



Australian Government
Department of Veterans' Affairs

FEE SCHEDULE
OF
DENTAL SERVICES
FOR
DENTISTS
AND
DENTAL SPECIALISTS

Effective 1 November 2018

Based on *The Australian Schedule of Dental Services and Glossary*, 12th Edition

IMPORTANT INFORMATION

Schedule update

The changes since the *Schedule of Dental Services for Dentists and Dental Specialists effective 1 July 2018* are mainly concerned with aligning to the 12th edition of the *The Australian Schedule of Dental Services and Glossary* (ADA schedule). This includes changes in itemisation for partial dentures and denture components.

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

Dental therapists, dental hygienists and oral health therapists can provide dental services to members of the veteran community if they are:

- registered with the Dental Board of Australia and comply with approved scope of practice registration standards;
- covered by either their employer's indemnity insurance or maintain their own insurance as mandated by the Dental Board of Australia; and
- qualified and competent to provide the service.

Claims for these services are to be submitted by the dentist or dental specialist on their behalf at the current DVA dental fee.

Process for Schedule A – time and quantity restrictions

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

Lost or broken dentures

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

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

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

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

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

Compliance

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

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

Further information

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

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

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

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

Email: health.approval@dva.gov.au

Post: Health Approvals & Home Care Team
Department of Veterans' Affairs
GPO Box 9998
ADELAIDE SA 5001

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

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 ebusiness@humanservices.gov.au or
- visit the Department of Human Services' website at https://www.humanservices.gov.au/organisations/health-professionals/subjects/doing-business-online-health-professionals?utm_id=9

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

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

EXPLANATION OF THE FEE SCHEDULE

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

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

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

- Prior financial authorisation is generally not required (see exceptions below).
- Prior financial authorisation is generally not required for White Card holders (see exceptions below) provided the treatment is related to the White Card holder’s accepted condition(s).
- Gold and White Card holders are not entitled to receive unlimited gold crowns.
- An AML applies for all items listed as Schedule C items. This limit is not cumulative and cannot be used in subsequent years.
- DVA will pay up to a total of \$2,525.30 for each calendar year from 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

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	54.35	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	45.15	Limit of one (1) per provider every 6 months. Limit applies to the same provider.	A
	S012	No	45.15		A
Oral examination – limited	D013	No	28.35	Limit of three (3) per three month period.	A
	S013	No	28.35		A
Consultation	S014	No	65.50	See Note 1. Not claimable by general dentists	A
Consultation - extended (30 mins)	S015	No	107.20	See Note 1. Limit of one (1) per provider per 12 month period.	A
Consultation by referral from DVA	D016	Yes	106.00	Payable only when specifically requested by DVA. Includes report to DVA. Subject to GST.	B
	S016	Yes	155.75		B

EXAMINATIONS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Consultation by referral - extended (30 mins or more)	S017	No	212.25	May only be claimed by oral medicine and special needs dentistry specialists.	A
Comprehensive clinical report (not elsewhere included)	D018	Yes	48.55	Claimable only when specifically requested by DVA. Report must be kept on patient's file. Subject to GST.	B
	S018	Yes	48.55		B
S6A typed letter of referral. This must be a detailed typed referral.	*D019	No	11.45	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.	A
	*S019	No	11.45		A

RADIOLOGICAL EXAMINATION AND INTERPRETATION

DESCRIPTION	ITEM	PRIOR APPROVAL	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	38.20	Limit of six (6) per day – one initial and five subsequent exposures. For use of radiographs in endodontics refer to Note 9.	A
	*S022	No	38.20		A
<i>Each subsequent exposure (on same day)</i>	*D022	<i>No</i>	<i>31.40</i>	See above.	A
	*S022	<i>No</i>	<i>31.40</i>		A
Intraoral radiograph-occlusal, maxillary or mandibular – per exposure	D025	No	63.55		A
	S025	No	63.55		A

RADIOLOGICAL EXAMINATION AND INTERPRETATION (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Extraoral radiograph-maxillary, mandibular – per exposure	D031	No	72.40		A
	S031	No	72.40		A
Lateral, antero-posterior, postero-anterior or submento-vertex radiograph of the skull – per exposure	S033	No	135.90	Limit of one (1) per 12 month period.	A
Radiograph of temporomandibular joint – per exposure	S035	No	104.40		A
Cephalometric radiograph – lateral, antero-posterior, postero-anterior or submento-vertex – per exposure	S036	No	153.35	Limit of one (1) per 12 month period.	A
Panoramic radiograph – per exposure	D037	No	97.25		A
	S037	No	97.25		A
Hand-wrist radiograph for skeletal age assessment	S038	No	91.00	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	No	153.45	Limit of one (1) per 12 month period.	A
	S039	No	153.45		A

OTHER DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Saliva screening test	D047	No	41.80	Limit of one (1) per 12 month period.	A
	S047	No	41.80		A
Biopsy of tissue	D051	No	127.85		A
	S051	No	127.85		A
Pulp testing – per appointment	D061	No	-	No fee payable - part of examination.	A
	S061	No	-		A
Diagnostic model – per model	D071	No	62.35	Limit of two (2) models per appointment (that is, one upper and one lower). The preparation of a model, from an impression. The model is used for examination and treatment planning procedures. This item should not be used to describe a working model.	A
	S071	No	62.35		A
Photographic records – intraoral	D072	No	33.55	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A
	S072	No	33.55		A
Photographic records – extraoral	D073	No	33.55	Limit of one (1) per 12 month period. Fee to include all photographs taken, not per photograph.	A
	S073	No	33.55		A
Diagnostic wax-up	D074	Yes	164.20	For use in complex prosthodontic cases only.	B
	S074	Yes	246.30		B
Cephalometric analysis, excluding radiographs	S081	No	67.05	May only be claimed with item 881.	A
Tooth-jaw size prediction analysis	*S082	No	109.10	Age limit applies 18 years or under. Limit of one (1) per 12 month period per provider.	A

CATEGORY 100 PREVENTIVE SERVICES

DENTAL PROPHYLAXIS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of plaque and/or stain.	D111	No	55.50	Limit of one (1) per six month period.	A
	S111	No	55.50		A
Recontouring and polishing of pre-existing restoration(s) – per appointment	D113	No	21.00		A
	S113	No	21.00		A
Removal of calculus - first appointment	D114	No	92.55	Limit of one (1) per six month period.	A
	S114	No	92.55		A
Removal of calculus - subsequent appointment	D115	No	60.25	Limit of two (2) per 12 month period.	A
	S115	No	60.25		A
Bleaching, internal - per tooth	D117	No	198.05	For non-vital discoloured tooth. Limit of two (2) teeth per 12 month period.	A
	S117	No	198.05		A

REMINERALISING AGENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Topical application of remineralising and/or cariostatic agents, one treatment	D121	No	35.70	Limit of one (1) per six month period.	A
	S121	No	35.70		A
Concentrated remineralising and /or cariostatic agent, application – single tooth	D123	No	27.90	Limit of one (1) per appointment.	A
	S123	No	27.90		A

OTHER PREVENTIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Dietary analysis and advice	D131	No	37.55	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S131	No	37.55		A
Oral hygiene instruction	D141	No	51.05	Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period.	A
	S141	No	51.05		A
Provision of a mouthguard – indirect	D151	No	155.10	Subject to GST.	A
	S151	No	155.10		A
Fissure and/or tooth surface sealing-per tooth	D161	No	47.55		A
	S161	No	47.55		A
Desensitising procedure - per appointment	D165	No	27.90		A
	S165	No	27.90		A
Odontoplasty- per tooth	D171	No	52.40	Limit of one (1) per appointment.	A
	S171	No	52.40		A

CATEGORY 200 PERIODONTICS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Treatment of acute periodontal infection – per appointment	D213	No	71.95	Limit of two (2) appointments per 12 month period.	A
	S213	No	71.95		A
Clinical periodontal analysis and recording	D221	No	54.65	Limit of one (1) per 12 month period.	A
	S221	No	145.50		A
Periodontal debridement - per tooth	D222	No	26.90	Limit of 10 per appointment, maximum 20 per 12 month period.	A
	S222	No	37.10		A
Non-surgical treatment of peri-implant disease – per implant	*D223	No	26.90	Limit of five (5) per appointment, maximum 10 per 12 month period.	A
	*S223	No	37.10		A

CATEGORY 200 PERIODONTICS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Gingivectomy - per tooth	D231	Yes	FBN	Limit of 10 per appointment, 20 per 12 month period.	B
	S231	Yes	FBN		B
Periodontal flap surgery - per tooth	D232	Yes	FBN	Limit of 10 per appointment, 20 per 12 month period.	B
	S232	Yes	FBN		B
Surgical treatment of peri-implant disease - per implant	S233	Yes	FBN		B
Application of biologically active material	S234	Yes	FBN		B
Gingival graft – per tooth or implant	S235	No	546.30	Limit of two (2) per 12 month period.	A
Guided tissue regeneration - per tooth or implant	S236	Yes	546.30		B
Guided tissue regeneration – membrane removal	S237	No	281.05		A
Periodontal flap surgery for crown lengthening-per tooth	D238	No	390.20		A
	S238	No	577.50		A
Root resection – per root	D241	No	223.50		A
	S241	No	279.35		A
Osseous surgery - per tooth or implant	D242	Yes	FBN		B
	S242	Yes	FBN		B
Osseous graft -per tooth or implant	D243	Yes	FBN		B
	S243	Yes	FBN		B
Osseous graft – block	S244	Yes	FBN	Limit one (1) per 12 month period.	B
Periodontal surgery involving one tooth	*D245	No	81.95	Limit of one (1) per 12 month period.	A
	*S245	No	163.65		A
Maxillary sinus augmentation – Trans-alveolar technique – per sinus	S246	Yes	813.30	Will only be approved where applicable as part of an entire treatment plan that includes implants.	B

CATEGORY 200 PERIODONTICS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Maxillary sinus augmentation – Lateral wall approach – per sinus	S247	Yes	813.30	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	No	152.25	Limit of four (4) per 12 month period. Only claim as per quadrants of teeth treated.	A
	S250	No	304.50		
Supportive Periodontal Therapy - per appointment	D251	No	163.65	Limit of three (3) per 12 month period.	A
	S251	No	284.05		

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	135.55	See Note 2.	A
	S311	No	168.35		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D311</i>	<i>No</i>	<i>85.40</i>		A
	<i>S311</i>	<i>No</i>	<i>109.00</i>		A
Sectional removal of a tooth.					
1 st sectional removal from each quadrant	D314	No	173.20	See Note 2.	A
	S314	No	230.45		A
<i>Step down fee for second tooth in same quadrant</i>	<i>D314</i>	<i>No</i>	<i>114.40</i>		A
	<i>S314</i>	<i>No</i>	<i>152.10</i>		A

SURGICAL EXTRACTIONS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division.					
1 st tooth extracted from each quadrant	D322	No	219.95	See Note 2.	A
	S322	No	292.40		A
<i>Step down fee for second tooth in same quadrant</i>	D322	No	146.30		A
	S322	No	181.95		A
Surgical removal of a tooth or tooth fragment requiring removal of bone.					
1 st tooth extracted from each quadrant	D323	No	251.20	See Note 2.	A
	S323	No	363.05		A
<i>Step down fee for second tooth in same quadrant</i>	D323	No	179.95		A
	S323	No	238.25		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	337.90	See Note 2.	A
	S324	No	449.50		A
<i>Step down fee for second tooth in same quadrant</i>	D324	No	222.75		A
	S324	No	296.55		A

SURGERY FOR PROSTHESES

Note 3: Fee exclusive of fee for extraction. Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Alveolectomy - per segment	D331	No	137.10	See Note 3.	A
	S331	No	172.70		A
Ostectomy – per jaw	S332	No	458.75	See Note 3.	A
Reduction of fibrous tuberosity	D337	No	192.75	See Note 3.	A
	S337	No	256.35		A

SURGERY FOR PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Reduction of flabby ridge - per segment	D338	No	109.20	See Note 3.	A
	S338	No	156.00	Limit of one (1) per 12 month period.	A
Removal of hyperplastic tissue	D341	No	174.80	See Note 3.	A
	S341	No	374.55	Limit of one (1) per 12 month period. Not for tooth-associated soft tissue treatment.	A
Repositioning of muscle attachment	S343	No	421.50	See Note 3.	A
Vestibuloplasty	S344	No	446.90	See Note 3.	A
Skin or mucosal graft	S345	Yes	410.80	See Note 3.	B

TREATMENT OF MAXILLO-FACIAL INJURIES

Note 4: Procedures described in this section include insertion of sutures, normal post-operative care and suture removal.

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repair of skin and subcutaneous tissue or mucous membrane	D351	No	165.10	See Note 4.	A
	S351	No	219.65		A
Fracture of maxilla or mandible – not requiring fixation	S352	No	192.20	See Note 4.	A
Fracture of maxilla or mandible – with wiring of teeth or intra-oral fixation	S353	No	605.90	See Note 4.	A
Fracture of maxilla or mandible – with external fixation	S354	No	605.90	See Note 4.	A
Fracture of zygoma	S355	No	805.55	See Note 4.	A
Fracture requiring open reduction	S359	No	650.95	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	61.25	See Note 5.	A
Mandible – relocation requiring open operation	S363	No	177.20	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	1441.25	See Note 6.	A
Osteotomy – mandible	S366	No	1441.25	See Note 6.	A

GENERAL SURGICAL

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane	S371	No	212.10	See Note 7. Limit one (1) per appointment	A
Removal of tumour, cyst or scar involving muscle, bone or other deep tissue.	S373	No	752.00	See Note 7.	A
Surgery to salivary duct	S375	No	662.10	See Note 7.	A

GENERAL SURGICAL (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgery to salivary gland	S376	No	224.40	See Note 7.	A
Removal or repair of soft tissue (not elsewhere defined)	D377	No	209.15	See Note 7.	A
	S377	No	278.45		A
Surgical removal of foreign body	D378	No	118.40	See Note 7.	A
	S378	No	157.35		A
Marsupialisation of cyst	S379	No	405.85	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 APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Surgical exposure of unerupted tooth – per tooth	D381	Yes	FBN	See Note 8.	B
	S381	Yes	358.90		B
Surgical exposure and attachment of device for orthodontic traction	S382	Yes	407.10	See Note 8.	B
Repositioning of displaced tooth/teeth – per tooth	D384	No	197.00	See Note 8.	A
	S384	No	262.70		A
Surgical repositioning of unerupted tooth – per tooth	S385	Yes	407.10	See Note 8.	B
Splinting of displaced tooth/teeth – per tooth	D386	No	203.25	See Note 8.	A
	S386	No	273.80		A
Replantation and splinting of a tooth – per tooth	D387	No	398.00	See Note 8.	A
	S387	No	529.45		A

OTHER SURGICAL PROCEDURES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Transplantation of tooth or tooth bud	S388	Yes	607.75	See Note 8.	B
Surgery to isolate and preserve neurovascular tissue	S389	No	194.10	See Note 8.	A
Frenectomy	D391	No	182.55	See Note 8.	A
	S391	No	242.80		A
Drainage of abscess	D392	No	100.00	See Note 8.	A
	S392	No	127.35		A
Surgery involving the maxillary antrum	S393	Yes	813.30	See Note 8.	B
Surgery for osteomyelitis	S394	No	531.00	See Note 8.	A
Repair of nerve trunk	S395	No	1066.10	See Note 8.	A

CATEGORY 400 ENDODONTICS

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

PULP and ROOT CANAL TREATMENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Direct pulp capping	*D411	No	36.00	See Note 9.	A
	*S411	No	47.75		A
Incomplete endodontic therapy (tooth not suitable for further treatment)	*D412	No	123.25	See Note 9.	A
	*S412	No	197.00		A
Pulpotomy	*D414	No	78.50	See Note 9.	A
	*S414	No	91.00		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	221.05	See Note 9.	A
	*S415	No	409.25		A
Complete chemo-mechanical preparation of root canal – each additional canal	*D416	No	105.30	See Note 9.	A
	*S416	No	209.15		A
Root canal obturation – one canal	*D417	No	215.35	See Note 9.	A
	*S417	No	409.25		A
Root canal obturation – each additional canal	*D418	No	100.70	See Note 9.	A
	*S418	No	209.15		A
Extirpation of pulp or debridement of root canal(s) – emergency or palliative	D419	No	142.35		A
	S419	No	170.90		A
Resorbable root canal filling – primary tooth	*D421	No	123.25	See note 9. Limit of one (1) per primary tooth	A
	*S421	No	197.00		A

PERIRADICULAR SURGERY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE		SPECIAL REMARKS	SCHEDULE
			\$	(EXCL. GST)		
Periapical curettage – per root	D431	No	312.20		See Note 9.	A
	S431	No	421.50		Item cannot be claimed with 432 and 434	A
Apicectomy – per root	D432	No	312.20		See Note 9.	A
	S432	No	421.50		Includes curettage.	A
Exploratory periradicular surgery	D433	No	131.30		Limit of one (1) per 12 month period. Not claimable with items 431, 432, 434, 436, 437 and 438.	A
	S433	No	164.20			A
Apical seal - per canal	D434	No	374.55		See Note 9.	A
	S434	No	546.30		Includes apicectomy and periapical curettage.	A
Sealing of perforation	D436	No	196.60		See Note 9.	A
	S436	No	390.20		Limit of one (1) per 12 month period.	A
Surgical treatment and repair of an external root resorption – per tooth	D437	No	273.10		See Note 9.	A
	S437	No	382.30		Limit of one (1) per 12 month period.	A
Hemisection	D438	No	251.20		See Note 9.	A
	S438	No	363.05			A

OTHER ENDODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Exploration and/or negotiation of a calcified canal – per canal, per appointment	D445	No	109.10	See Note 9.	A
	S445	No	145.50		A
Removal of root filling – per canal	D451	No	109.10	See Note 9.	A
	S451	No	145.50		A
Removal of cemented root canal post or post crown	D452	No	109.10	See Note 9.	A
	S452	No	136.35		A
Removal or bypassing fractured endodontic instrument	D453	No	91.00	See Note 9.	A
	S453	No	127.35		A
Additional appointment for irrigation and/or dressing of the root canal system – per tooth	*D455	No	109.10	Within three months of items 415 or 416. Appointment for irrigation only – cannot be paid with any other item.	A
	*S455	No	145.50		A
Obturation of resorption defect or perforation (non-surgical)	D457	No	109.10	See Note 9. Limit of one (1) per tooth.	A
	S457	No	145.50		A
Interim therapeutic root filling – per tooth	D458	No	145.50	No other endodontic treatment on the same tooth within three months. Limit of three (3) in a 12 month period.	A
	S458	No	163.65		A

CATEGORY 500 RESTORATIVE SERVICES

METALLIC RESTORATIONS - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D511	No	107.60		A
	S511	No	107.60		A
Metallic restoration - two surfaces	D512	No	131.90		A
	S512	No	131.90		A
Metallic restoration - three surfaces	D513	No	157.45		A
	S513	No	157.45		A
Metallic restoration - four surfaces	D514	No	179.45		A
	S514	No	179.45		A
Metallic restoration - five surfaces	D515	No	204.85		A
	S515	No	204.85		A

ADHESIVE RESTORATIONS – ANTERIOR TEETH – DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface - anterior tooth	D521	No	119.15		A
	S521	No	119.15		A
Adhesive restoration - two surfaces - anterior tooth	D522	No	144.70		A
	S522	No	144.70		A
Adhesive restoration – three surfaces - anterior tooth	D523	No	171.35		A
	S523	No	171.35		A
Adhesive restoration – four surfaces - anterior tooth	D524	No	198.05		A
	S524	No	198.05		A
Adhesive restoration – five surfaces - anterior tooth	D525	No	232.75		A
	S525	No	276.65		A
Adhesive restoration – veneer – anterior tooth – direct	D526	No	232.75	Annual limit applies.	C
	S526	No	276.65		C

ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Adhesive restoration - one surface - posterior tooth	D531	No	127.30		A
	S531	No	127.30		A
Adhesive restoration - two surfaces - posterior tooth	D532	No	159.80		A
	S532	No	159.80		A
Adhesive restoration - three surfaces - posterior tooth	D533	No	192.10		A
	S533	No	192.10		A
Adhesive restoration - four surfaces - posterior tooth	D534	No	216.45		A
	S534	No	216.45		A
Adhesive restoration - five surfaces - posterior tooth	D535	No	250.00		A
	S535	No	324.00		A
Adhesive restoration - veneer - posterior tooth - direct	D536	No	232.75	Annual limit applies	C
	S536	No	276.65		C

METALLIC RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Metallic restoration - one surface	D541	No	561.80	Annual limit applies.	C
	S541	No	561.80		C
Metallic restoration - two surfaces	D542	No	717.95	Annual limit applies.	C
	S542	No	717.95		C
Metallic restoration - three surfaces	D543	No	936.50	Annual limit applies.	C
	S543	No	936.50		C
Metallic restoration - four surfaces	D544	No	1045.80	Annual limit applies.	C
	S544	No	1045.80		C
Metallic restoration - five surfaces	D545	No	1170.55	Annual limit applies.	C
	S545	No	1545.10		C

TOOTH COLOURED RESTORATIONS - INDIRECT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Tooth-coloured restoration - one surface	D551	No	702.40	Annual limit applies.	C
	S551	No	936.50		C
Tooth-coloured restoration - two surfaces	D552	No	811.55	Annual limit applies.	C
	S552	No	1061.35		C
Tooth-coloured restoration - three surfaces	D553	No	998.85	Annual limit applies.	C
	S553	No	1342.20		C
Tooth-coloured restoration - four surfaces	D554	No	1201.85	Annual limit applies.	C
	S554	No	1451.45		C
Tooth-coloured restoration - five surfaces	D555	No	1288.45	Annual limit applies.	C
	S555	No	1545.10		C
Tooth-coloured restoration – veneer – indirect	D556	No	858.85	Annual limit applies.	C
	S556	No	936.50		C

OTHER RESTORATIVE SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional (intermediate/ temporary) restoration – per tooth	D572	No	50.35	Not claimable with endodontic items except 419. Limit of three (3) per three month period.	A
	S572	No	50.35		A
Metal band	D574	No	42.40		A
	S574	No	42.40		A
Pin retention – per pin	D575	No	29.00	Limit of three (3) per tooth. Limit of six (6) pins payable.	A
	S575	No	29.00		A
Cusp capping – per cusp	D577	No	31.25	Limit of two (2) cusps per tooth.	A
	S577	No	31.25		A
Restoration of an incisal corner – per corner	D578	No	31.25	Limit of two (2) per tooth.	A
	S578	No	31.25		A
Bonding of tooth fragment	D579	No	100.00	Limit of one (1) per appointment	A
	S579	No	127.35		A
Crown – metallic – with tooth preparation – preformed	*D586	No	265.30	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S586	No	358.90		A
Crown – metallic – minimal tooth preparation – preformed	*D587	No	157.45	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S587	No	157.45		A
Crown – tooth-coloured – preformed	*D588	No	265.30	No other crown item number to be claimed on the same tooth within six (6) months.	A
	*S588	No	358.90		A
Removal of indirect restoration	D595	No	100.00		A
	S595	No	145.50		A
Recementing of indirect restoration	D596	No	81.75		A
	S596	No	81.75		A

OTHER RESTORATIVE SERVICES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Post – direct					
– 1 st post in a tooth	D597	No	154.65	Limit of two (2) posts per tooth.	A
	S597	No	199.95		A
– <i>Step down fee for subsequent posts in the same tooth</i>	D597	No	91.00		A
	S597	No	109.10		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	953.45 1268.20	Annual limit applies.	C C
Full crown - non metallic - indirect	D613 S613	No No	1386.65 1844.35	Annual limit applies.	C C
Full crown - veneered - indirect	D615 S615	No No	1304.50 2035.15	Annual limit applies.	C C
Full crown - metallic - indirect	D618 S618	No No	1222.35 1628.00	Annual limit applies.	C C
Core for crown including post – indirect	D625 S625	No No	330.00 438.90	Annual limit applies.	C C
Preliminary restoration for crown – direct	D627 S627	No No	136.35 181.95	Annual limit applies.	C C
Post and root cap – indirect	D629 S629	No No	345.65 445.60	Annual limit applies.	C C

TEMPORARY (PROVISIONAL) CROWN, BRIDGE OR IMPLANT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Provisional crown – per tooth	*D631	No	157.35	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S631	No	157.35		A
Provisional bridge - per pontic	*D632	No	312.20	No other crown item number to be claimed on same tooth within six (6) months.	A
	*S632	No	405.85		A
Provisional implant crown abutment – per abutment	*D633	No	157.35	No other crown item number to be claimed on same tooth within 6 months.	A
	*S633	No	157.35		A

BRIDGES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Bridge pontic - direct - per pontic	D642	No	998.85	Annual limit applies.	C
	S642	No	1342.20		C
Bridge pontic - indirect - per pontic	D643	No	1064.95	Annual limit applies.	C
	S643	No	1342.20		C
Semi-fixed attachment	D644	No	240.30	Annual limit applies.	C
	S644	No	436.90		C
Precision or magnetic attachment	D645	No	305.80	Annual limit applies.	C
	S645	No	393.25		C
Retainer for bonded fixture – indirect – per tooth	D649	No	405.85	Annual limit applies.	C
	S649	No	546.30		C

CROWN AND BRIDGE REPAIRS AND OTHER SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Recementing crown or veneer	D651	No	106.45		A
	S651	No	121.15		A
Recementing bridge or splint – per abutment	D652	No	103.95		A
	S652	No	138.35		A
Rebonding of bridge or splint where retreatment of bridge surface is required	D653	No	94.55		A
	S653	No	129.20		A
Removal of crown	D655	No	63.65		A
	S655	No	81.95		A
Removal of bridge or splint	D656	No	190.95		A
	S656	No	190.95		A
Repair of crown, bridge or splint - indirect	D658	No	240.30	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	192.20		C
Repair of crown/bridge or splint – indirect	S658	No	240.30	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	192.20		C
Repair of crown, bridge or splint - direct	D659	No	305.80	Annual limit applies.	C
	S659	No	458.75		C

IMPLANT PROSTHESES

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Fitting of implant abutment – per abutment	D661	Yes	FBN	See Note 10.	B
	S661	Yes	FBN		B
Removal of implant and/or retention device	S663	Yes	FBN	See Note 10.	B
Fitting of bar for denture – per abutment	S664	Yes	FBN	See Note 10.	B
Prosthesis with metal frame attached to implants - fixed – per arch	S666	Yes	FBN	See Note 10.	B
Fixture or abutment screw removal and replacement	D668	Yes	FBN	See Note 10.	B
	S668	Yes	FBN		B
Removal and reattachment of prosthesis fixed to implant(s) – per implant	D669	Yes	FBN	See Note 10.	B
	S669	Yes	FBN		B
Full crown attached to osseointegrated implant - non metallic - indirect	D671	Yes	1386.65	See Note 10.	B
	S671	Yes	1844.35		B
Full crown attached to osseointegrated implant - veneered - indirect	D672	Yes	1570.75	See Note 10.	B
	S672	Yes	2035.15		B

IMPLANT PROSTHESES (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Full crown attached to osseointegrated implant -metallic -indirect	D673	Yes	1224.00	See Note 10.	B
	S673	Yes	1628.00		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	925.85	See Note 10. Maximum two (2) per course of treatment. For use with 881 only.	B
Second stage surgery of two stage endosseous implant – per implant	S691	Yes	FBN	See Note 10.	B

CATEGORY 700 PROSTHODONTICS

DENTURES AND DENTURE COMPONENTS

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

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete maxillary denture	D711	No	985.00	See Note 11.	A
	S711	No	985.00		A
Complete mandibular denture	D712	No	985.00	See Note 11.	A
	S712	No	985.00		A
Provisional complete maxillary denture	D713	No	738.75	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S713	No	738.75		A
Provisional complete mandibular denture	D714	No	738.75	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S714	No	738.75		A
Provisional complete maxillary and mandibular dentures	D715	No	1310.00	This item allows for provisional denture to be relined or replaced within 12 months.	A
	S715	No	1310.00		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 \$437.05	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	1746.65	See Note 11.	A
	S719	No	1746.65		A
Partial maxillary denture – resin base	D721	No	450.65	See Note 11. This item refers to denture base only. The number of teeth are specified in item 733.	A
	S721	No	450.65		A
Partial mandibular denture – resin base	D722	No	450.65	See Note 11. This item refers to denture base only. The number of teeth are specified in item 733.	A
	S722	No	450.65		A
Provisional partial maxillary denture	D723	No	338.00	This item refers to denture base only. The number of teeth are specified in item 733. This item allows for provisional denture to be relined or replaced within 12 months.	A
	S723	No	338.00		A
Provisional partial mandibular denture	D724	No	338.00	This item refers to denture base only. The number of teeth are specified in item 733. This item allows for provisional denture to be relined or replaced within 12 months.	A
	S724	No	338.00		A
Partial maxillary denture – cast metal framework	D727	No	1319.50	See Note 11. This item refers to denture base only. The number of teeth are specified in item 733.	A
	S727	No	1319.50		A

DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Partial mandibular denture – cast metal framework	D728	No	1319.50	See Note 11.	A
	S728	No	1319.50	This item refers to denture base only. The number of teeth are specified in item 733.	A
Retainer – per tooth	D731	No	45.45		A
	S731	No	45.45		A
Occlusal rest - per rest	D732	No	22.10		A
	S732	No	22.10		A
Tooth/teeth (partial denture)	D733	No	37.30	Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728).	A
	S733	No	37.30		A
Overlays – per tooth	D734	No	45.45	Can only be claimed with items 727 or 728.	A
	S734	No	45.45		A
Precision or magnetic denture attachment	D735	No	273.10	Limit of two (2) items per 12 month period.	A
	S735	No	273.10		A
Immediate tooth replacement - per tooth	D736	No	9.40		A
	S736	No	9.40		A
Resilient lining	D737	No	195.25	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	195.25		A
Wrought bar	D738	No	181.95		A
	S738	No	181.95		A
Metal backing – per backing	D739	No	9.40	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
	S739	No	9.40		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	53.90	See Note 12.	A
	S741	No	53.90	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	343.75	See Note 12.	A
	S743	No	498.80	For soft relines, use items 743 and 737.	A
Relining - partial denture - processed	D744	No	293.05	See Note 12.	A
	S744	No	387.85	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	187.30	See Note 12.	A
	S751	No	281.05	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	156.00	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	171.75		A
Cleaning and polishing of pre-existing denture	D753	No	43.70	Limit of one (1) per denture every 2 years. Subject to GST.	A
	S753	No	58.15		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	39.25	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
	D482	No	109.60		A
Reattaching pre-existing tooth or clasp to denture	S761	No	39.25	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
	S482	No	109.60		A
Replacing/adding clasp to denture – per clasp	D762	No	155.50	See Note 13. Limit of one (1) per day per denture. GST free.	A
	S762	No	155.50		A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Repairing broken base of a complete denture	D763	No	39.25	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	109.60		A
Repairing broken base of a complete denture	S763	No	39.25	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	109.60		A
Repairing broken base of a partial denture	D764	No	39.25	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	109.60		A
Repairing broken base of a partial denture	S764	No	39.25	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	109.60		A

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Replacing/adding new tooth on denture – per tooth	D765	No	155.50	Limit of one (1) per day per denture. See Note 13	A
	S765	No	155.50		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	D767	No	19.35	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	42.10		A
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	S767	No	19.35	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	42.10		A
Adding tooth to partial denture to replace an extracted or decoronated tooth -per tooth	D768	No	157.45	Limit of one (1) per day per denture. See Note 13	A
	S768	No	157.45		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 \$312.25 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 preparatory to impressions – per application	D771	No	71.50	Limit of one (1) per denture per appointment. Limit of five (5) per three month period. UPR or LWR must be specified.	A
	S771	No	71.50		A
Splint - resin - indirect	D772	No	358.90	A laboratory fabricated resin splint that is used to stabilise mobile or displaced teeth.	A
	S772	No	468.15		A
Splint - metal - indirect	D773	No	358.90	A metal splint that is used to stabilise mobile or displaced teeth.	A
	S773	No	468.15		A
Obturator	D774	Yes	FBN		B
	S774	Yes	FBN		B
Impression - dental appliance repair/modification	D776	No	47.55		A
	S776	No	47.55		A
Identification	D777	No	38.05	Limit of one (1) per denture.	A
	S777	No	38.05		A

CATEGORY 800 ORTHODONTICS

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

REMOVABLE APPLIANCES

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

FIXED APPLIANCES

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

COMPLETE ORTHODONTIC TREATMENT

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Complete course of orthodontic treatment	D881	Yes	FBN	See Note 14.	B
	S881	Yes	FBN		B

CATEGORY 900 GENERAL SERVICES

EMERGENCIES

Note 15: If two or more emergency treatments (item 911) have been paid for an entitled person in the previous six months, **the provider must provide clinical justification if requested by DVA.**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Palliative care	D911	No	70.55	See Note 15.	A
	S911	No	93.95	Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	A
After hours callout	D915	No	94.80	Flat fee is claimable as an emergency loading for services provided after hours. Limit of 3 per 3 month period.	A
	S915	No	94.80		A

PROFESSIONAL APPOINTMENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Travel to provide services	D916	No	68.95	One per client per day.	A
	S916	No	68.95	One per location per day. For example, only pay once per day for travel to retirement home regardless of how many patients are seen. Note: a provider operating a mobile dental clinic is not entitled to this item. Can be claimed without a dental item if it is part of non-billable dental treatment such as adjustments or repairs to dentures. Reasons for the travel should be provided.	A

Note: Kilometre Allowance

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

DRUG THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Individually made tray – medicaments	*D926	No	163.65	Limit of one (1) per arch per 12 month period. Not to be claimed for bleaching.	A
	*S926	No	163.65		A
Provision of medication/ medicament	*D927	No	28.35	For non-prescribable (non-RPBS) items – Fluoride & Chlorhexidine. Limit of one (1) per three month period.	A
	*S927	No	28.35		A

ANAESTHESIA AND SEDATION

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

OCCLUSAL THERAPY

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Minor occlusal adjustment - per appointment	D961	Yes	FBN	Not related to any other procedure.	B
	S961	Yes	FBN		B
Clinical occlusal analysis including muscle and joint palpation	D963	No	91.00	Limit of one (1) per three year period.	A
	S963	No	127.35		A
Registration and mounting of casts for occlusal analysis	D964	No	78.00	Limit of one (1) per three year period. Cannot be claimed with items 500-899 inclusive.	A
	S964	No	93.75		A
Occlusal splint	D965	No	549.85		A
	S965	No	920.85		A
Adjustment of pre-existing occlusal splint – per appointment	D966	No	78.00	Limit of four (4) per 12 months.	A
	S966	No	93.20		A
Occlusal adjustment following occlusal analysis – per appointment	D968	No	109.20	Can only be claimed following D/S963 and/or D/S964 Limit of four (4) per year	A
	S968	No	140.50		A
Adjunctive physical therapy for temporomandibular joint and associated structures – per appointment	D971	No	78.00	Limit of four (4) per 12 month period.	A
	S971	No	93.75		A
Repair/addition – occlusal splint	D972	No	296.55		A
	S972	No	296.55		A

MISCELLANEOUS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS	SCHEDULE
Splinting and stabilisation – direct – per tooth	D981	No	100.00		A
	S981	No	127.35		A
Enamel stripping - per appointment	D982	No	98.30		A
	S982	No	98.30		A
Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D983	Yes	FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B
	S983	Yes	FBN		B
Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea	D984	Yes	FBN	Only on diagnosis of sleep apnoea and prescription from a respiratory or ENT physician and consideration of treatment with CPAP.	B
	S984	Yes	FBN		B
Repair/addition – snoring or sleep apnoea device	D985	No	296.55		A
	S985	No	296.55		A
Post-operative care where not otherwise included	*D986	No	72.80	Limit of two (2) per 12 month period.	A
	*S986	No	91.00		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