



New Medicare items for dental care for people with chronic conditions and complex care needs

From 1 July 2004, patients with chronic conditions and complex care needs who are being managed through an Enhanced Primary Care (EPC) multidisciplinary care plan may be eligible for up to 3 dental care services per year on referral from their GP.

GPs can only refer these patients to an eligible dentist for a dental care plan where the patient has a dental problem that is significantly adding to the seriousness of the chronic condition for which the multidisciplinary care plan was formed.

GPs must use the EPC dental care referral form to refer their patients to an eligible dentist. A copy of the form is included in this package.

A Fact Sheet relating to allied health services also available under this initiative can be found on the HIC website at www.hic.gov.au/providers

Overview

- Patients must have an EPC care plan managed by their GP (MBS items 720, 722 and 730)
- GP must use dental care referral form to refer patient
- All patients must have a dental assessment (MBS item 10975)
- Dentists and Dental Specialists must be registered with the HIC
- Maximum of 3 services per year
- Signed dental care referral form must accompany all Medicare claims

Is it necessary for the GP to use the dental care referral form?

Yes. The GP referral form is an essential part of the referral, claiming and payment process. However, clinical patient notes should **not** be included on the form.

An example of how the referral, claiming and payment process will work is provided later in this Fact Sheet.

Eligibility requirements for dentists

Dentists and dental specialists providing services under this initiative will need to be recognised professionals registered under relevant State or Territory law and registered with the HIC.

Most dentists and dental specialists are already registered with the HIC to order diagnostic imaging or pathology tests, for prescribing, or for specialist referral under Medicare and **do not need to re-register** to provide these items.

Other State registered dentists and dental specialists will need to register with HIC.

Registration forms will be available on request from the HIC on 132 150 and HIC website at www.hic.gov.au/provider/forms

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What are the new MBS items?

There are three new MBS items for services provided by dentists to eligible patients.

Patients must be referred by their GP on an EPC dental care referral form.

The first two items are for services provided directly by a registered **Dentist** on referral from a GP:

Item 10975 – Dental Assessment and report – this item must be provided for all eligible patients before either item 10976 or 10977 is provided.

The assessment should include an evaluation of all teeth, their supporting structures and the oral tissues; and a written report to the referring GP.

The report should include:

- (a) the findings of the evaluation and prognosis;
- (b) proposed treatment, including the likely number of services or visits, and an estimated cost of each service, or visit, or the total treatment; and
- (c) any specific investigation required to assist in management of the dental condition as it relates to the patient's medical condition.

Item 10976 – Dental Treatment – to be provided on referral from a medical practitioner for **treatment** of a condition that is exacerbating a patient's chronic medical condition for a patient being managed through an EPC multidisciplinary care plan and where the patient has been the recipient of a dental assessment under item 10975 within 12 months of the date of the first service.

Some services that would be appropriate under this item may be - but **are not** restricted to:

- (a) Tooth extraction and oral surgery;
- (b) Treatment of acute periodontal infection;
- (c) Restorative services, such as metallic or adhesive restorations, or capping;
- (d) Root planning and subgingival curettage;

- (e) Endodontics; and
- (f) Drainage of abscesses or cysts.

The third item is for services provided by another registered **Dentist** or **Dental Specialist** on referral from the dentist who provided the original dental assessment (item 10975):

Item 10977 – Dental Assessment or treatment and report by a registered Dentist or Dental Specialist – for a dental condition that is exacerbating a chronic medical condition – where the patient is being managed under an Enhanced Primary Care (EPC) multidisciplinary care plan. This service may only be provided where the patient has been the recipient of a dental assessment (item 10975) within 12 months of the date of the first service, and where the dentist who provided the assessment under item 10975 determined that further assessment or treatment from a dental specialist was required.

A written report on the service should be provided to both the referring dentist as well as the original referring GP.

For the purposes of item 10977, 'dentist or dental specialist' includes all registered dental specialists as well as registered dentists who restrict their practice to 'special needs' dentistry.

A maximum of three items can be claimed from services in this group (items 10975 – 10977) per patient per year (from the date of the first service). The first item claimed must be a Dental Assessment (item 10975) but the remaining two items can be any combination of items 10976 and 10977.

Items 10975 and 10976 can be claimed on the same day if clinically indicated - these will count as two of the three annual services.

Dentists may set their own fees. However, for each item, the Medicare schedule fee is \$86.25 with a Medicare rebate of \$73.35.

GPs can begin referring patients to eligible dentists from 1 July 2004. The items do not apply to services provided before this date.

Conditions for claiming the items

The items can only be claimed where all of the following conditions are met:

- (a) the service is provided by a dentist or dental specialist registered with the HIC;
- (b) the service is provided on referral from a medical practitioner (including a general practitioner but not including a specialist or consultant physician) for items 10975-10976, or an eligible dentist for item 10977;
- (c) the service is specified in an EPC dental care referral form;
- (d) the person is being managed by their GP under an EPC care plan (MBS items 720, 722 and 730 apply);
- (e) the dental problem is significantly adding to the seriousness of the chronic condition for which the EPC care plan was formed;
- (f) the person has not received more than three services to which items 10975 - 10977 apply, within twelve months of the date of the first service; and
- (g) the service has not been funded through other State or Commonwealth programs.

How do patients get a rebate for these services?

When the dentist or dental specialist has provided the service they must complete the dental care referral form, including providing their HIC registration number.

The dentist or dental specialist may then:

- (1) seek payment for the service from the patient.
The patient then takes the completed dental care referral form and receipt from the dentist or dental specialist to claim the Medicare rebate. Out of pocket costs will count toward the Medicare safety net; or

- (2) seek payment for the service directly from Medicare.

The patient will sign an assignment of benefit form and the dentist or dental specialist will send that and the dental care referral form to Medicare for payment. In this case, the dentist or dental specialist will be accepting the value of the Medicare rebate in full payment for the service and will not be able to charge the patient a gap.

Dentists and dental specialists should check their responsibilities for Medicare claiming and payment processes with the HIC on **132 150** prior to providing services. In particular, information about what is required to be shown on accounts, receipts or Medicare assignment forms should be confirmed.

While the MBS Book will not be updated to include dental items and relevant explanatory notes until the November 2004 edition, dentists and dental specialists will find the information in the current book on pages 9-14 helpful. Alternatively the HIC website www.hic.gov.au is a useful resource.

Other publicly funded programs

Dental services funded by other Commonwealth or State programs are not eligible for Medicare rebates. Examples include State government dental clinics and Department of Veterans' Affairs (DVA) services for veterans.

What about patients with private health insurance cover?

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services.

Patients with such insurance can either:

- (1) access rebates from Medicare under the dental care items by following the claiming processes; or
- (2) see dentists and dental specialists of their choice and claim on their insurance's ancillary benefits. No referral form will be required in this case.

Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate.

It is important for patients to check with their health fund which ancillary services are covered and what their out of pocket costs are likely to be.

What sort of conditions are covered?

Common examples of circumstances where a dental condition can exacerbate a chronic and complex disease might include (but are not restricted to):

- (a) where the patient has valvular heart disease and poor oral health and gum disease (putting them at the risk of developing bacterial endocarditis);
- (b) where the patient has diabetes and poor oral health (such as tooth abscesses, and where infection can compromise the management of their diabetes);
- (c) where the patient has malignancies of the head and neck where surgery (or radiation) has resulted in damage to the oral cavity, or has exacerbated underlying dental disease (and affects eating); or
- (d) where the patient has poor oral health and experiences significant worsening while undergoing chemotherapy or is immuno-suppressed.

How do I find out more about EPC care planning?

More information about EPC care plans is contained in the notes to the Medicare Benefits Schedule book (pages 36-39, November 2003 edition).

Detailed information is also available from the Department of Health and Ageing's website at www.health.gov.au/epc

Example of the how the Medicare dental initiative will work

Mrs Smith has an EPC multidisciplinary care plan and is being referred by her GP to a dentist for treatment of a dental problem that is impacting on her chronic condition. Her GP completes Part A of the referral form and gives it to Mrs Smith to take to the dentist.

The dentist undertakes an assessment and prepares a report to the referring doctor. The dentist completes and signs Part B of the referral form to indicate that a service under Medicare item 10975 has been provided.

Mrs Smith pays the dentist and takes her receipt and signed copy of the completed referral form to Medicare to claim a rebate.

No Medicare rebate is payable unless the copy of the referral form submitted to Medicare for payment has the original signature of the servicing dentist or dental specialist.

More information on this initiative is available from the HIC on 132 150 or the HIC website at

www.hic.gov.au/providers/incentives_allowances/medicare_initiatives.htm

For more information call **132 150** or go to www.hic.gov.au