

Oral Health Services Eligibility

Queensland Health Guideline

QH-GDL-444:2017

1. Purpose

This guideline provides recommendations regarding eligibility for public oral health services delivered by Hospital and Health Services to promote consistent and equitable access throughout Queensland.

2. Scope

This Guideline provides information for all Queensland public health system employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including partners, contractors, consultants and volunteers).

3. Guideline for oral health services eligibility

3.1. Adult eligibility criteria

For adults to be eligible for free public oral health services they must:

- Be Queensland residents; **and**,
- Be eligible for Medicare¹; **and**,
- Be receiving benefits from one of the following concession cards:
 - Pensioner Concession Card issued by the Department of Veterans' Affairs;
 - Pensioner Concession Card issued by Centrelink;
 - Health Care Card;
 - Commonwealth Seniors Health Card; or,
 - Queensland Seniors Card.

For eligible adults, eligibility is extended to dependants named on their concession card.

Adults that reside in states or territories other than Queensland who are eligible for Medicare and hold a valid concession card are eligible if their closest public oral health facility is in Queensland.

All other adults from interstate who are eligible for Medicare and hold a valid concession card are eligible for emergency care only.

¹ Eligibility for Medicare includes holders of green or blue Medicare cards but excludes yellow Medicare cards which are issued to visitors from countries with reciprocal health care agreements.

All prisoners in Queensland are eligible for free public oral health services.

3.2. Child eligibility criteria

For children to be eligible for free public oral health services they must:

- Be Queensland residents **or** attend a Queensland school; **and**,
- Be eligible for Medicare²; **and**,
- Meet at least one of the following criteria:
 - be aged four years or older and have not completed Year 10; **or**,
 - be eligible for the Medicare Child Dental Benefits Schedule; **or**,
- hold, or be listed as a dependent on, a valid Centrelink concession card.

For children eligible for the Child Dental Benefits Schedule, benefits will be assigned under bulk billing arrangements to the relevant Hospital and Health Service.

Children that reside in states or territories other than Queensland but attend a Queensland school and meet the other criteria listed above, are eligible for free public oral health services.

All other children from interstate who are eligible for Medicare and meet the other criteria are eligible for emergency care only.

3.3. Child eligibility criteria

3.3.1. Public dental specialist services

Dental specialist services can only be accessed by referral from dental, allied health or medical practitioners.

Availability of dental specialist services varies between locations and HHS oral health services.

To be eligible for public dental specialist services:

- Adults must meet the eligibility criteria for free public oral health services.
- Children must:
 - Meet the eligibility criteria for free public oral health services; **and**
 - Hold, or be listed as a dependent on, a valid Centrelink concession card.

For some specialist services, such as orthodontics, additional clinical criteria may also be applied by public dental specialists to determine eligibility.

² Eligibility for Medicare includes holders of green or blue Medicare cards but excludes yellow Medicare cards which are issued to visitors from countries with reciprocal health care agreements.

3.3.2. Public hospital inpatients

Inpatients of public hospitals are eligible for limited public oral health services only while they remain an inpatient. Such care would be considered essential to the recovery and rehabilitation of the patient or for the treatment of dental emergencies, for example, pain, swelling or bleeding.

If a public hospital requests dental care due to an adverse event, these services should be provided at no cost to the patient.

3.3.3. Public hospital outpatients

Outpatients referred by a public hospital to a public oral health service must meet the eligibility criteria.

Eligibility criteria may be waived to expedite treatment where patients have been referred from a public hospital for the treatment of cancer, cardiac surgery or another life-threatening medical condition requiring urgent dental treatment prior to commencing medical care. This may apply in situations where there may be difficulty accessing timely private dental treatment. Such care would be considered essential to the recovery and rehabilitation of the patient.

3.3.4. Forde Foundation

Clients who are registered with the Forde Foundation can apply for a grant for public oral health services. If approved, Forde Foundation clients are eligible for a priority general course of care.

3.3.5. Cleft Lip and Cleft Palate Scheme

Patients with conditions listed under the Australian Government Cleft Lip and Cleft Palate Scheme are eligible up to 22 years of age.

To be treated under the Scheme a patient must:

- be enrolled in Medicare;
- before turning 22 years of age, be certified by a health professional as having a cleft lip, a cleft palate, or other eligible conditions; and,
- have started treatment before turning 22 years of age.

If treatment commences before 22 years of age the course of care should be continued until the treatment is complete even if a patient turns 22 years of age during treatment.

3.3.6. Refugees

Refugees who meet the eligibility criteria (see Sections 3.1 and 3.2) are entitled to a priority general course of care. Following the initial course of care, eligible refugees can access public oral health services in the same way as all other eligible patients access care.

3.3.7. Asylum seekers

Asylum seekers are entitled to a priority general course of care. As proof of eligibility, a referral form is required from an authorised support agency or community health clinic.

3.3.8. Completing a course of care

Once an examination has been undertaken and a treatment plan established, an entire course of care should be completed, even if patient eligibility ceases during a course of care.

If a patient requires specialist care, this treatment should be considered a new course of care. If patient eligibility ceases prior to the commencement of specialist care, the treatment should not commence. If patient eligibility ceases during the course of specialist care, the course of care should be completed.

3.3.9. Non-eligible patients

In rural and remote locations where there is no private dentist available, any person can access public oral health services however people who are not eligible should receive care on a fee-for-service basis. Treatment costs should be charged according to the government oral health fee schedule.

Public oral health services may determine the nature and extent of treatment available to non-eligible patients according to local service capacity.

4. Document approval details

Document custodian

Chief Dental Officer

Approval officer

Deputy Director-General, Clinical Excellence Queensland

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Version Control

Insert details of any changes made to this document. Date to be written in full.

Version	Date	Comments
1.0	March 2017	New guideline
2.0	February 2020	Updated criteria related to prisoners, Child Dental Benefits Schedule, children from interstate, refugees and asylum seekers