Australian Government
Department of Veterans' Affairs

FEE SCHEDULE

OF

DENTAL SERVICES

FOR

DENTISTS

DENTAL SPECIALISTS

&

OTHER DENTAL PRACTITIONERS

Effective 1 July 2026

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.

From 1 January 2026, Dental Therapists, Dental Hygienists and Oral Health Therapists can practice independently within their scope of practice based upon their education/qualification and training competencies, without the need for supervision by a dentist or dental specialist. Practitioners are responsible for determining what services are appropriate and within their own individual scope of practice.

Services which DVA can fund include:

Dental Hygienists
D011
D012
D013
D022
D025
D111
D114
D115
D121
D161
D213
D221
D572
D776
D911

Dental Therapists and Oral Health Therapists		
D011	D311	D525
D012	D384	D531
D013	D386	D532
D022	D387	D533
D025	D411	D534
D111	D414	D535
D114	S511	D574
D115	D512	D575
D121	D513	D579
D161	D514	D586
D213	D515	D587
D221	D521	
D572	D522	
D776	D523	
D911	D524	

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

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

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

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

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

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

Compliance

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

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

Further information

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

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

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

Phone: **1800 550 457** (Select Option 3, then Option 1)

Email: health.approval@dva.gov.au

Post: Health Approvals
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

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

The prior approval request form can be found at:
https://www.dva.gov.au/providers/services-requiring-prior-approval.

Information for dentists and dental specialists can be found at:

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

CLAIMS FOR PAYMENT

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

For more information about claims for payment visit:
www.dva.gov.au/providers/how-claim

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
- Billing, banking and claim enquiries: Phone: 1300 550 017
- Visit the Services Australia Medicare website at: https://www.servicesaustralia.gov.au/health-professionals

Manual Claiming
Please send all claims for payment to:

Veterans' Affairs Processing (VAP)
Department of Human Services
GPO Box 964
ADELAIDE SA 5001

Dental Claim Forms

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

EXPLANATION OF THE FEE SCHEDULE

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

Schedule A

- Prior financial authorisation is not required for Gold Card holders (except where specified).
- Prior financial authorisation is not required for White Card holders (except where specified) provided the treatment relates to the White Card holder's accepted condition(s).
- Prior financial authorisation is required for items marked with an asterisk (*) if treatment is provided above the quantity and/or time limits listed in Schedule A.
- No Biennial Monetary Limit (BML) applies.

Schedule B

- Prior financial authorisation required for all Gold and White Card holders.
- No BML applies.

Schedule C

- Prior financial authorisation is generally not required (see exceptions below).
- Prior financial authorisation is generally not required for White Card holders (see exceptions below) provided the treatment is related to the White Card holder's accepted condition(s).
- Gold and White Card holders are not entitled to receive unlimited gold crowns.
- A BML 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 $5,980.30 every two years (Commencing 1 January 2026) for all services provided from Schedule C.
- DVA Dental Advisers have no discretion in the application of the Schedule C BML.

Exceptions:

- The BML 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 BML.

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	**65.05**	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 S012	No No	**54.00** **54.00**	Limit of one (1) per provider every 6 months. Limit applies to the same provider.	A A
Oral examination – limited	D013 S013	No No	**34.00** **34.00**	Limit of three (3) per three month period.	A A
Consultation	S014	No	**78.50**	See Note 1. Not claimable by general dentists	A
Consultation - extended (30 mins)	S015	No	**128.40**	See Note 1. Limit of one (1) per provider per 12 month period.	A
Consultation by referral from DVA	D016 S016	Yes Yes	**126.90** **186.60**	Payable only when specifically requested by DVA. Includes report to DVA. Subject to GST.	B B

EXAMINATIONS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Consultation by referral - extended (30 mins or more)	S017	No	**254.20**	May only be claimed by oral medicine and special needs dentistry specialists.	A
Comprehensive clinical report (not elsewhere included)	D018 S018	Yes Yes	**58.25** **58.25**	Claimable only when specifically requested by DVA. Report must be kept on patient's file. Subject to GST.	B B
S6A typed letter of referral. This must be a detailed typed referral.	*D019 *S019	No No	**13.80** **13.80**	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.	A A

RADIOLOGICAL EXAMINATION AND INTERPRETATION

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Intraoral periapical or bitewing radiograph – per exposure. Claim the higher fee for first periapical or bitewing radiograph each day and claim the step-down fee for each subsequent radiograph on the same day.					
First exposure only	*D022 *S022	No No	**D** **D**	Limit of six (6) per day – one initial and five subsequent exposures. For use of radiographs in endodontics refer to Note 9.	A A
Each subsequent exposure (on same day)	**D022* **S022*	*No* *No*	**D** **D**	See above.	A A
Intraoral radiograph-occlusal, maxillary or mandibular – per exposure	D025 S025	No No	**76.05** **76.05**		A A

RADIOLOGICAL EXAMINATION AND INTERPRETATION (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Extraoral radiograph-maxillary, mandibular – per exposure	D031 S031	No No	**86.65** **86.65**		A A
Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure	S033	No	**162.60**	Limit of one (1) per 12 month period.	A
Radiograph of temporomandibular joint – per exposure	S035	No	**125.00**		A
Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure	S036	No	**183.60**	Limit of one (1) per 12 month period.	A
Panoramic radiograph – per exposure	D037 S037	No No	**116.45** **116.45**		A A
Hand-wrist radiograph for skeletal age assessment	S038	No	**109.00**	Age limit applies - 18 years or under. Limit of one (1) per 12 month period per provider.	A
Computed tomography of the skull or parts thereof	D039 S039	No No	**183.70** **183.70**	Limit of one (1) per 12 month period.	A A

OTHER DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $	SPECIAL REMARKS	SCHEDULE

			(EXCL. GST)		
Saliva screening test	D047 S047	No No	**50.10** **50.10**	Limit of one (1) per 12 month period.	A A
Biopsy of tissue	D051 S051	No No	**153.15** **153.15**		A A
Pulp testing – per appointment	D061 S061	No No	**0.00**	No fee payable - part of examination.	A A
Diagnostic model – per model	D071 S071	No No	**74.75** **74.75**	Limit of two (2) models per appointment (that is, one upper and one lower). The preparation of a model, from an impression. The model is used for examination and treatment planning procedures. This item should not be used to describe a working model.	A A
Photographic records – intraoral	D072 S072	No No	**40.20** **40.20**	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A A
Photographic records – extraoral	D073 S073	No No	**40.20** **40.20**	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A A
Diagnostic wax-up	D074 S074	Yes Yes	**196.60** **294.80**	For use in complex prosthodontic cases only.	B B
Cephalometric analysis, excluding radiographs	S081	No	**80.25**	May only be claimed with item 881.	A
Tooth-jaw size prediction analysis	*S082	No	**130.60**	Age limit applies 18 years or under. Limit of one (1) per 12 month period per provider.	A

CATEGORY 100 PREVENTIVE SERVICES

DENTAL PROPHYLAXIS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of plaque and/or stain.	D111 S111	No No	**66.50** **66.50**	Limit of one (1) per six month period.	A A
Recontouring and polishing of pre-existing restoration(s) – per appointment	D113 S113	No No	**25.25** **25.25**		A A
Removal of calculus - first appointment	D114 S114	No No	**110.90** **110.90**	Limit of one (1) per six month period.	A A
Removal of calculus - subsequent appointment	D115 S115	No No	**72.15** **72.15**	Limit of two (2) per 12 month period.	A A
Bleaching, internal - per tooth	D117 S117	No No	**237.10** **237.10**	For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period.	A A

REMINERALISING AGENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Topical application of remineralising and/or cariostatic agents, one treatment	D121 S121	No No	**42.80** **42.80**	Limit of one (1) per six month period.	A A
Concentrated remineralising and /or cariostatic agent, application – single tooth	D123 S123	No No	**33.50** **33.50**	Limit of one (1) per appointment.	A A

OTHER PREVENTIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Dietary analysis and advice	D131 S131	No No	**45.00** **45.00**	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A A
Oral hygiene instruction	D141 S141	No No	**61.15** **61.15**	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A A
Provision of a mouthguard – indirect	D151 S151	No No	**185.70** **185.70**	Subject to GST.	A A
Fissure and/or tooth surface sealing-per tooth	D161 S161	No No	**57.00** **57.00**		A A
Desensitising procedure - per appointment	D165 S165	No No	**33.50** **33.50**		A A
Odontoplasty- per tooth	D171 S171	No No	**62.80** **62.80**	Limit of one (1) per appointment.	A A

CATEGORY 200 PERIODONTICS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment of acute periodontal infection – per appointment	D213 S213	No No	**86.20** **86.20**	Limit of two (2) appointments per 12 month period.	A A
Clinical periodontal analysis and recording	D221 S221	No No	**65.50** **174.20**	Limit of one (1) per 12 month period.	A A
Periodontal debridement - per tooth	D222 S222	No No	**32.20** **44.50**	Limit of 10 per appointment, maximum 20 per 12 month period.	A A
Non-surgical treatment of peri-implant disease – per implant	*D223 *S223	No No	**32.20** **44.50**	Limit of five (5) per appointment, maximum 10 per 12 month period.	A A

CATEGORY 200 PERIODONTICS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Gingivectomy - per tooth	D231 S231	Yes Yes	FBN FBN	Limit of 10 per appointment, 20 per 12 month period.	B B
Periodontal flap surgery - per tooth	D232 S232	Yes Yes	FBN FBN	Limit of 10 per appointment, 20 per 12 month period.	B B
Surgical treatment of peri-implant disease - per implant	S233	Yes	**486.55**		B
Application of biologically active material	S234	Yes	**535.00**		B
Gingival graft – per tooth or implant	S235	No	**653.90**	Limit of two (2) per 12 month period.	A
Guided tissue regeneration - per tooth or implant	S236	Yes	**653.90**		B
Guided tissue regeneration – membrane removal	S237	No	**336.50**		A
Periodontal flap surgery for crown lengthening-per tooth	D238 S238	No No	**467.10** **691.30**		A A
Root resection – per root	D241 S241	No No	**267.60** **334.40**		A A
Osseous surgery - per tooth or implant	D242 S242	Yes Yes	FBN FBN		B B
Osseous graft -per tooth or implant	D243 S243	Yes Yes	FBN FBN		B B
Osseous graft – block	S244	Yes	FBN	Limit one (1) per 12 month period.	B
Periodontal surgery involving one tooth	*D245 *S245	No No	**98.10** **195.90**	Limit of one (1) per 12 month period.	A A
Maxillary sinus augmentation – Trans-alveolar technique – per sinus	S246	Yes	**973.50**	Will only be approved where applicable as part of an entire treatment plan that includes implants.	B

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Maxillary sinus augmentation – Lateral wall approach – per sinus	S247	Yes	**973.50**	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**	**182.30** **364.55**	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**	**195.90** **340.10**	Limit of three (3) per 12 month period.	A

CATEGORY 300 ORAL SURGERY

EXTRACTIONS

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of a tooth or part(s) thereof					
1st tooth extracted from each quadrant	D311 S311	No No	**D** **D**	See Note 2.	A A
Step down fee for second tooth in same quadrant	*D311* *S311*	*No* *No*	**D** **D**		A A
Sectional removal of a tooth.					
1st sectional removal from each quadrant	D314 S314	No No	**D** **D**	See Note 2.	A A
Step down fee for second tooth in same quadrant	*D314* *S314*	*No* *No*	**D** **D**		A A

SURGICAL EXTRACTIONS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division.					
1st tooth extracted from each quadrant	D322 S322	No No	**D** **D**	See Note 2.	A A
Step down fee for second tooth in same quadrant	*D322* *S322*	*No* *No*	**D** **D**		A A
Surgical removal of a tooth or tooth fragment requiring removal of bone.					
1st tooth extracted from each quadrant	D323 S323	No No	**D** **D**	See Note 2.	A A

Step down fee for second tooth in same quadrant	*D323* *S323*	*No* *No*	**D** **D**		A A
Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division.					
1st tooth extracted from each quadrant	D324 S324	No No	**D** **D**	See Note 2.	A A
Step down fee for second tooth in same quadrant	*D324* *S324*	*No* *No*	**D** **D**		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	**164.20** **206.80**	See Note 3.	A A
Ostectomy – per jaw	S332	No	**549.20**	See Note 3.	A
Reduction of fibrous tuberosity	D337 S337	No No	**230.85** **306.95**	See Note 3.	A A

SURGERY FOR PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reduction of flabby ridge - per segment	D338 S338	No No	**130.70** **186.90**	See Note 3. Limit of one (1) per 12 month period.	A A
Removal of hyperplastic tissue	D341 S341	No No	**209.25** **448.40**	See Note 3. Limit of one (1) per 12 month period. Not for tooth-associated soft tissue treatment.	A A
Repositioning of muscle attachment	S343	No	**504.55**	See Note 3.	A
Vestibuloplasty	S344	No	**535.00**	See Note 3.	A
Skin or mucosal graft	S345	Yes	**491.70**	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 S351	No No	**197.80** **263.00**	See Note 4.	A A
Fracture of maxilla or mandible – not requiring fixation	S352	No	**230.25**	See Note 4.	A
Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation	S353	No	**725.30**	See Note 4.	A
Fracture of maxilla or mandible – with external fixation	S354	No	**725.30**	See Note 4.	A
Fracture of zygoma	S355	No	**964.30**	See Note 4.	A
Fracture requiring open reduction	S359	No	**779.15**	See Note 4.	A

DISLOCATIONS

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Mandible – relocation following dislocation	S361	No	**73.40**	See Note 5.	A
Mandible – relocation requiring open operation	S363	No	**212.20**	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	**1725.10**	See Note 6.	A
Osteotomy – mandible	S366	No	**1725.10**	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	**254.00**	See Note 7. Limit one (1) per appointment	A
Removal of tumour, cyst or scar involving muscle, bone or other deep tissue.	S373	No	**900.20**	See Note 7.	A
Surgery to salivary duct	S375	No	**792.60**	See Note 7.	A

GENERAL SURGICAL (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery to salivary gland	S376	No	**268.70**	See Note 7.	A
Removal or repair of soft tissue (not elsewhere defined)	D377 S377	No No	**250.45** **333.40**	See Note 7.	A A
Surgical removal of foreign body	D378 S378	No No	**141.75** **188.40**	See Note 7.	A A
Marsupialisation of cyst	S379	No	**485.80**	See Note 7.	A

OTHER SURGICAL PROCEDURES

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical exposure of unerupted tooth – per tooth	D381 S381	Yes Yes	**FBN** **429.70**	See Note 8.	B B
Surgical exposure and attachment of device for orthodontic traction	S382	Yes	**487.35**	See Note 8.	B
Repositioning of displaced tooth/teeth – per tooth	D384 S384	No No	**235.90** **314.50**	See Note 8.	A A
Surgical repositioning of unerupted tooth – per tooth	S385	Yes	**487.35**	See Note 8.	B
Splinting of displaced tooth/teeth – per tooth	D386 S386	No No	**243.40** **327.70**	See Note 8.	A A
Replantation and splinting of a tooth – per tooth	D387 S387	No No	**476.40** **633.70**	See Note 8.	A A
Transplantation of tooth or tooth bud	S388	Yes	**727.50**	See Note 8.	B
Surgery to isolate and preserve neurovascular tissue	S389	No	**232.45**	See Note 8.	A
Frenectomy	D391 S391	No No	**218.55** **290.70**	See Note 8.	A A
Drainage of abscess	D392 S392	No No	**119.75** **152.50**	See Note 8.	A A
Surgery involving the maxillary antrum	S393	Yes	**973.50**	See Note 8.	B

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery for osteomylitis	S394	No	**635.70**	See Note 8.	A
Repair of nerve trunk	S395	No	**1276.05**	See Note 8.	A

CATEGORY 400 ENDODONTICS

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

PULP and ROOT CANAL TREATMENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Direct pulp capping	*D411 *S411	No No	**43.15** **57.25**	See Note 9.	A A
Incomplete endodontic therapy (tooth not suitable for further treatment)	*D412 *S412	No No	**147.60** **235.90**	See Note 9.	A A
Pulpotomy	*D414 *S414	No No	**94.05** **109.00**	See Note 9.	A A

PULP and ROOT CANAL TREATMENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete chemo-mechanical preparation of root canal – one canal	*D415 *S415	No No	**264.70** **489.90**	See Note 9.	A A
Complete chemo-mechanical preparation of root canal – each additional canal	*D416 *S416	No No	**126.15** **250.45**	See Note 9.	A A
Root canal obturation – one canal	*D417 *S417	No No	**257.85** **489.90**	See Note 9.	A A
Root canal obturation – each additional canal	*D418 *S418	No No	**120.70** **250.45**	See Note 9.	A A
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	D419 S419	No No	**170.40** **204.65**		A A
Resorbable root canal filling – primary tooth	*D421 *S421	No No	**147.60** **235.90**	See note 9. Limit of one (1) per primary tooth	A A

PERIRADICULAR SURGERY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Periapical curettage – per root	D431 S431	No No	**373.80** **504.55**	See Note 9. Item cannot be claimed with 432 and 434	A A
Apicectomy – per root	D432 S432	No No	**373.80** **504.55**	See Note 9. Includes curettage.	A A
Exploratory periradicular surgery	D433 S433	No No	**157.25** **196.60**	Limit of one (1) per 12 month period. Not claimable with items 431, 432, 434, 436, 437 and 438.	A A
Apical seal - per canal	D434 S434	No No	**448.40** **653.90**	See Note 9. Includes apicectomy and periapical curettage.	A A
Sealing of perforation	D436 S436	No No	**235.40** **467.10**	See Note 9. Limit of one (1) per 12 month period.	A A
Surgical treatment and repair of an external root resorption – per tooth	D437 S437	No No	**326.95** **457.65**	See Note 9. Limit of one (1) per 12 month period.	A A
Hemisection	D438 S438	No No	**300.80** **434.60**	See Note 9.	A A

OTHER ENDODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Exploration and/or negotiation of a calcified canal – per canal, per appointment	D445 S445	No No	**130.60** **174.20**	See Note 9.	A A
Removal of root filling – per canal	D451 S451	No No	**130.60** **174.20**	See Note 9.	A A
Removal of cemented root canal post or post crown	D452 S452	No No	**130.60** **163.30**	See Note 9.	A A
Removal or bypassing fractured endodontic instrument	D453 S453	No No	**109.00** **152.50**	See Note 9.	A A
Additional appointment for irrigation and/or dressing of the root canal system – per tooth	*D455 *S455	No No	**130.60** **174.20**	Within three months of items 415 or 416. Appointment for irrigation only – cannot be paid with any other item.	A A
Obturation of resorption defect or perforation (non-surgical)	D457 S457	No No	**130.60** **174.20**	See Note 9. Limit of one (1) per tooth.	A A
Interim therapeutic root filling – per tooth	D458 S458	No No	**174.20** **195.90**	No other endodontic treatment on the same tooth within three months. Limit of three (3) in a 12 month period.	A A

CATEGORY 500 RESTORATIVE SERVICES

METALLIC RESTORATIONS - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D511	No	**128.80**		A
	S511	No	**128.80**		A
Metallic restoration - two surfaces	D512	No	**157.90**		A
	S512	No	**157.90**		A
Metallic restoration - three surfaces	D513	No	**188.55**		A
	S513	No	**188.55**		A
Metallic restoration - four surfaces	D514	No	**214.90**		A
	S514	No	**214.90**		A
Metallic restoration - five surfaces	D515	No	**245.30**		A
	S515	No	**245.30**		A

ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface - anterior tooth	D521	No	**142.70**		A
	S521	No	**142.70**		A
Adhesive restoration - two surfaces - anterior tooth	D522	No	**173.25**		A
	S522	No	**173.25**		A
Adhesive restoration – three surfaces - anterior tooth	D523	No	**205.15**		A
	S523	No	**205.15**		A
Adhesive restoration – four surfaces - anterior tooth	D524	No	**237.10**		A
	S524	No	**237.10**		A
Adhesive restoration – five surfaces - anterior tooth	D525	No	**278.60**		A
	S525	No	**331.25**		A
Adhesive restoration – veneer – anterior tooth – direct	D526	No	**278.60**	Biennial limit applies.	C
	S526	No	**331.25**		C

ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface - posterior tooth	D531 S531	No No	**152.50** **152.50**		A A
Adhesive restoration - two surfaces - posterior tooth	D532 S532	No No	**191.40** **191.40**		A A
Adhesive restoration – three surfaces – posterior tooth	D533 S533	No No	**230.10** **230.10**		A A
Adhesive restoration – four surfaces – posterior tooth	D534 S534	No No	**259.10** **259.10**		A A
Adhesive restoration – five surfaces – posterior tooth	D535 S535	No No	**299.25** **387.95**		A A
Adhesive restoration – veneer – posterior tooth – direct	D536 S536	No No	**278.60** **331.25**	Biennial limit applies	C C

METALLIC RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration – one surface	D541 S541	No No	**672.50** **672.50**	Biennial limit applies.	C C
Metallic restoration – two surfaces	D542 S542	No No	**859.40** **859.40**	Biennial limit applies.	C C
Metallic restoration – three surfaces	D543 S543	No No	**1121.00** **1121.00**	Biennial limit applies.	C C
Metallic restoration - four surfaces	D544 S544	No No	**1251.80** **1251.80**	Biennial limit applies.	C C
Metallic restoration - five surfaces	D545 S545	No No	**1401.20** **1849.40**	Biennial limit applies.	C C

TOOTH COLOURED RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Tooth-coloured restoration - one surface	D551 S551	No No	**840.80** **1121.00**	Biennial limit applies.	C C
Tooth-coloured restoration - two surfaces	D552 S552	No No	**971.40** **1270.45**	Biennial limit applies.	C C
Tooth-coloured restoration - three surfaces	D553 S553	No No	**1195.60** **1606.70**	Biennial limit applies.	C C
Tooth-coloured restoration - four surfaces	D554 S554	No No	**1438.60** **1737.20**	Biennial limit applies.	C C
Tooth-coloured restoration - five surfaces	D555 S555	No No	**1542.25** **1849.40**	Biennial limit applies.	C C
Tooth-coloured restoration – veneer – indirect	D556 S556	No No	**1028.05** **1121.00**	Biennial limit applies.	C C

OTHER RESTORATIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional (intermediate/ temporary) restoration – per tooth	D572 S572	No No	**60.30** **60.30**	Not claimable with endodontic items except 419. Limit of three (3) per three month period.	A A
Metal band	D574 S574	No No	**50.85** **50.85**		A A
Pin retention – per pin	D575 S575	No No	**34.80** **34.80**	Limit of three (3) per tooth. Limit of six (6) pins payable.	A A
Cusp capping – per cusp	D577 S577	No No	**37.55** **37.55**	Limit of two (2) cusps per tooth.	A A
Restoration of an incisal corner – per corner	D578 S578	No No	**37.55** **37.55**	Limit of two (2) per tooth.	A A
Bonding of tooth fragment	D579 S579	No No	**119.75** **152.50**	Limit of one (1) per appointment	A A
Crown – metallic – with tooth preparation – preformed	*D586 *S586	No No	**317.65** **429.70**	No other crown item number to be claimed on the same tooth within six (6) months.	A A
Crown – metallic – minimal tooth preparation – preformed	*D587 *S587	No No	**188.55** **188.55**	No other crown item number to be claimed on the same tooth within six (6) months.	A A
Crown – tooth-coloured – preformed	*D588 *S588	No No	**317.65** **429.70**	No other crown item number to be claimed on the same tooth within six (6) months.	A A
Removal of indirect restoration	D595 S595	No No	**119.75** **174.20**		A A
Recementing of indirect restoration	D596 S596	No No	**97.85** **97.85**		A A

OTHER RESTORATIVE SERVICES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Post – direct					
– 1st post in a tooth	D597	No	**D**	Limit of two (2) posts per tooth.	A
	S597	No	**D**		A
– *Step down fee for subsequent posts in the same tooth*	*D597*	*No*	**D** **D**		A
	S597	*No*			A

CATEGORY 600 CROWN AND BRIDGE

CROWNS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown - acrylic resin - indirect	D611 S611	No No	**1141.30** **1518.00**	Biennial limit applies.	C C
Full crown - non metallic - indirect	D613 S613	No No	**1659.80** **2207.55**	Biennial limit applies.	C C
Full crown - veneered - indirect	D615 S615	No No	**1561.40** **2435.95**	Biennial limit applies.	C C
Full crown - metallic - indirect	D618 S618	No No	**1463.10** **1948.65**	Biennial limit applies.	C C
Core for crown including post – indirect	D625 S625	No No	**395.10** **525.40**	Biennial limit applies.	C C
Preliminary restoration for crown – direct	D627 S627	No No	**163.30** **217.80**	Biennial limit applies.	C C
Post and root cap – indirect	D629 S629	No No	**413.80** **533.40**	Biennial limit applies.	C C

TEMPORARY (PROVISIONAL) CROWN, BRIDGE OR IMPLANT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional crown – per tooth	*D631 *S631	No No	**188.40** **188.40**	No other crown item number to be claimed on same tooth within six (6) months.	A A
Provisional bridge - per pontic	*D632 *S632	No No	**373.80** **485.80**	No other crown item number to be claimed on same tooth within six (6) months**.**	A A
Provisional implant crown abutment – per abutment	*D633 *S633	No No	**188.40** **188.40**	No other crown item number to be claimed on same tooth within 6 months.	A A

BRIDGES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Bridge pontic - direct - per pontic	D642 S642	No No	**1195.60** **1606.70**	Biennial limit applies.	C C
Bridge pontic - indirect - per pontic	D643 S643	No No	**1274.85** **1606.70**	Biennial limit applies.	C C
Semi-fixed attachment	D644 S644	No No	**287.75** **522.95**	Biennial limit applies.	C C
Precision or magnetic attachment	D645 S645	No No	**366.15** **470.85**	Biennial limit applies.	C C
Retainer for bonded fixture – indirect – per tooth	D649 S649	No No	**485.80** **653.90**	Biennial limit applies.	C C

CROWN AND BRIDGE REPAIRS AND OTHER SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Recementing crown or veneer	D651 S651	No No	**127.50** **145.10**		A A
Recementing bridge or splint – per abutment	D652 S652	No No	**124.50** **165.65**		A A
Rebonding of bridge or splint where retreatment of bridge surface is required	D653 S653	No No	**113.20** **154.70**		A A
Removal of crown	D655 S655	No No	**76.15** **98.10**		A A
Removal of bridge or splint	D656 S656	No No	**228.60** **228.60**		A A
Repair of crown, bridge or splint - indirect	**D658 and D472** **D658 and D472**	No No	**287.75** **230.25**	**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. Biennial limit applies.	C C
Repair of crown/bridge or splint – indirect	**S658 and S472** **S658 and S472**	No No	**287.75** **230.25**	**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. Biennial limit applies.	C C
Repair of crown, bridge or splint - direct	D659 S659	No No	**366.15** **549.20**	Biennial limit applies.	C C

IMPLANT PROSTHESES

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Fitting of implant abutment – per abutment	D661 S661	Yes Yes	FBN FBN	See Note 10.	B B
Removal of implant and/or retention device	S663	Yes	FBN	See Note 10.	B
Fitting of bar for denture – per abutment	S664	Yes	FBN	See Note 10.	B
Prosthesis with metal frame attached to implants - fixed – per arch	S666	Yes	FBN	See Note 10.	B
Fixture or abutment screw removal and replacement	D668 S668	Yes Yes	FBN FBN	See Note 10.	B B
Removal and reattachment of prosthesis fixed to implant(s) – per implant	D669 S669	Yes Yes	FBN FBN	See Note 10.	B B
Full crown attached to osseointegrated implant - non metallic - indirect	D671 S671	Yes Yes	 **1659.80** **2207.55**	See Note 10.	B B
Full crown attached to osseointegrated implant - veneered - indirect	D672 S672	Yes Yes	 **1880.25** **2435.95**	See Note 10.	B B

IMPLANT PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown attached to osseointegrated implant -metallic -indirect	D673 S673	Yes Yes	**1465.20** **1948.65**	See Note 10.	B B
Diagnostic template	S678	Yes	FBN	See Note 10. Limit one (1) per 12 months	B
Surgical implant guide	S679	Yes	FBN	See Note 10.	B
Insertion of first stage of two-stage endosseous implant - per implant	S684	Yes	FBN	See Note 10.	B
Insertion of one-stage endosseous implant – per implant	S688	Yes	FBN	See Note 10.	B
Provisional retention or anchorage device	S690	Yes	FBN	See Note 10. Maximum two (2) per course of treatment. For use with 881 only.	B
Second stage surgery of two stage endosseous implant – per implant	S691	Yes	FBN	See Note 10. .	B

CATEGORY 700 PROSTHODONTICS

DENTURES AND DENTURE COMPONENTS

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

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete maxillary denture	D711 S711	No No	**1179.00** **1179.00**	**See Note 11.**	A A
Complete mandibular denture	D712 S712	No No	**1179.00** **1179.00**	**See Note 11.**	A A
Provisional complete maxillary denture	D713 S713	No No	**884.20** **884.20**	This item allows for provisional denture to be relined or replaced within 12 months.	A A
Provisional complete mandibular denture	D714 S714	No No	**884.20** **884.20**	This item allows for provisional denture to be relined or replaced within 12 months.	A A
Provisional complete maxillary and mandibular dentures	D715 S715	No No	**1568.00** **1568.00**	This item allows for provisional denture to be relined or replaced within 12 months.	A A
Metal palate or plate	D716 S716	No No	**AS PER LAB** **AS PER LAB**	Additional to item 711, 712 or 719. Laboratory casting invoice required. Maximum amount payable $509.85.	A A

DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete maxillary and mandibular dentures	D719 S719	No No	**2090.65** **2090.65**	**See Note 11.**	A A
Partial maxillary denture – resin base	D721 S721	No No	**539.50** **539.50**	**See Note 11.** This item refers to denture base only. The number of teeth are specified in item 733.	A A
Partial mandibular denture – resin base	D722 S722	No No	**539.50** **539.50**	**See Note 11.** This item refers to denture base only. The number of teeth are specified in item 733.	A A
Provisional partial maxillary denture	D723 S723	No No	**404.65** **404.65**	This item refers to denture base only. The number of teeth are specified in item 733. This item allows for provisional denture to be relined or replaced within 12 months.	A A
Provisional partial mandibular denture	D724 S724	No No	**404.65** **404.70**	This item refers to denture base only. The number of teeth are specified in item 733. This item allows for provisional denture to be relined or replaced within 12 months.	A A
Partial maxillary denture – cast metal framework	D727 S727	No No	**1579.30** **1579.30**	**See Note 11.** This item refers to denture base only. The number of teeth are specified in item 733.	A A

DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Partial mandibular denture – cast metal framework	D728 S728	No No	**1579.30** **1579.30**	**See Note 11.** This item refers to denture base only. The number of teeth are specified in item 733.	A A
Retainer – per tooth	D731 S731	No No	**54.50** **54.50**		A A
Occlusal rest - per rest	D732 S732	No No	**26.60** **26.60**		A A
Tooth/teeth (partial denture)	D733 S733	No No	**44.70** **44.70**	Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728).	A A
Overlays – per tooth	D734 S734	No No	**54.50** **54.50**	Can only be claimed with items 727 or 728.	A A
Precision or magnetic denture attachment	D735 S735	No No	**326.95** **326.95**	Limit of two (2) items per 12 month period.	A A
Immediate tooth replacement - per tooth	D736 S736	No No	**11.40** **11.40**		A A
Resilient lining	D737 S737	No No	**233.80** **233.80**	DVA will pay for item 737 with a new denture or items 737 and 743 together for an existing complete denture; and items 737 and 744 for an existing partial denture.	A A
Wrought bar	D738 S738	No No	**217.80** **217.80**		A A
Metal backing – per backing	D739 S739	No No	**11.40** **11.40**	Can only be claimed with items 716, 727 or 728. Only claimable where a denture tooth has its entire occlusal contact with teeth of opposing arch covered by metal.	A A

DENTURE MAINTENANCE

Note 12 A fee will not be paid for:

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

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

Upper or lower denture must be specified for each claim.

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

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adjustment of a denture	D741 S741	No No	**64.55** **64.55**	**See Note 12.** Adjustment(s) to full or partial dentures within twelve (12) months following provision or relining by the same provider.	A A
Relining - complete denture - processed	D743 S743	No No	**411.50** **597.15**	**See Note 12.** For soft relines, use items 743 and 737.	A A
Relining - partial denture - processed	D744 S744	No No	**350.85** **464.30**	**See Note 12.** For soft relines, use items 744 and 737.	A A
Remodelling - complete denture	D745 S745	Yes Yes	FBN FBN	See Note 12.	B B
Remodelling – partial denture	D746 S746	Yes Yes	FBN FBN	See Note 12.	B B
Relining - complete denture - direct	D751 S751	No No	**224.30** **336.50**	**See Note 12.** Limit of one (1) per denture every 2 years. Chair-side only. Either hard or soft material. Not to be used for temporary materials i.e. tissue conditioners.	A A

DENTURE MAINTENANCE (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Relining - partial denture - direct	D752 S752	No No	**186.90** **205.60**	**See Note 12.** Limit of one (1) per denture every 2 years. Not to be used for temporary materials i.e. tissue conditioners.	A A
Cleaning and polishing of pre-existing denture	D753 S753	No No	**52.35** **69.70**	Limit of one (1) per denture every 2 years. Subject to GST.	A A

DENTURE REPAIRS

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

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reattaching pre-existing tooth or clasp to denture	**D761 and D482**	No No	**47.10** **131.10**	**Both items must be claimed.** 761 to be claimed for GST-free component of service. 482 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13.**	A A
Reattaching pre-existing tooth or clasp to denture	**S761 and S482**	No No	**47.10** **131.10**	**Both items must be claimed.** 761 to be claimed for GST-free component of service. 482 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13.**	A A

Replacing/adding clasp to denture – per clasp	D762 S762	No No	**186.20** **186.20**	**See Note 13.** Limit of one (1) per day per denture. GST free.	A A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repairing broken base of a complete denture	**D763** **and** **D484**	No No	**47.10** **131.10**	**Both items must be claimed.** 763 to be claimed for GST-free component of service. 484 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13**	A A
Repairing broken base of a complete denture	**S763** **and** **S484**	No No	**47.10** **131.10**	**Both items must be claimed.** 763 to be claimed for GST-free component of service. 484 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13**	A A
Repairing broken base of a partial denture	**D764** **and** **D485**	No No	**47.10** **131.10**	**Both items must be claimed.** 764 to be claimed for GST-free component of service. 485 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13**	A A
Repairing broken base of a partial denture	**S764** **and** **S485**	No No	**47.10** **131.10**	**Both items must be claimed.** 764 to be claimed for GST-free component of service. 485 (labour, laboratory costs) to be claimed for GST-able component of service. Limit of one (1) per day per denture. **See Note 13**	A A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Replacing/adding new tooth on denture – per tooth	D765 S765	No No	**186.20** **186.20**	Limit of one (1) per day per denture. **See Note 13**	A A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	**D767 and D488**	No No	**23.25** **50.50**	**Both items must be claimed.** 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	**S767 and S488**	No No	**23.25** **50.50**	**Both items must be claimed.** 767 to be claimed for GST-free component of service. 488 (labour, laboratory costs) to be claimed for GST-able component of service.	A A
Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth	D768 S768	No No	**188.55** **188.55**	Limit of one (1) per day per denture. **See Note 13**	A A
Repair or addition to metal casting	D769 S769	No No	**AS PER LAB** **AS PER LAB**	Limit of one (1) per day per denture. Laboratory casting invoice required. Maximum amount payable $330.05. Subject to GST. **See Note 13**	A A

OTHER PROSTHODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
For provision of dentures in difficult cases including all component associated with the prosthesis*	D770 S770	Yes Yes	FBN FBN	Non ADA item number. To be used in exceptional cases only – contact DVA. *excluding fees for castings, itemised as D/S 716 or 769	B B
Tissue conditioning preparatory to impressions – per application	D771 S771	No No	**85.70** **85.70**	Limit of one (1) per denture per appointment. Limit of five (5) per three month period. UPR or LWR must be specified.	A A
Splint - resin - indirect	D772 S772	No No	**429.70** **560.45**	A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth.	A A
Splint - metal - indirect	D773 S773	No No	**429.70** **560.45**	A metal splint that is used to stabilise mobile or displaced teeth.	A A
Obturator	D774 S774	Yes Yes	FBN FBN		B B
Impression - dental appliance repair/modification	D776 S776	No No	**57.00** **57.00**		A A
Identification	D777 S777	No No	**45.70** **45.70**	Limit of one (1) per denture.	A A

CATEGORY 800 ORTHODONTICS

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

REMOVABLE APPLIANCES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Passive removable appliance – per arch	D811	Yes	FBN	See Note 14. Limit of one (1) per jaw.	B
	S811	Yes	FBN		B
Active removable appliance – per arch	D821	Yes	FBN	See Note 14. Limit of one (1) per jaw.	B
	S821	Yes	FBN		B
Functional orthopaedic appliance – custom fabrication	D823	Yes	FBN	See Note 14. Limit of one (1) per jaw.	B
	S823	Yes	FBN		B

FIXED APPLIANCES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Partial banding - per arch	D829	Yes	FBN	See Note 14. Limit of one (1) per jaw.	B
	S829	Yes	FBN		B
Full arch banding – per arch	D831	Yes	FBN	See Note 14. Limit of one (1) per jaw.	B
	S831	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 S911	No No	 **84.60** **112.50**	**See Note 15**. Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	A A
After hours callout	D915 S915	No No	 **113.60** **113.60**	Flat fee is claimable as an emergency loading for services provided after hours. Limit of 3 per 3 month period.	A A

PROFESSIONAL APPOINTMENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Travel to provide services	D916 S916	No No	 **82.60** **82.60**	One per client per day. One per location per day. For example, only pay once per day for travel to retirement home regardless of how many patients are seen. Note: a provider operating a mobile dental clinic is not entitled to this item. Can be claimed without a dental item if it is part of non-billable dental treatment such as adjustments or repairs to dentures. Reasons for the travel should be provided.	A A

Note: Kilometre Allowance

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

DRUG THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Individually made tray – medicaments	*D926 *S926	No No	**195.90** **195.90**	Limit of one (1) per arch per 12 month period. Not to be claimed for bleaching.	A A
Provision of medication/ medicament	*D927 *S927	No No	**34.00** **34.00**	For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period.	A A

ANAESTHESIA AND SEDATION

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment under general anaesthesia provided in a hospital or day procedure centre	D949 S949	Yes Yes	FBN FBN	Items D949 and S949 can be claimed to cover the additional costs a dental provider, who does not have regular theatre times at a hospital or day procedure center, may incur when leaving their usual place of practice to undertake a procedure which requires the administration of a general anaesthesia.	B B

OCCLUSAL THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Minor occlusal adjustment - per appointment	D961 S961	Yes Yes	FBN FBN	Not related to any other procedure.	B B
Clinical occlusal analysis including muscle and joint palpation	D963 S963	No No	**109.00** **152.50**	Limit of one (1) per three year period.	A A
Registration and mounting of casts for occlusal analysis	D964 S964	No No	**93.40** **112.30**	Limit of one (1) per three year period. Cannot be claimed with items 500-899 inclusive.	A A
Occlusal splint	D965 S965	No No	**658.25** **1102.30**		A A
Adjustment of pre-existing occlusal splint – per appointment	D966 S966	No No	**93.40** **111.60**	Limit of four (4) per 12 months.	A A
Occlusal adjustment following occlusal analysis – per appointment	D968 S968	No No	**130.70** **168.30**	Can only be claimed following D/S963 and/or D/S964 Limit of four (4) per year	A A
Adjunctive physical therapy for temporomandibular joint and associated structures – per appointment	D971 S971	No No	**93.40** **112.30**	Limit of four (4) per 12 month period.	A A
Repair/addition – occlusal splint	D972 S972	No No	**355.05** **355.05**		A A

MISCELLANEOUS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE $ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Splinting and stabilisation – direct – per tooth	D981 S981	No No	**119.75** **152.50**		A A
Enamel stripping - per appointment	D982 S982	No No	**117.70** **117.70**		A A
Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D983 S983	Yes Yes	FBN FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B B
Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D984 S984	Yes Yes	FBN FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B B
Repair/addition – snoring or sleep apnoea device	D985 S985	No No	**355.05** **355.05**		A A
Post-operative care where not otherwise included	*D986 *S986	No No	**87.20** **109.00**	Limit of two (2) per 12 month period.	A A

TREATMENT NOT OTHERWISE INCLUDED

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