WorkCover QUEENSLAND

Dental Services Table of Costs

Effective 1 July 2023

Dental Services Table of Costs

Quick reference table - Common Item Numbers

ITEM NUMBER	DESCRIPTION (HIGH LEVEL)	INSURER PRIOR APPROVAL REQUIRED	FEE – GST NOT INCLUDED
200011	Comprehensive Oral Examination	Yes	Usual practice fee
200012	Periodic Oral Examination	Yes	Usual practice fee
200013	Oral Examination – Limited	Yes	Usual practice fee
200014	Consultation (<30 minutes)	Yes	Usual practice fee
200015	Consultation - Extended (>30 minutes)	Yes	Usual practice fee
210001	Complete Forms (*sent with request*) for Treating Dental Practitioners to Provide Basic Information	At insurer request	Usual practice fee
210002	Short report	At insurer request	Usual practice fee
210005	Basic report	At insurer request	Usual practice fee

ITEM NUMBER / SERVICE	DESCRIPTION
200011 Comprehensive Oral Examination (ADA 011) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Evaluation of all teeth, their supporting tissues, and the oral tissues to record the current condition of these structures. This evaluation includes recording an appropriate oral and medical history and any other relevant information. Usual practice fee applies.
200012 Periodic Oral Examination (ADA 012) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An evaluation performed on a patient of record to determine any changes in the patient's oral and medical health status since a previous comprehensive or periodic examination. Usual practice fee applies.
200013 Oral Examination – Limited (ADA 013) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A limited evaluation of the dentition, mouth and associated structures performed on a patient. This may be for a specific oral health problem or complaint. This evaluation includes recording an appropriate oral and medical history and any other relevant information. Usual practice fee applies.
200014 Consultation (<30 Minutes) (ADA 014) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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.

ITEM NUMBER / SERVICE	DESCRIPTION
200015 Consultation - Extended (30 Minutes) (ADA 015) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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.
200022 Intraoral Periapical or Bitewing Radiograph (ADA 022) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting a radiograph made with the film inside the mouth. Usual practice fee per exposure applies.
200025 Intraoral Radiograph - Occlusal, Maxillary, Mandibular (ADA 025) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting an occlusal, maxillary, or mandibular intraoral radiograph. This radiograph shows a more extensive view of teeth and maxillary or mandibular bone. Usual practice fee per exposure applies.
200037 Panoramic Radiograph (OPG) (ADA 037) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting an extraoral radiograph presenting a panoramic view of part or all the mandible and/or the maxilla and/or adjacent structures. Usual practice fee per exposure applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200071 Diagnostic Model (ADA 071) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	The preparation of a model from an impression or digital data. 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.
200311 Removal of a Tooth or Part(s) Thereof (ADA 311) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A procedure consisting of the removal of a tooth or part(s) thereof. Usual practice fee applies.
200314 Sectional Removal of a Tooth or Part(s) Thereof (ADA 314) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	The removal of a tooth or part(s) thereof in sections. Bone removal may be necessary. Usual practice fee applies.
200322 Surgical Removal of a Tooth or Fragment Not Requiring Removal of Bone or Tooth Division (ADA 322) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap are required, but where removal of bone or sectioning of the tooth is not necessary to remove the tooth. Usual practice fee applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200323 Surgical Removal of a Tooth or Tooth Fragment Requiring Removal of Bone (ADA 323) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Removal of a tooth or tooth fragment where removal of bone is required after an incision and the raising of a mucoperiosteal flap.
200352 Fracture of Maxilla or Mandible - Not Requiring Fixation (ADA 352) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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.
200387 Replantation and Splinting of a Tooth (ADA 387) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Replantation of a tooth that has been avulsed or intentionally removed. It may be held in the correct position by splinting. Usual practice fee applies per tooth.
200399 Control of Reactionary or Secondary Post-Operative Haemorrhage (ADA 399) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	This procedure describes the control of reactionary or secondary post-operative haemorrhage. Usual practice fee applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200411 Direct Pulp Capping (ADA 411) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A procedure where an exposed pulp is directly covered with a protective dressing or cement. Usual practice fee applies.
200419 Extirpation of Pulp or Debridement of Root Canal(S) - Emergency or Palliative (ADA 419) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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. Temporisation, other than the closure of an access cavity, should be itemised separately. Usual practice fee applies.
200455 Additional Visit for Irrigation and/or Dressing of the Root Canal System (ADA 455) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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 per tooth.
200511 Metallic Restoration - One Surface - Direct (ADA 511) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Direct metallic restoration involving one surface of a tooth. Usual practice fee applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200512 Metallic Restoration - Two Surfaces - Direct (ADA 512) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Direct metallic restoration involving two surfaces of a tooth. Usual practice fee applies.
200513 Any Prosthodontic Service (ADA 611-ADA 779) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of any service from the Prosthodontics chapter of The Australian Schedule of Dental Services and Glossary 13th edition. Usual practice fee applies.
200711 Complete Maxillary Denture (ADA 711) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a patient removable dental prosthesis replacing the natural teeth and adjacent tissues in the maxilla. Usual practice fee applies.
200712 Complete Mandibular Denture (ADA 712) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a patient removable dental prosthesis replacing the natural teeth and adjacent tissues in the mandible. Usual practice fee applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200721 Partial Maxillary Denture - Resin Base (ADA 721) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a resin base for a patient 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.
200722 Partial Mandibular Denture - Resin Base (ADA 722) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a resin base for a patient 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.
200728 Partial Mandibular Denture - Cast Metal Framework (ADA 728) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of the framework for a patient removable dental prosthesis made with a cast metal on which to replace teeth from 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.
200731 Retainer (ADA 731) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A retainer or attachment fitted to a tooth to aid retention of a partial denture. The number of retainers should be indicated. Usual practice fee per tooth applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200732 Occlusal Rest (ADA 732) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A unit of partial denture that rests upon a tooth surface to provide support for the denture. The number of rests used should be indicated. Usual practice fee per rest applies.
200733 Tooth/Teeth (Partial Denture) (ADA 733) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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.
200764 Repairing Broken Base of a Partial Denture (ADA 764) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Repair, insertion, and adjustment of a broken resin partial denture base. Usual practice fee applies.
200768 Adding Tooth to Partial Denture to Replace an Extracted or Decoronated Tooth (ADA 768) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	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 per tooth applies.

ITEM NUMBER / SERVICE	DESCRIPTION
200776 Impression - Dental Appliance Repair/ Modification (ADA 776) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An item to describe taking an impression where required for the repair or modification of a dental appliance. Usual practice fee applies.
200911 Palliative Care (ADA 911) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An item to describe interim care to relieve pain, infection, bleeding, or other problems not associated with other treatment. Usual practice fee applies.
200927 Provision of Medication/Medicament (ADA 927) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An additional item to describe the actual supply, prescription or administration of appropriate medications and medicaments required for dental treatments. Usual practice fee applies.
210001 Complete Forms (sent with request) - For Treating Dental Practitioners to Provide Basic Information **Insurer prior approval required** At the request of the insurer **Fee – GST not included**[1] Your usual practice fee	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 phone contact or a full report if additional pertinent information is available. Basic fee payable for each form completed. Usual practice fee applies.

ITEM NUMBER / SERVICE		DESCRIPTION
210002 Short Report **Insurer prior approval required** **Fee – GST not included**[1]	At the request of the insurer Your usual practice fee	A 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 case manager. Expected length is half a page to one (1) page. Received by insurer within 10 working days. Usual practice fee applies.
210005 Basic Report **Insurer prior approval required** **Fee – GST not included**[1]	At the request of the insurer Your usual practice fee	A basic report includes summing up and an opinion helpful to the insurer. A basic report should include all the relevant items listed in the outline for the short report and 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 (1) to two (2) pages. Received by insurer within 10 working days. Usual practice fee applies.
210008 Substantial Report **Insurer prior approval required** **Fee – GST not included**[1]	At the request of the insurer Your usual practice fee	A 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 a work-related injury or condition where the claim is subsequently rejected because 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.

ITEM NUMBER / SERVICE		DESCRIPTION
210011 Expert Specialist Opinion		An expert specialist opinion includes the 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 (3) or more pages. Note: only to be paid to specialists. Received by insurer within 10 working days. Usual practice fee applies.
Insurer prior approval required	At the request of the insurer	
Fee – GST not included[1]	Your usual practice fee	

1. Rates do not include GST. Check with the Australian Taxation Office or your tax advisor if GST is applicable.

Who can provide dental services to workers?

All dental services performed must be provided by a dentist who has a current registration with the Australian Health Practitioner Regulation Agency (AHPRA) https://www.ahpra.gov.au/

Telehealth services

Telehealth services relate to video consultations only. Phone consultations are not covered under the current table of costs.

The following should be considered prior to delivering telehealth services:

- 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 invoicing purposes, telehealth services do not have specific item numbers and should be invoiced in line with the current item numbers and descriptors in the above table of costs.

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

Service conditions

Services provided to workers are subject to the following conditions:

- **Urgent and immediate treatment that has a causal link to the work-related injury or condition** – where the dental injury sustained by the worker requires urgent and immediate treatment, the dental 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 dental practitioner must negotiate these services with the insurer and receive written approval before commencing treatment. All requested services must align to The Australian Schedule of Dental Services and Glossary 13th edition.
- **Follow-up treatment** – if the item for follow-up dental treatment appears in this table of costs, the dental practitioner does not need prior approval from the insurer.
- **Workers' compensation certificate –** the worker must have a current workers' compensation certificate to cover any dental services provided. If the work-related injury or condition is dental or oral only, the dentist may issue a workers' compensation certificate to certify if the injury is work-related. If the work-related injury or condition is of a non-dental nature the certificate must be issued by a medical practitioner or nurse practitioner.

When transitioning between pre-approved and prior approved services, it is recommended that you contact the insurer for clarification on what (if any) restrictions may apply.

The insurer will not pay a fee for the completion of a Provider Management Plan (PMP).

For an accepted claim, the insurer will pay the cost of an initial consultation, however not for an initial and subsequent consultation on the same day unless in exceptional circumstances, as approved by the insurer.

A provider cannot bill for multiple initial consultations or multiple subsequent consultations for the same claimant on the same day.

Reports (Item numbers 210002, 210005, 210008, 210011)

The following notes are designed to assist dental 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 three (3) 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.

Rehabilitation and return to work

Rehabilitation is defined under section 40 of the *Workers' Compensation and Rehabilitation Act 2003* (the Act) as follows:

> **40 Meaning of rehabilitation**
> (1) Rehabilitation, of a worker, is a process designed to–
> (a) ensure the worker's earliest possible return to work; or
> (b) maximise the worker's independent functioning.

Primarily, the purpose of rehabilitation is to return the worker to their pre-injury duties and pre-injury employer.

Sometimes this is not feasible because of the worker's injury and/or medical restrictions and the demands of the pre-injury duties. In this case, the secondary purpose of rehabilitation is to return the worker to other suitable duties with the pre-injury employer. If this is not possible, the worker may be offered suitable duties with a different employer (sometimes described as a host employer).

If the worker has ongoing or predicted impairment and/or medical restrictions, and the demands of the pre-injury duties are beyond the worker's capabilities, the primary purpose of rehabilitation becomes to permanently return the worker to other suitable duties with the pre-injury employer. If this is not feasible, the worker may be returned to work on other suitable duties with a different employer.

If the extent of an injury means return to work is inappropriate, the purpose of rehabilitation is then to maximise the worker's independent functioning.

Treatment standards and expectations

When treating a worker with a work-related injury or condition, the provider should, where appropriate:

- Deliver outcome-focused and goal-orientated services, which are focused on achieving maximum function and safely returning the worker to work.
- Goals should be SMART- (S Specific. M Measurable. A Attainable or assignable. R Realistic. T Time-related) measures
- Consider biopsychosocial factors that may influence the injured worker's return to work.
- Advise and liaise with the relevant treating practitioners and insurer.
- Keep detailed, appropriate, up-to-date treatment records and any relevant information obtained in the service delivery.
- Ensure that the worker has given their written authority prior to the exchange of information with third parties other than the referrer.
- Be accountable for the services provided, ensuring those services incurred for the work-related injury or condition are reasonable.
- Maintain practice competencies relevant to the provider's profession and the delivery of services within the Queensland workers' compensation environment.

Note: long-term maintenance therapy is generally not supported unless sustained improvement in function can be demonstrated.

General guidance on payment for services

This table of costs sets out the maximum fees payable by the insurer for the applicable services. This table of costs applies to all work-related injury or condition claims whether insured through WorkCover Queensland

or a self-insured employer. The maximum fees in this schedule apply to services provided on or after 1 July 2023. The related injury or condition may have been sustained before, on or after this date.

The purpose of the services outlined in this table of costs is to enable injured workers to receive timely and quality medical and rehabilitation services to maximise the worker's independent functioning and to facilitate their return to work as soon as it is safe to do so. WorkCover Queensland or the self-insurer will periodically review a worker's treatment and services to ensure they remain reasonable having regard to the worker's injury or condition.

The insurer expects the fees for services to be reasonable and in line with this table of costs. Systems are in place to ensure compliance with invoicing and payment rules. Any non-compliant activities will be addressed with providers. Compliance actions may range from providing educational information to assist providers in understanding their responsibilities and the insurer's expectations, to criminal penalties for fraud. The insurer also reserves the right to refer misconduct to the relevant professional body, council, or complaints commission.

The worker's compensation claim must have been accepted by the insurer for the injury or condition being treated. If the application for compensation is pending or has been rejected, the responsibility for payment for any services provided is a matter between the provider and the worker (or the employer, where services have been requested by a Rehabilitation and Return to Work Coordinator).

The insurer will not pay for appointments where a worker fails to attend or cancels a scheduled appointment.

All invoices should be sent to the relevant insurer for payment. Check whether the worker is employed by a self-insured employer, or an employer insured by WorkCover Queensland.

Identify the appropriate item in the table of costs for services or treatment provided. The insurer will only consider payment for services or treatments for the work-related injury or condition, not other pre-existing conditions. Insurers will not pay for general communication such as receiving and reviewing referrals.

All hourly rates are to be charged at pro-rata where applicable e.g., for a 15-minute consultation/service charge one quarter (¼) of the hourly rate. All invoices must include the time taken for the service as well as the fee.

Fees listed in the table of costs do not include GST. The provider is responsible for incorporating any applicable GST on taxable services/supplies into the invoice. Refer to a taxation advisor or the Australian Taxation Office for assistance if required.

Self-insurers require separate tax invoices for services to individual workers. WorkCover Queensland will accept invoicing for more than one worker on a single invoice.

Accounts for treatment must be sent to the insurer promptly, and within two (2) months after the treatment is completed.

To ensure payment, the invoice must contain the following information:
- the words 'Tax Invoice' stated prominently
- practice details and Australian Business Number (ABN)
- invoice date
- worker's name, residential address, and date of birth
- worker's claim number (if known)

- worker's employer name and place of business
- referring medical practitioner's or nurse practitioner's name
- date of each service
- item number/s and treatment fee
- a brief description of each service delivered, including areas treated
- the name of the provider who provided the service.

Further 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.

More information for service providers is available on our website together with the current list of self-insured employers. If you require further information, call us on 1300 362 128.

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