The Australian Government

Department of Health and Ageing

Medicare Benefits Schedule
Dental Services

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In cases of discrepancy the legislation will be the source document for the payment of Medicare benefits.**

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GLOSSARY

Term	Definition
Bulk billing	Where the patient assigns his/her Medicare benefit to the dental practitioner, who then seeks payment for the service from Medicare Australia. The dental practitioner accepts the Medicare benefit payable to the patient as full payment for the service and is not able (by law) to charge the patient a co-payment.
Chronic condition	A medical condition that has been or is likely to be present for at least six months including, but not limited to, asthma, cancer, cardiovascular illness, diabetes mellitus, arthritis, mental illness, musculoskeletal conditions and stroke. Relates to the GP Management Plan item (see below).
Complex care needs	A patient is considered to have complex care needs if they require ongoing care from a multidisciplinary team consisting of their GP and at least two other health or care providers. Relates to the Team Care Arrangements item (see below).
Dental practitioner	A generic reference to dentists, dental specialists and dental prosthetists used for the purposes of this book.
Dental specialist	Endodontist, Orthodontist, Oral and Maxillofacial Surgeon, Periodontist, Paedodontist (also known as Pedeodontist and Pedodontist), Prosthodontist, Specialist in Oral Medicine and/or Oral Pathology, Dento-maxillofacial Radiologist, Oral Surgeon, or Special Needs Dentist.
DVA	Department of Veterans' Affairs
Extended Medicare Safety Net (EMSN)	Applies to all out-of-hospital services under Medicare, including medical, dental and allied health services. It is intended to protect patients and their families against high out-of-pocket costs on these services. For more information, see page 13.
General practitioner (GP)	A generic reference to medical practitioners (including a general practitioner, but not including a specialist or consultant physician).
GP Management Plan (GPMP)	Refers to Medicare item 721 (or review item 725). Involves a GP preparing a management plan for a patient with a chronic or terminal medical condition. Must be claimed with a TCA item (see below) before a patient can be referred by a GP for dental services.

MBS	Medicare Benefits Schedule
Medicare benefit/rebate	The amount paid by Medicare Australia to the patient (or the dental practitioner if bulk billed) for the service. The actual amount payable will sometimes vary from the benefit level printed in the Medicare Benefits Schedule, depending on whether the patient has reached their Extended Medicare Safety Net threshold and/or their limit of $4,250 in dental benefits.
Medicare dental item	These are listed on pages 24-65. Includes the Medicare item number, descriptor, any limits, and the Medicare benefit for the service.
Out-of-pocket costs	The patient's financial contribution to the cost of the service, ie the difference between the amount charged by the dental practitioner and the Medicare benefit paid to the patient. Some out-of-pocket costs are covered by the Extended Medicare Safety Net.
Referral form	*Referral Form for Dental Services under Medicare* provided by the Department of Health and Ageing. For more information, see page 17.
Team Care Arrangements (TCA)	Refers to Medicare item 723 (or review item 727). Involves a GP coordinating multidisciplinary care for a patient with a chronic or terminal medical condition where the patient requires ongoing care from a team of at least two other health or care providers. Must be claimed with a GPMP item (see above) before a patient can be referred by a GP for dental services.

EXPLANATORY NOTE N.1: HOW TO USE THE MEDICARE DENTAL ITEMS

1. Overview

This book sets out the new Medicare arrangements for the provision of dental services to people with chronic medical conditions and complex care needs.

These arrangements commence on 1 November 2007 with the introduction of new Medicare dental items (85011 to 87777).

Eligible patients will be able to receive up to $4,250 in Medicare benefits (including Extended Medicare Safety Net benefits where applicable) for dental services over two consecutive calendar years.

To be eligible, a patient must meet certain eligibility criteria (described on page 9) and be referred by their GP to a dental practitioner.

The new Medicare items cover a comprehensive range of dental services provided by dentists, dental specialists and dental prosthetists. The Medicare items are based on the existing dental schedules used by the Department of Veterans' Affairs (DVA), with some modifications.

One of the key differences from the DVA dental arrangements is that, under Medicare, dental practitioners are free to set their own fees for services. Practitioners may choose to either bulk bill the patient, or charge above the Medicare rebate level. In the latter case, the patient will have an out-of-pocket cost that is not covered by Medicare.

Unlike the DVA arrangements, prior approval by a dental adviser is not required for any of the Medicare dental items. There are also no "fee-by-negotiation" items under Medicare. Instead, each Medicare item has a specific rebate amount.

There is a checklist to assist dental practitioners in using the Medicare dental items (see page 16).

The new dental items will replace the existing Enhanced Primary Care (EPC) dental items 10975 to 10977.

2. Which dental practitioners are eligible to use the dental items?

The dental items can be used by eligible dentists, dental specialists and dental prosthetists.

To be eligible, the dental practitioner must be:

- a recognised dentist, dental specialist or dental prosthetist who is registered or licensed under relevant state or territory law (with some limitations for dental prosthetists – see page 18); and
- registered with Medicare Australia (registration means having a Medicare provider/ registration number for each practice location).

Dental practitioners may obtain the provider number/registration application form and the dental speciality registration form from Medicare Australia on 132 150 or at www.medicareaustralia.gov.au.

Most dentists and dental specialists will already be registered with Medicare Australia prior to 1 November 2007 (eg to order diagnostic imaging or pathology tests under Medicare, or to use the existing EPC dental items).

Dentists
Where a dentist already has a Medicare provider/registration number, you will not need to re-register to use the new dental items.

Dental Specialists
The following dental specialists who are already registered with Medicare Australia and recognised by Medicare Australia in their relevant specialty, do not need to re-register to provide services under this initiative. They may use their current Medicare provider/registration number to provide services using items 86012-86986:

- Endodontists, Orthodontists, Periodontists, Paedodontists (also known as Pedeodontists and Pedodontists), Prosthodontists, Specialists in Oral Medicine and/or Oral Pathology.

Some Oral and Maxillofacial Surgeons will need to re-register with Medicare Australia - see page 18.

From 1 November 2007 the following dental specialties will be recognised by Medicare Australia for the first time:

- Dento-maxillofacial radiology, Oral Surgery and Special Needs dentistry.

Practitioners in these specialties, who are already registered with Medicare Australia as a dentist, will need to register separately to provide services using the dental specialist items 86012-86986.

Dental Prosthetists
All dental prosthetists will need to apply for a provider/registration number with Medicare Australia to use the dental items. More information on eligibility for dental prosthetist registration is set out at page 18.

3. Which patients are eligible for dental services?

It is up to the GP to determine whether a patient is eligible for referral to a dental practitioner with reference to the following criteria.

Firstly, a person must:

- have a chronic medical condition and complex care needs (see below for more information); and
- their oral health must also be impacting on, or likely to impact on, their general health.

In practice, this means that the patient must have received the following GP care planning services in the last two years:

- a GP Management Plan (Medicare item 721 or 725); and
- Team Care Arrangements (Medicare item 723 or 727).

Residents of aged care facilities can also be referred for dental services under Medicare. For these patients, the GP must have contributed to or reviewed a multidisciplinary care plan prepared for the resident by the aged care facility (Medicare item 731) in the last two years.

Secondly, the patient's GP must refer the patient initially to a dentist or dental prosthetist. There is a referral form for the GP to use when referring a patient to a dental practitioner.

In most cases, the patient will be referred to a dentist in the first instance. In some limited cases, the GP may refer the patient directly to a dental prosthetist. This can be done where the patient has no natural teeth and requires dental prosthetic services only (eg full dentures) or requires repairs or maintenance for either full or partial dentures.

A dentist may subsequently refer a patient to another dentist, dental specialist or dental prosthetist. However, a patient cannot be referred directly to a dental specialist by a GP. For more information on the referral process refer to page 17.

Important – Medicare Australia cannot pay benefits for dental services until the required GP care planning items have been claimed and paid for the patient

It is strongly advised that, before providing any services to the patient, the dental practitioner (or receptionist) phones Medicare Australia on 132 150 to check that the relevant GP care planning items have been claimed and paid for the patient – even where the patient has a referral form signed by their GP.

If these care planning items have not been claimed and paid by Medicare Australia, no Medicare benefits for dental services can be paid to the patient. In this case, the dental practitioner should either refer the patient back to the GP, or after discussing the proposed charges with the patient, bill the patient privately (not covered by Medicare). The care plans cannot be done retrospectively, ie after the dental services have been provided to the patient.

Chronic medical conditions and complex care needs

A chronic medical condition is one that has been or is likely to be present for at least six months including, but not limited to, asthma, cancer, cardiovascular illness, diabetes mellitus, arthritis, mental illness, musculoskeletal conditions, and stroke.

A patient is considered to have complex care needs if they require ongoing care from a multidisciplinary team consisting of their GP and at least two other health or care providers (eg an allied health professional or medical specialist). In some cases, the dental practitioner may be asked by the GP to be a member of the multidisciplinary team. A patient can still be referred for dental services under the Medicare items where the dental practitioner is not part of the patient's multidisciplinary team.

4. What dental services are covered by the Medicare items?

A comprehensive range of services is covered by the new dental items.

The items and Medicare rebate for each service are set out in three schedules (these can be found on pages 24-65):

- Services by eligible dentists (Medicare items 85011 - 85986)
- Services by eligible dental specialists (Medicare items 86012 - 86986)
- Services by eligible dental prosthetists (Medicare items 87011 - 87777).

Similar to the DVA items, the Medicare dental items are based on the Australian Dental Association (ADA) *Australian Schedule of Dental Services and Glossary, 8th Edition*. The Medicare dental items use an additional two digit prefix to distinguish between services by dentists, dental specialists and dental prosthetists. For example, Medicare item 85011 (used by dentists) corresponds to ADA item 011, Medicare item 86012 (used by dental specialists) corresponds to ADA item 012, and Medicare item 87071 (used by dental prosthetists) corresponds to ADA item 071.

Eligible dental specialists can use any of the dental specialist items 86012 – 86986. They are not limited to only using items related to their particular specialty.

For any service listed in the Medicare Benefit Schedule to be eligible for a Medicare rebate, the service must be rendered in accordance with the provisions of the relevant Commonwealth and State and Territory laws.

Clinically relevant services

The *Health Insurance Act 1973* requires that for a Medicare benefit to be payable, a professional service must be ‘clinically relevant’. A clinically relevant service means a service which is provided by an eligible dentist, dental specialist or dental prosthetist and which is generally accepted by the dental profession as being necessary for the appropriate treatment of the patient.

Cosmetic services

The dental items can only be used where the primary objective of the treatment is to improve oral health and function. The items cannot be claimed for treatment that is predominantly for the improvement of the appearance of the patient (eg cosmetic). Services which aim to improve the health or function of the patient, but which also comprise a cosmetic component may be claimed.

Hospital services

The items can only be claimed for dental services provided in the community. Medicare benefits are not payable where the person requires dental services in a hospital as an admitted patient.

Limits on individual services

Some of the Medicare dental items have specific limitations or rules (eg frequency of the service, linkages between items, or other conditions on claiming). These limits and rules are set out in the individual item descriptors (see pages 24 to 65).

Dentures
There are some specific rules in relation to the provision of denture services (see page 20).

Publicly funded services
The Medicare dental items do not apply for services that are provided by any Commonwealth or State funded services.

However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Service or State/Territory Government health clinic, the dental items can be claimed for services provided by eligible dentists, dental specialists or dental prosthetists salaried by, or contracted to, the Service or health clinic. All requirements of the relevant item must be met, including registration of the dental practitioner with Medicare Australia. These services must also be bulk billed.

5. How does the patient limit of $4,250 in benefits work?

Eligible patients can access up to $4,250 in Medicare benefits (including Extended Medicare Safety Net benefits where applicable) for dental services over two consecutive calendar years. This limit applies to all dental services provided to the patient under items 85011-87777 by any eligible dentist, dental specialist or dental prosthetist.

More information on the operation of the Extended Medicare Safety Net is at page 13.

The two-year period is counted from the calendar year of the patient's first eligible dental service. For example, if the patient's first dental service is on 15 November 2007, the applicable two-year period will be the 2007 and 2008 calendar years. The next two-year period commences in the calendar year that the patient receives their next dental service.

Once a patient reaches their monetary limit of $4,250, no further Medicare benefits are payable in that two calendar year period. This means that, where a patient receives a dental service that would otherwise take the patient over their limit, only the remaining balance (up to the $4,250) will be paid for that service. This amount may be less than the standard Medicare rebate for that item. If this "final" claim is bulk billed, the dental practitioner will <u>not</u> be able to charge the patient a co-payment to make up the difference between the fee charged and the Medicare benefit payable.

Medicare Australia Enquiry Line
To help inform patients and dental practitioners about whether the patient will exceed their benefit limit of $4,250 during the relevant two-year period, the patient (or dental practitioner) can call a Medicare Australia Enquiry Line to obtain a progressive total of dental benefits paid to the patient. Patients should call the Patient Enquiry Line on 132 011. Dental practitioners (or their receptionist) should call the Provider Enquiry Line on 132 150.

6. Informing the patient about the cost of services

To assist patients to understand the potential cost of dental services, dental practitioners will be required to provide patients with a written quote or cost estimate prior to commencing a course of treatment.

Therefore, following an examination and assessment of the patient (including any diagnostic tests), the dental practitioner must provide the patient with a proposed dental treatment plan including an itemised quotation of proposed charges for the future work.

7. Charging and billing for dental services

Deciding what to charge the patient
Like other providers under Medicare, dental practitioners are free to set their own fees for services. The dental practitioner may choose to either:

- bulk bill the patient (where the patient will not be charged a co-payment); or
- charge above the Medicare rebate (where the patient will have an out-of-pocket cost).

If the dental practitioner charges above the Medicare rebate for a service, the rules of the Extended Medicare Safety Net will apply up to the patient's limit of $4,250.

Charges in excess of the $4,250 are the sole responsibility of the patient. These charges will not attract a Medicare benefit and the Extended Medicare Safety Net arrangements will not apply.

Extended Medicare Safety Net
The Extended Medicare Safety Net applies to all out-of-hospital services under Medicare, including medical, dental and allied health services. It is intended to protect patients and their families against high out-of-pocket costs on these services.

The Extended Medicare Safety Net has two main elements:

- Firstly, any out-of-pocket costs incurred for eligible services will count towards the patient's (or the family's) annual Medicare Safety Net threshold (currently $519.50 for concession cardholders and eligible families, and $1,039.00 for all other individuals and families).
- Secondly, once a patient / family reaches their annual threshold, the Government will meet 80% of the out-of-pocket costs incurred for eligible services provided in the remainder of that calendar year.

These threshold amounts of $519.50 and $1,039.00 are indexed on 1 January each year.

An example of how the Extended Medicare Safety Net will work for dental services is set out below.

If a concessional patient (Mrs Jones) has already reached her annual Medicare Safety Net threshold of $519.50 (on any out-of-hospital Medicare services), she will receive benefits as follows:

Service Provided	Dentist charge	MBS rebate	Safety Net benefit (80% x out-of-pocket cost) once threshold is reached	Total benefit paid to patient	Total out-of-pocket cost to patient
Examination	$60	$40	$16	$56	$4
Extraction of tooth	$180	$100	$64	$164	$16
TOTAL	**$240**	**$140**	**$80**	**$220**	**$20**

Medicare Australia will automatically calculate the amount of the Medicare benefit payable to the patient.

How to seek payment for a service
Information on billing and claiming under Medicare is at pages 21-23.

8. Private health insurance

Patients with private health insurance covering dental services can decide to be treated under Medicare (ie not claim under their private health insurance), but patients cannot use their private health insurance ancillary cover to 'top up' the Medicare benefit they have received for a service.

9. Repeal of the existing EPC Medicare dental items 10975-10977

Eligible patients should access the new dental items from 1 November 2007.

The existing EPC dental items for people with chronic conditions and complex care needs (items 10975, 10976 and 10977) will remain in place until 31 December 2007 to enable patients to complete any treatment they have already commenced under these items (if they wish).

However, there is no requirement for existing patients to use all of their current entitlement of three dental services per calendar year before they can access the new dental items.

Existing patients can receive dental services under the new dental items from 1 November 2007, as long as they have a new referral from their GP.

For the period 1 November 2007 to 31 December 2007:

- Any Medicare benefits paid under the EPC dental items 10975-10977 will not count towards the patient's limit of $4,250 over two consecutive calendar years for the new dental items 85011-87777.
- Any services provided under the new dental items 85011-87777 will not count towards the patient's limit of three dental services per calendar year under the EPC dental items 10975-10977.

As at 1 November 2007 (following indexation), the Medicare rebate for items 10975-10977 will be $79.65.

The rules for items 10975-10977 are available on the Department's website at www.health.gov.au/mbsonline.

A comparison of the existing EPC dental items and the new Medicare dental items is at www.health.gov.au/epc.

10. More information and contacts

What	For Practitioners	For Patients	How
Medicare Australia provider enquiries, including: • General enquiries • Dental practitioner registration • Claiming (including forms)	✓		132 150 Web: www.medicareaustralia.gov.au Direct Payment (Bulk Billing) forms: 1800 067 307
Medicare Australia patient enquiries		✓	132 011 Web: www.medicareaustralia.gov.au
GP Referral Forms	✓		Department of Health and Ageing Email: epc.items@health.gov.au Web: www.health.gov.au/epc Phone: 02 6289 4297 Facsimile: 02 6289 7120
Factsheets	✓	✓	
Standard Questions and Answers	✓	✓	
Medicare Benefits Schedule Dental Services Book	✓		
Schedule of Items*	✓		Pages 24-65 Web: www.health.gov.au/mbsonline

*Note: EPC dental items 10975, 10976 and 10977 may be viewed on MBS Online until 31 December 2007

Checklist for Dental Practitioners

MBS Items 85011- 85986 – used by Dentists
MBS Items 86012- 86986 – used by Dental Specialists
MBS Items 87011- 87777 – used by Dental Prosthetists

- ❑ Dental practitioner is registered with Medicare Australia (has a Medicare provider/registration number)
- ❑ Patient has been referred by a GP using an appropriate referral form.
- ❑ Dental practitioner/receptionist has called Medicare Australia on 132 150 to check:
  - that the required GP care planning items have been claimed and paid; and
  - how much of the $4,250 in Medicare benefits available has already been claimed for the period.
- ❑ Referral form placed on patient's file.

Where the patient has been examined/assessed (including any diagnostic tests) and requires further work:

- ❑ Dental treatment plan including an itemised quotation of proposed charges provided to the patient.
- ❑ Copy or summary of treatment plan sent to referring GP (may be emailed).

Where the patient is bulk billed (Note: requirements may differ with electronic billing):

- ❑ Medicare approved bulk billing (assignment of benefit) form signed by patient and includes the information set out below under 'Billing details'.
- ❑ Completed claim forms sent to Medicare Australia.

Where the patient is billed directly – account is paid or unpaid:

- ❑ Itemised account/receipt given to the patient; includes the information set out below under 'Billing details'.

Billing details (Note: requirements may differ with electronic billing)

Bulk billing forms and patient's accounts and invoice must include the following information:

- ❑ Patient's name and date of service;
- ❑ MBS item numbers (and/or MBS service descriptions) - **using items relevant to profession**;
- ❑ Dental practitioners details - name and Medicare provider/registration number, or name and practice address;
- ❑ Referring GP details - name and Medicare provider/registration number, or name and practice address;
- ❑ Date of GP's referral; and
- ❑ For each bulk billed service, the amount of the Medicare rebate (ie which is being assigned by the patient to the practitioner); **or**;
  For patient accounts, the amount charged, total amount paid, and any amount outstanding.

Where dental practitioner refers patient onto another dental practitioner:

- ❑ There is no prescribed form for referrals between dental practitioners, but a written note or letter of referral is required. A copy of the initial (GP) referral form must also be attached or sent with the referral note/letter to the receiving dental practitioner.
- ❑ The original or a copy of the GP referral form is placed on patient's file (by both the referring and receiving dental practitioner).

EXPLANATORY NOTE N.2: FURTHER INFORMATION

1. Referrals and reporting

Referral Form
Under these Medicare arrangements, a patient must first be referred by a GP to a dental practitioner. The GP must use the *Referral Form for Dental Services under Medicare* issued by the Department of Health and Ageing, or a form that substantially complies with this referral form. This new referral form will replace the Department's existing EPC referral form used for dental items 10975-10977.

The referral form may be given by the GP to the patient or sent directly to the dentist or dental prosthetist.

Dental practitioners are required to retain the original or a copy of the referral form (whichever is applicable) for 24 months from the date of the patient's first service (for Medicare Australia auditing purposes).

The referral form is not required to accompany Medicare claims (ie dental practitioners do not need to attach a signed copy of the form to patients' itemised accounts/receipts or the Medicare bulk billing forms).

New referrals
Where further dental services are required to treat a new or existing oral health problem at the end of a patient's current two-year benefits period, the patient will need to obtain a new referral from their GP. The patient's new two-year period will be counted from the calendar year of the patient's first eligible dental service under the new referral.

Communication with the referring GP
Dental practitioners must provide a copy or summary of the patient's treatment plan to the referring (medical) GP at the commencement of the course of treatment (ie following an examination and assessment of the patient, including any diagnostic tests).

The content of the treatment plan and/or feedback to the referring GP is a matter for the treating dental practitioner, having regard to the usual clinical reporting practices within the dental profession.

Referrals between dental practitioners
The dentist may provide services to the patient themselves and/or refer the patient onto another dentist, a dental specialist, or dental prosthetist.

The dental prosthetist may provide services to the patient themselves and/or refer the patient onto another dental prosthetist or dentist only (ie not a dental specialist).

In both cases, the referral may be a letter or note to an eligible dental practitioner signed and dated by the referring dentist or dental prosthetist.

There is no prescribed form for referrals between dental practitioners. However, a copy of the GP referral form must be attached to the dentist's/dental prosthetist's referral letter or note. This is because the dental practitioner receiving the referral from another dental practitioner will need to include the GP's details, including the date of the original referral from the GP, on their own account/receipt (see page 22).

2. Additional information on dental practitioner eligibility requirements and registration with Medicare Australia

Oral and Maxillofacial Surgeons
Oral and Maxillofacial surgeons will be able to use the dental specialist items 86012-86986 if they are registered with Medicare Australia as a dental specialist.

Medicare Australia recognised oral and maxillofacial surgeons with dental qualifications only, up to and including 31 October 2004. Since then, oral and maxillofacial surgeons have only been recognised by Medicare Australia where they also have a medical qualification and apply for recognition under the specialist recognition provisions of the *Health Insurance Act 1973* which apply to medical practitioners.

Therefore, oral and maxillofacial surgeons with dental qualifications only who are not currently recognised within their dental specialty by Medicare Australia (ie are recognised as a dentist only), will need to re-register with Medicare Australia to use the dental specialist items 86012-86986.

Registration with Medicare Australia to provide services under items 86012-86986 will not give Oral and Maxillofacial surgeons who do not meet the eligibility requirements of other Medicare items, the right to access those items (eg Category 4 items – Oral and maxillofacial services by approved dental practitioners).

Dental Prosthetists
Dental prosthetists are a new provider group under Medicare. Individual practitioners will need to apply for a provider/registration number with Medicare Australia before they can provide services under Medicare.

Dental prosthetists cannot use their existing DVA or private health insurance provider/registration number to claim under Medicare.

Registration with Medicare Australia will only allow dental prosthetists to claim services for eligible patients under the Medicare dental items 87011-87777. Dental prosthetists are currently not able to order diagnostic imaging tests under Medicare or access other Medicare items.

Eligibility for registration under Medicare (ie to apply for a provider number)
To be eligible to use the Medicare dental items 87011-87777, a dental prosthetist must be:

- an individual;
- registered or licensed to practice as a dental prosthetist under state or territory law (subject to the following limitations); and
- registered with Medicare Australia.

Where conditions or limits are imposed under relevant State or Territory law which prohibit a dental prosthetist from providing dental prosthetic services to patients, the dental prosthetist is not eligible to register with Medicare Australia to provide dental health services using items 87011-87777.

Students who are registered or licensed under relevant State or Territory law in order to complete a course of study or supervised training in dental prosthetics, are not eligible to register with Medicare Australia to provide dental health services using MBS items 87011-87777.

The following specific requirements also apply to dental prosthetists wishing to apply for a provider/registration number with Medicare Australia to use items 87011-87777.

'Short-term', interim' or 'provisional' registration
Dental prosthetists whose registration or licence to practice is granted for a 'short-term', 'interim', or 'provisional' period only, will be registered by Medicare Australia to use items 87011-87777 for the stated period only. After this time, access to items 87011-87777 will only be continued where the practitioner provides Medicare Australia with evidence of their ongoing (ie current) registration or license to practice as a dental prosthetist.

'Company' registration
Dental prosthetists whose registration or licence to practice is granted in the name of a 'Company' are not eligible to register with Medicare Australia to use items 87011-87777. In order to register with Medicare Australia to use items 87011-87777, the practitioner will need to provide Medicare Australia with evidence that they, as an individual, are registered or licensed to practice as a dental prosthetist under relevant state or territory law.

'Non practising' registration
Dental prosthetists whose registration or licence to practice is granted as 'non-practising' are not eligible to register with Medicare Australia to use items 87011-87777.

'Limited', 'specific' or 'special purpose' registration
Some dental prosthetists are prohibited from providing dental prosthetic services to patients where their registration or licence to practice is granted as 'limited', 'specific' or for a 'special purpose'. Where a dental prosthetist is allowed by law to provide dental prosthetic services to patients under a 'limited', 'specific' or 'special purpose' registration or licence, the person will need to provide Medicare Australia with evidence that this is the case in order to be registered by Medicare Australia to use items 87011-87777. This may be in the form of advice from the relevant state or territory registration board.

3. Dentures

Changes from the EPC dental items
Under the EPC dental items (10975-10977), Medicare benefits are only payable for the fitting of dental prostheses. Costs associated with the making and supply of dental prostheses (eg laboratory costs for dentures) cannot be claimed under these items. Dental prosthetists are not eligible to register or provide services under Medicare.

The new Medicare dental items include a comprehensive range of services for dental prostheses, including dentures. Medicare benefits are now payable for the making, supply and fitting of dental prostheses. Services by dental prosthetists are covered under items 87011-87777. Dental prosthetists will need to apply for a provider/registration number with Medicare Australia to use these items – see page 18.

Limit of one set of new dentures every eight years
The intention is that patients should only receive Medicare benefits for a set of new dentures every eight years or more, with use of items for the maintenance or repair of dentures as clinically required.

In exceptional circumstances, a patient may receive a second set of new dentures during the eight-year period. Where a second set of new dentures is required, the new dentures may be provided by either the same practitioner or a different practitioner.

Exceptional circumstances refers to where there has been a significant change in the clinical condition of the patient which requires new dentures, or where a patient's existing dentures are irreparably damaged or lost.

Where exceptional circumstances apply, the patient's itemised receipt, account or Medicare bulk billing form must be annotated 'exceptional circumstances'. For audit purposes, the dental practitioner must also record in the patient's clinical notes the reason why the additional set of new dentures was required within the eight-year period.

For the purposes of the Medicare dental items, "set of new dentures" means either:

- complete maxillary and mandibular dentures (under items 85719, 86719 or 87719); OR
- a complete or partial maxillary denture (under items 85711, 86711, 87711, 85721, 86721, 87721, 85727, 86727 or 87727); and a complete or partial mandibular denture (under items 85712, 86712, 87712, 85722, 86722, 87722, 85728, 86728 or 87728).

4. Claiming under Medicare

Dental practitioners can bill patients for items 85011-87777 in three ways.

(i) Bulk billing (also known as "direct payment" or an "assignment of benefit") – manual claiming

The dental practitioner can choose to bulk bill the patient (ie the patient assigns the Medicare benefit payable for the service to the dental practitioner). The dental practitioner accepts the relevant Medicare benefit as full payment for the service. By law, the dental practitioner cannot charge the patient a co-payment for a bulk billed service, irrespective of the purpose or title of the additional charge.

Medicare approved bulk billing (assignment of benefit) forms must be used for bulk billing. These are approved forms under the *Health Insurance Act 1973*, and no other documentation can be used to assign benefits without the approval of Medicare Australia. The approved forms can be obtained by either visiting the Medicare Australia website at www.medicaresustralia.gov.au or by telephoning 1800 067 307.

Bulk billing– electronic claiming

From 1 November 2007, dental practitioners will also be able to submit bulk billing claims (and patient claims) electronically via Medicare Easyclaim or Medicare Online – see below.

(ii) Patient pays upfront (also known as a "patient claim")

The dental practitioner can require the patient to pay for the service in full at the end of a visit. The dental practitioner will need to provide the patient with an itemised account/receipt containing all of the details listed below.

It is then the patient's responsibility to claim the relevant Medicare benefits from Medicare Australia (eg by visiting a Medicare office or sending a claim to Medicare Australia for payment by Electronic Funds Transfer (EFT)).

(iii) Patient is given an invoice for an unpaid account

The dental practitioner can provide the patient with an itemised account (invoice) containing all of the information listed below. In this case, the patient does not pay for the service at the time of the visit. Instead, the patient takes or sends the unpaid account to Medicare Australia for a Medicare benefits cheque to be issued in the dental practitioner's name (for the total benefit payable to the patient for the service).

It is then the patient's responsibility to provide the Medicare cheque to the dental practitioner and pay the balance of the account, if any.

When issuing a receipt to a patient for an amount that is being paid wholly or in part by a Medicare benefit cheque issued in the dental practitioner's name, the dental practitioner should indicate on the receipt that a 'Medicare cheque for $…. was included in the payment of the account'.

Information that must be included on a claim (for bulk billing, upfront payments, and unpaid accounts)
For a Medicare benefit to be paid for an eligible service, the following information must be included on the Medicare 'assignment of benefit' form (for bulk billed services), and the dental practitioner's itemised account/receipt (for upfront payment and unpaid accounts):

- patient's name;
- date of service;
- MBS item number(s) and/or MBS description of the service;
- dental practitioner's name and provider/registration number, or name and practice address;
- referring GP's name and provider/registration number, or name and practice address;
- date of GP referral; and
- the amount charged, that is:
  - for each bulk billed service, the amount of the Medicare rebate (ie which is being assigned by the patient to the practitioner); or
  - for patient accounts, the amount charged, total amount paid, and any amount outstanding in relation to the service.

Electronic claiming
From 1 November 2007, Medicare Australia will be able to accept Medicare claims lodged electronically by dental practitioners.

Electronic claiming removes the need for the practice to batch bulk bill claims at the end of the day. It also simplifies banking, with benefits paid into the practitioner's nominated bank account within 1-3 working days (instead of waiting up to 14 days for a cheque). Both of Medicare Australia's electronic claiming options, Medicare Online and Medicare Easyclaim, can process bulk bill and patient claims.

Medicare Online (previously called "HIC Online") is integrated with practice management software and lets practices lodge their claims and claim on behalf of their patients via the internet. Patients and practices can either receive their rebates directly into the nominated bank account within two to three days or by a cheque. Many software vendors have integrated Medicare Online into their products and a list is available on the Medicare Australia website under Health Care Providers /Online Initiative/Software Vendor lists.

Medicare Easyclaim uses existing EFTPOS technology and is currently available as a stand-alone system. An integrated option that 'talks to' practice management software is expected to be available in late 2007. Practices that lodge bulk bill claims through Medicare Easyclaim will receive their rebate (if getting paid by EFT) usually the next working day. For patient claims, the claimant will receive their rebate directly into their bank account almost immediately or via a cheque for payment to the provider.

For more information visit www.medicareaustralia.gov.au or call 1800 700 199.

Billing practices not permitted

Under the *Health Insurance Act 1973* (as amended), it is not permissible to:

- Include the cost of a non-clinically relevant service in a consultation charge. Medicare benefits can only be paid for clinically relevant services. If a dental practitioner chooses to use a procedure that is not generally accepted in their profession as necessary for the treatment of the patient, the cost of this procedure cannot be included in the fee for a Medicare item. Any charge for non-clinically relevant services must be separately listed on the account and not included in the fee billed to Medicare.
- Re-issue modified accounts to include other charges and out-of-pocket expenses not previously included in the account. The account issued to a patient by a dental practitioner must state the amount charged for the service provided and truly reflect what occurred between the patient and practitioner. While re-issuing an account to correct a genuine error is legitimate, if an account is re-issued to increase the fee or load additional components to the fee, the account is not a true statement of the fee charged for the service and would constitute a false or misleading statement.

Where a Medicare benefit has been inappropriately paid, Medicare Australia may request recovery of that benefit from the practitioner concerned.

Schedule of Dental Services

Services by

Eligible Dentists

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTISTS	
	GROUP N1 - SERVICES BY ELIGIBLE DENTISTS
	SUBGROUP 1 - DIAGNOSTIC SERVICES
	EXAMINATIONS
† 85011	Comprehensive oral examination Evaluation of all teeth, their supporting tissues and the oral tissues in order to record the condition of these structures. This evaluation includes recording an appropriate medical history and any other relevant information. Limit of one (1) per provider every 2 years. *(See explanatory notes N.1 and N.2)* **Benefit:** $40.50
† 85012	Periodic oral examination 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. Limit of one (1) per provider every 6 months. *(See explanatory notes N.1 and N.2)* **Benefit:** $33.60
† 85013	Oral examination - limited 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. Limit of three (3) per 3 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $21.15
	RADIOLOGICAL EXAMINATION AND INTERPRETATION
† 85022	Intraoral periapical or bitewing radiograph - per exposure Limit of six (6) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $26.50
† 85025	Intraoral radiograph - occlusal, maxillary or mandibular - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $47.25
† 85031	Extraoral radiograph - maxillary, mandibular - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $53.85
† 85037	Panoramic radiograph - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $72.35
† 85039	Tomography of the skull or parts thereof Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $114.15
	OTHER DIAGNOSTIC SERVICES
† 85047	Caries activity screening test Limit one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $31.10
† 85051	Biopsy of tissue *(See explanatory notes N.1 and N.2)* **Benefit:** $95.10
† 85071	Diagnostic model - per model *(See explanatory notes N.1 and N.2)* **Benefit:** $46.40

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTISTS	
	SUBGROUP 2 - PREVENTIVE SERVICES
	DENTAL PROPHYLAXIS
† 85111	Removal of plaque and/or stain. Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $41.35
† 85113	Recontouring pre-existing restoration(s) *(See explanatory notes N.1 and N.2)* **Benefit:** $15.60
† 85114	Removal of calculus - first visit Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $68.85
† 85115	Removal of calculus - subsequent visit Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $44.80
† 85117	Bleaching, internal - per tooth For non-vital discoloured tooth. *(See explanatory notes N.1 and N.2)* **Benefit:** $161.35
	REMINERALISING AGENTS
† 85121	Topical application of remineralising agent - one treatment Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $26.55
† 85123	Concentrated remineralising agent, application - single tooth Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $20.80
	OTHER PREVENTIVE SERVICES
† 85131	Dietary advice Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $28.00
† 85141	Oral hygiene instruction Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $38.00
† 85161	Fissure sealing - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $35.35
† 85165	Desensitizing procedure - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $20.80

DENTISTS	
† 85171	Odontoplasty - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $39.00
	SUBGROUP 3 - PERIODONTICS
† 85213	Treatment of acute periodontal infection - per visit Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $53.50
† 85221	Clinical periodontal analysis and recording Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $40.65
† 85222	Root planing and subgingival curettage - per eight teeth or less Limit of two (2) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $99.90
† 85225	Non-surgical periodontal treatment where not otherwise specified - per visit Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85231	Gingivectomy - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $130.10
† 85232	Periodontal flap surgery - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $197.80
† 85233	Osseous surgery - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $333.30
† 85234	Osseous graft - per tooth or implant Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $383.45
† 85238	Periodontal flap surgery for crown lengthening - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $184.05
† 85241	Root resection - per root *(See explanatory notes N.1 and N.2)* **Benefit:** $153.35
† 85245	Periodontal surgery involving one tooth or an implant Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $60.95

DENTISTS	
	SUBGROUP 4 - ORAL SURGERY
	EXTRACTIONS
† 85311	Removal of a tooth or part(s) thereof 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional extractions on the same day, use item 85316. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $100.75
† 85314	Sectional removal of a tooth 1st sectional removal. Inclusive of local anaesthesia and routine post-operative care. For additional extractions on the same day, use item 85316. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $128.80
† 85316	Additional extraction requiring removal of a tooth or part(s) thereof, or sectional removal of a tooth To be used for additional extractions on the same day in conjunction with items 85311 or 85314. *(See explanatory notes N.1 and N.2)* **Benefit:** $74.80
	SURGICAL EXTRACTIONS
† 85322	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 85326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $163.55
† 85323	Surgical removal of a tooth or tooth fragment requiring removal of bone 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 85326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $186.80
† 85324	Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 85326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $251.35
† 85326	Additional extraction requiring surgical removal of a tooth or tooth fragment. To be used for additional surgical extractions on the same day in conjunction with items 85322, 85323 or 85324. *(See explanatory notes N.1 and N.2)* **Benefit:** $157.55
	SURGERY FOR PROSTHESES
† 85331	Alveolectomy – per segment Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $102.00

DENTISTS	
† 85337	Reduction of fibrous tuberosity Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately *(See explanatory notes N.1 and N.2)* **Benefit:** $143.35
† 85338	Reduction of flabby ridge – per segment Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately *(See explanatory notes N.1 and N.2)* **Benefit:** $67.10
† 85341	Removal of hyperplastic tissue Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $155.40
	GENERAL SURGICAL
† 85377	Removal or repair of soft tissue (not elsewhere defined) Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $155.55
† 85378	Surgical removal of foreign body Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $88.05
	OTHER SURGICAL PROCEDURES
† 85381	Surgical exposure of unerupted tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $220.45
† 85384	Repositioning of displaced tooth/teeth - per tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $146.55
† 85386	Splinting of displaced tooth/teeth - per tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $151.15
† 85387	Replantation and splinting of a tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $296.00
† 85391	Frenectomy Includes insertion of sutures, normal post-operative care and suture removal *(See explanatory notes N.1 and N.2)* **Benefit:** $135.80
† 85392	Incision and drainage of abscess or cyst Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $74.40

DENTISTS	
	SUBGROUP 5 - ENDODONTICS
	PULP AND ROOT CANAL TREATMENTS
† 85411	Direct pulp capping *(See explanatory notes N.1 and N.2)* **Benefit:** $26.80
† 85412	Incomplete endodontic therapy (inoperable or fractured) *(See explanatory notes N.1 and N.2)* **Benefit:** $91.60
† 85414	Pulpotomy *(See explanatory notes N.1 and N.2)* **Benefit:** $58.40
† 85415	Complete chemo-mechanical preparation of root canal - one canal *(See explanatory notes N.1 and N.2)* **Benefit:** $164.40
† 85416	Complete chemo-mechanical preparation of root canal - each additional canal on the same tooth. To be claimed in conjunction with item 85415. *(See explanatory notes N.1 and N.2)* **Benefit:** $78.35
† 85417	Root canal obturation - one canal *(See explanatory notes N.1 and N.2)* **Benefit:** $160.10
† 85418	Root canal obturation - each additional canal on the same tooth To be claimed in conjunction with item 85417. *(See explanatory notes N.1 and N.2)* **Benefit:** $74.90
† 85419	Extirpation of pulp or debridement of root canal(s) - emergency or palliative *(See explanatory notes N.1 and N.2)* **Benefit:** $105.90
	PERIRADICULAR SURGERY
† 85431	Periapical curettage - per root *(See explanatory notes N.1 and N.2)* **Benefit:** $191.70
† 85432	Apicectomy - per root Includes curettage. *(See explanatory notes N.1 and N.2)* **Benefit:** $238.00
† 85433	Exploratory periradicular surgery Limit of one (1) per 12 month period. Not claimable if services for the following items 85431, 85432, 85434, 85436, 85437 and 85438 are provided on the same day *(See explanatory notes N.1 and N.2)* **Benefit:** $97.70
† 85434	Apical seal - per canal Includes apicectomy and periapical curettage. *(See explanatory notes N.1 and N.2)* **Benefit:** $294.95
† 85436	Sealing of perforation *(See explanatory notes N.1 and N.2)* **Benefit:** $182.10

DENTISTS	
† 85437	Surgical treatment and repair of an external root resorption - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $297.20
† 85438	Hemisection *(See explanatory notes N.1 and N.2)* **Benefit:** $220.45
	OTHER ENDODONTIC SERVICES
† 85445	Exploration for a calcified root canal - per canal *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85451	Removal of root filling - per canal *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85452	Removal of cemented root canal post or post crown *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85453	Removal or bypassing fractured endodontic instrument *(See explanatory notes N.1 and N.2)* **Benefit:** $67.70
† 85455	Additional visit for irrigation and/or dressing of the root canal system - per tooth Cannot be paid with items 85415, 85416, 85417 or 85418 on the same day. *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85457	Obturation of resorption defect or perforation (non-surgical) *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
† 85458	Interim therapeutic root filling - per tooth Limit of three (3) in a 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
	SUBGROUP 6 - RESTORATIVE SERVICES
	METALLIC RESTORATIONS - DIRECT
† 85511	Metallic restoration - one surface - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $80.10
† 85512	Metallic restoration - two surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $98.15
† 85513	Metallic restoration - three surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $117.05
† 85514	Metallic restoration - four surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $133.45
† 85515	Metallic restoration - five surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $152.40

DENTISTS	
	ADHESIVE RESTORATIONS - ANTERIOR TEETH - DIRECT
† 85521	Adhesive restoration - one surface - anterior tooth - direct Limit of five (5) single-surface adhesive restorations (85521 or 85531) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $88.70
† 85522	Adhesive restoration - two surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $107.60
† 85523	Adhesive restoration - three surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $127.40
† 85524	Adhesive restoration - four surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $147.20
† 85525	Adhesive restoration - five surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $173.05
	ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT
† 85531	Adhesive restoration - one surface - posterior tooth - direct Limit of five (5) single-surface adhesive restorations (85521 or 85531) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $94.70
† 85532	Adhesive restoration - two surfaces - posterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $118.80
† 85533	Adhesive restoration - three surfaces - posterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $142.90
† 85534	Adhesive restoration - four surfaces - posterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $161.00
† 85535	Adhesive restoration - five surfaces - posterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $185.95
	METALLIC RESTORATIONS - INDIRECT
† 85541	Metallic restoration - one surface - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $345.10
† 85542	Metallic restoration - two surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $471.25
† 85543	Metallic restoration - three surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $635.90
† 85544	Metallic restoration - four surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $753.95
† 85545	Metallic restoration - five surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $806.55

DENTISTS	
	TOOTH COLOURED RESTORATIONS - INDIRECT
† 85551	Tooth-coloured restoration - one surface - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $431.70
† 85552	Tooth-coloured restoration - two surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $613.75
† 85553	Tooth-coloured restoration - three surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $719.80
† 85554	Tooth-coloured restoration - four surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $822.80
† 85555	Tooth-coloured restoration - five surfaces - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $784.20
	OTHER RESTORATIVE SERVICES
† 85572	Provisional (intermediate/ temporary) restoration Not claimable if services for endodontic items (85411 to 85458 inclusive) except 85419 are provided on the same day. Limit of three (3) per 3 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $37.40
† 85574	Metal band The cementation of a metal band for diagnostic, protective purposes or for the placement of a provisional (intermediate) restoration. *(See explanatory notes N.1 and N.2)* **Benefit:** $31.55
† 85575	Pin retention - per pin *(See explanatory notes N.1 and N.2)* **Benefit:** $21.55
† 85576	Stainless steel crown *(See explanatory notes N.1 and N.2)* **Benefit:** $163.00
† 85577	Cusp capping - per cusp *(See explanatory notes N.1 and N.2)* **Benefit:** $23.25
† 85578	Restoration of an incisal corner - per corner *(See explanatory notes N.1 and N.2)* **Benefit:** $23.25
† 85595	Removal of inlay/onlay *(See explanatory notes N.1 and N.2)* **Benefit:** $74.40
† 85596	Recementing of inlay/onlay *(See explanatory notes N.1 and N.2)* **Benefit:** $60.80
† 85597	Post - direct Insertion of a post into a prepared root canal to provide an anchor for an artificial crown or other restoration. *(See explanatory notes N.1 and N.2)* **Benefit:** $113.25

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTISTS	
	SUBGROUP 7 - CROWN AND BRIDGE
	CROWNS
† 85613	Full crown - non metallic - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,031.15
† 85615	Full crown - veneered - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $970.10
† 85618	Full crown - metallic - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $909.00
† 85625	Core for crown including post - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $245.40
† 85627	Preliminary restoration for crown - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $101.45
† 85629	Post and root cap - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $257.05
	TEMPORARY (PROVISIONAL) CROWN AND BRIDGE
† 85631	Provisional crown *(See explanatory notes N.1 and N.2)* **Benefit:** $117.00
† 85632	Provisional bridge - per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $168.80
	BRIDGES
† 85642	Bridge pontic - direct - per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $467.20
† 85643	Bridge pontic - indirect - per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $745.05
† 85644	Semi-fixed attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $219.60
† 85645	Precision or magnetic attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $252.80
† 85649	Retainer for bonded fixture – indirect - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $245.65
	CROWN AND BRIDGE REPAIRS AND OTHER SERVICES
† 85651	Recementing crown or veneer *(See explanatory notes N.1 and N.2)* **Benefit:** $79.20
† 85652	Recementing bridge or splint – per abutment *(See explanatory notes N.1 and N.2)* **Benefit:** $77.30

DENTISTS	
† 85653	Rebonding of bridge or splint where retreatment of bridge surface is required *(See explanatory notes N.1 and N.2)* **Benefit:** $70.35
† 85655	Removal of crown *(See explanatory notes N.1 and N.2)* **Benefit:** $47.35
† 85656	Removal of bridge or splint *(See explanatory notes N.1 and N.2)* **Benefit:** $142.00
† 85658	Repair of crown, bridge or splint – indirect. Inclusive of labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $293.30
† 85659	Repair of crown, bridge or splint – direct. *(See explanatory notes N.1 and N.2)* **Benefit:** $193.35
	IMPLANT PROSTHESES
† 85661	Fitting of implant abutment – per abutment *(See explanatory notes N.1 and N.2)* **Benefit:** $454.90
† 85669	Removal and reattachment of prosthesis fixed to implant(s) – per implant *(See explanatory notes N.1 and N.2)* **Benefit:** $124.65
† 85671	Full crown attached to osseointegrated implant – non metallic – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,031.15
† 85672	Full crown attached to osseointegrated implant – veneered – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,168.10
† 85673	Full crown attached to osseointegrated implant – metallic – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $910.25
	SUBGROUP 8 - PROSTHODONTICS
	DENTURES AND DENTURE COMPONENTS
† 85711	Complete maxillary denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $732.50
† 85712	Complete mandibular denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $732.50
† 85716	Metal palate or plate Additional to items 85711, 85712 or 85719. *(See explanatory notes N.1 and N.2)* **Benefit:** $242.45

DENTISTS	
† 85719	Complete maxillary and mandibular dentures Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,298.90
† 85721	Partial maxillary denture - resin base Base amount only. To be claimed in conjunction with item 85733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $326.25
† 85722	Partial mandibular denture - resin base Base amount only. To be claimed in conjunction with item 85733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $326.25
† 85727	Partial maxillary denture - cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 85733 for each additional tooth and item 85739 for each metal backing. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,080.70
† 85728	Partial mandibular denture - cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 85733 for each additional tooth and item 85739 for each metal backing. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,080.70
† 85731	Retainer - per tooth Additional to items 85721 and 85722. *(See explanatory notes N.1 and N.2)* **Benefit:** $33.85
† 85732	Occlusal rest - per rest Additional to items 85721 and 85722. *(See explanatory notes N.1 and N.2)* **Benefit:** $16.45
† 85733	Tooth/Teeth (Partial denture) An item to describe each tooth added to the base of new partial denture. The number of teeth should be indicated. To be claimed with items 85721, 85722, 85727 or 85728. Limit of twelve (12) per base. *(See explanatory notes N.1 and N.2)* **Benefit:** $34.95

DENTISTS	
† 85735	Precision or magnetic attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $195.65
† 85736	Immediate tooth replacement - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $7.00
† 85737	Resilient lining *(See explanatory notes N.1 and N.2)* **Benefit:** $145.20
† 85738	Wrought bar A wrought bar joining sections of a partial prosthesis. *(See explanatory notes N.1 and N.2)* **Benefit:** $135.30
† 85739	Metal Backing – per backing An extension of the casting of a cast metal partial denture to provide a backing for the denture tooth. The number of backings should be indicated. To be claimed with items 85727 or 85728. *(See explanatory notes N.1 and N.2)* **Benefit:** $61.15
	DENTURE MAINTENANCE
† 85741	Adjustment of a denture Adjustment of a denture to improve comfort and function. This item cannot be claimed for routine adjustments following the insertion of a new denture or maintenance or repair of an existing denture. *(See explanatory notes N.1 and N.2)* **Benefit:** $40.10
† 85743	Relining - complete denture - processed For soft relines, use items 85743 and 85737. *(See explanatory notes N.1 and N.2)* **Benefit:** $255.70
† 85744	Relining - partial denture - processed For soft relines, use items 85744 and 85737. *(See explanatory notes N.1 and N.2)* **Benefit:** $217.90
† 85745	Remodelling - complete denture *(See explanatory notes N.1 and N.2)* **Benefit:** $407.45
† 85746	Remodelling - partial denture *(See explanatory notes N.1 and N.2)* **Benefit:** $343.50
† 85751	Relining - complete denture - direct Chair-side only. Either hard or soft material. *(See explanatory notes N.1 and N.2)* **Benefit:** $139.85
† 85752	Relining - partial denture - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $117.90
† 85753	Cleaning and polishing of pre-existing denture Limit of one (1) per 2 year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $32.55

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTISTS	
	DENTURE REPAIRS
† 85761	Reattaching pre-existing tooth or clasp to denture. Inclusive of labour and laboratory costs *(See explanatory notes N.1 and N.2)* **Benefit:** $110.70
† 85762	Replacing clasp on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $115.65
† 85763	Repairing broken base of a complete denture. Inclusive of labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $99.90
† 85764	Repairing broken base of a partial denture. Inclusive of labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $110.70
† 85765	Replacing first tooth on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $115.65
† 85767	Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day. Inclusive of labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $45.75
† 85768	Adding tooth to partial denture to replace an extracted or decoronated tooth - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $117.05
† 85769	Repair or addition to metal casting *(See explanatory notes N.1 and N.2)* **Benefit:** $140.00
	OTHER PROSTHODONTIC SERVICES
† 85771	Tissue conditioning treatment prior to impressions Limit of five (5) per 3 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $53.15
† 85772	Splint - resin - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $208.05
† 85773	Splint - metal - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $220.45
† 85776	Impression where required for denture repair/modification *(See explanatory notes N.1 and N.2)* **Benefit:** $35.35
† 85777	Identification Marking a dental appliance with a patient's name or other form of enduring patient identification. *(See explanatory notes N.1 and N.2)* **Benefit:** $28.30

DENTISTS	
	SUBGROUP 9 - ORTHODONTICS
	REMOVABLE APPLIANCES
† 85811	Passive removable appliance - per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $249.25
† 85821	Active removable appliance - per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $438.65
† 85823	Functional orthopaedic appliance *(See explanatory notes N.1 and N.2)* **Benefit:** $373.85
	FIXED APPLIANCES
† 85829	Partial banding - per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $460.10
† 85831	Full arch banding - per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $1,264.70
	SUBGROUP 10 - GENERAL SERVICES
	EMERGENCIES
† 85911	Palliative care Interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. *(See explanatory notes N.1 and N.2)* **Benefit:** $52.55
	DRUG THERAPY
† 85926	Individually made tray – medicaments A tray made for the application of medicaments to the teeth or supporting tissues. Not to be claimed for bleaching. *(See explanatory notes N.1 and N.2)* **Benefit:** $121.75
† 85927	Provision of medication/ medicament The supply, prescription or administration of appropriate medications and medicaments required for dental treatment. Limit of one (1) per three month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $21.15
	ANAESTHESIA AND SEDATION
† 85949	Treatment under general anaesthesia A specialist anaesthetist must administer the anaesthetic. *(See explanatory notes N.1 and N.2)* **Benefit:** $127.70
	OCCLUSAL THERAPY
† 85963	Clinical occlusal analysis including muscle and joint palpation Limit of one (1) per three year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $67.70

DENTISTS	
† 85964	Registration and mounting of casts for occlusal analysis Limit of one (1) per three year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $58.00
† 85965	Occlusal splint *(See explanatory notes N.1 and N.2)* **Benefit:** $408.95
† 85966	Adjustment of pre-existing occlusal splint - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $56.70
† 85968	Occlusal adjustment following occlusal analysis - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $82.35
† 85971	Adjunctive physical therapy for temporomandibular joint and associated structures Limit of four (4) per 12 month period *(See explanatory notes N.1 and N.2)* **Benefit:** $47.95
† 85972	Repair/addition - occlusal splint *(See explanatory notes N.1 and N.2)* **Benefit:** $169.35
	MISCELLANEOUS
† 85981	Splinting and stabilisation - direct - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $74.40
† 85986	Post-operative care where not otherwise included In normal circumstances, dentists provide post-operative care following dental treatment. However, where a patient requires unforeseen post-operative care or is seen by a dentist who did not provide the initial treatment, this item can be used. Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $54.15

Schedule of Dental Services

Services by

Eligible Dental Specialists

DENTAL SPECIALISTS	
	GROUP N2 - SERVICES BY ELIGIBLE DENTAL SPECIALISTS
	SUBGROUP 1 - DIAGNOSTIC SERVICES
	EXAMINATIONS
† 86012	Periodic oral examination An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous periodic examination. Limit of one (1) per provider every 6 months. *(See explanatory notes N.1 and N.2)* **Benefit:** $33.60
† 86013	Oral examination - limited 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. Limit of three (3) per 3 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $21.15
† 86014	Consultation 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. *(See explanatory notes N.1 and N.2)* **Benefit:** $48.75
† 86015	Consultation - extended (30 mins) An extended consultation to seek advice or discuss treatment options regarding a specific dental or oral complaint. This consultation includes recording an appropriate medical history and any other relevant information. Limit of one (1) per provider per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $79.75
	RADIOLOGICAL EXAMINATION AND INTERPRETATION
† 86022	Intraoral periapical or bitewing radiograph - per exposure Limit of six (6) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $26.50
† 86025	Intraoral radiograph - occlusal, maxillary or mandibular - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $47.25
† 86031	Extraoral radiograph - maxillary, mandibular - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $53.85
† 86035	Radiograph of temporomandibular joint - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $77.65
† 86036	Cephalometric radiograph - lateral, antero-posterior, postero-anterior or submento-vertex – per exposure Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $114.05

DENTAL SPECIALISTS	
† 86037	Panoramic radiograph - per exposure *(See explanatory notes N.1 and N.2)* **Benefit:** $72.35
† 86038	Hand-wrist radiograph for skeletal age assessment Limit of one (1) per provider per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $67.70
† 86039	Tomography of the skull or parts thereof Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $114.15
	OTHER DIAGNOSTIC SERVICES
† 86047	Caries activity screening test Limit one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $31.10
† 86051	Biopsy of tissue *(See explanatory notes N.1 and N.2)* **Benefit:** $95.10
† 86071	Diagnostic model - per model *(See explanatory notes N.1 and N.2)* **Benefit:** $46.40
† 86082	Tooth-jaw size prediction analysis Limit of one (1) per provider per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $81.15
	SUBGROUP 2 - PREVENTIVE SERVICES
	DENTAL PROPHYLAXIS
† 86111	Removal of plaque and/or stain Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $41.35
† 86113	Recontouring pre-existing restoration(s) *(See explanatory notes N.1 and N.2)* **Benefit:** $15.60
† 86114	Removal of calculus - first visit Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $68.85
† 86115	Removal of calculus - subsequent visit Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $44.80
† 86117	Bleaching, internal - per tooth For non-vital discoloured tooth. *(See explanatory notes N.1 and N.2)* **Benefit:** $217.85

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTAL SPECIALISTS	
	REMINERALISING AGENTS
† 86121	Topical application of remineralising agent - one treatment Limit of one (1) per 6 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $26.55
† 86123	Concentrated remineralising agent, application - single tooth Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $20.80
	OTHER PREVENTIVE SERVICES
† 86131	Dietary advice Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $28.00
† 86141	Oral hygiene instruction Where a full appointment of at least 15 minutes is used. Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $38.00
† 86161	Fissure sealing - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $35.35
† 86165	Desensitizing procedure - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $20.80
† 86171	Odontoplasty - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $39.00
	SUBGROUP 3 - PERIODONTICS
† 86213	Treatment of acute periodontal infection - per visit Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $53.50
† 86221	Clinical periodontal analysis and recording Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86222	Root planning and subgingival curettage - per eight teeth or less Limit of two (2) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $138.05
† 86225	Non-surgical periodontal treatment where not otherwise specified - per visit Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20

DENTAL SPECIALISTS	
† 86231	Gingivectomy - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $182.10
† 86232	Periodontal flap surgery - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $301.70
† 86233	Osseous surgery - per eight teeth or less Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $449.95
† 86234	Osseous graft - per tooth or implant Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $498.45
† 86235	Gingival graft - per tooth or implant Limit of two (2) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $335.50
† 86236	Guided tissue regeneration - per tooth or implant *(See explanatory notes N.1 and N.2)* **Benefit:** $401.50
† 86237	Guided tissue regeneration - membrane removal *(See explanatory notes N.1 and N.2)* **Benefit:** $172.55
† 86238	Periodontal flap surgery for crown lengthening - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $310.25
† 86241	Root resection - per root *(See explanatory notes N.1 and N.2)* **Benefit:** $191.70
† 86245	Periodontal surgery involving one tooth or an implant Limit of one (1) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $121.75
	SUBGROUP 4 - ORAL SURGERY
	EXTRACTIONS
† 86311	Removal of a tooth or part(s) thereof 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional extractions on the same day, use item 86316. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $125.25

DENTAL SPECIALISTS	
† 86314	Sectional removal of a tooth 1st sectional removal. Inclusive of local anaesthesia and routine post-operative care. For additional extractions on the same day, use item 86316. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $171.40
† 86316	Additional extraction requiring removal of a tooth or part(s) thereof, or sectional removal of a tooth To be used for additional extractions on the same day in conjunction with items 86311 or 86314. *(See explanatory notes N.1 and N.2)* **Benefit:** $95.40
	SURGICAL EXTRACTIONS
† 86322	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 86326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $217.50
† 86323	Surgical removal of a tooth or tooth fragment requiring removal of bone 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 86326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $270.05
† 86324	Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division. 1st tooth extracted. Inclusive of local anaesthesia and routine post-operative care. For additional surgical extractions on the same day, use item 86326. Limit of one (1) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $334.30
† 86326	Additional extraction requiring surgical removal of a tooth or tooth fragment. To be used for additional surgical extractions on the same day in conjunction with items 86322, 86323 or 86324. *(See explanatory notes N.1 and N.2)* **Benefit:** $208.45
	SURGERY FOR PROSTHESES
† 86331	Alveolectomy - per segment Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $128.45
† 86332	Ostectomy - per jaw Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $354.70
† 86337	Reduction of fibrous tuberosity Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $190.65

DENTAL SPECIALISTS	
† 86338	Reduction of flabby ridge - per segment Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $95.85
† 86341	Removal of hyperplastic tissue Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $209.75
† 86343	Repositioning of muscle attachment Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $258.85
† 86344	Vestibuloplasty Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $651.05
† 86345	Vestibuloplasty with skin or mucosal graft Includes insertion of sutures, normal post-operative care and suture removal. Extraction items to be claimed separately. *(See explanatory notes N.1 and N.2)* **Benefit:** $651.05
	GENERAL SURGICAL
† 86371	Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane. Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $157.75
† 86373	Removal of tumour, cyst or scar involving muscle, bone or other deep tissue. Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $559.20
† 86375	Surgery to salivary duct Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $492.40
† 86376	Surgery to salivary gland Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $166.90
† 86377	Removal or repair of soft tissue (not elsewhere defined) Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $207.05
† 86378	Surgical removal of foreign body Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $117.00
† 86379	Marsupialisation of cyst Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $249.25

DENTAL SPECIALISTS	
	OTHER SURGICAL PROCEDURES
† 86381	Surgical exposure of unerupted tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $266.90
† 86382	Surgical exposure and attachment of device for orthodontic traction Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $302.75
† 86384	Repositioning of displaced tooth/teeth - per tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $195.30
† 86385	Surgical repositioning of unerupted tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $302.75
† 86386	Splinting of displaced tooth/teeth - per tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $203.65
† 86387	Replantation and splinting of a tooth Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $393.80
† 86388	Transplantation of tooth or tooth bud Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $451.90
† 86389	Surgery to isolate and preserve neurovascular tissue Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $144.40
† 86391	Frenectomy Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $180.50
† 86392	Incision and drainage of abscess or cyst Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $94.75
† 86393	Surgery involving the maxillary antrum Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $650.55
† 86394	Surgery for osteomylitis Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $394.85

DENTAL SPECIALISTS	
† 86395	Repair of nerve trunk Includes insertion of sutures, normal post-operative care and suture removal. *(See explanatory notes N.1 and N.2)* **Benefit:** $792.85
	SUBGROUP 5 - ENDODONTICS
	PULP AND ROOT CANAL TREATMENTS
† 86411	Direct pulp capping *(See explanatory notes N.1 and N.2)* **Benefit:** $35.50
† 86412	Incomplete endodontic therapy (inoperable or fractured) *(See explanatory notes N.1 and N.2)* **Benefit:** $146.55
† 86414	Pulpotomy *(See explanatory notes N.1 and N.2)* **Benefit:** $67.70
† 86415	Complete chemo-mechanical preparation of root canal - one canal *(See explanatory notes N.1 and N.2)* **Benefit:** $304.30
† 86416	Complete chemo-mechanical preparation of root canal - each additional canal on the same tooth. To be claimed in conjunction with item 86415. *(See explanatory notes N.1 and N.2)* **Benefit:** $155.55
† 86417	Root canal obturation - one canal *(See explanatory notes N.1 and N.2)* **Benefit:** $304.30
† 86418	Root canal obturation - each additional canal on the same tooth To be claimed in conjunction with item 86417. *(See explanatory notes N.1 and N.2)* **Benefit:** $155.55
† 86419	Extirpation of pulp or debridement of root canal(s) - emergency or palliative *(See explanatory notes N.1 and N.2)* **Benefit:** $127.10
	PERIRADICULAR SURGERY
† 86431	Periapical curettage - per root *(See explanatory notes N.1 and N.2)* **Benefit:** $258.45
† 86432	Apicectomy - per root Includes curettage. *(See explanatory notes N.1 and N.2)* **Benefit:** $258.85
† 86433	Exploratory periradicular surgery Limit of one (1) per 12 month period. Not claimable if services for the following items 86431, 86432, 86434, 86436, 86437 and 86438 are provided on the same day. *(See explanatory notes N.1 and N.2)* **Benefit:** $122.15
† 86434	Apical seal - per canal Included apicectomy and periapical curettage. *(See explanatory notes N.1 and N.2)* **Benefit:** $408.45

DENTAL SPECIALISTS	
† 86436	Sealing of perforation *(See explanatory notes N.1 and N.2)* **Benefit:** $239.65
† 86437	Surgical treatment and repair of an external root resorption - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $393.00
† 86438	Hemisection *(See explanatory notes N.1 and N.2)* **Benefit:** $287.60
	OTHER ENDODONTIC SERVICES
† 86445	Exploration for a calcified root canal - per canal *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86451	Removal of root filling - per canal *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86452	Removal of cemented root canal post or post crown *(See explanatory notes N.1 and N.2)* **Benefit:** $101.45
† 86453	Removal or bypassing fractured endodontic instrument *(See explanatory notes N.1 and N.2)* **Benefit:** $94.75
† 86455	Additional visit for irrigation and/or dressing of the root canal system - per tooth Cannot be paid with items 86415, 86416, 86417 or 86418 on the same day. *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86457	Obturation of resorption defect or perforation (non-surgical) *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86458	Interim therapeutic root filling - per tooth Limit of three (3) in a 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $121.75
	SUBGROUP 6 - RESTORATIVE SERVICES
	METALLIC RESTORATIONS - DIRECT
† 86511	Metallic restoration - one surface - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $80.10
† 86512	Metallic restoration - two surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $98.15
† 86513	Metallic restoration - three surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $117.05
† 86514	Metallic restoration - four surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $133.45
† 86515	Metallic restoration - five surfaces - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $152.40

DENTAL SPECIALISTS	
	ADHESIVE RESTORATIONS - ANTERIOR TEETH - DIRECT
† 86521	Adhesive restoration - one surface - anterior tooth - direct Limit of five (5) single-surface adhesive restorations (86521 or 86531) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $88.70
† 86522	Adhesive restoration - two surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $107.60
† 86523	Adhesive restoration - three surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $127.40
† 86524	Adhesive restoration - four surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $147.20
† 86525	Adhesive restoration - five surfaces - anterior tooth - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $205.75
	ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT
† 86531	Adhesive restoration - one surface - posterior tooth - direct Limit of five (5) single-surface adhesive restorations (86521 or 86531) per day. *(See explanatory notes N.1 and N.2)* **Benefit:** $94.70
† 86532	Adhesive restoration – two surfaces – posterior tooth – direct *(See explanatory notes N.1 and N.2)* **Benefit:** $118.80
† 86533	Adhesive restoration – three surfaces – posterior tooth – direct *(See explanatory notes N.1 and N.2)* **Benefit:** $142.90
† 86534	Adhesive restoration – four surfaces – posterior tooth – direct *(See explanatory notes N.1 and N.2)* **Benefit:** $161.00
† 86535	Adhesive restoration – five surfaces – posterior tooth – direct *(See explanatory notes N.1 and N.2)* **Benefit:** $240.95
	METALLIC RESTORATIONS - INDIRECT
† 86541	Metallic restoration – one surface – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $345.10
† 86542	Metallic restoration – two surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $471.25
† 86543	Metallic restoration – three surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $635.90
† 86544	Metallic restoration – four surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $753.95
† 86545	Metallic restoration – five surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $948.95

DENTAL SPECIALISTS	
	TOOTH COLOURED RESTORATIONS - INDIRECT
† 86551	Tooth-coloured restoration – one surface – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $575.15
† 86552	Tooth-coloured restoration – two surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $651.85
† 86553	Tooth-coloured restoration – three surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $824.35
† 86554	Tooth-coloured restoration – four surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $891.45
† 86555	Tooth-coloured restoration – five surfaces – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $948.95
	OTHER RESTORATIVE SERVICES
† 86572	Provisional (intermediate/ temporary) restoration Not claimable if services for endodontic items (86411 to 86458 inclusive) except 86419 are provided on the same day. Limit of three (3) per three month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $37.40
† 86574	Metal band The cementation of a metal band for diagnostic, protective purposes or for the placement of a provisional (intermediate) restoration. *(See explanatory notes N.1 and N.2)* **Benefit:** $31.55
† 86575	Pin retention – per pin *(See explanatory notes N.1 and N.2)* **Benefit:** $21.55
† 86576	Stainless steel crown *(See explanatory notes N.1 and N.2)* **Benefit:** $220.45
† 86577	Cusp capping – per cusp *(See explanatory notes N.1 and N.2)* **Benefit:** $23.25
† 86578	Restoration of an incisal corner – per corner *(See explanatory notes N.1 and N.2)* **Benefit:** $23.25
† 86595	Removal of inlay/onlay *(See explanatory notes N.1 and N.2)* **Benefit:** $108.20
† 86596	Recementing of inlay/onlay *(See explanatory notes N.1 and N.2)* **Benefit:** $60.80
† 86597	Post – direct Insertion of a post into a prepared root canal to provide an anchor for an artificial crown or other restoration. *(See explanatory notes N.1 and N.2)* **Benefit:** $135.45

DENTAL SPECIALISTS	
	SUBGROUP 7 - CROWN AND BRIDGE
	CROWNS
† 86613	Full crown – non metallic – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,371.55
† 86615	Full crown – veneered – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,513.40
† 86618	Full crown – metallic – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,210.70
† 86625	Core for crown including post – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $326.30
† 86627	Preliminary restoration for crown – direct *(See explanatory notes N.1 and N.2)* **Benefit:** $135.30
† 86629	Post and root cap – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $331.40
	TEMPORARY (PROVISIONAL) CROWN AND BRIDGE
† 86631	Provisional crown *(See explanatory notes N.1 and N.2)* **Benefit:** $117.00
† 86632	Provisional bridge – per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $227.85
	BRIDGES
† 86642	Bridge pontic – direct – per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $630.70
† 86643	Bridge pontic – indirect – per pontic *(See explanatory notes N.1 and N.2)* **Benefit:** $1,005.80
† 86644	Semi-fixed attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $325.90
† 86645	Precision or magnetic attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $321.45
† 86649	Retainer for bonded fixture – indirect – per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $335.50
	CROWN AND BRIDGE REPAIRS AND OTHER SERVICES
† 86651	Recementing crown or veneer *(See explanatory notes N.1 and N.2)* **Benefit:** $90.10
† 86652	Recementing bridge or splint - per abutment *(See explanatory notes N.1 and N.2)* **Benefit:** $102.85

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTAL SPECIALISTS	
† 86653	Rebonding of bridge or splint where retreatment of bridge surface is required *(See explanatory notes N.1 and N.2)* **Benefit:** $96.05
† 86655	Removal of crown *(See explanatory notes N.1 and N.2)* **Benefit:** $60.95
† 86656	Removal of bridge or splint *(See explanatory notes N.1 and N.2)* **Benefit:** $142.00
† 86658	Repair of crown, bridge or splint - indirect Inclusive of labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $358.90
† 86659	Repair of crown, bridge or splint - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $261.00
	IMPLANT PROSTHESES
† 86661	Fitting of implant abutment - per abutment *(See explanatory notes N.1 and N.2)* **Benefit:** $589.50
† 86663	Removal of implant *(See explanatory notes N.1 and N.2)* **Benefit:** $450.55
† 86664	Fitting of bar for denture - per abutment *(See explanatory notes N.1 and N.2)* **Benefit:** $711.90
† 86666	Prosthesis with metal frame attached to implants - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $565.55
† 86669	Removal and reattachment of prosthesis fixed to implant(s) - per implant *(See explanatory notes N.1 and N.2)* **Benefit:** $172.55
† 86671	Full crown attached to osseointegrated implant - non metallic - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,371.55
† 86672	Full crown attached to osseointegrated implant - veneered - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,513.40
† 86673	Full crown attached to osseointegrated implant - metallic - indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $1,210.70
† 86679	Surgical implant guide *(See explanatory notes N.1 and N.2)* **Benefit:** $295.60
† 86684	Insertion of first stage of two-stage endosseous implant - per implant Includes cost of hardware. *(See explanatory notes N.1 and N.2)* **Benefit:** $1,288.50

DENTAL SPECIALISTS	
† 86688	Insertion of one-stage endosseous implant - per implant Includes cost of hardware. *(See explanatory notes N.1 and N.2)* **Benefit:** $1,414.60
† 86691	Second stage surgery of two stage endosseous implant - per implant Includes the cost of hardware. *(See explanatory notes N.1 and N.2)* **Benefit:** $435.90
	SUBGROUP 8 - PROSTHODONTICS
	DENTURES AND DENTURE COMPONENTS
† 86711	Complete maxillary denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $732.50
† 86712	Complete mandibular denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $732.50
† 86716	Metal palate or plate Additional to items 86711, 86712 or 86719 *(See explanatory notes N.1 and N.2)* **Benefit:** $242.45
† 86719	Complete maxillary and mandibular dentures Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,298.90
† 86721	Partial maxillary denture - resin base Base amount only. To be claimed in conjunction with items 86733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $326.25
† 86722	Partial mandibular denture - resin base Base amount only. To be claimed in conjunction with item 86733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $326.25
† 86727	Partial maxillary denture - cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 86733 for each additional tooth and item 86739 for each metal backing Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,080.70

DENTAL SPECIALISTS	
† 86728	Partial mandibular denture - cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 86733 for each additional tooth and item 86739 for each metal backing Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,080.70
† 86731	Retainer - per tooth Additional to items 86721 and 86722. *(See explanatory notes N.1 and N.2)* **Benefit:** $33.85
† 86732	Occlusal rest - per rest Additional to items 86721 and 86722. *(See explanatory notes N.1 and N.2)* **Benefit:** $16.45
† 86733	Tooth/Teeth (Partial denture) An item to describe each tooth added to the base of new partial denture. The number of teeth should be indicated. To be claimed with items 86721, 86722, 86727 or 86728. Limit of twelve (12) per base. *(See explanatory notes N.1 and N.2)* **Benefit:** $34.95
† 86735	Precision or magnetic attachment *(See explanatory notes N.1 and N.2)* **Benefit:** $195.65
† 86736	Immediate tooth replacement - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $7.00
† 86737	Resilient lining *(See explanatory notes N.1 and N.2)* **Benefit:** $145.20
† 86738	Wrought bar A wrought bar joining sections of a partial prosthesis. *(See explanatory notes N.1 and N.2)* **Benefit:** $135.30
† 86739	Metal Backing - per backing An extension of the casting of a cast metal partial denture to provide a backing for the denture tooth. The number of backings should be indicated. To be claimed with items 86727 or 86728. *(See explanatory notes N.1 and N.2)* **Benefit:** $61.15
	DENTURE MAINTENANCE
† 86741	Adjustment of a denture Adjustment of a denture to improve comfort and function. This item cannot be claimed for routine adjustments following the insertion of a new denture or maintenance or repair of an existing denture. *(See explanatory notes N.1 and N.2)* **Benefit:** $40.10
† 86743	Relining - complete denture – processed For soft relines, use items 86743 and 86737. *(See explanatory notes N.1 and N.2)* **Benefit:** $371.00

DENTAL SPECIALISTS	
† 86744	Relining - partial denture – processed For soft relines, use items 86744 and 86737. *(See explanatory notes N.1 and N.2)* **Benefit:** $288.40
† 86745	Remodelling- complete denture *(See explanatory notes N.1 and N.2)* **Benefit:** $492.70
† 86746	Remodelling - partial denture *(See explanatory notes N.1 and N.2)* **Benefit:** $393.00
† 86751	Relining - complete denture - direct Chair-side only. Either hard or soft material. *(See explanatory notes N.1 and N.2)* **Benefit:** $172.55
† 86752	Relining - partial denture - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $135.15
† 86753	Cleaning and polishing of pre-existing denture Limit of one (1) per two year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $43.30
	DENTURE REPAIRS
† 86761	Reattaching pre-existing tooth or clasp to denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $110.70
† 86762	Replacing clasp on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $115.65
† 86763	Repairing broken base of a complete denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $99.90
† 86764	Repairing broken base of a partial denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $110.70
† 86765	Replacing first tooth on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $115.65
† 86767	Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $45.75
† 86768	Adding tooth to partial denture to replace an extracted or decoronated tooth - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $117.05
† 86769	Repair or addition to metal casting *(See explanatory notes N.1 and N.2)* **Benefit:** $140.00

DENTAL SPECIALISTS	
	OTHER PROSTHODONTIC SERVICES
† 86771	Tissue conditioning treatment prior to impressions Limit of five (5) per 3 month period *(See explanatory notes N.1 and N.2)* **Benefit:** $53.15
† 86772	Splint – resin – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $287.60
† 86773	Splint – metal – indirect *(See explanatory notes N.1 and N.2)* **Benefit:** $287.60
† 86776	Impression where required for denture repair/modification *(See explanatory notes N.1 and N.2)* **Benefit:** $35.35
† 86777	Identification Marking a dental appliance with a patient's name or other form of enduring patient identification. *(See explanatory notes N.1 and N.2)* **Benefit:** $28.30
	SUBGROUP 9 - ORTHODONTICS
	REMOVABLE APPLIANCES
† 86811	Passive removable appliance – per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $335.50
† 86821	Active removable appliance – per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $651.85
† 86823	Functional orthopaedic appliance *(See explanatory notes N.1 and N.2)* **Benefit:** $498.45
	FIXED APPLIANCES
† 86829	Partial banding – per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $613.50
† 86831	Full arch banding – per arch *(See explanatory notes N.1 and N.2)* **Benefit:** $1,682.05
† 86862	Bonding of attachment for application of orthodontic force *(See explanatory notes N.1 and N.2)* **Benefit:** $124.65
	SUBGROUP 10 - GENERAL SERVICES
	EMERGENCIES
† 86911	Palliative care Interim care to relieve pain, infection, bleeding or other problems not associated with other treatment. *(See explanatory notes N.1 and N.2)* **Benefit:** $69.85

DENTAL SPECIALISTS	
	DRUG THERAPY
† 86926	Individually made tray - medicaments A tray made for the application of medicaments to the teeth or supporting tissues. Not to be claimed for bleaching. *(See explanatory notes N.1 and N.2)* **Benefit:** $121.75
† 86927	Provision of medication/ medicament The supply, prescription or administration of appropriate medications and medicaments required for dental treatment. Limit of one (1) per three month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $21.15
	ANAESTHESIA AND SEDATION
† 86949	Treatment under general anaesthesia A specialist anaesthetist must administer the anaesthetic. *(See explanatory notes N.1 and N.2)* **Benefit:** $127.70
	OCCLUSAL THERAPY
† 86963	Clinical occlusal analysis including muscle and joint palpation Limit of one (1) per three year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $94.75
† 86964	Registration and mounting of casts for occlusal analysis Limit of one (1) per three year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $71.85
† 86965	Occlusal splint *(See explanatory notes N.1 and N.2)* **Benefit:** $591.45
† 86966	Adjustment of pre-existing occlusal splint - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $70.55
† 86968	Occlusal adjustment following occlusal analysis - per visit *(See explanatory notes N.1 and N.2)* **Benefit:** $99.40
† 86971	Adjunctive physical therapy for temporomandibular joint and associated structures Limit of four (4) per 12 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $57.55
† 86972	Repair/addition – occlusal splint *(See explanatory notes N.1 and N.2)* **Benefit:** $169.35
	MISCELLANEOUS
† 86981	Splinting and stabilisation - direct - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $94.75

DENTAL SPECIALISTS	
† 86986	Post-operative care where not otherwise included In normal circumstances, dental specialists provide post-operative care following dental treatment. However, where a patient requires unforeseen post-operative care or is seen by a dental specialist who did not provide the initial treatment, this item can be used. Limit of two (2) per 12 month period *(See explanatory notes N.1 and N.2)* **Benefit:** $67.70

Schedule of Dental Services

Services by

Eligible Dental Prosthetists

DENTAL PROSTHETISTS	
	GROUP N3 - SERVICES PROVIDED BY ELIGIBLE DENTAL PROSTHETISTS
	SUBGROUP 1 - DIAGNOSTIC SERVICES
	EXAMINATIONS AND DIAGNOSTIC SERVICES
† 87011	Initial denture examination Assessment of any existing dentures and any teeth, supporting tissues and oral tissues in order to construct a removable dental prosthesis or refer to an appropriate clinician. This assessment includes the recording an appropriate medical history and any other relevant information. Limit of one (1) per provider every 2 years. *(See explanatory notes N.1 and N.2)* **Benefit:** $36.45
† 87014	Consultation A consultation to seek advice or discuss treatment options regarding removable dental prosthesis. This consultation includes the recording an appropriate medical history and any other relevant information. *(See explanatory notes N.1 and N.2)* **Benefit:** $29.40
† 87071	Diagnostic model - per model *(See explanatory notes N.1 and N.2)* **Benefit:** $41.70
	SUBGROUP 2 - PROSTHODONTICS
	DENTURES AND DENTURE COMPONENTS
† 87711	Complete maxillary denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $659.30
† 87712	Complete mandibular denture Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $659.30
† 87716	Metal palate or plate Additional to items 87711, 87712 or 87719. *(See explanatory notes N.1 and N.2)* **Benefit:** $242.45
† 87719	Complete maxillary and mandibular dentures Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,169.05
† 87721	Partial maxillary denture - resin base Base amount only. To be claimed in conjunction with item 87733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $291.30

DENTAL PROSTHETISTS	
† 87722	Partial mandibular denture – resin base Base amount only. To be claimed in conjunction with item 87733 for each additional tooth. Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $291.30
† 87727	Partial maxillary denture – cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 87733 for each additional tooth and item 87739 for each metal backing Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,002.50
† 87728	Partial mandibular denture – cast metal framework (includes provision of casting) Inclusive of clasps, retainers and occlusal rests. Base amount only. To be claimed in conjunction with item 87733 for each additional tooth and item 87739 for each metal backing Limit of one new set of dentures per patient every eight (8) years. In exceptional circumstances, a patient may receive a second set of new dentures during the eight year period. *(See explanatory notes N.1 and N.2, in particular page 20)* **Benefit:** $1,002.50
† 87731	Retainer – per tooth Additional to items 87721 and 87722 *(See explanatory notes N.1 and N.2)* **Benefit:** $30.45
† 87732	Occlusal rest Additional to items 87721 and 87722 *(See explanatory notes N.1 and N.2)* **Benefit:** $14.80
† 87733	Tooth/Teeth (Partial denture) An item to describe each tooth added to the base of new partial denture. The number of teeth should be indicated. To be claimed with items 87721, 87722, 87727 or 87728. Limit of twelve (12) per base *(See explanatory notes N.1 and N.2)* **Benefit:** $31.60
† 87736	Immediate tooth replacement - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $6.25
† 87737	Resilient lining *(See explanatory notes N.1 and N.2)* **Benefit:** $130.65
† 87738	Wrought bar A wrought bar joining sections of a partial prosthesis. *(See explanatory notes N.1 and N.2)* **Benefit:** $121.80
† 87739	Metal Backing – per backing An extension of the casting of a cast metal partial denture to provide a backing for the denture tooth. The number of backings should be indicated. To be claimed with items 87727 or 87728. *(See explanatory notes N.1 and N.2)* **Benefit:** $55.00

DENTAL PROSTHETISTS	
	DENTURE MAINTENANCE
† 87741	Adjustment of pre-existing denture Adjustment of a denture to improve comfort and function. This item cannot be claimed for routine adjustments following the insertion of a new denture or maintenance or repair of an existing denture. *(See explanatory notes N.1 and N.2)* **Benefit:** $36.05
† 87743	Relining – complete denture - processed For soft relines, use items 87743 and 87737. *(See explanatory notes N.1 and N.2)* **Benefit:** $230.10
† 87744	Relining - partial denture - processed For soft relines, use items 87744 and 87737. *(See explanatory notes N.1 and N.2)* **Benefit:** $196.10
† 87745	Remodelling - complete denture *(See explanatory notes N.1 and N.2)* **Benefit:** $366.70
† 87746	Remodelling - partial denture *(See explanatory notes N.1 and N.2)* **Benefit:** $309.15
† 87751	Relining - complete denture - direct Chair-side only. Either hard or soft material. *(See explanatory notes N.1 and N.2)* **Benefit:** $125.85
† 87752	Relining - partial denture - direct *(See explanatory notes N.1 and N.2)* **Benefit:** $106.10
† 87753	Cleaning and polishing of pre-existing denture Limit of one (1) per 2 year period. *(See explanatory notes N.1 and N.2)* **Benefit:** $29.30
	DENTURE REPAIRS
† 87761	Reattaching pre-existing tooth or clasp to denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $99.70
† 87762	Replacing clasp on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $104.10
† 87763	Repairing broken base of a complete denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $89.85
† 87764	Repairing broken base of a partial denture Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $99.70
† 87765	Replacing first tooth on denture *(See explanatory notes N.1 and N.2)* **Benefit:** $104.10

To a maximum of $4,250 in Medicare benefits per eligible patient (see explanatory notes N.1 and N.2)

DENTAL PROSTHETISTS	
† 87767	Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day Includes labour and laboratory costs. *(See explanatory notes N.1 and N.2)* **Benefit:** $41.10
† 87768	Adding tooth to partial denture to replace an extracted or decoronated tooth - per tooth *(See explanatory notes N.1 and N.2)* **Benefit:** $105.35
† 87769	Repair or addition to metal casting *(See explanatory notes N.1 and N.2)* **Benefit:** $140.00
	OTHER PROSTHODONTIC SERVICES
† 87771	Tissue conditioning treatment prior to impressions Limit of five (5) per 3 month period. *(See explanatory notes N.1 and N.2)* **Benefit:** $47.85
† 87776	Impression where required for denture repair *(See explanatory notes N.1 and N.2)* **Benefit:** $31.75
† 87777	Identification Marking a dental appliance with a patient's name or other form of enduring patient identification. *(See explanatory notes N.1 and N.2)* **Benefit:** $25.50