Dental Health Services

Metropolitan Patients' Dental Subsidy Scheme

Information for Dental Practitioners

Effective 12 July 2023

The Government of Western Australia subsidises the cost of dental care provided by Dental Health Services (DHS) for eligible patients (patients).

The Metropolitan Patients' Dental Subsidy Scheme (MPDSS) enables patients to be referred from DHS General Dental Clinics (DHS Clinics) to participating private dental practitioners (MPDSS clinics).

Under the scheme, DHS directly reimburses MPDSS clinics for the subsidised value (up to 75% of the total value of treatment) of dental care provided to patients.

1 Treatment Covered by the MPDSS 2
2 Operation of the MPDSS 3
3 Dental Practitioner Participation in the MPDSS 5

1 Treatment Covered by the MPDSS

Patients can access subsidised emergency, general and limited prosthodontic dental care using the MPDSS.

However, there are restrictions on the types of treatment, total value of treatment, and frequency of items that will be subsidised under the scheme.

DHS use Department of Veterans' Affairs Fee Schedules to determine the value of treatment.

1.1 Emergency Treatment

Under the MPDSS, patients can access emergency dental care for relief of pain, trauma and infection associated with a single tooth per emergency episode. Emergency dental care for prosthodontic issues is **not** available.

A list of emergency treatment items that are subsidised under the scheme (and other limits) can be found in the latest MPDSS Emergency Fee Schedule.

Emergency dental care will only be subsidised up to a total value of treatment of $600 per emergency episode.

1.2 General Treatment

Under the MPDSS, patients can access general dental care.

The list of general treatment items that are subsidised under the scheme (and other limits) can be found in the latest MPDSS General Fee Schedule.

General dental care will only be subsidised up to a total value of treatment of $2,000.

1.3 Prosthodontic Treatment

Under the MPDSS, patients can access prosthodontic dental care on approval by DHS.

The list of prosthodontic treatment items that are subsidised under the scheme (and other limits) can be found in the latest MPDSS General Fee Schedule (700 series items) or MPDSS General Prosthetist Fee Schedule.

Prosthodontic dental care is not subject to the limits for general dental care. However, full subsidy for denture items will only be available once every 6-year period per patient.

Otherwise, the amount of subsidy paid by DHS will be on a pro rata/proportional basis.

Cast-metal dentures (not listed in the MPDSS General Fee Schedule) may be also performed but will only be subsidised to the value of the equivalent acrylic denture.

2 Operation of the MPDSS

2.1 Patient Eligibility

To access dental care under the MPDSS, patients must:

- Be registered with a DHS clinic.
- Have a current Health Care Card or Pensioner Concession Card (or be a dependant of a card holder).

Children turning 5 through to those aged 16 who attend a Department of Education recognised school should be directed to the DHS School Dental Service (SDS) for free emergency and general dental care.

2.2 Patient Administration

Where DHS clinics are unable to accommodate emergency dental care, patients will be issued with an Immediate Treatment Authority form (DS68) to access this care through the MPDSS.

Subject to MPDSS funding and DHS clinic waiting times, patients waiting for a general dental care will be issued with a General Treatment Authority form (DS70) to access this care through the MPDSS.

Patients presenting at a MPDSS clinic seeking treatment under the MPDSS but who do not have an appropriate authority form should be directed to a DHS clinic and advised that their treatment may be provided by the DHS clinic in the first instance.

2.3 Responsibilities of MPDSS Clinics

Prior to the commencement of **any** treatment under the MPDSS, it is the responsibility of the MPDSS clinic to advise each patient of:

- The total value of their treatment (MPDSS amount limits are based on this).
- The amount of subsidy that will be paid by DHS.
- Any treatment items that will not be subsidised by DHS (i.e., are not available under the MPDSS or are in excess of any MPDSS limits).
- The remaining amount that will have to be paid to the MPDSS clinic by the patient. This is a matter between the MPDSS clinic and the patient. Patients with private health insurance may claim for these remaining amounts.

Where MPDSS clinics charge the wrong amount to a patient (e.g., incorrect MPDSS Fee Schedule/item being applied) they must either:

- Reimburse the patient and/or DHS for any overpayment.
- Seek further payment from the patient for any underpayment.

2.4 Patients Accessing Emergency Treatment

Patients must present a valid Immediate Treatment Authority form (DS68) to access emergency dental care from a MPDSS clinic.

MPDSS clinics use DS68 forms to record treatment performed during emergency visits for patients and then return them to DHS for reimbursement.

If further non-emergency treatment is required, patients will need to contact their DHS clinic to be placed on the appropriate waiting list for that care.

2.5 Patients Accessing General and Prosthodontic Treatment

Patients must hold a valid General Treatment Authority form (DS70) to access general dental care from a MPDSS clinic. The form will indicate if prosthodontic care is available.

On receiving a DS70 form, patients are to contact a MPDSS clinic to arrange appointments and must present their form to receive their general or prosthodontic treatment.

MPDSS clinics use DS70 forms to record treatment performed and then return them to DHS for reimbursement.

If further treatment is required, this should be indicated on the back of each form. Patients will subsequently be contacted by their DHS clinic once their form has been processed.

Each DS70 form has a fixed expiry date. Treatment needs to be completed and the form returned to DHS by this date for the MPDSS clinic to be reimbursed.

DHS will **not** reimburse MPDSS clinics for prosthodontic treatment provided without the necessary approval and such treatment will be a matter between the MPDSS clinic and the patient.

2.6 Exemptions to the Limits and Rules of the MPDSS

In extenuating circumstances, exemptions to the limits and rules of the MPDSS may be approved by the Subsidy Department:

- Exceeding the limits on the total value of treatment of emergency care.
- Exceeding the limits on the total value of treatment of general care.
- Obtaining extensions to the expiry date for General Treatment Authority forms.

Requests for exemptions are considered on a case-by-case basis and must be submitted to DHS **before** any relevant expiry date. DHS may require copies of the MPDSS clinic's clinical notes for the patient to approve an exemption.

It is imperative that these types of requests are made before commencing any treatment as DHS will **not** reimburse MPDSS clinics for treatment provided without the necessary approval.

3 Dental Practitioner Participation in the MPDSS

3.1 Registration for the MPDSS

Private dental practitioners wanting to participate in the MPDSS should complete the DHS Application to Participate in Subsidised Dental Program Form.

3.2 Online Resources

There is an online portal for the MPDSS: https://www.dental.wa.gov.au/ppp

Private dental practitioners can access this document, relevant forms, and fee schedules here.

3.3 Contacting the DHS Subsidy Department

Private dental practitioners may contact the DHS Subsidy Department via:

Email: dhs.subsidy@health.wa.gov.au

Phone: (08) 9313 0660

Postal Address: Subsidy Department
Dental Health Services
Locked Bag 15
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WA 6983

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