



Australian Government  
Department of Veterans' Affairs

**FEE SCHEDULE**  
**OF**  
**DENTAL SERVICES**  
**FOR**  
**DENTISTS**  
**AND**  
**DENTAL SPECIALISTS**

**Effective 1 July 2020**

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](#). 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: [www.medicareaustralia.gov.au/provider/business/online/index.jsp](http://www.medicareaustralia.gov.au/provider/business/online/index.jsp)

**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.
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### **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.
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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).
- 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 \$2604.20 for each calendar year from 2020 for all services provided from Schedule C.
- DVA Dental Advisers have no discretion in the application of the Schedule C AML.

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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

## **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	56.05	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	46.55	Limit of one (1) per provider every 6 months. Limit applies to the same provider.	A
	S012	No	46.55		A
Oral examination – limited	D013	No	29.25	Limit of three (3) per three month period.	A
	S013	No	29.25		A
Consultation	S014	No	67.55	See Note 1. Not claimable by general dentists	A
Consultation - extended (30 mins)	S015	No	110.55	See Note 1. Limit of one (1) per provider per 12 month period.	A
Consultation by referral from DVA	D016	Yes	109.30	Payable only when specifically requested by DVA. Includes report to DVA. Subject to GST.	B
	S016	Yes	160.60		B

## EXAMINATIONS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Consultation by referral - extended (30 mins or more)	S017	No	218.90	May only be claimed by oral medicine and special needs dentistry specialists.	A
Comprehensive clinical report (not elsewhere included)	D018	Yes	50.10	Claimable only when specifically requested by DVA. Report must be kept on patient's file. Subject to GST.	B
	S018	Yes	50.10		B
S6A typed letter of referral. This must be a detailed typed referral.	*D019	No	11.80	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.	A
	*S019	No	11.80		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	No	39.40	Limit of six (6) per day – one initial and five subsequent exposures. For use of radiographs in endodontics refer to Note 9.	A
	*S022	No	39.40		A
<i>Each subsequent exposure (on same day)</i>	*D022	<i>No</i>	<i>32.40</i>	See above.	A
	*S022	<i>No</i>	<i>32.40</i>		A
Intraoral radiograph-occlusal, maxillary or mandibular – per exposure	D025	No	65.50		A
	S025	No	65.50		A



## RADIOLOGICAL EXAMINATION AND INTERPRETATION (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Extraoral radiograph-maxillary, mandibular – per exposure	D031	No	74.65		A
	S031	No	74.65		A
Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure	S033	No	140.10	Limit of one (1) per 12 month period.	A
Radiograph of temporomandibular joint – per exposure	S035	No	107.65		A
Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure	S036	No	158.15	Limit of one (1) per 12 month period.	A
Panoramic radiograph – per exposure	D037	No	100.30		A
	S037	No	100.30		A
Hand-wrist radiograph for skeletal age assessment	S038	No	93.85	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	No	158.25	Limit of one (1) per 12 month period.	A
	S039	No	158.25		A

## OTHER DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Saliva screening test	D047	No	43.10	Limit of one (1) per 12 month period.	A
	S047	No	43.10		A
Biopsy of tissue	D051	No	131.85		A
	S051	No	131.85		A
Pulp testing – per appointment	D061	No	-	No fee payable - part of examination.	A
	S061	No	-		A
Diagnostic model – per model	D071	No	64.30	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
	S071	No	64.30		A
Photographic records – intraoral	D072	No	34.60	Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph.	A
	S072	No	34.60		A
Photographic records – extraoral	D073	No	34.60	Limit of one (1) per 12 month period.  Fee to include all photographs taken, not per photograph.	A
	S073	No	34.60		A
Diagnostic wax-up	D074	Yes	169.35	For use in complex prosthodontic cases only.	B
	S074	Yes	254.00		B
Cephalometric analysis, excluding radiographs	S081	No	69.10	May only be claimed with item 881.	A
Tooth-jaw size prediction analysis	*S082	No	112.50	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	No	57.25	Limit of one (1) per six month period.	A
	S111	No	57.25		A
Recontouring and polishing of pre-existing restoration(s) – per appointment	D113	No	21.65		A
	S113	No	21.65		A
Removal of calculus - first appointment	D114	No	95.45	Limit of one (1) per six month period.	A
	S114	No	95.45		A
Removal of calculus - subsequent appointment	D115	No	62.10	Limit of two (2) per 12 month period.	A
	S115	No	62.10		A
Bleaching, internal - per tooth	D117	No	204.20	For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period.	A
	S117	No	204.20		A

### **REMINERALISING AGENTS**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Topical application of remineralising and/or cariostatic agents, one treatment	D121	No	36.80	Limit of one (1) per six month period.	A
	S121	No	36.80		A
Concentrated remineralising and /or cariostatic agent, application – single tooth	D123	No	28.80	Limit of one (1) per appointment.	A
	S123	No	28.80		A

## OTHER PREVENTIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Dietary analysis and advice	D131	No	38.70	Where a full appointment of at least 15 minutes is used.  Limit of one (1) per 12 month period.	A
	S131	No	38.70		A
Oral hygiene instruction	D141	No	52.65	Where a full appointment of at least 15 minutes is used.  Limit of one (1) per 12 month period.	A
	S141	No	52.65		A
Provision of a mouthguard – indirect	D151	No	159.95	Subject to GST.	A
	S151	No	159.95		A
Fissure and/or tooth surface sealing-per tooth	D161	No	49.00		A
	S161	No	49.00		A
Desensitising procedure - per appointment	D165	No	28.80		A
	S165	No	28.80		A
Odontoplasty- per tooth	D171	No	54.05	Limit of one (1) per appointment.	A
	S171	No	54.05		A

## CATEGORY 200 PERIODONTICS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment of acute periodontal infection – per appointment	D213	No	74.20	Limit of two (2) appointments per 12 month period.	A
	S213	No	74.20		A
Clinical periodontal analysis and recording	D221	No	56.35	Limit of one (1) per 12 month period.	A
	S221	No	150.05		A
Periodontal debridement - per tooth	D222	No	27.75	Limit of 10 per appointment, maximum 20 per 12 month period.	A
	S222	No	38.25		A
Non-surgical treatment of peri-implant disease – per implant	*D223	No	27.75	Limit of five (5) per appointment, maximum 10 per 12 month period.	A
	*S223	No	38.25		A

**CATEGORY 200 PERIODONTICS (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Gingivectomy - per tooth	D231	Yes	FBN	Limit of 10 per appointment, 20 per 12 month period.	B
	S231	Yes	FBN		B
Periodontal flap surgery - per tooth	D232	Yes	FBN	Limit of 10 per appointment, 20 per 12 month period.	B
	S232	Yes	FBN		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	563.40	Limit of two (2) per 12 month period.	A
Guided tissue regeneration - per tooth or implant	S236	Yes	563.40		B
Guided tissue regeneration – membrane removal	S237	No	289.85		A
Periodontal flap surgery for crown lengthening-per tooth	D238	No	402.40		A
	S238	No	595.55		A
Root resection – per root	D241	No	230.50		A
	S241	No	288.05		A
Osseous surgery - per tooth or implant	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	*D245	No	84.50	Limit of one (1) per 12 month period.	A
	*S245	No	168.75		A

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Maxillary sinus augmentation – Trans-alveolar technique – per sinus	S246	Yes	838.70	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	838.70	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	157.00 314.00	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	168.75 292.95	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					
1 <sup>st</sup> tooth extracted from each quadrant	D311	No	139.25	See Note 2.	A
	S311	No	173.60		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D311</i>	<i>No</i>	88.05		A
	<i>S311</i>	<i>No</i>	112.40		A
Sectional removal of a tooth.					
1 <sup>st</sup> sectional removal from each quadrant	D314	No	178.60	See Note 2.	A
	S314	No	237.65		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D314</i>	<i>No</i>	118.00		A
	<i>S314</i>	<i>No</i>	156.85		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	226.80	See Note 2.	A
	S322	No	301.55		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D322</i>	<i>No</i>	150.90		A
	<i>S322</i>	<i>No</i>	187.60		A
Surgical removal of a tooth or tooth fragment requiring removal of bone.					

1 <sup>st</sup> tooth extracted from each quadrant	D323 S323	No No	259.05 374.40	See Note 2.	A A
<i>Step down fee for second tooth in same quadrant</i>	<i>D323 S323</i>	<i>No No</i>	185.60 245.70		A 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 S324	No No	348.45 463.55	See Note 2.	A A
<i>Step down fee for second tooth in same quadrant</i>	<i>D324 S324</i>	<i>No No</i>	229.70 305.80		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.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Alveolectomy - per segment	D331 S331	No No	141.40 178.10	See Note 3.	A A
Ostectomy – per jaw	S332	No	473.10	See Note 3.	A
Reduction of fibrous tuberosity	D337 S337	No No	198.80 264.35	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	No	112.60	See Note 3.	A
	S338	No	160.90	Limit of one (1) per 12 month period.	A
Removal of hyperplastic tissue	D341	No	180.25	See Note 3.	A
	S341	No	386.25	Limit of one (1) per 12 month period. Not for tooth-associated soft tissue treatment.	A
Repositioning of muscle attachment	S343	No	434.65	See Note 3.	A
Vestibuloplasty	S344	No	460.85	See Note 3.	A
Skin or mucosal graft	S345	Yes	423.60	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	170.25	See Note 4.	A
	S351	No	226.50		A
Fracture of maxilla or mandible – not requiring fixation	S352	No	198.25	See Note 4.	A
Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation	S353	No	624.85	See Note 4.	A
Fracture of maxilla or mandible – with external fixation	S354	No	624.85	See Note 4.	A
Fracture of zygoma	S355	No	830.75	See Note 4.	A

Fracture requiring open reduction	S359	No	671.25	See Note 4.	A
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## 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	63.20	See Note 5.	A
Mandible – relocation requiring open operation	S363	No	182.75	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	1486.25	See Note 6.	A
Osteotomy – mandible	S366	No	1486.25	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	218.75	See Note 7. Limit one (1) per appointment	A

Removal of tumour, cyst or scar involving muscle, bone or other deep tissue.	S373	No	775.50	See Note 7.	A
Surgery to salivary duct	S375	No	682.80	See Note 7.	A

#### GENERAL SURGICAL (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery to salivary gland	S376	No	231.40	See Note 7.	A
Removal or repair of soft tissue (not elsewhere defined)	D377	No	215.70	See Note 7.	A
	S377	No	287.15		A
Surgical removal of foreign body	D378	No	122.10	See Note 7.	A
	S378	No	162.25		A
Marsupialisation of cyst	S379	No	418.55	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	Yes	FBN	See Note 8.	B
	S381	Yes	370.10		B
Surgical exposure and attachment of device for orthodontic traction	S382	Yes	419.80	See Note 8.	B
Repositioning of displaced tooth/teeth – per tooth	D384	No	203.15	See Note 8.	A
	S384	No	270.90		A
Surgical repositioning of unerupted tooth – per tooth	S385	Yes	419.80	See Note 8.	B
Splinting of displaced tooth/teeth – per tooth	D386	No	209.60	See Note 8.	A
	S386	No	282.35		A
Replantation and splinting of a tooth – per tooth	D387	No	410.40	See Note 8.	A
	S387	No	545.95		A
Transplantation of tooth or tooth bud	S388	Yes	626.70	See Note 8.	B
Surgery to isolate and preserve neurovascular tissue	S389	No	200.15	See Note 8.	A
Frenectomy	D391	No	188.25	See Note 8.	A
	S391	No	250.40		A
Drainage of abscess	D392	No	103.10	See Note 8.	A
	S392	No	131.35		A
Surgery involving the maxillary antrum	S393	Yes	838.70	See Note 8.	B

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery for osteomyelitis	S394	No	547.60	See Note 8.	A
Repair of nerve trunk	S395	No	1099.40	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	No	37.15	See Note 9.	A
	*S411	No	49.25		A
Incomplete endodontic therapy (tooth not suitable for further treatment)	*D412	No	127.10	See Note 9.	A
	*S412	No	203.15		A
Pulpotomy	*D414	No	80.95	See Note 9.	A
	*S414	No	93.85		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	227.95	See Note 9.	A
	*S415	No	422.05		A
Complete chemo-mechanical preparation of root canal – each additional canal	*D416	No	108.60	See Note 9.	A
	*S416	No	215.70		A
Root canal obturation – one canal	*D417	No	222.10	See Note 9.	A
	*S417	No	422.05		A
Root canal obturation – each additional canal	*D418	No	103.85	See Note 9.	A
	*S418	No	215.70		A
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	D419	No	146.80		A
	S419	No	176.25		A
Resorbable root canal filling – primary tooth	*D421	No	127.10	See note 9. Limit of one (1) per primary tooth	A
	*S421	No	203.15		A

## PERIRADICULAR SURGERY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Periapical curettage – per root	D431	No	321.95	See Note 9.	A
	S431	No	428.25	Item cannot be claimed with 432 and 434	A
Apicectomy – per root	D432	No	321.95	See Note 9.	A
	S432	No	434.65	Includes curettage.	A
Exploratory periradicular surgery	D433	No	135.40	Limit of one (1) per 12 month period.	A
	S433	No	169.35	Not claimable with items 431, 432, 434, 436, 437 and 438.	A
Apical seal - per canal	D434	No	386.25	See Note 9.	A
	S434	No	563.40	Includes apicectomy and periapical curettage.	A
Sealing of perforation	D436	No	202.75	See Note 9.	A
	S436	No	402.40	Limit of one (1) per 12 month period.	A
Surgical treatment and repair of an external root resorption – per tooth	D437	No	281.60	See Note 9.	A
	S437	No	394.40	Limit of one (1) per 12 month period.	A
Hemisection	D438	No	259.05	See Note 9.	A
	S438	No	374.40		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	No	112.50	See Note 9.	A
	S445	No	150.05		A
Removal of root filling – per canal	D451	No	112.50	See Note 9.	A
	S451	No	150.05		A
Removal of cemented root canal post or post crown	D452	No	112.50	See Note 9.	A
	S452	No	140.65		A
Removal or bypassing fractured endodontic instrument	D453	No	93.85	See Note 9.	A
	S453	No	131.35		A
Additional appointment for irrigation and/or dressing of the root canal system – per tooth	*D455	No	112.50	Within three months of items 415 or 416. Appointment for irrigation only – cannot be paid with any other item.	A
	*S455	No	150.05		A
Obturation of resorption defect or perforation (non-surgical)	D457	No	112.50	See Note 9. Limit of one (1) per tooth.	A
	S457	No	150.05		A
Interim therapeutic root filling – per tooth	D458	No	150.05	No other endodontic treatment on the same tooth within three months.  Limit of three (3) in a 12 month period.	A
	S458	No	168.75		A



## **CATEGORY 500 RESTORATIVE SERVICES**

### **METALLIC RESTORATIONS - DIRECT**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D511	No	110.95		A
	S511	No	110.95		A
Metallic restoration - two surfaces	D512	No	136.00		A
	S512	No	136.00		A
Metallic restoration - three surfaces	D513	No	162.35		A
	S513	No	162.35		A
Metallic restoration - four surfaces	D514	No	185.05		A
	S514	No	185.05		A
Metallic restoration - five surfaces	D515	No	211.25		A
	S515	No	211.25		A

### **ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface - anterior tooth	D521	No	122.85		A
	S521	No	122.85		A
Adhesive restoration - two surfaces - anterior tooth	D522	No	149.20		A
	S522	No	149.20		A
Adhesive restoration – three surfaces - anterior tooth	D523	No	176.70		A
	S523	No	176.70		A
Adhesive restoration – four surfaces - anterior tooth	D524	No	204.20		A
	S524	No	204.20		A
Adhesive restoration – five surfaces - anterior tooth	D525	No	240.00		A
	S525	No	285.30		A
Adhesive restoration – veneer – anterior tooth – direct	D526	No	240.00	Annual limit applies.	C
	S526	No	285.30		C

### ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration	D531	No	131.30		A
- one surface	S531	No	131.30		A
- posterior tooth					
Adhesive restoration	D532	No	164.80		A
- two surfaces	S532	No	164.80		A
- posterior tooth					
Adhesive restoration	D533	No	198.10		A
- three surfaces	S533	No	198.10		A
- posterior tooth					
Adhesive restoration	D534	No	223.20		A
- four surfaces	S534	No	223.20		A
- posterior tooth					
Adhesive restoration	D535	No	257.80		A
- five surfaces	S535	No	334.15		A
- posterior tooth					
Adhesive restoration	D536	No	240.00	Annual limit applies	C
- veneer – posterior tooth – direct	S536	No	285.30		C

### METALLIC RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration	D541	No	579.35	Annual limit applies.	C
– one surface	S541	No	579.35		C
Metallic restoration	D542	No	740.40	Annual limit applies.	C
– two surfaces	S542	No	740.40		C
Metallic restoration	D543	No	965.75	Annual limit applies.	C
– three surfaces	S543	No	965.75		C
Metallic restoration	D544	No	1078.50	Annual limit applies.	C
- four surfaces	S544	No	1078.50		C
Metallic restoration	D545	No	1207.15	Annual limit applies.	C
- five surfaces	S545	No	1593.35		C

## TOOTH COLOURED RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Tooth-coloured restoration - one surface	D551	No	724.35	Annual limit applies.	C
	S551	No	965.75		C
Tooth-coloured restoration - two surfaces	D552	No	836.90	Annual limit applies.	C
	S552	No	1094.55		C
Tooth-coloured restoration - three surfaces	D553	No	1030.05	Annual limit applies.	C
	S553	No	1384.15		C
Tooth-coloured restoration - four surfaces	D554	No	1239.40	Annual limit applies.	C
	S554	No	1496.75		C
Tooth-coloured restoration - five surfaces	D555	No	1328.70	Annual limit applies.	C
	S555	No	1593.35		C
Tooth-coloured restoration – veneer – indirect	D556	No	885.70	Annual limit applies.	C
	S556	No	965.75		C

## OTHER RESTORATIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional (intermediate/ temporary) restoration – per tooth	D572	No	51.90	Not claimable with endodontic items except 419.  Limit of three (3) per three month period.	A
	S572	No	51.90		A
Metal band	D574	No	43.75		A
	S574	No	43.75		A
Pin retention – per pin	D575	No	29.90	Limit of three (3) per tooth. Limit of six (6) pins payable.	A
	S575	No	29.90		A
Cusp capping – per cusp	D577	No	32.25	Limit of two (2) cusps per tooth.	A
	S577	No	32.25		A
Restoration of an incisal corner – per corner	D578	No	32.25	Limit of two (2) per tooth.	A
	S578	No	32.25		A
Bonding of tooth fragment	D579	No	103.10	Limit of one (1) per appointment	A
	S579	No	131.35		A
Crown – metallic – with tooth preparation – preformed	*D586	No	273.60	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S586	No	370.10		A
Crown – metallic – minimal tooth preparation – preformed	*D587	No	162.35	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S587	No	162.35		A
Crown – tooth- coloured – preformed	*D588	No	273.60	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S588	No	370.10		A
Removal of indirect restoration	D595	No	103.10		A
	S595	No	150.05		A
Recementing of indirect restoration	D596	No	84.30		A
	S596	No	84.30		A

# OTHER RESTORATIVE SERVICES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Post – direct					
– 1 <sup>st</sup> post in a tooth	D597	No	159.45	Limit of two (2) posts per tooth.	A
	S597	No	206.20		A
– <i>Step down fee for subsequent posts in the same tooth</i>	D597	No	93.85		A
	S597	No	112.50		A

## **CATEGORY 600 CROWN AND BRIDGE**

### **CROWNS**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown	D611	No	983.25	Annual limit applies.	C
- acrylic resin	S611	No	1307.85		C
- indirect					
Full crown	D613	No	1430.00	Annual limit applies.	C
- non metallic	S613	No	1901.95		C
- indirect					
Full crown	D615	No	1345.25	Annual limit applies.	C
- veneered	S615	No	2098.70		C
- indirect					
Full crown	D618	No	1260.55	Annual limit applies.	C
- metallic	S618	No	1678.85		C
- indirect					
Core for crown	D625	No	340.35	Annual limit applies.	C
including post –	S625	No	452.60		C
indirect					
Preliminary	D627	No	140.65	Annual limit applies.	C
restoration for crown	S627	No	187.60		C
– direct					
Post and root cap –	D629	No	356.45	Annual limit applies.	C
indirect	S629	No	459.55		C

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional crown –	*D631	No	162.25	No other crown item number	A
per tooth	*S631	No	162.25	to be claimed on same tooth	A
				within six (6) months.	
Provisional bridge -	*D632	No	321.95	No other crown item number	A
per pontic	*S632	No	418.55	to be claimed on same tooth	A
				within six (6) months.	

Provisional implant crown abutment – per abutment	*D633	No	162.25	No other crown item number to be claimed on same tooth within 6 months.	A
	*S633	No	162.25		A

## BRIDGES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Bridge pontic - direct	D642	No	1030.05	Annual limit applies.	C
	S642	No	1384.15		C
Bridge pontic - indirect	D643	No	1098.25	Annual limit applies.	C
	S643	No	1384.15		C
Semi-fixed attachment	D644	No	247.80	Annual limit applies.	C
	S644	No	450.55		C
Precision or magnetic attachment	D645	No	315.35	Annual limit applies.	C
	S645	No	405.55		C
Retainer for bonded fixture – indirect – per tooth	D649	No	418.55	Annual limit applies.	C
	S649	No	563.40		C

## CROWN AND BRIDGE REPAIRS AND OTHER SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Recementing crown or veneer	D651	No	109.75		A
	S651	No	124.95		A
Recementing bridge or splint – per abutment	D652	No	107.20		A
	S652	No	142.65		A
Rebonding of bridge or splint where retreatment of bridge surface is required	D653	No	97.50		A
	S653	No	133.20		A
Removal of crown	D655	No	65.60		A
	S655	No	84.50		A
Removal of bridge or splint	D656	No	196.90		A
	S656	No	196.90		A
Repair of crown, bridge or splint - indirect	<b>D658</b>	No	247.80	<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
	<b>and D472</b>	No	198.25		C
Repair of crown/bridge or splint – indirect	<b>S658</b>	No	247.80	<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
	<b>and S472</b>	No	198.25		C
Repair of crown, bridge or splint - direct	D659	No	315.35	Annual limit applies.	C
	S659	No	473.10		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	Yes	FBN	See Note 10.	B
	S661	Yes	FBN		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	Yes	FBN	See Note 10.	B
	S668	Yes	FBN		B
Removal and reattachment of prosthesis fixed to implant(s) – per implant	D669	Yes	FBN	See Note 10.	B
	S669	Yes	FBN		B
Full crown attached to osseointegrated implant - non metallic - indirect	D671	Yes	1430.00	See Note 10.	B
	S671	Yes	1901.95		B
Full crown attached to osseointegrated implant - veneered - indirect	D672	Yes	1619.85	See Note 10.	B
	S672	Yes	2098.70		B

# **IMPLANT PROSTHESES (Cont.)**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown attached to osseointegrated implant -metallic -indirect	D673	Yes	1262.25	See Note 10.	B
	S673	Yes	1678.85		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	No	1015.75	<b>See Note 11.</b>	A
	S711	No	1015.75		A
Complete mandibular denture	D712	No	1015.75	<b>See Note 11.</b>	A
	S712	No	1015.75		A
Provisional complete maxillary denture	D713	No	761.80	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S713	No	761.80		A
Provisional complete mandibular denture	D714	No	761.80	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S714	No	761.80		A
Provisional complete maxillary and mandibular dentures	D715	No	1350.90	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S715	No	1350.90		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 \$444.00.	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	1801.20	<b>See Note 11.</b>	A
	S719	No	1801.20		A
Partial maxillary denture – resin base	D721	No	464.70	<b>See Note 11.</b> This item refers to denture base only. The number of teeth are specified in item 733.	A
	S721	No	464.70		A
Partial mandibular denture – resin base	D722	No	464.70	<b>See Note 11.</b> This item refers to denture base only. The number of teeth are specified in item 733.	A
	S722	No	464.70		A
Provisional partial maxillary denture	D723	No	348.55	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
	S723	No	348.55		A
Provisional partial mandibular denture	D724	No	348.55	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
	S724	No	348.55		A
Partial maxillary denture – cast metal framework	D727	No	1360.70	<b>See Note 11.</b> This item refers to denture base only. The number of teeth are specified in item 733.	A
	S727	No	1360.70		A

## DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Partial mandibular denture – cast metal framework	D728	No	1360.70	<b>See Note 11.</b>	A
	S728	No	1360.70	This item refers to denture base only.  The number of teeth are specified in item 733.	A
Retainer – per tooth	D731	No	46.90		A
	S731	No	46.90		A
Occlusal rest - per rest	D732	No	22.80		A
	S732	No	22.80		A
Tooth/teeth (partial denture)	D733	No	38.45	Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728).	A
	S733	No	38.45		A
Overlays – per tooth	D734	No	46.90	Can only be claimed with items 727 or 728.	A
	S734	No	46.90		A
Precision or magnetic denture attachment	D735	No	281.60	Limit of two (2) items per 12 month period.	A
	S735	No	281.60		A
Immediate tooth replacement - per tooth	D736	No	9.70		A
	S736	No	9.70		A
Resilient lining	D737	No	201.35	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
	S737	No	201.35		A
Wrought bar	D738	No	187.60		A
	S738	No	187.60		A
Metal backing – per backing	D739	No	9.70	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
	S739	No	9.70		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	55.55	<b>See Note 12.</b>	A
	S741	No	55.55	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	354.50	<b>See Note 12.</b>	A
	S743	No	514.40	For soft relines, use items 743 and 737.	A
Relining - partial denture - processed	D744	No	302.20	<b>See Note 12.</b>	A
	S744	No	399.95	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	193.15	<b>See Note 12.</b>	A
	S751	No	289.85	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	160.90	<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	177.10		A
Cleaning and polishing of pre-existing denture	D753	No	45.05	Limit of one (1) per denture every 2 years. Subject to GST.	A
	S753	No	60.00		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	40.50	<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>and D482</b>	No	111.35		A

Reattaching pre-existing tooth or clasp to denture	<b>S761</b>	No	40.50	<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>and S482</b>	No	113.00		A
Replacing/adding clasp to denture – per clasp	D762	No	160.35	<b>See Note 13.</b> Limit of one (1) per day per denture. GST free.	A
	S762	No	160.35		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	40.50	<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	111.35		A
Repairing broken base of a complete denture	<b>S763</b>	No	40.50	<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	113.00		A
Repairing broken base of a partial denture	<b>D764</b>	No	40.50	<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	113.00		A



Repairing broken base of a partial denture	<b>S764</b>	No	40.50	<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	113.00		A

## DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Replacing/adding new tooth on denture – per tooth	D765	No	160.35	Limit of one (1) per day per denture. <b>See Note 13</b>	A
	S765	No	160.35		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	<b>D767 and D488</b>	No	19.95	<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
		No	43.40		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	<b>S767 and S488</b>	No	19.95	<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
		No	43.40		A
Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth	D768	No	162.35	Limit of one (1) per day per denture. <b>See Note 13</b>	A
	S768	No	162.35		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 \$317.20.  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 including all component associated with the prosthesis*	D770	Yes	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
	S770	Yes	FBN		B
Tissue conditioning preparatory to impressions – per application	D771	No	73.75	Limit of one (1) per denture per appointment.  Limit of five (5) per three month period.  UPR or LWR must be specified.	A
	S771	No	73.75		A
Splint - resin - indirect	D772	No	370.10	A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth.	A
	S772	No	482.80		A
Splint - metal - indirect	D773	No	370.10	A metal splint that is used to stabilise mobile or displaced teeth.	A
	S773	No	482.80		A
Obturator	D774	Yes	FBN		B
	S774	Yes	FBN		B
Impression - dental appliance repair/modification	D776	No	49.00		A
	S776	No	49.00		A
Identification	D777	No	39.25	Limit of one (1) per denture.	A
	S777	No	39.25		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 – custom fabrication	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

### **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	72.80	<b>See Note 15.</b>	A
	S911	No	96.90	Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	A
After hours callout	D915	No	97.75	Flat fee is claimable as an emergency loading for services provided after hours.  Limit of 3 per 3 month period.	A
	S915	No	97.75		A

### **PROFESSIONAL APPOINTMENTS**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Travel to provide services	D916	No	71.10	One per client per day.	A
	S916	No	71.10	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

#### **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	168.75	Limit of one (1) per arch per 12 month period.  Not to be claimed for bleaching.	A
	*S926	No	168.75		A
Provision of medication/ medicament	*D927	No	29.25	For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period.	A
	*S927	No	29.25		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	Yes	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
	S949	Yes	FBN		B

## OCCLUSAL THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Minor occlusal adjustment - per appointment	D961	Yes	FBN	Not related to any other procedure.	B
	S961	Yes	FBN		B
Clinical occlusal analysis including muscle and joint palpation	D963	No	93.85	Limit of one (1) per three year period.	A
	S963	No	131.35		A
Registration and mounting of casts for occlusal analysis	D964	No	80.45	Limit of one (1) per three year period.  Cannot be claimed with items 500-899 inclusive.	A
	S964	No	96.70		A
Occlusal splint	D965	No	567.05		A
	S965	No	949.65		A
Adjustment of pre-existing occlusal splint – per appointment	D966	No	80.45	Limit of four (4) per 12 months.	A
	S966	No	96.10		A
Occlusal adjustment following occlusal analysis – per appointment	D968	No	112.60	Can only be claimed following D/S963 and/or D/S964 Limit of four (4) per year	A
	S968	No	144.90		A
Adjunctive physical therapy for temporomandibular joint and associated structures – per appointment	D971	No	80.45	Limit of four (4) per 12 month period.	A
	S971	No	96.70		A
Repair/addition – occlusal splint	D972	No	305.80		A
	S972	No	305.80		A

## MISCELLANEOUS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Splinting and stabilisation – direct – per tooth	D981	No	103.10		A
	S981	No	131.35		A
Enamel stripping - per appointment	D982	No	101.35		A
	S982	No	101.35		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
Repair/addition – snoring or sleep apnoea device	D985	No	305.80		A
	S985	No	305.80		A
Post-operative care where not otherwise included	*D986	No	75.05	Limit of two (2) per 12 month period.	A
	*S986	No	93.85		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