



SA Dental

# Private Provider Dental Schemes Schedules - Items, Fees & Guidance

Emergency Dental Scheme (EDS)

General Dental Scheme (GDS)

Pensioner Denture Scheme (PDS)

(metropolitan and country)

Child Country Emergency Dental Scheme

(CCEDS)

From 1 April 2021

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



Government  
of South Australia

SA Health

If you have any question about Schemes, please contact the Dental Schemes Unit **prior** to commencing treatment.

- Phone: 7117 0117
- Email: [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au)

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This Handbook is to be read in conjunction with the  
Private Provider Dental Schemes – Information Handbook

## Emergency Dental Scheme (EDS)

### Emergency Dental Scheme – EDS Fee limits

Patient	\$63.00	A flat fee of \$63.00 applies irrespective of service(s) received under EDS.
SADS	\$231.00	The maximum amount that SADS pays is \$231.00
Total	\$294.00	The maximum amount* for a course of care under the EDS is \$294.00

*\*Note that when a tooth has to be replanted and splinted (item 387), the maximum amount that can be claimed is \$479.05 for items 013 + 022 + 387*

## Emergency Dental Scheme (EDS)

		<b>Total \$</b>
<b>013</b>	<b>Oral examination - limited</b> <ul style="list-style-type: none"> <li>• <b>Maximum one (1) per emergency course of care</b></li> </ul>	<b>29.25</b>
<b>Intraoral periapical or bitewing radiograph – per exposure</b> <ul style="list-style-type: none"> <li>• <b>Must</b> include description of and reason for radiograph (e.g. PA 45 to locate periapical infection) – the radiograph must be directly related to the patient’s presenting emergency complaint as claimed on the approval form</li> <li>• Maximum one (1) radiograph per presenting complaint – a second radiograph can be claimed where the patient presents with multiple complaints</li> <li>• Maximum two (2) radiographs in total per emergency course of care</li> </ul>		
<b>022</b>	First radiograph per day (tooth number required)	<b>39.40</b>
<b>022_SUB</b>	Second radiograph taken on the same day as 022 <ul style="list-style-type: none"> <li>• Not claimable with 419</li> </ul>	<b>32.40</b>
<b>114</b>	<b>Removal of calculus – first visit</b> <ul style="list-style-type: none"> <li>• Only claimable if required as part of addressing the chief complaint</li> <li>• Maximum one(1) per course of care</li> <li>• Not claimable same visit as 213</li> </ul>	<b>95.45</b>
<b>165</b>	Desensitising procedure – per visit <ul style="list-style-type: none"> <li>• Maximum two (2) per course of care</li> <li>• <b>Must</b> indicate tooth/teeth on claim form</li> </ul>	<b>28.80</b>
<b>213</b>	<b>Treatment of acute periodontal infection - per visit</b> Maximum two (2) per emergency course of care. <b>Must</b> provide description of treatment provided (e.g. acute perio associated with 26 - deep scale, irrigation with chlorhexidine) <ul style="list-style-type: none"> <li>• Not claimable same visit as 114</li> <li>• Not claimable same visit and same quadrant as 311, 314, 322, 323, 324, 386, 387, 419, 455, 911, 927, 986</li> </ul>	<b>74.20</b>
<b>Removal of a tooth or part(s) thereof</b> Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure.  Refer to additional notes about multiple extractions from the same quadrant on page 8.		
<b>311</b>	First tooth extracted from a quadrant	<b>139.75</b>
<b>311_SUB/Q</b>	Each subsequent tooth extracted from the same quadrant on the same day	<b>88.05</b>
	<b>Sectional removal of a tooth – only if this requires a handpiece to separate roots prior to elevation/delivery</b>	
<b>314</b>	First tooth extracted from a quadrant	<b>178.60</b>
<b>314_SUB/Q</b>	Each subsequent tooth extracted from the same quadrant on the same day	<b>118.00</b>

## Emergency Dental Scheme (EDS)

		Total \$
	<b>Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division</b>	
<b>322</b>	First tooth extracted from a quadrant	<b>226.80</b>
<b>322_SUB/Q</b>	Each subsequent tooth extracted from the same quadrant on the same day	<b>150.90</b>
	<b>Surgical removal of a tooth or tooth fragment requiring removal of bone</b>	
<b>323</b>	First tooth extracted from a quadrant	<b>259.05</b>
<b>323_SUB/Q</b>	Each subsequent tooth extracted from a quadrant on the same day	<b>185.60</b>
	<b>Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division</b>	
<b>324</b>	First tooth extracted from the same quadrant	<b>348.45</b>
<b>324_SUB/Q</b>	Each subsequent tooth extracted from the same quadrant on the same day	<b>229.70</b>
<b>384</b>	<b>Repositioning of displaced tooth/teeth – per tooth</b> Used to describe repositioning of a tooth required after trauma	<b>203.15</b>
<b>386</b>	<b>Splinting of displaced tooth/teeth – per tooth</b> Used to describe splinting and stabilisation required after trauma – for splinting for other reasons apart from trauma (e.g. perio), use item 981	<b>209.60</b>
<b>387</b>	<b>Replantation and splinting of a tooth/teeth</b> The only other items claimable with 387 are 013 and 022 A patient receiving this item of care should be referred back to the local SADS clinic for follow up care unless he/she chooses to have this care completed by private arrangement with the private dentist	<b>410.40</b>
<b>419</b>	<b>Extirpation of pulp or debridement of root canal(s) - emergency or palliative</b> Maximum one (1) per tooth	<b>146.80</b>
<b>455</b>	<b>Additional visit for irrigation and/or dressing of the root canal system - per tooth</b> <ul style="list-style-type: none"> <li>• May be used when dressing a tooth where root canal treatment has already been commenced</li> <li>• <u>Maximum two (2)</u> per tooth</li> </ul>	<b>112.50</b>
<b>*Refer to additional notes about restorative item numbers and fee limits on page 8.</b>		
<b>511*</b>	Metallic restoration - one surface – direct	<b>110.95</b>
<b>512*</b>	Metallic restoration - two surfaces – direct	<b>136.00</b>
<b>513</b>	Metallic restoration - three surfaces – direct	<b>162.35</b>
<b>514</b>	Metallic restoration - four surfaces – direct	<b>185.05</b>
<b>515</b>	Metallic restoration - five surfaces – direct	<b>211.25</b>

## Emergency Dental Scheme (EDS)

		<b>Total \$</b>
<b>521*</b>	<b>Adhesive restoration - one surface - anterior tooth – direct</b> <ul style="list-style-type: none"> <li>• Maximum five (5) single-surface adhesive restorations ie either 521 or 531 per day.</li> </ul>	<b>122.85</b>
<b>522*</b>	Adhesive restoration - two surfaces - anterior tooth – direct	<b>149.20</b>
<b>523</b>	Adhesive restoration - three surfaces - anterior tooth – direct	<b>176.70</b>
<b>524</b>	Adhesive restoration - four surfaces - anterior tooth – direct	<b>204.20</b>
<b>525</b>	Adhesive restoration - five surfaces - anterior tooth – direct	<b>240.00</b>
<b>531*</b>	<b>Adhesive restoration - one surface - posterior tooth – direct</b> <ul style="list-style-type: none"> <li>• Maximum five (5) single-surface adhesive restorations ie either 521 or 531 per day.</li> </ul>	<b>131.30</b>
<b>532*</b>	Adhesive restoration - two surfaces - posterior tooth – direct	<b>164.80</b>
<b>533</b>	Adhesive restoration - three surfaces - posterior tooth – direct	<b>198.10</b>
<b>534</b>	Adhesive restoration - four surfaces - posterior tooth – direct	<b>223.20</b>
<b>535</b>	Adhesive restoration - five surfaces - posterior tooth – direct	<b>257.80</b>
<b>572</b>	<b>Provisional (intermediate/temporary) restoration</b> Claimable only in addition to 419 or 455 <ul style="list-style-type: none"> <li>• <b>MUST</b> describe tooth numbers and surfaces</li> </ul>	<b>51.90</b>
<b>575</b>	<b>Pin retention - per pin</b> <ul style="list-style-type: none"> <li>• <u>Maximum two</u> (2) claimable per anterior or premolar restoration</li> <li>• <u>Maximum four</u> (4) claimable per molar restoration</li> <li>• May be claimed in addition to all restorative items</li> </ul>	<b>29.90</b>
<b>577</b>	<b>Cusp capping - per cusp</b> <ul style="list-style-type: none"> <li>• <u>Maximum two</u> (2) per premolar restoration</li> <li>• <u>Maximum four</u> (4) per molar restoration</li> <li>• Not claimable for anterior restorations</li> </ul>	<b>32.25</b>
<b>596</b>	<b>Recementing of inlay/onlay</b>	<b>84.30</b>
<b>651</b>	<b>Recementing crown or veneer</b>	<b>109.75</b>
<b>652</b>	<b>Recementing bridge or splint - per abutment</b> <ul style="list-style-type: none"> <li>• <u>Maximum two</u> (2) per bridge/splint</li> </ul>	<b>107.20</b>
<b>911</b>	<b>Palliative care</b> <ul style="list-style-type: none"> <li>• Must have a concise description when claiming this item eg an item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment.</li> </ul> “Palliative care” does not adequately describe what treatment was provided - an example of an adequate description would be “excision and drainage of abscess associated with 12” <ul style="list-style-type: none"> <li>• <b>Not claimable</b> if description for 911 is associated with other items claimed at the same visit.</li> </ul>	<b>72.80</b>

## Emergency Dental Scheme (EDS)

		<b>Total \$</b>
<b>927</b>	<b>Provision of medication/medicament</b> Claimable only if no other items apart from 013 and 022 are claimed	<b>29.25</b>
<b>927_AB</b>	<b>Provision of antibiotic cover for prophylactic covers</b> Claimable only for the provision of a prescription for prophylactic antibiotic cover for dental treatment – <b>MUST record medical condition as description</b>	<b>29.25</b>
<b>961</b>	<b>Minor occlusal adjustment – per visit</b> <ul style="list-style-type: none"> <li>• May only be claimed if the occlusal adjustment in no way relates to any other treatment/procedure claimed at the same visit</li> <li>• <b>Not claimable</b> for denture procedures eg eases.</li> <li>• <b>Please specify tooth number.</b></li> </ul>	<b>74.85</b>
<b>981</b>	<b>Splinting and stabilisation – direct – per splint</b> <ul style="list-style-type: none"> <li>• Used to describe splinting and stabilisation required <u>not</u> resulting from trauma (e.g. perio) – for splinting after trauma, use item 386</li> <li>• <u>Maximum one</u> (1) per arch or Sextant – <b>Must</b> list teeth</li> </ul>	<b>103.10</b>
<b>986</b>	<b>Post-operative care not otherwise included</b> <ul style="list-style-type: none"> <li>• A concise description <u>must</u> be provided when claiming this item</li> </ul> “Post operative care not otherwise included” does not adequately describe what treatment was provided - an example of an adequate description would be “treatment of dry-socket using chlorhexidine irrigation and Alvogyl placed” <ul style="list-style-type: none"> <li>• Not claimable if description for 986 is associated with other items claimed at the same visit</li> </ul>	<b>75.05</b>

## EDS and GDS

### Additional notes: multiple extractions from same quadrant

When a patient has multiple extractions from the same quadrant at a single visit, to maximise your reimbursement, use the appropriate item numbers to describe the extractions, noting that per quadrant only one “base” item may be used.

For example, if a patient has simple extraction of the 32, surgical extraction of the 38 involving bone removal, and sectional removal of the 36, use item 323 to describe the first extraction (i.e. 38), item 314\_SUB/Q to describe the second extraction (i.e. 36) and item 311\_SUB/Q to describe the third extraction (i.e. 32). For example if extracted 11, 21, 22, 31, 32 use items 11x311, 21x311, 22x311\_SUB/Q, 31x311, 32x311\_SUB/Q.

### Additional notes: using restorative item numbers

#### 511, 512, 521, 522

Class III restorations are recorded as two-surface restorations. Where the adjacent tooth is absent and there is no proximal contact, record as a one-surface restoration.

#### 511, 521, 531

Class V restorations less than 3mm horizontal dimension should be described as a one-surface restoration.

### Multiple restorations placed in the same tooth at the same appointment

Where two or more individual restorations are placed in the same tooth on the same visit using the same restorative material, itemise the restorations individually. However, the fee applicable will be equivalent to that of a single restoration comprising the surfaces restored. For example when the following restorations are placed in the same posterior tooth at the one visit, the charted treatment is:

532 mesio-occlusal (MO) adhesive restoration  
532 disto-occlusal (DO) adhesive restoration  
531 buccal (B) adhesive restoration

The fee claimed for restorations on that tooth is a single adhesive restoration of the combined surfaces restored (MODB) i.e. the fee is the same as that for item 534.

**MUST** specify restorative material. Where different restorative materials are used and where this is described on the claim form, separate item numbers can be used: i.e.

1. Amalgam MO and GIC buccal to itemise separately and claim for 512 and 531
2. Resin MO and GIC buccal to itemise separately and claim for 533 only

### Fee limits for restorations

The maximum total fee for an amalgam restoration including pins and cusp caps is **\$286.65**, consisting of a maximum patient fee of **\$48.50** and a maximum SA Dental contribution of **\$238.15**.

The maximum total fee for a composite resin restoration including pins and cusp caps is **\$322.40**, consisting of a maximum patient fee of **\$54.50** and a maximum SA Dental contribution of **\$267.90**.



## EDS and GDS

### Additional notes: Endodontics

Based on the criteria below, where indicated:

#### 1. Emergency care

RCT may be started under an **EDS** but is not completed — the case must then be referred back to SA Dental with a copy of relevant radiographs for an assessment to be made and follow-up care determined.

**Important note:** SA Dental will not complete RCT (in-house nor via private provider schemes) on a tooth unless it is vitally important and has a good prognosis. Patient options for a tooth which does not fit these criteria are extraction or privately funded care to complete the RCT.

#### 2. General care:

RCT on teeth with good prognosis may be included within a treatment plan under a **GDS** if all the needed care does not exceed the GDS fee cap.

#### 3. RCT Criteria

When assessing a tooth for RCT the “individual tooth” decision needs to be made in context with the client’s full dentition, oral health and medical status as outlined in the criteria below:

SA Dental Service criteria to assist in deciding whether to commence Root Canal Treatment	Action required
Endo <b>IS</b> offered if:	Under an <b>EDS</b> or if part of outstanding treatment after a <b>GDS</b> please forward a copy of relevant radiographs and patient treatment details to the <b>CDS clinic</b> so the case can be re-assessed and follow-up care provided. For Special Program & specialist schemes, check with the schemes Project Manager
<input checked="" type="checkbox"/> Tooth is an abutment tooth for prosthesis, or is critical for function and/or aesthetics <b>AND</b> has <b>good prognosis</b>	
<input checked="" type="checkbox"/> Extraction is contraindicated e.g. due to a particular medical history	
<input checked="" type="checkbox"/> Maintenance of an intact arch and/ or shortened dental arch (excludes second and third molars)	
Endo <b>NOT</b> offered if:	If <b>any</b> of these criteria apply, RCT is not offered through SADS & the client should be offered an extraction  if the client does not agree to proceed with an extraction and insists on having a RCT, where possible the tooth can be “dressed” to relieve pain. The client <b>MUST</b> be advised that any further care on that tooth will be at their own expense and this should be noted on the claim form
<input checked="" type="checkbox"/> If the tooth is a 7 or an 8  <i>Unless vitally important <b>AND</b> have <b>good prognosis</b> endodontically &amp; restoratively. SA Dental Service reserves the right not to pay for endodontic services provided on these teeth <b>unless prior assessment and approval is given</b> as described above</i>	
<input checked="" type="checkbox"/> Unable to achieve either: <ul style="list-style-type: none"> <li>moisture control using rubber dam</li> <li>access</li> <li>appropriate radiographs</li> <li>placement of permanent functional restoration</li> </ul>	
<input checked="" type="checkbox"/> Patient demonstrates either: <ul style="list-style-type: none"> <li>poor oral status</li> <li>poor level of cooperation, interest</li> <li>inability to tolerate long &amp; multiple appointments</li> </ul>	
<input checked="" type="checkbox"/> Poor: <ul style="list-style-type: none"> <li>periodontal support or</li> <li>restorability, inadequate tooth structure, subgingival caries</li> <li>pulpal morphology / periapical pathology (size of radiolucency, complex root canal morphology, retreatment)</li> </ul>	
<input checked="" type="checkbox"/> Restorability is compromised and a crown required for long term success <i>A crown <u>may not be possible</u> via SA Dental Service, patient needs to consider affordability as a private expense</i>	
<input checked="" type="checkbox"/> <b>No Endo retreatment</b> The subject tooth has existing root-filling of any extent evident in one or more canals on the treatment planning radiograph.	

## General Dental Scheme – GDS

### General Dental Scheme – GDS Fees limits

Patient	\$162.00	The maximum patient fee is \$162.00
SADS	\$895.00 <u>plus</u> patient fee-free items	The maximum amount that SA Dental pays is \$895.00 <u>plus</u> the value of any patient fee-free items claimed
Total	\$1057.00 <u>plus</u> patient fee-free items	The maximum amount for a course of care under the GDS is \$1057.00 <u>plus</u> the value of any patient fee-free items claimed

### Fees claimed before and after 1 April 2021

The following business rules apply:

GDS form issue date	Treatment completed	Fee Schedule for individual items	Patient cap	Total Maximum Fee (plus patient fee-free items)
Before 01/04/21	Before 01/04/21	March 2020	\$160.00	\$1041.00
Before 01/04/21	01/04/21 or later	April 2021	\$160.00	\$1041.00
On or after 01/04/21	01/04/21 or later	April 2021	\$162.00	\$1057.00

### Where it is expected that the GDS fee limit will be exceeded

Only in rare situations will dental care be provided above the prescribed fee limits. If the treating clinician identifies at the initial examination that the GDS limit will be exceeded, **immediately after the initial examination and before commencing the general treatment**, please apply for approval to exceed the GDS limit. Complete a **Request to provide Further Treatment under General Dental Scheme (GDS)** form and forward to the Schemes Unit [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au) with relevant supporting items as listed on the request form but **do not** commence treatment until a response is received from SADS. If treatment is commenced before approval/response, the request for further treatment is likely to be declined.

## General Dental Scheme – GDS

		Patient Fee \$	SADS Pays \$	Total \$
<b>011</b>	Comprehensive oral examination Maximum one(1) per GDS	FREE	56.05	<b>56.05</b>
<b>Bitewing radiograph – per exposure</b> <ul style="list-style-type: none"> <li>Maximum two (2) bitewings per GDS</li> <li>Maximum seven (7) bitewings/periapical radiographs in total per GDS except where an OPG is taken where the maximum is four (4) bitewing/periapical radiographs in total per GDS</li> </ul>				
<b>022_BW</b>	One bitewing - indicate quadrant	FREE	39.40	<b>39.40</b>
<b>022_BWx2</b>	Two bitewings on the same day	FREE	71.80	<b>71.80</b>
<b>Intraoral periapical radiograph – per exposure</b> <ul style="list-style-type: none"> <li><b>MUST</b> indicate tooth and reasons for radiograph e.g. <i>PA 45 – working length</i></li> <li>Maximum seven (7) bitewing/periapical radiographs in total per GDS except where an OPG is taken where the maximum is four (4) bitewing/periapical radiographs in total per GDS</li> </ul>				
<b>022</b>	First periapical radiograph per day <ul style="list-style-type: none"> <li>Not claimable same day as 022_BW or 022_BWx2</li> </ul> If periapical taken on same day then claim 022_SUB with a description	6.50	32.90	<b>39.40</b>
<b>022_SUB</b>	Second periapical radiograph taken on the same day as 022 or 022BW	5.50	26.90	<b>32.40</b>
<b>Panoramic radiographs</b> <ul style="list-style-type: none"> <li>037 Claimable only when an OPG is taken at your surgery in lieu of multiple periapical radiographs for <b>dental extractions only</b> when three (3) or more periapical radiographs would otherwise have been required</li> <li>Not claimable as a screening xray</li> <li>Not claimable when patient is referred to a radiographer (eg Benson's) for an OPG</li> </ul>				
<b>037</b>	<b>Panoramic radiographs – per exposure</b> <ul style="list-style-type: none"> <li>Maximum one (1) per GDS</li> </ul>	17.00	83.30	<b>100.30</b>
<b>114</b>	<b>Removal of calculus – first visit</b> <ul style="list-style-type: none"> <li>Maximum one(1) per GDS</li> <li>Not claimable same visit as 213</li> </ul>	FREE	95.45	<b>95.45</b>
<b>115</b>	<b>Removal of calculus – subsequent visit</b> <ul style="list-style-type: none"> <li>Maximum one (1) per GDS</li> <li>Not claimable same visit as 213</li> </ul>	10.50	51.60	<b>62.10</b>
<b>121</b>	<b>Topical application of remineralising agent – one treatment</b> <ul style="list-style-type: none"> <li>Maximum one (1) per GDS</li> </ul>	FREE	36.80	<b>36.80</b>

## General Dental Scheme – GDS

		Patient Fee \$	SADS Pays \$	Total \$
141	Oral hygiene instruction (where appropriate time is allocated) • Maximum one (1) per GDS	FREE	52.65	<b>52.65</b>
165	Desensitising procedure – per visit • Maximum two (2) per GDS • <b>Must</b> indicate tooth/teeth	5.00	23.80	<b>28.80</b>
213	<b>Treatment of acute periodontal infection - per visit</b> Maximum two (2) per GDS <b>MUST</b> provide description of treatment provided (e.g. acute perio associated with 26 - deep scale, irrigation with chlorhexidine) • Not claimable same visit as 114 or 115 • Not claimable same visit and same quadrant as 311, 314, 322, 323, 324, 378, 414, 415, 416, 455, 911, 986	12.50	61.70	<b>74.20</b>
<b>Removal of a tooth or part(s) thereof *</b> Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure.  Refer to additional notes about multiple extractions from the same quadrant on page 8.				
311	First tooth extracted from a quadrant	23.50	116.25	<b>139.75</b>
311_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	15.00	73.05	<b>88.05</b>
<b>Sectional removal of a tooth – only if this requires a handpiece to separate roots prior to elevation/delivery</b>				
314	First tooth extracted from a quadrant	30.00	148.60	<b>178.60</b>
314_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	20.00	98.00	<b>118.00</b>
<b>Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division</b>				
322	First tooth extracted from a quadrant	38.00	188.80	<b>226.80</b>
322_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	25.50	125.40	<b>150.90</b>
<b>Surgical removal of a tooth or tooth fragment requiring removal of bone</b>				
323	First tooth extracted from a quadrant	43.50	215.55	<b>259.05</b>
323_SUB/Q	Each subsequent tooth extracted from a quadrant on the same day	31.00	154.60	<b>185.60</b>
<b>Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division</b>				
324	First tooth extracted from the same quadrant	58.50	289.95	<b>348.45</b>
324_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	38.50	191.20	<b>229.70</b>

## General Dental Scheme – GDS

		Patient Fee \$	SADS Pays \$	Total \$
378	<b>Surgical removal of foreign body</b> • Description required	20.50	101.60	<b>122.10</b>
411	<b>Direct pulp capping</b>	6.00	31.15	<b>37.15</b>
414	<b>Pulpotomy</b>	13.50	67.45	<b>80.95</b>
<b>Refer to additional notes about Endodontic items and constraints on page 9</b>				
415	<b>Complete chemo-mechanical preparation of root canal - one canal</b>	38.50	189.45	<b>227.95</b>
416	<b>Complete chemo-mechanical preparation of root canal - each additional canal</b> • Maximum two (2) per tooth - additional canals may not be claimed	18.50	90.10	<b>108.60</b>
417	<b>Root canal obturation - one canal</b>	37.50	184.60	<b>222.10</b>
418	<b>Root canal obturation - each additional canal</b> • Maximum two (2) per tooth - additional canals may not be claimed	17.50	86.35	<b>103.85</b>
455	<b>Additional visit for irrigation and/or dressing of the root canal system - per tooth</b> • May be used when dressing a tooth where root canal treatment has already been commenced • Maximum two (2) per tooth	19.00	93.50	<b>112.50</b>
<b>* Refer to additional notes about restorative item numbers and fee limits on page 8</b>				
511*	Metallic restoration - one surface - direct	18.50	92.45	<b>110.95</b>
512*	Metallic restoration - two surfaces - direct	23.00	113.00	<b>136.00</b>
513	Metallic restoration - three surfaces - direct	27.50	134.85	<b>162.35</b>
514	Metallic restoration - four surfaces - direct	31.00	154.05	<b>185.05</b>
515	Metallic restoration - five surfaces - direct	35.50	175.75	<b>211.25</b>
521*	<b>Adhesive restoration - one surface - anterior tooth - direct</b> • <u>Maximum five</u> (5) single-surface adhesive restorations i.e. either 521 or 531 per day	20.50	102.35	<b>122.85</b>
522*	Adhesive restoration - two surfaces - anterior tooth - direct	25.00	124.20	<b>149.20</b>
523	Adhesive restoration - three surfaces - anterior tooth – direct	29.50	147.20	<b>176.70</b>
524	Adhesive restoration - four surfaces - anterior tooth - direct	34.50	169.70	<b>204.20</b>
525	Adhesive restoration - five surfaces - anterior tooth - direct	40.50	199.50	<b>240.00</b>

## General Dental Scheme – GDS

		Patient Fee \$	SADS Pays \$	Total \$
531*	<b>Adhesive restoration - one surface - posterior tooth - direct</b> <ul style="list-style-type: none"> <li>• <u>Maximum five</u> (5) single-surface adhesive restorations i.e. either 521 or 531 per day</li> </ul>	22.00	109.30	<b>131.30</b>
532*	Adhesive restoration - two surfaces - posterior tooth – direct	27.50	137.30	<b>164.80</b>
533	Adhesive restoration - three surfaces - posterior tooth - direct	33.50	164.60	<b>198.10</b>
534	Adhesive restoration - four surfaces - posterior tooth - direct	37.50	185.70	<b>223.20</b>
535	Adhesive restoration - five surfaces - posterior tooth – direct	43.50	214.30	<b>257.80</b>
575	<b>Pin retention - per pin</b> <ul style="list-style-type: none"> <li>• Maximum two (2) claimable per anterior or premolar restoration</li> <li>• Maximum four (4) claimable per molar restoration</li> <li>• May be claimed in addition to all restorative items</li> </ul>	5.00	24.90	<b>29.90</b>
577	<b>Cusp capping - per cusp</b> <ul style="list-style-type: none"> <li>• Maximum two (2) per premolar restoration</li> <li>• Maximum four (4) per molar restoration</li> <li>• <b>Not claimable</b> for anterior restorations</li> </ul>	5.50	26.75	<b>32.25</b>
596	<b>Recementing of inlay/onlay</b>	14.00	70.30	<b>84.30</b>
651	<b>Recementing crown or veneer</b>	18.50	91.25	<b>109.75</b>
652	<b>Recementing bridge or splint - per abutment</b> <ul style="list-style-type: none"> <li>• Maximum two (2) per bridge/splint</li> </ul>	18.00	89.20	<b>107.20</b>
911	<b>Palliative care</b> <ul style="list-style-type: none"> <li>• Must have a concise description when claiming this item eg an item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment.</li> </ul> <p>“Palliative care” does not adequately describe what treatment was provided - an example of an adequate description would be “excision and drainage of abscess associated with 12”</p> <ul style="list-style-type: none"> <li>• <b>Not claimable</b> if description for 911 is associated with other items claimed at the same visit.</li> <li>• <b>Not claimable</b> - denture treatment</li> </ul>	12.00	60.80	<b>72.80</b>
927_AB	<b>Provision of antibiotic cover for prophylactic covers</b> Claimable only for the provision of a prescription <u>for prophylactic antibiotic cover</u> for dental treatment – <b>MUST</b> record medical condition as description	FREE	29.25	<b>29.25</b>
961	<b>Minor occlusal adjustment – per visit</b> <ul style="list-style-type: none"> <li>• May only be claimed if the occlusal adjustment in no way relates to any other treatment/procedure claimed at the same visit</li> <li>• <b>Not claimable for denture procedure</b> eg eases</li> <li>• <b>Please specify tooth number.</b></li> </ul>	12.50	62.35	<b>74.85</b>

## General Dental Scheme – GDS

		Patient Fee \$	SADS Pays \$	Total \$
981	<p><b>Splinting and stabilisation – direct – per splint</b></p> <ul style="list-style-type: none"> <li>Used to describe splinting and stabilisation required not resulting from trauma (e.g. perio)</li> <li><u>Maximum one</u> (1) per arch or sextant – <b>Must</b> list teeth</li> </ul>	17.50	85.60	<b>103.10</b>
986	<p><b>Post-operative care not otherwise included</b></p> <ul style="list-style-type: none"> <li>A concise description must be provided when claiming this item</li> </ul> <p>“Post operative care not otherwise included” does not adequately describe what treatment was provided - an example of an adequate description would be “treatment of dry-socket using chlorhexidine irrigation and Alvogyl placed”</p> <ul style="list-style-type: none"> <li><b>Not claimable</b> if description for 986 is associated with other items claimed at the same visit</li> <li><b>Not claimable</b> - denture treatment</li> </ul>	FREE	75.05	<b>75.05</b>

## Pensioner Denture Scheme (PDS)

### 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.



## Pensioner Denture Scheme (PDS) Metropolitan Dentists

### New dentures and denture relines – Metropolitan dentists

#### Routine/ Priority Treatment

		Patient \$	SADS \$	Total \$
<b>Complete Dentures</b>				
711	FU denture	202.00	610.50	812.50
712	FL denture	202.00	610.50	812.50
719	FU/FL denture	358.00	1,083.00	1,441.00

<b>Denture Relines</b>				
743	Denture reline	70.50	213.00	283.50

<b>Domiciliary Care</b>				
Dom care	New denture(s)	0.00	88.35	88.35
Dom care	Denture reline(s)	0.00	43.60	43.60

<b>Partial Dentures</b>				
721 and 722	1 tooth	108.00	326.00	434.00
	2 teeth	120.00	362.50	482.50
	3 teeth	136.50	412.00	548.50
	4 teeth	164.00	496.50	660.50
	5-9 teeth	187.50	567.00	754.50
	10-12 teeth	211.00	638.50	849.50

## Pensioner Denture Scheme (PDS) Country Dentists

### New dentures and denture relines – Country dentists

#### Routine/ Priority Treatment

		Patient \$	SADS \$	Total \$
<b>Complete Dentures</b>				
711	FU denture	202.00	813.75	1,015.75
712	FL denture	202.00	813.75	1,015.75
719	FU/FL denture	358.00	1,443.20	1,801.20
<b>Denture Relines</b>				
743	Denture reline	70.50	284.00	354.50
<b>Domiciliary Care</b>				
Dom care	New denture(s)	0.00	88.35	88.35
Dom care	Denture reline(s)	0.00	43.60	43.60
<b>Partial Dentures</b>				
721 and 722	1 tooth	108.00	434.40	542.40
	2 teeth	120.00	483.00	603.00
	3 teeth	136.50	549.30	685.80
	4 teeth	164.00	661.80	825.80
	5-9 teeth	187.50	755.90	943.40
	10-12 teeth	211.00	850.60	1,061.60

## Denture Repairs

### Metropolitan and Country Dentists

Item Number & description (GST applies where indicated)	Patient Base \$	Patient GST \$	Patient Total \$	SADS Base \$	SADS GST \$	SADS Total \$	Total Base \$	Total GST \$	Total Fee \$
<b>761*</b> Reattaching pre-existing tooth or clasp to denture	20.13	0.00	20.13	20.37	0.00	20.37	40.50	0.00	40.50
<b>482</b> Reattaching pre-existing tooth or clasp to denture (laboratory component subject to GST)	55.34	5.53	60.87	56.01	5.60	61.61	111.35	11.13	122.48
<b>(482 + 761)</b> <b>Total Fee including GST</b>			<b>81.00</b>			<b>81.98</b>			<b>162.98</b>
<b>762*</b> Replacing or adding clasp on a denture	80.00	0.00	<b>80.00</b>	80.35	0.00	<b>80.35</b>	160.35	0.00	<b>160.35</b>
<b>763*</b> Repairing broken base of a complete denture	20.13	0.00	20.13	20.37	0.00	20.37	40.50	0.00	40.50
<b>484</b> Repairing broken base of a complete denture (laboratory component subject to GST)	55.34	5.53	60.87	56.01	5.60	61.61	111.35	11.13	122.48
<b>(484 + 763)</b> <b>Total Fee including GST</b>			<b>81.00</b>			<b>81.98</b>			<b>162.98</b>
<b>764*</b> Repairing broken base of a partial denture	20.15	0.00	20.15	20.35	0.00	20.35	40.50	0.00	40.50
<b>485</b> Repairing broken base of a partial denture (laboratory component subject to GST)	56.23	5.62	61.85	56.77	5.68	62.45	113.00	11.30	124.30
<b>(485 + 764)</b> <b>Total Fee including GST</b>			<b>82.00</b>			<b>82.80</b>			<b>164.80</b>
<b>765*</b> Replacing tooth on a denture	80.00	0.00	<b>80.00</b>	80.35	0.00	<b>80.35</b>	160.35	0.00	<b>160.35</b>
<b>767*</b> Additional repair, alteration or tooth replacement for the same denture on the same day (subject to rules described in Notes over page.	9.87	0.00	9.87	10.08	0.00	10.08	19.95	0.00	19.95
<b>488</b> As above and subject to GST.	21.48	2.15	23.63	21.92	2.19	24.11	43.40	4.34	47.74
<b>(488 + 767)</b> <b>Total Fee including GST</b>			<b>33.50</b>			<b>34.19</b>			<b>67.69</b>
<b>768*</b> Adding tooth to partial denture to replace lost/extracted tooth or crown (once only, then claim 488+767 for second and subsequent teeth)	81.00	0.00	<b>81.00</b>	81.35	0.00	<b>81.35</b>	162.35	0.00	<b>162.35</b>
<b>776*</b> Impression where required for denture repair (one per arch) Not for relines	24.50	0.00	<b>24.50</b>	24.50	0.00	<b>24.50</b>	49.00	0.00	<b>49.00</b>

## Child Country Emergency Dental Scheme (CCEDS)

### Overview

Throughout the year, SA Dental offers care to children in your area. During school holidays, or at other times when the SA Dental clinic is not open, clients either seek care through a private dentist or delay their care until the SA Dental clinic is open.

The CCEDS only operates during periods when the local SA Dental clinic is not in operation, for example the Christmas school holidays. The local SA Dental clinic will contact you to confirm specific dates when the clinic will be closed and therefore the period during which the scheme can operate in your area and ascertain your availability/willingness to attend to SA Dental client emergencies during that clinic closure period. Private practitioners who see SA Dental clients in these situations may participate in the CCEDS.

**This service is only available to children who are clients of a SA Dental clinic.** Children who are not enrolled with SA Dental will be required to make private arrangements for their emergency care. Payments can only be made under the Scheme if the child is not eligible under the Child Dental Benefits Schedule (CDBS), or has exceeded the CDBS cap.

The schedule of items for this scheme has been designed to cover those instances that would be regarded as a true emergency due to either **acute pain or trauma**. Other problems (e.g. lost fillings) that are asymptomatic would not be regarded as an emergency, and the child could reasonably be asked to make an appointment when the SA Dental clinic re-opens. Dental treatment outside the schedule would need to be provided on a private basis.

The cap for each payable course of emergency treatment is **\$294.00** (except where a tooth has to be replanted and splinted, when the maximum amount that can be claimed is **\$449.25** for items 013 + 022 + 387). Patient fees do not apply to services provided under the CCEDS.

Private dentists are asked to complete a CCEDS Claim Form, making sure the parent of the child (or the child if they are 16-17 years of age), signs the form as verification.

If an SA Dental client presents at your surgery and you are unsure if this constitutes an emergency or is a situation which does not appear to be covered by the schedule of items, please contact the SA Dental Schemes Unit for advice.

Completed claim forms to be returned to the Dental Schemes Unit for processing and payment.

If you have any questions about the CCEDS, please contact your local SA Dental clinic or the Dental Schemes Unit.

## Child Country Emergency Dental Scheme (CCEDS)

CDBS fees as at 1 January 2021

		<b>Total \$</b>
<b>88013</b>	<b>Oral examination - limited</b> Maximum one (1) per emergency course of care	<b>27.85</b>
	<b>Intraoral periapical or bitewing radiograph – per exposure</b> Description of radiograph and reason for radiograph must be included (e.g. PA 45 to locate periapical infection) – the radiograph must be directly related to the patient's presenting emergency complaint as claimed on the approval form Maximum one (1) radiograph per presenting complaint – a second radiograph can be claimed where the patient presents with multiple complaints Maximum two (2) radiographs in total per emergency course of care	
<b>88022</b>	First radiograph per day. Tooth number required.	<b>30.85</b>
<b>88022_SUB</b>	Second radiograph taken on the same day as 88022	<b>30.85</b>
	<b>Removal of a tooth or part(s) thereof</b> Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure	
<b>88311</b>	- first tooth extracted from a quadrant	<b>133.00</b>
<b>88316</b>	- each subsequent tooth extracted from a quadrant on the same day	<b>83.85</b>
<b>88384</b>	<b>Repositioning of displaced tooth/teeth – per tooth</b> Used to describe repositioning of a tooth required after trauma	<b>193.35</b>
<b>88386</b>	<b>Splinting of displaced tooth/teeth – per tooth</b> Used to describe splinting and stabilisation required after trauma – for splinting for other reasons apart from trauma (e.g. perio), use item 981	<b>199.45</b>
<b>88387</b>	<b>Replantation and splinting of a tooth/teeth</b> The only other items claimable with 387 are 013 and 022	<b>390.55</b>
<b>88392</b>	<b>Incision and drainage of abscess or cyst</b>	<b>98.10</b>
<b>88414</b>	<b>Pulpotomy</b>	<b>77.05</b>
<b>88419</b>	<b>Extirpation of pulp or debridement of root canal(s) - emergency or palliative</b> Maximum one (1) per tooth	<b>139.70</b>

## Child Country Emergency Dental Scheme

		<b>Total \$</b>
88511	<b>Metallic restoration - one surface - direct</b>	<b>105.60</b>
88512	<b>Metallic restoration - two surfaces - direct</b>	<b>129.45</b>
88513	<b>Metallic restoration - three surfaces - direct</b>	<b>154.50</b>
88514	<b>Metallic restoration - four surfaces - direct</b>	<b>176.10</b>
88515	<b>Metallic restoration - five surfaces - direct</b>	<b>201.05</b>
88521	<b>Adhesive restoration - one surface - anterior tooth - direct</b> Maximum five (5) single-surface adhesive restorations i.e. 521/531 per day	<b>116.95</b>
88522	<b>Adhesive restoration - two surfaces - anterior tooth - direct</b>	<b>141.95</b>
88523	<b>Adhesive restoration - three surfaces - anterior tooth - direct</b>	<b>168.15</b>
88524	<b>Adhesive restoration - four surfaces - anterior tooth - direct</b>	<b>194.35</b>
88525	<b>Adhesive restoration - five surfaces - anterior tooth - direct</b>	<b>228.40</b>
88531	<b>Adhesive restoration - one surface - posterior tooth - direct</b> Maximum five (5) single-surface adhesive restorations i.e. 521/531 per day	<b>124.90</b>
88532	<b>Adhesive restoration - two surfaces - posterior tooth - direct</b>	<b>156.80</b>
88533	<b>Adhesive restoration - three surfaces - posterior tooth - direct</b>	<b>188.50</b>
88534	<b>Adhesive restoration - four surfaces - posterior tooth - direct</b>	<b>212.45</b>
88535	<b>Adhesive restoration - five surfaces - posterior tooth - direct</b>	<b>245.35</b>
88575	<b>Pin retention - per pin</b> Maximum two (2) claimable per anterior or premolar restoration Maximum four (4) claimable per molar restoration May be claimed in addition to all restorative items	<b>28.40</b>
577	<b>Cusp capping - per cusp</b> Maximum two (2) per premolar restoration Maximum four (4) per molar restoration Not claimable for anterior restorations	<b>32.25</b>
88911	<b>Palliative care</b> A concise description <u>must</u> be provided when claiming this item "Palliative care" does not adequately describe what treatment was provided - an example of an adequate description would be "excision and drainage of abscess associated with 12" Not claimable if description for 911 is associated with other items claimed at the same visit	<b>69.25</b>
88927	<b>Provision of medication/medicament</b> Claimable only if no other items apart from 013 and 022 are claimed	<b>29.25</b>

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## For more information

**SA Dental  
Schemes Unit**  
**Telephone: 7117 0117**  
**Email: [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au)**  
**[www.sahealth.sa.gov.au/clinicalresources](http://www.sahealth.sa.gov.au/clinicalresources)**

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