



Australian Government  
Department of Health and Ageing

# Medicare Teen Dental Plan

---

**Information for Dentists**  
**July 2008**



# Medicare Teen Dental Plan

---

## Overview

On 1 July 2008, the Australian Government will introduce the Medicare Teen Dental Plan to provide financial assistance to eligible families to help assess the health of their teenagers' teeth, and to introduce preventative strategies to encourage lifetime good oral health habits.

The Medicare Teen Dental Plan provides dental benefits of up to \$150 per eligible teenager (see section 2), per calendar year, to help with the cost of a "preventative dental check".

**The term "preventative dental check" refers to a preventative dental program for each patient comprising an oral examination and, where clinically required, x-rays, scaling, cleaning, and/or other preventative services (see section 3). These clinical services are to be billed under a single preventative dental check item - item number 88000 in a new Dental Benefits Schedule (DBS).**

Item 88000 will mainly be used by dentists, but it can also be used by dental specialists. In this fact sheet, the term "dentist" will be used to refer to both.

The program will be administered by Medicare Australia using a voucher system (see the sample on page 11). Each year, around 1.1 million teenagers aged 12-17 years, who meet the means test, will be sent a voucher for a preventative dental check. In 2008, most people will receive their voucher in July or August. From 2009, most people will receive their voucher in January or February.

Once a voucher has been issued, the teenager (or their parent or carer) can make an appointment with a dentist in private practice. Public dental clinics (including school-based clinics) will also be able to accept vouchers. The voucher can only be used during the calendar year in which it is issued. It must be presented at the time of the service and accompany all claims to Medicare Australia.

Dentists in private practice may bulk bill the service (ie accept the voucher as full payment) and claim the dental benefit directly from Medicare Australia. Alternatively, dentists may set their own fee for the service and bill the patient, who will claim the benefit from Medicare Australia.

Public dental clinics must bulk bill the service.

The benefit payable for item 88000 (currently \$150) will be indexed on 1 January each year.

**Further information about the arrangements for public dental clinics will be provided to state and territory governments.**

---

## 1. Which dental providers are eligible to use item 88000?

### Dentists

The preventative dental check item can be used by dentists in private practice. The item can also be used by dentists working in the public sector. To be eligible, a dentist must be:

- a recognised dentist who is registered or licensed under relevant state or territory law; and
- registered with Medicare Australia (registration means having a Medicare provider number for each practice location).

Most dentists will already be registered (eg to order diagnostic imaging or pathology tests with Medicare Australia, or for the Medicare chronic disease dental scheme). Where a private dentist already has a Medicare provider number, they will not need to re-register to use item 88000. Dentists can obtain a registration application form from Medicare Australia on **132 150** or at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

There will be separate registration arrangements for dentists working in public dental clinics. Information about these arrangements will be provided to state and territory governments.

### Dental hygienists and dental therapists

Dental hygienists and dental therapists may also perform services included under the preventative dental check item, on behalf of a dentist. The services must be performed in accordance with any relevant legislative requirements in each jurisdiction, accepted dental practice, and under appropriate supervision or oversight.

What constitutes appropriate supervision or oversight is a matter for the individual dental practice or clinic. It is not the Commonwealth's intention to impose a new standard, or to have a statutory definition, of supervision for this item.

Dental hygienists and dental therapists are **not** able to register with Medicare Australia and will not be issued with a Medicare provider number.

## 2. Which patients can access the preventative dental check?

To be able to access the preventative dental check, a teenager must have been issued with a voucher by Medicare Australia. In most cases, this will be an automatic process. To be issued with a voucher, a teenager must, for at least some part of the calendar year:

- be aged between 12 and 17 years; and
- satisfy the means test for the program (ie the teenager must be receiving Youth Allowance or Abstudy, or the teenager's family/carer must be receiving Family Tax Benefit Part A (FTB(A)).

Eligible teenagers (or their parent or carer) can make an appointment directly with the dental practice or public dental clinic. There is no need for a referral from a GP.

### What does the dentist need to do to confirm that a person is eligible?

If the teenager presents a voucher to the dental practice or public dental clinic at the time of the service, the dentist is **not** required to do anything else to verify a teenager's eligibility.

### What if the teenager forgets to bring the voucher at the time of the service?

The dentist can still go ahead with the appointment if the teenager or parent/carer forgets to bring the voucher with them on the day.

If the dentist decides to provide the service and wishes to bulk bill the teenager, the dentist (or receptionist) should call Medicare Australia on **132 150** prior to commencing the service, to confirm that the teenager:

- has been issued with a voucher for the current calendar year; and
- has not already claimed a benefit for item 88000 during the year.

If the service is bulk billed, the dentist can send the claim to Medicare Australia without the voucher. As long as all requirements of the service are met, the claim will be paid.

If the dentist is billing the teenager (family/carer) directly, the teenager (family/carer) will just need to ensure they take or send the voucher to Medicare Australia with their receipt.

### How long do vouchers last?

Once issued, a voucher is valid until the end of the relevant calendar year – even if the teenager turns 18 during that year, or is no longer receiving Youth Allowance or Abstudy, or the family/carer is no longer receiving FTB(A) during that year.

Vouchers for one year (eg 2008) can only be used in that calendar year (ie up to 31 December 2008). Vouchers do not carry-over into the next calendar year. If the teenager is still eligible for the Medicare Teen Dental Plan in the next calendar year, s/he will receive another voucher (eg for 2009).

### When are vouchers issued?

In 2008, most people will receive their voucher in July or August. In subsequent calendar years, most people will receive their voucher in January or February.

Vouchers will be distributed automatically to newly eligible teenagers at the end of each month, until early November. Vouchers will only be distributed on request for the remainder of the calendar year, because of the limited opportunity to make appointments and receive services before 31 December.

### What if a voucher is lost or destroyed?

Medicare Australia will issue a replacement for lost or destroyed vouchers, as long as a preventative dental check has not already been claimed for the relevant teenager during the calendar year. Eligible teenagers (or their parent/carer) can call Medicare Australia on **132 011** to request a replacement voucher.

## 3. What services are covered by item 88000?

The item and dental benefit is set out in the Dental Benefits Schedule (DBS) as follows:

Item 88000
<p>Preventative dental check (or preventative dental program) consisting of:</p> <ul style="list-style-type: none"><li><b>a)</b> an oral examination (minimum requirement);</li></ul> <p>and, where clinically necessary, one or more of the following services:</p> <ul style="list-style-type: none"><li><b>b)</b> radiological examination and interpretation;</li><li><b>c)</b> removal of plaque and/or stain;</li><li><b>d)</b> removal of calculus;</li><li><b>e)</b> topical application of re-mineralising agent;</li><li><b>f)</b> dietary advice;</li><li><b>g)</b> oral hygiene instruction; and/or</li><li><b>h)</b> fissure sealing</li></ul> <p>provided to an eligible dental patient by, or on behalf of, an eligible dentist.</p> <p>Limit of one (1) preventative dental check (or preventative dental program) per eligible dental patient, per calendar year.</p>
<b>Benefit: \$150</b>

---

The term “preventative dental check” refers to a preventative dental program for each patient comprising an oral examination and, where clinically required, other preventative services (as listed above). All of these clinical services, including the oral examination, are to be billed under a single preventative dental check item - item number 88000 in a new Dental Benefits Schedule.

Treatment services (eg fillings or restorative work) **cannot** be included under item 88000.

The oral examination and other preventative services do not have to be provided to the patient on the same day, but they can only be billed to Medicare Australia together. The date of service for item 88000 should be the date by which all components of the preventative dental check or program have been completed.

Item 88000 can only be claimed **once** per patient, per calendar year.

The provision of an oral examination is the **minimum** requirement for claiming item 88000. Where clinically required, other preventative services such as radiological examination and interpretation, removal of plaque and/or stain, removal of calculus, topical application of remineralising agent, dietary advice, oral hygiene instruction and/or fissure sealing, should also be provided and billed under item 88000.

### **Clinically relevant services**

The service must be “clinically relevant”. A clinically relevant service means a service that is generally accepted in the dental profession as being necessary for the appropriate care or treatment of the patient to whom it is rendered.

For any service listed in the DBS to be eligible for a dental benefit, the service must be rendered in accordance with the provisions of the relevant Commonwealth and State and Territory laws.

### **Hospital services**

Item 88000 can only be claimed for a preventative dental check provided in the community. Dental benefits are **not** payable under item 88000 where the patient requires services in a hospital as an admitted patient (this includes day-surgery).

## **4. Private health insurance**

Patients with private health insurance covering dental services can decide to claim for their preventative dental check under the DBS or from their private health fund, but not both. Patients cannot use their private health insurance ancillary cover to ‘top up’ the dental benefit they have received from Medicare Australia for this service.

## 5. Billing and claiming under the Dental Benefits Schedule

Dentists in private practice are free to set their own fees for services. In relation to item 88000, the dentist may choose to either:

- bulk bill the service (ie accept the dental benefit/voucher as full payment - the patient will have **no** out-of-pocket cost); or
- charge above the dental benefit (the patient will have an out-of-pocket cost).

If the dentist proposes to charge above \$150 for the preventative dental check, this should be explained to the patient before the service is provided.

Dentists working in the public dental sector **must** bulk bill the service.

There are three methods for billing patients under this scheme. Dentists in private practice can choose which method they will use. Public dental clinics must use the bulk billing method.

### (i) Bulk billing (also known as an 'assignment of benefit')

The patient assigns the dental benefit payable for the service to the dentist (ie the dentist accepts the relevant benefit as full payment for the service). By law, the dentist cannot charge the patient a co-payment for a bulk billed service, irrespective of the purpose or title of the additional charge.

Bulk billing (assignment of benefit) forms approved by Medicare Australia must be used for bulk billing. These are approved forms under the Dental Benefits Act 2008, and no other documentation can be used to assign dental benefits without the approval of Medicare Australia. There are two bulk billing forms –

- DB4-DB – this is the 'assignment of benefit' form. It must be completed for each individual patient; and
- DB1N-DB – this is the batching form used to claim benefits for multiple patients (up to 50 patients). The completed form must accompany each batch of DB4-DB assignment of benefit forms to Medicare Australia.

The forms can be ordered by telephoning **1800 067 307**. They come with a complete instruction package. Alternatively, 'fill and print' versions of the forms and instructions for their use are available at: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

The patient's voucher should accompany the completed assignment of benefit form to Medicare Australia.

Initially, only manual (paper-based) bulk billing arrangements will be available for the Medicare Teen Dental Plan. Electronic claiming will be introduced in the future (likely to be late 2008 or the first half of 2009). Medicare Australia will advise software vendors when electronic claiming is available. Information will also be available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

### (ii) Fully paid accounts

The dentist requires the patient to pay for the service in full at the end of a visit. The dentist provides the patient with an itemised receipt containing all of the details listed below.

It is then the patient's responsibility to claim the relevant dental benefits from Medicare Australia (eg by visiting a Medicare office or sending a claim to Medicare Australia for payment by Electronic Funds Transfer (EFT)). The voucher must accompany the claim to Medicare Australia.

### (iii) Unpaid accounts

The dentist provides the patient with an itemised account (invoice) containing all of the information listed below. The patient does not pay for the service at the time of the visit. Instead, the patient takes or sends the unpaid account to Medicare Australia. A cheque issued in the dentist's name (for the total benefit payable to the patient for the service) will be sent to the patient. The voucher must accompany the claim to Medicare Australia.

It is then the patient's responsibility to provide the cheque to the dentist and pay the balance of the account, if any.

Alternatively, you can ask for the difference between the dental benefit and your charge to be paid at the time of the preventative dental check. The amount paid should be indicated on the receipt and Medicare Australia will issue a cheque in the dentist's name for the dental benefit.

**Important: The maximum amount of dental benefits Medicare Australia will pay for item 88000 is \$150 (subject to annual indexation). If the dentist charges more than \$150, the patient will be responsible for any additional amount. If the dentist charges less than \$150, Medicare Australia will pay the actual amount the patient has been charged. If the service is bulk billed, Medicare Australia will pay the benefit level of \$150.**

### Information that must be on an 'assignment of benefit' form for a bulk billed service

For a dental benefit to be paid under item 88000, the following information must be included on the assignment of benefit form:

- patient's name;
- date of service;
- item number ('88000') and/or description of the service ('preventive dental check' or 'preventative dental program');

- dentist's name and provider number; and
- the amount of the dental benefit being assigned by the patient to the dentist (ie \$150).

### Information that must be on a receipt/account for a fully paid/unpaid service

For a dental benefit to be paid under item 88000, the following information must be included on the dentist's itemised account/receipt:

- patient's name;
- date of service;
- item number ('88000') and/or description of the service ('preventive dental check' or 'preventative dental program');
- dentist's name and provider number, or name and practice address; and
- the amount charged, total amount paid, and any amount outstanding in relation to the service.

Dentists should issue a **separate** account/receipt for the preventative dental check/program. This can be done either by using:

- the single DBS tem number (88000) or describing the service as a 'preventative dental check' or 'preventative dental program'; or
- items from the ADA Australian Schedule of Dental Services and Glossary (8th Edition) that correspond with the preventative dental check/program (eg items 011, 022, 111, 114 etc) – putting a bracket around the items and marking them as a '88000' or 'preventative dental check' or 'preventative dental program'.

Either method is acceptable for Medicare claiming purposes.

**Important: Services provided under item 88000 by a dental hygienist or dental therapist, on behalf of a dentist, must be billed under the dentist's name and Medicare provider number.**

---

## 6. Record keeping and auditing

Dental records associated with treatment under the Medicare Teen Dental Plan should be kept for the customary period for which clinical records are kept. However, Medicare Australia has advised that dental practices should keep records associated with Medicare Teen Dental Plan services for at least two years. These records can include, billing information, notes in practice software and appointment records. In the event of an audit by Medicare Australia, this information will provide evidence of service.

In cases where a teenager forgets to bring their voucher at the time of the service and eligibility is confirmed by a telephone call to Medicare Australia, it is recommended that the dentist (or receptionist) record the voucher number given, the date, and the operator ID, and that they retain this information for two years.

## 7. Further information and contacts

For general enquiries, provider number and claiming questions, dentists should contact Medicare Australia on **132 150** or go to **[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)**

To order bulk billing forms, dentists should telephone **1800 067 307**.

Copies of this fact sheet are available from the Department of Health and Ageing at **[www.health.gov.au/dental](http://www.health.gov.au/dental)**

## CHECKLIST FOR DENTISTS

### DBS item 88000 – preventative dental check (program)

- Dentist is registered with Medicare Australia (has a Medicare provider number at the location).
- Patient has presented a voucher demonstrating eligibility for a preventative dental check.
- Oral examination provided (**minimum requirement**), together with other preventative services included under item 88000 where clinically required.

### Where the patient is bulk billed:

- Medicare Australia approved bulk billing (assignment of benefit) form (DB4-DB) signed by patient. Must include the following information:
  - Patient's name and date of service.
  - DBS item number ('88000') and/or service description ('preventative dental check' or 'preventative dental program').
  - Dentist's details - name and Medicare provider number.
  - The amount of the dental benefit which is being assigned by the patient to the dentist (ie \$150).
- Completed bulk bill claim header (DB1N-DB), 'assignment of benefit' form (DB4-DB), and voucher sent to Medicare Australia.

### Where the patient is billed directly – account is fully paid or unpaid:

- Itemised account/receipt given to patient. Must include the following information:
  - Patient's name and date of service.
  - DBS item number ('88000') and/or service description ('preventative dental check' or 'preventative dental program').
  - Dentist's details - name and Medicare provider number, or name and practice address.
  - The amount charged, total amount paid, and any amount outstanding.



# Medicare Teen Dental Plan

## Annual Preventative Dental Check

# Voucher

Voucher No

This voucher is valid up to and including 31 December 2008

This voucher entitles **[insert full name]** to claim a dental benefit from Medicare Australia for **one** preventative dental check this calendar year, as long as all eligibility requirements of the service are met. The service is as described below.

Dental Benefits Schedule (DBS) item no:	Description of eligible service	Maximum Benefit Payable by Medicare Australia
88000	Preventative dental check	\$150

Voucher

This voucher is only redeemable for one preventative dental check per annum.

The preventative dental check can be provided by a dentist who is registered with Medicare Australia. A dental hygienist or dental therapist may also provide services under the supervision or oversight of a dentist.

You can use your voucher at a private dental practice. You need to present this voucher when you have your dental check. The voucher also needs to accompany your claim to Medicare Australia.

If your dentist bulk bills you, they will keep the voucher. They will also need your Medicare number.

If the dentist charges less than \$150, Medicare Australia will pay the amount you have been charged. If the dentist charges more than \$150, Medicare Australia will pay \$150 towards the total cost of the service and you will need to pay the additional amount.

You may also be able to use the voucher at a public dental clinic (including a school-based clinic). You should contact your local public dental clinic or state or territory health department for further information and to find out when it may be possible to schedule an appointment.

For queries about the Medicare Teen Dental Plan, please call Medicare Australia on **132 011\***.

\*Call charges apply. 24 hour service.

