

Dental table of costs
Effective 1 July 2019

Service	Descriptor	Insurer prior approval required ¹	Item number	Fee – GST not included ¹
Comprehensive Oral Examination (ADA 011)	Evaluation of all teeth, their supporting tissues and the oral tissues in order to record the current condition of these structures. This evaluation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.	Yes	200011	Your usual practice fee
Periodic Oral Examination (ADA 012)	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic examination. Usual practice fee applies.	Yes	200012	Your usual practice fee
Oral Examination - limited (ADA 013)	A limited problem-focused oral evaluation carried out immediately prior to required treatment. This evaluation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.	Yes	200013	Your usual practice fee
Consultation (<30 minutes) (ADA 014)	A consultation to seek advice or discuss treatment options regarding a specific dental or oral condition. This consultation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.	Yes	200014	Your usual practice fee
Consultation - Extended (>30 Minutes) (ADA 015)	An extended consultation to seek advice or discuss treatment options about a specific dental or oral complaint. This consultation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.	Yes	200015	Your usual practice fee

Intraoral Periapical or Bitewing Radiograph (ADA 022)	Taking and interpreting a radiograph made with the film inside the mouth. Usual practice fee per exposure applies.	Yes	200022	Your usual practice fee
Intraoral Radiograph Occlusal, Maxillary, Mandibular (ADA 025)	Taking and interpreting an occlusal, maxillary or mandibular intraoral radiograph. This radiograph shows a more extensive view of teeth and maxillary or mandibular bone. Can be used to show maxillary sinuses. Usual practice fee per exposure applies.	Yes	200025	Your usual practice fee
Panoramic Radiograph (OPG) (ADA 037)	Taking and interpreting an extraoral radiograph presenting a panoramic view of part or all of the mandible and/or the maxilla and/or adjacent structures. Usual practice fee per exposure applies.	Yes	200037	Your usual practice fee
Diagnostic Model (ADA 071)	The preparation of a model from an impression. The model is used for examination and treatment planning procedures. This item should not be used to describe a working model. Usual practice fee per model applies.	Yes	200071	Your usual practice fee
Removal of a Tooth or Part(s) thereof (ADA 311)	A procedure consisting of the removal of a tooth or part(s) thereof. Usual practice fee applies.	Yes	200311	Your usual practice fee
Sectional Removal of a Tooth (ADA 314)	The removal of a tooth in sections. Bone removal may be necessary. Usual practice fee applies.	Yes	200314	Your usual practice fee
Surgical Removal Of A Tooth Or Fragment Not Requiring Removal Of Bone Or Tooth Division (ADA 322)	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division (ADA 322). Removal of a tooth or a tooth fragment, where an incision of the mucosa and the raising of a mucoperiosteal flap is required, but where the removal of bone or sectioning of the tooth is not necessary to remove the tooth. Usual practice fee applies.	Yes	200322	Your usual practice fee
Surgical Removal Of A Tooth Or Tooth Fragment Requiring Removal Of Bone (ADA 323)	Removal of a tooth or tooth fragment where removal of bone is required after an incision has been made and a mucoperiosteal flap raised. Usual practice fee applies.	Yes	200323	Your usual practice fee

Fracture Maxilla Or Mandible - Not Requiring Splinting (ADA 352)	Conservative treatment of a fracture of the maxilla or mandible where there is no marked displacement or mobility of the fragments. No physical reduction or fixation is required. Usual practice fee applies.	Yes	200352	Your usual practice fee
Replantation and Splinting of a Tooth (ADA 387)	Replantation of a tooth which has been avulsed or intentionally removed. It may be held in the correct position by splinting. Usual practice fee applies.	Yes	200387	Your usual practice fee
Control Of Reactionary Or Secondary Post-Operative Haemorrhage (ADA 399)	This procedure describes the control of reactionary or secondary post-operative haemorrhage. Usual practice fee applies.	Yes	200399	Your usual practice fee
Direct Pulp Capping (ADA 411)	A procedure where an exposed pulp is directly covered with a protective dressing or cement. Usual practice fee applies.	Yes	200411	Your usual practice fee
Extirpation Of Pulp Or Debridement Of Root Canal(S) - Emergency Or Palliative (ADA 419)	The partial or thorough removal of pulp and/or debris from the root canal system of a tooth. This is an emergency or palliative procedure distinct from visits for scheduled endodontic treatment. Temporization, other than the closure of an access cavity, should be itemised separately. Usual practice fee applies.	Yes	200419	Your usual practice fee
Additional Visit For Irrigation And/OR Dressing Of The Root Canal System - Per Tooth (ADA 455)	Additional debridement irrigation and short-term dressing required where evidence of infection or inflammation persists following prior opening of the root canal and removal of its contents. Usual practice fee applies.	Yes	200455	Your usual practice fee
Metallic Restoration - One Surface - Direct (ADA 511)	Direct metallic restoration involving one surface of a tooth. Usual practice fee applies.	Yes	200511	Your usual practice fee
Metallic Restoration - Two Surfaces - Direct (ADA 512)	Direct metallic restoration involving two surfaces of a tooth. Usual practice fee applies.	Yes	200512	Your usual practice fee
Complete Maxillary Denture (ADA 711)	Provision of a removable dental prosthesis replacing the natural teeth and adjacent tissues in the maxilla. Usual practice fee applies.	Yes	200711	Your usual practice fee
Complete Mandibular Denture (ADA 712)	Provide a removable dental prosthesis replacing the natural teeth and adjacent tissues in the lower jaw mandible. Usual practice fee applies.	Yes	200712	Your usual practice fee

Partial Maxillary Denture - Resin Base (ADA 721)	Provision of a resin base for a removable dental prosthesis for the maxilla where some natural teeth remain. Other components of the denture such as teeth, rests, retainers and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.	Yes	200721	Your usual practice fee
Partial Mandibular Denture - Resin Base (ADA 722)	Provision of a resin base for a removable dental prosthesis for the mandible where some natural teeth remain. Other components of the denture such as teeth, rests, retainers and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.	Yes	200722	Your usual practice fee
Partial Mandibular Denture - Cast Metal Framework (ADA 728)	Provision of the framework for a removable dental prosthesis made with a cast metal, which usually incorporates the clasps and retainers, on which to replace teeth from the mandible where some natural teeth remain. Other components of the denture such as teeth, retainers or rests and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.	Yes	200728	Your usual practice fee
Retainer - per Tooth (ADA 731)	A retainer or attachment to a tooth to aid retention of a partial denture. The number of retainers should be indicated. Usual practice fee applies.	Yes	200731	Your usual practice fee
Occlusal Rest - per Rest (ADA 732)	A unit of partial denture that rests upon a tooth surface to provide support for the denture. The number of rests should be indicated. Usual practice fee per rest applies.	Yes	200732	Your usual practice fee
Tooth/Teeth (Partial Denture) (ADA 733)	An item to describe each tooth added to the base of new partial denture. The number of teeth should be indicated. Usual practice fee applies.	Yes	200733	Your usual practice fee
Repairing Broken Base of a Partial Denture (ADA 764)	Repair, insertion and adjustment of a broken resin partial denture base. Usual practice fee applies.	Yes	200764	Your usual practice fee
Adding Tooth To Partial Denture To Replace An Extracted Or Decoronated Tooth - Per Tooth (ADA 768)	Modification, insertion and adjustment of a partial denture involving an addition to accommodate the loss of a natural tooth or its coronal section. Usual practice fee applies.	Yes	200768	Your usual practice fee

Impression - Dental Appliance Repair/ Modification (ADA 776)	An item to describe taking an impression where required for the repair or modification of a dental appliance. Usual practice fee applies.	Yes	200776	Your usual practice fee
Palliative Care (ADA 911)	An item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. Usual practice fee applies.	Yes	200911	Your usual practice fee
Provision Of Medication/ Medicament (ADA 927)	An additional item to describe the actual supply, prescription or administration of appropriate medications and medicaments required for dental treatments. Usual practice fee applies.	Yes	200927	Your usual practice fee
Complete Forms (Sent With Request) - For Treating Dental Practitioners To Provide Basic Information	Complete forms (sent with request) - for treating dental practitioners to provide basic information as set out in forms provided by the insurer. The treating dental practitioner is to indicate the need for telephone contact or a full report if additional pertinent information is available. Basic fee payable for each form completed. Usual practice fee applies.	At the request of the insurer	210001	Your usual practice fee
Short Report	Short report - written in response to a request for specific information - e.g. a statement of attendance, history, diagnosis, record of visits, including results of an investigation. These reports should only address the information requested but should include any comments necessary to make the position clear to a lay person such as a claims officer. Expected length is half page to one page. Received by insurer within 10 working days. Usual practice fee applies.	At the request of the insurer	210002	Your usual practice fee

Basic Report	Basic report - includes summing up and an opinion helpful to the insurer. A basic report should include all of the relevant items listed in the outline for the short report and also a case summary. Details would only be given where this assists in determining the merits of a claim, establishing a need for a particular line of treatment or rehabilitation, understanding the development of the condition and the prognosis, or clarifying early treatment and return to work goals. Expected length is one to two pages. Received by insurer within 10 working days. Usual practice fee applies.	At the request of the insurer	210005	Your usual practice fee
Substantial Report	Substantial report - includes extensive research or case discussion and opinion helpful to the insurer or assessment of impairment on request; or if the claim is rejected, to compensate for clinical input to the report. To qualify as substantial, a report must include, in addition to the case summary and comments required for a basic report, at least one of the following: an assessment of impairment at the insurer's request, a report on an injury where the claim is subsequently rejected as a result of the report, evidence of extensive research into clinical, technical or scientific papers, considerable case discussion outlining the merits of the claim, or advice on the future management of the case which assists the insurer and/or rehabilitation providers to manage the claim. Received by insurer within 10 working days. Usual practice fee applies.	At the request of the insurer	210008	Your usual practice fee

Expert Specialist Opinion	Expert specialist opinion - includes above elements essential to the insurer in determining or managing claims. To attract the fee for an expert specialist report there should be evidence of two or more of the requirements for a substantial report, or the preparation of a report of a medico-legal standard for use by a medical assessment tribunal or a court. Expected length is three or more pages. Note: only to be paid to specialists. Received by insurer within 10 working days. Usual practice fee applies.	At the request of the insurer	210011	Your usual practice fee
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† Rates do not include GST. Check with the Australian Taxation Office if GST should be included.

Who can provide dental services to injured workers?

All dental services performed must be provided by a Dentist who has a current registration with the Dental Board of Australia.

Service conditions

Services provided to injured workers are subject to the following conditions:

- **Urgent and immediate treatment** – where the dental injury sustained by the worker requires urgent and immediate treatment, the practitioner does not need to obtain prior approval from the insurer. This treatment is limited to relieving acute dental pain and immediate symptoms—extractions, sedative dressings and suturing of oral soft tissue injuries.
- **Services not covered by this table of costs** – due to the diversity of dental services, there may be other dental items and expenses not covered in this document. The practitioner must negotiate these services with the insurer and receive written approval before commencing treatment.
- **Follow-up treatment** – if the item for follow-up dental treatment appears in this table of costs, the practitioner does not need prior approval from the insurer.
- **Workers' compensation certificate** – the injured worker must have a current workers' compensation certificate to cover any dental services provided. If the injury is dental or oral only, the Dentist may issue a workers' compensation certificate to certify if the injury is work-related. If the injury is of a non-dental nature the certificate must be issued by a medical practitioner or nurse practitioner.

Telehealth services

Telehealth services are only related to video consultations. Phone consultations are not covered under the current Table of Costs.

The following should be considered prior to delivering the service:

- Providers must consider the appropriateness of this mode of service delivery for each worker on a case-by-case basis i.e. the principles and considerations of good clinical care continue to be essential in telehealth services.
- Providers are responsible for delivering telehealth services in accordance with the principles of professional conduct and the relevant professional and practice guidelines to ensure that all care is taken to ensure the privacy, confidentiality, safety, appropriateness and effectiveness of the service.
- As with any consultation, it is important to provide sufficient information to enable workers to make informed decisions regarding their care.
- All telehealth services require prior approval from the insurer and must be consented to by all parties – the worker, provider and insurer.

For billing purposes telehealth services do not have specific item codes and should be invoiced in line with the current item codes and descriptors in each Table of Costs.

“Telehealth” must be noted in the comments section on any invoice submitted to the insurer when this service has been utilised.

Reports

The following notes are designed to assist practitioners to prepare and submit reports which achieve the best outcomes for all concerned.

- Typed reports are best, including the written request for approval to conduct follow-up dental treatment. Reports should be as clear and as informative as possible. When insurers evaluate the report against the fee charged, they consider its usefulness for determining liability, assessing incapacity, or whether rehabilitation or other special services are needed to manage the claim.
- Delays in determining liability or the need for treatment or rehabilitation add considerably to the total costs of claims. As an incentive for early replies to requests for dental reports, a staged fee schedule based on time has been developed. The date the request was received will be the date from which the insurer will calculate the time taken to reply.
- The date of examination of the worker will be the date from which the insurer will calculate the time taken for reports associated with independent dental assessments (examination and report).
- In general, reports delayed longer than six (6) weeks are of little use to the insurer and will not be paid for without prior approval from the insurer.
- If an insurer requests an independent dental assessment (examination and report), they will always pay the fee for the examination. However, if the insurer does not receive the report within six (6) weeks of the examination, the insurer will not pay for the report unless they have given their prior approval.
- The insurer will only pay for non-requested reports at the base rate—provided they are satisfied the report is of value to them.
- Where the insurer requests a report from the treating Dentist and subsequently rejects the claim, the insurer will pay the appropriate report fee to compensate for the clinical input necessary to provide the report.
- The 'expected length' is given as a guide only—this is not a measure of the report's value.

Assistance

Contact the relevant insurer for claim related information such as:

- payment of invoices and account inquiries
- claim numbers/status
- rehabilitation status
- approval of Provider management plans

For a current list of insurers and for more information on the Table of Costs, visit www.worksafe.qld.gov.au or call 1300 362 128.