S744	No	375.70	For soft relines, use items 744 and 737.	A
Remodelling - complete denture	D745	Yes	FBN	See Note 12.	B
	S745	Yes	FBN		B
Remodelling – partial denture	D746	Yes	FBN	See Note 12.	B
	S746	Yes	FBN		B
Relining - complete denture - direct	D751	No	181.45	<b>See Note 12.</b>	A
	S751	No	272.25	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

### DENTURE MAINTENANCE (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Relining - partial denture - direct	D752	No	151.15	<b>See Note 12.</b> Limit of one (1) per denture every 2 years.  Not to be used for temporary materials i.e. tissue conditioners.	A
	S752	No	166.35		A
Cleaning and polishing of pre-existing denture	D753	No	42.35	Limit of one (1) per denture every 2 years. Subject to GST.	A
	S753	No	56.35		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	<b>D761</b>	No	38.00	<b>Both items must be claimed.</b>  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. <b>See Note 13.</b>	A
	<b>D482</b>	No	106.20		A
Reattaching pre-existing tooth or clasp to denture	<b>S761</b>	No	38.00	<b>Both items must be claimed.</b>  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. <b>See Note 13.</b>	A
	<b>S482</b>	No	106.20		A
Replacing clasp on denture	D762	No	150.65	<b>See Note 13.</b> Limit of one (1) per day per denture.  GST free.	A
	S762	No	150.65		A



**DENTURE REPAIRS (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repairing broken base of a complete denture	<b>D763</b>	No	38.00	<b>Both items must be claimed.</b> 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. <b>See Note 13</b>	A
	<b>and D484</b>	No	106.20		A
Repairing broken base of a complete denture	<b>S763</b>	No	38.00	<b>Both items must be claimed.</b> 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. <b>See Note 13</b>	A
	<b>and S484</b>	No	106.20		A
Repairing broken base of a partial denture	<b>D764</b>	No	38.00	<b>Both items must be claimed.</b> 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. <b>See Note 13</b>	A
	<b>and D485</b>	No	106.20		A
Repairing broken base of a partial denture	<b>S764</b>	No	38.00	<b>Both items must be claimed.</b> 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. <b>See Note 13</b>	A
	<b>and S485</b>	No	106.20		A

**DENTURE REPAIRS (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Replacing first tooth on denture	D765	No	150.65	Limit of one (1) per day per denture. <b>See Note 13</b>	A
	S765	No	150.65		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	<b>D767</b>	No	18.75	<b>Both items must be claimed.</b> 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A
	<b>D488</b>	No	40.80		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	<b>S767</b>	No	18.75	<b>Both items must be claimed.</b> 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A
	<b>S488</b>	No	40.80		A
Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth	D768	No	152.50	Limit of one (1) per day per denture. <b>See Note 13</b>	A
	S768	No	152.50		A
Repair or addition to metal casting	D769	No	As per lab invoice	Limit of one (1) per day per denture.  Laboratory casting invoice required. Maximum amount payable \$302.45  Subject to GST.  <b>See Note 13</b>	A
	S769	No			A

## OTHER PROSTHODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
For provision of dentures in difficult cases	D770	Yes	FBN	Non ADA item number. To be used in exceptional cases only – contact DVA	B
	S770	Yes	FBN		B
Tissue conditioning treatment prior to impressions	D771	No	69.25	Limit of five (5) per three month period. UPR or LWR must be specified.	A
	S771	No	69.25		A
Splint - resin - indirect	D772	No	347.70	A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth.	A
	S772	No	453.55		A
Splint - metal - indirect	D773	No	347.70	A metal splint that is used to stabilise mobile or displaced teeth.	A
	S773	No	453.55		A
Obturator	D774	Yes	FBN		B
	S774	Yes	FBN		B
Impression where required for denture repair/modification	D776	No	46.05		A
	S776	No	46.05		A
Identification	D777	No	36.85	Limit of one (1) per denture.	A
	S777	No	36.85		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	Yes	FBN	See Note 14.	B
	S811	Yes	FBN	Limit of one (1) per jaw.	B
Active removable appliance – per arch	D821	Yes	FBN	See Note 14.	B
	S821	Yes	FBN	Limit of one (1) per jaw.	B
Functional orthopaedic appliance	D823	Yes	FBN	See Note 14.	B
	S823	Yes	FBN	Limit of one (1) per jaw.	B

## FIXED APPLIANCES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Partial banding - per arch	D829	Yes	FBN	See Note 14.	B
	S829	Yes	FBN	Limit of one (1) per jaw.	B
Full arch banding - per arch	D831	Yes	FBN	See Note 14.	B
	S831	Yes	FBN	Limit of one (1) per jaw.	B
Bonding of attachment for application of orthodontic force	S862	Yes	FBN		B

## COMPLETE ORTHODONTIC TREATMENT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete course of orthodontic treatment	D881	Yes	FBN	See Note 14.	B
	S881	Yes	FBN		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	No	68.35	<b>See Note 15.</b>	A
	S911	No	91.00	Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	A
After hours callout	D915	No	91.85	Flat fee is claimable as an emergency loading for services provided after hours.  Limit of 3 per 3 month period.	A
	S915	No	91.85		A

## PROFESSIONAL VISITS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Travel to provide services	D916	No	66.80		A
	S916	No	66.80		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	No	158.55	Limit of one (1) per arch per 12 month period.  Not to be claimed for bleaching.	A
	*S926	No	158.55		A
Provision of medication/ medicament	*D927	No	27.50	For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period.	A
	*S927	No	27.50		A

## ANAESTHESIA AND SEDATION

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment under general anaesthesia	D949	Yes	FBN	Items D949 and S949 are only claimable in cases where the patient is not part of a surgeons regular theatre session	B
	S949	Yes	FBN		B

## OCCLUSAL THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Minor occlusal adjustment - per visit	D961	Yes	FBN	Not related to any other procedure.	B
	S961	Yes	FBN		B
Clinical occlusal analysis including muscle and joint palpation	D963	No	88.15	Limit of one (1) per three year period.	A
	S963	No	123.35		A
Registration and mounting of casts for occlusal analysis	D964	No	75.55	Limit of one (1) per three year period. Cannot be claimed with items 500-899 inclusive.	A
	S964	No	90.80		A
Occlusal splint	D965	No	532.65		A
	S965	No	892.10		A
Adjustment of pre-existing occlusal splint – per visit	D966	No	75.55	Limit of four (4) per 12 months.	A
	S966	No	90.25		A
Occlusal adjustment following occlusal analysis – per visit	D968	No	105.80	Can only be claimed following D/S963 and/or D/S964 Limit of four (4) per year	A
	S968	No	136.10		A
Adjunctive physical therapy for temporomandibular joint and associated structures	D971	No	75.55	Limit of four (4) per 12 month period.	A
	S971	No	90.80		A
Repair/addition – occlusal splint	D972	No	287.25		A
	S972	No	287.25		A

## MISCELLANEOUS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Splinting and stabilisation – direct – per tooth	D981	No	96.85		A
	S981	No	123.35		A
Enamel stripping - per visit	D982	No	95.25		A
	S982	No	95.25		A
Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D983	Yes	FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B
	S983	Yes	FBN		B
Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D984	Yes	FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B
	S984	Yes	FBN		B
Post-operative care where not otherwise included	*D986	No	70.50	Limit of two (2) per 12 month period.	A
	*S986	No	88.15		A

## TREATMENT NOT OTHERWISE INCLUDED

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment not otherwise included (specify)	D990	Yes	FBN	Exceptional use item only – contact DVA	B
	S990	Yes	FBN		B