



Private Provider Dental Schemes Information Handbook

November 2022



**Government
of South Australia**

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1 Introduction

SA Dental is the main provider of public dental services in South Australia.

With the on-going cooperation of the private dental sector, SA Dental administers a range of government-funded schemes for the treatment of eligible clients by private dental service providers. The various dental schemes assist SA Dental to manage waiting times and to provide dental care to clients.

This document aims to provide participating dental service providers with the information needed to foster a collaborative, efficient and rewarding working relationship with SA Dental. This information should be read in conjunction with the **Private Provider Dental Schemes Schedules – Items, Fees & Guidance** booklet that provides further information regarding each scheme type. The schedules are available on the SA Dental 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* have 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 for urgent matters. If staff are unavailable, please leave a message and your call will be returned at the earliest opportunity.

Postal address: Dental Schemes Unit, SA Dental, GPO Box 864, Adelaide, 5001

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

For general information about SA Dental, visit our website at- www.dental.sa.gov.au

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 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)
- Public Denture Scheme (PDS)
- PDS Repairs Scheme
- Aboriginal Dental Scheme (ADS). *The ADS is a remote area program only*

Special Programs and Specialist Schemes in which participation is subject to approval and agreement by the relevant scheme or program manager are listed below. Only providers that are approved may participate in that scheme.

- Remote Child Dental Scheme (designated and approved dental practices more than 90km from a SA Dental clinic)
- Child Country Emergency Dental Scheme (when local SA Dental clinic is temporarily closed)
- Homelessness Oral Health Program
- Supported Residential Facility (SRF) Program
- Crown & Bridge Dental Scheme
- Specialised Dental Schemes (Endodontic, Orthodontic, and Oral Surgery)

Each Scheme Authority form serves several functions – acting as an offer of care to the client, a record of treatment provided to the client once treatment is complete and a tax invoice for the provider of that treatment. 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 or approval/voucher number.

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 Period for which a Scheme Authority form is valid

It is important that treatment is provided in a timely manner. Scheme forms are only valid for a limited time. The period for which 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 SA Dental clinic or Schemes Unit. **The completed claim forms must be received at the Dental Schemes Unit within two weeks of the expiry date.**

In extenuating circumstances extensions may be negotiated on a case-by-case basis with approval from the SA Dental 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 approver's name, and date approved, on the top of the form and ensure that the claim form is received at the Dental Schemes Unit within two weeks 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 dental practitioners including dentists, dental therapists, oral health therapists, dental hygienists, dental prosthetists and dental specialists registered with the Dental Board of Australia (the Board).

- To participate, dental service providers must complete a Supplier Creation/Maintenance form so that payment for services can be processed by the Dental Schemes Unit. The form can be downloaded from the SA - Dental [website](#) or by emailing the Dental Schemes Unit.

For **Special Programs and Specialist Schemes** (see 1.3 above), providers must also be registered with the relevant SA Dental manager of the relevant Program or Scheme (click [here](#) for more information – Section 16).

2.2 Client Eligibility - adults

To receive treatment under the schemes, a person (client) must be registered with a SA Dental 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) and live in SA. The card must be in their name. An adult dependent (under 19 years of age) whose name is on the card, can access dental care.

The partner of a person with a current card **cannot** access SA Dental care unless they have their own HCC or PCC (i.e. they must be 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. Holders of a Commonwealth Seniors Health Card are not eligible.

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

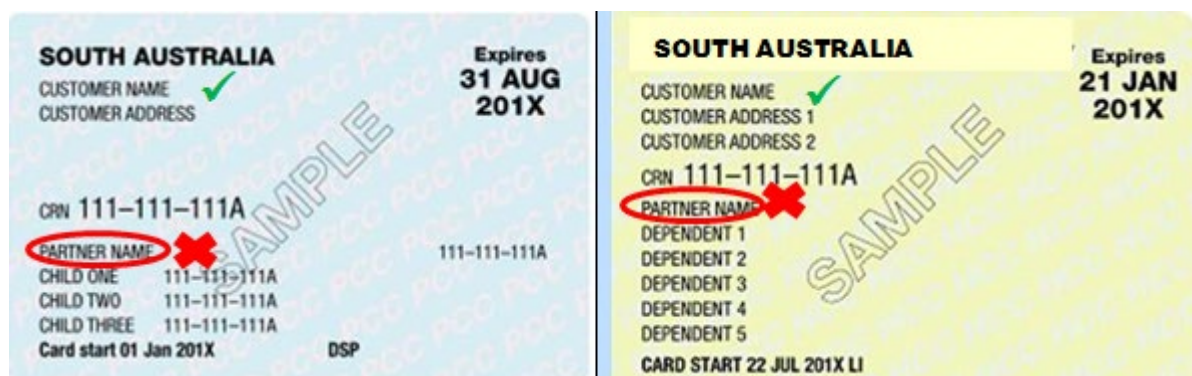
2.2.1 Checking client eligibility before starting treatment

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 form 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. While the partner of a cardholder may be listed on a client's card, the partner is **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 SA Dental clinic before providing care.

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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) – i.e. after the first appointment - 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 or Scheme manager and in the *Schedule of Fees* for those schemes.

2.2.2 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, they will be assessed and, if necessary, will be issued with a PDS form.

2.3 Children

Children under 18 years of age who are registered with SA Dental and are not eligible under the Child Dental Benefit Schedule (CDBS) may receive care. Click [here](#) for more information (Section 15).

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

3 Fees and Payments

All fees for schemes are based on the Australian Government Department of Veterans Affairs (DVA) Fee Schedules of Dental Services for Dentists and Dental Specialists and [Dental Prosthetists](#).

SA Dental schemes fees are updated periodically, usually from April each year.

In most cases clients contribute either a set amount, or a percentage of the cost per claimable item (excluding patient *fee free* items), with limits to the amount payable by the client and the larger portion of total fees paid by SA Dental, up to a maximum fee payable for a particular scheme. The actual fees are detailed in [the Private Provider Dental Schemes Schedules](#) – Items, Fees & Guidance booklet. It is the dental service provider's responsibility to collect the client contribution as determined by the relevant Schedule. SA Dental 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, SA Dental notes the form accordingly when it is issued and pays the full amount.

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.

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 SA Dental clinic to discuss options.

4 Treatment services available via SA Dental

Schedules of items and associated fees for the range of treatment services able to be provided under each scheme are published on the SA -Dental [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 or preferring dental care not provided under a scheme can elect to obtain that care as a private patient at their own expense or contact a local SA Dental clinic to clarify what is available through public dental services.

5 Clinical freedom under schemes

IMPORTANT:

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.

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. Other 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.

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 commences providing treatment under a scheme, they implicitly agree to comply with the guidelines, rules and procedures relating to that scheme, as outlined in the **Private Provider Dental Schemes Schedules – Items Fees & Guidance** booklet and in any other associated SA Dental 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.

When a dental service provider wishes to convey additional information or recommendations to SA Dental in the interests of the client's oral health, please attach a note to the schemes form.

5.1 Treatment considered to have poor prognosis

Where a client insists on treatment that the dental service provider considers to have a poor prognosis, the provider may, with client consent, elect to provide the treatment at the client's own expense, 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, and the client opted to pay for this treatment.

Alternatively, the private dental service provider may decline to provide the requested treatment and suggest the patient return to the local SA Dental clinic for assessment.

Only treatment provided in accordance with the published guidelines and business rules for the schemes will be claimable from SA Dental.

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 (including an extraction), the client should be referred back to their local SA Dental 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 SA Dental 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.

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 SA Dental will not provide or pay for repeat or remedial treatment in these cases and this should be noted on the form when it is returned to SA Dental for payment. As noted in [5.1](#) above, the private dental service provider may decline to provide requested treatment they have assessed as poor-prognosis and suggest the patient return to the local SA Dental clinic for assessment.

8 Complaints, queries and changes to schemes

When a claim requires clarification with a provider or a complaint is lodged regarding schemes, a SA Dental Statewide Lead Clinician will advise the provider of procedures used to resolve the situation.

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

9 Administration

SA Dental uses the definitions for item numbers as they appear in the Australian Dental Association (ADA) publication titled *The Australian Schedule of Dental Services and Glossary* as available on the ADA website www.ada.org.au to describe the item numbers used in the schemes.

In addition to the information provided in this booklet, guidelines and business rules are included with the **SA Dental Private Provider Dental Schemes Schedules – Items, Fees & Guidance** booklet that apply to each scheme.

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

9.1 Processing schemes claim forms for payment

The Dental Schemes Unit aims to process payment for received claim forms 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).

The image shows a dental claim form with several key sections highlighted by callouts:

- Top Right:** A table showing 'TOTAL FEE FOR SERVICES PROVIDED' as 281.00 and 'AMOUNT CLAIMED FROM SA DEN'.
- Left Side:** A blue callout box states: "Please complete all sections of the vendor".
- Right Side:** A blue callout box states: "Use black or blue pen to complete form".
- Bottom Section:** A red-bordered box highlights the 'Private Practice to complete' section, which includes:
 - Invoice Date: 02 / 03 / 2016
 - Vendor Number: 12345
 - Vendor Name: Adam Dentist
 - Address: Shopping Centre Road, Broadwater SA 5123
 - ABN: 1234567890123
- Bottom Right:** A blue callout box states: "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 received schemes claim forms to ensure they have all the necessary information in accordance with the guidelines and business rules that govern the schemes. SA Dental will not pay for treatment services claimed outside the guidelines and business rules of the scheme.

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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 14 days.

In these circumstances, processing of recently expired claims 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.

Original claim forms are to be posted to the Schemes unit.

SA Dental GPO BOX 864 Adelaide SA 5001

10 Emergency Dental Scheme (EDS) - Adults

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

Usually, the client must attend the SA Dental clinic to verify their personal and eligibility details and collect the EDS form. In exceptional circumstances, SA Dental clinic reception staff may issue an approval/voucher number for a patient to attend at a private dental practice for treatment via the EDS without the need for the client to attend in-person at the SA Dental clinic. Private practices are supplied with a small number of non-completed EDS forms for this circumstance and private practice staff are required to enter the Approval/Voucher Number on the EDS form so the claim can be paid.

Clients are advised by SA Dental staff that, when making contact with a private practice to arrange care, they should notify the dental service provider that they are seeking emergency care under a Scheme.

10.1 EDS treatment and claim period limits

- Treatment under the EDS must commence within seven (7) calendar days from the date of issue, and care must be completed no later than 28 days from date of issue of the form.
- EDS claims must be received by the Dental Schemes Unit for processing within six (6) 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 later than six (6) weeks after the issue date of the EDS form are considered to have expired and would only be paid in extenuating circumstances.

10.2 Clients requiring further treatment after EDS

The purpose of an EDS is to only provide treatment for a clinically urgent dental problem. Other dental care will be provided when the client's name comes to the top of the waiting list and a general offer of care is made. If further urgent treatment is needed after an EDS course of care, the dental service provider should advise the client to contact their local SA Dental clinic for advice.

10.3 EDS in remote areas

In locations with a private dental service provider which is more than 90kms from the nearest SA Dental 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, e.g. facial swelling, severe tooth ache, broken front tooth (aesthetics) and unusual growths. For any other care, clients must have their name on the SA Dental Remote General Dental Waiting List administered by the SA Dental Schemes Unit and can obtain waiting list addition forms for that purpose from the remote dental service provider.

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

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Each eligible client may receive SA Dental 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 SA Dental 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 staff at any SA Dental adult clinic. Contact details for all of our clinics are in the -Find a clinic section of the [SA Dental website](#).

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 client should then be referred back to the SA Dental clinic for an assessment of suitability for completion. A copy of relevant radiograph/s from the dental service provider will be appreciated.

IMPORTANT: RCT is not recommended in some situations – please refer to [Appendix 1](#) 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.

In Remote areas, where RCT is started under an EDS, the treating dentist should contact Schemes Unit staff for advice regarding completion of the RCT. Ideally, this contact should be by email with accompanying radiograph/s, Clinical Notes and advice about whether the endodontic treatment is consistent with SA Dental criteria for completion of endodontic treatment.

11 General Dental Scheme (GDS)

The GDS enables routine dental care for some eligible adults with natural teeth whose names have reached the top of their local SA Dental 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 SA Dental staff that, when making contact with a private practice to arrange care, they should notify the dental service provider that they are seeking care under the GDS. The range of treatment available under the GDS is described in the Private Provider Dental Schemes Schedules – Items, Fees & Guidance booklet (GDS section). 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 eligibility 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 treatment and claim period limits

- Treatment under the GDS must be completed within three (3) 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 two (2) weeks following the expiry date.
- If treatment has commenced and for any reason it becomes evident that the treatment cannot be completed within three (3) months, contact the issuing clinic in the first instance or the Dental Schemes Unit to discuss options.
- Claims received later than three (3) months and two (2) weeks after the issue date of the GDS form are considered to have expired and would only be paid in extenuating circumstances.

11.2 Endodontic treatment under GDS

Generally, Root canal treatment (RCT) will not be approved on 2nd and 3rd molars (7s and 8s); however, if the treating private practitioner considers there is a valid reason for that treatment, prior approval is to be sought from the Schemes Unit.

RCT on teeth with good prognosis that are assessed as satisfactory against **SA Dental Service criteria to assist in deciding whether to commence Root Canal Treatment** (see [Appendix 1](#)) may be included within a treatment plan under a GDS if all the needed care does not exceed the GDS fee cap. If the planned RCT will see the GDS fee limit exceeded, the RCT should not be undertaken until all planned treatment in the GDS course of care (including the planned RCT) is approved (see [Section 11.3](#)). Alternatively, the client should be advised to contact their SA Dental clinic to arrange an assessment for further treatment options regarding the RCT

11.3 GDS exceeding the cap

At the treatment planning appointment (exam appointment) if it is anticipated that the care will exceed the cap for treatment provided under a GDS, the private provider is strongly encouraged to modify the treatment plan to address priority treatment up to the cap, to assist with access equity issues for other public dental patients awaiting offers of care. If, after review of the treatment plan, it remains anticipated that priority treatment will exceed the cap, approval to exceed the cap must be sought before providing further care. The private provider must email the Schemes Unit at HealthSADSSchemesUnit@sa.gov.au to request approval for additional care and supply the clinical notes, odontogram (charting), relevant radiographic images (BWs, PAs, OPG) and clinical photographs, if any, along with the completed form titled ***Request to provide further treatment under General Dental Scheme (GDS)***. This is to occur immediately after the initial examination and **before** treatment commences. The request will be considered by a designated senior SA Dental dentist.

Note that SA Dental is likely to only approve treatment for the client's key oral health issues and extensive treatment plans will not be approved. Requests made after completion of the 1st GDS will not be considered. Alternatively, the client may elect to receive the additional treatment as a private patient at their own expense.

11.4 GDS in remote areas

In locations with a dental service provider which is more than 90kms from the nearest SA Dental clinic, an eligible adult client is able to request that their name is added to the SA Dental Remote General Dental Waiting List administered by the SA Dental Schemes Unit. Clients can obtain waiting list addition forms for that purpose from the remote dental service provider. When an Offer of Care is made to the client, the client can contact a participating dental service provider and be offered general care under the GDS.

There is no Client Fee for treatment via the SA Dental Remote General Dental Scheme. SA Dental will pay the full value of approved treatment items.

NOTE: Restrictions on Total Fees to be incurred under this Scheme are the same as those under the non-Remote Area GDS - refer to Section [11.3](#) GDS exceeding the cap

11.5 Referral for prosthetic services after a GDS

If the treating private practitioner considers that a client requires prosthetic services after a GDS, they are to be directed to the local SA Dental clinic for assessment.

In Remote Areas, the treating private dental practitioner is able to assess the prosthetic requirements of the client and submit details to the Schemes Unit for a PDS Authority to be issued.

12 Public Denture Scheme (PDS) new dentures and repairs

The Public 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 SA Dental clinic for assessment of their denture needs (except patients in Remote Areas – see [Section 11.5](#)). For clients with natural teeth, conservative treatment is usually completed before the client is assessed for dentures at their local SA Dental clinic.

In Remote Areas, the treating private dental practitioner is able to assess the prosthetic requirements of the client and submit a completed **PDS Application for Addition to Waiting List** form to the Schemes Unit.

The prosthetic care that is approved for an individual client is detailed on the PDS Authority form (see below for Restrictions on prosthetic treatment). As part of the fee paid under PDS arrangements, 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 treatment and claim period limits

- Treatment under the PDS for a **NEW** denture must be completed within four (4) months from the date of issue.
- Treatment under the PDS for a denture **REPAIR** must be completed within one (1) month from the date of issue.
- PDS claims (for both **NEW** dentures and denture **REPAIRS**) must be received by the Dental Schemes Unit for processing within two weeks following the expiry date.
- If treatment to provide a **NEW** denture has commenced and it becomes evident that the treatment cannot be completed within four (4) months from the date of issue, contact the issuing SA Dental clinic in the first instance or the Dental Schemes Unit to discuss options.
- If treatment to provide a denture **REPAIR** services has commenced and it becomes evident that the treatment cannot be completed within one (1) month from the date of issue, contact the issuing SA Dental clinic in the first instance or the Dental Schemes Unit to discuss options.
- Claims for **NEW** denture provision received later than four (4) months and two (2) weeks after the issue date of the PDS Authority form are considered to have expired and would only be paid in extenuating circumstances.
- Claims for denture **REPAIR** services received later than one (1) month and two (2) weeks after the issue date of the PDS Repair Authority form are considered to have expired and would only be paid in extenuating circumstances.

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 SA Dental clinic that assessed the client.

Regarding NEW Dentures

- The PDS for new dentures does not include nor fund soft/resilient linings, mesh strengthening, cast metal frames or patient-requested characterisations.
- Denture adjustments for a six (6) month period post-insertion are to be provided at no cost to client or SA Dental.
- Denture repair services to secondary dentures (i.e. 'backup' dentures) are not covered under the PDS.
- Generally, SA Dental 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.
- Generally, SA Dental does not approve bilateral free-end saddle Partial Lower Dentures as they are frequently problematic, routinely abandoned and considered a poor use of limited public dental funds. The shortened-arch dental status will give acceptable function and, if dietary and hygiene habits are improved, will serve the client for a good period.

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 SA Dental clinic for assessment. Alternatively, the client can elect to have that conservative treatment provided as a private patient at their own expense.

12.4 Denture repairs and relines

Regarding Denture REPAIRS:

The following are NOT via PDS Repairs:

- soft/resilient linings, mesh/metal strengthening and patient-requested characterisations
- repair services to secondary dentures (i.e. 'backup' dentures)
- repairs to chrome dentures

exception: tooth addition/repair to acrylic component can be claimed

Post-repair adjustment visits are to be provided at no cost to the client or SA Dental.

Soldering of chrome dentures and addition of a strengthening lingual bar/wire/mesh is not claimable via PDS 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.

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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 review of their denture needs.

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

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 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.**

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 denture and relines:

- the PDS fee is all-inclusive 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 (e.g. adjustments) for six (6) months.

For denture repairs:

- The fee is all-inclusive incorporating a consultation/examination, all stages involved in the repair process, materials used in the repair, laboratory fees and immediate post-delivery-of-repair adjustment.

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

Aboriginal and Torres Strait Islander clients may receive a PDS authorisation via the SA Dental 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 SA Dental 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 SA Dental clinic that provided the PDS Authority for review utilising the PDS Treatment Review Protocol. If the client was treated at a designated remote private practice, the provider should contact the Schemes Unit for advice).

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 in metropolitan and rural areas.

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 SA Dental. Usually the client fee column of the authority form is crossed out in red pen.

Priority and free access applies to ALP clients for routine care under this program (i.e. no waiting list).

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



13.1 ALP 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 SA Dental clinic in the first instance or direct the client to the SA Dental clinic for approval to proceed with treatment. Treatment must not commence without authority.

When approval is given by the SA Dental 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 SA Dental clinic staff may ask that the client attend the SA Dental 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 an available dental service provider located more than 90kms from the nearest SA Dental clinic.

14.1 Fees and payments under ADS

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

14.2 ADS and ALP treatment and claim period limits

The valid to period for treatment under these schemes is the same as for other 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 undertake a full GDS 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 Course of Care within a 12 month period per client may be claimed. (Refer to 14.5 below for exceptions).

For PDS treatment, the private provider must complete an *ADS Approval for Dentures* form and post or email 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](#).

14.5 Clients requiring further treatment under the ADS GDS

At the treatment planning appointment (exam appointment) 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 clinical notes, odontogram (charting), relevant radiographic images (BWs, PAs, OPG) and clinical photographs, if any, along with the completed form titled ***Request to provide further treatment under General Dental Scheme (GDS)*** for consideration by a designated senior SA Dental dentist. This is to occur immediately after the initial examination and **before** treatment commences.

Note that SA Dental is likely to only approve treatment for the client's key oral health issues. Requests made after completion of the 1st GDS will rarely be considered. Alternatively, the client may elect to receive the additional treatment as a private patient at their own expense.

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 Child Country Emergency Dental Scheme (CCEDS)

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

The current guidelines and fees for the SA Dental Child Country Emergency Scheme are included in the schedule of items distributed separately to country private dentists. SA Dental 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 SA Dental 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 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.

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: Endodontics

A set of principles and criteria underpin the SA Dental assessment protocols regarding endodontic treatment. This information is also available in the Private Provider Dental Schemes Schedules – Items, Fees & Guidance, 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 criteria to assist in deciding whether to undertake Root Canal Treatment	Action required
NOTE: If the tooth is a 7 or 8, PRIOR APPROVAL from Schemes Unit is required	Use Request to provide further treatment under the General Dental Scheme (GDS) form
<p>Generally, Endodontic Therapy IS offered if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tooth is an abutment tooth for a 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 client 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>Endodontic Therapy is NOT offered if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The tooth has limited / no functionality (e.g. unopposed 2nd molar) <input checked="" type="checkbox"/> Unable to achieve either: <ul style="list-style-type: none"> • moisture control using rubber dam • good access • appropriate radiographs • placement of permanent functional restoration <input checked="" type="checkbox"/> Patient demonstrates either: <ul style="list-style-type: none"> • poor oral status (e.g. rampant caries) • poor level of cooperation or 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> <input checked="" type="checkbox"/> Evidence of previous root filling in one or more canals (i.e no endodontic retreatment) 	<p>If any of these criteria apply, RCT is not offered through SA Dental & the client should be offered an extraction</p> <p>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 MUST be advised that any further care on that tooth will be at their own expense, and this should be noted on the claim form</p>