

Oral Health Fee For Service Scheme (OHFFSS)



Schedule of fees

This page outlines the Schedule of fees for OHFFSS providers. Fees have been indexed in alignment with movement in the Department of Veteran's Affairs Fee Schedules of Dental Services. These fees will be effective as of 1 July 2023.

This information is to be read in conjunction with NSW Health Policy Directive Oral Health Fee For Service Scheme (PD2024_003), and *The Australian Schedule of Dental Services and Glossary, 12th Ed.* (Australian Dental Association).

Voucher limits

The maximum amounts payable for authorised vouchers are:

- Urgent Care Voucher: **\$450.00 or as printed on voucher**
- General Care Voucher: **\$1000.00 or as printed on voucher**
- Denture Care Voucher: **\$1750.00 or as printed on voucher**

NSW Public Health Organisations (PHOs)* may:

- Raise or lower voucher limits in line with local policy.
- Pre-authorise and fund other ADA items not listed in this schedule where it is applicable to an individual patient or model of care.

Note that actual limits are printed on each voucher.

Voucher type

- U = Urgent care voucher
- G = General care voucher
- D = Denture care voucher

Diagnostic services

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Comprehensive oral examination	011	Limit of 1 per provider per patient. Must be at least two years after previous 011.	57.75	G
Initial Denture Exam	011	Limit of 1 per Denture Voucher.	51.95	D
Limited oral examination	013	Limit of 3 per 3 month period.	30.10	U
Intraoral periapical or bitewing radiograph	022	First exposure per day only.	40.60	U, G
Each subsequent exposure (on same day)	022	Limit of 6 total 022 per day. Limit of 4 per tooth undergoing endodontic treatment per voucher.	33.35	U, G
Panoramic radiograph -per exposure	037	Prior approval required Radiograph must be taken on-premises at the provider's surgery.	103.30	G

*PHO refers to Local Health Districts and Specialty Hospital Networks.

Preventative services

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Removal of plaque and/or stain	111	Limit of 1 per 6 month period.	58.95	G
Removal of calculus -first appointment	114	Limit of 1 per 6 month period.	98.35	G
Removal of calculus -subsequent appointment	115	Limit of 2 per 12 month period.	63.95	G
Topical application of remineralising and/or cariostatic agents -one treatment	121	Limit of 1 per 6 month period.	37.95	G
Concentrated remineralising and/or cariostatic agents, application -single tooth	123	Limit of 1 per day.	29.65	G
Oral hygiene instruction	141	Where a full appointment of at least 15 minutes is used. Limit of one per 12 month period.	54.20	G
Fissure and/or tooth surface sealing -per tooth	161		50.50	G
Desensitising procedure -per appointment	165		29.65	G

Periodontics

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Treatment of acute periodontal infection –per appointment	213	Limit of 2 per 12 month period.	76.45	U, G
Clinical periodontal analysis and recording	221	Limit of one (1) per 12 month period. Evidence of clinical periodontal analysis and recording must be submitted when claiming for 221.	58.05	G
Periodontal debridement –per tooth	222	Limit of 10 per day. Limit of 20 per 12 month period. Item 222 can only be claimed in conjunction with item 221. Item 221 can be claimed on the same voucher or claimed within the previous 12 months.	28.60	G

Oral surgery

The item number and its fee includes anaesthesia, the insertion of sutures, normal post-operative care, suture removal, and the treatment of alveolar osteitis should it arise. All surgical procedures should be supported by an appropriate radiographic image and clinical notes may be requested.

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Removal of a tooth or part(s) thereof	311	For first tooth extracted per quadrant per day.	143.95	U, G
A subsequent extraction in same quadrant	311		90.70	U, G
Sectional removal of a tooth or part(s) thereof	314	For first tooth extracted per quadrant per day.	184.00	U, G
A subsequent extraction in same quadrant	314		121.55	U, G
Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division	322	For first tooth extracted per quadrant per day. Permanent teeth only.	233.65	U, G
A subsequent extraction in same quadrant	322		155.45	U, G
Surgical removal of a tooth or tooth fragment requiring removal of bone	323	For first tooth extracted per quadrant per day. Permanent teeth only.	266.95	U, G
A subsequent extraction in same quadrant	323		191.20	U, G
Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division	324	For first tooth extracted per quadrant per day. Permanent teeth only.	359.05	U, G
A subsequent extraction in same quadrant	324		236.65	U, G
Incision and drainage of abscess (other than through a root canal or at the time of extraction)	392		106.25	U, G

Endodontics

All endodontic procedures should be supported by an appropriate radiographic image.

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Pulpotomy	414	Only claimable for primary teeth anticipated to last more than 12 months.	83.40	U, G
Complete chemo-mechanical preparation of root canal –one canal	415	Limit of one per tooth per day. Prior approval required.	234.85	G
Complete chemo-mechanical preparation –each additional root canal	416	Prior approval required.	111.90	G
Root canal obturation –one canal	417	Limit of one per tooth per day. Prior approval required.	228.85	G
Root canal obturation –each additional canal	418	Prior approval required.	107.05	G
Extirpation of pulp or debridement of root canal(s) –emergency or palliative	419		151.20	U, G

Restorative services

When placing separate restorations on the same or different surfaces of the same tooth at the same visit, the restorations should be itemised separately. For each tooth restored, the reimbursed fee will represent a fee equivalent to the maximum number of surfaces restored. For example, if two separate one-surface restorations are placed on two different surfaces on the same day, these should be itemised as separate restorations, and providers will be reimbursed for a two-surface restoration. If multiple restorations are placed on the same surface on the same day, that surface can only be counted once. When two materials are used in the same restoration, the predominant material type should be used for claiming the restoration.

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Metallic restoration –one surface –direct	511	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	114.30	U, G
Metallic restoration –two surfaces –direct	512	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	140.10	U, G
Metallic restoration –three surfaces –direct	513	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	167.25	U, G
Metallic restoration –four surfaces –direct	514	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	190.65	U, G
Metallic restoration –five surfaces –direct	515	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	217.65	U, G
Adhesive restoration –one surface –anterior tooth –direct	521	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note). Limit of 5 adhesive single surface restorations (521/531) per day	126.60	U, G
Adhesive restoration –two surfaces –anterior tooth –direct	522	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	153.70	U, G
Adhesive restoration –three surfaces –anterior tooth –direct	523	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	182.05	U, G
Adhesive restoration –four surfaces –anterior tooth –direct	524	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	210.40	U, G
Adhesive restoration –five surfaces –anterior tooth –direct	525	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	247.25	U, G
Adhesive restoration –one surface –posterior tooth –direct	531	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note). Limit of 5 adhesive single surface restorations (521/531) per day	135.25	U, G
Adhesive restoration –two surfaces –posterior tooth –direct	532	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	169.80	U, G
Adhesive restoration –three surfaces –posterior tooth –direct	533	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	204.10	U, G
Adhesive restoration –four surfaces –posterior tooth –direct	534	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	229.95	U, G
Adhesive restoration –five surfaces –posterior tooth –direct	535	Limit of 1 restorative service (511-535) to be reimbursed per tooth per day (see above note).	265.55	U, G
Provisional (intermediate/temporary) restoration –per tooth	572	Limit of 3 per three month period. Not claimable with endodontic items except 419. Not claimable with restorative item numbers (511-535) on same tooth on same day.	53.45	U, G
Metal band	574		45.05	U, G
Pin retention -per pin	575	Limit of 3 per tooth. Limit of 6 per voucher.	30.80	U, G

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Cusp capping -per cusp	577	Limit of 2 per tooth.	33.20	U, G
Restoration of an incisal corner -per corner	578	Limit of 2 per tooth.	33.20	U, G
Crown –metallic –with tooth preparation –preformed	586	Not claimable with restorative item numbers (511-535) on same tooth. No other crown item number to be claimed on the same tooth within six months.	281.85	G
Crown-metallic-minimal tooth preparation -preformed	587	Not claimable with restorative item numbers (511-535) on same tooth. No other crown item number to be claimed on the same tooth within six months.	167.25	G
Recementing of indirect restoration	596		86.85	U, G

Prostodontics

The fee associated with item numbers for new complete or partial dentures includes any reasonable adjustments following provision of the denture. At least three or more denture adjustments must be provided, as necessary, following the issue of a denture.

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Recementing crown or veneer	651		113.05	U, G
Recementing bridge or splint -per abutment	652	Limit of 4 per day.	110.45	U, G
Removal of bridge or splint	656		202.85	U, G
Complete maxillary denture	711		941.95	D
Complete mandibular denture	712		941.95	D
Metal palate or plate	716	Prior approval required. Additional to 711, 712 and 719. Laboratory casting invoice required. Maximum amount payable \$464.30.	As per lab invoice. Maximum amount payable \$464.30	D
Complete maxillary and mandibular dentures	719		1670.20	D
Partial maxillary denture –resin base	721	This item refers to denture base only. Specify number of teeth using item 733.	430.95	D
Partial mandibular denture –resin base	722	This item refers to denture base only. Specify number of teeth using item 733.	430.95	D
Partial maxillary denture –cast metal	727	Prior approval required. This item refers to denture base only. Specify number of teeth using item 733.	1261.70	D
Partial mandibular denture –cast metal	728	Prior approval required. This item refers to denture base only. Specify number of teeth using item 733.	1261.70	D
Retainer –per tooth	731	Additional to items 721 and 722	43.40	D
Occlusal rest	732	Additional to items 721 and 722	21.20	D
Tooth/teeth (partial denture)	733	Maximum of 12 teeth per denture base.	35.70	D
Immediate tooth replacement –per tooth	736		8.95	D

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Resilient lining	737	This will only be paid with: A new denture, or Together with 743 for an existing complete denture Or together with 744 for an existing partial denture.	186.75	D
Wrought bar	738		173.85	D
Adjustment of pre-existing denture	741	Will not be paid for full or partial dentures within 12 months of their provision or relining. Upper/lower and partial/complete must be specified in the invoice.	51.55	U, G, D
Relining -complete denture -processed	743	Will not be paid within 2 years of provision or relining (except for immediate dentures which can be relined once within 2 years of their provision -please specify immediate denture reline on the voucher) unless requested by the LHD. Upper/lower must be specified in the invoice. Use with 737 for soft relines.	328.70	D
Relining -partial denture -processed	744	Will not be paid within 2 years of provision or relining (except for immediate dentures which can be relined once within 2 years of their provision -please specify immediate denture reline on the voucher) unless requested by the LHD. Upper/lower must be specified in the invoice. Use with 737 for soft relines.	280.15	D
Cleaning and polishing of pre-existing dentures	753	Domiciliary visits only. Limit of 1 per 2 year period per denture	41.85	D
Reattach pre-existing clasp to denture	761	Limit of one per denture.	142.50	D
Replacing/adding clasp to denture	762	Limit of one per denture.	148.75	D
Repair broken denture base of complete denture	763	Limit of one per denture.	142.50	D
Repairing broken base of a partial denture	764	Limit of one per denture.	142.50	D
Replacing/adding new tooth on denture	765	Limit of one per denture.	148.75	D
Reattaching existing tooth on denture -per tooth	766	Limit of one per denture.	128.85	D
Any repair or tooth replacement in addition to other repairs, alterations or other modifications for same denture on same day	767	Limit of 5 per denture. Upper/lower must be specified.	58.65	D
Adding tooth to partial denture to replace an extracted or decoronated tooth	768	Limit of one per denture.	150.45	D
Tissue conditioning preparatory to impressions -per application	771	Limit of one per day per denture. Upper or lower must be specified.	68.30	D
Impression -dental appliance repair/modification	776	Limit of one per dental appliance repair/modification.	45.40	D
Identification	777	Limit of 1 per denture.	36.30	D

General services

A kilometre allowance may be paid to, dentists and dental prosthetists, in addition to a fee for item 916 if you are required to travel from your normal place of business to visit an entitled person at home or in an institution. Prior approval is required to claim the allowance and the per kilometre fee is to be determined in negotiation with the Local Health District (LHD). The allowance will not be paid for the first 10 kilometres travelled. The allowance will be paid on the basis of the distance travelled, including between patients, not the number of entitled persons attended. To claim the allowance the number of kilometres must be identified on the OHFFSS voucher against each individual patient.

Description	Item	Restrictions	Fee Ex. GST	Voucher type
Palliative care	911	Limit of 2 per 6 month period. Not to be claimed with an extraction, endodontic or restorative treatment on same tooth.	75.00	U, G
Travel to provide services	916	Limit of 1 per patient per day. Limit of 1 per location per day. Not claimable by providers operating a mobile dental clinic.	73.25	U, G
Travel to provide services	916	Limit of 1 per patient per day. Limit of 1 per location per day. Not claimable by providers operating a mobile dental clinic.	65.90	D
Splinting and stabilization -direct -per tooth	981		106.25	U, G