

Allied and dental health – Individual services

Summary of explanatory notes and web links

	Allied health professional (AHP) service (provided to an individual) #10950, #10951, #10952, #10953, #10954, #10956, #10958, #10960, #10962, #10964, #10966, #10968, #10970	Dental service provided to an individual patient by a dentist, dental specialist or dental prosthetist #85011-8777 Note that the Commonwealth has advised that subject to Parliament's agreement, this scheme will close to all patients at the earliest opportunity following resumption of Parliament on 26 August 2008. For further information: www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services
Steps that must be taken to claim the Medicare item	<ul style="list-style-type: none"> GP has placed the patient on a multidisciplinary EPC care plan¹ and recommended this service as part of the plan GP has referred the patient to the AHP using the mandated Commonwealth EPC allied health referral form, or a form that substantially complies with it Service of at least 20 minutes is provided by the AHP, individually and in person Following the provision of first and last service/s, the AHP provides a written report to the referring GP 	<ul style="list-style-type: none"> GP has placed the patient on a multidisciplinary EPC care plan¹ GP has identified that the oral health of a patient with a chronic medical condition and complex care needs, is impacting on, or is likely to impact on, their general health. The need for dental services should be recommended in the patient's care plan. GP has referred² the patient to a dentist or dental prosthetist using a Commonwealth <i>Referral Form for Dental Services under Medicare</i> (or a form that substantially complies). Where dental specialist services are required, the dentist refers the patient on. Dental practitioners are required to provide patients with a proposed treatment plan following an examination and assessment including any diagnostic tests. The plan must include an itemised quotation of any proposed future charges. Dental service is carried out³ Dental practitioner provides a copy or summary of the patient treatment plan to the referring GP at the commencement of a course of treatment
Medicare rules relating to frequency of service or capped benefits	A patient is eligible for a maximum total of 5 services in any calendar year, in any combination of the AHP item numbers	A patient is eligible for up to \$4,250 in Medicare Benefits (including Extended Medicare Safety Net benefits where applicable) for dental services over two consecutive calendar years ⁴ - specific limits apply to some items (eg time limit on access to benefits for new dentures)
Role of the GP	<ul style="list-style-type: none"> Placing the patient on an EPC care plan If the care plan recommends AH services, referral to AHP using mandated referral form (or form which substantially complies) Consideration of reports from AHPs and reviewing the patient's care plan, if necessary 	<ul style="list-style-type: none"> Placing the patient on a multidisciplinary EPC care plan If the care plan recommends dental services, referral to a dentist or dental prosthetist using the mandated referral form (or form which substantially complies) Consideration of reports from dental practitioners and reviewing the patient's care plan, if necessary
Roles that can be performed by practice nurses (PNs) or Aboriginal health workers (AHWs) on behalf of and under the supervision of the GP	<ul style="list-style-type: none"> Gathering and documenting relevant information for the GP Arranging services and managing appointments Monitoring patient progress against the EPC care plan and a review of the plan 	<ul style="list-style-type: none"> Gathering and documenting relevant information for the GP Making arrangements for services Managing appointments system Monitoring patient progress against the EPC care plan and assisting the GP in a review of the patient's plan, if necessary
Main information web link	www.health.gov.au/internet/main/publishing.nsf/Content/Allied+Health+and+Dental+Care+initiative	http://www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services

1. Note that allied and dental health rebates can not be paid by Medicare until the patient claims the EPC Plan rebate, or until the GP has lodged the direct bill (bulk billing) claim for the EPC Plan with Medicare and received payment for that claim.

2. In most cases, the GP must refer the patient to an eligible dentist in the first instance. In some limited cases, the GP may refer the patient directly to a dental prosthetist. This can be done where the patient has no natural teeth and requires dental prosthetic services only (eg full dentures) or requires repairs or maintenance to full or partial dentures. Patients cannot be referred directly to a dental specialist by a GP. The dentist will decide whether a patient requires more specialised dental treatment, and where required, the dentist will make the necessary referral to a dental specialist. A dentist can also refer a patient to another dentist or a dental prosthetist if required.

3. A comprehensive range of dental services are covered, including dental assessments; removal of plaque and other preventive services; restorative services such as fillings, crowns, bridges and implants; extractions and other oral surgery performed in a dentist's surgery; orthodontic services; and dentures. The items cannot be claimed for treatment that is predominantly cosmetic surgery. However, services that aim to improve the health or function of the patient and comprise a cosmetic component may be claimed.

4. Note that the Commonwealth has announced that dental MBS items will cease, as detailed above. In practice, this means that patients already referred for MBS-rebateable dental services through an EPC care plan will not be able to claim MBS rebates for dental services performed after 30 June 2008.

All information is current as at 9 September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book or to the Allied Health and Dental Services MBS booklet for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at www9.health.gov.au/mbs or telephone Medicare Australia on 03 9605 7964 or contact the local Division of General Practice.

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