

SA Dental Service

Dental Schemes Information



For dental service providers
participating in Dental Schemes

March 2020, Version 3.2

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1 Introduction

The South Australian Dental Service (SADS) is the main provider of public dental services in South Australia.

With the on-going cooperation of the private dental sector, SADS administers a range of government-funded schemes for the treatment of eligible clients by private dental service providers. The dental schemes program assists SADS to manage waiting times and to provide dental care to clients in remote and regional areas of South Australia where there is no SADS clinic.

This information aims to provide participating dental service providers with the information needed to foster a collaborative, efficient and rewarding working relationship with SADS. This information should be read in conjunction with the *Schedule of Items and Fees* that applies to each scheme type. The schedules are available on the SADS Internet (details below).

Our friendly Dental Schemes Officers are ready to assist with further information or advice. Please contact them via email at healthSADSSchemesUnit@sa.gov.au

1.1 Terminology

1.1.1 Client

The term 'client' is used to describe the people eligible to receive care via these Schemes. While the term 'patient' is used on schemes forms and in the clinical environment, *client* and *patient* has the same meaning in this information book.

1.1.2 Dental Service Provider

'Dental service provider' is the term used in reference to the private dental practice and/or the individual qualified professional employed by the practice to deliver dental care to clients.

1.2 Dental Schemes Unit contact details

Email: healthSADSSchemesUnit@sa.gov.au (preferred contact method)

Phone: (08)7117 0117. If staff are unavailable please leave a message and your call will be returned at the earliest opportunity.

Postal address: GPO Box 864, Adelaide, 5001

Statewide Lead Clinician: (via the Dental Schemes Unit as above)

For general information about SADS, visit our website at: www.sahealth.sa.gov.au/sadental
Dental Schemes information, including this book, schedules, vendor form etc. is available on our website. Click 'Clinical Resources' tab, then 'D' in the alphabetical search, [Dental Schemes for Private providers](#)

1.3 Types of schemes available

The schemes mirror the range of services available at SA Dental Service clinics. Note that the Schemes available may change from time to time.

The Schemes in which most private dental practices can participate are:

- Emergency Dental Scheme (EDS)
- General Dental Scheme (GDS)
- Pensioner Denture Scheme (PDS)
- PDS Repairs Scheme
- Aboriginal Dental Scheme (ADS). *The ADS is a remote area program only*
- Country SDS (School Dental Service) Emergency Scheme

Special program and specialist schemes for which participation is subject to agreement by the relevant scheme or program manager are listed below. Only providers that are registered may participate in that scheme.

- Remote Child Dental Scheme (designated dental practices more than 90km from a SADS clinic)
- Homelessness
- Residential Aged Care
- Supported Residential Facility (SRF)
- Crown & Bridge
- Specialised Schemes (Endodontic, Orthodontic, and Oral Surgery)

The schemes claim forms are an offer of care to the client, and authority for care to be provided, and a tax invoice for the dental service provider. Only *original* schemes claim forms can be accepted by the Dental Schemes Unit for processing for payment. Treatment may not be commenced without the relevant schemes form.

Each type of scheme is described in more detail later in this book but please continue to read other important information below that applies to the schemes.

1.4 Time limit for which a scheme is valid

It is important that treatment is provided in a timely manner. Scheme forms are only valid for a limited time. The duration a scheme form is valid is specified on the reverse side of the form (the client's *letter* side) and is calculated from the time the scheme was *issued* by the SADS clinic. The completed claim forms must be received at the Dental Schemes Unit within one week of the expiry date.

In extenuating circumstances extensions may be negotiated on a case by case basis with approval from the SADS clinic that issued the scheme form, or in consultation with the Dental Schemes Unit. Ideally this would occur before the scheme form expires. Where an extension is authorised, write the approvers name, and date approved, on the top of the form and ensure that the claim form is received at the Dental Schemes Unit within one week of the approved extended expiry date.

Examples of circumstances likely to receive favourable consideration of extension might include client illness that disrupts the scheduled treatment plan or client failure to attend their last appointment to complete the course of care and sign/certify the Schemes form. Administrative oversights by the private practice would not usually be regarded as extenuating circumstances.

2 Eligibility

2.1 Dental service provider participation

Participation in the schemes is open to:

- All dentists (including dental specialists) registered with the Dental Board of Australia (the Board)
 - Dentists can also claim for treatment provided in their practice by other registered dental practitioners within their scope of practice, for example dental hygienists, dental therapists and oral health therapists.
- Dental prosthetists registered with the Board can provide denture services in accordance with their individual registration.
- To participate, dental service providers must complete a Vendor Creation & Maintenance form so that payment for services can be processed by the Dental Schemes Unit. A vendor creation form can be downloaded from the SA Health [website](#) or by emailing the Dental Schemes Unit.

For *special* program and *specialist* schemes (see 1.3 above), providers must also be registered with the relevant SADS manager of the specialist scheme (click [here](#) for more information).

2.2 Client Eligibility - adults

To receive treatment under the schemes a person (client) must be registered with a SADS Community Dental Service (CDS) clinic AND meet the eligibility criteria.

Adults need to have a current Commonwealth Government issued Health Care Card (HCC) or Pensioner Concession Card (PCC)– the card must be in their name - and live in South Australia to access dental care at SA Dental Service clinics. Adult dependents (under 19 years) of the card holder whose names are on the card, can access dental care.

The partner of a person with a current card cannot access dental care at SA Dental Service clinics, unless they have their own HCC or PCC i.e. they are a cardholder in their own right.

Holders of a DVA card that is not a PCC, for example a Gold, White, or Orange *Health Card* are not eligible.

Please see our Website for more information regarding eligibility [Who can attend SA Dental Service Clinics](#)

2.2.1 Waiting lists

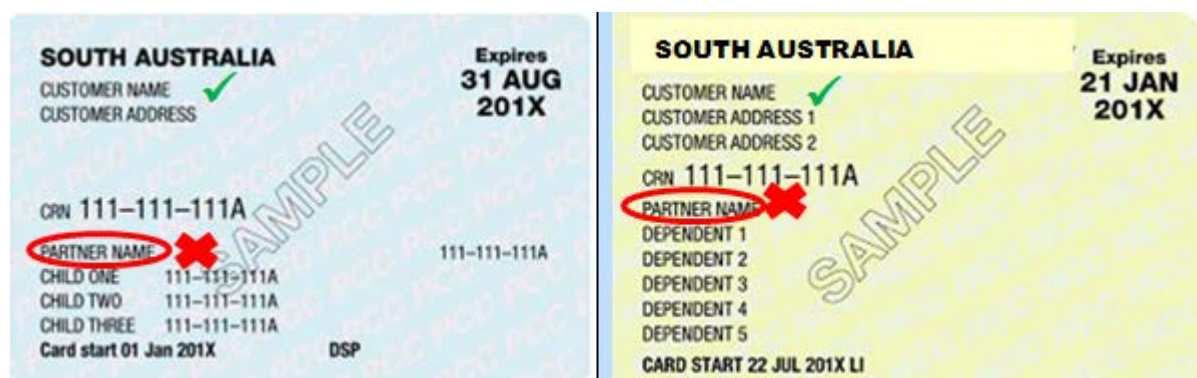
Waiting lists for general and prosthetic care apply. A client must have their name on only one waiting list at any given time. For clients with natural teeth, their conservative treatment is completed first. When their conservative treatment is completed, if they also need a denture, their name will be added to either the Priority or Routine PDS waiting list depending on the urgency of the situation.

2.2.2 Checking client eligibility prior to commencement of treatment

Eligibility must be confirmed by the dental service provider by viewing the client's current PCC or HCC before dental treatment starts as the card may have expired after the scheme was issued and before the first appointment.

IMPORTANT: It is vital that the client is the cardholder. Only adult dependents under 19 years of age are eligible if their name is on a card that isn't in their name. Partners of cardholders are not eligible for care unless they have a card in their own name (i.e. they must be the cardholder). If there is any doubt about eligibility, please always check with your local SADS clinic before providing care.

Eligible clients, and ineligible partners, are indicated by the green tick and red cross as illustrated below:



Where a client presents to the dental service provider without a current eligibility card, the provider can, with the consent of the client, contact Centrelink directly to verify eligibility details.

- If eligibility expires part way through a Course of Care (CoC) that CoC may be completed.
- Special programs and specialist schemes often have additional eligibility criteria for providers and clients. Information will be provided by the relevant Program manager and in the *Schedule of Fees* for those schemes.

2.3 Children

Children under 18 years of age who are registered with SADS and are not eligible under the Child Dental Benefit Schedule (CDBS) may receive care. Click [here](#) for more information.

2.4 Visiting Interstate eligible adult clients

Visiting eligible interstate adult clients may access emergency care only, for example treatment for trauma, swelling, etc. and emergency denture repairs such as denture broken in half or missing front denture tooth causing inability to eat. Visitors are not entitled to receive minor repairs for dentures such as a single broken back tooth or other minor problems.

3 Fees and Payments

All fees for schemes are based on the Australian Government Department of Veterans Affairs (DVA) fee schedules for dental services.

SADS schemes fees are updated periodically, usually several months after DVA fee increases are published.

In most cases clients contribute either a set amount, or a percentage of the cost per claimable item (excluding patient *fee free* items), with the larger portion paid by SADS up to a maximum fee payable for a particular scheme. The actual fees are detailed in the [Schedules of Items and fees](#). It is the dental service provider's responsibility to collect the client contribution as determined by the relevant Schedule. SADS pays the dental service provider on receipt of an *original* schemes claim form. In cases where the client is not required to contribute to the cost of care, SADS notes the form accordingly and SADS pays the full amount.

- Fees for individual item numbers should be charged at the rate current on the day the service is provided. The *maximum* fee however, is limited to the maximum when the scheme form was issued.

Example 1: Fees for care provided over two financial years

If a GDS scheme is issued on 2/05/XXXX and treatment is completed on 29/07/YYYY, services provided in May and June will be charged at the year XXXX rate and services provided in July will be charged at YYYY rate. And;

The total claim allowable is the maximum fee that applied in year XXXX when the scheme was issued.

3.1 Client under/over charge

If the wrong fee is charged to the client, for example as a result of the incorrect schedule being applied, the dental service provider must either reimburse or seek further payment from the client to correct the error. Usually acknowledgement or evidence of reimbursement for over payment by the client will be required by the Dental Schemes Unit before the invoice is paid.

Tips for completing Schemes claim forms start [here](#)

3.2 Financial Hardship

If a client claims that they cannot contribute to the cost of dental treatment due to severe financial hardship, they should be directed to contact their local SADS clinic to discuss options available.

4 Treatment services available via SADS

Schedules of items and associated fees for the range of treatment services able to be provided under each scheme are published on the SADS website. The schemes offer a range of dental services catering for many, but not all dental treatment needs, in accordance with public health principles.

Clients requiring dental care not provided under a scheme can elect to obtain that care as a private patient or be referred to a local SADS clinic to clarify what is available through public dental services.

5 Clinical freedom under schemes

When a dental service provider commences treatment under a scheme, they inherently agree to comply with the guidelines, rules and procedures relating to that scheme, as outlined in this information book, the Schedules of Items and Fees, and in any other associated SADS documentation regarding the schemes.

As registered dental professionals provide treatment under the schemes, it is expected that all treatment will conform to acceptable standards of care, including principles of informed consent and infection control measures.

Treatment services to be provided and the associated costs to the client should be agreed upon by both the dental service provider and the client before any treatment commences. This can only occur if the client has a clear understanding and appreciation of the treatment options, costs and the likely treatment outcomes for each option.

Dental service providers are expected to provide treatment for the most significant oral health challenges of a client before addressing matters of lesser impact or priority. Examples include but are not limited to management of acute dental infection and removal of non-restorable teeth or teeth with poor long term prognosis. In most cases, treatment of posterior teeth should occur first, followed by treatment to anterior teeth if necessary and if the relevant scheme limit has not yet been reached. The aim is to minimise the impact of dental disease on oral and general health. Prioritising the most important care makes it more likely that clients on low incomes will be able to attend appointments for, afford, and receive more critical care before receiving care which is less vital to their oral health status.

When a dental service provider wishes to convey additional information or recommendations to SADS in the interests of the client's oral health, please attach a note to the schemes form. The information will be conveyed to the client's home clinic. Note that

this method of communication is preferred and emails to the SADS generic email address are discouraged.

5.1 Treatment considered to have poor prognosis

Where a client insists on treatment the dental service provider considers to have a poor prognosis, the provider may, with client consent, elect to provide the treatment taking into account the risks of doing so (for example, unfavourable treatment outcome). It is imperative the provider discusses the prognosis and the risks with the client, and documents these discussions for future reference. Ideally a note on the schemes form should advise that the poor prognosis and risks were discussed.

In essence, while there are no restrictions on a dental service provider's clinical freedom, only treatment provided in accordance with the published guidelines and business rules for the schemes will be claimable from SADS.

Also refer to [section 7](#) Repeat or remedial treatments.

5.2 Specialist treatment

The schemes rarely cover specialist dental treatments. When non-urgent specialist care is recommended by the dental service provider, the client should be referred back to their local SADS clinic for assessment for consideration of a specialist referral.

5.3 Oral surgery

Where the dental service provider recommends a non-urgent surgical extraction outside the scope of the dental provider, the client should be referred back to their local SADS clinic for assessment.

6 Dental trauma - urgent assessment

For urgent assessment and management of *severe dental trauma/infection* or *suspected oral pathology* cases only, dental service providers can refer adult clients directly to the Adelaide Dental Hospital (include relevant x-rays). In these cases, the provider should also inform the client's local SADS clinic.

- Adelaide Dental Hospital, open M-F, 8:45am – 5:00pm: ☎(08) 8222 8223
- After hours contact the Royal Adelaide Hospital on ☎ (08) 7074 0000

7 Repeat or remedial treatments

Repeat or remedial treatment provided by the same dental service provider/practice within a three-month period of the initial treatment cannot be claimed on the same or subsequent invoice. This corresponds with the policy at SADS clinics.

Repeat or remedial treatments include situations where a tooth is treated but is subsequently extracted within three months.

If a client insists they want a tooth saved even when the dental service provider has advised that the prognosis for the tooth is poor, the client should be advised that SADS will not pay

for repeat or remedial treatment in these cases and this should be noted on the form when it is returned to SADS for payment.

8 Complaints, queries and changes to schemes

SADS consults the Australian Dental Association (SA Branch) and the Australian Dental Prosthetists' Association (SA) regarding the schemes.

- When a claim requires clarification with a provider or a complaint is lodged regarding schemes, a SADS Statewide Lead Clinician will advise the provider of procedures used to resolve the situation.
- Information about managing complaints for services provided under the PDS and the Complaints Protocol flow chart is provided [here](#).

Please direct queries about payments to the Dental Schemes Unit in the first instance.

9 Administration

SADS uses the definitions for item numbers as they appear in the Australian Dental Association *An Australian Schedule of Dental Services and Glossary* to describe the item numbers used in the schemes.

In addition to the information provided in this book, guidelines and business rules are included with the *Schedule of Items and Fees* that apply to each scheme.

Where clarification of any aspect of the schemes is needed, dental service providers should contact the SADS Dental Schemes Unit.

9.1 Processing schemes claim forms for payment

The Dental Schemes Unit will process undisputed claim forms for payment within 30 days of receipt. Your cooperation by ensuring claim forms are fully and accurately completed in blue or black pen and sent to the Schemes Unit at the end of the course of care and within the time limit applicable to the scheme is greatly appreciated.

All payments will be made by Electronic Funds Transfer (EFT). Payments are made to the business entity named in the Vendor section of the form. Please ensure the business name corresponds with the ABN. Administrative procedures for Dental Schemes require that vendor details, which facilitate payment, must be completed by the vendor (see example below).

Figure 1: Example of the Vendor section of a Scheme form

GST does not apply to these services		TOTAL FEE FOR SERVICES PROVIDED	281.00
		LESS PATIENT FEE	-\$0.00
		AMOUNT CLAIMED FROM SA DENTAL SERVICE <small>(maximum \$222.00)</small>	2.

Patient to complete after treatment I certify that I have received the above treatment and that I have paid the patient listed above.

Signature: *R. Smith* Date: 02/03/16

PROVIDER DECLARATION I certify that the above information recorded are correct and complete. Please complete all sections of the vendor information at the eligibility, treatment and fees.

Signature: *A. Dentist* Date: 02/03/16

Private Practice to complete		SA Dental Service Office Use Only	
Invoice Date	02 / 03 / 2016	Invoice No. (P. Name)	1
Vendor Number	12345	R#	55 - 47
Vendor Name:	Adam Dentist	Natural Account	74942
Address:	Shopping Centre Road	Issue Date	/ /
	Broadwater SA 5123	Date Received	/ /
ABN	1234567890123	Total Amount	
<small>A valid ABN must be supplied</small>		Authorized By:	
Customer Name	SA DENTAL SERVICE GPO BOX 864 ADELAIDE SA 5001		

Use black or blue pen to complete form

The vendor name, address and ABN are mandatory and must be completed by the vendor (dental practice). Dental Schemes Officers are not permitted to complete this section on behalf of the vendor

Dental Schemes Officers check all schemes claim forms to ensure they have all the necessary information in accordance with the guidelines and business rules that govern the schemes. SADS will not pay for treatment services claimed outside the guidelines and business rules of the scheme.

Dental Schemes Officers, in consultation with the Statewide Lead Clinician, decide on appropriate payment in cases where no specific business rule is apparent.

Where a claim form is not completed with sufficient detail or where some aspect of the claim is unclear a Dental Schemes Officer will either return the form with a note asking for more information, or contact the dental service provider by email or telephone to seek clarification.

Where a claim has been returned to the dental service provider for follow up action, the onus is on the provider to return the corrected form to the Schemes Unit within 14days.

Processing of recently expired claims in these circumstances will usually occur. The Schemes Officer will apply discretion when considering if the time delay is reasonable under the circumstances. A forgotten or misfiled claim form submitted well past the allowable timeframe is unlikely to be paid.

Timely communication between dental service providers and the Schemes Unit about claim form queries/problems helps to facilitate positive outcomes.

Scanned/copied/faxed claim forms will not be processed for payment.

ONLY original claim forms will be accepted by SA Dental Schemes unit.

10 Emergency Dental Scheme (EDS) - Adults

The EDS enables emergency dental care for eligible adult clients with natural teeth when their local CDS clinic is not able to offer emergency treatment within 10 days or sooner if warranted. The client must first contact their local SADS clinic to have their treatment needs assessed. Note that prosthetic services are excluded under EDS.

Usually the client must attend the CDS clinic to verify their personal and eligibility details, and collect the EDS form. Clients are advised by SADS to notify the dental service provider that they are seeking emergency care.

Refer to [Appendix 1: Schemes Claims Forms](#)- examples for tips on how to complete the EDS claim.

10.1 EDS *valid to period*

- Treatment under the EDS must commence within seven (7) calendar days from the date of issue, and, care must be completed no later than 30 days from date of issue.
- EDS claims must be received by the Dental Schemes Unit for processing within six weeks of the issue date.
- If it becomes clear that treatment cannot be completed and certified (signed) by the client within one month from the date of issue of the EDS form, contact the issuing clinic in the first instance or email the Dental Schemes Unit to discuss the option of an extension and/or advice.
- Claims received outside the *valid to* period are deemed to have expired and would only be paid in extenuating circumstances.

10.2 EDS in remote areas

In locations with a dental service provider which are more than 90kms from a SADS clinic, eligible adults can contact a participating dental service provider and be offered emergency care under the EDS if the provider considers that urgent care is needed. For example; facial swelling, severe tooth ache, broken front tooth (aesthetics) and unusual growths. For any other care clients must have their name on the general waiting list and can obtain waiting list forms from the remote dental service provider.

Remote dental service providers are supplied with EDS and other relevant forms or templates.

Each eligible client may receive SADS funded emergency care up to a maximum of two times per calendar year. Where emergency care is sought for a third or subsequent time in a calendar year, the following is required:

- The client's name must be on a waiting list for general care with the Schemes Unit and;

- The client's need for emergency care must be assessed by a SADS clinic using the Relative Needs Index assessment tool that was developed with the Australian Research Centre for Population Oral Health (ARCPOH). The assessment can be carried out over the telephone by any SADS adult clinic. Contact details for all of our clinics are in the Quick Find section of the SA Health website.

10.3 Clients requiring further treatment after EDS

If further treatment is needed after the EDS, the dental service provider should advise the client to contact their local CDS clinic for assessment of further dental needs. Usually a client is offered routine care when their name reaches the top of the waiting list.

10.4 Endodontic treatment under EDS

Root Canal Therapy (RCT) may be started under an EDS for pain relief but may not be completed; the case must then be referred back to the SADS clinic for an assessment of suitability for completion. A copy of relevant radiographs from the dental service provider is appreciated.

IMPORTANT: RCT is not recommended in some situations – please refer to [Appendix 2](#) for more information.

Other than in exceptional circumstances, a GDS authorisation will not be issued for the completion of endodontic treatment.

These factors should form part of the dentist's discussion with the client about consent to proceed with emergency endodontic treatment under the EDS.

11 General Dental Scheme (GDS)

The GDS enables routine dental care for some eligible adults with natural teeth who have reached the top of their local SADS Community Dental Service (CDS) clinic waiting list.

Occasionally a GDS authorisation is issued for a specific treatment only. In those instances the authorised treatment will be specified on the form.

Clients are advised by SADS to inform the dental service provider that treatment is being sought under the GDS. The range of treatment available under the GDS is described in the *GDS Schedule of Items and Fees*. Treatment should first address the client's key oral health issues. Relatively minor ancillary matters should be addressed only if they are within the GDS cap.

- Remember to check concession card coverage before starting treatment (refer [2.2](#) above)

People of Aboriginal and Torres Strait Islander origin in remote areas can access the Aboriginal Dental Scheme (ADS) immediately instead of placing their name on a waiting list- Click [here](#) for more information about ADS.

11.1 GDS *valid to period*

- Treatment under the GDS must be completed within four (4) months of the date of issue unless otherwise indicated on the letter side of the form.
- GDS claims must be received by the Dental Schemes Unit for processing within one week of the expiry date.
- If treatment has commenced and for any reason it becomes evident that the treatment cannot be completed within the *valid to period*, contact the issuing clinic in the first instance or the Dental Schemes Unit to discuss options.

11.2 Endodontic treatment under GDS

Root canal treatment (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. If the limit of the GDS is reached the client should be advised to contact their SADS clinic to arrange an assessment for further treatment options. Information about treatment provided under the GDS, including relevant radiographs, should be sent to the SADS clinic to help with assessment of further care. Refer to [Appendix 2](#) for further information about Endodontics.

11.3 GDS exceeding the cap

At treatment planning appointment (exam) if it is anticipated that a client will exceed the cap for treatment provided under a GDS, the private provider must email the Schemes Unit at healthSADSSchemesUnit@sa.gov.au to request approval for additional care and supply the treatment plan, clinical notes, odontogram and any relevant x-rays with the Request to provide further treatment under GDS form for consideration by a senior SADS dentist immediately after the initial examination and **before** treatment commences. Note that SADS is likely to only approve treatment for the client's key oral health issues. Requests made after completion of the 1st GDS are unlikely to be considered. Alternatively the client may elect to receive the additional treatment as a private patient.

Download the Request form from SA Health [website](#) or email the Dental Schemes Unit.

11.4 Referral for prosthetic services after a GDS

If a client requires prosthetic services after a GDS they are to be directed to the referring CDS clinic for assessment. Denture waiting lists apply in most cases.

12 Pensioner Denture Scheme (PDS) new dentures and repairs

The Pensioner Denture Scheme (PDS) enables denture treatments including new dentures, relines and repairs through private dentists and dental prosthetists for eligible adult clients.

Eligible adults must attend a CDS clinic for assessment of their denture needs and waiting lists apply. For clients with natural teeth, conservative treatment is usually completed before the client is assessed for dentures. In country areas, a client can be assessed at their local CDS clinic. In metropolitan areas, clients are assessed at the following CDS designated prosthetic clinics:

- Gilles Plains
- Elizabeth
- Marion
- Noarlunga
- Parks

In remote areas without a local SADS CDS clinic, special arrangements for dental service providers can be made.

The prosthetic care that is authorised for individual clients on each PDS is stated at the top of the form (see below for Restrictions on prosthetic treatment). Prosthetic service providers must provide follow-up care for clients with new dentures for up to six months.

IMPORTANT: Remember to check concession card coverage before starting treatment – refer to 2.2 above.

12.1 PDS *valid to period*

- Treatment under the PDS for a new denture must be completed within four (4) months from the date of issue.
- PDS Denture Repair is valid for one (1) month from the date of issue.
- PDS claims must be received by the Dental Schemes Unit for processing within one week of the expiry date.
- If treatment has commenced and for unexpected reason it becomes evident that the treatment cannot be completed within the *valid to period*, contact the issuing clinic in the first instance or the Dental Schemes Unit to discuss options.

12.2 Restrictions of prosthetic treatment under the PDS

The dentist or prosthetist is authorised to only provide the denture services specified on the PDS form. If the provider has any concerns about the appropriateness or limits of the specified services, advice should be sought from the CDS clinic that assessed the client.

- The PDS for new dentures does not include soft/resilient linings, cast metal frames or inlays or adjustments to existing dentures.

- Denture repair services to secondary dentures (i.e. 'backup' dentures) are not covered under the PDS.
- As a general rule, SADS does not approve immediate dentures. This is due to the need for relines and replacements during the initial healing of the soft and hard tissues resulting in lower success rates than dentures made after a period of healing.

12.3 Conservative treatment prior to prosthetic care

Conservative treatment is completed before a client receives a PDS authority form, however if the condition of any remaining natural teeth subsequently changes and non-denture related dental care is required before receiving new denture(s), the client should be referred back to their local CDS clinic for assessment. Alternatively the client can elect to have that conservative treatment provided as a private patient.

12.4 Denture repairs and relines

Soldering of chrome dentures and strengthening lingual bar/wire/mesh is not claimable under repairs. This needs to be discussed between the private provider and client if required and the client will need to pay privately for this service.

A reline subsequent to an insertion of a new immediate denture supplied under the PDS can be claimed using a PDS Repair claim form following an appropriate time to allow all for healing and bone remodelling and within 12 months of insertion. The dental scheme provider should contact the Dental Schemes unit to confirm the client's entitlement to receive the reline before proceeding with the treatment.

Where multiple breaks to a base of a denture occur only one repair is claimable.

Denture repair services to secondary dentures (i.e. 'backup' dentures) are not covered under the PDS.

12.5 Fees and payments under PDS

In addition to information provided under [section 3](#) Fees and Payments, and [section 7](#) Repeat or remedial treatments, the following rules apply:

- For new dentures and relines 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 denture treatments for six (6) months.

For denture repairs:

- In instances where an approval number is issued over the phone by the CDS clinic, the claim will be processed when confirmation of the approval number is received by the Dental Schemes Unit from the CDS clinic.

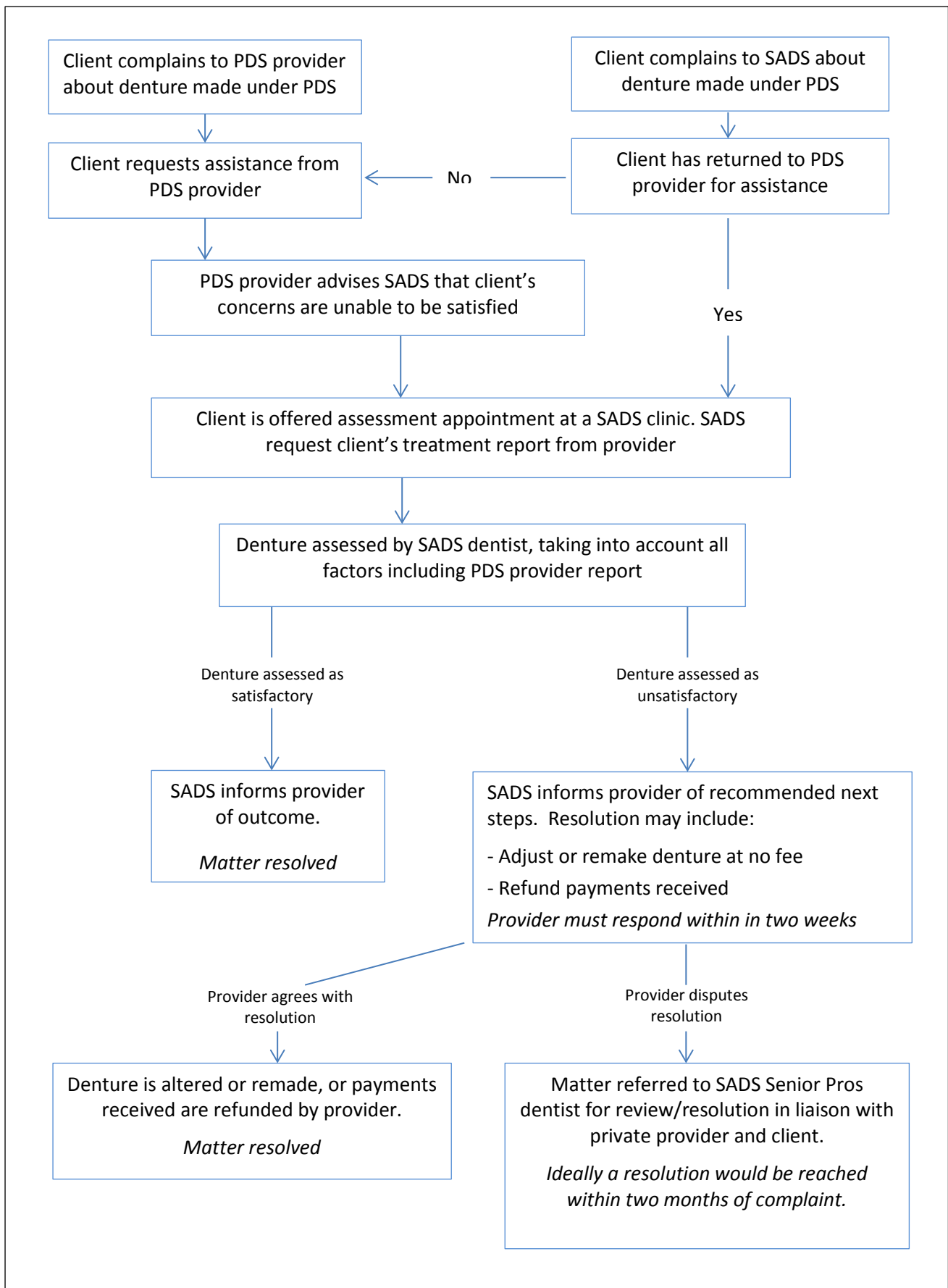
12.6 PDS treatment provided under the Aboriginal Liaison Program (ALP)

Aboriginal and Torres Strait Islander clients may receive a PDS authorisation via the SADS Aboriginal Liaison Program. Click [here](#) for more details about the ALP scheme.

12.7 Complaints under PDS

Where a client lodges a complaint with either the dental scheme provider or a SADS clinic about denture care, it is expected that the client and the dental scheme provider will attempt to resolve any issues within 6 months of denture insert. If the dental service provider feels unable to satisfy the client's concerns, the client is to be referred to the CDS clinic that provided the initial denture assessment, for review under the PDS Treatment Review Protocol. The protocol flowchart is on the following page.

PDS treatment review protocol



13 Aboriginal Liaison Program (ALP)

The ALP is one component of the Aboriginal Oral Health Program that aims to increase the number of eligible Aboriginal clients who access mainstream dental services.

Aboriginal and Torres Strait Islander clients may receive an EDS, GDS or PDS authorisation on the standard scheme forms which will be clearly labelled with an Aboriginal Liaison Program sticker, stamp, or hand written on both sides of the form (see graphic examples below).

No client fee applies for services under the ALP. The full amount is paid by SADS. Usually the client fee column of the authority form is crossed out in red pen.

Priority free access applies to ALP clients for routine care under this program.

Note that this program does not apply in remote areas. Remote areas are covered by the [Aboriginal Dental Scheme \(ADS\)](#).

Figure 2: example of ALP sticker and ALP stamp



13.1 Client without schemes authority form

If an Aboriginal or Torres Strait client eligible under this program presents to a dental service provider without a Scheme form, the provider should contact the local CDS clinic in the first instance or direct the client to the CDS clinic for an Authority to proceed with treatment. Treatment must not commence without authority.

When *Authority to proceed* is given by the CDS clinic, it is important to clearly mark the scheme form as ALP in red pen across the top of both sides of the form and cross through the client/patient fee column.

- The CDS clinic may ask that the client attend the CDS clinic for treatment in some circumstances

14 Aboriginal Dental Scheme (ADS)

The ADS enables emergency, general and prosthetic dental care for eligible adult Aboriginal and Torres Strait Islander clients living in remote areas where there is a dental service provider located more than 90kms from a SADS clinic.

14.1 Fees and payments under ADS

No client fees apply under the ADS. The full amount is paid by SADS.

14.2 ADS valid to period

- The valid to period for treatment under this scheme is the same as mainstream EDS, GDS and country PDS schemes. Please refer to the relevant schemes program above for more information.

14.3 Emergency care under ADS

Clients eligible under the ADS who present for emergency treatment should be offered a full general course of care, in which case the services allowable on the GDS schedule are used and claimed.

If the client does not wish to complete a full general course of care, only one (1) appointment should be provided to treat the primary problem under an EDS.

The maximum of two emergency courses of care may be provided per eligible adult in one calendar year as described under [Section 10 EDS](#).

14.4 General (GDS) or prosthetic (PDS) treatment under the ADS

Only one GDS CoC within a 12 month period per client may be claimed. (Refer to 14.5 below for exceptions).

The private provider must complete an *ADS Approval for Dentures* form and post the form to the Dental Schemes Unit. Construction of the denture/s can occur after the client has received their *Approval for Denture Treatment* form. If the dentist/prosthetist would like to discuss PDS authorised denture services they should contact the [SADS Dental Schemes Unit](#).

For information about the prosthetic complaint protocol refer to [here](#).

14.5 Clients requiring 2nd GDS under the ADS

At treatment planning appointment (exam) if it is anticipated that a client will exceed the cap for treatment provided under a GDS, the private provider must email the Schemes Unit at healthSADSSchemesUnit@sa.gov.au to request approval for additional care and supply the treatment plan, clinical notes, odontogram and any relevant x-rays with the Request to provide further treatment under GDS form for consideration by a senior SADS dentist immediately after the initial examination and **before** treatment commences. Note that SADS is likely to only approve treatment for the client's key oral health issues. Requests made after completion of the 1st GDS are unlikely to be considered. Alternatively the client may elect to receive the additional treatment as a private patient.

15 Services for children

Please note that children who are eligible for dental care under the Child Dental Benefits Schedule (CDBS) administered by Medicare are not eligible under the following service arrangements.

15.1 School Dental Service (SDS) Country Emergency Scheme

In circumstances when a country SDS clinic is not operational, for example during school holiday periods or staff conference days, SADS requests the assistance of local dental service providers for emergency dental care for children enrolled in the SDS.

The current guidelines and fees for the SDS Country Emergency Scheme are included in the schedule of items distributed separately to country private dentists. SADS staff will contact local private dentists to invite participation in this scheme when circumstances arise.

15.2 Remote Child Dental Scheme

Remote Child Dental Scheme arrangements pay for dental care to be provided by a local dental service provider to children in remote areas of South Australia who do not have easy access to an SDS clinic. Dental services are provided under agreements with specific dental practices on a fee for service basis to registered children.

Enquires about this Scheme can be directed to the [Dental Schemes Unit](#).

16 Restricted Participation Programs/Schemes – client and/or provider

SA Dental Service aims to support access to timely dental care for clients who experience difficulty accessing care via mainstream dental pathways.

Resourcing for the programs and schemes listed below is limited and subject to funding availability. These programs and schemes are specifically designed to meet the needs of the particular target group of eligible clients. Information regarding each program and scheme including client eligibility criteria and the applicable *Schedules of Items and Fees* is provided by the program manager to participating dental service providers on registration.

The information below provides a brief summary of Special and Specialist programs and schemes:

Homelessness and Oral Health Program

The Homelessness and Oral Health Program enables access to conservative and prosthetic dental care for people who are homeless or at risk of homelessness. No client fee applies to this program.

Supported Residential Facility Program

The Supported Residential Facility (SRF) program enables access to conservative and prosthetic dental care for residents of licenced *pension only* Supported Residential Facilities. No client fee applies to this program.

Residential Aged Care Dental Scheme

The Residential Aged Care Dental Scheme enables examination and treatment for residents of *participating* Residential Aged Care Facilities (RACF). Client fees apply.

Community Aged Care Program (CACP)

This program aims to improve the independent living capacity of community living older people by providing priority access to general and prosthetic dental care. Client fees apply.

For more information about the above programs, contact: Service Planning Program Managers: ✉ HealthSADSServicePlanning@sa.gov.au , or ☎ 7117 0056 or 7117 0058


Crown and Bridge Dental Scheme

This scheme enables indirect restorative treatment as prescribed by the Specialist Restorative Unit (SRU), Adelaide Dental Hospital.

For more information about this scheme, contact: Dr Michael Bradley, ✉ michael.bradley@sa.gov.au

Specialist Dental Schemes - Oral Surgery, Orthodontic, and Endodontics

These schemes enable specialist dental treatment as prescribed by the specialist units at the Adelaide Dental Hospital. Private providers must be a registered specialist in the relevant field to be eligible for participation in these schemes.

For more information about Specialist schemes, contact: Dr Michael Bradley, 
michael.bradley@sa.gov.au

Appendix 1: Schemes Claim Forms – examples

Emergency Dental Scheme claim form

The EDS below is an example of a correctly completed form. Only original forms can be accepted, i.e. no copies faxed or scanned to email. Use blue or black pen (not red pen or pencil).

- Note that item fees have been recorded and correctly calculated in the *Total Fee* column.
- Description of services must be clear i.e. sufficient detail of the treatment is provided
 - Abbreviations of dental terms are acceptable

Figure 3: Example of EDS claim

PATIENT DETAILS		SADS CLINIC: <i>Gawler</i>			
SURNAME:	<i>Citizen</i>	First name:	<i>Anon</i>		
ADDRESS:	<i>55 North Terrace, Roseworthy SA 5371</i>		DOB: <i>21/07/60</i>		
Concession Card: PCC <input checked="" type="checkbox"/> HCC <input type="checkbox"/>		Number:	<i>5 4 3 2 1 5 4 3 2 1</i>		
TREATMENT DETAILS		Expiry Date:	<i>11/12/2017</i>		
Date of service	Item No.	Tooth (FDI)	Surfaces of restorations	Description of service/s provided	Total fee
<i>02/03/16</i>	<i>013</i>			<i>Oral exam – Limited</i>	<i>27.95</i>
<i>02/03/16</i>	<i>022</i>	<i>15</i>		<i>Single X-Ray</i>	<i>37.65</i>
<i>02/03/16</i>	<i>311</i>	<i>15</i>		<i>Extraction of tooth</i>	<i>133.55</i>
<i>02/03/16</i>	<i>513</i>	<i>24</i>	<i>MOF</i>	<i>Amalgam</i>	<i>155.10</i>
TOTAL FEE FOR SERVICES PROVIDED					<i>281.00</i>
LESS PATIENT FEE					<i>-\$59.00</i>
AMOUNT CLAIMED FROM SA DENTAL SERVICE (maximum \$222.00)					<i>222.00</i>
Patient to complete after treatment I certify that I have received the above treatment and that I have paid the patient fee listed above.					
Signature: <i>R Smith</i>				Date: <i>02/03/16</i>	
PROVIDER DECLARATION I verify that I have completed the above treatment and that the eligibility, treatment and fees recorded are correct and complete.					
Signature: <i>A Dentist</i>				Name (print): <i>Adam Dentist</i> Date: <i>02/03/16</i>	
Private Practice to complete			SA Dental Service Office Use Only		
Invoice Date:	<i>02/03/2016</i>		Invoice No. (PI Name)	<i>1</i>	
Vendor Number:	<i>12345</i>		R:	<i>55-47</i>	
Vendor Name:	<i>Adam Dentist</i>		Nature of Account:	<i>74942</i>	
Address:	<i>Shopping Centre Road</i>		Issue Date:	<i>02/01</i>	
	<i>Broadwater SA 5123</i>		Date Received:	<i>02/01</i>	
ABN:	<i>1234567890123</i>		Total:		
Customer Name:	Provider (vendor) must completed vendor details				

Medicare number not mandatory but may be required at a future time.

The client's eligibility is checked before treatment commences.

Remember to include tooth numbers and surfaces

Do not exceed the time limit for care of 30 days from date of issue. Date of issue is stated on the reverse side of the claim form. Post your claim as soon as possible after care is completed.

General Dental Scheme

The GDS below is an example of a correctly completed form. Only original forms can be accepted, i.e. no copies faxed or scanned to email. Use blue or black pen (not red pen or pencil).

- Note the client *fee free* items are listed separately on the form
- All item fees and descriptions are sufficiently detailed. Abbreviations of dental terms are acceptable
- Patient fee & SADS fee = Total fee per item. The amount paid by SADS to the provider is the total of column A (fee free items) and column B

TAX INVOICE <small>Private Practitioner to Complete</small>							
PATIENT DETAILS			SADS CLINIC: <i>Park's CDS/SDS</i>				
SURNAME: <i>Citizen</i>		First name: <i>Anon</i>		DOB: <i>21/07/60</i>			
Concession Card <small>For use</small>		PCC <input checked="" type="checkbox"/> HCC <input type="checkbox"/>		Number: <i>5 4 3 2 1 5 4 3 2 X</i>		Expiry Date: <i>11/12/17</i>	
PATIENT FEE-FREE ITEMS <small>SADS will pay the total fee for these items</small>	Date of service	Item No.	Description of service provided		SADS \$ <i>No cap</i>	Total \$	
	<i>02/03/16</i>	<i>011</i>	<i>Exam</i>		<i>53.55</i>	<i>53.55</i>	
	<i>02/03/16</i>	<i>022x2</i>	<i>2 x Bitewings</i>		<i>68.60</i>	<i>68.60</i>	
	<i>02/03/16</i>	<i>114</i>	<i>Removal of Calculus</i>		<i>91.20</i>	<i>91.20</i>	
	<i>02/03/16</i>	<i>121</i>	<i>Application of Fluoride</i>		<i>35.15</i>	<i>35.15</i>	
	<i>02/03/16</i>	<i>141</i>	<i>OHI</i>		<i>50.30</i>	<i>50.30</i>	
SUB-TOTAL					A <i>298.80</i>	<i>298.80</i>	
Date of service	Item No.	Tooth (FDI)	Surfaces of restorations	Description of service provided	Patient \$	SADS \$	Total \$
<i>02/03/16</i>	<i>022sub</i>	<i>25</i>		<i>X-Ray</i>	<i>5.00</i>	<i>25.95</i>	<i>30.95</i>
<i>02/03/16</i>	<i>532</i>	<i>24</i>	<i>DO</i>	<i>Adhesive Restoration - Composite</i>	<i>26.00</i>	<i>131.45</i>	<i>157.45</i>
<i>02/03/16</i>	<i>577</i>	<i>25</i>		<i>Cusp Cap</i>	<i>5.00</i>	<i>25.80</i>	<i>30.80</i>
<i>02/03/16</i>	<i>575</i>	<i>25</i>		<i>Pin</i>	<i>4.50</i>	<i>24.05</i>	<i>28.55</i>
<i>02/03/16</i>	<i>531</i>	<i>25</i>	<i>D</i>	<i>Adhesive Restoration - GIC</i>	<i>20.50</i>	<i>104.90</i>	<i>126.40</i>
TOTAL FEES					<i>61.00</i>	B <i>312.15</i>	<i>374.15</i>
AMOUNT CLAIMED FROM SADS (A + B) <small>Please refer to GDS Schedule for maximum fees payable</small>					<i>61.00</i>	<i>610.95</i>	<i>671.95</i>
Patient to complete after treatment I certify that I have received the above treatment and that I have paid the patient fee listed above. Signature: <i>R Smik</i> Date: <i>02/03/16</i>							
PROVIDER DECLARATION I verify that I have completed the above treatment and that the eligibility, treatment and fees recorded are correct and complete. Signature: <i>A Dentist</i> Name (print): <i>Adam Dentist</i> Date: <i>02/03/16</i>							
Private Practice to complete				SA Dental Service Office Use Only			
Invoice Date: <i>02 / 03 / 2016</i>		Vendor Number: <i>12345</i>		Invoice No. (P Name): <i>2</i>			
Vendor Name: <i>Adam Dentist</i>		Address: <i>Shopping Centre Road, Broadwater, 5432</i>		R: <i>55 - 47</i>			
ABN: <i>123456789012345</i> <small>A valid ABN must be supplied</small>		Customer Name: SA DI GPO		Natural account: <i>74941</i>			
				Issue Date: [] [] [] [] [] []			
				Date Received: [] [] [] [] [] []			
				Total amount: [] [] [] [] [] []			
				[] / [] / []			

Client eligibility must be demonstrated on the claim form i.e. Concession card is valid at commencement of dental care

It is not mandatory to enter fees in both columns of Fee Free items section. However doing so may simplify the flow of calculations for practice staff.

Send your claim as soon as possible after the course of care is completed.

Provider (vendor) must completed vendor details

Pensioner Dental Scheme – Denture Repairs

The PDS Repairs form below is an example of a correctly completed form. Only original forms can be accepted, i.e. no copies faxed or scanned to email. Use blue or black pen (not red pen or pencil).

- Note that the client fees are not included in the 'SADS Total' column.
- GST is listed under the item to which it relates and all fees are correctly calculated
- The description of services must be clear i.e. sufficient detail of the treatment is provided
 - Abbreviations of dental terms is acceptable

PENSIONER DENTURE SCHEME DENTURE REPAIRS APPROVAL

TAX INVOICE **Private Practitioner to Complete**

PATIENT DETAILS		SADS CLINIC: <i>Marion</i>	
SURNAME: <i>CITIZEN</i>	First name: <i>Anon</i>	DOB: <i>21 07 60</i>	
Concession Card: PCC <input checked="" type="checkbox"/> HCC <input type="checkbox"/>	Number: <i>5 4 3 2 1 5 4 3 2 X</i>	Expiry Date: <i>11 / 12 / 2017</i>	

TREATMENT PROVIDED

Date of service	Item No.	Tooth (FDI)	Description of service provided	Patient fee (base + GST)	SADS Base \$	SADS GST \$	SADS Total \$
<i>09/03</i>	<i>764</i>		<i>Repair broken base lower</i>	<i>78.50</i>	<i>78.50</i>	<i>-</i>	<i>78.50</i>
<i>09/03</i>	<i>776</i>		<i>Impression -</i>	<i>23.00</i>	<i>23.85</i>	<i>-</i>	<i>23.85</i>
	<i>767</i>	<i>35</i>	<i>Additional repair - tooth</i>	<i>32.00</i>	<i>9.63</i>	<i>-</i>	<i>9.63</i>
	<i>488</i>		<i>GST</i>	<i>-</i>	<i>20.97</i>	<i>2.10</i>	<i>23.07</i>
TOTAL \$				<i>133.50</i>	<i>132.95</i>	<i>2.10</i>	<i>-</i>
AMOUNT CLAIMED FROM SADS \$							<i>135.05</i>

Patient to complete after treatment I certify that I have received the above treatment and that I have paid the patient fee listed above.

Signature: *A Citizen* Date: *09/03/16*

PROVIDER DECLARATION I verify that I have completed the above treatment and that the eligibility, treatment and fees recorded are correct and complete.

Signature: *A Dentist* Name (print): *Adam Dentist* Date: *09/03/16*

Private Practice to complete

Invoice Date: *09 | 03 | 2016*

Vendor Number: *1 2 3 4 5*

Vendor Name: *Adam Dentist*

Address: *Shopping Centre Road,
Broadwater SA 5432*

ABN: *1 2 3 4 5 5 4 3 2 1 5*
A valid ABN must be supplied

Customer Name: *SA DENTAL SERVICE
CPO BOX 324 ADFLAINE SA 4014*

SA Dental Service Office Use Only

Invoice No. (PI Name): *4*

PI: *5 5 - 4 7 -*

Nature Account: *7 4 9 4 5*

Issue Date: */ / 2 0 1 6*

Date Received: */ / 2 0 1 6*

Tax Amount: *-*

Total Amount: *-*

Authorized by: */ /*

Client eligibility must be demonstrated on the claim form i.e. PCC valid at commencement of dental

Ensure the form is signed by both client and provider.

Provider (vendor) must completed vendor details

Appendix 2: Endodontics

A set of principles and criteria underpin the SADS assessment protocols regarding endodontic treatment. This information is also available in Schemes Schedules containing endodontic service codes.

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
<p>Endo IS offered if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tooth is an abutment tooth for prosthesis, or is critical for function and/or aesthetics AND has good prognosis <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) 	<p>Under an EDS or if part of outstanding treatment after a GDS please forward a copy of relevant radiographs and patient treatment details to the CDS clinic so the case can be re-assessed and follow-up care provided.</p> <p>For Special Program & specialist schemes, check with the schemes Project Manager</p>
<p>Endo NOT offered if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The tooth is a 7 or an 8 <i>Unless vitally important AND have good prognosis endodontically & restoratively. SA Dental Service reserves the right not to pay for endodontic services provided on these teeth unless prior assessment and approval is given as described above</i> <input checked="" type="checkbox"/> Unable to achieve either: <ul style="list-style-type: none"> • moisture control using rubber dam • access • appropriate radiographs • placement of permanent functional restoration <input checked="" type="checkbox"/> Patient demonstrates either: <ul style="list-style-type: none"> • poor oral status • poor level of cooperation, interest • inability to tolerate long & multiple appointments <input checked="" type="checkbox"/> Poor: <ul style="list-style-type: none"> • periodontal support or • restorability, inadequate tooth structure, subgingival caries • pulpal morphology / periapical pathology (size of radiolucency, complex root canal morphology, retreatment) <input checked="" type="checkbox"/> Restorability is compromised and a crown is 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> 	