WorkCover QUEENSLAND

Dental Services
Table of Costs

Effective 1 August 2025

Dental Services Table of Costs

Quick reference table – Common Item Numbers

Item number	Description (High level)	Insurer prior approval required	Fee – GST not included[1]
200011	Comprehensive Oral Examination	Yes	Usual practice fee
200012	Periodic Oral Examination	Yes	Usual practice fee
200013	Oral Examination – Limited	Yes	Usual practice fee
200014	Consultation (<30 minutes)	Yes	Usual practice fee
200015	Consultation - Extended (>30 minutes)	Yes	Usual practice fee
210001	Complete Forms (sent with request) for Treating Dental Practitioners to Provide Basic Information	At the request of the insurer	Usual practice fee
210002	Short report	At the request of the insurer	Usual practice fee
210005	Basic report	At the request of the insurer	Usual practice fee

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

You can click on certain item numbers in the table to view more details.

Item number / service	Description
200011 Comprehensive Oral Examination (ADA 011) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A comprehensive evaluation and recording of the current status of the dentition, mouth and associated structures performed on a patient. This applies to new patients, established patients who have had a significant change in health conditions, or established patients who have been absent from active treatment for two or more years. This may require interpretation of information acquired through additional diagnostic procedures reported and itemised separately. This evaluation includes recording an appropriate oral and medical history and any other relevant information. Usual practice fee applies.
200012 Periodic Oral Examination (ADA 012) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An evaluation of the dentition, mouth and associated structures performed on a patient of record to determine any changes in the patient's oral and medical health status since a previous comprehensive or periodic examination. This may require interpretation of information acquired through additional diagnostic procedures reported and itemised separately. Usual practice fee applies.
200013 Oral Examination – Limited (ADA 013) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A limited evaluation of the dentition, mouth and associated structures performed on a patient. This may be for a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures reported and itemised separately. This evaluation includes recording an appropriate oral and medical history and any other relevant information. Usual practice fee applies.
200014 Consultation (<30 Minutes) (ADA 014) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A consultation to seek advice or discuss treatment options regarding a specific dental or oral condition. This consultation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.
200015 Consultation - Extended (30 Minutes or more) (ADA 015) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An extended consultation to seek advice or discuss treatment options about a specific dental or oral complaint. This consultation includes recording an appropriate medical history and any other relevant information. Usual practice fee applies.

200022 Intraoral Radiograph – per exposure (ADA 022) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting an intraoral radiograph. Usual practice fee per exposure applies.
200025 Extraoral Radiograph - Maxillary, Mandibular - per exposure (ADA 031) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting a radiograph of the upper and or lower jaw using a film placed outside the mouth, for example, oblique lateral radiograph. Usual practice fee per exposure applies.
200037 Panoramic Radiograph- per exposure (OPG) (ADA 037) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Taking and interpreting an extraoral radiograph presenting a panoramic view of part or all the mandible and/or the maxilla and/or adjacent structures. Usual practice fee per exposure applies.
200071 Diagnostic Model (ADA 071) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	The production of a model from an impression or digital data. The model is used for examination and treatment planning procedures. This item should not be used to describe a working model. Usual practice fee per model applies.
200311 Removal of a Tooth or Part(s) Thereof (ADA 311) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A procedure consisting of the removal of a tooth or part(s) thereof. Usual practice fee applies.

200314 Sectional Removal of a Tooth or Part(s) Thereof (ADA 314) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	The removal of a tooth or part(s) thereof in sections. Bone removal may be necessary. Usual practice fee applies.
200322 Surgical Removal of a Tooth or Fragment Not Requiring Removal of Bone or Tooth Division (ADA 322) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap are required, but where removal of bone or sectioning of the tooth is not necessary to remove the tooth. Usual practice fee applies.
200323 Surgical Removal of a Tooth or Tooth Fragment Requiring Bone Removal and/or Tooth Division Bone (ADA 324) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Removal of a tooth or tooth fragment where removal of bone and/or sectioning of the tooth after an incision and the raising of a mucoperiosteal flap. The tooth may be removed in sections.
200352 Fracture of Maxilla or Mandible - Not Requiring Fixation (ADA 352) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Conservative treatment of a fracture of the maxilla or mandible where there is no marked displacement or mobility of the fragments. No physical reduction or fixation is required. Usual practice fee applies.
200387 Replantation and Splinting of a Tooth – per avulsed or intentionally removed tooth (ADA 387) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Replantation of a tooth that has been avulsed or intentionally removed. It may be held in the correct position by splinting. Usual practice fee applies per tooth.

200399 Control of Reactionary or Secondary Post-Operative Haemorrhage (ADA 399)

Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee

This procedure describes the control of reactionary or secondary post-operative haemorrhage.

Usual practice fee applies.

200411 Direct Pulp Capping (ADA 411)

Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee

A procedure where an exposed pulp is directly covered with a protective dressing or cement.

Usual practice fee applies.

200419 Extirpation of Pulp or Debridement of Root Canal(S) - Emergency or Palliative (ADA 419)

Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee

The partial removal of a tooth pulp for one or more of the following reasons:

- to relieve pain
- to perform an assessment of root integrity or
- to carry out an assessment of the tooth's suitability for restoration.

Item numbers 415 and/or 416 should not be used at the same appointment as 419.

Usual practice fee applies.

200455 Additional Visit for Irrigation and/or Dressing of the Root Canal System – per tooth (ADA 455)

Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee

Separate appointment for additional irrigation of the root canal system and replacement of the intracanal dressing/medicament with therapeutic properties that facilitates healing/development of the root and peri radicular tissues over time.

This item is not to be used with items 411–421 or 451–453 or 457.

Usual practice fee applies per tooth.

200511 Metallic Restoration - One Surface - Direct (ADA 511)	Direct metallic restoration involving one surface of a tooth. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee
200512 Metallic Restoration - Two Surfaces - Direct (ADA 512)	Direct metallic restoration involving two surfaces of a tooth. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee
200513 Any Prosthodontic Service (ADA 611-ADA 779)	Provision of any service from the Prosthodontics chapter of the ADA handbook of the The Australian Schedule of Dental Services and Glossary 13th edition. This is available on the ADA website https://ada.org.au/. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee
200711 Complete Maxillary Denture (ADA 711)	Provision of a patient removable dental prosthesis replacing the natural teeth and adjacent tissues in the maxilla. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee
200712 Complete Mandibular Denture (ADA 712)	Provision of a patient removable dental prosthesis replacing the natural teeth and adjacent tissues in the mandible. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee

200721 Partial Maxillary Denture - Resin Base (ADA 721) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a resin base for a patient removable dental prosthesis for the maxilla where some natural teeth remain. Other components of the denture such as teeth, rests, retainers, and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.
200722 Partial Mandibular Denture - Resin Base (ADA 722) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a resin base for a patient removable dental prosthesis for the mandible where some natural teeth remain. Other components of the denture such as teeth, rests, retainers, and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.
200728 Partial Mandibular Denture – Custom Fabricated Metal Framework (ADA 728) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of the framework for a patient removable dental prosthesis made with a custom fabricated metal on which to replace teeth from the maxilla where some natural teeth remain. Other components of the denture such as teeth, rests, retainers, and immediate tooth replacements should be appropriately itemised. Usual practice fee applies.
200731 Retainer (clasp) - per tooth (ADA 731) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A retainer or clasp that is attached to a partial denture that is adapted to an undercut in a tooth to aid retention. The number of retainers should be indicated. Usual practice fee per tooth applies.
200732 Occlusal Rest – per rest (ADA 732) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	A unit of partial denture that rests upon a tooth surface to provide support for the denture. The number of rests used should be indicated. Usual practice fee per rest applies.

200733 Tooth/Teeth (Partial Denture) (ADA 733) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An item to describe each denture tooth added to the base of new partial denture. The number of teeth should be indicated. Usual practice fee applies.
200764 Repairing Broken Base of a Partial Denture (ADA 764) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Repair, insertion, and adjustment of a broken resin partial denture base. Usual practice fee applies.
200768 Adding a Denture Tooth to Partial Denture to Replace an Extracted or Decoronated Tooth – per denture tooth (ADA 768) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	Provision of a denture tooth on an existing partial denture to replace a natural tooth that has been removed or decoronated prior to or at the time of issue of the modified denture. Usual practice fee per tooth applies.
200776 Impression - Dental Repair/ Modification (ADA 776) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An item to describe taking an impression where required for the repair or modification of a dental appliance. Usual practice fee applies.
200911 Palliative Care – per appointment (ADA 911) **Insurer prior approval required** Yes **Fee – GST not included**[1] Your usual practice fee	An item to describe interim care to relieve pain, infection, bleeding, or other problems not associated with other treatment, per appointment. Usual practice fee applies.

200927 Provision of Medication/Medicament(s) (ADA 927)	The supply, or administration under professional supervision, of appropriate medications and medicaments required for dental treatments. Usual practice fee applies.
Insurer prior approval required	Yes
Fee – GST not included[1]	Your usual practice fee
210001 Complete Forms (sent with request) - For Treating Dental Practitioners to Provide Basic Information	Complete forms (sent with request) for treating dental practitioners to provide basic information as set out in forms provided by the insurer. The treating dental practitioner is to indicate the need for phone contact or a full report if additional pertinent information is available. Basic fee payable for each form completed. Usual practice fee applies.
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	Your usual practice fee
210002 Short Report	A short report written in response to a request for specific information e.g., a statement of attendance, history, diagnosis, record of visits, including results of an investigation. These reports should only address the information requested but should include any comments necessary to make the position clear to a case manager. Expected length is half a page to one (1) page. Received by insurer within 10 working days. Usual practice fee applies.
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	Your usual practice fee
210005 Basic Report	A basic report includes summing up and an opinion helpful to the insurer. A basic report should include all the relevant items listed in the outline for the short report and a case summary. Details would only be given where this assists in determining the merits of a claim, establishing a need for a particular line of treatment or rehabilitation, understanding the development of the condition and the prognosis, or clarifying early treatment and return to work goals. Expected length is one (1) to two (2) pages. Received by insurer within 10 working days. Usual practice fee applies.
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	Your usual practice fee

210008 Substantial Report	
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	Your usual practice fee

A substantial report includes extensive research or case discussion and opinion helpful to the insurer or assessment of impairment on request; or if the claim is rejected, to compensate for clinical input to the report. To qualify as substantial, a report must include, in addition to the case summary and comments required for a basic report, at least one of the following:

- an assessment of impairment at the insurer's request
- a report on a work-related injury or condition where the claim is subsequently rejected because of the report
- evidence of extensive research into clinical, technical, or scientific papers
- considerable case discussion outlining the merits of the claim
- or advice on the future management of the case which assists the insurer and/or rehabilitation providers to manage the claim.

Received by insurer within 10 business days.

Usual practice fee applies.

210011 Expert Specialist Opinion	
Insurer prior approval required	At the request of the insurer
Fee – GST not included[1]	Your usual practice fee

An expert specialist opinion includes the above elements essential to the insurer in determining or managing claims. To attract the fee for an expert specialist report there should be evidence of two or more of the requirements for a substantial report, or the preparation of a report of a medico-legal standard for use by a medical assessment tribunal or a court. Expected length is three (3) or more pages.

Note: only to be paid to specialists.

Received by insurer within 10 business days.

Usual practice fee applies.

Who can provide dental services to workers?

All dental services performed must be provided by a dentist who has a current registration with the Australian Health Practitioner Regulation Agency (AHPRA).

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

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

- Typed reports are best, including the written request for approval to conduct follow-up dental treatment. Reports should be as clear and as informative as possible. When insurers evaluate the report against the fee charged, they consider its usefulness for determining liability, assessing incapacity, or whether rehabilitation or other special services are needed to manage the claim.
- Delays in determining liability or the need for treatment or rehabilitation add considerably to the total costs of claims. As an incentive for early replies to requests for dental reports, a staged fee schedule based on time has been developed. The date the request was received will be the date from which the insurer will calculate the time taken to reply.
- The date of examination of the worker will be the date from which the insurer will calculate the time taken for reports associated with independent dental assessments (examination and report).
- **In general, reports delayed longer than three (3) weeks are of little use to the insurer and will not be paid for without prior approval from the insurer.**
- If an insurer requests an independent dental assessment (examination and report), they will always pay the fee for the examination. However, if the insurer does not receive the report within six (6) weeks of the examination, the insurer will not pay for the report unless they have given their prior approval.
- The insurer will only pay for non-requested reports at the base rate—provided they are satisfied the report is of value to them.
- Where the insurer requests a report from the treating dentist and subsequently rejects the claim, the insurer will pay the appropriate report fee to compensate for the clinical input necessary to provide the report.
- The ‘expected length’ is given as **a guide only—**this is not a measure of the report’s value.

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