



Australian Government
Department of Veterans' Affairs

FEE SCHEDULE
OF
DENTAL SERVICES
FOR
DENTISTS
AND
DENTAL SPECIALISTS

EFFECTIVE 1 JUNE 2014

BASED ON *AUSTRALIAN SCHEDULE OF DENTAL SERVICES AND GLOSSARY*, 10TH EDITION

IMPORTANT INFORMATION

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

Dental therapists, dental hygienists and oral health therapists can provide preventive 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)

As from 1 September 2012 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.

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>

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 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 \$2,488.00 for each year, from 1 January 2015 to 30 June 2018 for all services provided from Schedule C.
- DVA Dental Advisers have no discretion in the application of the Schedule C AML.

Exceptions:

- The AML does not apply to all ex-POWs and entitled persons with a relevant dental accepted disability who are receiving dental treatment related to accepted war-caused disabilities or malignant neoplasia involving oral tissues.
 - Prior financial authorisation is required for treatment plans that include Schedule C items for entitled persons who are exempt from the AML.
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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/providers/dentists-dental-specialists-and-dental-prosthetists>

CLAIMS FOR PAYMENT

For more information about claims for payment visit:

www.dva.gov.au/providers/how-claim

Claiming Online

DVA offers online claiming utilising Medicare Online Claiming. For more information about the online solutions available:

- email onlineclaiming@dva.gov.au or
- visit the Department of Human Services' website at www.medicareaustralia.gov.au/provider/business/online/index.jsp

DVA Webclaim

DVA Webclaim is available on the Department of Human Services (DHS) [Health Professional Online Services \(HPOS\) portal](#)

HPOS Technical Support enquiries:

Phone: 1800 700 199 or email: eBusiness@humanservices.gov.au

Billing, banking and claim enquiries: Phone: 1300 550 017 or email: veterans.processing@humanservices.gov.au

Manual Claiming

Please send all claims for payment to: Veterans' Affairs Processing (VAP)
Department of Human Services
GPO Box 964
ADELAIDE SA 5001

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

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

DVA provider fillable and printable health care claim forms & vouchers are also available on the DVA website at: <http://www.dva.gov.au/providers/forms-service-providers>

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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Comprehensive oral examination	D011	No	53.55	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	44.50	See Note 1. Limit of one (1) per provider every 6 months. Limit applies to the same provider.	A
	S012	No	44.50		A
Oral examination – limited	D013	No	27.95	Limit of three (3) per three month period.	A
	S013	No	27.95		A
Consultation	S014	No	64.55	See Note 1. Not claimable by general dentists	A
Consultation - extended (30 mins)	S015	No	105.60	See Note 1. Limit of one (1) per provider per 12 month period.	A
Consultation by referral	D016	Yes	104.45	Payable only when specifically requested by DVA. Includes report to referring practitioner. Subject to GST.	B
	S016	Yes	153.45		B

EXAMINATIONS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Consultation by referral - extended (30 mins or more)	S017	No	209.10	May only be claimed by oral medicine and special needs dentistry specialists.	A
Comprehensive clinical report (not elsewhere included)	D018	Yes	47.85	See Note 1.	B
	S018	Yes	47.85	Claimable only when specifically requested by DVA. Report must be kept on patient's file. Subject to GST.	B
S6A typed letter of referral. This must be a detailed typed referral.	*D019	No	11.30	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.	A
	*S019	No	11.30		A

RADIOLOGICAL EXAMINATION AND INTERPRETATION

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
<p>Intraoral periapical or bitewing radiograph – per exposure.</p> <p>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.</p>					
First exposure only	*D022	No	37.65	Limit of six (6) per day – one initial and five subsequent exposures.	A
	*S022	No	37.65		A
<i>Each subsequent exposure (on same day)</i>	*D022	<i>No</i>	<i>30.95</i>	Limit of four (4) per tooth undergoing endodontic treatment (refer to Note 9).	A
	*S022	<i>No</i>	<i>30.95</i>		A
Intraoral radiograph-occlusal, maxillary or mandibular – per exposure	D025	No	62.60		A
	S025	No	62.60		A

RADIOLOGICAL EXAMINATION AND INTERPRETATION (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Extraoral radiograph-maxillary, mandibular – per exposure	D031	No	71.35		A
	S031	No	71.35		A
Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure	S033	No	133.90	Limit of one (1) per 12 month period.	A
Radiograph of temporomandibular joint – per exposure	S035	No	102.85		A
Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure	S036	No	151.10	Limit of one (1) per 12 month period.	A
Panoramic radiograph – per exposure	D037	No	95.80		A
	S037	No	95.80		A
Hand-wrist radiograph for skeletal age assessment	S038	No	89.65	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	151.20	Limit of one (1) per 12 month period.	A
	S039	No	151.20		A

OTHER DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Saliva screening test	D047	No	41.20	Limit of one (1) per 12 month period.	A
	S047	No	41.20		A
Biopsy of tissue	D051	No	125.95		A
	S051	No	125.95		A
Pulp testing – per visit	D061	No	-	No fee payable - part of examination.	A
	S061	No	-		A
Diagnostic model – per model	D071	No	61.45	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	61.45		A
Photographic records – intraoral	D072	No	33.05	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A
	S072	No	33.05		A
Photographic records – extraoral	D073	No	33.05	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A
	S073	No	33.05		A
Diagnostic wax-up	D074	Yes	161.75	For use in complex prosthodontic cases only.	B
	S074	Yes	242.65		B
Cephalometric analysis, excluding radiographs	S081	No	66.05	May only be claimed with item 881.	A
Tooth-jaw size prediction analysis	*S082	No	107.50	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of plaque and/or stain.	D111	No	54.70	Limit of one (1) per six month period.	A
	S111	No	54.70		A
Recontouring and polishing of pre-existing restoration(s)	D113	No	20.70		A
	S113	No	20.70		A
Removal of calculus - first visit	D114	No	91.20	Limit of one (1) per six month period.	A
	S114	No	91.20		A
Removal of calculus - subsequent visit	D115	No	59.35	Limit of two (2) per 12 month period.	A
	S115	No	59.35		A
Bleaching, internal - per tooth	D117	No	195.10	For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period.	A
	S117	No	195.10		A

REMINERALISING AGENTS

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Topical application of remineralising and/or cariostatic agents, one treatment	D121	No	35.15	Limit of one (1) per six month period.	A
	S121	No	35.15		A
Concentrated remineralising and /or cariostatic agent, application – single tooth	D123	No	27.50	Limit of one (1) per visit.	A
	S123	No	27.50		A

OTHER PREVENTIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Dietary advice	D131	No	37.00	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S131	No	37.00		A
Oral hygiene instruction	D141	No	50.30	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S141	No	50.30		A
Provision of a mouthguard – indirect	D151	No	152.80	Subject to GST.	A
	S151	No	152.80		A
Fissure and/or tooth surface sealing-per tooth	D161	No	46.85		A
	S161	No	46.85		A
Desensitizing procedure - per visit	D165	No	27.50		A
	S165	No	27.50		A
Odontoplasty- per tooth	D171	No	51.65	Limit of two (2) per visit.	A
	S171	No	51.65		A

CATEGORY 200 PERIODONTICS

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment of acute periodontal infection – per visit	D213	No	70.90	Limit of two (2) visits per 12 month period.	A
	S213	No	70.90		A
Clinical periodontal analysis and recording	D221	No	53.85	Limit of one (1) per 12 month period.	A
	S221	No	143.35		A
Root planing and subgingival curettage - per tooth	D222	No	26.50	Limit of 10 per visit, maximum 20 per 12 month period.	A
	S222	No	36.55		A

CATEGORY 200 PERIODONTICS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Gingivectomy - per tooth or implant	D231	Yes	FBN	Limit of ten (10) per visit, 20 per 12 month period.	B
	S231	Yes	FBN		B
Periodontal flap surgery - per tooth or implant	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	538.25	Limit of two (2) per 12 month period.	A
Guided tissue regeneration - per tooth or implant	S236	Yes	538.25		B
Guided tissue regeneration – membrane removal	S237	No	276.90		A
Periodontal flap surgery for crown lengthening-per tooth	D238	No	384.45		A
	S238	No	568.95		A
Root resection – per root	D241	No	220.20		A
	S241	No	275.20		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 or an implant	*D245	No	80.75	Limit of one (1) per 12 month period.	A
	*S245	No	161.25		A
Course of non-surgical periodontal treatment	D281	No	584.25	Limit of one (1) per 12 month period.	A
	S281	No	1045.65		A
Continuation/review of periodontal treatment or maintenance subsequent to item 281	*D282	No	161.25	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	279.85		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 st tooth extracted from each quadrant	D311	No	133.55	See Note 2.	A
	S311	No	165.85		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D311</i>	<i>No</i>	<i>84.15</i>		A
	<i>S311</i>	<i>No</i>	<i>107.40</i>		A
Sectional removal of a tooth.					
1 st sectional removal from each quadrant	D314	No	170.65	See Note 2.	A
	S314	No	227.05		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D314</i>	<i>No</i>	<i>112.70</i>		A
	<i>S314</i>	<i>No</i>	<i>149.85</i>		A

SURGICAL EXTRACTIONS

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division.					
1 st tooth extracted from each quadrant	D322	No	216.70	See Note 2.	A
	S322	No	288.10		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D322</i>	<i>No</i>	<i>144.15</i>		A
	<i>S322</i>	<i>No</i>	<i>179.25</i>		A
Surgical removal of a tooth or tooth fragment requiring removal of bone.					
1 st tooth extracted from each quadrant	D323	No	247.50	See Note 2.	A
	S323	No	357.70		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D323</i>	<i>No</i>	<i>177.30</i>		A
	<i>S323</i>	<i>No</i>	<i>234.75</i>		A
Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division.					
1 st tooth extracted from each quadrant	D324	No	332.90	See Note 2.	A
	S324	No	442.85		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D324</i>	<i>No</i>	<i>219.45</i>		A
	<i>S324</i>	<i>No</i>	<i>292.15</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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Alveolectomy - per segment	D331	No	135.05	See Note 3.	A
	S331	No	170.15		A
Ostectomy – per jaw	S332	No	451.95	See Note 3.	A
Reduction of fibrous tuberosity	D337	No	189.90	See Note 3.	A
	S337	No	252.55		A

SURGERY FOR PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reduction of flabby ridge - per segment	D338	No	107.60	See Note 3.	A
	S338	No	153.70	Limit of one (1) per 12 month period.	A
Removal of hyperplastic tissue	D341	No	172.20	See Note 3.	A
	S341	No	369.00	Limit of one (1) per 12 month period. Not for tooth-associated soft tissue treatment.	A
Repositioning of muscle attachment	S343	No	415.25	See Note 3.	A
Vestibuloplasty	S344	No	440.30	See Note 3.	A
Skin or mucosal graft	S345	Yes	404.75	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repair of skin and subcutaneous tissue or mucous membrane	D351	No	162.65	See Note 4.	A
	S351	No	216.40		A
Fracture of maxilla or mandible – not requiring splinting	S352	No	189.35	See Note 4.	A
Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation	S353	No	596.95	See Note 4.	A
Fracture of maxilla or mandible – with external fixation	S354	No	596.95	See Note 4.	A
Fracture of zygoma	S355	No	793.65	See Note 4.	A
Fracture requiring open reduction	S359	No	641.35	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Mandible – relocation following dislocation	S361	No	60.35	See Note 5.	A
Mandible – relocation requiring open operation	S363	No	174.60	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Osteotomy – maxilla	S365	No	1419.95	See Note 6.	A
Osteotomy – mandible	S366	No	1419.95	See Note 6.	A

GENERAL SURGICAL

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

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane	S371	No	208.95	See Note 7. Limit one (1) per visit	A
Removal of tumour, cyst or scar involving muscle, bone or other deep tissue.	S373	No	740.90	See Note 7.	A
Surgery to salivary duct	S375	No	652.30	See Note 7.	A

GENERAL SURGICAL (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery to salivary gland	S376	No	221.10	See Note 7.	A
Removal or repair of soft tissue (not elsewhere defined)	D377	No	206.05	See Note 7.	A
	S377	No	274.35		A
Surgical removal of foreign body	D378	No	116.65	See Note 7.	A
	S378	No	155.00		A
Marsupialisation of cyst	S379	No	399.85	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical exposure of unerupted tooth	D381	Yes	FBN	See Note 8.	B
	S381	Yes	353.60		B
Surgical exposure and attachment of device for orthodontic traction	S382	Yes	401.10	See Note 8.	B
Repositioning of displaced tooth/teeth – per tooth	D384	No	194.10	See Note 8.	A
	S384	No	258.80		A
Surgical repositioning of unerupted tooth	S385	Yes	401.10	See Note 8.	B
Splinting of displaced tooth/teeth – per tooth	D386	No	200.25	See Note 8.	A
	S386	No	269.75		A
Replantation and splinting of a tooth	D387	No	392.10	See Note 8.	A
	S387	No	521.65		A

OTHER SURGICAL PROCEDURES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Transplantation of tooth or tooth bud	S388	Yes	598.75	See Note 8.	B
Surgery to isolate and preserve neurovascular tissue	S389	No	191.25	See Note 8.	A
Frenectomy	D391	No	179.85	See Note 8.	A
	S391	No	239.20		A
Drainage of abscess	D392	No	98.50	See Note 8.	A
	S392	No	125.45		A
Surgery involving the maxillary antrum	S393	Yes	861.80	See Note 8.	B
Surgery for osteomyelitis	S394	No	523.15	See Note 8.	A
Repair of nerve trunk	S395	No	1050.35	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 APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Direct pulp capping	*D411	No	35.45	See Note 9.	A
	*S411	No	47.05		A
Incomplete endodontic therapy (tooth not suitable for further treatment)	*D412	No	121.45	See Note 9.	A
	*S412	No	194.10		A
Pulpotomy	*D414	No	77.35	See Note 9.	A
	*S414	No	89.65		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	217.80	See Note 9.	A
	*S415	No	403.20		A
Complete chemo-mechanical preparation of root canal – each additional canal	*D416	No	103.75	See Note 9.	A
	*S416	No	206.05		A
Root canal obturation – one canal	*D417	No	212.15	See Note 9.	A
	*S417	No	403.20		A
Root canal obturation – each additional canal	*D418	No	99.20	See Note 9.	A
	*S418	No	206.05		A
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	D419	No	140.25		A
	S419	No	168.35		A
Resorbable root canal filling – primary tooth	*D421	No	121.45	See note 9. Limit of one (1) per primary tooth	A
	*S421	No	194.10		A

PERIRADICULAR SURGERY

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Periapical curettage – per root	D431	No	307.60	See Note 9.	A
	S431	No	415.25	Item cannot be claimed with 432 and 434	A
Apicectomy – per root	D432	No	307.60	See Note 9.	A
	S432	No	415.25	Includes curettage.	A
Exploratory periradicular surgery	D433	No	129.35	Limit of one (1) per 12 month period. Not claimable with items 431, 432, 434, 436, 437 and 438.	A
	S433	No	161.75		A
Apical seal - per canal	D434	No	369.00	See Note 9.	A
	S434	No	538.25	Includes apicectomy and periapical curettage.	A
Sealing of perforation	D436	No	193.70	See Note 9.	A
	S436	No	384.45	Limit of one (1) per 12 month period.	A
Surgical treatment and repair of an external root resorption – per tooth	D437	No	269.05	See Note 9.	A
	S437	No	376.65	Limit of one (1) per 12 month period.	A
Hemisection	D438	No	247.50	See Note 9.	A
	S438	No	357.70		A

OTHER ENDODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Exploration for a calcified root canal – per canal	D445	No	107.50	See Note 9.	A
	S445	No	143.35		A
Removal of root filling – per canal	D451	No	107.50	See Note 9.	A
	S451	No	143.35		A
Removal of cemented root canal post or post crown	D452	No	107.50	See Note 9.	A
	S452	No	134.35		A

OTHER ENDODONTIC SERVICES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal or bypassing fractured endodontic instrument	D453	No	89.65	See Note 9.	A
	S453	No	125.45		A
Additional visit for irrigation and/or dressing of the root canal system – per tooth	*D455	No	107.50	Within three months of items 415 or 416. Visit for irrigation only – cannot be paid with any other item.	A
	*S455	No	143.35		A
Obturation of resorption defect or perforation (non-surgical)	D457	No	107.50	See Note 9. Limit of one (1) per tooth.	A
	S457	No	143.35		A
Interim therapeutic root filling – per tooth	D458	No	143.35	No other endodontic treatment on the same tooth within three months. Limit of three (3) in a 12 month period.	A
	S458	No	161.25		A

CATEGORY 500 RESTORATIVE SERVICES

METALLIC RESTORATIONS - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVA	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D511	No	106.00		A
	S511	No	106.00		A
Metallic restoration - two surfaces	D512	No	129.95		A
	S512	No	129.95		A
Metallic restoration - three surfaces	D513	No	155.10		A
	S513	No	155.10		A
Metallic restoration - four surfaces	D514	No	176.80		A
	S514	No	176.80		A
Metallic restoration - five surfaces	D515	No	201.80		A
	S515	No	201.80		A

ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface	D521	No	117.40	Limit of five (5) single-surface adhesive restorations (521/531) per day.	A
- anterior tooth	S521	No	117.40		A
Adhesive restoration - two surfaces	D522	No	142.55		A
- anterior tooth	S522	No	142.55		A
Adhesive restoration – three surfaces	D523	No	168.80		A
- anterior tooth	S523	No	168.80		A
Adhesive restoration – four surfaces	D524	No	195.10		A
- anterior tooth	S524	No	195.10		A
Adhesive restoration – five surfaces	D525	No	229.30		A
- anterior tooth	S525	No	272.55		A

ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface	D531	No	125.40	Limit of five (5) single-surface adhesive restorations (521/531) per day.	A
- posterior tooth	S531	No	125.40		A
Adhesive restoration - two surfaces	D532	No	157.45		A
- posterior tooth	S532	No	157.45		A
Adhesive restoration – three surfaces	D533	No	189.25		A
– posterior tooth	S533	No	189.25		A
Adhesive restoration – four surfaces	D534	No	213.25		A
– posterior tooth	S534	No	213.25		A
Adhesive restoration – five surfaces	D535	No	246.30		A
– posterior tooth	S535	No	319.20		A

METALLIC RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration – one surface	D541	No	553.50	Annual limit applies.	C
	S541	No	553.50		C
Metallic restoration – two surfaces	D542	No	707.35	Annual limit applies.	C
	S542	No	707.35		C
Metallic restoration – three surfaces	D543	No	922.65	Annual limit applies.	C
	S543	No	922.65		C
Metallic restoration - four surfaces	D544	No	1030.35	Annual limit applies.	C
	S544	No	1030.35		C
Metallic restoration - five surfaces	D545	No	1153.25	Annual limit applies.	C
	S545	No	1522.25		C

TOOTH COLOURED RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Tooth-coloured restoration - one surface	D551	No	692.00	Annual limit applies.	C
	S551	No	922.65		C
Tooth-coloured restoration - two surfaces	D552	No	799.55	Annual limit applies.	C
	S552	No	1045.65		C
Tooth-coloured restoration - three surfaces	D553	No	984.10	Annual limit applies.	C
	S553	No	1322.35		C
Tooth-coloured restoration - four surfaces	D554	No	1184.10	Annual limit applies.	C
	S554	No	1430.00		C
Tooth-coloured restoration - five surfaces	D555	No	1269.40	Annual limit applies.	C
	S555	No	1522.25		C

OTHER RESTORATIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional (intermediate/ temporary) restoration – per tooth	D572	No	49.60	Not claimable with endodontic items except 419. Limit of three (3) per three month period.	A
	S572	No	49.60		A
Metal band	D574	No	41.75		A
	S574	No	41.75		A
Pin retention – per pin	D575	No	28.55	Limit of three (3) per tooth. Limit of six (6) pins payable.	A
	S575	No	28.55		A
Metallic crown - direct	*D576	No	261.40	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S576	No	353.60		A
Cusp capping – per cusp	D577	No	30.80	Limit of two (2) cusps per tooth.	A
	S577	No	30.80		A
Restoration of an incisal corner – per corner	D578	No	30.80	Limit of two (2) per tooth.	A
	S578	No	30.80		A
Bonding of tooth fragment	D579	No	98.50	Limit of one (1) per visit	A
	S579	No	125.45		A
Veneer – direct	D582	No	257.80	Annual limit applies.	C
	S582	No	332.25		C
Veneer – indirect	D583	No	846.15	Annual limit applies.	C
	S583	No	922.65		C
Removal of indirect restoration	D595	No	98.50		A
	S595	No	143.35		A
Recementing of indirect restoration	D596	No	80.55		A
	S596	No	80.55		A
Post – direct – 1 st post in a tooth – <i>Step down fee for subsequent posts in the same tooth</i>	D597	No	152.35	Limit of two (2) posts per tooth.	A
	S597	No	197.00		A
	D597	No	89.65		A
	S597	No	107.50		A

CATEGORY 600 CROWN AND BRIDGE

CROWNS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown - acrylic resin - indirect	D611	No	939.35	Annual limit applies.	C
	S611	No	1249.45		C
Full crown - non metallic - indirect	D613	No	1366.15	Annual limit applies.	C
	S613	No	1817.10		C
Full crown - veneered - indirect	D615	No	1285.20	Annual limit applies.	C
	S615	No	2005.05		C
Full crown - metallic - indirect	D618	No	1204.30	Annual limit applies.	C
	S618	No	1603.95		C
Core for crown including post – indirect	D625	No	325.10	Annual limit applies.	C
	S625	No	432.40		C
Preliminary restoration for crown – direct	D627	No	134.35	Annual limit applies.	C
	S627	No	179.25		C
Post and root cap – indirect	D629	No	340.55	Annual limit applies.	C
	S629	No	439.00		C

TEMPORARY (PROVISIONAL) CROWN, BRIDGE OR IMPLANT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional crown	*D631	No	155.00	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S631	No	155.00		A
Provisional bridge - per pontic	*D632	No	307.60	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S632	No	399.85		A
Provisional implant crown abutment – per abutment	*D633	No	155.00	No other crown item number to be claimed on same tooth within 6 months.	A
	*S633	No	155.00		A

BRIDGES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Bridge pontic - direct - per pontic	D642	No	984.10	Annual limit applies.	C
	S642	No	1322.35		C
Bridge pontic - indirect - per pontic	D643	No	1049.20	Annual limit applies.	C
	S643	No	1322.35		C
Semi-fixed attachment	D644	No	236.75	Annual limit applies.	C
	S644	No	430.45		C
Precision or magnetic attachment	D645	No	301.30	Annual limit applies.	C
	S645	No	387.45		C
Retainer for bonded fixture – indirect – per tooth	D649	No	399.85	Annual limit applies.	C
	S649	No	538.25		C

CROWN AND BRIDGE REPAIRS AND OTHER SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Recementing crown or veneer	D651	No	104.90		A
	S651	No	119.35		A
Recementing bridge or splint – per abutment	D652	No	102.40		A
	S652	No	136.30		A
Rebonding of bridge or splint where retreatment of bridge surface is required	D653	No	93.15		A
	S653	No	127.30		A
Removal of crown	D655	No	62.70		A
	S655	No	80.75		A
Removal of bridge or splint	D656	No	188.15		A
	S656	No	188.15		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	236.75	Both items must be claimed. 658 to be claimed for GST-free component of service. 472 (labour, lab. costs) to be claimed for GST-able component of service. Annual limit applies.	C
	and D472	No	189.35		C
Repair of crown/bridge or splint – indirect	S658	No	236.75	Both items must be claimed. 658 to be claimed for GST-free component of service. 472 (labour, lab. costs) to be claimed for GST-able component of service. Annual limit applies.	C
	and S472	No	189.35		C
Repair of crown, bridge or splint - direct	D659	No	301.30	Annual limit applies.	C
	S659	No	451.95		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

IMPLANT PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of implant and/or retention device	S663	Yes	FBN		B
Fitting of bar for denture – per abutment	S664	Yes	FBN		B
Prosthesis with metal frame attached to implants - fixed – per arch	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	1366.15		B
	S671	Yes	1817.10		B
Full crown attached to osseointegrated implant - veneered - indirect	D672	Yes	1547.55		B
	S672	Yes	2005.05		B
Full crown attached to osseointegrated implant -metallic -indirect	D673	Yes	1205.90		B
	S673	Yes	1603.95		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 retention device	S690	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	970.45	See Note 11.	A
	S711	No	970.45		A
Complete mandibular denture	D712	No	970.45	See Note 11.	A
	S712	No	970.45		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 \$430.55	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	1720.85	See Note 11.	A						
	S719	No	1720.85		A						
Partial maxillary denture – resin base – one tooth – two teeth – three teeth – four teeth – five to nine teeth inclusive – ten to twelve teeth inclusive	D721	No	406.90 464.70 543.80 611.10 723.50 836.35	See Note 11.	A						
	S721	No			A						
	Partial mandibular denture – resin base – one tooth – two teeth – three teeth – four teeth – five to nine teeth inclusive – ten to twelve teeth inclusive	D722			No	406.90 464.70 543.80 611.10 723.50 836.35	See Note 11.	A			
		S722			No			A			
		Partial maxillary denture – cast metal framework – one tooth – two teeth – three teeth – four teeth – five to nine teeth inclusive – ten to twelve teeth inclusive			D727			No	917.50 1005.70 1096.75 1131.00 1302.00 1436.35	See Note 11. For the cost of casting use item 730.	A
					S727			No			A

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		See Note 11. For the cost of casting use item 730.	A
	S728	No			A
			917.50		
			1005.70		
			1096.75		
			1131.00		
		1302.00			
			1436.35		
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 \$738.00	A
	S730	No			A
Retainer – per tooth	D731	No	44.80	Additional to items 721 and 722.	A
	S731	No	44.80		A
Occlusal rest - per rest	D732	No	21.75	Additional to items 721 and 722.	A
	S732	No	21.75		A
Precision or magnetic denture attachment	D735	No	269.05	Limit of two (2) items per 12 month period.	A
	S735	No	269.05		A
Immediate tooth replacement - per tooth	D736	No	9.25		A
	S736	No	9.25		A
Resilient lining	D737	No	192.35	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	192.35		A
Wrought bar	D738	No	179.25		A
	S738	No	179.25		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. relines 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 relines 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	53.10	See Note 12.	A
	S741	No	53.10	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	338.65	See Note 12.	A
	S743	No	491.45	For soft relines, use items 743 and 737.	A
Relining - partial denture - processed	D744	No	288.70	See Note 12.	A
	S744	No	382.10	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	184.55	See Note 12.	A
	S751	No	276.90	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	153.70	See Note 12. Limit of one (1) per denture every 2 years. Not to be used for temporary materials i.e. tissue conditioners.	A
	S752	No	169.20		A
Cleaning and polishing of pre-existing denture	D753	No	43.05	Limit of one (1) per denture every 2 years. Subject to GST.	A
	S753	No	57.30		A

DENTURE REPAIRS

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

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reattaching pre-existing tooth or clasp to denture	D761	No	38.65	Both items must be claimed. 761 to be claimed for GST-free component of service. 482 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13.	A
	and D482	No	108.00		A
Reattaching pre-existing tooth or clasp to denture	S761	No	38.65	Both items must be claimed. 761 to be claimed for GST-free component of service. 482 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13.	A
	and S482	No	108.00		A
Replacing/adding clasp to denture – per clasp	D762	No	153.20	See Note 13. Limit of one (1) per day per denture. GST free.	A
	S762	No	153.20		A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repairing broken base of a complete denture	D763	No	38.65	Both items must be claimed. 763 to be claimed for GST-free component of service. 484 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13	A
	and D484	No	108.00		A
Repairing broken base of a complete denture	S763	No	38.65	Both items must be claimed. 763 to be claimed for GST-free component of service. 484 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13	A
	and S484	No	108.00		A
Repairing broken base of a partial denture	D764	No	38.65	Both items must be claimed. 764 to be claimed for GST-free component of service. 485 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13	A
	and D485	No	108.00		A
Repairing broken base of a partial denture	S764	No	38.65	Both items must be claimed. 764 to be claimed for GST-free component of service. 485 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. See Note 13	A
	and S485	No	108.00		A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Replacing/adding new tooth on denture – per tooth	D765	No	153.20	Limit of one (1) per day per denture. See Note 13	A
	S765	No	153.20		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	D767	No	19.05	Both items must be claimed. 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A
	D488	No	41.50		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	S767	No	19.05	Both items must be claimed. 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A
	S488	No	41.50		A
Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth	D768	No	155.10	Limit of one (1) per day per denture. See Note 13	A
	S768	No	155.10		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 \$307.60 Subject to GST. See Note 13	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 730, 716 or 769	B
	S770	Yes	FBN		B
Tissue conditioning treatment prior to impressions	D771	No	70.45	Limit of five (5) per three month period. UPR or LWR must be specified.	A
	S771	No	70.45		A
Splint - resin - indirect	D772	No	353.60	A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth.	A
	S772	No	461.25		A
Splint - metal - indirect	D773	No	353.60	A metal splint that is used to stabilise mobile or displaced teeth.	A
	S773	No	461.25		A
Obturator	D774	Yes	FBN		B
	S774	Yes	FBN		B
Impression where required for denture repair/modification	D776	No	46.85		A
	S776	No	46.85		A
Identification	D777	No	37.50	Limit of one (1) per denture.	A
	S777	No	37.50		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	69.50	See Note 15.	A
	S911	No	92.55	Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	A
After hours callout	D915	No	93.40	Flat fee is claimable as an emergency loading for services provided after hours. Limit of 3 per 3 month period.	A
	S915	No	93.40		A

PROFESSIONAL VISITS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Travel to provide services	D916	No	67.95		A
	S916	No	67.95		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	161.25	Limit of one (1) per arch per 12 month period. Not to be claimed for bleaching.	A
	*S926	No	161.25		A
Provision of medication/ medicament	*D927	No	27.95	For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period.	A
	*S927	No	27.95		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 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	89.65	Limit of one (1) per three year period.	A
	S963	No	125.45		A
Registration and mounting of casts for occlusal analysis	D964	No	76.85	Limit of one (1) per three year period. Cannot be claimed with items 500-899 inclusive.	A
	S964	No	92.35		A
Occlusal splint	D965	No	541.70		A
	S965	No	907.25		A
Adjustment of pre-existing occlusal splint - per visit	D966	No	76.85	Limit of four (4) per 12 months.	A
	S966	No	91.80		A
Occlusal adjustment following occlusal analysis - per visit	D968	No	107.60	Can only be claimed following D/S963 and/or D/S964 Limit of four (4) per year	A
	S968	No	138.40		A
Adjunctive physical therapy for temporomandibular joint and associated structures	D971	No	76.85	Limit of four (4) per 12 month period.	A
	S971	No	92.35		A
Repair/addition - occlusal splint	D972	No	292.15		A
	S972	No	292.15		A

MISCELLANEOUS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Splinting and stabilisation – direct – per tooth	D981	No	98.50		A
	S981	No	125.45		A
Enamel stripping - per visit	D982	No	96.85		A
	S982	No	96.85		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	71.70	Limit of two (2) per 12 month period.	A
	*S986	No	89.65		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