

# Briefing Paper

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## Dental Treatment - Chronic and Complex Conditions (Updated)

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### Background

The 2007 Federal Budget announced a \$377.6 million initiative to improve access to dental care for people with chronic and complex conditions. The new funding will provide up to \$2000 per calendar year for treatment (with an additional \$125 for assessment) for patients with chronic and complex conditions to access dental services through private dental practitioners. This briefing paper contains additional information from the Department of Health and Ageing on specifics of the programme and replaces the previous briefing paper (July 2007).

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### Details of the program

- Eligible patients can receive up to \$4,250 in Medicare benefits (excluding the Extended Medicare Safety Net benefits where applicable) for dental services over two consecutive calendar years.
- Dental practitioners may set their own fees. In some cases, patients may have out-of-pocket expenses.
- The patient must be referred by their GP for dental services.
- The new Medicare dental items (items 85011-87777) commence on 1 November 2007 and cover services provided by dentists, dental specialists and dental prosthetists.
- The new items replace the Enhanced Primary Care (EPC) dental items 10975, 10976 and 10977.
- If the GP care planning items have not been claimed and paid by Medicare Australia no benefits for dental services can be paid to the patient.
- Care plans cannot be done retrospectively to cover dental services that have already been provided.

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### Access to the Program

For patients to get access to the new Medicare dental items, several eligibility criteria must be met. The person must have a chronic medical condition and complex care needs. In addition, the patient's oral health must also be impacting on, or likely to impact on, their general health. The department has stated that that "whether the patient is eligible for referral for dental services is a clinical judgement for the GP, taking into account the patient's condition and care needs".

The care planning requirements for the new dental services are the same as those under the Enhanced Primary Care allied health items, and the existing dental items. The patient must have received the following services from a GP within the previous two years:

- GP Management Plan (item 721 or a review under item 725) AND Team Care Arrangements (item 723, or a review under item 727); or,
- for residents of an aged care facility, their GP must have contributed to, or reviewed, a multidisciplinary care plan prepared for the resident by the facility (item 731).

It is important that the care planning requirements are fully met before patients attempt to claim any Medicare benefit. The Patient Information Sheet provided by the Department of Health and Ageing states:

Once you have been referred by your GP to a dental practitioner, you should call Medicare Australia on 132 011 to check that the necessary GP care planning items have been claimed and paid before commencing dental treatment – even where your GP has signed a referral form. If the relevant items have not been claimed and recorded, Medicare Australia cannot pay benefits for dental services.

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### Types of dental services covered

A comprehensive range of services are covered by the dental items available on Medicare. These items include:

- dental assessments
  - preventative services
  - restorative services such as fillings
  - crowns
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- bridges and implants
  - extractions
  - other oral surgery
  - orthodontic services
  - dentures

The Department of Health and Ageing notes that:

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

### Referrals and other information

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- The dental items can be used by dentists, dental specialists and dental prosthetists registered with Medicare Australia.
- The GP can refer the patient directly to either a dentist or a dental prosthetist (for patients who require prosthetic services only). GPs are unable to refer to a dental specialist – for patients seeking treatment from dental specialists, a referral will have to be provided by a dentist.
- The GP referral remains valid for two consecutive calendar years from the date of the patient's first dental service. Where further services are required, the patient will need to obtain a new referral from their GP.

### Patient costs and the Extended Medicare Safety Net

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- When referred by a GP, patients should be informed that the dental services may not be bulk billed (dental practitioners are free to bulk bill or set their own fees for services). In some instances patients may incur out-of-pocket costs not covered by Medicare.
- Out of pocket costs for eligible dental services count towards a patient's (or their family's) annual Medicare Safety Net threshold (\$519.50 for concession, \$1039 for all other individuals and families).
- Once a patient/family reaches their threshold, the Government meets 80% of the out-of-pocket costs incurred for eligible services provided in the remainder of that calendar year.
- However, no further benefits are payable for dental services (including benefits under the Extended Medicare Safety Net) once a patient has received the maximum of \$4250 in the relevant two calendar year period. This limit on benefits applies to dental benefits only and does not affect the Extended Medicare Safety Net benefit available for other Medicare service.

### References

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Department of Health and Ageing – Enhanced Primary Care;

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/enhanced%20primary%20care%20program-1>

Department of Health and Ageing “GP Referrals For Dental Services Under Medicare For People With Chronic and Complex Conditions”, October 2007

Department of Health and Ageing “Information For Patients – Dental Services Under Medicare For People With Chronic and Complex Conditions”, October 2007