



# Expanding patient access to Cleft Dental Services

Last updated: 10 October 2023

- From 1 November 2023, the current age restrictions relating to prescribed dental patients will be removed, expanding access to Medicare benefits for patients of all ages with cleft and craniofacial conditions.

## What are the changes?

Effective 1 November 2023, the changes remove age restrictions from the *Health Insurance Act 1973* to improve access to Medicare benefits for people requiring healthcare services for their cleft and craniofacial conditions.

To be eligible for Medicare benefits under current arrangements, people with cleft and craniofacial conditions must be under the age of 22 years to satisfy specific age requirements defined by section 3BA 'Prescribed dental patients' of the *Health Insurance Act 1973*. With the passing of the *Health Insurance Amendment (Prescribed Dental Patients and Other Measures) Bill 2023* removing section 3BA of the Act, the changes will allow patients of all ages to access Medicare benefits according to clinical need.

## Why are the changes being made?

In December 2020, the final report from the MBS Review Taskforce (the Taskforce) was published on the Department of Health and Aged Care's [website](#). The review was informed by the Cleft Dental Services Clinical Committee, with 29 recommendations being endorsed.

From 1 November 2023, recommendation 3 from the Review will be implemented, this relates to patient eligibility requirements. The further recommendations will be implemented in March 2024 and ensure that current cleft dental MBS items align with contemporary clinical practice.

## What does this mean for providers?

The changes will support treating practitioners to provide treatment, or repairs to previous treatment, to patients of all ages with cleft or craniofacial conditions, including those beyond the age of 22 years.

## How will these changes affect patients?

The changes will support access to treatment, or repairs to previous treatment, for patients of all ages with eligible cleft and craniofacial conditions.

## Who was consulted on the changes?

The Cleft Dental Working Group was established in 2018 by the MBS Review Taskforce (the 'Taskforce') to provide broad clinician and consumer expertise. Following the MBS Review, ongoing consultation occurred with the Australian Dental Association, Australasian Academy of Paediatric Dentists, Australian Society of Orthodontists, Australasian Cleft Lip & Cleft Palate Association, Australian and New Zealand Association of Oral and Maxillofacial Surgeons, and the Consumer Health Forum. All members were supportive of the changes to remove age restrictions for MBS Category 7 services.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor the use of the new arrangement and review the changes in two years.

All MBS items are subject to compliance processes, including random targeted audits which may require a provider to submit evidence about the services claimed.

## Where can I find more information?

An amendment determination, the *Health Insurance (Section 3C Cleft Lip and Cleft Palate Services) Amendment Determination 2023* will update the *Health Insurance (Section 3C Cleft Lip and Cleft Palate Services) Determination 2020*. This update is a consequential amendment following the passing of the *Health Insurance Amendment (Prescribed Dental Patients and Other Measures) Bill 2023*. Both determinations are available on the Federal Register of Legislation at [www.legislation.gov.au](http://www.legislation.gov.au).

Information on changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

**Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.**

**This sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.**