

Oral Health Fee for Service Scheme (OHFFSS)

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Summary Oral Health Fee for Service Scheme (OHFFSS) Policy Directive is to provide episodic and general treatment, and allocation of dentures to eligible NSW residents through a procurement scheme with private oral health practitioners. The private oral health practitioners are required to be registered with their local Area Health Service. Access to the OHFFSS is based on the Priority Oral Health Program, which triages eligible NSW residents based on their clinical health needs.

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

ORAL HEALTH FEE FOR SERVICE SCHEME (OHFFSS)

Purpose

To establish a clear, patient focused, referral pathway that ensures a care management focus between public oral health services and private practitioners who participate in the scheme.

Our Commitment

NSW Department of Health is committed to providing eligible NSW residents with access to collaborative, timely, effective, and culturally responsive oral health services for episodic and general treatment and provision of dentures.

Roles and Responsibilities

NSW Department of Health

Ensure the mandatory requirements and standards of this policy are monitored and acted on accordingly.

Chief Executives

Assign responsibility and personnel to implement the policy.

Oral Health Clinical Directors and Oral Health Managers

Ensure timely and open communication to establish a patient focused outsourcing dental program with participating private practitioners.

All Area Health Service Staff and contracted Private Providers

Comply with the policy directive and actively participate in establishing efficient patient referral processes and effective dental care.

Professor Debora Picone AM
Director-General

Title: Oral Health Fee for Service Scheme (OHFFSS)

Table of Contents

Introduction	3
Management	4
Service Provision.....	9
Communication	10
Treatment protocols.....	11
Payment of Vouchers	12
Quality Assurance	15
Definitions of Terms.....	19
Shortened Terms.....	20
Appendix A Acknowledgements	21
NSW OHFFSS Review Group.....	21
Commonwealth Dental Health Program Working Group	21
Appendix C Private Provider Registration Form	22
Appendix D Oral Health Treatment Voucher	23
Referral Treatment Plan.....	24
Appendix E Sample Letter of Acknowledgement.....	25
Appendix F Sample Participation Letter	26
Appendix G Assessment and Treatment priority codes	27
Appendix H Chronic Conditions Criteria	30

Title: Oral Health Fee for Service Scheme (OHFFSS)

Introduction

The NSW Oral Health Strategic Directions 2005- 2010 sets the platform for oral health action in NSW into the next decade. The Oral Health Fee for Service Scheme (OHFFSS) reflects the operating principles:

- Create better experiences for people using health services
- Make smart choices about the costs and benefits of health services

The scheme offers an alternative way for public oral health services (OHS) to provide dental care by enabling care to be provided through a private practitioner (dentist or dental prosthetist) via an authorised OHFFSS Voucher system.

This policy directive aims to improve: (i) transparency and equity in service provision; (ii) dissemination of information regarding the OHFFSS; and (iii) a continuum of care approach for episodic and general treatment and provision of dentures. The policy describes the procedures and protocols for implementing the OHFFSS following the introduction of the Commonwealth Dental Health Program and Medicare Teen Dental Program on 1 July 2008.

By aligning procedures and protocols for the Commonwealth Dental Health programs with the NSW OHFFSS, NSW Health hopes to:

- Ensure continuity of patient flow between the two programs;
- Provide timely episodic and general dental care, and provision of dentures, for eligible persons; and
- Improve the 'outsourcing' of dental services to private practitioners through the OHFFSS.

The OHFFSS policy directive and the Schedule of Fees (SoF) Information Bulletin have been prepared by the Centre for Oral Health Strategy NSW and the State Oral Health Executive. Participants of the OHFFSS Review Group and associated working party, and the NSW Commonwealth Dental Health Program working group contributed to its development (refer to **Appendix A**).

1.1 Application

This policy directive should be read in conjunction with the following Department of Health policy directives, guidelines and information bulletins:

- Complaint or Concern about a Clinician - Principles for Action¹
- Correct patient, correct procedure and correct site²
- Eligibility for Oral Health³
- Guidelines for Complaint or Concern about a Clinician – Management Guidelines⁴

¹ http://www.health.nsw.gov.au/policies/gl/2006/GL2006_002.html

² http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html

³ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

Title: Oral Health Fee for Service Scheme (OHFFSS)

- NSW Health Better Practice Guidelines for Frontline Complaints Handling⁵
- NSW Oral Health Record Protocols⁶
- Official Travel⁷
- OHFFSS 'Schedule of Fees' Information Bulletin⁸
- Priority Oral Health Program and Wait List Management⁹
- Denture Provision¹⁰

Section One

Management

1.1 Administration Processes

Effective management of the NSW OHFFSS requires clear identification of the roles and responsibilities of all stakeholders. Each one of these processes is reliant on a key person/s to be responsible to ensure that they are acted upon (refer to **Table A**)

- 1.1.1 ensure that public oral health service staff, participating private oral health practitioners (PPs), and patients, are provided with a communication package in its entirety (refer to **Point 1.2.1**)
- 1.1.2 provide an OHFFSS that is sensitive to the needs of Aboriginal people, and people from culturally and linguistically diverse backgrounds by:
 - ~ collecting additional information identified on the PP Registration Form related to: (i) disability access; (ii) PP's ability to speak different language/s; and (iii) PP's ability to provide anaesthesia and/or sedation
 - ~ supplying the additional information to the OHFFSS patient
 - ~ giving patients the relevant information for accessing interpreter services and/or Aboriginal Hospital Liaison/Health Workers, as required
 - ~ in situations when transportation is an issue offering the patient the relevant information on how to access AHS non episodic transport services, and/or other relevant government and non-government transport support services (eg Aboriginal Medical Services)
 - ~ providing patients who receive an authorised OHFFSS Voucher with: (i) a list of participating PPs; and (ii) an OHFFSS Patient information sheet and/or OHFFSS brochure¹¹ (refer to **Point 1.2.1**)

⁴ http://www.health.nsw.gov.au/policies/gl/2006/GL2006_002.html

⁵ http://www.health.nsw.gov.au/policies/gl/2006/GL2006_023.html

⁶ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.html

⁷ http://www.health.nsw.gov.au/policies/pd/2005/PD2005_619.html

⁸ http://www.health.nsw.gov.au/policies/ib/2006/IB2006_031.html

⁹ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_056.html

¹⁰ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_040.html

¹¹ NSW Health Website <http://www.health.nsw.gov.au/cohs/resources.asp> or Better Health Centre 02 9816 0452

Title: Oral Health Fee for Service Scheme (OHFFSS)

- 1.1.3 support participation in the OHFFSS by public oral health clinicians under rights to private practice agreements (AHS protocols apply), but ensure that such participation is free from conflict of interest and that they have no involvement in the authorising process
- 1.1.4 ensure that interested PPs hold current registration with the relevant practice regulating body
- 1.1.5 undertake criminal record checks, and prohibited employment declarations on PPs, as per AHS and NSW Health protocols¹². Note: that employer guidelines for working with children checks can be downloaded from <http://www.kids.nsw.gov.au>
- 1.1.6 negotiate new, and renewed, 5 year agreements with participating PPs as required
- 1.1.7 process requests for PPs who wish to enter into an OHFFSS procurement contract, including completing the registration process (refer to **Appendix C, E & F**)
- 1.1.8 inform participating PPs about quality improvement initiatives aimed at monitoring the efficiency of the OHFFSS (refer to **Section 5**)
- 1.1.9 designate a staff member who can answer administrative and process queries related to the OHFFSS and can refer clinical matters to an appropriate senior oral health clinician
- 1.1.10 assess the patients' clinical needs and authorise the OHFFSS Voucher by signing it, and
 - ~ document on the OHFFSS Voucher: (i) the name of the dental clinic; (ii) the ISOH Voucher number; (iii) the clinician contact name on the referral treatment plan (refer to **Point 1.2.2**); and (iv) provide an indication of the treatment required, including either an examination or consultation, irrespective of the OHFFSS voucher type (refer to **Point 1.2.2** and **Section 3**)
 - ~ instruct the OHFFSS patient to; (i) make an appointment with a PP from the OHFFSS list within 10 days of receiving their OHFFSS Voucher; (ii) present proof of identity (i.e. Medicare card and, for adults, photo ID such as drivers licence) and eligibility (i.e. for adults, a valid concession card) at the time of their appointment with the PP; (iii) bring their current OHFFSS Voucher to their first appointment; (iv) sign the OHFFSS Voucher confirming they have received the dental treatment at the completion of their dental care; (v) ring the PP to reschedule the appointment if they are unable to attend on the allocated date, and that they may be charged a fee by the PP if they do not attend the appointment without notification; and (vi) be aware that, where changes to treatment are made without OHS authorisation, such treatment will be regarded as a private contract between the PP and the patient, and payment associated with this

¹² http://www.health.nsw.gov.au/policies/pd/2008/PD2008_029.html

Title: Oral Health Fee for Service Scheme (OHFFSS)

treatment will not be the responsibility of the NSW Department of Health (DOH) or the OHS.

- 1.1.11 ensure that patients who reside in a recognised 'Area of Need' [(AON) – refer to definition of terms] have access to telephone authorities (AHS protocols apply).
- 1.1.12 prior to making the appointment, inform the patient if there are any charges for failing to attend an appointment.
- 1.1.13 prior to commencing treatment: (i) check that OHFFSS Vouchers have not exceeded the expiry date; (ii) check the patient's identify; (iii) review, and be satisfied with, the medical history, medications, and treatment plan identified on the OHFFSS Voucher; (iv) ring the relevant AHS if the patients dental needs have changed from the time the OHFFSS Voucher and changes have been discussed with the patient, as re -approval by the relevant AHS will be required to proceed with the treatment or if their dental needs are not manageable through the Scheme; (v) obtain patient's consent, and if dentures are being provided inform them were they are being made Australia or overseas (OS); and (vi) inform, and obtain the consent of the patient before carrying out any treatment for which they (patient) would be financially liable, such as **Point 5.3** and item numbers/treatment that have not been approved by the relevant AHS.
- 1.1.14 after treatment has been provided: (i) record the date of treatment and the item numbers provided under the OHFFSS Voucher. Note: only item numbers identified in the SoF can be claimed; (ii) obtain the patient's signature on the OHFFSS Voucher once the listed dental care is completed; (iii) return the OHFFSS Voucher to the OHS address provided (refer to **Point 5.7**); (iv) produce x-ray evidence to support surgical procedures as per OHS protocols (note: where changes to treatment have been made without OHS authorisation, such treatment will be regarded as a private contract between the PP and the patient. Payment for these services will not be the responsibility of the NSW Department of Health (DOH) or the OHS); and (v) educate the OHFFSS patient on how to maintain good oral health, what if any, post operative care is required, or how to care for their dentures;

Note: **Table A** summaries who is responsible for each administrative tasks identified above. The persons who are responsible are displayed in column 3 by the use of acronyms (refer to shorten terms)

Title: Oral Health Fee for Service Scheme (OHFFSS)

Table A

Issue	Process	Who	Where	When	How
1.1.1	Distribute OHFFSS communication package	OHS – AS	PP	Ongoing	Download the OHFFSS Acknowledgement/ participation letter templates and provided a full copy of the OHFFSS policy directive and schedule of fees (refer to Section 3 and Appendix C)
		OHS-PC	OHFFSS patient	Ongoing	Download the OHFFSS patient information sheet and provide OHFFSS what you need to know brochure (refer to Section 3)
1.1.2	Provide culturally appropriate service delivery	OHS staff PP	OHFFSS patient	Ongoing	Verbal and written (refer to Section 3)
1.1.3	Implement private practice rights	OHSM	OHS clinical facilities	Ongoing	Complying to NSW Dental Act, code of practice and AHS policies
1.1.4	Ensure current professional registration	PP	Relevant professional authority	Annually	Complying with the relevant professional authority's requirements
1.1.5	Implement a criminal record check	OHM	AHS human resources	AHS protocols	Complying with AHS protocols
1.1.6	Implement OHFFSS PP contract	OHM	PP	Very 5 years	Complying with AHS protocols
1.1.7	Implement OHFFSS registration process	OHS – AS	PP	On application and thereafter every 5 years	Complete private oral health practitioner registration form (refer to Appendix C)
1.1.8	Implement OHFFSS quality improvement initiatives	NSW Health OHM	PP	At the time of registration	Complying with AHS accreditation processes. Analysis of OHFFSS by the NSW Health (refer to Section Six)
1.1.9	Provide AHS administration and clinical support	OHM	PP	On contact from the PP	Verbal or written advice
1.1.10	Assess patient's clinical needs for treatment through OHFFSS	PC	OHFFSS patient	At first assessment/ new and/or treatment appointment	Provision of a OHFFSS voucher (refer to Section Two and Four)

Title: Oral Health Fee for Service Scheme (OHFFSS)

Issue	Process	Who	Where	When	How
1.1.11	Ensure access to telephone authorities for public patients who meet the 'Area of Need' criteria	OHS – AS	OHFFSS patient	Call Centre	Provision of OHFFSS voucher via a telephone authority [(AHS protocols apply) refer to Definition of Terms]
1.1.12	Ensure the patient is aware of any charges for failing to attend an appointment	PP	OHFFSS patient	At the time of making an appointment	Verbal and/or written
1.1.13	Inform patient of OHFFSS process prior to treatment being provided, including any charges that are not covered by the OHFFSS voucher	PP	OHFFSS patient	At the beginning of the first treatment appointment and/or following an examination	Verbal and written
1.1.14	Inform patient of OHFFSS process post treatment	PP	OHFFSS patient	At the end of treatment	Verbal and written and refer to Section Five

1.2 Eligibility

The following persons may be eligible to receive episodic and general dental care, and provision of dentures, under the OHFFSS:

- 1.2.1 adult persons in receipt of a current and valid concession card, as per the eligibility for public oral health care policy directive¹³.
- 1.2.2 all persons who are less than 18 years of age are eligible for free public oral health care.
- 1.2.3 persons with 'Areas of Need' (AON) entitlements
- 1.2.4 eligibility is further defined in Section 3 of the Priority Oral Health Program (POHP) and List Management Policy Directive.

¹³ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

Title: Oral Health Fee for Service Scheme (OHFFSS)

Section Two

Service Provision

The contact details for participating PPs will be distributed to all OHSs within the AHS. Participating PPs are not bound by residential eligibility criteria and may provide services to any patient in receipt of a current OHFFSS Voucher, provided they are registered with an OHS.

2.1 Weighted Occasions of Service

In circumstances where the patient has received treatment outside their AHS boundaries, the OHS that provided the service will be reimbursed through a funding payback system based on cross boundary flow weighted occasions of service (WOOS).

2.2 OHFFSS Voucher

A voucher can only be provided through the ISOH POHP questionnaire, which assesses the patient's oral health need (refer to **Appendix G**). Authority to issue a voucher may be approved following a POHP questionnaire via telephone. In some OHSs further clinical assessment is required prior to issue.

2.2.1 Issuing a voucher

An OHFFSS Voucher is a combined authority, claim form, and referral treatment plan (refer to **Appendix D**). ISOH automatically generates the authority number and date of issue on the OHFFSS Voucher.

Information placed on the OHFFSS Voucher by the public oral health clinician should include the: (i) assessed treatment need and tooth numbers; (ii) number of teeth required for a denture; and (iii) indicate pre-prosthetic mouth preparation for clasps and rests if required.

2.3 Additional services

OHSs may develop and use alternative models for outsourcing private dental services for episodic and general treatment and/or provision of dentures to eligible NSW residents, such as the Area of Need model or other private procurement contract/s entered into by an AHS.

The following variations to the OHFFSS are also permitted (AHS protocols apply):

- 2.3.1 increasing the number of OHFFSS Vouchers for episodic and general care per patient
- 2.3.2 adding teeth for treatment in the same quadrant if there is radiographic evidence that supports the clinical decision to undertake treatment to reduce the likelihood of future pain (a radiograph must be attached to the OHFFSS Voucher to support the claim)

Title: Oral Health Fee for Service Scheme (OHFFSS)

- 2.3.3 entering into contracts with participating PPs which could guarantee a monthly or annual number of OHFFSS Vouchers or \$ equivalent.

2.4 Deregistration

PPs may withdraw from the OHFFSS at any time. However, it is preferable for a PP to give two weeks notice, and to forward all outstanding claims to the relevant OHS prior to their withdrawal date

Section Three

Communication

An effective communication strategy is required to establish a clear, patient care management focused, referral pathway between public dental services and private practitioners.

3.1 Continuum of care

To support a care management focus between OHSs and PPs the OHFFSS Voucher now has two components. These are the 'Voucher Authority' (page 1) and 'Referral Treatment Plan' (page 2) (as shown in **Appendix D**). Note: page 1 is compulsory for all OHFFSS Vouchers.

It is recommended that the OHFFSS components are used in the following circumstances:

- 3.1.1 episodic care vouchers: (i) POHP Code 1 - only page 1 to be completed; and (ii) POHP Code 2 - pages 1 and 2 to be completed.
- 3.1.2 denture vouchers - pages 1 and 2 to be completed.
- 3.1.3 general vouchers: (i) only page 1 to be completed if the PP is being asked to provide a full examination (Australian Dental Association Schedule 8 item number 011); or (ii) page 1 & 2 to be completed if the public oral health clinician has carried out a partial examination (Australian Dental Association Schedule 8 item number 012/013)

Note: if only page 1 is used, details must be provided in the 'assessed treatment need and medical alert' box. Further, if the OHFFSS Voucher has been provided with no clinical assessment, then the box indicating this should be a ticked () on the form. The OHFFSS Voucher is to be signed by the relevant OHS staff member as indicated on page 1 and, where appropriate, page 2.

Patient care can be further improved if the OHS requests that the PP:

- 3.1.4 supplies pre surgical radiological evidence when treatment has involved a surgical removal of a tooth, extirpation of pulp or debridement of root canals

Title: Oral Health Fee for Service Scheme (OHFFSS)

- 3.1.5 returns radiographs that have been provided with a Voucher to the relevant OHS dental clinic. The OHS should also return radiographs supplied by the PP if double radiographic films have not been used.

3.2 Communication Package

The OHFFSS Communication package includes: (i) OHFFSS policy directive; (ii) OHFFSS SoF information bulletin; (iii) OHFFSS patient and private oral health practitioner information sheet; (iv) OHFFSS brochure (v) OHFFSS SoF private oral health practitioner information sheet; (vi) MTDP Referral Form; (vii) MTDP brochure; (viii) OHFFSS Referral Treatment Plan; and (ix) OHFFSS Voucher. This package is available on <http://www.health.nsw.gov.au/cohs/resources.asp>. The brochures and OHFFSS Voucher can also be ordered from the Better Health Centre (02 9887 5450).

3.3 Patient support

For patients of Aboriginal and/or non-speaking English background, OHSs are to provide the patient with opportunities to access: (i) Aboriginal Hospital Liaison/Health Officer; (ii) Interpreter services ph: 131450, and/or (iii) culturally appropriate OHFFSS documentation/information <http://www.mchs.health.nsw.gov.au> .

Section Four

Treatment protocols

POHP Codes

The treatment provided under the OHFFSS is currently restricted to:

For adults:

- ✓ episodic care associated with POHP : (i) assessment code 1, 2, 3a, 3b and 3c; and treatment code A and B
- ✓ general dental care associated with POHP: (i) assessment code 4, 5 and 6; and (ii) treatment code C, E and F
- ✓ dentures associated with any POHP assessment code and treatment code

For children:

- ✓ episodic care associated with POHP: (i) assessment code 1, 3a, 3b and 3c; and (ii) treatment code A, B and C
- ✓ general dental care associated with POHP: (i) assessment code 4, 5 and 6; and (ii) treatment code D and E
- ✓ dentures associated with any POHP: assessment and treatment code

Title: Oral Health Fee for Service Scheme (OHFFSS)

4.1 Commonwealth Dental Programs

From 1 July 2008, Aboriginal and Torres Strait Islander people, people with chronic diseases and pre-school children who apply for oral health services will continue to be triaged by POHP and given priority – after those with more severe oral health problems (for example those requiring emergency treatment) have been dealt with.

4.1.1 Commonwealth Dental Health Program

People with chronic diseases will be categorised using a core list of chronic conditions agreed to by all Australian jurisdictions and modified by NSW Health. The list identifies “core” chronic conditions (refer to **Appendix H**), which will be used to measure progress against the Commonwealth’s priority area of chronic conditions. AHSs will continue to triage and prioritise these patients according to the procedures outlined in the POHP and List Management policy directive **Section 7.4.2**. AHSs can use the OHFFSS to address the dental needs of patient’s who have been flagged under the CDHP (refer to NSW Health CDHP Implementation Plan **Appendix 1** p 15), when appropriate.

4.1.2 Medicare Teen Dental Plan

The Medicare Teen Dental Program (MTDP) dental voucher provides that may be used for preventive dental checks (for 12 to 17 year old teenagers). MTDP Vouchers may be used through either a private dentist, or through the public oral health service. AHSs are able to participate in this program under private practice rights, or by bulk billing at a public dental clinic. AHSs can use the OHFFSS to address any dental needs identified by the MTDP preventive check that has either been performed by a private practitioner or AHS. AHSs are required to manage these teenagers as indicated in the POHP and List Management policy directive **Section 7.4.2**.

Section Five

Payment of Vouchers

5.1 Expiry Date

A Voucher is valid for:

- ✓ one (1) month from the date of issue for episodic and general care;
- ✓ three (3) months from the date of issue for denture services.

It is preferable that the patient’s treatment is completed within this period. OHSs should advise patients to make appointments with their chosen PP within 10 days of receiving the OHFFSS Voucher.

The OHS is required to advise the PP that the date of issue is indicated on the top right hand corner of the OHFFSS Voucher. The OHS is also required to

Title: Oral Health Fee for Service Scheme (OHFFSS)

inform the PP that, if the date has expired, they should contact the OHS who issued the Voucher to revalidate it by extending the date.

5.2 Schedule of Fees

The SoF is contained in the OHFFSS Information Bulletin¹⁴. The item numbers and descriptions are taken from the ADA Schedule Version 8. The SoF is benchmarked to the Department of Veteran Affairs (DVA) rate and reviewed annually.

5.3 Casting Fee

The OHS may approve the provision of cobalt chromium casting in situations of clinical need. The cost of the laboratory fee for the casting will be paid by the OHS.

Where a cobalt chromium partial denture is preferred by the patient but approval has not been granted by the OHS, then patients will be required to pay the laboratory fee by a private procurement arrangement with the PP. In this case the PP needs to comply to **Point 1.1.13**.

5.4 Domiciliary Fee

A PP providing oral health care to eligible domiciliary care patients in their homes, or in nursing homes, is to receive an additional payment as per item 916 Travel, as listed in the schedule of fees. When the travel involved is in excess of 10 kilometres, an additional per kilometre reimbursement may be paid.

OHS should refer PPs to the Official Travel policy directive¹⁵, section four (4) - Motor Vehicles. PPs must submit appropriate documentation to the OHS before payment for travel can be approved.

If a PP is travelling to a location where more than one patient is to be treated a travel allowance fee may be negotiated, dependent on OHS policy and procedures.

5.5 GST

The OHFFSS generally does not attract GST (refer to the OHFFSS SoF¹⁶). The Australian Taxation Office (ATO) requires a Tax Invoice if a claim for payment includes goods and services tax (GST). PPs must provide the required information to the ATO in order to pass on GST to an OHS.

Where applicable, the OHS may negotiate with the PP to generate Tax Invoices. There are two alternatives: (i) the PP may generate their own invoice, or

¹⁴ http://www.health.nsw.gov.au/policies/ib/2008/IB2008_028.html

¹⁵ http://www.health.nsw.gov.au/policies/pd/2005/PD2005_619.html

¹⁶ http://www.health.nsw.gov.au/policies/ib/2006/IB2006_031.html

Title: Oral Health Fee for Service Scheme (OHFFSS)

alternatively (ii) the OHS and the PP may enter into an agreement to generate Recipient Created Tax Invoices.

5.6 Maximum Entitlements

The OHFFSS has a maximum payment ceiling, as identified in the SoF, for the three voucher types: (i) episodic treatment, (ii) general dental treatment; and (iii) provision of dentures.

The maximum entitlement where patients can normally be expected to be referred to a PP is two occasions of service in any 12-month period. However, with respect to episodic and general treatment, further referrals to a PP are possible during that period if the patient has undergone further clinical assessment or triage by the OHS.

5.7 Claims Procedure

OHSs must inform PPs that all queries regarding the reimbursement of claims should be directed to the authorising OHS dental clinic identified on the OHFFSS Voucher.

OHS are to provide payment under the following circumstances:

- ✓ the treatment has been authorised by an OHS staff member,
- ✓ dentures are to comply to Therapeutic Goods Administration (TGA) standards. Note: that PPs must indicate whether dentures were manufactured in Australia or over seas, and are compliant to TGA standard. In situations of non compliance payment may be withheld (refer to <http://www.tga.gov.au>)
- ✓ the original OHFFSS Voucher provided by an OHS has been submitted by a participating PP, and
- ✓ the authorising OHS receives the OHFFSS Voucher within 30 days after completion of treatment.

If payment is greater than the maximum entitlement, it must be approved by the OHS Manager or Senior Oral Health Clinician.

OHS need to be aware that if the OHFFSS Voucher is photocopied it will expose the word *COPY* in several places across the form. Payment of such an OHFFSS Voucher will require the approval of NSW Health.

5.8 Payment Process to Participating PP

When the participating PP returns the completed OHFFSS Voucher to the issuing clinic, OHSs are required to follow these checking procedures before the claim is certified:

- ✓ OHFFSS Voucher is valid and has been issued by a NSW public oral health service;

Title: Oral Health Fee for Service Scheme (OHFFSS)

- ✓ services provided were within OHFFSS policy directive and authorised by an OHS;
- ✓ unauthorised surgical removal of tooth or pulp extirpation is supported by a pre-surgical radiograph – the radiograph will have to be checked and the treatment approved by a designated senior public clinician/or equivalent before payment can proceed
- ✓ treatment details have been entered in ISOH.

Once the above procedures have been followed, the OHSs are required to;

- ✓ return any attached radiograph to the PP;
- ✓ forward the claim to the relevant dental manager, or nominee, for authorisation and payment processing;
- ✓ stamp the original OHFFSS Voucher as paid when payment is processed.

OHS are required to pay the Voucher within 30 days of receipt of the claim.

Section Six

Quality Assurance

OHSs are accredited institutions and therefore undertake quality procedures. The DOH, in consultation with the Australian Dental Association NSW Branch (ADA), Australian Dental Prosthetists Association NSW Inc (ADPA), NSW Council of Social Services and OHSs, supports the application of quality assurance measures which encourage OHSs to provide: (i) better practice standards of clinical care; (ii) sharing of patient record information; and (iii) efficient administrative practices.

Recommendation 8 from the Report of the Legislative Inquiry into Dental Services 2006 suggested a review of the OHFFSS schedule of fees and regular ongoing review. To evaluate the OHFFSS the following areas need to be considered:

- ✓ the use of Australian Council of Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQUIP) Oral Health Clinical Indicators Version 1 is recommended. The Oral Health Indicators can be sourced from the ACHS website <http://www.achs.org.au> . The Indicators are (i) 1.1 - Unplanned return attendances for treatment within 28 days; (ii) 1.3 - Attendances for complications within 7 days of routine extraction; and (iii) 1.7 - Dentures remade within 12 months;
- ✓ patient satisfaction surveys in line with ACHS guidelines; and
- ✓ monitoring the performance and activity of each participating PP. It is important that the OHS inform the PPs within their boundaries of any current OHFFSS quality assurance programs including the compliance to TGA standards (refer to <http://www.tga.gov.au>).

Title: Oral Health Fee for Service Scheme (OHFFSS)

6.1 Evaluation of OHFFSS policy directive

The OHFFSS policy directive and schedule of fees are reviewed annually and/or on a needs basis by COHS and the State Oral Health Executive.

6.2 Reporting

The OHFFSS will contribute to AHS reporting on: (i) weighted occasions of services; and (ii) the Commonwealth Dental program requirements to increase in number of visits provided for target groups (refer to POHP and List Management policy directive¹⁷).

6.3 Compliance

Any PP who participates in the OHFFSS will be considered to have agreed to the terms and conditions in this Policy Directive. A PP who breaches these terms and conditions may be suspended from participation in the OHFFSS by the OHS. A participating PP who is suspended will have the right of appeal in the first instance. The State Oral Health Liaison Committee (SOHLC) will review the appeal if required.

6.4 State Oral Health Liaison Committee

A SOHLC is to be established and meet on a needs basis. The SOHLC terms of reference, (TOR) will include:

- ✓ the objectives: (i) to mediate unresolved disputes concerning the nature/quality or application of the OHFFSS, or provision of clinical treatment procedures or management of waiting lists/times; and (ii) to provide a forum where issues can be discussed in a confidential manner;
- ✓ the roles: (i) to support the OHS in providing recommendations/actions for unresolved disputes to the Chief Executive of the AHS and/or the DOH; (ii) to inform the complainant of the outcome of the OHLC decision; and (iii) to allow opportunities for the complainant to contact the Chair of the OHLC regarding their grievance;
- ✓ the composition: (i) Senior oral health clinicians; (ii) at least one independent dentist and prosthetist; and (iii) a minimum of two community representatives;
- ✓ the meeting schedule to read 'as required';
- ✓ the identification of the linkage to the DOH and OHS complaints/grievances policy and procedures.

¹⁷ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_056.html

Title: Oral Health Fee for Service Scheme (OHFFSS)

6.5 Complaint/Grievance

OHS complaint/grievance processes must comply with DOH policy directives and guidelines (refer to **Point 1.1**).

The PP needs to be aware of the OHS' complaint/grievance policy and procedures and should provide OHFFSS patients with:

- ✓ OHS Patient role and responsibilities brochure or equivalent;
- ✓ The OHFFSS Patient Fact Sheet which can be down loaded from <http://www.health.nsw.gov.au/cohs/resources.asp>. Translations are available from <http://www.mhcs.health.nsw.gov.au>.
- ✓

The SOHLC is the final arbitration point for unresolved grievances (see **Point 6.4**).

6.6 Community Consultation

The Department of Health NSW encourages the people of NSW and health care professionals to share information and make decisions together. OHS management may consult with community representatives and non-government organisations such as the Consumers Health Forum of Australia <http://www.chf.org.au> and the Council of Social Service of New South Wales (NCOSS) <http://www.ncoss.org.au>, as necessary to encourage information sharing and transparency in service provision.

6.7 Accounting for Authorisation Forms

OHSs are responsible for monitoring and auditing of OHFFSS Vouchers. The following security processes are designed to ensure accurate record keeping for the OHFFSS:

- ✓ the OHFFSS Voucher has a coloured NSW Health Logo;
- ✓ the word COPY is not on the OHFFSS Voucher
- ✓ the Voucher has an ISOH generated unique ID number and barcode;

All printed forms, including ones that are damaged, will need to be accounted for.

OHSs are required to use ISOH to track OHFFSS Vouchers and associated expenditure. The following details can be read in ISOH:

- ✓ authority number
- ✓ patient details
- ✓ date of issue
- ✓ date of return
- ✓ amount claimed

Title: Oral Health Fee for Service Scheme (OHFFSS)

✓ treatment provided.

This information supports the production of two reports from ISOH, which can show: (i) the number of outstanding authorities at any given time; and (ii) the number of multiple authorities issued to the same patient.

Title: Oral Health Fee for Service Scheme (OHFFSS)

Definitions of Terms

ADA Item no. 011	<u>Refer to a comprehensive oral examination</u> - Examination of all teeth their supporting tissues and oral tissues in order to record the condition of these structures. The examination includes recording appropriate medical history relevant information. The item number 011 is used as a flag for identifying the start of a general course of care.
ADA Item no. 012	<u>Periodic oral examination</u> - An evaluation performed on a recalled patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic examination within 12 months
ADA Item no. 013	<u>Oral examination</u> (limited) - A limited problem-focused oral examination carried out immediately prior to required treatment. This examination includes recording an appropriate medical history and any other relevant information. This item is used for all emergency exams, public dental service screening and dental assessment provided in the clinic. The item number 013 is used as a flag for identifying the start of an episodic course of care.
Area of Need	Area of Need is an area where demand for treatment is extremely high and is impacted by the following: (i) recruiting and retaining both private and public oral health care providers; (ii) excessive distances to travel for access to a public oral health clinic in remote communities (this includes where the person has no access to private transport or public transport is not available); and (iii) the amount of time a public oral health provider is spending assessing patients is significantly impacting on the ability to provide definitive clinical care.
Ceiling Payment	Is a maximum payment for an: <ul style="list-style-type: none"> ✓ episodic care is calculated by the following item numbers: (i) 013 (episodic examination); (ii) 022 (2 X intra oral x rays); (iii) 419 (extirpation of pulp or debridement of root canal/s – episodic or palliative; and (iv) 311 (removal of permanent tooth or parts thereof). An oral health clinician is not limited to these item numbers when issuing a voucher but must comply with AHS protocols ✓ denture service is capped at a full maxillary and mandibular denture
Episodic dental care	Is an emergency or acute course of care that is associated with a partial examination (013) and POHP Codes 1, 2, 3a or 3b.
General dental care	Is a course of care that is associated with a full examination (011) and POHP Codes 3c, 4, 5 or 6.
Guidelines	The Guidelines for Implementing OHFFSS are aimed at providing better work practices and communication processes for OHSs and participating Private Providers who provided services to eligible NSW residents.
Residential Eligibility	Is dependent upon the address of the patient who must reside within the Area Health Service to which application for treatment or denture services is made.
Visit	A 'Standard visit' under the CDHP is based on a case weighted of \$250 per visit or 5.4 WOOS, thereafter referred to as either a visit or a standard visit (COHS 2008)
Voucher	Refers to the OHFFSS voucher which is given to patients so they can receive; (i) episodic and general treatment; or (ii) dentures (OHFFSS PD2006_087).

Title: Oral Health Fee for Service Scheme (OHFFSS)

Shortened Terms

ADA	Australian Dental Association NSW Branch
ADPA	Australian Dental Prosthetists Association NSW Inc
AHS	Area Health Service
AHSOHLIC	Area Health Service Oral Health Liaison Committee
AON	Area of Need
ATO	Australian Taxation Office
COHS	Centre for Oral Health Strategy NSW
DOH	Department of Health
FBN	Fee to be negotiated
GST	Goods and Services Tax
ID	Identification
ISOH	NSW Information System for Oral Health
NSW	New South Wales
NSW Health	New South Wales Department of Health
OHFFSS	NSW Oral Health Fee For Service Scheme
OOS	Occasions of service
OHS	Public oral health services
OHS - AS	Oral Health Service Administration Staff
OHSM	Oral Health Service Manager
POHP	Priority Oral Health Program
PC	Public clinician
PP	Private Providers are private practicing dentists, prosthetists and visiting dental officers.
SOHS	State Oral Health Strategy
SOHE	State Oral Health Executive Committee
SOHM	Senior Oral Health Manager means a Principal Dental Officer or Area Dental Director or Area Manager of Oral Health Services or an Oral Health Manager/Director or a person approved by an Area Health Service in a similar position.
TOR	Terms of Reference

Title: Oral Health Fee for Service Scheme (OHFFSS)

Appendix A Acknowledgements

The assistance, contributions and support of all involved are gratefully acknowledged. Special thanks go to Dr Brian Redmayne and Dr Alek Sawicki North Sydney Central Coast Area Health Service for developing the Treatment Referral Plan, and Dr Kim Horneman and Dr John Powers for reviewing the Australian Dental Association item numbers in the OHFFSS SoF 2008/09.

NSW OHFFSS Review Group

Kristie Brown	Community representative, NCOSS
Dr Tony Burgess	NSW Australian Dental Association
Jennifer Conquest (Chair)	NSW Health representative, Centre for Oral Health Strategy NSW
Martin Dunn	NSW Australian Dental Prosthetist Association
Dr Peter Hill	Justice Health representative
Wendy Hill	Area Health Service representative, Greater Western Area Health Service
Meredith Kay	State Oral Health Executive representative, North Sydney Central Coast Area Health Service
Graham Key	NSW TAFE
Dr John Powers	Area Health Service representative, Sydney South West Area Health Service
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Dr Margaret Vautin	Area Health Service representative, Sydney South West Area Health Service
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Dr Brian Redmayne	State Oral Health Executive representative, North Sydney Central Coast Area Health Service
Bernard Rupasinghe	NSW Australian Dental Association
Dr Albert Yaacoub	Area Health Service representative, Sydney West Area Health Service

Title: Oral Health Fee for Service Scheme (OHFFSS)

(Compulsory)

Appendix C Private Provider Registration Form

Please fill in the following information to complete your registration process.

DENTAL PROVIDER INFORMATION			
TYPE	Dentist <input type="checkbox"/>	Prosthetist <input type="checkbox"/>	Please print in block letters, sign & date application
TITLE:	SURNAME:		GIVEN NAME:
CONTACT DETAILS:	Ph:		Mobile:
	Fax:		Email:
PRINCIPAL PRACTICE:	ADDRESS: (can not be PO BOX)		
	CITY;STATE;POST CODE		
<i>Payments and notices will be sent to this address unless you have alternative practice address refer to table 'Payment'.</i>			

REGISTRATION REQUIREMENTS		
<i>Copies of your practicing registration and medicolegal insurance must be provided</i>		
DENTAL REGISTRATION:	(mandatory)	NO:
HIC PROVIDER	(if applicable)	NO:
STATE/TERRITORY REGISTRATION		DATE FIRST REGISTERED: / /

PRACTICE DETAILS			
<i>Copies of EPA equipment compliance certificate and EPA user licence must be attached</i>			
X-RAY PROVISION:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes Date of last certification / /
Please <input checked="" type="checkbox"/> any/all of the following that your clinical practice provides:			
General Anaesthesia <input type="checkbox"/>	Intravenous sedation <input type="checkbox"/>	Wheel chair access <input type="checkbox"/>	
Multi lingual <input type="checkbox"/> (Language)			Physical & mentally disable <input type="checkbox"/>
Mobile:	Other: (please state)		
Please <input checked="" type="checkbox"/> to give NSW DOH permission to add your services to the specialty list Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have any limitations been imposed on your ability to practise or prescribe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES please provide details			

CONTRACTUAL INFORMATION	
The NSW OHFFSS is a state public service and the vouchers are valid throughout the state as long as the expiry date is valid	
Payment for your services can be made to: (i) practice address/s; (ii) trading/company name and address; and (iii) group practice if you are a member of an agency or group practice.	
For each practice address please specify the name and address which payment is to be made.	
<i>Notification address must be provided for service of Notices: Address: 1 <input type="checkbox"/> 2 <input type="checkbox"/></i>	
ADDRESS 1:	Telephone: ()
	Fax No: ()
	Email:
ADDRESS 2: (if applicable)	Telephone: ()
	Fax No: ()
	Email:
GST INFORMATION	
The OHFFSS does not attract GST some denture services items in the attached schedules do and POHCP are required to provide the following details if GST is to be passed onto the OHS.	
Please provide your:	ABN (11 digits)
	BSB and account number

ROLE AND RESPONSIBILITIES	
The rules relating to the provision of oral health care services to persons eligible to receive oral health care through NSW public oral health clinics who present with the appropriate oral health care voucher are set out under the current OHFFSS Policy Directive.	
I will comply with the conditions in regard to the above Policy Directive and accept the agreed fee levels as listed in the associated schedules.	
I certify that all the information above and contained in the attachments, is true and correct	
APPLICANTS SIGNATURE:	DATE: / /

ADMINISTRATION PROCESSES	
Please return your form to: (Central place details)	OFFICE USE:
	Date registered: / /
	Provider No:
	Classification:
	Specialty Code:
	Commence date of contract / /
	Authorizing Officer:
	Officer signature:
	Date: / /

Title: Oral Health Fee for Service Scheme (OHFSS)

Appendix D Oral Health Treatment Voucher

(Compulsory)

Authority ID:(insert)

Date_of_Issue: (insert)

This voucher is only to be used for the provision of Oral Health Services set out below and is valid until (date).

Voucher Limit: \$(generated by ISOH)

This voucher may ONLY be used for the treatment of the following named person:

Name: (insert)

Date of Birth: (insert)

Address (insert)

Patient to sign when voucher issued

Assessed treatment need/provisional diagnosis and medial alerts	(Approving Officer*)
Dentures made in <input type="checkbox"/> AUS <input type="checkbox"/> OS <input type="checkbox"/> TGA compliant	<input type="checkbox"/> Clinical assessment not provided

ATTENTION ORAL HEALTH CARE PROVIDER – if you have any questions regarding the treatment to be provided please contact the **Area Oral Health Service (see below for details)**

Claim Form:

Date of service	Item no.	Tooth number	Description	Amount claimed
	999		GST (10% of cost of items claimed)	

payment will be made on original vouchers only	total amount claimed
PROVIDER DETAILS [Provider name and number must be for the person providing care to the patient]. Provider Name: Provider Number: Provider Signature:..... Provider Tel No:.....Date: __/__/__	PAYMENT DETAILS Registered for GST Payee ABN: __/__/__/__. Yes / No Payee Name:..... Payee Address: Postcode.....

PATIENT DECLARATION *** DO NOT SIGN UNTIL TREATMENT HAS BEEN COMPLETED *******
 I certify that I have received the above treatment and that I have not paid any additional fees for the treatment.
 I also certify that I am not entitled to or have received any form of payment or compensation in respect of treatment specified on this claim form.

<p>Office use only</p> <p>Certified correct as to appropriation, rates of charge, funds available, and checked against double payment</p> <p>..... (Checking Officer) Date: __/__/__</p> <p>I hereby authorise payment of this claim</p> <p>.....(Authorising Officer) Date: __/__/__</p> <p>Cheque No.</p> <p>*The approving officer is also approving the incurring of expenditure.</p> <p>PATIENT'S SIGNATURE:DATE: __/__/__</p>	<p>At the completion of treatment please forward this form for payment to:</p> <p>(OHS contact name)</p> <p>(OHS ABN number)</p> <p>(OHS contact address)</p> <p>(OHS contact telephone number)</p>
--	--

Title: Oral Health Fee for Service Scheme (OHFFSS)

Referral Treatment Plan



ORAL HEALTH TREATMENT REFERRAL

Title Family Names		MRN	
Given Name/s		DOB	Sex
Address - Street			
Suburb			Postcode

Place sticker here

Date: _____ **Clinic of issue:** *Please indicate name and contact details*

Voucher type:
Place circle
 episodic _____
 general _____
 denture _____

Presenting Condition

BINDING MARGIN - NO WRITING

File in Clinical Record

ORAL HEALTH TREATMENT REFERRAL

Perio Exam

03	04	05
08	07	06

Provisional Treatment Plan

1 _____	Radiographs supplied: <i>Yes / No</i>
2 _____	PA <input type="checkbox"/> Tooth number _____
3 _____	BW <input type="checkbox"/> L R L&R
4 _____	OPG <input type="checkbox"/> Please ensure OPG is returned to the Clinic

Comments:

NB: The private provider is to review and to be satisfied with the medical history, medications, treatment plan and obtain patient consent prior to the patient's dental treatment.

I hereby agree that the information provided is true and correct

Clinician's Name: _____	Signature: _____	Date: _____
Patient's Name: _____	Signature: _____	Date: _____

Title: Oral Health Fee for Service Scheme (OHFFSS)

Appendix E Sample Letter of Acknowledgement

Ref:
Author:

Date:

«Title» «FirstName» «surname»
«Address1»
«suburb»
«post code»

Dear «Title» «surname»

NSW Oral Health Fee for Service Scheme

Thank you for your indication to participate in the NSW Oral Health Fee for Service Scheme (OHFFSS). OHFFSS is an integral part in delivering oral health services to local residents who either require urgent treatment or denture provision.

The Private Provider Booklet is a concise summary of the OHFFSS. The **Booklet** (Tab B page 22) and **OHFFSS Schedule of Fees** (Appendix A page 29) can be located in the attached copy of NSW Department of Health OHFFSS Policy Directive (*insert relevant reference*) which has been provided for your convenience.

The OHFFSS policy directive contains information on the implementation of the Scheme and your future role once registered with NSW Health. If there is more than one dental provider in the practice, NSW Health requires each provider to complete his/her own agreement and registration form.

Please be aware that by signing the 'Declaration of Participation' form you acknowledge that you will be participating in the NSW OHFFSS as per the policies and guidelines contained in OHFFSS Policy Direct (*insert relevant reference*).

NSW Health requires the following documentation to be signed to ensure the Department can complete mandatory registration processes:

- Criminal Check form;
- Child Protection form;
- OHFFSS Declaration of Participation form;
- OHFFSS Private Provider Registration form;

Please complete all the forms and forward the documentation to (*insert relevant OHS*).

If you need any further information regarding this matter, please do not hesitate to contact (*insert OHS contact name*) on (*insert contact number*).

On behalf of NSW Health I would like to take this opportunity of thanking you for your acceptance to be a participant in the Scheme and look forward to working with you.

Yours sincerely

(insert contact name)
(insert title)
(insert Public oral health services)

Title: Oral Health Fee for Service Scheme (OHFFSS)

Appendix F Sample Participation Letter

Date:

Ref:
Author:

Attention: «*FirstName*» «*surname*»
«*Public oral health services*»
«*Address* »
«*suburb*»
«*post code*»

NSW Oral Health Fee for Service Scheme Declaration of Participation

Name of Private Provider: _____

Registration No: _____

Address: _____

I acknowledge that I have obtained a copy of, and have read, understood, and agree to the terms and conditions set out in the NSW Oral Health Fee for Service Scheme (OHFFSS) Policy Directive (*insert current Policy Directive number*).

I agree to:

- 1) participate in the OHFFSS
- 2) allow the «*name*» Area Health Service (*acronym*) to conduct a criminal check prior to participation as required by the current OHFFSS policy directive
- 3) notify the (*acronym*) of any convictions relating to sexual activity, acts of indecency, child abuse or child pornography will automatically prohibit my participation in the scheme in a child related position and that relevant criminal records, apprehended violence orders and completed relevant disciplinary proceedings which involve child participation in child related employment
- 4) agree to inform (*acronym*) if the conditions of my registration or place of work change.

I have also completed and attached to this letter my 'Private Provider Registration Form'.

Private Provider's signature: _____

Date: _____

Title: Oral Health Fee for Service Scheme (OHFFSS)

Appendix G Assessment and Treatment priority codes

Table 1 Assessment priority codes for children and adults

Priority Code	Factors Influencing Access	Summary of triage Criteria	Appoint Or Wait List	Recommended Maximum Waiting Time
1	Emergency	<ul style="list-style-type: none"> ✓ Trauma including: <ul style="list-style-type: none"> ▫ loss of function, ▫ swelling, ▫ uncontrolled haemorrhage, ▫ supervening infection 	Appoint/or OHFFSS voucher	24 hours
2	Medical condition requiring immediate attention	<ul style="list-style-type: none"> ✓ Any medical condition where failure to give dental care would adversely affect commencement of urgent medical treatment 	Appoint/or OHFFSS voucher	3 days
3a	Oral Health condition	<ul style="list-style-type: none"> ✓ Pain 	Appoint/or OHFFSS voucher	1 week
3b	Oral Health condition	<ul style="list-style-type: none"> ✓ Pain 	Appoint/or place on a list/or OHFFSS voucher	1 month
3c	Oral Health condition	<ul style="list-style-type: none"> ✓ A child between 0-5 years 	Appoint OHFFSS Voucher /	1 month
		<ul style="list-style-type: none"> ✓ Urgent need of a denture ✓ Oral health condition in a child or adult requiring attention 	Appoint/or place on a list / OHFFSS voucher	3 months
4	Medical	<ul style="list-style-type: none"> ✓ Significant developmental or acquired disability OR ✓ Serious medical condition or Social, cultural, or economic risk factors ✓ Aboriginal descent 	Place on list	6 months

Title: Oral Health Fee for Service Scheme (OHFSS)

Priority Code	Factors Influencing Access	Summary of triage Criteria	Appoint Or Wait List	Recommended Maximum Waiting Time
		<ul style="list-style-type: none"> ✓ Oral health condition in a child or adult requiring attention, OR <ul style="list-style-type: none"> ▫ significant developmental or acquired disability OR ▫ social, cultural, or economic risk factors 		
5	Oral Health Need	<ul style="list-style-type: none"> ✓ Extractions, periodontal disease, dental caries, impacted wisdom teeth, dentures. ✓ A child or adult requiring restorative treatment OR <ul style="list-style-type: none"> ▫ concerns regarding loose baby tooth/teeth 	Place on list	12 months
6	General Request for Care	<ul style="list-style-type: none"> ✓ Check up 	Place on list	24 months

Table 2 Child Treatment Codes

Code	Criteria	Clinical Categorisation Examples	Recommended Maximum Waiting Time
A	URGENT (Required to support urgent Medical treatment)	<ul style="list-style-type: none"> ○ Where failure to provide oral health care would delay the commencement or progress of urgent medical treatment. ○ Medical emergency, patient is about to undergo e.g. transplants or cardiac surgery ○ Patient commencing or undergoing chemotherapy, including intravenous, or head and neck radiotherapy. 	2 weeks
B	Critical treatment required	<ul style="list-style-type: none"> ○ Special need patients who have extensive treatment ○ Defined by AHSs as a high caries risk ○ Management or investigation of anomalies 	3 months
C	High oral health need	<ul style="list-style-type: none"> ○ Carious lesions in permanent tooth/teeth 	6 months
D	High oral health need	<ul style="list-style-type: none"> ○ Carious lesions in primary tooth/teeth 	9 months
E	Low oral health need	<ul style="list-style-type: none"> ○ Check up 	24 months

Title: Oral Health Fee for Service Scheme (OHFFSS)

Table 3 Adult Treatment Codes

Code	Criteria	Clinical Categorisation Examples	Recommended Maximum Waiting Time
A	URGENT (Required to support urgent Medical treatment)	<ul style="list-style-type: none"> ○ Where failure to provide oral health care would delay the commencement or progress of urgent medical treatment. ○ Medical emergency, patient is about to undergo e.g. transplants or cardiac surgery ○ Patient commencing or undergoing chemotherapy, including intravenous bisphosphonate therapy, or head and neck radiotherapy. 	2 weeks
B	Stabilisation	<ul style="list-style-type: none"> ○ All pregnant women with poor oral health requiring treatment 	3 months
	Endodontic Treatment	<ul style="list-style-type: none"> ○ Patient meets all criteria for endodontic treatment as defined by AHS policy 	
C	Medically Compromised	<ul style="list-style-type: none"> ○ Patient whose medical condition is identified in Table 5 ○ Patient is medically compromised and no functional denture. 	6 months
D	URGENT Denture Requirements	<p>Where the absence of service provision will result in damage to supporting structures OR</p> <p>Where the patient has missing maxillary anterior tooth/teeth:</p> <ul style="list-style-type: none"> ○ with no existing denture and a degree of social impairment ○ where the existing maxillary denture is displaced whilst speaking 	9 months
E	High Oral Health Need	<ul style="list-style-type: none"> ○ Three or more extensively carious teeth 	12 months
		<ul style="list-style-type: none"> ○ Community Periodontal Index (CPI) of 3 or greater 	
		<ul style="list-style-type: none"> ○ All other dentures needs not included in Code C 	
F	Low Oral Health Need	<ul style="list-style-type: none"> ○ All other assessed treatment needs. 	24 months

Title: Oral Health Fee for Service Scheme (OHFFSS)

Appendix H Chronic Conditions Criteria

Chronic diseases	POHP Codes		Location of Treatment
	Assessment	Treatment	
Cancer patients Head and neck cancer (surgery, RT, chemo)	2	A	Public
Transplant patients requiring immuno suppression	2	A	Public
Cardiac patients pre cardiac surgery	2	A	Public
Cardiac patients at high risk of endocarditis	2	A	Public
Cancer patients below clavicles as cancer location. Only applies if having chemotherapy or significant immuno suppression	2	A	Public
Bisphosphonates I.V. infusion for cancer	2	A	Public
I.V. or oral for Pagets Bone disease	2	A	Public
Prior to commencement or within 1 st year for oral bisphosphonates	4	C	Private
Longstanding oral bisphosphonates	4	C	Private
Viral Blood borne infections HIV/AIDS	2/4	A/ C	Public/Private
Hepatitis C - with poor liver function	2/4	A/ C	Public
Hepatitis C – Asymptomatic	4	C	Private
Haemophilia or significant Coagulopathy	4	C	Public/Private
Psychiatric Disease Unstable On xerostomia-inducing psychotropic medication	4	C	Public/Private
Older People Entering residential care w/ dementia/Alzheimer's or similar	4	C	Public/Private
Medication/s On xerostomia-inducing medication	4	C	Public/Private
Diabetes Insulin dependant and unstable	2/4	A/ C	Public
Non insulin dependant diabetic	4	C	Private
Special Needs Intellectual or physical disabilities	2/4	C	Public
Chronic/Degenerative Huntington's Chorea Neuromuscular disorders Parkinson's Disease Chronic/Degenerative CNS Diseases: Moderate to severely advanced	2/4	A/ C	