



Australian Government
Department of Veterans' Affairs

**NOTES FOR
ALLIED HEALTH PROVIDERS
SECTION 2(c)
DENTISTS
DENTAL SPECIALISTS
DENTAL PROSTHETISTS**

This section of the Notes for Allied Health Providers must be read in conjunction with Section 1 – General Information

TABLE OF CONTENTS

Providing dental services.....	2
Fee Schedules	2
DVA treatment schedules.....	2
Schedule A	2
Schedule B.....	2
Schedule C.....	2
Annual monetary limit (AML)	2
Exemptions to the annual monetary limit.....	3
Prior financial authorisation	3
Emergency treatment	4
General anaesthesia	4
Intravenous sedation or relative analgesia technique.....	4
Prescribing	5
Excluded services.....	5
Osseo-Integrated Implants	5
Grafting.....	6
Single tooth implants	6
Implant retained full lower denture.....	6
Implants in the partially dentate maxilla.....	7
Exceptional circumstances	7
Treatment not accepted.....	7
Maintenance of Implants	8
Rural and remote areas.....	8
Billing procedures – Online claiming.....	9
Billing procedures – manual claiming	9
Claim for treatment services (D1217)	9
The Dental Report and Voucher (D919).....	9

Providing dental services

1. Only a dentist, dental specialist or dental prosthetist who is registered with the Department of Human Services (DHS) at the time of service is eligible to provide services to entitled persons.

Fee Schedules

2. DVA provides a wide range of dental treatment. This treatment is listed in two dental fee schedules:
 - (a) Fee Schedule of Dental Services for Dentists and Dental Specialists; and
 - (b) Fee Schedule of Dental Services for Dental Prosthetists.
3. The dental fee schedules detail treatment itemisation and the approved DVA fees.
4. The fees for some items are determined by negotiation between you and DVA before the service is provided. These items are called Fee by Negotiation (FBN) items. Refer to the fee schedule for further details on these items.

DVA treatment schedules

5. All fees listed in the Fee Schedule of Dental Services for Dentists and Dental Specialists are divided into three schedules. Different conditions apply to each schedule. Please refer to the current fee schedule for further details. Fee schedules are available at:

<http://www.dva.gov.au/providers/fee-schedules/dental-and-allied-health-fee-schedules>

6. In summary the conditions applying to each treatment schedule are:

Schedule A

7. These services do **not** require prior financial authorisation for Gold or White Card holders (except where specified in the fees schedule). No Annual Monetary Limit (AML) applies. However, some restrictions do apply. Refer to the fee schedule for details.

Schedule B

8. These services **do** require prior financial authorisation for all DVA entitled persons. No AML applies.

Schedule C

9. Services in Schedule C are generally not subject to prior financial authorisation for Gold Card holders, refer to the fees schedule for specific details. Some card holders may also be exempt from the AML [see clauses 13 -15].

Annual monetary limit (AML)

10. An AML applies to most DVA entitled persons for all items listed as Schedule C items in the fee schedule. The AML is adjusted and you should refer to the current fee schedule for details.

11. You should check with DVA whether any or all of the AML has been expended for an individual entitled person in a calendar year prior to providing services. The AML is not cumulative, so any part of the AML not expended in a calendar year cannot be used in subsequent years.
12. Treatment costs in excess of the AML may be claimed from non-exempt entitled persons. You should discuss this matter with the entitled person before treatment commences.

Exemptions to the annual monetary limit

13. The AML for services listed as Schedule C does not apply to entitled persons who are ex-prisoners of war or who are receiving dental treatment for an accepted disability or for malignant neoplasia that has a direct or indirect dental component.
14. You should contact DVA to confirm an entitled person's exemption from the AML prior to commencing treatment. See section one, clause 149 for contact details.
15. DVA will pay for the full cost of Schedule C treatment for exempt entitled persons, subject to the following conditions:
 - (a) you must obtain prior financial authorisation from DVA before commencing treatment;
 - (b) the maximum fee payable is the approved DVA fee for the particular service, and where the fee is 'fee by negotiation', the fee paid is that which is negotiated with DVA; and
 - (c) you must not make any separate charge against the entitled person.

Prior financial authorisation

16. Some dental services require prior financial authorisation from DVA. Providers of dental services must contact DVA prior to administering these services to be able to claim for payment.
17. Prior financial authorisation is required for:
 - (a) all services listed as Schedule B items in the Fee Schedule of Dental Services for Dentists and Dental Specialists;
 - (b) all services listed as requiring prior approval in the Fee Schedule of Dental Services for Dental Prosthetists;
 - (c) any service that is not listed in the fee schedules;
 - (d) treatment plans which include Schedule C items for all DVA entitled persons who are exempt from the annual monetary limit;
 - (e) all 'fee by negotiation' items; and
 - (f) the treatment of a DVA entitled person requiring the use of a general anaesthetic.
18. To request prior financial authorisation from DVA, dental providers must complete either a Dental Request (Form D986) or a written request on official letterhead to DVA or contact DVA. For urgent cases, telephone contact should be made with the Medical and Allied Health section. Refer to section one, clause 149 for contact details.

19. Please see section one, clauses 51-56 of these notes for further information on prior financial authorisation.

Emergency treatment

20. DVA will accept financial responsibility for up to two palliative care treatments in an episode of treatment for Gold Card holders.
21. For White Card holders, who have only a limited treatment entitlement, you should contact DVA (see section one, clause 149) to check the entitled person's eligibility for dental treatment before you provide emergency treatment.
22. If the emergency occurs outside DVA office hours, and you are unable to confirm the entitled person's eligibility for dental treatment, you should charge the patient for the service and advise them that they may be able to claim reimbursement from DVA.
23. If you provide out-of-hours emergency treatment, you may claim an after hours callout for emergency services which is listed in the fee schedules.
24. Emergency out-of-hours treatment should be claimed only when:
- (a) the consultation is initiated by or on behalf of the entitled person;
 - (b) the entitled person's condition requires immediate dental treatment; and
 - (c) you provide the treatment outside the normal opening hours of the surgery.

General anaesthesia

25. You must obtain prior financial authorisation from DVA before you commence dental treatment for a DVA entitled person if that treatment requires the administration of a general anaesthetic.
26. DVA will only accept financial responsibility for a general anaesthetic, provided as part of dental treatment, if a specialist anaesthetist or approved medical practitioner administers the anaesthetic in an appropriately equipped dental surgery, accredited hospital or day procedure centre where adequate resuscitation equipment is provided.
27. In instances, where specialist anaesthetic services are not available, DVA will accept financial responsibility for general anaesthesia only if it is administered by a medical practitioner who is registered with DHS at the time of service.
28. Items D949 and S949 can be claimed to cover the additional costs a dental provider, who does not have regular theatre times at a hospital or day procedure centre, may incur when leaving their usual place of practice to undertake a procedure which requires the administration of a general anesthetic.

Intravenous sedation or relative analgesia technique

29. DVA will not accept financial responsibility for dental treatment that involves the use of intravenous sedation or relative analgesia technique in a Local Dental Officer's or dental specialist's surgery.

Prescribing

30. You may prescribe pharmaceuticals for Gold and White Card holders from the PBS dental schedule. Please enter the entitled person's DVA file number on the PBS prescription form, which is available from DHS.
31. If an entitled person requires a drug that is not listed on the PBS dental schedule, you should prescribe this on your private prescription form. The entitled person should seek reimbursement of any costs he or she has incurred for PBS prescriptions, or any private prescription, from DVA through the Medical Expenses Privately Incurred (MEPI) area [See section one, clause 149 for contact details].
32. DVA will only accept financial responsibility for prescription pharmaceuticals for the dental treatment to which the entitled person is eligible. For example, you may only prescribe pharmaceuticals for a White Card holder for dental treatment in relation to their accepted disabilities.
33. All State, Territory and Australian Government regulations concerning the prescribing of pharmaceuticals and the prescribing and supply of pharmaceutical benefits apply to drug therapy for DVA entitled persons.

Excluded services

34. DVA will not accept financial responsibility for hypnosis administered by any dental practitioner.

Osseo-Integrated Implants

35. DVA will only accept financial responsibility for dental implant treatment where it has been established that the application complies with DVA's policy for implant treatment. Implant providers should also refer to the application guidelines on the dental implant page on DVA's website at:

<http://www.dva.gov.au/providers/dentists-dental-specialists-and-dental-prosthetists>

Eligibility requirements for entitled persons

36. On the recommendation of the contracted dental adviser and a DVA delegate, the Commissions may accept financial responsibility for osseo-integrated implant treatment for an entitled person.
37. The following generic criteria must be met for all implant applications:
 - (a) written clinical documentation has been provided (as considered necessary in the specific implant treatment case) to DVA for assessment;
 - (b) the provision of implant treatment will be considered only where treatment is clinically appropriate, applications for cosmetic purposes will not be considered;
 - (c) the entitled person is fully aware of the surgical procedures, complications and success rates associated with osseo-integrated implant treatment, and there is no doubt of their desire to have osseo-integrated implants; and
 - (d) DVA's Form D9323 – Request for Prior Approval for Dental Implants must be completed by the entitled person's medical practitioner or medical specialist (a restorative phase provider and a surgical phase provider) involved in and

familiar with the ongoing management of the entitled person's medical conditions.

38. Where relevant, additional specific implant treatment criteria should also be considered [refer to clauses 46-56 for more information].

Grafting

39. Bone and soft tissue grafting as described by items D/S243 (Osseous graft – per tooth or implant) is accepted as part of implant treatment.
40. Block grafting as described by item S244 (Osseous graft – block) will only be funded in exceptional circumstances.

Single tooth implants

41. The Commissions may accept financial responsibility for single tooth implants in either the mandible or maxilla for an entitled person in circumstances where the generic eligibility criterion has been fully met [refer to clause 37] and where:
- (a) tooth loss has occurred in the preceding three years (and evidence is produced to establish this);
 - (b) a maximum of two (2) single tooth implants will be funded by the Commissions over a two year period;
 - (c) the restorative phase of a single tooth implant application, inclusive of the abutment and crown, must be submitted by a prosthodontist or dentist; and
 - (d) the surgical phase for single tooth implants must be submitted by either an oral and maxillofacial surgeon, oral surgeon or a periodontist.
42. The intent of the single tooth implant policy is to replace a recently lost tooth (last three years). The single tooth implant policy does not have the intent of providing fully implant supported bridges to replace teeth that have been lost greater than three years ago. Where a person elects to self fund implants to retain crowns, DVA may consider funding crowns for the implants subject to prior financial authorisation. In these circumstances, the abutment is considered part of the implant and will not be funded under this provision.
43. If an entitled person has been funded a single tooth implant through DVA in the past two years, the commencement date will begin from the surgical phase date the last single tooth implant was funded.
44. As from 1 November 2010, crown items that attach to an implant have been reclassified from Schedule C to Schedule B. Items D/S671, D/S672 and D/S673 now require prior financial authorisation, however are no longer subject to the AML for crown and bridgework.
45. DVA will only pay the scheduled fee for these items. A co-payment cannot be charged to the entitled person.

Implant retained full lower denture

46. The Commissions may accept financial responsibility for up to a maximum of three (3) implants for the mandibular (lower) jaw to facilitate the construction of a full lower over-denture in the following circumstances:

- (a) the generic eligibility criteria has been fully met [refer to clause 37];
- (b) there has been a demonstrated failure to manage a full lower denture;
- (c) the entitled person has been referred to a prosthodontist with approval from DVA;
- (d) the entitled person has a history of failed lower dentures provided by a dentist, dental prosthetist or prosthodontist;
- (e) a prosthodontist has advised that dental implants offer the entitled person the only possibility of successfully wearing a full lower denture;
- (f) the prosthodontist manages the case and provides the prosthesis; and
- (g) the surgical phase is performed by an oral maxillofacial surgeon, oral surgeon or a periodontist.

47. For implant retained dentures the restorative phase is the fitting of the abutments and conversion of the existing denture, or construction of an over-denture. The restorative phase for implant retained dentures must be performed by a prosthodontist.

Implants in the partially dentate maxilla

48. The Commissions may accept financial responsibility for funding up to a maximum of two implants in the partially dentate maxilla for an entitled person in circumstances where:

- (a) the generic eligibility criteria has been fully met [refer to clause 37];
- (b) there has been a demonstrated failure to manage a partial upper denture;
- (c) the entitled person has been referred to a prosthodontist with approval from DVA;
- (d) a prosthodontist has advised that, other than the entitled person having their remaining upper existing teeth removed and being provided with a conventional denture, dental implants offer the beneficiary the only possibility of successfully wearing an upper denture;
- (e) the purpose of the implants is to provide a basis for abutments, a cast bar or precision attachments to assist with the retention of a removable prosthesis;
- (f) the prosthodontist manages the case and provides the prosthesis; and
- (g) the surgical phase is performed by an oral maxillofacial surgeon, oral surgeon or a periodontist.

49. For implant retained dentures the restorative phase is the fitting of the abutments and conversion of the existing denture, or construction of an over-denture. The restorative phase for implant retained dentures must be performed by a prosthodontist.

Exceptional circumstances

50. In exceptional circumstances (for example, a clinically related accepted disability or following extensive cancer surgery to the neck/head region) consideration may be given for more extensive treatment regimes on a case by case basis.

Treatment not accepted

51. The Commissions will not accept financial responsibility for treatment plans listed in clauses 41 – 49 which include:

- (a) sinus lifts;
- (b) mini implants;
- (c) block bone grafting; or
- (d) zygomatic implants.

52. If there are compelling clinical circumstances to warrant the use of the above treatments, the case may be considered under clause 50, exceptional circumstances.

Maintenance of Implants

53. DVA recognises there are a number of phases to the maintenance of implants:

- (a) maintenance of the peri implant tissues provided by either an oral maxillofacial surgeon, a periodontist or dentist;
- (b) maintenance of the implant hardware by either an oral maxillofacial surgeon or a periodontist;
- (c) the replacement of denture consumables provided by a prosthodontist or dentist;
- (d) repair and reline of the denture by a specialist prosthodontist; and
- (e) the remake of the denture by a specialist prosthodontist.

54. The Commissions may accept financial responsibility for the maintenance of osseointegrated implants where DVA has accepted financial responsibility for the provision of these implants.

55. If osseointegrated implants and/or over-dentures have been provided at an entitled person's own expense, DVA may approve their replacement or maintenance, if at the time of provision, the entitled person would have qualified for osseointegrated implants at the Commissions' expense under the current policy.

56. The Commissions may cover:

- (a) the replacement or maintenance of a single tooth implant;
- (b) the replacement or maintenance of up to three implants and over-denture in the mandible;
- (c) the replacement or maintenance of up to two implants in the maxilla in the partially dentate; or
- (d) the replacement or maintenance of further implants where there were exceptional circumstances at the time of provision.

Rural and remote areas

57. In rural and remote areas where there is a shortage of specialists, such as prosthodontists, DVA may allow other suitably qualified providers to perform the restorative phase of the therapy (i.e. provide the prosthesis). Suitably qualified providers are dentists who hold a Post Graduate Diploma in Clinical Dentistry (Implants) or equivalent from a dental education provider recognised by the Australian Dental Council.

Billing procedures – Online claiming

58. For online claiming of dental accounts, please see section one, clauses 121-124 for information.

Billing procedures – manual claiming

59. An accounts claim is made up of a 'Dental Report and Voucher' (Form D919) and a 'Claim for Treatment Services Voucher' (Form D1217). Dental specialists can use their own invoice forms for submitting accounts if they can provide the same level of information as required by the DVA forms.

60. The dental provider can send the claim forms to DHS for processing. See section one, clause 157 for details on where to send these claims.

61. The information below is required in the following circumstances for a claim to be considered correctly submitted:

- (a) if the patient is the holder of a DVA White Card, the name of the condition being treated, not the description of the treatment that was provided;
- (b) the tooth numbers of the treated teeth need to be indicated; and
- (c) if treatment was provided in a hospital or residential aged care facility, the name of the institution.

62. The process when making a paper-based claim for payment is as follows:

- (a) submit the original copies of D919 and D1217 to DHS;
- (b) give the entitled person the patient copies of the forms; and
- (c) retain the claimant copies of D919 and D1217 on record.

Claim for treatment services (D1217)

63. Please use the "fillable" claim form D1217 when claiming. This form can be printed out and is available from the DVA website; <http://www.dva.gov.au/providers/forms-service-providers>. After completion, attach the relevant service vouchers to your account and send with the departmental copy to DHS. Retain the claimant copy for your records.

64. The D1217 has certain mandatory information requirements. The entire form will be returned for amendment if any of the mandatory information is omitted. The claim form must include the service provider's name and address, provider number and the signature of the provider who rendered the services.

65. For accurate processing, please also include the following information:

- (a) number of vouchers included in the account;
- (b) the date the claim form was signed; and
- (c) the total amount being claimed.

The Dental Report and Voucher (D919)

66. You must complete a Dental Report and Voucher (D919) for every DVA entitled person treated. This form is supplied in carbonised triplicate format. After completing the form, submit the original copy to DHS, give a completed copy to the patient and retain the triplicate copy for your own records.

67. Please ensure that hand written information is clear and legible, otherwise the claim may be returned for clarification. The form is also available from the DVA website as a “fillable” form that can be printed out.
68. The D919 has certain mandatory information requirements, which are:
- (a) details of the entitled person who received the treatment;
 - (b) details of the dentist who rendered the service;
 - (c) the description and item number of the service rendered;
 - (d) the fee claimed;
 - (e) the tooth number (or upr or lwr for appliances and repairs) must be recorded beside each item listed; and
 - (f) the D919 must be signed by the entitled person unless you certify that they are unable to do so, or that the service was an emergency service.