



SA Dental

Private Provider Pensioner Denture Scheme (PDS) - Items, Fees & Guidance

Metropolitan and Country
dental prosthetists

Schedule of items and fees
From 1 April 2021

To be read in conjunction with the Private Provider Dental
Schemes – Information Handbook

IMPORTANT NOTES

NEW DENTURES

The PDS fee is an all-inclusive fee, incorporating a consultation/examination, all stages involved in the construction of a denture, materials used in denture construction, laboratory fees, and post-insertion visits for 6 months (i.e. denture adjustments for a six (6) month period post-insertion are to be provided at no cost to client or SA Dental.

The PDS for new dentures does not include nor fund soft/resilient linings, mesh/metal strengthening, cast metal frames, lingual metal bars or patient-requested characterisations.

DENTURE REPAIRS

A maximum of 2 (two) repair events per patient can be funded via the PDS in any one 6 (six) month period.

The following are NOT covered via the PDS:

- denture repairs to chrome dentures that involve metal additions to metal frameworks (e.g. soldering)
- soft/resilient linings, mesh/metal strengthening and patient-requested characterisations
- repair services to secondary dentures (i.e. 'backup' dentures)
- repairs to chrome dentures are not claimable under the scheme

MULTIPLE REPAIR SERVICES ON SAME DENTURE ON SAME DAY

The following interpretation will apply when considering itemisation of denture repair services:

For multiple denture repair services (i.e. services described by items 761-768 inclusive) provided for the *same denture on the same day*, only the most expensive repair service provided will retain its item number, with all other repair services to be claimed as item 767 (and 488).

For example, for a partial denture requiring repair of a broken base, re-attachment of a tooth and addition of a clasp, correct itemisation would be 761+482 and 2 x 767+488. Itemisation using 761+482, 762 and 764+485 is not correct.

MAXIMUM 1 x 776 (i.e. IMPRESSION) PAYABLE PER ARCH PER REPAIR CLAIM

Where more than one impression is taken per arch for a denture repair, SA Dental will pay for only the first impression per arch. For example where:

- 2 impressions are taken of the upper arch for a repair to an upper denture, SA Dental will pay 1 x 776.
- 1 impression is taken of the upper arch and 1 impression of the lower arch for a repair to an upper denture, SA Dental will pay 2 x 776.
- 2 impressions are taken of the upper arch and 1 impression of the lower arch for a repair to an upper denture, SA Dental will pay 2 x 776.

OTHER INFORMATION

- If more than 3 teeth are to be added to a denture via PDS Denture Repair, the patient is to be directed to their local SA Dental clinic for a Pros Assessment.
- Where multiple breaks to a base of a denture occur only one repair is claimable.
- Denture adjustments are not claimable.

New Dentures and Denture Relines - Metropolitan Prosthetists

Routine/ Priority Treatment

		Patient \$	SADS \$	Total \$
Complete Dentures				
711	FU denture	182.00	549.40	731.40
712	FL denture	182.00	549.40	731.40
719	FU/FL denture	322.50	974.50	1,297.00
Denture Relines				
743	Denture reline	63.50	191.50	255.00
Domiciliary Care				
Dom care	New denture(s)	0.00	88.35	88.35
Dom care	Denture reline(s)	0.00	43.60	43.60
Partial Dentures				
721 and 722	1 tooth	97.00	293.60	390.60
	2 teeth	108.00	326.20	434.20
	3 teeth	122.50	371.30	493.80
	4 teeth	147.50	446.90	594.40
	5-9 teeth	169.00	510.20	679.20
	10-12 teeth	190.00	574.40	764.40

New Dentures and Denture Relines - Country Prosthetists

Routine/ Priority Treatment

		Patient \$	SADS \$	Total \$
Complete Dentures				
711	FU denture	182.00	732.25	914.25
712	FL denture	182.00	732.25	914.25
719	FU/FL denture	322.50	1,298.65	1,621.15

Denture Relines				
743	Denture reline	63.50	255.55	319.05

Domiciliary Care				
Dom care	New denture(s)	0.00	88.35	88.35
Dom care	Denture reline(s)	0.00	43.60	43.60

Partial Dentures				
721 and 722	1 tooth	97.00	391.25	488.25
	2 teeth	108.00	434.75	542.75
	3 teeth	122.50	494.75	617.25
	4 teeth	147.50	595.40	742.90
	5-9 teeth	169.00	679.90	848.90
	10-12 teeth	190.00	765.40	955.40

Denture Repairs Metropolitan and Country Prosthetists

Item Number and Description (GST applies where indicated)	Patient Base \$	Patient GST \$	Patient Total \$	SADS Base \$	SADS GST \$	SADS Total \$	Total Base \$	Total GST \$	Total Fee \$
761* Reattaching pre-existing tooth or clasp to denture	18.14	0.00	18.14	18.26	0.00	18.26	36.40	0.00	36.40
482 Reattaching pre-existing tooth or clasp to denture (laboratory component subject to GST)	50.78	5.08	55.86	51.12	5.11	56.23	101.90	10.19	112.09
(482 + 761*) Total Fee including GST			74.00			74.49			148.49
762* Replacing or adding clasp on a denture	72.00	0.00	72.00	72.35	0.00	72.35	144.35	0.00	144.35
763* Repairing broken base of a complete denture	18.14	0.00	18.14	18.26	0.00	18.26	36.40	0.00	36.40
484 Repairing broken base of a complete denture (laboratory component subject to GST)	50.78	5.08	55.86	51.12	5.11	56.23	101.90	10.19	112.09
(484 + 763*) Total Fee including GST			74.00			74.49			148.49
764* Repairing broken base of a partial denture	18.14	0.00	18.14	18.26	0.00	18.26	36.40	0.00	36.40
485 Repairing broken base of a partial denture (laboratory component subject to GST)	50.78	5.08	55.86	51.12	5.11	56.23	101.90	10.19	112.09
(485 + 764*) Total Fee including GST			74.00			74.49			148.49
765* Replacing tooth on a denture	72.00	0.00	72.00	72.35	0.00	72.35	144.35	0.00	144.35
767* Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	17.15	0.00	17.15	17.25	0.00	17.25	34.40	0.00	34.40
488 Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day (subject to GST)	11.23	1.12	12.35	11.31	1.13	12.44	22.54	2.25	24.79
(488 + 767*) Total Fee including GST			29.50			29.69			59.19
768* Adding tooth to partial denture to replace lost/extracted tooth or crown (once only, then claim 488+767 for second and subsequent teeth)	73.00	0.00	73.00	73.05	0.00	73.05	146.05	0.00	146.05
776* Impression where required for denture repair. Not for Relines	22.00	0.00	22.00	22.05	0.00	22.05	44.05	0.00	44.05

For more information

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