



Australian Government
Department of Veterans' Affairs

FEE SCHEDULE

OF

DENTAL SERVICES

FOR

DENTAL PROSTHETISTS

Effective 1 July 2020

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

IMPORTANT INFORMATION

Items with quantity and/or time limit restrictions

If there is a clinically assessed need to provide dental services *outside of the time and quantity limits* as listed in this fee schedule, dental prosthetists will no longer be required to contact DVA for prior financial authorisation. It is important providers document the clinical reasons for the treatment to provide to DVA if requested.

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.

Compliance

DVA is placing greater emphasis on the existing compliance model for the provision of dental services. DVA will maintain its commitment to working with service providers to maximise voluntary compliance.

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

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.

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 & Home Care Section
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

DVA email for prior financial authorisation: health.approval@dva.gov.au.

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

Information for dental prosthetists 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 Services Australia (Medicare) [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@humanservices.gov.au

Billing, banking and claim enquiries: Phone: 1300 550 017

Visit the Department of Human Services' website at:

<https://www.humanservices.gov.au/organisations/health-professionals/subjects/doing-business-online-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 fillable and printable health care claim forms & vouchers are available on the DVA website or by request. Please see link at: <http://www.dva.gov.au/providers/forms-service-providers>

EXPLANATION OF THE FEE SCHEDULE

- “FBN” means Fee By Negotiation.
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National legislation:

Department of Veterans’ Affairs (DVA) will only pay for services provided by dental prosthetists where the provision of the service complies with National legislation.

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 & DIAGNOSTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Initial denture examination	T011	No	50.45	Limit of one (1) per provider every two years after previous 011. Limit applies to the same provider.
Consultation by referral from DVA	T016	Yes	98.40	Payable only when specifically requested by DVA. Includes report to DVA. Subject to GST.
Written report (not elsewhere included)	T018	Yes	45.00	Claimable only when specifically requested by DVA. Must be kept on patient's file. Subject to GST.
A typed letter of referral.	T019	No	10.55	Limit of one (1) per provider per 12 month period. A copy of this referral must be retained by provider.
Diagnostic model – per model	T071	Yes	57.80	On request from DVA only. Subject to GST. Limit of two (2) models per appointment (that is, one upper and one lower).

CATEGORY 700 PROSTHODONTICS

DENTURES AND DENTURE COMPONENTS

Note 1: DVA will pay for dentures every six (6) years and a reline every two (2) years. DVA will not pay for a new denture if provided within twelve months of a reline of an existing denture. The number of teeth for each individual partial denture should be specified for each claim.

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

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Complete maxillary denture	T711	No	914.25	See Note 1
Complete mandibular denture	T712	No	914.25	See Note 1
Provisional complete maxillary denture	T713	No	685.75	This item allows for provisional denture to be relined or replaced within 12 months
Provisional complete mandibular denture	T714	No	685.75	This item allows for provisional denture to be relined or replaced within 12 months
Provisional complete maxillary and mandibular dentures	T715	No	1215.80	This item allows for provisional denture to be relined or replaced within 12 months
Metal palate or plate	T716	No	AS PER LAB	Additional to items 711, 712 or 719. Laboratory casting invoice required. Maximum amount payable \$444.00.
Complete maxillary and mandibular dentures	T719	No	1621.15	See Note 1
Partial maxillary denture – resin base	T721	No	418.30	See Note 1 This item refers to denture base only. The number of teeth are specified in item 733.

DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Partial mandibular denture – resin base	T722	No	418.30	See Note 1 This item refers to denture base only. The number of teeth are specified in item 733.
Provisional partial maxillary denture	T723	No	313.70	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
Provisional partial mandibular denture	T724	No	313.70	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
Partial maxillary denture - cast metal framework	T727	No	1224.65	See Note 1 This item refers to denture base only. The number of teeth are specified in item 733.
Partial mandibular denture – cast metal framework	T728	No	1224.65	See Note 1 This item refers to denture base only. The number of teeth are specified in item 733.
Retainer – per tooth	T731	No	42.10	
Occlusal rest – per rest	T732	No	20.55	

DENTURES AND DENTURE COMPONENTS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Tooth/teeth (partial denture)	T733	No	34.65	Maximum of 12 teeth per denture base (with partial denture items 721, 722, 723, 724, 727, 728).
Overlays – per tooth	T734	No	42.15	Can only be claimed with items 727 or 728.
Immediate tooth replacement – per tooth	T736	No	8.65	
Resilient lining	T737	No	181.20	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.
Wrought bar	T738	No	168.80	
Metal backing – per backing	T739	No	8.80	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.

DENTURE MAINTENANCE

Note 2: 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
Adjustment of pre-existing denture	T741	No	50.05	See Note 2
Relining - complete denture - processed	T743	No	319.05	See Note 2 For soft relines, use items 743 and 737.
Relining - partial denture - processed	T744	No	271.90	See Note 2 For soft relines, use items 744 and 737.
Remodelling - complete denture	T745	Yes	FBN	See Note 2
Remodelling - partial denture	T746	Yes	FBN	See Note 2
Relining - complete denture - direct	T751	No	173.80	See Note 2 Limit of one (1) per denture every two years. Chair-side only. Either hard or soft material. Not to be used for temporary materials i.e. tissue conditioners.
Relining - partial denture - direct	T752	No	144.85	See Note 2 Not to be used for temporary materials i.e. tissue conditioners.
Cleaning and polishing of pre-existing denture	T753	No	40.65	See Note 2 Limit of one (1) per two year period per denture. Subject to GST.

DENTURE REPAIRS

Note 3: Item 767 to be claimed for ANY second and subsequent reattachment/repair/replacement items performed on the SAME denture on the same day. UPR or LWR must be specified for each claim. **If treatment is provided outside of the limits as listed in the Special Remarks providers must provide clinical justification to DVA if requested.**

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Reattaching pre-existing tooth or clasp to denture	T761 and T482	No	36.40	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.
		No	101.90	
Replacing clasp on denture	T762	No	144.35	Limit of one (1) per day per denture. GST free.
Repairing broken base of a complete denture	T763 and T484	No	36.40	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.
		No	101.90	
Repairing broken base of a partial denture	T764 and T485	No	36.40	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.
		No	101.90	
Replacing first tooth on denture	T765	No	144.35	Limit of one (1) per day per denture.
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	T767 and T488	No	34.40	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.
		No	22.55	

DENTURE REPAIRS (Cont.)

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Adding tooth to partial denture to replace an extracted or decoronated tooth	T768	No	146.05	Limit of one (1) per day per denture.
Repair or addition to metal casting	T769	No	AS PER LAB	Limit of one (1) per day per denture. Laboratory casting invoice required. Maximum amount payable \$285.55. Subject to GST.

OTHER PROSTHODONTIC SERVICES

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Tissue conditioning preparatory to impressions – per application	T771	No	66.30	Limit of one (1) per denture per appointment. Limit of five (5) per three month period. UPR or LWR must be specified.
Impression – dental appliance repair/modification	T776	No	44.05	
Identification	T777	No	35.25	Limit of one (1) per denture.

CATEGORY 900 GENERAL SERVICES

PROFESSIONAL APPOINTMENTS

DESCRIPTION	ITEM	PRIOR APPROVAL	FEE \$ (EXCL. GST)	SPECIAL REMARKS
Travel to provide services	T916	No	63.90	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 and repairs to dentures. Reasons for the travel should be provided.

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.