

Medicare in dentistry ...

How do LSPN'S work in private dental practice?

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Since my first article for *Australasian Dentist* in August 2007, I have been asked how Medicare works in helping to provide subsidy for dental x-rays in the private dental clinic. In essence, existing dental practices that provide Medicare coverage for in-house radiology, define themselves as a “dental radiography diagnostic provider service.”

By applying to Medicare for a Location Specific Provider Number (LSPN) on their x-ray device, dental radiography providers (which include dentists) can gain Medicare rebates for dental clients (when referred by a dental practitioner who is not the LSPN holder). In this way, dentists are able to maintain a radiography service that would normally only be provided by referring to an outside radiography practice.

The advantages of a relationship between a radiology reading practice, and the dentist's radiography service provider (LSPN defined) radiography practice are obvious. By allowing for intra-oral and extra-oral x-rays to be reported by a Medicare approved radiologist, dentists have the ability to itemize their films (requested by a dentist/dental specialist) using Medicare radiology descriptions instead of ADA itemizations.

This has a potentially large appeal, but specifically establishment of an in-house Medicare-approved radiography practice allows for...

1. Delivery of rebates away from auxiliary dental insurance funds, with preservation of these funds for actual clinical dental services provided by the referring dentist/dental specialist
2. The gaining of a dedicated specialist (maxillofacial) radiology report provided by an experienced maxillofacial radiologist for the benefit of the referring dentist/dental specialist
3. The ability to gain a direct rebate on the film you produce, with the out-of-pocket expense attracting either a contribution to the Medicare Safety-Net limit, or if reached, a further 80% Medicare rebate of the out-of-pocket expense for your x-ray
4. The opportunity exists for more dedicated and serial views of conditions that may be in the evolution of a dentist's treatment or of the disease under the dentist's investigation; all of which still attract Medicare rebates when the dentist/dental specialist refers to your service
5. The specialist maxillofacial radiologist's report (that your referrers gain), will be a precise radiological record of their patient's condition and treatment needs, and which can be held by them as support of their own clinical & treatment advice.

By way of history, dentistry and dental professionals have been excluded from accessing the Medicare radiology schedule for provision and readership of “dental” films. This exclusion has persisted despite there being dedicated Medicare itemizations which specifically describe dental films such as intra-oral films, OPGs, and lateral cephalograms.

Recent schedule changes to the EPC programme (which may not legislatively survive a potential change of Federal Government), also includes private dentist provision of x-rays under Medicare. The LSPN ramifications of this are not yet obvious, and there are ongoing Federal-based practice compliance issues (quality control based) that are in evolution for general LSPN holders.

The use of these Medicare item codes have been the specific domain of specialist radiologists or general radiography practices (who hold the bulk of LSPNs, with co-use of consultant reporting radiologists through tele-radiology reading). These practices often retain out-of-date and poorly serviced dental radiology equipment, and often employ radiology staff who are not properly trained in the expert acquisition of dental films. Even worse, general radiologists traditionally view dental x-ray reporting as low end, or low rebate, and subsequently dedicate dental film reporting little time or interest; producing reports such as “*Dentition as demonstrated*”, “*No abnormalities seen*”, or “*See film for details.*”

The reports are often (dentally) clinically useless or non-specific, the films usually of poor positional quality, they are often blurred or over-exposed, and specifically do not demonstrate reports of odontogenic disease which is of primary relevance to the referring dental professional.

On the basis of below-standard reporting practices (which take less time to deal with), general radiologists (and radiography practices generally) often bulk-bill their x-ray films, which essentially makes OPGs and lateral cephalograms free to the community.

This in turn leads patients away from the dental practice in seeking expertly dentally acquired (though relatively more expensive) radiology films, and makes redundant and non-competitive the retention of dental x-ray devices by many dental practices. Sadly many dental and dental specialist practices no longer maintain dental radiology devices, or if they do, it is often limited to an intra-oral dental x-ray device.

The dental profession, and dental specialist groups have lobbied in the past for access to the Medicare radiology schedule, but the rules in this

regard are quite specific. In the Medicare rules you may read that... *"the rendering practitioner is the medical practitioner who provides the report."* and that *"a diagnostic imaging service... may be provided by... a medical practitioner."*

Thus far these "medical practitioners" have been and always will be...

1. Specialist radiologists, or
2. Specialist medical surgeons (including maxillofacial surgeons) or physicians in the specific investigation of a disease for which they have specific (and approved) expertise.

In agreeing to becoming an LSPN provider of radiography services, you agree that you will abide very specifically and wholly to the rules governing radiography and radiology practice in Australia. As mentioned, there are rules, and these are defined on pp 545-565 of the Medicare Benefits Schedule Book (1 November 2007). A summary however of the important points are provided below...

1. A diagnostic imaging procedure in the Act is defined as *"a procedure for the production of images (for example x-rays etc) for use in the rendering of diagnostic imaging services."*
 - a. The schedule fee for each diagnostic imaging service covers both the diagnostic imaging procedure, and the reading and report of that procedure.
 - b. The diagnostic imaging service must be clinically relevant before being eligible for a Medicare rebate.
2. OPGs, lateral cephalograms, and intra-oral films (bitewings, occlusal films and PA's) are all *R-type* (requested) procedures, meaning they require a specific request by a referrer for the specific investigation. For a Medicare rebate to be made, the procedure must have clinical relevance, must be referred by a referrer (the dentist) and must be reported by a medical practitioner (the medical maxillofacial radiologist).
3. Medicare benefits are not payable for diagnostic imaging services that are classified as R-type services unless *prior to commencing the relevant service*, the practitioner receives a signed and dated request from a requesting practitioner who determined the service was necessary.
4. A request must be in writing, signed and dated, and contain the name and address or name and provider number in respect of the place of practice of the requesting practitioner.
 - a. A referral to a specific provider is not required.
5. The requesting practitioner may use a single request to order a number of diagnostic imaging services.
 - a. However, all services provided under this request must be rendered within seven days after the rendering of the first service.
 - b. For instance, the referral cannot be for *"please take serial OPG's every 6/12's."*
6. All requests for R-Type procedures must be held (by the maxillofacial radiologist) for 18 months from the day the service was rendered, and must include a copy of the report

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- a. These records are auditable and must be produced to Medicare if requested within 7 days.
- 7. All sites from which diagnostic imaging procedures are performed need to be registered with Medicare Australia for the purposes of Medicare. **You need this LSPN** (and confirmation of registration status) to be eligible for Medicare benefits for your referred clients. To access this service visit www.medicareaustralia.gov.au/providers/forms/medicare/lspn.htm. The application is free, and requires updating every 12 months.
 - a. Make sure when you register your devices for your LSPN, that you nominate item numbers that would be used with your x-ray device (these would be 57901 skull, 57902 cephalometry, 57903 sinuses, 57912 facial bones, 57915 mandible, 57918 salivary calculus, 57927 TMJs, for your lateral ceph or OPG machine, 57930 Teeth single area, 57933 Teeth full mouth, for your dental x-ray machine, and 57960 OPG jaw disease, 57963 OPG dental, 57966 OPG Ortho, 57969 OPG TMJ for your OPG or cone-beam device).
- 8. In addition to the normal particulars of the patient, date of service, the services performed and the fees charged, the

details which must be entered on accounts or receipts in respect of diagnostic imaging services are as follows...

- a. The Location Specific Provider Number (LSPN) where the image was taken
- b. The name of the specialist radiologist or maxillofacial specialist
- c. The date of the request, and the name and provider number of the requesting practitioner
 - i. There can be no fiscal relationship between the referrer and the radiologist. The only relationship between the referrer and the O&M surgeon is a clinical one
 - ii. The only financial relationship can be between the LSPN provider and the radiologist
- 9. Where the radiographic examination of a specific area involves the exposure of more than one film, benefits are payable once only, except where special provision is made in the description of the item for the inclusion of all films taken for the purpose of the examination.
 - a. This means that if you wish to have an OPG of TMJs, and a separate lateral cephalogram of face, then each x-ray must be specifically and separately requested
 - b. This means that if you require an overall OPG, and a specific intra-oral view of a tooth, then both films must be specifically requested
- 10. For multiple images, diagnostic service rules apply
 - a. **Rule A.** The first x-ray has a normal schedule fee, whilst the second and each additional film is \$5 less
 - b. **Rule B.** This relates to combined consultations and radiographic procedures, and does not apply to this arrangement
 - c. **Rule C.** This relates to Medicare co-procedures being conducted with the radiology procedure and does not apply to this arrangement (this rule does not apply to co-pathology procedures)

As you can see, the rules are reasonably complex, but by establishing early on a clearly open practice, with advice provided both by Medicare and by your reading maxillofacial radiologist, you should set things up from the start so that everything goes smoothly, and without too much paperwork. X-rays that can be Medicare itemized include intra-oral films, OPGs, dental cone-beam, and cephalograms.

Medicare for dental x-rays won't suit every private dental-radiography practice out there (mostly it is the bigger dental or orthodontic practices that subscribe to this scheme). First of all you have to get used to Medicare itemizations and the occasional bulk-bill service (and associated paper work), and you have to establish a means to easily send requests and x-rays by internet telemetry (as well as to receive reports). You also have to be prepared to pay for a reading "commission", usually in the range of 30-40% of the x-ray fee.

Good luck (and please, everyone should stop asking me questions now)! ♦

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