



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

Medicare rebates are available for a maximum of 3 dental care services per patient in a calendar year.

To be eligible for these rebates, patients need to have a chronic condition and complex care needs which are being managed by their GP under an Enhanced Primary Care (EPC) plan (see **Overview** for requirements).

GPs can only refer these patients to an eligible dentist where the patient has a dental problem that is exacerbating the chronic condition for which the EPC plan was formed.

To refer patients, GPs need to use an *EPC Program referral form for dental care services under Medicare*.

The form can be found on the Department of Health and Ageing website at: www.health.gov.au/strengtheningmedicare or ordered by faxing (02) 6289 7120.

Eligibility requirements

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

Overview

Patients need to have in place:

- A GP Management Plan AND Team Care Arrangements (items 721 and 723); OR
- An EPC multidisciplinary care plan (items 720, 722, 730 or 731).

GPs need to use *EPC Program referral form for dental care services under Medicare* to refer patient.

All patients must have a dental assessment (MBS item 10975).

Dentists and Dental Specialists must be registered with Medicare Australia.

Maximum of 3 services per patient in a calendar year.

Dentists and dental specialists already registered with Medicare Australia prior to 1 July 2004, to order diagnostic imaging or pathology tests, for prescribing, or for specialist referral under Medicare **do not need to re-register** to provide these items.

However, those who were not registered with Medicare Australia prior to 1 July 2004 need to register for this initiative.

Registration forms are available on request from Medicare Australia on **132 150** and the Medicare Australia website at: www.medicareaustralia.gov.au

A fact sheet about EPC chronic disease management Medicare items 721, 723 and 731 (and others) can be found at the Department of Health and Ageing website at: www.health.gov.au/internet/wcms/publishing.nsf/content/pcd-programs-epc-chronicdisease.

A fact sheet about Medicare rebates for **allied health services** also provided under this initiative can be found on the Medicare Australia website at: www.medicareaustralia.gov.au.

What are the MBS dental items?

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

Patients must be referred by their GP on an *EPC Program referral form for dental care services under Medicare*.

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 provided 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 under an EPC plan and where the patient has been the recipient of a dental assessment under item 10975.

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 EPC plan. This service may only be provided where the patient has been the recipient of a dental assessment (item 10975), 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 calendar year.

When a patient is first referred to a dentist under an EPC plan they must receive a dental assessment (item 10975) as their first service.

The remaining two items can be an appropriate combination of items 10976 and 10977.

Patients may then choose the order in which they access eligible services in successive calendar years, as long as sometime during each year, they have a dental assessment.

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

Dentists may set their own fees. However, for each item, the Medicare schedule fee is \$90.70, with a Medicare rebate of \$77.95.

Supply of Prostheses

The cost of making/supplying prostheses such as an inlay, crown, bridge, implant, denture, obturator, veneer or a combination of these are NOT covered by Medicare. Dentists should separately itemise any costs associated with the supply/making of prostheses when billing patients for a dental treatment using items 10976 or 10977. Costs associated with fitting prostheses can be included under these items.

The cost of making/supplying some prostheses may be covered by some private health insurance funds. Patients are encouraged to check with their fund (see also **What about patients with private health insurance cover?**)

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 Medicare Australia;
- (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 plan;
- (e) the dental problem is significantly adding to the seriousness of the chronic condition for which the EPC plan was formed;
- (f) the person has not received more than three services to which items 10975 - 10977 apply, in a calendar year; and
- (g) the service has not been funded through other State or Commonwealth programs (see **Other publicly funded programs**).

What 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.

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

Yes, GPs are required to use the referral form. However, signed copies of the form no longer need to accompany Medicare claims.

The format of the form may be modified to suit practice software needs. However, its content must remain substantially the same as the original Department of Health and Ageing form. A Microsoft Word version of the form is available at the Department's website:

www.health.gov.au/strengtheningmedicare.

If GPs are concerned about the appropriateness of format and/or minor content changes, they may fax copies of modified forms to the Department's EPC and Allied Health Section on (02) 6289 7120 for approval.

Do patients need to obtain a new referral for these services every 12 months?

Yes, where patients wish to access Medicare rebates for services recommended in their EPC plan during their next period of eligibility (that is, the next calendar year), they should see their GP to obtain a new referral forms.

Patients should see their GP when the GP is referring the patient for a new set of services. GPs may choose to use this visit to undertake a review of the patient's EPC plan where appropriate, or to manage the process using a GP consultation item, depending on the patient's circumstances and needs.

NOTE: It is not necessary to have a new EPC plan prepared every 12 months just to access a new set of dental care referrals. Patients continue to be eligible for rebates for eligible dental care services while they are being managed under an EPC plan.

How do patients get a rebate for these services?

When the dentist or dental specialist has provided the service s/he may then:

1. seek payment for the service from the patient. The patient then takes the itemised receipt from the dentist or dental specialist to Medicare 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 must first sign an assignment of benefit form and the dentist or dental specialist will send that to Medicare for payment. To claim direct payment from Medicare in this way, the dentist or dental specialist accepts the value of the Medicare rebate in full payment for the service and will not be able to charge the patient a gap.

The following information must be shown on patients' itemised accounts/receipts:

- patient's name and date of service;
- MBS item no. and/or description of service;
- name and practice address or name and provider no. of servicing dentist or dental specialist;

- name and practice address or name and provider no. of referring GP and date of referral; and
- amount charged, total amount paid, and any amount outstanding in relation to the service.

Note: Before a Medicare rebate can be paid for the dental service provided on referral from a GP, either the patient must have already claimed a Medicare rebate, or the GP must have already lodged a claim for direct payment from Medicare for the relevant EPC planning item(s).

If dentists or dental specialists have not provided these types of services previously, they may wish to check their responsibilities for Medicare claiming and payment processes with Medicare Australia on **132 150**.

A copy of the MBS booklet *Medicare Benefits for allied health and dental care services provided to people with chronic conditions and complex care needs* is sent to all registered dentists and dental specialists.

Updated annually, it contains item descriptors and explanatory notes including information on billing and claiming the items.

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.

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 clinic, the dental care items can be claimed by eligible dentists salaried by, or contracted to, the service.

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 is required in this case.

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

Patients should check with their fund which ancillary services are covered and what their out of pocket costs are likely to be.

Example of how the Medicare dental initiative works

Ms Jones has a GP Management Plan and Team Care Arrangements in place 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 the EPC Program referral form for dental care services under Medicare and gives it to Ms Jones to take to the dentist.

The dentist undertakes a dental assessment and prepares a report to the referring doctor. The dentist also provides Ms Jones with her first dental treatment at this visit. The two services are billed under separate Medicare items 10975 and 10976.

If Ms Jones' dentist accepts the value of the Medicare rebate as full payment for this service, s/he will not be able to charge Ms Jones a gap. Ms Jones must first sign an assignment of benefit form and the dentist will send that to Medicare for payment.

If the dentist charges a fee higher than the Medicare rebate and Ms Jones elects to pay the full amount up front, she will then need to take/send the itemised receipt from the dentist to Medicare to claim the Medicare rebate and have the out of pocket costs counted towards the Medicare safety net.

**For more information call Medicare Australia on 132 150
or go to www.medicareaustralia.gov.au**