Australian Dental Association Victorian Branch
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Transcript of ADAVB's Dr Katy Theodore talking to Gerrard Clausen from the TAC about how ADAVB members can claim and process their client's needs efficiently. It also explores how dentists can better interact with the TAC. Recorded in July 2023.

0:00:00 --> 0:01:12

Katy Theodore

Welcome to this information session. I am Dr Katy Theodore, the ADAVB's policy advocacy, research and health promotion team lead. Our team maintains relationships with external stakeholders such as Victoria's [Transport] Accident Commission, otherwise known as the TAC. The TAC is a Victorian government owned organization whose role is to promote road safety, support those who have been injured on our roads and help them get their lives back on track. The TAC is funded through a component of registration fees paid by Victorian motorists each year to Vic Roads. Dentists in Victoria can register with the TAC as a provider and patients can claim treatment costs from the TAC for care needed as a direct result of injury from a road accident. Today we have invited Dr Gerry Clausen, also a member of the branch and a specialist prosthodontist, to answer some of our questions, and questions members might have about interacting with the TAC. Thanks for joining us, Gerry, would you like to start by telling us a bit about your role on the TAC's clinical panel?

0:01:13 --> 0:01:53

Gerrard Clausen

Well, my role on the clinical panel is very much assessing requests for treatment. So, practitioners will send in a request or a treatment plan and in some cases the person managing that claim may be able to address it without any problems and it's done. In other cases where there any more complexity or some queries about the nature of treatment and relationship to the motor vehicle accident, in those cases, it's referred to the clinical panel and people like myself would sit down and evaluate those cases, my particular area of course being dental matters.

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Katy Theodore

Awesome. And how is the TAC either different or the same as claiming from the government through other pathways like the Department of Veterans Affairs or the Child Dental Dental Benefits Scheme?

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Gerrard Clausen

Look, they are very different things, now as you know CDBS, if we take that as an example is, ah, Medicare and they have their own item numbers, they have their own comprehensive rules and, I would say definitions, that you have to abide by. DVA again has some slightly different requirements, and you need to be aware of those. TAC tries to utilise the ADA's schedule and glossary as much as possible for our item numbers and descriptors, but it is essential, except for some examples, that in most cases there's got to be a prior approval for treatment. In other words, there's an expectation that practitioner will see the patient, organize the plan, and submit that plan. It can then be approved and that way everybody knows what's accepted and what's funded, which clarifies things.

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Katy Theodore

And who can and can't register to be a TAC provider?

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Gerrard Clausen

As long as you are an Ahpra registered dental practitioner you can apply for registration as a TAC provider. When I use the term dental practitioner, I'm referring to dentists and dental specialists or prosthetists. At this point, they are the providers who can be TAC providers. I do accept and understand, of course, that the term dental providers in the current day and age embraces a much larger group of people, but that that's not necessarily people that can register as TAC providers.

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Katy Theodore

So if I'm a general dentist that works at two different practices, do I need to register as a provider separately for each practice, or can I register just the once and claim for both?

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Gerrard Clausen

No, no, you don't need to. Look again, it's not like, say your provider number which is location specific and so you will see some providers have three or four different provider numbers for their three or four branch practices. The TAC registers you as a dental healthcare professional to provide treatment whether you're in one location or different locations is not really too critical from that

point of view. So no, you don't need to sit down and say, well, I better register two or three times my various branch practices and that, no, just the once that's fine.

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Katy Theodore

Great. So, if a new client comes to see me seeking treatment after a road accident, and they say that they've lodged a claim with the TAC, but it hasn't been accepted yet, what kind of conversation should I then be having with the client before commencing treatment?

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Gerrard Clausen

Well, I think it's an important point because until the claim is accepted, and by claim accepted it just means that the TAC has accepted that there has been an incident. It doesn't mean they've accepted treatment, it just means they've accepted there's been an incident. Now, if they haven't accepted that in the 1st place, then you do have to discuss this with the patient, because if the patient wants to go ahead with treatment, that would be their own personal financial responsibility. If the claim is accepted, and if the treatment is accepted down the track and there may be a TAC contribution then towards treatment, that's fine. But if you wish to go ahead with treatment right from the start, then you've got to have an accepted claim. If not, the patient bears the responsibility.

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Katy Theodore

So if a client hasn't yet had the claim accepted, but treatment is pretty urgent, is there an opportunity to make a claim after the treatments happened?

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Gerrard Clausen

Umm look, that would be a consideration if the claim is accepted. That would be a consideration. So certainly, we're not, you know, we're there to help the client and that's one of the things that I guess is the foundation of TAC's work. It is about trying to rehabilitate and help people, not to be a barrier to their treatment. So, you know those sort of things, in an emergency situation or otherwise, yes, there is some latitude there, but as a general basic principle until the claim is accepted, then you should not, or avoid if possible, proceeding with treatment, particularly if you think the TAC is going to contribute, because you may be disappointed.

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Katy Theodore

Hmm good advice. And so, the TAC fees are set on a schedule and so there might need to be a gap payment if a dentist is not prepared to take what the TAC contributes as the full fee. So, I guess it's important to be having discussions, um, as you would with any other private health insurer or a third party who's potentially contributing to the costs of care. We need to be really careful with financial consent and that sort of thing and make sure that the client understands that there might still be some out-of-pocket fees.

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Gerrard Clausen

Well, Katy, I would have to say just on that point, in the last couple of years, we have significantly revamped the TAC dental fee schedule. It took a couple of decades to get to that stage, alright, it took a long time, but I think we are now in a situation where the fees are reasonable for most items compared to practice fees. I know there will always be some areas where a practice charges more, I know there are some items we are perhaps our fees may be slightly *under the going rate* (for want of a better word), but I would hope that a lot of instances with our current fee schedule that the gap should be fairly minimal.

However, I'd agree with you it's part of informed financial consent and informed consent, as you know, is a process of, not only consent about treatment, but also the financial aspect of management. So, it is incumbent upon the practitioner if there is a gap to have that discussion. And this comes back to why we like the idea of prior approval, because it's something's approved beforehand then you know which tooth, which item, which fee will be funded, what gap they will or won't be, and then you and the patient can have that discussion and it really makes life a lot simpler for everybody. So that's the logic behind the process.

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Katy Theodore

That sounds really good. So, does the treatment plan always, we sort of touched on this before in the case of emergency care, but do all treatment plans need to be approved before treatment begins? Where does that latitude exist that you mentioned earlier?

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Gerrard Clausen

Well, there, there was a latitude there. The TAC, in the 1st 90 days after a motor vehicle accident, will contribute towards the cost of motor vehicle accident related dental treatment and that's important, not “dental treatment”, not “general care”, but ***motor vehicle accident related dental treatment***. So, the original allowance in the 1st 90 days to go ahead with treatment. Subsequent to that, and again the expectation is that there will be a submitted treatment plan which can be evaluated and if necessary, any discussion, approval or otherwise is sent. That's the current process and in a lot of cases, if the treatment is straightforward, the claims person managing that case can facilitate all of that. No problems. They don't need to send it to the clinical panel.

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Katy Theodore

Right, so simple claims get approved by the claims agent, sort of in the first instance and only escalate the more sort of complex or...

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Gerrard Clausen

Yeah, well, also, this is why it's incumbent on the practitioner to try and provide the appropriate detail. In other words, if they submit a plan, but then they also mention there are multiple carious teeth and you know, then it becomes difficult. How much of this is related to a motor vehicle accident and how much of it is dental disease? So, if the practitioner takes a good look at what's there and makes a reasoned decision that it will facilitate, not only an approval, but it will facilitate that patient having the care that they deserve.

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Katy Theodore

Hmm. Right, right. So, let's walk through a more sort of clinical case example. If a new client came to see me having been in a road accident the week before, where an old crown on a central incisor had been broken off, and the previous core material was gone, leaving very little supragingival tooth structure left... because this is a new patient, best practice would dictate that I perform a comprehensive exam. Is that considered part of the care that I can claim to be covered by the TAC?

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Gerrard Clausen

Absolutely. TAC will have a fee and item for 011, which is comprehensive oral examination and also for 014 for consultation and also for 018, which is a report if required as well. So no, we make allowance for all of those things because it would be inappropriate, I think for a practitioner in that instance, to just focus on one tooth. Your entire treatment plan for that one tooth may be entirely dependent on the rest of the mouth.

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Katy Theodore

Exactly. Good. That's, that's reassuring. And so, treatment options for this patient could include a redo of the old endo with a new post core crown.

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Gerrard Clausen

Assuming your tooth is endodontically treated, we didn't mention that before.

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Katy Theodore

Ah, yes. Well, it yep, in my made up a little scenario here, we'll say it used to have a post core crown, but the previous core, post/core sort of gone, we could potentially redo the endo and create a new post core crown or remove the remaining root structure entirely and then look at replacing the missing tooth, ideally with an implant. If there's no other dental work required and their oral health is otherwise stable, what does the dentist need to consider in terms of interacting with TAC at this point? Like, does the TAC weigh in on, you know, the best option or providing advice or a preference of one option over another?

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Gerrard Clausen

Oh, well, certainly Katy, if we had the rest of the week to talk about this, I'd give you the million and one different options for prosthodontic management of a failed central incisor, but we haven't got that much time. What we would do though is we'd expect a treatment plan from the practitioner and that plan should be something that is rational. It's reasonable. It makes sense, and if it is, then I would trust that the practitioner is seeing the patient. I've got to put some trust in the practitioner's

judgment. I personally do not see the patient and it would be unreasonable to do so. So I would trust the practitioner is making a reasoned decision. We do also, I will say, you know, accept the lifelong responsibility. So, in the scenario that you mentioned before, you know one of the things that can happen is a vertical root fracture and that may not be apparent until sometime down the track, and you know, that may require further treatment. Months, years, whatever... ”later”. The TAC doesn't take the attitude that we funded treatment once, so that's it... it is a *lifelong* commitment. So, you know, we ask the practitioner to make a best judgment call, but we also understand that not every treatment scenario unfolds at the one time and things could occur later on that we have to deal with.

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Katy Theodore

That's good to know. And what if some of the options required shared care with a dental specialist, but another option didn't? So, I might be comfortable doing a new crown if I had a specialist endodontist redo the root canal and a new post core. Does the specialist that I refer to have to be a registered TAC provider?

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Gerrard Clausen

Well, again, it would be in the specialist's interest to be a TAC provider because it will facilitate their payment. In other words, if you're not registered as a provider by the TAC, then that may delay you being paid and when you are in practice then one of the things that does tend to make life difficult is delays in payment. So, we would suggest that from the specialist point of view to make their life happier... do yourself a favour, be a registered provider. It will make your life easier, TAC's life easier, and the patient’s life easier.

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Katy Theodore

And is there some sort of register of TAC providers that are specialists that we could know who to refer to or would we need to call the specialist and ask them themselves?

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Gerrard Clausen

Ah, look, that is a moot point because for many, many, many years we got queries from clients and

from others saying "*could you direct us to a treater*" who, for example will do treatment under TAC? I have had that question asked of me for decades. I will tell you that it's something we avoid. Now, the reason why is that if you direct a client to a particular practitioner, then you are now taking some responsibility for the treatment and the outcome. I think it's important that the client has the ability and does make their own decisions with regard to their healthcare providers. So, TAC does not umm, I hesitate to use the word "interfere", but we do not get involved with directing people to providers.

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Katy Theodore

OK, that's clear. Thank you. So, what kind of... can you expand on some of the decisions that you would make at the clinical panel level? I'm interested to understand more about the sorts of things that get escalated up to you.

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Gerrard Clausen

Look, we get cases, for example, where a patient has damaged some teeth. Often we think about, say, anterior teeth. You might take a blow to the frontal aspect of the mouth and damage some upper interiors and the treatment may incorporate management of those teeth, but you know sometimes we'll get treatment plans and they may be, for example, for an all on four tooth replacement, extractions and all on four now. One of the issues is that many of those other teeth may be compromised through caries, periodontal disease, or other things. But those disease processes, by definition, are diseases. They're not motor vehicle accident related.

And so what we've got to sort out then is what TAC will or won't contribute toward. Again, it would be easier if the practitioner looked at the treatment plan from the viewpoint of what is motor vehicle accident related, but unfortunately in some cases we get a view of "look this is a treatment that's required that's all I can tell you."

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Katy Theodore

So that's a really interesting example. Say you had four anterior central incisors irreparably damaged in as part of the motor vehicle accident trauma, but the rest of the dentition did not have a good prognosis. You might need to do some extractions for the remaining roots of the teeth that *were* damaged by the accident, that would be covered by the TAC, but then there would be a series of

extractions, possibly recommended for a holistic management of the missing interiors that then *wouldn't* be paid for by the TAC because they were compromised for other reasons. But if your final treatment plan to replace the missing interiors involved a full, a recommendation for a full upper denture, would there be sort of a component of the full upper denture that was covered by TAC?

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Gerrard Clausen

There may be a component of it, but I would tell you that generally it would be fairly limited. It would be fairly limited. I mean, I think, again, one needs to very clearly define what is or isn't motor vehicle accident related. In some situations where there is a lot of dental treatment required that *isn't* related to motor vehicle accident, I think also the treating practitioner has to have that serious discussion with the patient and explain that this other treatment is still required. And sometimes your accident related treatment, the outcome of that will be modified by having or not having the other treatment but you've got to consider funding it. If you're not going to fund that, then, perhaps, you know, the treatment for your upper anteriors is not going to be as comprehensive because we don't have any posterior supporting teeth, it's a compromised situation for the rest of the dentition. That's a discussion for the provider to have with the patient and again, it's the sort of case we're often... we have to make some decisions.

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Katy Theodore

Yeah. And so in a more complex scenario like that, you would recommend that a comprehensive consultation between the dentist and the person receiving care is had. The submission of a potential treatment plan and wait for approval and sort of, work based off what's approved and what's not depending on...

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Gerrard Clausen

Yes, but I will tell you, we also, in some cases where we cannot reconcile the requested treatment with the clinical scenario and the motor vehicle accident, but in those cases sometimes we will get an independent opinion on the matter. So, we will get a practitioner who we know who is an IME or an Independent Medical Examiner and the patient will be examined by that practitioner and they provide a report to the TAC indicating to us what treatment is reasonable, appropriate and motor

vehicle accident related. Again, you know that that involves the patient and having to make further appointments to see somebody else. We would try and avoid that if possible and streamline the process, but we can only streamline it if we get the best possible information from the treating dentist, the less information we get, the harder is it for us to make a decision.

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Katy Theodore

And so is it helpful then for practitioners to include *really* comprehensive, sort of, special test results and that sort of thing, like X rays, the whole shebang, like, *all* the clinical information?

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Gerrard Clausen

I've never criticised anybody for sending in too much information, so it's a bit like if you ever have, you know, if you ever have other issues where you're required to send in your records, its similar. Nobody will ever criticise you and say "doctor, you send in too many records, radiographs, photographs, vitality tests, periodontal probing. You sent him too much information!" I've never had that problem, so, you know...

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Katy Theodore

Right, it's a '*more the merrier*' scenario, yeah.

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Gerrard Clausen

The more the merrier, and I will tell you some things - like photos - a picture tells a 1000 words.

0:23:52 --> 0:24:07

Katy Theodore

Okay, alright. And what if the client had a dental treatment anxiety or a dental phobia, which meant that they weren't able to tolerate treatment in the chair?

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Gerrard Clausen

Yeah. Well, I mean, you know that there are cases where treatment under GA, RA, other forms of IV sedation are required for those particular people. That's a fact of life, and that's not unreasonable for certain people, and that can be funded through parties like TAC, yes.

0:24:26 --> 0:24:46

Katy Theodore

And does that always need prior approval or if there was an emergency scenario where someone had to be sedated if there was enough information provided that demonstrated sort of genuine need that that would be considered and potentially approved?

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Gerrard Clausen

I think if there's an emergency and as you correctly said, if there's, you know, information that proves is *genuine need* then TAC's there to assist, they're not there to make things difficult. But in treatment, in planned treatment going forward, then yes, that would be something where a prior report to allow an approval would be a reasonable thing to do. TAC often funds things like hospital and anaesthetic procedures at their own rates. So again, if you don't get a prior approval, you don't know what they will pay. If you don't know what they will pay, you don't know what the gap will be. And if you don't know what the gap will be, it's very hard to have an informed financial discussion with the patient. And worse still, you may have a patient who now really wasn't aware of the gap, who at the end of treatment now, is disgruntled. The aim of all dental treatment is to try and have happy people, not people that are upset, you know?

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Katy Theodore

Absolutely. Thanks so much for that discussion, Gerry. We really appreciate your expertise on these matters and helping our members understand how the TAC works and how we can best manage our client's expectations and avoid misunderstandings or problems with making claims. If our dentists have any further questions about the TAC, I can recommend the TAC's website which is www.tac.vic.gov.au and there's a section specifically for providers with tons of information about the fees, it has the forms, guidelines, as well as details on how to contact the TAC directly. Was there anything else you wanted to mention or bring up? Or Tim, who's been patiently sort of on the on the sidelines there... anything Tim that you thought needs to be mentioned or is worthwhile including as part of this conversation?

0:26:48 --> 0:27:20

Tim Roocke (TAC)

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Thanks, Katy, and I think Jerry's summarised that really, really well. What our claims staff require is information that helps them to make decisions using information that addresses the entitlement of the client. So again, that's relationship to the transport accident. Uh, is it reasonable? Is the request for treatment reasonable? And then, is it clinically justified? If there's information that can address those three areas, that's going to really support the claim staff to either make their call or Gerry to support that decision making.

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Katy Theodore

Awesome. And Gerry, anything else you wanted to add?

0:27:24 --> 0:28:30

Gerrard Clausen

Ah Katy, just again to sort of reiterate; the basics never change, and there are a couple of things that a treatment plan like, which tooth, what item, at what fee. Now they would seem to be basic, basic requirements. I can't tell you how many times we get treatment plans and they've got all sorts of stuff, but I have to ring up the provider and say “That's fantastic but which actual teeth are you talking about?” So you know, sometimes the complex stuff is really good, but never forget the basics and you know we ask people to do that. As we said, I think it's part of dental practice to try and help and assist a patient, not just a TAC patient. If it's a TAC patient, TAC's role is to assist in treatment. Our role is to assist you, so please give us the best possible information so we can make the best decision that makes you a happy provider and results in a very happy patient. That's a great outcome for everyone.

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Katy Theodore

That's what we want. Absolutely. Well, thanks both very much for your time and participation in this discussion, which I hope is appreciated by the members and I hope, contribute somewhat to a smoothness of the processes that happen at TAC. I know TAC's put in a lot of effort into providing accurate and clear information to help people who have been involved in accidents and providers that are helping support those patients in getting back to the health status that they enjoyed pre-accident. And it's a tough, it's a tough space to be working in - people who've been involved in road trauma. And thank you both for your work in that space.

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Gerrard Clausen

Thank you very much.

0:29:09 --> 0:29:010

Tim Roocke (TAC)

Thanks, Katy.