



OCEAN
SURGICAL Pty
Ltd



General | OMS Funding and General Information on OMS

WHAT IS ORAL AND MAXILLOFACIAL SURGERY AND HOW SURGERY IS FUNDED

Oral and Maxillofacial surgery is the surgical speciality that deals with injuries, diseases and pathology of the mouth, face and jaws. A dual speciality of both dentistry and medicine, modern practitioners are multi-skilled and trained to deal with a range of complex conditions that have their combined basis in dental, medical and specialist surgical management.

Because of its broad training base, O&M surgeons have access to a wide range of funding agreements for the benefit of their patients.

WHAT IS ORAL AND MAXILLOFACIAL SURGERY

This primary surgical speciality is unique to medicine in that it shares its speciality status with another profession; dentistry. Born from the major conflicts and wars of the 20th Century, the speciality evolved from both surgical dentistry and plastic reconstructive surgery to uniquely deal with conflict injuries to the face.

Trial and error reconstruction, within the unique environment of war, allowed for the development of an understanding of facial surgical anatomy, and the development of a range of surgical procedures peculiar to the face and jaws. These in turn were able to be translated to treatment of civilian diseases, and the establishment of dedicated speciality departments in public hospitals. The evolution over almost a century of tradition and apprentice like training, has transformed the discipline into the primary surgical speciality of Oral and Maxillofacial Surgery (OMS).

With formal definition and regulation by both the Australian Medical and Australian Dental Councils, 21st Century graduates of OMS are both medical and dental specialists, with joint registrations under both medical and dental registration boards. Practitioners belong to a special fraternity called the Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS), and which maintains professional ethics and standards as well as ongoing specialist educational activities.

Called by a variety of titles such as "mouth, face and jaw surgeons", "faciomaxillary surgeons", or "maxillofacial surgeons", their roles are the same; viz, to surgically treat a range of conditions peculiar to the mouth, face and jaws.

WHAT BROAD CONDITIONS DO PRIVATE ORAL AND MAXILLOFACIAL SURGEONS TREAT?

From pan-facial bony injury to wisdom teeth, the range of treatable surgical conditions is wide.

The techniques of facial reconstruction translates equally to regaining a face lost to a car accident, to reconstructing a jaw affected by tumour disease, or to the precise placement of a small bone graft to help retain a titanium implant for a lost tooth.

Surgical conditions and treatments include:

1. Temporomandibular joint (TMJ) disorders and diseases
2. **Wisdom teeth** and other impacted teeth removal or management, as well as complex tooth extractions
3. Odontogenic jaw **cysts and tumours**
4. Odontogenic, facial and jaw **infections**
5. Jaw, alveolar, facial and **tissue reconstruction**
6. Soft tissue (mucosal) **grafting**
7. Replacement of lost teeth by use of titanium **implants**
8. Facial bony **trauma** and reconstruction (orbital, maxillary, mandibular and zygomatic)
9. Maxillary **sinus** disease
10. **Orthognathic** correction (surgical correction of growth discrepancies of the jaws)
11. **Radiological** diagnosis of conditions of the jaws
12. Oral **mucosal disease** diagnosis and management
13. Oral, face and **jaw pain** diagnosis and management
14. Extractions of teeth in **medically compromised** patients
15. Treatment under **IV sedation** and **general anaesthesia**.

WHAT ARE THE MEDICARE AND PRIVATE INSURANCE BENEFITS OF BEING TREATED BY AN ORAL AND MAXILLOFACIAL SURGEON?

All general dentists (also called dental surgeons), general medical practitioners (GPs) and other surgical specialists are allowed to refer to OM surgeons. Referral is important, because it entitles the patient to claim for a range of Medicare privileges which can assist in subsidising the cost of surgical treatment.

Classically all dentistry and all dental procedures that potentially can be performed by dentists (or dental surgeons) are not covered by Medicare or hospital (medical) insurance. Most health funds do however offer *ancillary* (or dental) insurance, which can pay some form of "dental" rebate, usually up to a maximum of a few hundred dollars in any 12 month policy period.

There are many procedures however that are classified as "dental", which are also listed as "medical" under Medicare. These procedures do attract Medicare and medical insurance rebates when provided by Oral and Maxillofacial Surgeons.

Fully approved Oral and Maxillofacial Surgeons (i.e. those that are both medically and dentally registered as specialists) offer the following Medicare and private insurance schemes for rebates of a range of mouth, face and jaw conditions...

1. Referred consultations are subsidised under Medicare.
2. Reviews are subsidised under Medicare.
3. In-house radiology (such as dental x-rays and OPGs) are subsidised under Medicare (with referral).
4. Outside referrals for x-rays, CT and MRI are subsidised under Medicare.
5. Pathology and histopathology referral is subsidised under Medicare.
6. Patients seeking extractions and implants under the Cleft Lip and Palate scheme are subsidised under Medicare.
7. All patients seeking surgical care of pathologies of the mouth, face and jaws (excluding dental extractions) are subsidised under Medicare.

8. All patients with a chronic medical condition, where their dental condition is affecting their medical care, and seeking surgical care of the mouth, face and jaws (including dental extractions and dental implants) are subsidised under Medicare.
9. All patients can have medical prostheses and graft substitutes placed in a private hospital with full coverage under hospital (medical) insurance,
10. All Veterans Affairs Gold card holders have full subsidy for specialist Oral and Maxillofacial care (including dental extractions).
11. Ancillary insurance (dental) rebates for in-house IV sedation.
12. Ancillary insurance cover for treatment of extractions and subsequent dental implants.
13. Hospital (medical) insurance coverage of hospital stays, and Medicare subsidy of specialist anaesthetic services.
14. Full range of (medical + dental) PBS items for specialist only pharmaceuticals.

QUALIFICATION DESCRIPTIONS IN GENERAL DENTISTRY AND SPECIALIST OMS

MB ChB

Bachelor of Medicine & Bachelor of Surgery. 6 year degree. Equivalents are MB BS, BM BS & B.Med. Enable basic registration as a medical practitioner.

BDS Hons

Bachelor of Dental Surgery. 5 year degree. Equivalents are B.Dental Science & B.Dentistry. Enable basic registration as a dental practitioner (dental surgeon). "Hons" denotes "with Honours" or "cum laude".

MDS OMS

Master of Dental Surgery in Oral & Maxillofacial Surgery (Otago/ New Zealand University). 3 year degree enabling registration as a dental specialist. "OMS" confirms specific training in Oral and Maxillofacial Surgery. Equivalents are the Master of Dental Science (MDSc). The MDS from Sydney University is a one year, non-specialist registerable qualification.

FRACDS

Fellow of the Royal Australasian College of Dental Surgeons. General dental qualification. Course work lasts 2 weeks.

FRACDS OMS

Fellow of the Royal Australasian College of Dental Surgeons in the Division of Oral & Maxillofacial Surgery. 4 year diploma. Medical specialist qualification. Equivalent of the UK based FRCS OMS qualification.

FDS RCS (Ed.)

Fellow Dental Surgeon of the Royal College of Surgeons, Edinburgh. A general dental qualification equivalent to the Australasian general FRACDS.

FDS RCS (Eng.)

Fellow Dental Surgeon of the Royal College of Surgeons, England. A general dental qualification equivalent to the Australasian general FRACDS.

FFD RCS (Ire.)

Fellow of the Faculty of Dentists of the Royal College of Surgeons, Ireland. General dental qualification equivalent to the Australasian general FRACDS

FRCS OMS

Fellow of the Royal College of Surgeons (in Oral & Maxillofacial Surgery). Specialist surgical qualification for UK residents, equivalent to the Australasian FRACDS OMS qualification.

BSc/MSc/PhD/DSc

Bachelor of Science. 3 year pre-general dental degree. A one year MSc may follow (Master of Science). The Doctor of Philosophy (PhD) is a three year research degree. All degrees are non-clinical and do not relate to dentistry. Doctor of Science (DSc) is the highest academic (or "research") qualification available. None of these degrees are considered "clinical".

WHAT ARE THE SPECIFIC AREAS OF REBATES THAT CAN BE EXPECTED FOR ORAL AND MAXILLOFACIAL CARE?

SURGICAL MEDICARE SCHEDULES

These include the Yellow (consultations and reviews), Red (specialist medical, Plastic and reconstructive, sub section Oral and Maxillofacial procedures), Grey (specialist dental, oral and maxillofacial surgery procedures and consultations) and Purple (dental, facial and oral radiology items) schedules. 85% rebates for in-house procedures, and 75% rebates (of set minimal amounts) for in-hospital procedures are available. Gap payments (between the set-minimal rebate amount and the full AMA rate) may either be partially met under Safety-Net, the hospital (medical) insurer; or is self funded by the client.

REFERRAL BASED REBATES FOR CO-PROCEDURES

Referrals by medical-based OM surgeons for the full range of x-rays, CT, MRI and general-specialist pathology are rebateable under Medicare. CT, MRI and a range of x-ray and pathology referrals by general dentists/dental surgeons are *not* Medicare rebateable.

MEDICARE SAFETY NET

Where a Medicare procedure, consultation or x-ray is carried out in a surgical office, up to 80% rebates on post-(base)-rebate amounts can be attracted through this scheme. Out-of-pocket limits apply, and which are calculated from all family members carried on the same Medicare card.

ENHANCED PRIMARY CARE PROGRAMME (DENTAL PROGRAMME)

For people with chronic medical conditions which are affected by their dental health, rebates under Medicare Safety Net are available for complex specialist extractions, dentures, dental implants and general dentistry. These procedures are not normally covered under Medicare, and this scheme offers a very substantial rebate for dental treatment costs (up to a maximum set yearly limit).

Certain specific rules apply, and in particular the overall combined scheme does not cover for (non-clinical) technician or prosthetic-item supply costs. You should enquire of your surgeon or medical GP as to your eligibility for being placed under this scheme or for specialist (surgical) dental treatment such as extractions or dental implants being potentially provided.

CLEFT LIP AND PALATE SCHEME

Only registered OMS specialists can provide surgical services under this scheme. Patients with any congenital or inheritable abnormality of facial growth are usually eligible for formal registration, and for specialist and general dental treatments up to ~25 years of age. The scheme covers treatments such as specialist orthodontics (by scheme registered orthodontists), general dentistry (by scheme registered dentists), and specialist-level oral surgery such as tooth extractions and dental implants (by scheme registered OM surgeons). Certain specific rules apply.

HOSPITAL (MEDICAL) PRIVATE INSURANCE

Hospital insurance will cover for hospital stays, pharmaceutical use, in-hospital pathology and x-ray charges, and for theatre fees for any operation provided by an oral and maxillofacial surgeon. Cosmetic operations are usually excluded.

Prosthetic items such as titanium screws, plates and implants, distraction devices, and bone graft materials and membranes are also covered under a separate scheme called the *Medicare Prostheses Schedule*, and can dramatically reduce overall surgical treatment costs. Such "prosthetic items" are only paid for when provided by OM surgeons. In special circumstances, surgical operations may be separately covered under insurance "No-Gap" arrangements, with substantial funding through Medicare. Most surgical fees are however covered only partially by Medicare, with gap-fees set usually by AMA published rates.

Dental procedures (eg extractions) are not covered under hospital insurance. Uninsured patients seeking surgical care are advised where possible to seek operations through the surgical office, with most of the surgical costs funded under Medicare Safety-Net. Safety-Net does not apply to in-hospital procedures.

Some basic hospital insurance policies have hospital gaps that are payable by the client, and may also exclude certain conditions from treatment in private hospitals. Patients are directed to seek (where possible) full hospital insurance policies, with formal guidance provided by an independent broker.

ANCILLARY (DENTAL) PRIVATE INSURANCE

Different insurance companies offer different methods of dental procedural rebates, as well as different policies which define different methods or levels of rebates.

Poorer rebate schemes offer small maximal calendar year rebates, regardless of number, degree or complexity of treatments provided; or the general or specialist nature of the providing practitioner.

Better rebate ancillary insurance-schemes offer high percentage rebates of total costs (without yearly limits), and provide even higher rebates for specialist dental (such as orthodontics) or oral surgical services.

Patients should carefully choose their ancillary health insurer and policy level, with advice provided to them by independent, licenced health-insurance brokers, and prior to engaging into any ancillary health-insurance scheme. Poorer schemes offer insurance premiums which are usually far in excess of any payments that will ever be made to the client seeking dental scheme rebates. Usually such schemes preferentially direct their clientele seeking specialist oral surgery to general dentists in order to limit their insurance payment liabilities, and to reduce complaints as to low rebates offered.

Many oral surgical procedures are better provided by oral and maxillofacial surgeons where they potentially may be better described under Medicare itemisations, and where they may attract medical (as opposed to ancillary) insurance rebates. Dental x-rays and consultations are a case in point. Where provided by general dentists, dental x-rays and consultations may attract a small dental insurance rebate, and which is deducted from the yearly policy maximum.

Dental x-rays and consultations provided by OM surgeons attract substantial Medicare and Safety Net rebates. These rebates defray the cost of the dental x-ray and consultation fee away from the ancillary insurance rebate, which remains intact for general dental work (such as dental fillings) performed by the referring general dentist.

NET MEDICAL EXPENSES TAXATION OFFSET

This can provide up to 20% further rebate through a tax return, on all out-of-pocket prescriptions, x-rays, pathology costs, and dental and medical procedures; after PBS, insurance and Medicare rebates have been paid. A minimum (total family) out-of-pocket expense of ~\$1,500 applies to any financial year, before the 20% rebate can be claimed on amounts exceeding this level.

ADVICE TO REFERRING DOCTORS AND DENTISTS

Ocean Surgical advises all doctors and dentists seeking oral and maxillofacial care for their patients, the following:

1. Whilst dentistry and treatments by dentists that involve the mouth, face and jaws are in general specifically excluded from the Medicare schedule, specialist areas of Medicare rebates are available within specific schemes under directed referral for certain symptoms and conditions.
2. Multiple schemes exist for funding of private dental procedures that are deemed to be "specialist" or "oral surgical", and when provided for by approved oral and maxillofacial surgeons.
3. All referrals should be directed at detailing the symptoms or condition of the patient, and not with reference to a specific diagnosis. The supposed diagnosis may be wrong, and mislead the client down an erroneous treatment or assessment pathway, and which may prevent the client from accessing legitimate funding sources.
4. Insurance and rebate schemes for patients seeking mouth, jaw or facial care are complex. Doctors are advised to contact the surgical office if seeking direction on appropriately advising their patients.

ADVICE TO PATIENTS SEEKING SURGICAL CARE OF THE MOUTH, FACE and JAWS

Ocean Surgical advises its patients of the following:

1. Seek the services of an independent and licenced health-insurance broker prior to initiating into any health insurance scheme, or engaging with any professional to treat any condition or symptom.
2. Oral and Maxillofacial surgeons are trained in medicine and dentistry, as well as all aspects of surgery, with a focus on the mouth, face and jaws. The advantages of such training are a reduction in surgical complication rates, as well as offering an ability to anticipate and treat surgical complications where they may arise.
3. Carefully consider the qualifications, background and experience of any practitioner offering oral surgical services, and make sure they are a full member of the Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS), prior to agreeing with oral surgical treatments. Unrestricted, and fully trained oral and maxillofacial surgeons are normally formally registered with State and Federal (Medical and Dental) registering boards and authorities, and have formal permissions to use such titles.

VETERANS' AFFAIRS (GOLD CARD) SPECIALIST DENTAL AND SPECIALIST MEDICAL SERVICES

The practice is proud to be able to treat veterans and veterans' widows and orphans through this scheme. The practice is fully accredited with Veterans' Affairs to treat all gold card holders for their mouth, face and jaw conditions where most conditions are usually fully subsidised under this scheme. Small out-of-pocket expenses may still apply however, and where conditions are not fully covered by the DVA, other schemes may offer a more reasonable rebate alternative.

GENERAL COMPENSATION SCHEMES

In NSW the Victims Compensation Scheme (for victims of violence), WorkCover (for work place injuries), and third party Motor Vehicle Accidents (MAA) schemes exist to compensate people injured through inter-personal violence, car accidents, or through the work place.

Special rebates apply for compensation of injuries suffered to teeth, face and jaws, and you should directly enquire with the surgeon with regards access to such schemes.