



Private Provider Dental Schemes Schedules Items, Fees & Guidance

Emergency Dental Scheme (EDS)

General Dental Scheme (GDS)

Public Denture Scheme (PDS)
(metropolitan and country)

Child Country Emergency Dental Scheme (CCEDS)

Schedule of items and fees

From 1 April 2026 v 2.0

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

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If you have any questions about Schemes, please contact the Dental Schemes Unit *before* commencing treatment.

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This Handbook is to be read in conjunction with the

Private Provider Dental Schemes – Information Handbook

SA Dental reserves the right to seek and require supporting items (including but not limited to copies of clinical notes and radiographic images) when assessing received claims for payment relating to care provided via any of the Private Provider Scheme types.

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Emergency Dental Scheme (EDS)

Emergency Dental Scheme – EDS Fee limits

Patient	\$72.00	A flat fee of \$72.00 applies irrespective of service(s) received under EDS.
SA Dental	\$262.00	The maximum amount that SADS pays is \$262.00
Total	\$334.00	The maximum amount* for care under the EDS is \$334.00

**Note that when a tooth requires replanting and splinting (item 387), the maximum amount that can be claimed is \$542.15 for items 013 + 022 + 387*

Emergency Dental Scheme (EDS)

		Total \$
013	Oral examination - limited <ul style="list-style-type: none"> • Maximum one (1) per emergency care 	33.15
Intraoral periapical or bitewing radiograph – per exposure <ul style="list-style-type: none"> • Must include description of and reason for radiograph (e.g. PA 45 to locate periapical infection) – the radiograph must be directly related to the patient’s presenting emergency complaint as claimed on the approval form • Maximum one (1) radiograph per presenting complaint – a second radiograph can be claimed where the patient presents with multiple complaints • Maximum two (2) radiographs in total per emergency care 		
022	First radiograph per day (tooth number required)	44.65
022_SUB	Second radiograph taken on the same day as 022 <ul style="list-style-type: none"> • Not claimable with 419 	36.75
114	Removal of calculus – first visit <ul style="list-style-type: none"> • Only claimable if required as part of addressing the chief complaint • Maximum one (1) per emergency care • Not claimable same visit as 213 	108.05
165	Desensitising procedure – one per visit <ul style="list-style-type: none"> • Maximum two (2) per emergency care • Must indicate tooth/teeth on claim form 	32.65
213	Treatment of acute periodontal infection – one per visit Maximum two (2) per EDS not on the same tooth. Must provide description of treatment provided (e.g. acute perio associated with 26 - deep scale, irrigation with chlorhexidine) <ul style="list-style-type: none"> • Not claimable same visit as 114 • Not claimable same visit and same quadrant as 311, 314, 322, 324, 386, 387, 419, 455, 911, 927, 986 	84.00

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Emergency Dental Scheme (EDS)

		Total \$
<p>Removal of a tooth or part(s) thereof</p> <p>Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure.</p> <p>Refer to additional notes about multiple extractions from the same quadrant on page 8.</p>		
311 & 311_SUB/Q	Simple removal of a tooth or part/s thereof	
311	First tooth extracted from a quadrant	158.15
311_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	99.65
314 & 314_SUB/Q	Sectional removal of a tooth – only where <u>deliberate</u> sectioning of the tooth has occurred, not where roots are fractured and subsequently elevated and removed (as such use 311/311_SUB) Bone removal may be necessary and is included in fee.	
314	First tooth extracted from a quadrant	202.10
314_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	133.55
322 & 322_SUB/Q	Surgical removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required, but where removal of bone and/or sectioning of the tooth is <u>not</u> necessary to remove the tooth	
322	First tooth extracted from a quadrant	256.65
322_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	170.80
324 & 324_SUB/Q	Surgical removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required followed by removal of bone and/or sectioning of the tooth to remove the tooth (may be removed in sections)	
324	First tooth extracted from the same quadrant	394.30
324_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	259.90
384	Repositioning of displaced tooth/teeth – per tooth Used to describe repositioning of a tooth required after trauma	229.90
386	Splinting of displaced tooth/teeth – per tooth Used to describe splinting and stabilisation required after trauma – for splinting for other reasons apart from trauma (e.g. perio), use item 981	237.25
387	Replantation and splinting of a tooth/teeth The only other items claimable with 387 are 013 and 022 A patient receiving this item of care should be referred back to the local SADS clinic for follow up care unless he/she chooses to have this care completed by private arrangement with the private dentist	464.35
419	Extirpation of pulp or debridement of root canal(s) - emergency or palliative Maximum one (1) per tooth	166.05

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Emergency Dental Scheme (EDS)

		Total \$
455	Additional visit for irrigation and/or dressing of the root canal system - per tooth <ul style="list-style-type: none"> • May be used when dressing a tooth where root canal treatment has already been commenced • <u>Maximum two (2)</u> per tooth 	127.30
*Refer to additional notes about restorative item numbers on page 7.		
511	Metallic restoration - one surface – direct	125.55
512	Metallic restoration - two surfaces – direct	153.90
513	Metallic restoration - three surfaces – direct	183.75
514	Metallic restoration - four surfaces – direct	209.45
515	Metallic restoration - five surfaces – direct	239.05
521	Adhesive restoration - one surface - anterior tooth – direct	139.10
522	Adhesive restoration - two surfaces - anterior tooth – direct	168.85
523	Adhesive restoration - three surfaces - anterior tooth – direct	199.95
524	Adhesive restoration - four surfaces - anterior tooth – direct	231.10
525	Adhesive restoration - five surfaces - anterior tooth – direct	271.55
531*	Adhesive restoration - one surface - posterior tooth – direct	148.60
532	Adhesive restoration - two surfaces - posterior tooth – direct	186.55
533	Adhesive restoration - three surfaces - posterior tooth – direct	224.25
534	Adhesive restoration - four surfaces - posterior tooth – direct	252.55
535	Adhesive restoration - five surfaces - posterior tooth – direct	291.65
572	Provisional (intermediate/temporary) restoration Claimable only in addition to 419 or 455 <ul style="list-style-type: none"> • MUST describe tooth numbers and surfaces 	58.75
575	Pin retention - per pin <ul style="list-style-type: none"> • <u>Maximum two (2)</u> claimable per anterior or premolar restoration • <u>Maximum four (4)</u> claimable per molar restoration • May be claimed in addition to all restorative items 	33.90
577	Cusp capping - per cusp <ul style="list-style-type: none"> • <u>Maximum two (2)</u> per premolar restoration • <u>Maximum four (4)</u> per molar restoration • Not claimable for anterior restorations 	36.60

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Emergency Dental Scheme (EDS)

		Total \$
596	Recementing of inlay/onlay	95.35
651	Recementing crown or veneer	124.25
652	Recementing bridge or splint - per abutment <ul style="list-style-type: none"> • <u>Maximum two (2)</u> per bridge/splint 	121.35
911	Palliative care <ul style="list-style-type: none"> • Must have a concise description when claiming this item e.g. an item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. <p>“Palliative care” does not adequately describe what treatment was provided - an example of an adequate description would be “excision and drainage of abscess associated with 12”</p> <ul style="list-style-type: none"> • Not claimable if description for 911 is associated with other items claimed at the same visit. 	82.45
927	Provision of medication/medicament Claimable only if no other items apart from 013 and 022 are claimed	33.15
927_AB	Provision of antibiotic cover for prophylactic covers Claimable only for the provision of a prescription for prophylactic antibiotic cover for dental treatment – MUST record medical condition as description	33.15
961	Minor occlusal adjustment – one per visit <ul style="list-style-type: none"> • May only be claimed if the occlusal adjustment in no way relates to any other treatment/procedure claimed at the same visit • Not claimable for denture procedures e.g. eases. • Please specify tooth number. 	82.45
981	Splinting and stabilisation – direct – per splint <ul style="list-style-type: none"> • Used to describe splinting and stabilisation required <u>not</u> resulting from trauma (e.g. periodontally involved) – for splinting after trauma, use item 386 • <u>Maximum one (1)</u> per arch – Must list teeth involved in splint 	116.70
986	Post-operative care not otherwise included <ul style="list-style-type: none"> • A concise description <u>must</u> be provided when claiming this item <p>“Post-operative care not otherwise included” does not adequately describe what treatment was provided - an example of an adequate description would be “treatment of dry-socket using chlorhexidine irrigation and Alvogyl placed”</p> <ul style="list-style-type: none"> • Not claimable if description for 986 is associated with other items claimed at the same visit 	84.95

EDS and GDS

Additional notes: multiple extractions from same quadrant

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

Example 1: If a patient has simple extraction of the 32, surgical extraction of the 38 involving bone removal, and sectional removal of the 36, use item 324 to describe the first extraction (i.e. 38), item 314_SUB/Q to describe the second extraction (i.e. 36) and item 311_SUB/Q to describe the third extraction (i.e. 32).

Example 2: If extracted 11, 21, 22, 31, 32 use items as follows: 11 as 311, 21 as 311, 22 as 311_SUB/Q, 31 as 311 and 32 as 311_SUB/Q.

Additional notes: using restorative item numbers

511, 512, 521, 522

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

511, 521, 531

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

Multiple restorations placed in the same tooth at the same appointment

Where two or more individual restorations are placed in the same tooth on the same visit using the same class of restorative material (i.e. Composite and GIC are both considered of the same class, Adhesive Restoratives) the fee applicable will be equivalent to that of a single restoration comprising total number of surfaces restored. For example, when the following restorations are placed in the same posterior tooth at the one visit, the charted treatment is:

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

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

Where different restorative materials are used (e.g. metallic and adhesive) when restoring a single tooth on the same day, the adhesive item code to be claimed.

1. Amalgam MO 512 and GIC buccal 531 to claim 533
2. Resin MO 532 and GIC buccal 531 to claim for 533

Additional notes: If OPG required (GDS only)

Please consider asking the client to have this taken at a convenient external radiology provider who will accept Medicare as full payment (bulk bill). This preserves limited public dental funding for client treatment.

EDS and GDS

Additional notes: Endodontics

1. Emergency care

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

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

2. General care:

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

3. RCT Criteria

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

SA Dental 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
Generally, Endodontic Therapy IS offered if:	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. For Special Program & specialist schemes, check with the schemes Project Manager
<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)	
Endodontic Therapy is NOT offered if:	If any of these criteria apply, RCT is not offered through SA Dental & the client should be offered an extraction if the client does not agree to proceed with an extraction and insists on having a RCT, where possible the tooth can be “dressed” to relieve pain. The client 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
<input checked="" type="checkbox"/> The tooth has limited / no functionality (e.g. unopposed 2 nd 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, 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)	

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General Dental Scheme – GDS Fees

limits

Patient	\$183.00	The maximum patient fee is \$183.00
SA Dental	\$1,367.00 <i>(includes patient fee-free items)</i>	The maximum amount that SA Dental pays is \$1,367.00 <i>(includes the value of any patient fee-free items claimed)</i>
Total	\$1,550.00 <i>(includes patient fee-free items)</i>	The maximum amount for a care under the GDS is \$1,550.00 <i>(includes the value of any patient fee-free items claimed)</i>

Fees claimed before and after 1 April 2026

The following business rules apply:

Forms issued before 1 April 2026 will have the **April 2025** fees applied to them.

Forms issued on or after 1 April 2026 will have the **April 2026** fees applied to them.

Where it is anticipated that the GDS fee limit will be exceeded

Approval from Schemes Unit is required before dental care is provided in excess of standard GDS prescribed fee limits. If the treating clinician identifies at the initial examination that the GDS limit will be exceeded, **immediately after the initial examination and before commencing the general treatment**, please apply for approval to exceed the GDS limit. Complete a **Request to provide Further Treatment under General Dental Scheme (GDS)** form (available at this [Link](#)) and forward to the Schemes Unit HealthSADSSchemesUnit@sa.gov.au with relevant supporting items as listed on the request form but **do not** commence treatment until a response is received from SA Dental (Urgent care to address pain, facial swelling and uncontrolled bleeding is excepted). If treatment deemed non-urgent is commenced before approval/response, the request for further treatment is likely to be declined. Note that in addition to Item 011, other Client Fee-Free Items (022_BW & BWx2, 114, 121 and 141) may be used while awaiting a response from the Schemes Unit. Further, the use of client fee associated Items 022 and 022_SUB is permitted where these are required to formulate the Proposed Treatment Plan for submission. Item 037 may be used but rules apply – see notes in the following Fee Schedule

General Dental Scheme – GDS

		Patient Fee \$	SA Dental Pays \$	Total \$
011	Comprehensive oral examination Maximum one (1) per GDS	FREE	63.40	63.40
Bitewing radiograph – per exposure <ul style="list-style-type: none"> Maximum two (2) bitewings per GDS Maximum seven (7) bitewings/periapical radiographs in total per GDS except where an OPG is taken where the maximum is four (4) bitewing/periapical radiographs in total per GDS 				
022_BW	One bitewing - indicate quadrant	FREE	44.65	44.65
022_BWx2	Two bitewings on the same day	FREE	81.40	81.40
Intraoral periapical radiograph – per exposure <ul style="list-style-type: none"> MUST indicate tooth and reasons for radiograph e.g. <i>PA 45 – working length</i> Maximum seven (7) bitewing/periapical radiographs in total per GDS except where an OPG is taken where the maximum is four (4) bitewing/periapical radiographs in total per GDS 				
022	First periapical radiograph per day <ul style="list-style-type: none"> Not claimable same day as 022_BW or 022_BWx2 If periapical taken on same day, then claim 022_SUB with a description	7.50	37.15	44.65
022_SUB	Second periapical radiograph taken on the same day as 022 or 022BW	6.00	30.75	36.75
Panoramic radiographs – refer to page 9 <ul style="list-style-type: none"> 037 Claimable only when an OPG is taken at your surgery in lieu of multiple periapical radiographs for dental extractions only when three (3) or more periapical radiographs would otherwise have been required Not claimable as a screening x-ray Not claimable when patient is referred to a radiographer (e.g. Benson's) for an OPG 				
037	Panoramic radiographs – per exposure <ul style="list-style-type: none"> Maximum one (1) per GDS 	19.00	94.50	113.50
114	Removal of calculus – first visit <ul style="list-style-type: none"> Maximum one (1) per GDS Not claimable same visit as 213 	FREE	108.05	108.05
115	Removal of calculus – subsequent visit <ul style="list-style-type: none"> Maximum one (1) per GDS Not claimable same visit as 213 	12.00	58.30	70.30
121	Topical application of remineralising agent – one treatment <ul style="list-style-type: none"> Maximum one (1) per GDS 	FREE	41.70	41.70

General Dental Scheme – GDS

		Patient Fee \$	SA Dental Pays \$	Total \$
141	Oral hygiene instruction (where appropriate time is allocated) • Maximum one (1) per GDS	FREE	59.60	59.60
165	Desensitising procedure – one per visit • Maximum two (2) per GDS • Must indicate tooth/teeth	5.50	27.15	32.65
213	Treatment of acute periodontal infection – one per visit Maximum two (2) per GDS not on the same tooth MUST provide description of treatment provided (e.g. acute perio associated with 26 - deep scale, irrigation with chlorhexidine) • Not claimable same visit as 114 or 115 • Not claimable same visit and same quadrant as 311, 314, 322, 324, 378, 414, 415, 416, 455, 911, 986	14.00	70.00	84.00
Removal of a tooth or part(s) thereof * Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure. Refer to additional notes about multiple extractions from the same quadrant on page 8.				
311 & 311_SUB/Q	Simple removal of a tooth or part/s thereof			
311	First tooth extracted from a quadrant	26.50	131.65	158.15
311_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	17.00	82.65	99.65
314 & 314_SUB/Q	Sectional removal of a tooth – only where <u>deliberate</u> sectioning of the tooth has occurred, not where roots are fractured and subsequently elevated and removed (as such use 311/311_SUB) Bone removal may be necessary and is included in fee.			
314	First tooth extracted from a quadrant	34.00	168.10	202.10
314_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	22.50	111.05	133.55
322 & 322_SUB/Q	Surgical removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required, but where removal of bone and/or sectioning of the tooth is <u>not</u> necessary to remove the tooth			
322	First tooth extracted from a quadrant	43.00	213.65	256.65
322_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	28.50	142.30	170.80
324 & 324_SUB/Q	Surgical removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required followed by removal of bone and/or sectioning of the tooth to remove the tooth (may be removed in sections)			
324	First tooth extracted from the same quadrant	66.50	327.80	394.30
324_SUB/Q	Each subsequent tooth extracted from the same quadrant on the same day	43.50	216.40	259.90

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General Dental Scheme – GDS

		Patient Fee \$	SA Dental Pays \$	Total \$
378	Surgical removal of foreign body • Description required	23.00	115.15	138.15
411	Direct pulp capping	7.00	35.05	42.05
414	Pulpotomy	15.50	76.15	91.65
Refer to additional notes about Endodontic items and constraints on page 9				
415	Complete chemo-mechanical preparation of root canal - one canal	43.50	214.45	257.95
416	Complete chemo-mechanical preparation of root canal - each additional canal • Maximum two (2) per tooth - additional canals may not be claimed	20.50	102.45	122.95
417	Root canal obturation - one canal	42.00	209.30	251.30
418	Root canal obturation - each additional canal • Maximum two (2) per tooth - additional canals may not be claimed	20.00	97.65	117.65
455	Additional visit for irrigation and/or dressing of the root canal system - per tooth • May be used when dressing a tooth where root canal treatment has already been commenced • Maximum two (2) per tooth	21.50	105.80	127.30
* Refer to additional notes about restorative item numbers on page 8				
511	Metallic restoration - one surface - direct	21.00	104.55	125.55
512	Metallic restoration - two surfaces - direct	26.00	127.90	153.90
513	Metallic restoration - three surfaces - direct	31.00	152.75	183.75
514	Metallic restoration - four surfaces - direct	35.00	174.45	209.45
515	Metallic restoration - five surfaces - direct	40.00	199.05	239.05
521	Adhesive restoration - one surface - anterior tooth - direct	23.50	115.60	139.10
522	Adhesive restoration - two surfaces - anterior tooth - direct	28.50	140.35	168.85
523	Adhesive restoration - three surfaces - anterior tooth – direct	33.50	166.45	199.95
524	Adhesive restoration - four surfaces - anterior tooth - direct	39.00	192.10	231.10
525	Adhesive restoration - five surfaces - anterior tooth - direct	45.50	226.05	271.55

General Dental Scheme – GDS

		Patient Fee \$	SA Dental Pays \$	Total \$
531	Adhesive restoration - one surface - posterior tooth - direct	25.00	123.60	148.60
532	Adhesive restoration - two surfaces - posterior tooth – direct	31.50	155.05	186.55
533	Adhesive restoration - three surfaces - posterior tooth - direct	37.50	186.75	224.25
534	Adhesive restoration - four surfaces - posterior tooth - direct	42.50	210.05	252.55
535	Adhesive restoration - five surfaces - posterior tooth – direct	49.00	242.65	291.65
575	<p>Pin retention - per pin</p> <ul style="list-style-type: none"> Maximum two (2) claimable per anterior or premolar restoration Maximum four (4) claimable per molar restoration <p>May be claimed in addition to all restorative items</p>	5.50	28.40	33.90
577	<p>Cusp capping - per cusp</p> <ul style="list-style-type: none"> Maximum two (2) per premolar restoration Maximum four (4) per molar restoration <p>Not claimable for anterior restorations</p>	6.00	30.60	36.60
596	Recementing of inlay/onlay	16.00	79.35	95.35
651	Recementing crown or veneer	21.00	103.25	124.25
652	<p>Recementing bridge or splint - per abutment</p> <p>Maximum two (2) per bridge/splint</p>	20.50	100.85	121.35
911	<p>Palliative care</p> <ul style="list-style-type: none"> Must have a concise description when claiming this item e.g. an item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. <p>“Palliative care” does not adequately describe what treatment was provided - an example of an adequate description would be “excision and drainage of abscess associated with 12”</p> <ul style="list-style-type: none"> Not claimable if description for 911 is associated with other items claimed at the same visit. Not claimable - denture treatment 	14.00	68.45	82.45
927_AB	<p>Provision of antibiotic cover for prophylactic covers</p> <p>Claimable only for the provision of a prescription for <u>prophylactic antibiotic cover</u> for dental treatment – MUST record medical condition as description</p>	0.00	33.15	33.15
961	<p>Minor occlusal adjustment – one per visit</p> <ul style="list-style-type: none"> May only be claimed if the occlusal adjustment in no way relates to any other treatment/procedure claimed at the same visit Not claimable for denture procedure e.g. eases <p>Please specify tooth number.</p>	14.00	68.45	82.45

General Dental Scheme – GDS

		Patient Fee \$	SA Dental Pays \$	Total \$
981	<p>Splinting and stabilisation – direct – per splint</p> <ul style="list-style-type: none"> Used to describe splinting and stabilisation required not resulting from trauma (e.g. periodontally involved). <u>Maximum one</u> (1) per arch– Must list teeth involved in splint 	19.50	97.20	116.70
986	<p>Post-operative care not otherwise included</p> <ul style="list-style-type: none"> A concise description must be provided when claiming this item <p>“Post-operative care not otherwise included” does not adequately describe what treatment was provided - an example of an adequate description would be “treatment of dry-socket using chlorhexidine irrigation and Alvogyl placed”</p> <ul style="list-style-type: none"> Not claimable if description for 986 is associated with other items claimed at the same tooth at the same visit Not claimable - denture treatment 	0.00	84.95	84.95

Public Denture Scheme (PDS)

Important Notes

NEW DENTURES

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

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

Partial dentures will be charged and claimed per item i.e. the base and the number of teeth and retainers as provided in the construction of the denture. The denture teeth on the new partial denture are to be identified by their FDI number being circled on the PDS Claim form and retainers must also be recorded on the claim. The maximum number of retainers allowed is four (4) per partial denture.

DENTURE REPAIRS

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

The following are NOT covered via the PDS:

- 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 client or SA Dental.

MULTIPLE REPAIR SERVICES ON SAME DENTURE ON SAME DAY

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

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

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

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

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

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

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OTHER INFORMATION

- If the clinician assesses that more than 3 teeth are required to be added utilising a PDS Denture Repair form, the treatment is to be delayed and the patient is to be directed to their local SA Dental clinic for a Pros Assessment to review suitability of the involved denture for such repair vs new denture requirement. **Does not apply to Remote clients.**
- Where multiple breaks to a base of a denture occur only one repair is claimable.
- Denture adjustments are not claimable.

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Public Denture Scheme (PDS) Metropolitan Dentists

New dentures and denture relines – Metropolitan dentists

Routine/ Priority Treatment

		Patient \$	SA Dental \$	Total \$
Complete Dentures				
711	FU denture	228.50	691.00	919.50
712	FL denture	228.50	691.00	919.50
719	FU/FL denture	405.00	1,225.00	1,630.00

Denture Relines				
743	Complete denture reline	79.50	241.50	321.00
744	Partial denture reline	68.00	205.50	273.50

Partial Dentures				
721	Partial upper	104.50	316.00	420.50
722	Partial lower	104.50	316.00	420.50
731	Retainer	10.50	32.00	42.50
733	Teeth	8.50	26.50	35.00

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Public Denture Scheme (PDS) Country Dentists

New dentures and denture relines – Country dentists

Routine/ Priority Treatment

		Patient \$	SA Dental \$	Total \$
Complete Dentures				
711	FU denture	228.50	920.60	1,149.10
712	FL denture	228.50	920.60	1,149.10
719	FU/FL denture	405.00	1,632.65	2,037.65

Denture Relines				
743	Complete denture reline	79.50	321.55	401.05
744	Partial denture reline	68.00	273.95	341.95

Partial Dentures				
721	Partial upper	104.50	421.30	525.80
722	Partial lower	104.50	421.30	525.80
731	Retainer	10.50	42.60	53.10
733	Teeth	8.50	35.05	43.55

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Denture Repairs

Metropolitan and Country Dentists

Item Number & description (GST applies where indicated)		Patient Base \$	Patient GST \$	Patient Total \$	SA Dental Base \$	SA Dental GST \$	SA Dental Total \$	Total Base \$	Total GST \$	Total Fee \$
761*	Reattaching pre-existing tooth or clasp to denture	22.89	0.00	22.89	23.01	0.00	23.01	45.90	0.00	45.90
482	Reattaching pre-existing tooth or clasp to denture (laboratory component subject to GST)	63.74	6.37	70.11	64.08	6.41	70.49	127.82	12.78	140.60
(482 + 761)	Total Fee including GST			93.00			93.50			186.50
762*	Replacing or adding clasp on a denture	90.50	0.00	90.50	91.00	0.00	91.00	181.50	0.00	181.50
763*	Repairing broken base of a complete denture	22.89	0.00	22.89	23.01	0.00	23.01	45.90	0.00	45.90
484	Repairing broken base of a complete denture (laboratory component subject to GST)	63.74	6.37	70.11	64.08	6.41	70.49	127.82	12.78	140.60
(484 + 763)	Total Fee including GST			93.00			93.50			186.50
764*	Repairing broken base of a partial denture	22.89	0.00	22.89	23.01	0.00	23.01	45.90	0.00	45.90
485	Repairing broken base of a partial denture (laboratory component subject to GST)	63.74	6.37	70.11	64.08	6.41	70.49	127.82	12.78	140.60
(485 + 764)	Total Fee including GST			93.00			93.50			186.50
765*	Replacing tooth on a denture	90.50	0.00	90.50	91.00	0.00	91.00	181.50	0.00	181.50
767*	Additional repair, alteration or tooth replacement for the same denture on the same day (subject to rules described in Notes over page).	11.21	0.00	11.21	11.44	0.00	11.44	22.65	0.00	22.65
488	As above and subject to GST.	24.35	2.44	26.79	24.83	2.48	27.31	49.18	4.92	54.10
(488 + 767)	Total Fee including GST			38.00			38.75			76.75
768*	Adding tooth to partial denture to replace lost/extracted tooth or crown (once only, then claim 488+767 for second and subsequent teeth)	91.50	0.00	91.50	92.25	0.00	92.25	183.75	0.00	183.75
776*	Impression where required for denture repair (one per arch). Not for relines	27.50	0.00	27.50	28.05	0.00	28.05	55.55	0.00	55.55

Child Country Emergency Dental Scheme (CCEDS)

Overview

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

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

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

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

The cap for each payable course of emergency treatment is **\$357.80** (except where a tooth has to be replanted and splinted, when the maximum amount that can be claimed is **\$513.70** for items 88013 + 88022 + 88387). Patient fees do not apply to services provided under the CCEDS.

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

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

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

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

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Child Country Emergency Dental Scheme (CCEDS)

CDBS fees as of 1 January 2026

		Total \$
88013	Oral examination - limited Maximum one (1) per emergency care	31.80
<p>Intraoral periapical or bitewing radiograph – per exposure</p> <p>Description of radiograph and reason for radiograph must be included (e.g. PA 45 to locate periapical infection) – the radiograph must be directly related to the patient’s presenting emergency complaint as claimed on the approval form</p> <ul style="list-style-type: none"> • Maximum one (1) radiograph per presenting complaint – a second radiograph can be claimed where the patient presents with multiple complaints • Maximum two (2) radiographs in total per emergency care 		
88022	First radiograph per day. Tooth number required.	35.30
88022_SUB	Second radiograph taken on the same day as 88022	35.30
<p>Removal of a tooth or part(s) thereof</p> <p>Item 311 relates only to the extraction of a tooth - it may not be used, for example, for the removal of a fractured cusp and subsequent restoration of the remaining tooth structure</p>		
88311	- first tooth extracted from a quadrant	152.05
88316	- each subsequent tooth extracted from a quadrant on the same day	95.85
88384	Repositioning of displaced tooth/teeth – per tooth Used to describe repositioning of a tooth required after trauma	221.05
88386	Splinting of displaced tooth/teeth – per tooth Used to describe splinting and stabilisation required after trauma – for splinting for other reasons apart from trauma (e.g. perio), use item 981	228.10
88387	Replantation and splinting of a tooth/teeth The only other items claimable with 387 are 013 and 022	446.60
88392	Incision and drainage of abscess or cyst	112.20
88414	Pulpotomy	88.15
88419	Extirpation of pulp or debridement of root canal(s) - emergency or palliative Maximum one (1) per tooth	159.75

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Child Country Emergency Dental Scheme

		Total \$
88511	Metallic restoration - one surface - direct	120.70
88512	Metallic restoration - two surfaces - direct	148.05
88513	Metallic restoration - three surfaces - direct	176.65
88514	Metallic restoration - four surfaces - direct	201.35
88515	Metallic restoration - five surfaces - direct	229.85
88521	Adhesive restoration - one surface - anterior tooth - direct	133.70
88522	Adhesive restoration - two surfaces - anterior tooth - direct	162.30
88523	Adhesive restoration - three surfaces - anterior tooth - direct	192.25
88524	Adhesive restoration - four surfaces - anterior tooth - direct	222.20
88525	Adhesive restoration - five surfaces - anterior tooth - direct	261.10
88531	Adhesive restoration - one surface - posterior tooth - direct	142.75
88532	Adhesive restoration - two surfaces - posterior tooth - direct	179.25
88533	Adhesive restoration - three surfaces - posterior tooth - direct	215.50
88534	Adhesive restoration - four surfaces - posterior tooth - direct	242.90
88535	Adhesive restoration - five surfaces - posterior tooth - direct	280.50
88575	Pin retention - per pin Maximum two (2) claimable per anterior or premolar restoration Maximum four (4) claimable per molar restoration May be claimed in addition to all restorative items	32.45
577	Cusp capping - per cusp Maximum two (2) per premolar restoration Maximum four (4) per molar restoration Not claimable for anterior restorations	36.60
88911	Palliative care <ul style="list-style-type: none"> • Must have a concise description when claiming this item e.g. an item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. <p>“Palliative care” does not adequately describe what treatment was provided - an example of an adequate description would be “excision and drainage of abscess associated with 12”</p> <ul style="list-style-type: none"> • Not claimable if description for 911 is associated with other items claimed at the same visit. 	79.20
927	Provision of medication/medicament Claimable only if no other items apart from 013 and 022 are claimed	33.15

For more information

SA Dental

Schemes Unit

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