Medicare Benefits Schedule Review Taskforce

Final Report on the Cleft Dental Services MBS Items

2020

Important note

The views and recommendations in this report originated from the Cleft Dental Services Working Group and have been revised (where appropriate) and endorsed by the Medicare Benefits Schedule (MBS) Review Taskforce following consultation with stakeholders.

This report has now been forwarded to the Government for consideration.

The Taskforce welcomes ongoing feedback on this or any MBS Review report via: mbsreviews@health.gov.au

Confidentiality of comments:

If you would like your feedback to remain confidential, please mark it as such. It is important to be aware that confidential feedback may still be subject to access under freedom of information law.

Original recommendation	Updated recommendation
Recommendation 3: Add a discretionary power to enable initial enrolment to the Scheme of patients above the age of 22, in defined circumstances.	The Taskforce endorses this recommendation and additionally recommends that the eligibility age be changed from 28 years to 25 years old. A rationale for this recommendation is provided within the annotation box at Recommendation 3 of this Report

Table of contents

List of tables

List of figures

1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a programme of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health (the Minister) that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access.
- Best-practice health services.
- Value for the individual patient.
- Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by clinical committees and working groups.

The Cleft Dental Services Working Group (the Working Group) was established in 2018 to make recommendations to the Taskforce on MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The Working Group was tasked with reviewing MBS items included under Category 7: Cleft Lip and Cleft Palate Services. This includes items for orthodontic, oral and maxillofacial surgery and general and prosthodontic services for patients eligible for treatment under the Cleft Lip and Cleft Palate Scheme (the Scheme). Further information regarding the Scheme is available at Section 3.5.

The recommendations from working groups are released for stakeholder consultation. Working groups then consider the feedback from stakeholders then provide recommendations to the Taskforce in a review report. The Taskforce considers the review reports from working groups and stakeholder feedback before making recommendations to the Minister for consideration by Government.

1.1 Key recommendations

After considering the 62 items in scope, the Working Group made 29 recommendations to modernise the MBS and ensure items reflect contemporary practice. These recommendations include:

- Amendments to the descriptors of 40 items.
- The deletion of 18 items.
- The creation of 8 new items.

Key recommendations of the Working Group include:

- **Rationalise and update dental practitioner access to items**
    - To date there have been tight restrictions regarding which practitioners can claim certain items within the Scheme. However due to changes in care, responsibilities and specialty training in the area of dentistry, these restrictions have become largely unnecessary and require revision. The current limitations result in limited access to the Scheme and increased out of pocket costs for the consumer. The Working Group reviewed each item within the Scheme, looking at which practitioners are appropriately trained to perform each procedure and recommends a simplified and more rationalised approach by reflecting in each item appropriate restrictions on practitioner access.
    - The Working Group also recommends amending practitioner acronyms to reflect terms used by the profession. The terms "registered dentist", "registered orthodontist", "registered oral and maxillofacial surgeon", “registered paediatric dentist” and “registered prosthodontist” are recommended, removing ambiguity and minimising confusion for practitioners.
- **Consolidate and simplify Groups in the Scheme**
    - The Working Group recommends removal of the current C1, C2 and C3 Groups and consolidation into one Scheme as the proposed amendments to dental practitioner access renders the separate sections obsolete and complicated.
    - The Working Group has made many recommendations to rationalise, simplify and update items to be consistent with modern best clinical practice. This includes updating terminology, deleting obsolete items and consolidating unnecessary duplication or complicated items.
- **Update the name of the Scheme and clinical indications and introduce a discretionary power to enrol patients under exceptional circumstances**
    - The Working Group recommends updating the name of the Scheme to “Cleft and Craniofacial Anomalies Scheme” and amending the eligible clinical

indications to be consistent with modern understanding of rare genetic disorders.

  - The Working Group also recommends introducing a discretionary power in the case of exceptional situations for clinicians to enrol patients who fall outside the current age restrictions, such as those who live in rural areas and delay seeking treatment, or immigrant patients.

- **Amend referral pathway for oral and maxillofacial items to allow referral by a medical practitioner or a registered dentist**
  - The Working Group recommends enabling general practitioners and registered dentists to refer for all oral and maxillofacial items within the Scheme. This recommendation is in line with improving and simplifying treatment pathways by removing unnecessary restriction. This recommendation will simplify the process for practitioners and patients, reduce out of pocket costs and ensure patients have access to appropriate clinical procedures throughout the treatment pathway.
- **Create a new item for Cone Beam Computed Tomography**
  - The Working Group recommends a new item be created for Cone Beam Computed Tomography (CBCT) in order to provide patient access to appropriate modern best practice.
- **Create new items for fabrication and fitting of prostheses and prosthodontic implant procedures**
  - The Working Group recommends new items be created for the fabrication and fitting of extra oral prostheses and intraoral obturators, the placement of an abutment on an implant and the placement of partial or full coverage restoration on an implant or a natural tooth. These recommendations will serve to modernise the MBS by reflecting current clinical best practice in prosthodontics.

1.2 Consumer impact

All recommendations have been summarised for consumers in Appendix A – Summary for consumers. The summary describes the medical service, the recommendation of the clinical experts and the rationale behind the recommendations. A full impact statement is available in Section 9.

The Working Group believes it is important to learn from consumers whether they believe they will be helped or disadvantaged by the proposed recommendations—including both

how and why. Following public consultation, the Working Group will assess the advice from consumers in order to ensure all the important concerns are addressed. The Taskforce will then provide the recommendations to Government.

The recommendations of the Working Group have been made with a view to updating and modernising a complex and out-of-date portion of the MBS to better reflect modern best clinical practice for patients eligible for treatment under the Scheme. Broad recommendations have been made to ensure access to the Scheme for patients with appropriate clinical indications and to update referral pathways for services covered by Category 7 of the MBS to allow referral by appropriate dental and medical practitioners. The Working Group have sought to delete items considered obsolete in modern practice and consolidate similar services that can be reflected by a single item number. These changes are aimed at simplifying and streamlining the MBS and ensuring that, where possible, items reflect a complete medical service. The creation of new items have been recommended to fill identified service gaps, and Schedule fees have been recommended for amendment where the current fees are viewed as no longer commensurate with the service being provided. Where necessary, the Working Group has recommended updating item descriptors to ensure access to appropriate and clinically beneficial procedures routinely used in the treatment of patients with cleft and craniofacial abnormalities.

Both patients and clinicians are expected to benefit from these recommendations as they both address concerns regarding patient safety and quality of care, and they take steps to simplify the MBS, making it easier to use and understand. In addition, the Working Group's recommendations promote the provision of higher value medical care, which can reduce unnecessary procedures and related out-of-pocket fees for patients, while supporting improved access to modern procedures and the responsible operation of the healthcare system as a whole.

2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

2.1.1 What is Medicare?

Medicare is Australia's universal health scheme. It enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- Free public hospital services for public patients.
- Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS).
- Subsidised health professional services listed on the MBS.

2.2 What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are more than 5,700 MBS items, which provide benefits to patients for a comprehensive range of services, including consultations, diagnostic tests and operations.

2.3 What is the MBS Review Taskforce?

The Government established the Taskforce as an advisory body to review all of the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The MBS Review is clinician-led, and there are no targets for savings attached to the review.

2.3.1 What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister that will allow the MBS to deliver on each of these four key goals:

- **Affordable and universal access**—the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last

decade, access to many specialist services remains problematic, with some rural patients being particularly under-serviced.

- **Best practice health services**—one of the core objectives of the MBS Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base when possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- **Value for the individual patient**—another core objective of the MBS Review is to support the delivery of services that are appropriate to the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- **Value for the health system**—achieving the above elements of the vision will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services currently.

2.4 The Taskforce's approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce's brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models.

The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the MBS Review is clinician-led, the Taskforce decided that clinical committees and working groups should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked the committees and working groups to review MBS items using a framework based on Professor Adam Elshaug's appropriate use criteria (1). The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, are of questionable clinical value,[1] are misused[2] and/or pose a risk to patient safety. This step includes prioritising items as "priority 1", "priority 2" or "priority 3", using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing working groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the committee, working groups, and relevant colleagues or Colleges. For complex cases, full appropriate use criteria were developed for the item's explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the review report, which provides recommendations for the Taskforce.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of the review and its timeframe, each clinical committee and working group has to develop a work plan and assign priorities, keeping in mind the objectives of the review. Committees and working groups use a robust prioritisation methodology to focus their attention and resources on the most important items requiring review. This was determined based on a combination of two standard metrics, derived from the appropriate use criteria:

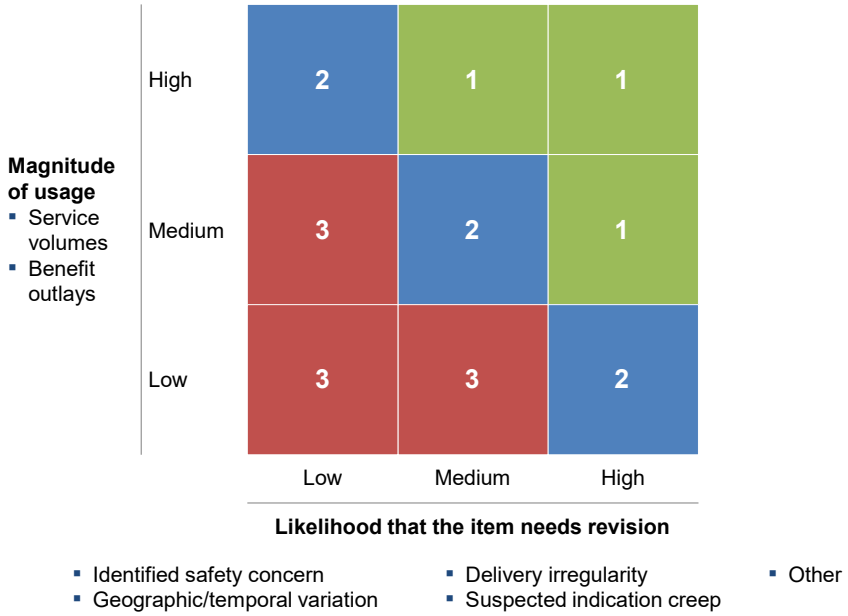
- Service volume.

[1] The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

[2] The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.

- The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the clinical committee or working group (such as inappropriate co-claiming).

Figure 1: Prioritisation matrix



For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 1). Clinical committees and working groups use this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.

3. About the Cleft Dental Services Working Group

The Working Group was established in December 2018 to make recommendations to the Taskforce on MBS items within its remit, based on rapid evidence review and clinical expertise.

3.1 Cleft Dental Services Working Group members

The Working Group consists of 11 members, whose names, positions/organisations and declared conflicts of interest are listed in Table 1.

Table 1: Cleft Dental Services Working Group members

Name	Position/organisation	Declared conflict of interest
Associate Professor Jocelyn Shand (Chair)	Paediatric Maxillofacial Surgeon, Royal Children's Hospital Melbourne	Provider of in-scope MBS services
Professor Michael Besser (Taskforce ex-officio)	Retired Neurosurgeon, Sydney Member of the MBS Review Taskforce	None
Dr Kit Chan	Orthodontist, Children's Hospital at Westmead and Sydney Children's Hospital Randwick	Provider of in-scope MBS services
Dr Nicola Dean	Plastic and Reconstructive Surgeon, Flinders Medical Centre Head of Dental Department of Flinders Medical Centre Chair of the Plastic and Reconstructive Surgery Clinical Committee	None
Professor Andrew Heggie	Senior Maxillofacial Surgeon, Royal Children's Hospital Melbourne	Provider of in-scope MBS services
Ms Eileen Jerga AM	Consumer representative on previous MBS Taskforce Committees MSAC consumer representative	None
Dr Hugh McCallum	Orthodontist, Queensland Children's Hospital	None
Dr Soni Stephen	Paediatric Dentist in private practice in Sydney Clinical Senior Lecturer, University of Sydney	Provider of in-scope MBS services
Dr John Vandervord	Plastic and Reconstructive Surgeon, Sydney Member of the Plastic and Reconstructive Surgery Clinical Committee	None
Clinical Associate Professor Christine Wallace	Maxillofacial Prosthodontist, Westmead Hospital, Sydney	None
Dr Peter Wong	Paediatric Dentist in private practice in Canberra	Provider of in-scope MBS services

3.2 Conflicts of interest

All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Table 1.

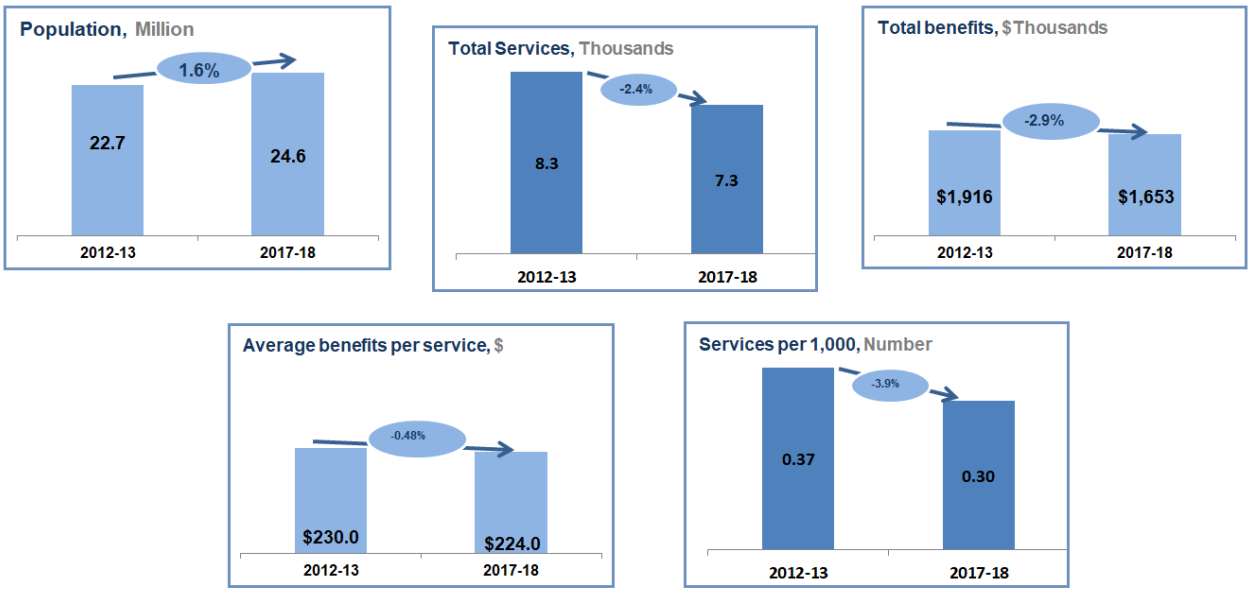
It is noted that the majority of the Working Group members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e. Working Group members claim the items under review). This conflict is inherent in a clinician-led process and, having been acknowledged by the Working Group and the Taskforce, it was agreed that this should not prevent a clinician from participating in the review.

3.3 Areas of responsibility of the Working Group

The Working Group reviewed 62 MBS items: 23 orthodontic items, 20 oral and maxillofacial items and 19 general and prosthodontic items.

In financial year (FY) 2017/18, these items accounted for approximately 7,000 services and $1.7 million in benefits. Over the past five years, service volumes for these items have reduced by an average of 2.4 per cent per year, and the total benefits have reduced by 2.9 per cent per year (Figure 2).

Figure 2: Drivers of Cleft Lip and Cleft Palate service volume change, FY2012/13–2017/18.



3.4 Summary of the Working Group's review approach

The Working Group completed its review of items across three full working group meetings (two teleconferences and one face-to-face meeting). It developed the recommendations and rationales contained in this report during these meetings.

The review drew on various types of MBS data, including data on utilisation of items (services, benefits, patients, clinicians and growth rates); service provision (type of clinician, geography of service provision); patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and additional clinician and patient-level data, when required.

The review also drew on data presented in the relevant literature and clinical guidelines, all of which are referenced in the report. Guidelines and literature were identified through medical journals and other sources, such as professional societies.

3.5 Background to the Cleft Lip and Cleft Palate Scheme

The Australian Government provides funding under the Cleft Lip and Cleft Palate Scheme (the Scheme) to assist families with treatment costs for certain cleft lip and cleft palate conditions or other craniofacial conditions requiring major dental and skeletal treatment.

Medicare benefits are provided for a limited range of orthodontic, oral surgery and general prosthodontic services to persons with cleft lip and/or cleft palate conditions up to the age of 28 years of age, provided they register with the Scheme prior to turning 22 years of age. These benefits are payable for hospital and non-hospital services.

The Scheme was introduced in 1981 to provide for the payment of medical benefits for orthodontic and associated treatment rendered by accredited dentists to persons less than 22 years of age, for cleft lip and cleft palate conditions. There are also other craniofacial abnormalities suffered by persons under the age of 22 years in respect of which Medicare benefits may be payable under the Scheme.

The age limit of 22 years was determined on the basis of advice from the Australian Dental Association (ADA) and the Australian Council of Dental Specialists (ACDS) and beyond that age, a patient ceased to be eligible to claim Medicare benefits under the Scheme.

Following consultation with the profession, the age restriction for receiving Medicare benefits for cleft lip and cleft palate conditions was lifted from 22 to 28 years of age. This commenced on the 18 December 2002 by the insertion of Section 3BA(2A) of the *Health Insurance Act 1973*. The requirement for patients to be registered before 22 years was retained. Patients must be registered on the Scheme prior to commencing treatment to be eligible for benefits. Approved dental patients may receive treatment under the relevant Medicare Benefit Schedule (MBS) items until the age of 28 years. The Scheme's purpose is to

ease the financial burden for families or individuals who incur high costs associated with dental treatments for cleft lip and cleft palate conditions.

The primary objective of the Scheme is to provide reasonable levels of benefits for the most essential services in the treatment of cleft lip and cleft palate conditions.

There are three Groups of Medicare items under the Cleft Lip and Cleft Palate Schedule:

Group C1

Orthodontic Services – Items 75001 to 75051

Items in this section are essentially restricted to dentists who are specialist orthodontists. However, oral and maxillofacial surgeons may access the radiography items.

Group C2

Oral and Maxillofacial Services – Items 75150 to75621

Items in this section are essentially restricted to services provided by oral and maxillofacial surgeons where the patient has been referred by an accredited orthodontist. However, any registered dentist can access the basic tooth extraction item (items 75200 to 75206).

Group C3

General and Prosthodontic Services – Items 75800 to 75854

Any State or Territory registered dentist can access items in this section. Practitioners do not need to apply for accreditation or approval to perform these services but the items are limited to eligible patients with an approved cleft lip or palate condition.

There are other items in the Medicare Benefits Schedule in the plastic and reconstructive section (items 45677 – 45704 and 45707, 45710 and 45713) and the oral and maxillofacial section (items 52440 – 52458 and 52333, 52336 and 52339) which provide for repairs, revisions and reconstructions of cleft lip and cleft palate conditions. These items are open to all patients where there is a clinical need, for example trauma and accident cases.

4. Recommendations: General recommendations

4.1 Overarching recommendations

4.1.1 Recommendation 1 – Official name of the Scheme and Category 7 of the MBS

The Working Group recommends renaming the Scheme to "Cleft and Craniofacial Anomalies Scheme" and renaming Category 7 of the MBS to “Cleft and Craniofacial Anomalies Services”.

4.1.2 Rationale for Recommendation 1

This recommendation is focused on modernising the name of the Scheme to more adequately describe the variety of clinical conditions treated under the Scheme.

It is based on the following:

- The Working Group considered the current name of the Scheme and agreed that the current name does not adequately describe the variety of clinical indications treated through the Scheme. Many of the conditions treated through the Scheme are included under the umbrella of craniofacial anomalies, such as branchial arch disorders and syndromic craniosynostoses.
- Updating the name of the Scheme to "Cleft and Craniofacial Anomalies Scheme" will better describe the variety of clinical conditions treated under the Scheme. This will encourage practitioners to access the Scheme for patients with eligible conditions, supporting equitable patient access.
- In addition, the name for Category 7 of the MBS should be updated to “Cleft and Craniofacial Anomalies Services”, in line with the change in name for the Scheme.

4.1.3 Recommendation 2 – Clinical indications for patient eligibility

The Working Group considered the current list of clinical indications for patient eligibility to the Scheme and recommends the list be updated to include osteogenesis imperfecta and auriculo-condylar syndrome.

The Working Group recommends limiting eligible hereditary conditions where the presence of supernumerary teeth is a major feature to include only cleidocranial dysplasia and Gardner’s syndrome, as well as amending Section 5 of eligible conditions to state "developmental or hereditary conditions".

The Working Group also recommends amending the clinical indications to include segmental haemangiomas involving the jaws and associated soft tissue and removing reference to naevi and birthmarks.

The conditions recommended to be included in the Scheme are outlined in Table 2 below.

Table 2: Conditions recommended to be listed under the Scheme

1. Oral and/or facial clefting	
Limited to	Cleft lip, alveolus and/or palate
	Tessier facial cleft
2. Congenital or hereditary craniofacial malformation, deformation or disruption	
Limited to	Achondroplasia
	Branchial arch disorders including: Hemifacial/craniofacial microsomia, Goldenhar syndrome, DiGeorge syndrome, Velocardiofacial syndrome, Auriculo-condylar syndrome
	CHARGE syndrome
	Congenital hemifacial hyperplasia
	Congenital lymphatic and vascular malformations and segmental haemangiomas involving the jaws and associated soft tissues including cystic hygroma and Sturge-Weber syndrome.
	Craniofacial Neurofibromatosis Type 1
	Craniometaphyseal dysplasia
	Ectodermal dysplasia
	Hemifacial atrophy (Parry Romberg syndrome)
	Mandibulofacial dysostosis (Treacher Collins syndrome)
	Maxillonasal dysplasia (Binder syndrome)
	Oral-facial digital syndrome Type 1
	Osteogenesis imperfecta
	Pierre Robin sequence
	Rubinstein-Taybi syndrome
	Sphrintzen-Goldberg syndrome
	Solitary median maxillary central incisor syndrome
	Stickler syndrome

	Syndromic craniosynostoses including: Apert, Crouzon, Pfeiffer, Saethre Chotzen, and Muenke syndromes
	Trichorhinophalangeal syndrome Type 1
3. Hereditary conditions presenting with the absence of 6 (six) or more permanent teeth, excluding 3rd molars	
4. Hereditary conditions where the presence of supernumerary teeth is a major feature	
Limited to Cleidocranial dysplasiaGardner's syndrome	
5. Developmental or hereditary conditions affecting the formation of enamel and/or dentine of all teeth	
Limited to	Amelogenesis imperfecta
	Dentinogenesis imperfecta
	Regional odontodysplasia

4.1.4 Rationale for Recommendation 2

This recommendation is focused on modernising the Scheme and ensuring eligibility to the Scheme for appropriate patients.

It is based on the following:

- **Inclusion of osteogenesis imperfecta:** Osteogenesis imperfecta is a genetic disorder typically characterised by bone fragility and in some rare cases can also be associated with dentinogenesis imperfecta (2). This clinical presentation is a form of hereditary craniofacial malformation as the condition affects the development of the teeth with delayed or non-eruption of teeth or ectopic (misplaced) teeth and the development of the jaw, with malocclusion. Therefore inclusion of osteogenesis imperfecta in the Scheme is appropriate and will support equitable patient access.
- **Inclusion of auriculo-condylar syndrome:** Auriculo-condylar syndrome is a rare craniofacial disorder that has been more recently genetically defined and distinguished (3). Patients with this condition historically were diagnosed under the umbrella of craniofacial microsomia, however in modern clinical practice auriculo-condylar syndrome has become a recognised condition, with a specific genetic background. Inclusion of this condition in the Scheme will not expand patient access as these patients have previously been included under one of the other conditions with similar features, already included within the Scheme. This recommendation will update the list of conditions in line with contemporary clinical understanding.

- **Including segmental haemangiomas involving the jaws and associated soft tissue and removing reference to naevi and birthmarks:** This recommendation is in line with updating terminology to be consistent with current clinical understanding and accepted terminology (4).
- **Limiting section 4 (eligible hereditary conditions where the presence of supernumerary teeth is a major factor) to cleidocranial dysplasia and Gardner's syndrome:** Supernumerary teeth are very common in the general population, in addition to patients with cleft and craniofacial abnormalities. Cleidocranial dysplasia and Gardner's syndrome are two specific conditions that have a large number of supernumerary teeth as a distinguishing feature, requiring specific planning and management with orthodontic treatment and surgery, often over the course of multiple years (sometimes over 10 years).
- **Amending section 5 to include developmental conditions:** This section of eligible conditions includes the developmental condition regional odontodysplasia, which affects the development of the tooth structure. Amending this section will not affect service volume, however will update the list to be consistent with contemporary clinical understanding.

4.1.5 Recommendation 3 – Patient eligibility age restriction

The Working Group recommends that the Department consider putting in place a discretionary power to enable initial enrolment to the Scheme of patients above the age of 22 until the age of 25 years old, in defined circumstances. Circumstances in which patients may fall outside of these age restrictions include those in rural or remote locations who delay seeking treatment and immigrant patients. These patients may also include those who move interstate between the age of 22 and 25 years and continue to require treatment.

4.1.6 Rationale for Recommendation 3

This recommendation is focused on ensuring equitable patient access to appropriate clinical care.

It is based on the following:

- The Working Group considered the current age restrictions to adequately represent the vast majority of patients requiring treatment through the Scheme. However, it considered that there are circumstances in which patients would not be eligible for appropriate treatment if special application or discretionary power is not available.
- This recommendation focuses on ensuring appropriate patient access to best clinical practice, without delaying treatment and reducing out of pocket costs.

Annotation: The MBS Review Taskforce recommend that the eligibility restriction age be amended to until 25 years old to remain consistent with other reports across the MBS.

The Taskforce noted that there other pathways for patients who initially present for Cleft Dental Services aged 26 years old and over.

4.1.7 Recommendation 4 – Registration process of eligible patients

The Working Group recommends that the Department develop a registration system for patients eligible to access the Scheme.

4.1.8 Rationale for Recommendation 4

This recommendation is focused on improving patient care and ensuring equitable patient access to appropriate clinical care.

It is based on the following:

- The Working Group discussed the importance of putting in place a system of registration for patients eligible for the Scheme since the removal of laminated cards in 2015. Prior to this time practitioners registered patients with the Department of Human Services (DHS) before treating them under the Scheme. The DHS would then issue the patient a laminated card, indicating their eligibility to receive services through the Scheme. These cards provided an effective mechanism for registering patients with the Scheme.
- The Working Group agreed that lack of a registration process may have resulted in reduced access to appropriate clinical care for patients who would otherwise be eligible to access these services. An example of this would be when a patient moves between states and territories in Australia, as state/federal Schemes for these patients varies, and enrolment to the Scheme currently occurs through claiming of an item within the Scheme prior to the patient turning the age of 22. If a patient accesses treatment through a state funded scheme and subsequently presents for treatment after the age of 22 in an area where funding is through the MBS then they are not currently eligible to access the Scheme.
- This recommendation is aimed at supporting equitable patient access to appropriate clinical treatment.

4.2 Grouping of items and dental practitioner access

4.2.1 Recommendation 5 – Groupings and dental practitioner access

The Working Group recommends dissolving the current groupings (C1, C2 and C3) of Category 7 of the MBS and specifying in each individual item descriptor appropriate restrictions to specific specialities.

The Working Group reviewed each item within Category 7 and recommended a number of changes to practitioner access. Individual recommendations can be found in Appendix A.

The Working Group recommended amendments to the Dental Practitioner Eligibility Explanatory Note (CN.2.1) relevant to all items within Category 7, to be consistent with recommendations of the Working Group.

The Working Group recommends updating the acronyms used throughout Category 7:

- The current acronyms are as follows;
    - AD = Accredited dental practitioner
    - AO = Accredited orthodontist
    - AOS = Approved oral surgeon
- The proposed acronyms are as follows;
    - RD = Registered dentist (this term includes general dentists and specialist dentists)
    - RO = Registered orthodontist
    - ROMS = Registered oral and maxillofacial surgeon
    - RPD = Registered paediatric dentist
    - RP = Registered prosthodontist

4.2.2 Rationale for Recommendation 5

This recommendation focuses on removing unnecessary limitations on practitioner access which to date have resulted in increased out of pocket costs for patients. This change will increase the value for the individual patient and that of the health system, as well as reducing ambiguity for practitioners.

It is based on the following:

- The current acronyms are ambiguous and inconsistent with terminology used within the dental profession. The terms "registered dentist", "registered orthodontist" and "registered oral and maxillofacial surgeon" are terms used commonly by

practitioners within the dental profession. This recommendation will remove ambiguity and minimise confusion.

This Category is currently split into three Groups (C1, C2 and C3) based on the general nature of the services. These groups historically simplified the category as items were grouped by nature of professional service and therefore were indicative of appropriate practitioner access. As dental specialties have developed over time and best clinical practice improved these groupings in regards to appropriate dental practitioner access are no longer relevant and complicate the Scheme. As such the Working Group have recommended dissolving these groupings in regards to dental practitioner access and specifying in each individual item descriptor when it is appropriate to restrict claiming of items to specific specialities.

There are some procedures that require specific specialist expertise, however others can be performed by a wider range of practitioners. The scope of practice of each specialty is outlined in the entry-level competencies for dental specialties by the Dental Board of Australia (5).

Treatment of patients with cleft and craniofacial abnormalities involves a wide range of practitioners, often requiring multidisciplinary team care. Paediatric dentists are a speciality within the dental profession whose role in the treatment of these patients is not recognised within the Scheme. Updating the Scheme to enable these practitioners to claim MBS items for appropriate procedures will improve patient access to appropriate clinical care. Paediatric dentistry is an AHPRA registered specialty, with practitioners undergoing a 3-year hospital-based training program, involving all aspects of paediatric dental care from infancy onwards. Their work involves key dental procedures required for the treatment of these patients, including taking impressions for feeding appliances from birth, provision of restorative, surgical and orthodontic care, as well as performing extractions, and where indicated surgical exposure and bonding of teeth (6) (7). Paediatric dentists are in a position to be able to provide comprehensive care, which may prevent patients from requiring multiple procedures. Paediatric dentists are not qualified to provide comprehensive cleft palate surgery, however are in a valuable position to provide a high standard of care, within a multidisciplinary care environment including orthodontists, maxillofacial surgeons and plastic surgeons (8) (4).

Removing the restrictions on practitioner access will allow a more simplified and cost effective way for patients to receive care from appropriate dental specialists.

The recommendations regarding appropriate dental practitioner access are captured in each item recommendation and can be found in Appendix A.

5. Recommendations: Consultations

5.1 Standard attendance items

Table 3: Item introduction table for items 75001, 75004, 75150 and 75153

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75001	INITIAL PROFESSIONAL ATTENDANCE in a single course of treatment by an eligible orthodontist (AO)	$85.55	325	$23,977	-1.1%
75004	PROFESSIONAL ATTENDANCE by an eligible orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	$43.00	747	$27,326	1.8%
75150	INITIAL PROFESSIONAL attendance in a single course of treatment by an eligible oral and maxillofacial surgeon where the patient is referred to the surgeon by an eligible orthodontist (AOS)	$85.55	20	$1,455	-6.5%
75153	PROFESSIONAL ATTENDANCE by an eligible oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an eligible orthodontist	$43.00	2	$73	-22.2%

5.1.1 Recommendation 6 – Standard attendances

Items 75001, 75004, 75150 and 75153: Consolidate and introduce time-tiered attendance items to replace current standard attendance items. Restrict claiming of these attendance items to orthodontists, oral and maxillofacial surgeons, paediatric dentists and prosthodontists.

5.1.2 Rationale for Recommendation 6

This recommendation is in line with recommendations made by the Specialist and Consultant Physician Consultation Clinical Committee and brings these attendance items

into line with the rest of the MBS. Restriction to the above specialties ensures that treatment of eligible patients is coordinated and governed by those appropriately trained in the treatment of these conditions.

5.2 Attendance involving consultation, preventive treatment and prophylaxis

Table 4: Item introduction table for items 75800

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75800	ATTENDANCE BY AN ELIGIBLE DENTAL PRACTITIONER involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes' duration each attendance to a maximum of 3 attendances in any period of 12 months	$82.45	2,111	$148,581	5.7%

5.2.1 Recommendation 7 – Attendance by registered dentist

Item 75800: Amend item descriptor to better describe practitioners eligible for claiming this item.

- The proposed descriptor is as follows:
  - *ATTENDANCE BY A REGISTERED DENTIST involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes' duration each attendance to a maximum of 3 attendances in any period of 12 months.*

5.2.2 Rationale for Recommendation 7

This recommendation focuses on updating the Scheme to simplify claiming by appropriate dental practitioners.

It is based on the following:

- The term "dental practitioner" refers to a wide scope of practitioners, including dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists (9). Use of the term "dental practitioner" is incorrect and would suggest that these MBS items could be utilised by practitioners insufficiently trained and equipped to perform these procedures.
- Amending the item descriptor to specify attendance by a "registered dentist" removes ambiguity and brings this item into line with contemporary dental terminology.

5.3 Dental Study Models

Table 5: Item introduction table for items 75006 and 75156

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75006	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a) item 75030, 75033, 75034, 75036, 75037, 75039, 75045 or 75051 applies; or (b) an item in Group T8 or Groups 03 to 09 applies; in a single course of treatment	$76.25	258	$16,687	-4.6%
75156	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75153 applies) prior to provision of a service: (a) to which item 52321, 53212 or 75618 applies; or (b) to which an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies; in a single course of treatment if the patient is referred by an eligible orthodontist (AOS)	$76.25	7	$446	-8.6%

5.3.1 Recommendation 8 – Dental study models

Items 75006 and 75156: Combine these items into one new item and expand dental practitioner access to this item to include all registered dentists.

- The proposed descriptor is as follows:
  - *PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item XX applies) prior to provision of a service to which:*

    (a) item 75030, XX, 75034, 75039, 75045 or 75051 applies; or

    (b) an item in Group T8 or Groups 03 to 09 applies; or

    (c) item 52321, 53212 or 75618 applies; or

(d) an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies;

in a single course of treatment.

5.3.2 Rationale for Recommendation 8

This recommendation is focused on simplifying the MBS and enabling items to be claimed by appropriate dental practitioners. This recommendation supports equitable patient access and reduces out of pocket costs for patients.

It is based on the following;

- There are currently two items within Category 7 for the production of dental study models. Combining these items is in line with the dissolution of the groups and serves to simplify this portion of the MBS.
- Under the current arrangements dental study models can only be claimed when performed by orthodontists or oral and maxillofacial surgeons if the patient is referred by an orthodontist. The Working Group agreed that there are no clinical concerns if the referral restriction for this item is lifted and practitioner access is expanded to include all registered dentists as the provision of study models is now also performed by registered prosthodontists and paediatric dentists as part of treatment. This recommendation serves to streamline and simplify the MBS, providing best practice services and cost-effective treatment pathways for patients and the health system.

5.3.3 Recommendation 9 – Study model materials

Explanatory Note (CN.0.10) relevant to item 75006 and 75156: Amend explanatory note to remove restriction to provide study models produced solely from plaster.

- Current definition:
  - *Study models are defined as orthodontic plaster casts of the upper and lower teeth and alveolar processes.*
- Proposed definition:
  - *Study models are defined as orthodontic models of the upper and lower teeth and alveolar processes.*

5.3.4 Rationale for Recommendation 9

This recommendation focuses on updating the Explanatory Notes to be in line with modern dental practice.

It is based on the following:

- Production of dental study models has evolved over time due to improvements in technology. In modern surgical practice dental study models may be produced through 3D printing and other materials, including the use of plastics.

6. Recommendations: Orthodontic Services (C1)

6.1 Radiography

Table 6: Item introduction table for items 75009, 75012, 75015, 75018, 75021 and 75023

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75009	ORTHODONTIC RADIOGRAPHY orthopantomography (panoramic radiography), including any consultation on the same occasion	$ 68.15	97	$5,660	-8.7%
75012	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings including any consultation on the same occasion	$108.05	50	$4,554	-12.9%
75015	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings including any consultation on the same occasion	$148.55	5	$585	10.8%
75018	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings and orthopantomography including any consultation on the same occasion	$189.25	95	$15,189	11.6%
75021	ORTHODONTIC RADIOGRAPHY hand-wrist studies (including growth prediction) including any consultation on the same occasion	$232.05	10	$1,728	-24.95%
75023	INTRAORAL RADIOGRAPHY - single area, periapical or bitewing film	$46.45	247	$9,777	-19.22%

6.1.1 Recommendation 10 – Radiography items

Items 75009, 75012 and 75015: Remove the term "orthodontic" from these item descriptors and amend dental practitioner access as appropriate.

- Proposed descriptors are as follows
    - *RADIOGRAPHY orthopantomography (panoramic radiography), including any consultation on the same occasion (RD).*
    - *RADIOGRAPHY ANTEROPOSTERIOR CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings including any consultation on the same occasion (RO, ROMS).*
    - *RADIOGRAPHY ANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings including any consultation on the same occasion (RO, ROMS).*

Items 75018 and 75021: Delete

Item 75023: Expand practitioner access to this item to include all registered dentists.

6.1.2 Rationale for Recommendation 10

This recommendation focuses on simplifying Category 7 and ensuring the MBS remains clinically relevant by deleting obsolete items no longer considered best clinical practice.

It is based on the following:

- The Working Group recommended removing the term orthodontic from the descriptors for radiography items as these items will now be accessible by a wider range of practitioners, rendering the term "orthodontic" obsolete.
- Item 75018: The Working Group considers this item obsolete, as it is a combination of items 75015 and 75009. Deletion is in line with simplification and modernisation of the MBS.
- Item 75021: Deletion of this item is based on modern clinical practice. In modern clinical practice a lateral cephalogram is taken to assist in treatment planning. This lateral cephalogram includes an image of the cervical vertebrae, allowing a practitioner to assess a patient's growth status through Cervical Vertebral Maturation (CVM). This is a reliable growth assessment method, rendering the practice of hand-wrist x-rays obsolete and unnecessary (10) (11).
- Dental practitioner access amendments:

- Item 75009: The current restrictions on dental practitioner eligibility to claim this item is unnecessary and reduces patient access to MBS reimbursement as general dentists are often the practitioners likely to have access to the appropriate machines in their rooms and are currently unable to claim this item.
- Items 75012 and 75015: As this item includes cephalometric tracings, undertaken for orthodontic and surgical treatment planning, the Working Group considers the current restriction to orthodontists and oral and maxillofacial surgeons appropriate.
- Item 75023: The Working Group considers intraoral radiography essential in the treatment of cleft and craniofacial anomalies as it enables imaging of the intraoral bone structure. The current restrictions on dental practitioner eligibility to claim this item is unnecessary and reduces patient access to MBS reimbursement as general dentists are often the practitioners likely to have access to the appropriate intraoral x-ray machines in their rooms and are currently unable to claim this item.

6.1.3 Recommendation 11 – Cone beam computed tomography

The Working Group recommended a new item be created for cone beam computed tomography (CBCT), limited to requesting by dental specialists only.

- The proposed new item descriptor is as follows:
  - *Dental and temporomandibular joint imaging for diagnosis and management of anomalies of the dentition including impacted teeth, supernumerary teeth, dental implant planning, orthodontics, maxillary alveolar clefts and temporomandibular joint conditions associated with cleft and craniofacial anomalies & conditions: without contrast medium (RO, ROMS, RPD, RP).*
    - The Working Group recommends this item have a Schedule fee equivalent to that of item 57362 ($113.15).

6.1.4 Rationale for Recommendation 11

This recommendation is focused on ensuring access to appropriate and clinically beneficial procedures.

It is based on the following:

- It is recognised that many patients with clefts or other craniofacial conditions have abnormalities of the dentition - impacted teeth, supernumerary (additional) teeth

and/or ectopic position of teeth and the assessment and localisation of the teeth assists in the management in determining whether the teeth can be repositioned with orthodontics and/or surgery or require removal (12) (13) (14).

- In addition, some maxillary alveolar clefts require additional assessment for the extent and nature of the maxillary cleft to assist in the planning for surgical management (15).
- It should be noted that not all patients with impacted teeth or maxillary clefts require this additional imaging and their treatment planning can be based upon two-dimensional plain radiographs.

6.2 Presurgical Infant Maxillary Arch Repositioning

Table 7: Item introduction table for items 75024 and 75027

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75024	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision - WHERE 1 APPLIANCE IS USED	$600.10	16	$8,306	26.2%
75027	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision WHERE 2 APPLIANCES ARE USED	$822.90	-	$-	-100.0%

6.2.1 Recommendation 12 – Presurgical infant maxillary arch repositioning

Items 75024 and 75027: Amend item descriptors to include nasoalveolar moulding and expand dental practitioner access to include paediatric dentists.

- The proposed new descriptors are as follows:
  - *PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING, including nasoalveolar moulding, supply of appliances and all adjustments of appliances and supervision - WHERE 1 APPLIANCE IS USED (RO, RPD).*
  - *PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING, including nasoalveolar moulding, supply of appliances and all adjustments of appliances and supervision - WHERE 2 APPLIANCES ARE USED (RO, RPD).*

6.2.2 Rationale for Recommendation 12

This recommendation focuses on ensuring access to appropriate and clinically beneficial procedures.

It is based on the following:

- The inclusion of nasoalveolar moulding in these descriptors encourages best practice. Performing nasoalveolar moulding in infants improves long term clinical outcomes for patients, resulting in better lip and nasal form with reduced size of oronasal fistula and labial deformities (16) (17).
- Use of this technique may reduce the need for a second operative session, decreasing hospitalisation time and costs (18) (19).
- Access to nasoalveolar moulding will provide benefits for both the patient and to encourage clinical best practice.

The Working Group considered the practice of presurgical cleft lip and palate orthopaedics, and agreed that these procedures remain clinically relevant in certain situations, despite the low service volume seen for these items (20) (21).

Although these two items are very similar and have low service volume the Working Group recommends retaining both items as these procedures are appropriate for children of different ages.

- Dental practitioner access amendments:

  As the scope of paediatric dentistry has expanded, it is appropriate for these practitioners to be able to access these items. Paediatric dentists work closely with orthodontists, maxillofacial surgeons and plastic surgeons in the management of cleft patients (22). Paediatric dentists are required to undertake hospital based training and, apart from maxillofacial surgeons, have the greatest experience in managing children in this environment. Their clinical training involves the management and assessment of children with dental and medical comorbidities from birth (6). There are a number of circumstances when a patient would see a paediatric dentist instead of an orthodontist for this procedure, including for an initial assessment and feeding impressions relating to the construction of a presurgical arch repositioner.

  Restricting this item to orthodontists limits patient access to appropriate and beneficial procedures that can be performed by a paediatric dentist who has experience in this technique.

6.3 Maxillary Arch Expansion

Table 8: Item introduction table for item 75030

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75030	MAXILLARY ARCH EXPANSION not being a service associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention	$732.70	75	$50,908	-3.8%

6.3.1 Recommendation 13 – Maxillary arch expansion

Item 75030: No change

6.3.2 Rationale for Recommendation 13

The Working Group agreed no change to this item is necessary as this procedure remains clinically relevant and adequately described by the current item descriptor.

6.4 Mixed Dentition Treatment

Table 9: Item introduction table for items 75033, 75034, 75036 and 75037

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75033	MIXED DENTITION TREATMENT - incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention	$1,200.95	18	$22,314	-10.87%
75034	MIXED DENTITION TREATMENT - incisor alignment with or without lateral arch expansion using a removable appliance in the maxillary arch, including supply of appliances, associated adjustments and retention	$611.25	19	$10,048	7.9%
75036	MIXED DENTITION TREATMENT - lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention	$1,658.75	42	$68,713	-2.22%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75037	MIXED DENTITION TREATMENT - lateral arch expansion and incisor correction - 2 arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention	$2,089.15	7	$24,640	-15.24%

6.4.1 Recommendation 14 – Mixed dentition treatment

Items 75033, 75036 and 75037: Combine these three items into one item (75037).

- The proposed new descriptor is as follows:
  - *Mixed dentition treatment - including incisor alignment (mandibular and/or maxillary) lateral arch expansion, including supply of appliances, all adjustments of appliances, removal of appliances and retention (RO)*
  - The Taskforce recommends Schedule fee equivalent to a weighted average of the existing items.

Item 75034: Amend dental practitioner access to allow claiming by paediatric dentists and orthodontists.

6.4.2 Rationale for Recommendation 14

This recommendation is focused on simplifying and modernising the MBS.

It is based on the following:

- Items 75033, 75036 and 75037: The Working Group considers these items overly complex and it is unnecessary to retain three separate items for an equivalent procedure. Combining these items will serve to simplify and modernise the MBS.
- Item 75034: The Working Group recommends no change to this item as this procedure remains clinically relevant and adequately described by the current item descriptor.
- Dental practitioner access amendments:
  - Item 75034: The Working Group noted that the treatment of cleft patients is a continuum, where an orthodontist is involved from start to finish, however for other craniofacial anomalies orthodontists may not be involved. Paediatric dentists perform this procedure for patients other than

cleft patients and the management of mixed dentition orthodontic problems is one of the principle roles of the paediatric dentist for patients with craniofacial abnormalities. Paediatric dentists are well trained to manage simple malocclusions with removable orthodontic appliances from early assessment and developing dentition, including assessing the oral disease process (decay and associated pathological conditions) and other clinical factors which may eventuate. Additionally, paediatric dentists would perform these procedures for the correction of anterior and molar cross bites, parafunctional habits such as tongue thrusting and thumb sucking.

- The Working Group recommended expanding scope of this item to include paediatric dentists so as to increase patient access to appropriate care, while decreasing out of pocket costs.

6.5 Permanent Dentition Treatment

Table 10: Item introduction table for items 75039, 75042, 75045 and 75048

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75039	PERMANENT DENTITION TREATMENT SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	$555.25	33	$17,850	5.7%
75042	PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months	$207.55	223	$42,972	7.3%
75045	PERMANENT DENTITION TREATMENT 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	$1,111.55	264	$320,656	-2.97%
75048	PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed	$285.05	1,975	$589,539	-4.4%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
	appliances, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months				

6.5.1 Recommendation 15 – Permanent dentition treatment

Retain the current practitioner restriction to be claimable only by orthodontists.

Items 75039, 75045 and 75048: Amend item descriptor to remove wording to include aligners.

- The proposed descriptors are as follows:
  - 750395: PERMANENT DENTITION TREATMENT SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using orthodontic fixed appliance or aligners, including supply of appliances - initial 3 months of active treatment
  - 75045: PERMANENT DENTITION TREATMENT 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using orthodontic fixed appliance or aligners, including supply of appliances - initial 3 months of active treatment
  - 75048: PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using orthodontic fixed appliance or aligners, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance, and removal of the appliances) after the first for a maximum of a further 33 months

Item 75042: Amend item descriptor to be consistent with item 75048 by specifying “subsequent”.

- The proposed descriptor is as follows:
  - PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using *orthodontic fixed appliance or aligners*, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance and

removal of the appliances) after the first for a maximum of a further 33 months.

6.5.2 Rationale for Recommendation 15

The Working Group considers the addition of aligners to be appropriate and clinically beneficial.

6.6 Supply of retainers and supervision of retention

Table 11: Item introduction table for items 75049 and 75050

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75049	RETENTION, FIXED OR REMOVABLE, single arch (mandibular or maxillary) - supply of retainer and supervision of retention	$333.60	62	$19,088	-5.9%
75050	RETENTION, FIXED OR REMOVABLE, 2-arch (mandibular and maxillary) - supply of retainers and supervision of retention	$644.05	218	$122,768	-1.5%

6.6.1 Recommendation 16 – Supply of retainers and supervision of retention

Retain the current practitioner restriction to be claimable only by orthodontists.

Items 75049 and 75050: No change to item descriptors.

6.6.2 Rationale for Recommendation 16

The Working Group recommends no change to these items as these procedures remain clinically relevant and adequately described by the current item descriptors.

6.7 Jaw Growth Guidance

Table 12: Item introduction table for item 75051

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75051	JAW GROWTH guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances	$988.65	28	$24,896	22.9%

6.7.1 Recommendation 17 – Jaw growth guidance

Retain the current practitioner restriction to be claimable only by orthodontists.

Item 75051: No change

6.7.2 Rationale for Recommendation 17

The Working Group recommends no change to this item as this procedure remain clinically relevant and adequately described by the current item descriptor.

7. Recommendations: Oral and Maxillofacial Services (C2)

7.1.1 Recommendation 18 – Referral requirements

The Working Group recommends amending the item descriptors of items 75200 to 75621 to enable these procedures to be referred by general practitioners or registered dentists.

- Current referral restriction:
  - *"where the patient is referred by an eligible orthodontist"*
- Proposed referral restriction:
  - *"where the patient is referred by a medical practitioner or a registered dentist"*

7.1.2 Rationale for Recommendation 18

This recommendation focuses on supporting equitable patient access to services included in the Scheme while simplifying the treatment pathway.

It is based on the following:

- The Working Group discussed the current restriction on practitioners able to refer for these services and agreed on the importance of enabling general practitioners, as well as paediatric dentists, prosthodontists and other dental specialists to refer for these basic services.
- Although these patients require care which can be performed by specialists only, it is also important that they have access to the required basic routine dental care. Basic services, such as exams, simple extractions and dental x-rays remain clinically relevant and are more accessible to most of the population through general dentists.
- This recommendation will improve patient access to appropriate clinical care.

The Working Group considered that there are no clinical concerns associated with changing the referral pathways; the patient may not always need to see an orthodontist in the course of treatment covered by these items and changing the referral restriction will allow other relevant specialty groups (such as general practitioners and paediatric dentists) to refer for the services.

The Working Group considered the above wording and agreed to not recommend the term "dental practitioner" be used in the revised descriptor as this term refers to a wide scope of practitioners, including dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists (9). Use of the term "dental practitioner" would suggest that these MBS items could be utilised by practitioners insufficiently trained and equipped to perform these procedures. Therefore “registered dentist” was the agreed term.

7.2 Simple Extractions

Table 13: Item introduction table for items 75200, 75203 and 75206

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75200	Removal of tooth or tooth fragment (other than treatment to which item 75400, 75403, 75406, 75409, 75412 or 75415 applies), if the patient is referred by an eligible orthodontist (AD)	$54.90	45	$2,159	-19.4%
75203	REMOVAL OF TOOTH OR TOOTH FRAGMENT under general anaesthesia, if the patient is referred by an eligible orthodontist (AD)	$82.45	9	$223	-19.7%
75206	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, if the patient is referred by an eligible orthodontist (AD)	$27.35	19	$374	-24.0%

7.2.1 Recommendation 19 – Simple extractions

Item 75200, 75203 and 75206: Amend item descriptor to enable referral by medical practitioners and registered dentists.

- The proposed item descriptors are as follows:
  - *Removal of tooth or tooth fragment (other than treatment to which item 75400, XX or XX applies), if the patient is referred by a medical practitioner or a registered dentist (RD).*
  - *REMOVAL OF TOOTH OR TOOTH FRAGMENT under general anaesthesia, if the patient is referred by a medical practitioner or a registered dentist (RD)*

- *Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, if the patient is referred by a medical practitioner or a registered dentist (RD).*

7.2.2 Rationale for Recommendation 19

This recommendation focuses on supporting equitable patient access to services included in the Scheme while simplifying the treatment pathway (see Recommendation 18).

7.3 Surgical Extractions

Table 14: Item introduction table for items 75400, 75403, 75406, 75409, 75412 and 75415

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75400	Surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$164.75	22	$2,296	-12.1%
75403	Surgical removal of tooth with soft tissue impaction, if the patient is referred by an eligible orthodontist (AOS)	$189.25	6	$721	0.0%
75406	Surgical removal of tooth with partial bone impaction, if the patient is referred by an eligible orthodontist (AOS)	$215.65	40	$3,267	-12.5%
75409	Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist (AOS)	$244.25	114	$12,389	-13.6%
75412	Surgical removal of tooth fragment requiring incision of soft tissue only, if the patient is referred by an eligible orthodontist (AOS)	$136.40	-	$-	-100.0%
75415	Surgical removal of tooth fragment requiring removal of bone, if the patient is referred by an eligible orthodontist (AOS)	$164.75	1	$204	-32.2%

7.3.1 Recommendation 20 – Surgical extractions

Item 75400: Amend item descriptor to enable referral by medical practitioners and registered dentists and enable claiming by registered dentists.

- The proposed item descriptor is as follows:

- *Surgical removal of erupted tooth, if the patient is referred by a medical practitioner or a registered dentist (RD).*

Items 75403 and 75412: Combine into one item, amend item descriptor to enable referral by medical practitioners and registered dentists and enable claiming by registered dentists.

- The proposed item descriptor is as follows:
  - *Surgical removal of tooth or tooth fragment requiring incision of soft tissue only, if the patient is referred by a medical practitioner or a registered dentist (RD).*
    - The Working Group recommends a weighted average Schedule fee.

Items 75406, 75409 and 75415: Combine into one item and amend item descriptor to enable referral by medical practitioners and registered dentists.

- The proposed item descriptor is as follows:
  - *Surgical removal of tooth or tooth fragment requiring removal of bone, if the patient is referred by a medical practitioner or a registered dentist (ROMS).*
    - The Working Group recommends a Schedule fee equivalent to item 75409 ($244.25).

7.3.2 Rationale for Recommendation 20

This recommendation focuses on supporting equitable patient access to services included in the Scheme while simplifying the treatment pathway.

It is based on the following:

- Items 75400, 75403, 75406, 75409, 75412 and 75415: The Working Group discussed the current restriction on practitioners able to refer for these services and agreed on the importance of enabling general practitioners, as well as paediatric dentists, prosthodontists and other dental specialists to refer for these services (see Recommendation 18).
- Items 75403 and 75412: Retaining separate items for removal of a tooth and removal of a tooth fragment from soft tissue is unnecessary as these items describe a procedure of similar complexity. Consolidation of these items will simplify the MBS.
- Items 75406, 75409 and 75415: These items describe procedures of similar complexity. Consolidation of these items will simplify the MBS.
- Dental practitioner access amendments:

- Item 75400, 75403 & 75412: Currently, these items are specific to oral and maxillofacial surgeons. However, the Working Group considers it appropriate for other dental practitioners to perform this procedure. For example, this procedure is frequently performed by paediatric dentists in the removal of ankylosed primary molars. Additionally, children with cleft palates and craniofacial anomalies often require the surgical removal of teeth that are traumatised, developmentally compromised and clinically unrestorable. It is recommended that these children have access to a paediatric dental specialist as part of their routine dental care.

7.4 Surgical Procedures for unerupted tooth and transplantation of tooth bud

Table 15: Item introduction table for items 75600, 75603, 75606 and 75609

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75600	Surgical exposure, stimulation and packing of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$232.05	15	$1,191	13.4%
75603	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, if the patient is referred by an eligible orthodontist (AOS)	$272.75	20	$3,404	-5.8%
75606	Surgical repositioning of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$272.75	1	$205	-%
75609	Transplantation of tooth bud, if the patient is referred by an eligible orthodontist (AOS)	$407.15	-	$-	-%

7.4.1 Recommendation 21 – Surgical procedures for unerupted tooth and transplantation of tooth bud

Item 75600: Amend item descriptor by removing "stimulation" and enable referral by medical practitioners and registered dentists, as well as enabling claiming by registered dentists.

- The proposed item descriptor is as follows:
  - *Surgical exposure and packing of unerupted tooth, if the patient is referred by a medical practitioner or a registered dentist (ROMS & RPD).*

Item 75603: Amend item descriptor to include use of modern technology for placement of a temporary anchorage device (TAD), as well as enabling referral by medical practitioners and registered dentists and claiming by orthodontists, oral and maxillofacial surgeons and paediatric dentists.

- The proposed item descriptor is as follows:
  - *Surgical exposure of unerupted tooth for the purpose of fitting a traction device or placement of a temporary anchorage device, if the patient is referred by a medical practitioner or a registered dentist (RO, ROMS, RPD).*

Items 75606 and 75609: Amend item descriptors to enable referral by medical practitioners and registered dentists.

- The proposed item descriptors are as follows:
  - *Surgical repositioning of unerupted tooth, if the patient is referred by a medical practitioner or a registered dentist (ROMS).*
  - *Transplantation of tooth bud, if the patient is referred by a medical practitioner or a registered dentist (ROMS).*

7.4.2 Rationale for Recommendation 21

This recommendation focuses on bringing the MBS into line with current best clinical practice, as well as supporting equitable patient access and simplifying treatment pathways.

It is based on the following:

- The Working Group discussed the current restriction on practitioners able to refer for these services and agreed on the importance of enabling general practitioners, paediatric dentists, prosthodontists and other dental specialists to refer for these services (see Recommendation 18).
- Item 75600: Stimulation was historically performed in the surgical exposure of an unerupted tooth. However, stimulation is no longer considered clinically appropriate and no longer performed in contemporary clinical practice (23). Removal of the term "stimulation" will update the item to be consistent with contemporary clinical practice.
- Item 75603: Temporary anchorage devices (TADs) are routinely used in orthodontics and are valuable for enhancing the quality of orthodontic treatment (24) (25) (26) (27). TADs have made it possible to move the tooth in directions previously impossible compared to the use of traditional orthodontic auxiliary appliances, both intraoral and extraoral (28).

- Item 75606 and 75609: The Working Group considers these procedures clinically relevant and adequately described by the current item descriptors.
- Dental practitioner access amendments:
  - Items 75600 and 75603: Surgical removal and surgical exposure of teeth are within the scope of paediatric dentists and often performed by these practitioners.
  - Orthodontists are often involved in the placement of temporary anchorage devices as component of orthodontic treatment. This has now become a routine procedure in orthodontic practice.
  - Allowing paediatric dentists and orthodontists to claim for these procedures will improve patient access to appropriate clinical care and reduce out of pocket costs.

7.5 Other Surgical Procedures

Table 16: Item introduction table for items 75612, 75615, 75618 and 75621

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75612	Surgical procedure for intraoral implantation of osseointegrated fixture (first stage), if the patient is referred by an eligible orthodontist (AOS)	$503.85	29	$16,384	-7.6%
75615	Surgical procedure for fixation of transmucosal abutment (second stage of osseointegrated implant), if the patient is referred by an eligible orthodontist (AOS)	$186.50	17	$2,060	7.2%
75618	Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, if the patient is referred by an eligible orthodontist (AOS)	$231.60	-	$-	-%
75621	The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a) an item in the series: (i) 45720 to 45754; or	$231.60	9	$1,632	-13.9%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
	(ii) 52342 to 52375; or (b) item 52380 or 52382; if the patient is referred by an eligible orthodontist (AOS)				

7.5.1 Recommendation 22 – Other surgical procedures

Item 75612 and 75615: Combine into one item and amend item descriptor to enable referral by medical practitioners and registered dentists.

- The proposed descriptor is as follows:
  - *Surgical procedure for intraoral implantation of an osseointegrated fixture and placement of transmucosal abutments, if the patient is referred by a medical practitioner or a registered dentist (ROMS).*

Item 75618: Amend the descriptor to replace "provision" with "fabrication" and enabling referral by medical practitioners and registered dentists. Amend dental practitioner access to include oral and maxillofacial surgeons, orthodontists and prosthodontists.

- The proposed descriptor is as follows:
  - *Fabrication and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, if the patient is referred by a medical practitioner or a registered dentist (ROMS, RO & RP).*

Item 75621: Amend item descriptor to replace "provision" with "fabrication", "template" with "splint or guide" and include "implant treatment". Specify use of this item in association with osseointegrated implant (currently items 75612 and 75615), as well as enabling referral by medical practitioners and registered dentists and amending dental practitioner access to include oral and maxillofacial surgeons, orthodontists and prosthodontists.

- The proposed descriptor is as follows:
  - *The fabrication and fitting of a surgical splint or guide in conjunction with orthognathic surgical procedures and implant treatment in association with: (a) an item in the series: (i) 45720 to 45754; or (ii) 52342 to 52375; or (b) item 52380 or 52382; or (c) XXXX; if the patient is referred by a medical practitioner or a registered dentist (ROMS, RO and RP).*

7.5.2 Rationale for Recommendation 22

This recommendation focuses on simplifying the MBS and bringing the Schedule into line with current best clinical practice.

It is based on the following:

- Items 75612, 75615, 75618 and 75621: The Working Group considered the current restriction on practitioners able to refer for these services and agreed on the importance of enabling general practitioners, as well as paediatric dentists, prosthodontists and other dental specialists to refer for these services (see Recommendation 18).
- Items 75612 and 75615: The recommendation to combine these items is in line with the Complete Medical Service concept and will simplify the MBS. These changes will mean that one item is claimed once regardless of whether the procedure is performed over two stages on separate days or on the one day. Consolidation of these items is appropriate as they describe two stages of the one surgical procedure.
- Items 75618 and 75621: Replacing the word provision with fabrication better represents the service and procedure performed (see Recommendation 23).
- Item 75621: The Working Group recommended including implant treatment in this item in line with contemporary clinical practice (29) (30). Expansion of this item to include implant treatment will provide patients with access to effective surgical procedures. Specifying that this item can be claimed in association with items 75612 or 75615 is appropriate as implant treatment is used in the surgical procedure for intraoral implantation of an osseointegrated fixture and placement of a transmucosal abutment. Replacing the term "surgical template" with "surgical splint or guide" allows this item to be claimed for both a surgical splint in the case of orthognathic surgical procedures and surgical guides in the case of implant treatment.
- Dental practitioner access amendments:
    - Combined items 75612 and 75615: The Working Group considered the current restriction to oral and maxillofacial surgeons appropriate as these items refer to advanced bone grafting techniques performed by these surgeons. These techniques are required in conditions such as hypodontia and anodontia.
    - Item 75618: Management of temporomandibular joint dysfunction syndrome requires a multidisciplinary team and as such the fabrication and fitting of a bite rising appliance or dental splint may be performed by an

oral and maxillofacial surgeon, an orthodontist or a prosthodontist (31) (32). The recommendation to allow claiming by these practitioners will support equitable patient access to appropriate clinical care without unnecessary referral and out of pocket costs.

- Item 75621: This item describes the fabrication and fitting of a surgical splint or guide in conjunction with a number of surgical procedures, including orthognathic surgical procedures and implant treatment. The item is currently restricted to oral and maxillofacial surgeons, however it is appropriate for this item to also be claimed by orthodontists and prosthodontists. This item is claimed in association with a number of items describing procedures that oral and maxillofacial surgeons perform, however treatment of patients eligible to access the Scheme is a multidisciplinary process, including orthodontists and prosthodontists. Allowing these practitioners to claim for performing this procedure supports multidisciplinary care, reduces out of pocket costs and is in line with best clinical practice.

8. Recommendations: General and Prosthodontic Services (C3)

8.1.1 Recommendation 23 – Production of individual specialised dental products

The Working Group recommends replacing the word "provision" with "fabrication" when referring to the individualised production of specialised dental products (specifically items 75618, 75621, 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833, 75836).

8.1.2 Rationale for Recommendation 23

This recommendation is focused on simplifying and clarifying the service and procedure represented in each item descriptor.

It is based on the following:

- The Working Group agreed the word "fabrication" better represents the service and procedure performed under these items.

8.2 Acrylic base denture procedures

Table 17: Item introduction table for items 75803, 75806, 75809, 75812, 75815 and 75818

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75803	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 1 TOOTH	$329.75	3	$841	24.6%
75806	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 2 TEETH	$386.75	5	$1,644	20.1%
75809	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE. including retainers 3 TEETH	$457.95	2	$779	-%
75812	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 4 TEETH	$508.85	4	$1,730	5.9%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75815	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 5 TO 9 TEETH	$620.90	8	$4,320	14.9%
75818	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers — 10 TO 12 TEETH	$732.70	7	$4,563	-2.6%

8.2.1 Recommendation 24 – Acrylic base dentures

Items 75803, 75806, 75809 and 75812: Combine into one item and amend item descriptor to replace "provision" with "fabrication".

- The proposed item descriptor is as follows:
  - *Fabrication and fitting of an acrylic base partial denture, including retainers, 1 to 4 teeth (RD).*

Item 75815: Amend item descriptor to replace "provision" with "fabrication".

- The proposed item descriptor is as follows:
  - *Fabrication and fitting of an acrylic base partial denture, including retainers, 5 to 9 teeth (RD).*

Item 75818: Amend item descriptor to replace "provision" with "fabrication" and enable claiming for complete denture/overdenture.

- The proposed item descriptor is as follows:
  - *Fabrication and fitting of acrylic base partial denture or complete denture/overdenture, 10 to 12 teeth (RD).*

8.2.2 Rationale for Recommendation 24

This recommendation is focused on simplifying and modernising the MBS.

It is based on the following:

- The Working Group considers the word fabrication to better represent the service and procedure performed when claiming these item numbers (see Recommendation 23).
- Items 75803, 75806, 75809 and 75812: Consolidation of these items is appropriate as they describe procedures of equivalent complexity. This recommendation will serve to simplify the MBS.

- Item 75818: Including in this item "complete denture/overdenture" better describes the procedure performed when treating rare congenital conditions eligible to be treated through the Scheme, such as ectodermal dysplasia with anodontia or teeth which are not in the correct position. This recommendation supports equitable patient access to best clinical practice and serves to modernise the Scheme.

8.3 Metal framework denture procedures

Table 18: Item introduction table for items 75821, 75824, 75827, 75830, 75833 and 75836

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75821	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers — 1 TOOTH	$590.15	2	$1,847	-%
75824	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 2 TEETH	$681.80	-1	-$602	-187.1%
75827	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 3 TEETH	$783.75	-	$-	-100.0%
75830	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 4 TEETH	$865.10	1	$783	-%
75833	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 5 TO 9 TEETH	$1,058.35	5	$7,710	-%
75836	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 10 TO 12 TEETH	$1,211.05	1	$943	-12.9%

8.3.1 Recommendation 25 – Metal framework dentures

Item 75821, 75824, 75827 and 75830: Combine into one item and amend item descriptor to replace "provision" with "fabrication", replace "cast metal base (cobalt chromium alloy)" with "metal framework" and "casting and retainers" with "all components".

- The proposed descriptor is as follows:

- *Fabrication and fitting of metal framework partial denture, including all components, 1 to 4 teeth (RD).*

Item 75833: Amend item descriptor to replace "provision" with "fabrication", replace "cast metal base (cobalt chromium alloy)" with "metal framework" and "casting and retainers" with "all components".

- The proposed descriptor is as follows:
  - *Fabrication and fitting of metal framework partial denture including all components, 5 to 9 teeth (RD).*

Item 75836: Amend item descriptor to replace "provision" with "fabrication", replace "cast metal base (cobalt chromium alloy)" with "metal framework" and "casting and retainers" with "all components" and enable claiming for complete denture/overdenture.

- The proposed descriptor is as follows:
  - *Fabrication and fitting of metal framework partial denture or complete denture/overdenture, including all components, 10 to 12 teeth (RD).*

8.3.2 Rationale for Recommendation 25

This recommendation is focused on simplifying and modernising the MBS.

It is based on the following:

- The Working Group considered the word fabrication to better represent the service and procedure performed when claiming these item numbers (see Recommendation 23).
- The variety of metal alloys used in the production of the metal framework of dentures has evolved over time (33). Specifying that the metal framework be fabricated from cobalt chromium alloy is inappropriately restrictive and no longer consistent with advances in technology and modern prosthodontic treatment.
- Replacing the term "cast metal base (cobalt chromium alloy)" with "metal framework" more adequately represents modern clinical practice and serves to future-proof the descriptor for technological advancements.
- Replacing "casting and retainers" with "all components" clarifies that these items represent a complete medical service.
- Items 75821, 75824, 75827 and 75830: Consolidation of these items is appropriate as they describe procedures of equivalent complexity which can be provided under one item. This recommendation will serve to simplify the MBS.

- Item 75836: Including in this item "complete denture/overdenture" better describes the procedure performed when treating rare congenital conditions eligible to be treated through the Scheme, such as ectodermal dysplasia with anodontia or teeth which are not in the correct position. This recommendation supports equitable patient access to best clinical practice and serves to modernise the MBS.

8.4 Provision and Fitting of Retainers

Table 18: Item introduction table for items 75839

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75839	PROVISION AND FITTING OF RETAINERS not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies each retainer	$27.35	1	$23	-12.9%

8.4.1 Recommendation 26 – Provision and fitting of retainers

Item 75839: Delete

8.4.2 Rationale for Recommendation 26

This recommendation is focused on simplifying and modernising the MBS and improving the safety and efficacy of patient care.

It is based on the following:

- The Working Group considers this item obsolete as it is redundant, therefore the item should be deleted for the purpose of simplification and modernisation of the MBS.
- Retainers are an integral component of a denture framework (acrylic or metal) and therefore, do not require a separate item.

8.5 Miscellaneous denture procedures

Table 19: Item introduction table for items 75842, 75845, 75848, 75851 and 75854

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
75842	ADJUSTMENT OF PARTIAL DENTURE not being a service associated with a service to which	$40.75	8	$277	5.9%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
	item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies				
75845	RELINING OF PARTIAL DENTURE by laboratory process and associated fitting	$203.65	6	$1,021	0.0%
75848	REMODELLING AND FITTING OF PARTIAL DENTURE of more than 4 teeth	$244.25	9	$1,824	-%
75851	REPAIR TO CAST METAL BASE OF PARTIAL DENTURE 1 or more points	$122.15	-	$-	-100.0%
75854	ADDITION OF A TOOTH OR TEETH to a partial denture to replace extracted tooth or teeth including taking of necessary impression	$122.15	4	$407	31.95%

8.5.1 Recommendation 27 – Miscellaneous denture procedures

Item 75842, 75845, 75848 and 75854: Amend the descriptors to remove "partial".

- The proposed descriptors are as follows:
  - *Adjustment of denture not being a service associated with a service to which item XX, 75815, 75818, XX, 75833 or 75836 applies (RD).*
  - *Relining of denture by laboratory process and associated fitting (RD).*
  - *Remodelling and fitting of denture of more than 4 teeth (RD).*
  - *Addition of a tooth or teeth to a denture to replace extracted tooth or teeth, including taking of necessary impression (RD).*

Item 75851: Amend the descriptor to replace "cast metal base" with "metal framework", remove "partial" and the specification of one or more points

- The proposed item descriptor is as follows:
  - *Repair to metal framework of denture (RD).*

8.5.2 Rationale for Recommendation 27

This recommendation focuses on simplifying and modernising the Scheme and improving the safety and efficacy of patient care.

It is based on the following:

- The Working Group recommends removing the term "partial" from these items as these procedures may also be required for complete denture/overdenture, recommended to be included in items 75818 and 75836.
- Item 75851: The Working Group considers the term "metal framework" to be more appropriate and in line with modern clinical practice and considers specifying repair to metal framework for one or more points unnecessary. This recommendation serves to modernise and simplify the MBS.

8.6 New item: Fabrication and fitting of prostheses

Table 21: Item introduction table for proposed new item 2 and 3

Item	Descriptor
New item 2	Fabrication and fitting of extraoral prosthesis
New item 3	Fabrication and fitting of intraoral obturator

8.6.1 Recommendation 28 – Fabrication and fitting of prostheses

Create a new item to describe fabrication and fitting of extraoral prosthesis, limiting access to prosthodontists.

- The proposed descriptor is as follows:
  - *Fabrication and fitting of extraoral prosthesis (RP).*
    - The Working Group recommends a schedule fee determined by negotiation.

Create a new item to describe fabrication and fitting of intraoral obturator, limiting access to prosthodontists.

- The proposed descriptor is as follows:
  - *Fabrication and fitting of intraoral obturator (RP).*
    - The Working Group recommends a Schedule fee that aligns with Department of Veterans' Affairs (DVA) Dental Services Scheme item S774, obturator (fee by negotiation), noting the fee should be higher than that for metal partial denture as the technique is sensitive and time-consuming (32).

8.6.2 Rationale for Recommendation 28

This recommendation is focused on ensuring that the MBS supports patient access to modern clinical procedures.

It is based on the following:

- Extraoral prosthesis are used to replace absent or abnormally developed structures such as microtia or anotia (small malformed ear remanent or absent ear) associated with conditions such as craniofacial microsomia or a congenitally missing or diminutive and non-functional eye (anophthalmia or phthisis) associated with facial clefting, craniofacial microsomia or neurofibroma.
- Intraoral obturators are used to replace intraoral defects such as an extensive palatal fistula (oro-nasal fistula) from a cleft palate or facial clefting.
- The number of patients with these conditions that require treatment is small; however the inclusion of these items will provide access to best clinical practice for these patients.
- These are not new procedures but have not yet been reimbursed specifically through the Scheme.

8.7 New item: Prosthodontic implant procedures

Table 20: Item introduction table for proposed new items 4 to 8

Item	Descriptor
New item 4	Placement of an abutment on an implant (per implant) (RP).
New item 5	Placement of a veneer on a natural tooth or teeth either directly or indirectly (RP or RPD).
New item 6	Fabrication and fitting of an implant retained bar over-denture or implant supported fixed dental prosthesis (FDP) or two implant over-denture (RP).
New item 7	Placement of a resin bonded bridge using one retainer, including pontics (RP or RPD).
New item 8	Placement of a conventional bridge, including pontics (RP or RPD).

8.7.1 Recommendation 29 – Prosthodontic implant procedures

Create a new item to describe placement of an abutment on an implant, limiting access to prosthodontists.

- The proposed item descriptor is as follows:
  - *Placement of an abutment on an implant (per implant) (RP).*
    - The Working Group recommends a schedule fee that aligns with DVA Dental Services Scheme item S661 (fee by negotiation).

Create a new item to describe the placement of a veneer, limiting access to prosthodontists and paediatric dentists.

- The proposed item descriptor is as follows:
  - *Placement of a veneer on a natural tooth or teeth either directly or indirectly (RP or RPD).*
  - The Working Group recommends a schedule fee that aligns with DVA Dental Services Scheme item S526 for a composite veneer and S556 for a ceramic veneer (fee by negotiation).

Create a new item to describe fabrication and fitting of an implant prostheses, limiting access to prosthodontists.

- The proposed item descriptor is as follows:

  -Fabrication and fitting of an implant retained bar over-denture or implant supported fixed dental prosthesis (FDP) or two implant over-denture (RP).

  - The Working Group recommends a schedule fee that aligns with DVA Dental Services Scheme items (fee by negotiation):
    - S661, S664 and S665, or S667 for implant retained bar overdenture.
    - S661 per each implant and S666 for implant supported FDP.
    - S661x2, S735x2 and S665x1 for two implant over-denture.

Create a new item to describe placement of resin bonded bridge, including pontics, limiting access to prosthodontists and paediatric dentists.

- The proposed item descriptor is as follows:

  -Placement of a resin bonded bridge using one retainer, including pontics (RP or RPD).

  - The Working Group recommends a schedule fee that aligns with DVA Dental Services Scheme items S643 and S649, with additional retainers at no fee (fee by negotiation).

Create a new item to describe placement of a conventional bridge, including pontics, limiting access to prosthodontists and paediatric dentists.

- The proposed item descriptor is as follows:

  -Placement of a conventional bridge, including pontics (RP or RPD).

- The Working Group recommends a schedule fee that aligns with DVA Dental Services Scheme items S615 per number of tooth abutments, S643 per number of pontics and S664 per number off semi-fixed attachments (fee by negotiation).

8.7.2 Rationale for Recommendation 29

This recommendation is focused on ensuring that the MBS supports patient access to modern clinical procedures.

It is based on the following:

- To replace missing teeth, the MBS covers the placement of osseointegrated implant fixture through item 75612. However, the MBS currently does not include the service for restoration of the implant fixture with an abutment attachment and full coverage restoration to restore the missing tooth. Partial or full coverage restorations are used to restore extensively damaged or malformed teeth such as amelogenesis imperfecta or teeth in the region of maxillary clefts. For patients with multiple missing teeth such as ectodermal dysplasia an implant retained fixed prosthesis or over-denture (two implant supported overdenture or bar/retained overdenture) can be used.
- This recommendation reflects the modern techniques that have developed with advancement of dental and restorative materials. The inclusion of these new item numbers in the Scheme will provide patients to have access to the contemporary treatment.

9. Impact statement

Both patients and clinicians are expected to benefit from these recommendations as they address concerns regarding patient safety and quality of care, and take steps to simplify the MBS and make it easier to use and understand. Patient access to services was considered for each recommendation. The Working Group also considered each recommendation's impact on provider groups to ensure that any changes were reasonable and fair. However, if the Working Group identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

This report represents a genuine effort to reflect up to date, evidence-based practice and presents items in a clearly structured way with modern vocabulary.

These changes are expected to provide both patients and clinicians with a number of benefits including:

- Revision of practitioner restrictions allowing for a wider range of qualified clinicians to be able to claim items on the MBS, simplifying the process for both clinicians and patients.
- Updating clinical indications and providing discretionary power to enrol patients under exceptional circumstances, in line with providing appropriate patient access and reducing out of pocket costs.
- Amending referral pathways to allow referrals by a medical practitioners or registered dentists in order to improve and simplify treatment pathways, further enhancing patient care.
- Updating and consolidating items to be consistent with modern clinical best practice.
- Inclusion of a new item for CBCT and new items under fabrication and fitting of prostheses and prosthodontic implant procedures, allowing patients access to contemporary best practice procedures.

This review has sought to improve patient care by making it more affordable by reducing out of pocket costs as well as making it more accessible by revising practitioner restrictions to particular items. This review has also compared services with contemporary evidence to modernise the MBS and provide patients with appropriate and targeted care. Value for the health system was also considered, by consolidating and or removing services that provide little to no clinical benefit.

It is hoped that these changes will benefit patients by improving the variety, completeness and transparency of the care that they can be reimbursed for under Medicare provisions. Clinicians will benefit from simpler billing practices, more predictable payment for similarly complex procedures and an enhanced ability to offer the best care for their most challenging patients.

10. References

1. *Over 150 potentially low-value health care practices: an Australian study.* **Elshaug, Adam , et al.** 2012, The Medical Journal of Australia, pp. 556-560.

2. **McKusick VA, Hamosh A.** #166200 Osteogenesis Imperfecta, Type I; OI1. *Online Mendelian Inheritance in Man.* [Online] John Hopkins University, 10 23, 2018. [Cited: 2 25, 2019.] https://www.omim.org/entry/166200?search=osteogenesis%20imperfecta&highlight=osteogenesi%20imperfecta.

3. **McKusick VA, O'Neill MJF.** #602483 Auriculocondylar syndrome 1; ARCND1. *Online Mendelian Inheritance in Man.* [Online] John Hopkins University, 3 24, 2014. [Cited: 2 25, 2019.] https://www.omim.org/entry/602483.

4. **ISSVA.** ISSVA classification for vascular anomalies. 2018.

5. **Dental Board of Australia.** Specialist Competencies. *Dental Board of Australia.* [Online] AHPRA, 1 23, 2018. [Cited: 2 27, 2019.] https://www.dentalboard.gov.au/registration/specialist-registration/specialist-competencies.aspx.

6. **Kaul R, Jain P, Saha S, Sarkar S.** Cleft lip and cleft palate: Role of a pediatric dentist in its management. *Int J Pedodontic Rehab.* 2017. Vol. 2, 1. 1-6.DOI: 10.4103/ijpr.ijpr_3_17.

7. **Freitas J, Garib D, Oliveira T, Lauris R, Almeida A, Neves L, Trindade-Suedam I, Yaedu R, Soares S, Pinto J.** Rehabilitative treatment of cleft lip and palate: experience of the Hospital for Rehabilitation of Craniofacial Anomalies - USP (HRAC-USP) - Part 2: Pediatric Dentistry and Orthodontics. *J Appl Oral Sci.* 2012. Vol. 20, 2. 268-281.

8. **Jaju R, Tate AR.** The role of pediatric dentistry in multidisciplinary cleft palate teams at advanced pediatric dental residency programs. *Pediatr Dent.* 2009. Vol. 31, 3. 188-92.

9. **Dental Board of Australia.** Registration. *Dental Board of Australia.* [Online] AHPRA, 1 5, 2017. [Cited: 2 27, 2019.] https://www.dentalboard.gov.au/registration.aspx.

10. **Baccetti T, Franchi L, McNamara J.** The Cervial Vertebral Meturaion (CVM) Method for the Assessment of Optimal Treatment Timing in Dentofacial Orthopedics. *Seminars in Orthodontics.* 2005. Vol. 11, 3. 119-129. https://doi.org/10.1053/j.sodo.2005.04.005.

11. **Szemraj A, Wojtaszek-Slominska A, Racka-Pilszak B.** Is the cervica vertebral maturation (CVM) method effective enough to replace the hand-wrist maturation (HWM) method in determining skeletal maturation?-A systematic review. *Eur J Radiol.* 2018. Vol. 102. 125-128. doi: 10.1016/j.ejrad.2018.03.012.

12. **Kapila SD, Nervina JM.** CBCT in orthodontics: assessment of treatment outcomes and indications for its use. *Dentomaxillofac Radiol.* 2015. Vol. 44, 1. doi: 10.1259/dmfr.20140282..

13. **Bezerra BT, Pinho JN, da Silva LC.** Tooth abnormalities in individuals with unilateral alveolar cleft: A comparison between sides using cone-beam computed tomography. *J Clin Exp Dent.* 2017. Vol. 9, 10. e1195-e1200. doi: 10.4317/jced.54043.

14. **Kasaven CP, McIntyre GT, Mossey PA.** Accuracy of both virtual and printed 3-dimensional models for columetric measurement of alveolar clefts before grafting with alveolar bone compared with a validated algorithm: a preliminary investigation. *Br J Oral Maxillofac Surg.* 2017. Vol. 55, 1. 31-36. doi: 10.1016/j.bjoms.2016.08.016.

15. **Algerban A, Jacobs R, van Keirsbilck PJ, Aly M, Sinnen S, Fieuws S, Willems G.** The effect of using CBCT in the diagnosis of canine impaction and its impact on the orthodontic treatment outcome. *J Orthod Sci.* 2014. Vol. 3, 2. 34-40. doi: 10.4103/2278-0203.132911.

16. **Shetye P, Grayson B.** NasoAlveolar molding treatment protocol in patients with cleft lip and palate. *Semin Orthod.* 2017. Vol. 23, 3. 261-267. https://doi.org/10.1053/j.sodo.2017.05.002.

17. **Grayson B, Garfinkle J.** Early cleft management: The case for nasoalveolar molding. *Am J Orthod Dentofacial Orthop.* 2014. Vol. 145, 2. 134-142. https://doi.org/10.1016/j.ajodo.2013.11.011.

18. **Retnakumari N, Divya S, Meenakumari S, Ajith P S.** Nasoalveolar molding treatment in presurgical infant orthopedics in cleft lip and cleft palate patients. *Arch Med Health .* 2014. Vol. 2, 1. 36-47. DOI: 10.4103/2321-4848.133804.

19. **Lee CT, Garfinkle JS, Warren SM, Brecht LE, Cutting CB, Grayson BH.** Nasoalveolar molding improves appearance of children with bilateral cleft lip-cleft palate. *Plast Reconstr Surg.* 2008. Vol. 122, 4. 1131-7.DOI: 10.1097/PRS.0b013e318184590c.

20. **Alzain I, Batwa W, Cash A, Murshid ZA.** Presurgical cleft lip and palate orthopedics: an overview. *Clin Cosmet Investig Dent.* 2017. Vol. 9. 53-59. doi:10.2147/CCIDE.S129598.

21. **Raghav P, Ahuja NK, Gahlawat S.** Modified Intraoral Repositioning Appliance in Complete Bilateral Cleft Lip and Palate. *Int J Clin Pediatr Dent.* 2011. Vol. 4, 2. 129-133. doi:10.5005/jp-journals-10005-1096.

22. **Muhamad A, Watted N, Emodi O, Zere E.** Role of Pediatric Dentist - Orthodontic In Cleft Lip and Cleft Palate Patients. *IOSR JDMS.* 2015. Vol. 14, 11. 61-68.DOI: 10.9790/0853-1411.

23. **Suri L, Gagari E, Vastardis H.** Delayed tooth eruption: pathogenesis, diagnosis, and treatment. A literature review. *Am J Orthod Dentofacial Orthop.* 2004. Vol. 126, 4. 432-45. doi:10.1016/S088954060400530X .

24. **Magkavali-Trikka P, Emmanouilidid G, Papadopoulos MA.** Mandibular molar uprghting using orthodontic miniscrew implants: a systematic review. *Prog Orthod.* 2018. Vol. 19, 1. doi: 10.1186/s40510-017-0200-2.

25. **Fudalej P, Antoszewska J.** Are orthodontic distalizers reinforced with the temporary skeletal anchorage devices effective? *Am J Orthod Dentofacial Orthop.* 2011. Vol. 139, 6. 722-9. doi: 10.1016/j.ajodo.2011.01.019.

26. **Antoszewska-Smith J, Sarul M, Lyczek J, Konopka T, Kawala B.** Effectiveness of orthodontic miniscrew implants in anchorage reinforcement during en-masse retraction: A systematic review and meta-analysis. *Am J Orthod Dentofacial Orthop.* 2017. Vol. 151, 3. 440-455. doi: 10.1016/j.ajodo.2016.08.029.

27. **Xu Y, Xie J.** Comparison of the effects of mini-implant and traditional anchorage on patients with maxillary dentoalveolar protrusion. *Angle Orthod.* 2017. Vol. 87, 2. 320-327. doi: 10.2319/051016-375.1.

28. **Kuroda S, Tanaka E.** Risks and complications of miniscrew anchorage in clinical orthodontics. *Jpn Dent Sci Rev.* 2014. Vol. 50. 79-85. http://dx.doi.org/10.1016/j.jdsr.2014.05.001.

29. **Zhou W, Liu Z, Song L, Kuo CL, Shafer DM.** Clinical Factors Affecting the Accuracy of Guided Implant Surgery - A Systematic Review and Meta-analysis. *J Evid Based Dent Pract.* 2018. Vol. 18, 1. 28-40. doi:10.1016/j.jebdp.2017.07.007.

30. **Raico Gallardo YN, da Silva-Olivio IRT, Mukai E, Morimoto S, Sesma N, Cordaro L.** Accuracy comparison of guided surgery for dental implants according to the tissue of support: a systematic review and meta-analysis. *Clin Oral Implants Res.* 2017. Vol. 28, 5. 602-612. doi:10.1111/clr.12841.

31. **Ferri J, Potier J, Maes JM, Rakotomalala H, Lauwers L, Cotelle M, Nicot R.** Temporomandibular joint arthritis: clinical, orthodontic, orthopaedic and surgical approaches. *Int Orthod.* 2018. Vol. 16, 3. 545-561. doi: 10.1016/j.ortho.2018.06.019.

32. **JP, Wiens.** A progressive approach for the use of occlusal devices in the managment of temporomandibular disorders. *Gen Dent.* 2016. Vol. 64, 6. 29-36..

33. **Souza, JE, et al.** Retention strength of cobalt-chromium vs nickel-chromium titanium vs CP titanium in a cast framework association of removable partial overdenture. *J Contemp Dent Pract.* 2011. Vol. 12, 3. 179-86.

11. Glossary

Term	Description
ACDS	Australian Council of Dental Specialists
ACT	Australian Capital Territory
AD	Accredited dental practitioner
ADA	Australian Dental Association
AHPRA	Australian Health Practitioner Regulation Agency
AO	Accredited orthodontist
AOS	Approved oral surgeon
CAGR	Compound annual growth rate or the average annual growth rate over a specified time period.
CBCT	Cone beam computed tomography
Change	When referring to an item, "change" describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
CVM	Cervical vertebral maturation
Delete	Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS.
Department, The	Australian Government Department of Health
DHS	Department of Human Services
DVA	Department of Veterans' Affairs
FY	Financial year
High-value care	Services of proven efficacy reflecting current best medical practice, or for which the potential benefit to consumers exceeds the risk and costs.
Inappropriate use / misuse	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.

Low-value care	Services that evidence suggests confer no or very little benefit to consumers; or for which the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of services do not provide proportional added benefits.
MBS	Medicare Benefits Schedule
MBS item	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits.
MBS service	The actual medical consultation, procedure or test to which the relevant MBS item refers.
Misuse (of MBS item)	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
MSAC	Medical Services Advisory Committee
New service	Describes when a new service has been recommended, with a new item number. In most circumstances, new services will need to go through the MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
NICE	National Institute for Health and Care Excellence
No change or leave unchanged	Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (for example, references to other items, which may have changed as a result of the MBS Review or prior reviews).
Obsolete services / items	Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures.
PBS	Pharmaceutical Benefits Scheme
RACGP	Royal Australian College of General Practitioners
RD	Registered dentist (this term includes general dentists and specialist dentists)
RO	Registered orthodontist
ROMS	Registered oral and maxillofacial surgeon
RP	Registered prosthodontist
RPD	Registered paediatric dentist
Services average annual growth	The average growth per year, over five years to 2016/17, in utilisation of services. Also known as the compound annual growth rate (CAGR).
TAD	Temporary Anchorage Device
The Scheme	The Cleft Lip and Cleft Palate Scheme
The Working Group	The Cleft Dental Services Working Group of the MBS Review

The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid in 2017/18 unless otherwise specified.

Appendix A Dental Practitioner Access Amendments

Table 21: Proposed changes to practitioner access to items 75001 to 75854

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
75001	INITIAL PROFESSIONAL ATTENDANCE in a single course of treatment by an eligible orthodontist (AO)	$85.55	C1	AO	RO, ROMS, RPD , RP (replacing items 75001, 75004, 75150 & 75153 with time-tiered attendance items)
75004	PROFESSIONAL ATTENDANCE by an eligible orthodontist subsequent to the first professional attendance by the orthodontist in a single course of treatment (AO)	$43.00	C1	AO	N/A
75006	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75004 applies) prior to provision of a service to which: (a) item 75030, 75033, 75034, 75036, 75037, 75039, 75045 or 75051 applies; or (b) an item in Group T8 or Groups 03 to 09 applies; in a single course of treatment	$76.25	C1	AO	RD (Combined with item 75156)
75009	ORTHODONTIC RADIOGRAPHY orthopantomography (panoramic radiography), including any consultation on the same occasion	$ 68.15	C1	AO, AOS	RD
75012	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings OR LATERAL CEPHALOMETRIC RADIOGRAPHY with cephalometric tracings including any consultation on the same occasion	$108.05	C1	AO, AOS	RO, ROMS
75015	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with	$148.55	C1	AO, AOS	RO, ROMS

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	cephalometric tracings including any consultation on the same occasion				
75018	ORTHODONTIC RADIOGRAPHY ANTEROPOSTERIOR AND LATERAL CEPHALOMETRIC RADIOGRAPHY, with cephalometric tracings and orthopantomography including any consultation on the same occasion	$189.25	C1	AO, AOS	N/A
75021	ORTHODONTIC RADIOGRAPHY hand-wrist studies (including growth prediction) including any consultation on the same occasion	$232.05	C1	AO, AOS	N/A
75023	INTRAORAL RADIOGRAPHY - single area, periapical or bitewing film	$46.45	C1	AO, AOS	RD
75024	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision - WHERE 1 APPLIANCE IS USED	$600.10	C1	AO	RO & RPD
75027	PRESURGICAL INFANT MAXILLARY ARCH REPOSITIONING including supply of appliances and all adjustments of appliances and supervision WHERE 2 APPLIANCES ARE USED	$822.90	C1	AO	RO & RPD
75030	MAXILLARY ARCH EXPANSION not being a service associated with a service to which item 75039, 75042, 75045 or 75048 applies, including supply of appliances, all adjustments of the appliances, removal of the appliances and retention	$732.70	C1	AO	RO
75033	MIXED DENTITION TREATMENT - incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of the appliances and retention	$1,200.95	C1	AO	N/A
75034	MIXED DENTITION TREATMENT - incisor alignment with or without lateral arch expansion using a removable appliance in the	$611.25	C1	AO	RO & RPD

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	maxillary arch, including supply of appliances, associated adjustments and retention				
75036	MIXED DENTITION TREATMENT - lateral arch expansion and incisor alignment using fixed appliances in maxillary arch, including supply of appliances, all adjustments of appliances, removal of appliances and retention	$1,658.75	C1	AO	N/A
75037	MIXED DENTITION TREATMENT - lateral arch expansion and incisor correction - 2 arch (maxillary and mandibular) using fixed appliances in both maxillary and mandibular arches, including supply of appliances, all adjustments of appliances, removal of appliances and retention	$2,089.15	C1	AO	RO (To be revised to include items 75033 and 75036, see Recommendation 14)
75039	PERMANENT DENTITION TREATMENT SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	$555.25	C1	AO	RO
75042	PERMANENT DENTITION TREATMENT - SINGLE ARCH (mandibular or maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each 3 months of active treatment (including all adjustments and maintenance and removal of the appliances) after the first for a maximum of a further 33 months	$207.55	C1	AO	RO
75045	PERMANENT DENTITION TREATMENT 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - initial 3 months of active treatment	$1,111.55	C1	AO	RO
75048	PERMANENT DENTITION TREATMENT - 2 ARCH (mandibular and maxillary) TREATMENT (correction and alignment) using fixed appliances, including supply of appliances - each subsequent 3 months of active treatment (including all adjustments and maintenance,	$285.05	C1	AO	RO

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	and removal of the appliances) after the first for a maximum of a further 33 months				
75049	RETENTION, FIXED OR REMOVABLE, single arch (mandibular or maxillary) - supply of retainer and supervision of retention	$333.60	C1	AO	RO
75050	RETENTION, FIXED OR REMOVABLE, 2-arch (mandibular and maxillary) - supply of retainers and supervision of retention	$644.05	C1	AO	RO
75051	JAW GROWTH guidance using removable or functional appliances, including supply of appliances and all adjustments to appliances	$988.65	C1	AO	RO
75150	INITIAL PROFESSIONAL attendance in a single course of treatment by an eligible oral and maxillofacial surgeon where the patient is referred to the surgeon by an eligible orthodontist (AOS)	$85.55	C2	AOS	N/A
75153	PROFESSIONAL ATTENDANCE by an eligible oral and maxillofacial surgeon subsequent to the first professional attendance by the surgeon in a single course of treatment where the patient is referred to the surgeon by an eligible orthodontist	$43.00	C2	AOS	N/A
75156	PRODUCTION OF DENTAL STUDY MODELS (not being a service associated with a service to which item 75153 applies) prior to provision of a service: (a) to which item 52321, 53212 or 75618 applies; or (b) to which an item in the series 52330 to 52382, 52600 to 52630, 53400 to 53409 or 53415 to 53429 applies; in a single course of treatment if the patient is referred by an eligible orthodontist (AOS)	$76.25	C2	AOS	N/A
75200	Removal of tooth or tooth fragment (other than treatment to which item 75400, 75403, 75406,	$54.90	C2	AD	RD

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	75409, 75412 or 75415 applies), if the patient is referred by an eligible orthodontist (AD)				
75203	REMOVAL OF TOOTH OR TOOTH FRAGMENT under general anaesthesia, if the patient is referred by an eligible orthodontist (AD)	$82.45	C2	AD	RD
75206	Removal of each additional tooth or tooth fragment at the same attendance at which a service to which item 75200 or 75203 applies is rendered, if the patient is referred by an eligible orthodontist (AD)	$27.35	C2	AD	RD
75400	Surgical removal of erupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$164.75	C2	AOS	RD
75403	Surgical removal of tooth with soft tissue impaction, if the patient is referred by an eligible orthodontist (AOS)	$189.25	C2	AOS	RD (Combined item 75403 & 75412)
75406	Surgical removal of tooth with partial bone impaction, if the patient is referred by an eligible orthodontist (AOS)	$215.65	C2	AOS	ROMS (Combined item 75406, 75409 & 75415)
75409	Surgical removal of tooth with complete bone impaction, if the patient is referred by an eligible orthodontist (AOS)	$244.25	C2	AOS	N/A
75412	Surgical removal of tooth fragment requiring incision of soft tissue only, if the patient is referred by an eligible orthodontist (AOS)	$136.40	C2	AOS	N/A
75415	Surgical removal of tooth fragment requiring removal of bone, if the patient is referred by an eligible orthodontist (AOS)	$164.75	C2	AOS	N/A
75600	Surgical exposure, stimulation and packing of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$232.05	C2	AOS	ROMS & RPD
75603	Surgical exposure of unerupted tooth for the purpose of fitting a traction device, if the	$272.75	C2	AOS	RO, ROMS & RPD

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	patient is referred by an eligible orthodontist (AOS)				
75606	Surgical repositioning of unerupted tooth, if the patient is referred by an eligible orthodontist (AOS)	$272.75	C2	AOS	ROMS
75609	Transplantation of tooth bud, if the patient is referred by an eligible orthodontist (AOS)	$407.15	C2	AOS	ROMS
75612	Surgical procedure for intraoral implantation of osseointegrated fixture (first stage), if the patient is referred by an eligible orthodontist (AOS)	$503.85	C2	AOS	ROMS (Combined item 75612 & 75615)
75615	Surgical procedure for fixation of transmucosal abutment (second stage of osseointegrated implant), if the patient is referred by an eligible orthodontist (AOS)	$186.50	C2	AOS	N/A
75618	Provision and fitting of a bite rising appliance or dental splint for the management of temporomandibular joint dysfunction syndrome, if the patient is referred by an eligible orthodontist (AOS)	$231.60	C2	AOS	ROMS, RO & RP
75621	The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with: (a) an item in the series: (i) 45720 to 45754; or (ii) 52342 to 52375; or (b) item 52380 or 52382; if the patient is referred by an eligible orthodontist (AOS)	$231.60	C2	AOS	ROMS, RO & RP
75800	ATTENDANCE BY AN ELIGIBLE DENTAL PRACTITIONER involving consultation, preventive treatment and prophylaxis, of not less than 30 minutes' duration each	$82.45	C3	AD	RD

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
	attendance to a maximum of 3 attendances in any period of 12 months				
75803	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 1 TOOTH	$329.75	C3	AD	RD (Combined items 75803, 75806, 75809 & 75812)
75806	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 2 TEETH	$386.75	C3	AD	N/A
75809	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE. including retainers 3 TEETH	$457.95	C3	AD	N/A
75812	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 4 TEETH	$508.85	C3	AD	N/A
75815	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers 5 TO 9 TEETH	$620.90	C3	AD	RD
75818	PROVISION AND FITTING OF ACRYLIC BASE PARTIAL DENTURE, including retainers — 10 TO 12 TEETH	$732.70	C3	AD	RD
75821	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers — 1 TOOTH	$590.15	C3	AD	RD (Combined items 75821, 75824, 75827 & 75830)
75824	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 2 TEETH	$681.80	C3	AD	N/A
75827	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 3 TEETH	$783.75	C3	AD	N/A
75830	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 4 TEETH	$865.10	C3	AD	N/A

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
75833	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 5 TO 9 TEETH	$1,058.35	C3	AD	RD
75836	PROVISION AND FITTING OF CAST METAL BASE (cobalt chromium alloy) PARTIAL DENTURE including casting and retainers 10 TO 12 TEETH	$1,211.05	C3	AD	RD
75839	PROVISION AND FITTING OF RETAINERS not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies each retainer	$27.35	C3	AD	N/A
75842	ADJUSTMENT OF PARTIAL DENTURE not being a service associated with a service to which item 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 or 75836 applies	$40.75	C3	AD	RD
75845	RELINING OF PARTIAL DENTURE by laboratory process and associated fitting	$203.65	C3	AD	RD
75848	REMODELLING AND FITTING OF PARTIAL DENTURE of more than 4 teeth	$244.25	C3	AD	RD
75851	REPAIR TO CAST METAL BASE OF PARTIAL DENTURE 1 or more points	$122.15	C3	AD	RD
75854	ADDITION OF A TOOTH OR TEETH to a partial denture to replace extracted tooth or teeth including taking of necessary impression	$122.15	C3	AD	RD
New item 1	Cone Beam Computed Tomography	N/A	N/A	N/A	RO, ROMS, RPD, RP
New item 2	Fabrication and fitting of extra oral prosthesis	N/A	N/A	N/A	RP
New item 3	Fabrication and fitting of intraoral obturator	N/A	N/A	N/A	RP
New item 4	Placement of an abutment on an implant (per implant)	N/A	N/A	N/A	RP

Item	Descriptor	Current Schedule fee	Current Group	Current Restriction	Proposed Restriction
New item 5	Placement of partial or full coverage restoration on an implant or a natural tooth (per implant or tooth)	N/A	N/A	N/A	RPD, RP

Appendix B **Summary for consumers**

This table describes the medical service, the recommendations of the clinical experts and why the recommendations have been made.

Recommendation 1: Rename the Scheme to "Cleft and Craniofacial Anomalies Scheme" and rename Category 7 of the MBS to "Cleft and Craniofacial Anomalies Services"

Item	What it does	Working Group recommendation	What would be different	Why
N/A	The Cleft Lip and Cleft Palate Scheme provides funding to assist families with treatment costs for certain cleft lip and cleft palate conditions or other dental or skeletal treatments. Category 7 is the portion of the MBS that includes item numbers for patients eligible for the Scheme.	That the name of the Scheme should be updated to "Cleft and Craniofacial Anomalies Scheme" and Category 7 of the MBS to "Cleft and Craniofacial Anomalies Services"	Both the Scheme and the Category of the MBS would be renamed.	The new name for the Scheme and the Category would better reflect patients who are eligible for treatments provided under the Scheme.

Recommendation 2: That the clinical indications for patient eligibility to the Scheme be updated

Item	What it does	Working Group recommendation	What would be different	Why
All Category 7 items	Clinical indications for eligibility to the Scheme describe those clinical conditions that can be treated under the Scheme.	That the clinical indications for patient eligibility be updated to include some new conditions (e.g. osteogenesis imperfecta) and updated to be consistent with modern understanding and terminology of these conditions.	The list of clinical indications a patient must meet in order to be eligible for the Scheme would be updated to be in line with modern understanding of these conditions.	The updated list better reflects those patients who have clinical conditions requiring treatment funded under the Scheme and is more consistent with contemporary clinical understanding.

Recommendation 3: That the Department consider putting in place a discretionary power to enable initial enrolment in the Scheme of patients over 22 years

Item	What it does	Working Group recommendation	What would be different	Why
All Category 7 items	The Scheme currently has an age limit on initial enrolment of 22 years, or 28 years for reparative work.	That the Department consider introducing a discretionary power for patients older than 22 years until 25 years old so they can be enrolled in the Scheme if there are special circumstances.	Patients older than 22 years who are otherwise eligible for access to the Scheme may be considered for enrolment if there are special circumstances. Patients currently eligible to access the Scheme will not be affected.	This recommendation focuses on ensuring patients who delay enrolment to the Scheme for a particular reason, are not disadvantaged. This recommendation is aimed at ensuring equitable patient access to the Scheme.

Recommendation 4: That the Department create a registration system for patients eligible to access the Scheme

Item	What it does	Working Group recommendation	What would be different	Why
N/A	A registration system for patients eligible to access the Scheme enables practitioners and patients to understand who can access these items.	That the Department create a registration system for patients eligible for the Scheme.	There would be an effective registration system for patients eligible for the Scheme.	Since the removal of the previous system of registration (where laminated cards were issued to registrants of the Scheme), there has been no effective system of registration for patients. This recommendation is aimed at ensuring equitable patient access to the Scheme.

Recommendation 5: That the current groupings of Category 7 items (C1, C2 and C3) be dissolved and individual descriptors be revised to reflect those specialities that can claim the items

Item	What it does	Working Group recommendation	What would be different	Why
All Category 7 items	The current groupings (C1, C2 and C3) reflect the different speciality groups that can claim the items (orthodontists, oral and maxillofacial surgeons and dental practitioners).	That the current groupings be dissolved and each individual descriptor be revised to specify appropriate restrictions on claiming by particular specialty groups. The Working Group also recommends updating the acronyms used for different specialities throughout the Scheme.	Category 7 of the MBS would no longer be grouped. Individual descriptors would reflect the dental specialty groups that can claim the item. The acronyms used to describe dental specialty groups would be clearer.	The removal of the categories would simplify the MBS and clarify which items can be claimed by members of which dental specialty group. The removal of unnecessary limitations on practitioner access will increase access to appropriate care and reduce out-of-pocket costs to patients, as well as providing patients more choice of practitioner.

Recommendation 6: That the current professional attendance items in Category 7 (75001, 75004, 75150 and 75153) be consolidated and replaced by time-tiered items that are only claimable by orthodontists, oral and maxillofacial surgeons, paediatric dentists and prosthodontists.

Item	What it does	Working Group recommendation	What would be different	Why
75001, 75004, 75150 and 75153	These items are for the first and follow-up consultations with orthodontists or oral and maxillofacial surgeons.	That the current attendance items in Category 7 of the MBS be consolidated into simpler, time-based items with claiming restricted to orthodontists, oral and maxillofacial surgeons, paediatric dentists and prosthodontists.	The current professional attendance items would be replaced with time-based items, consistent with the professional attendance items recommended by the Specialist and Consultant Physician Consultation Clinical Committee.	Consolidating the existing attendance items would serve to simplify the MBS and making the items time-based would ensure rebates are equitable based on the time a provider spends with a patient. This will serve to reduce out-of-pocket costs for patients.

Recommendation 7: Amend item descriptor to better describe practitioners eligible for claiming this item.

Item	What it does	Working Group recommendation	What would be different	Why
75800	This item is for a consultation with a dental practitioner, including preventive treatment.	That the descriptor for the item be amended to better describe the practitioners who can claim the item.	Instead of stating that the item is for an attendance by an “eligible dental practitioner”, the descriptor would say “registered dentist”.	The term “dental practitioner” refers to a range of dental professionals, including dental hygienists and oral health therapists, many of whom do not have the required skills or qualifications to provide the service described by this item. The Working Group agreed “registered dentist” is clearer and less ambiguous.

Recommendation 8: Combine items for dental study models into one and expand dental practitioner access to this item to include all registered dentists.

Item	What it does	Working Group recommendation	What would be different	Why
75006 and 75156	These items are for the production of dental study models (one which can be claimed by orthodontists and one by oral and maxillofacial surgeons), which allow practitioners to study the size and relationship of the teeth, gums and dental arches.	That these two items be combined into one new item and access to the new item include all registered dentists.	Instead of two separate items for the production of dental study models, there would be one item which can be claimed by all registered dentists, rather than be restricted to orthodontists and oral and maxillofacial surgeons.	With the removal of the C1, C2, C3 groupings of Category 7 (see Recommendation 5), there is no need to have separate items for dental study models. Combining the items into one and allowing access by all registered dentists would simplify the MBS, providing best practice services and cost-effective treatment pathways for patients.

Recommendation 9: Remove restriction on dental study models to include those made from different materials other than being solely produced from plaster.

Item	What it does	Working Group recommendation	What would be different	Why
75006 and 75156	These items are for the production of dental study models which allow practitioners to study the size and relationship of the teeth, gums and dental arches.	Amend explanatory note to remove restriction to provide study models produced solely from plaster.	The term “plaster” would be removed from the explanatory note for these items.	Advances in technology and modern surgical practice has led to dental study models being produced from materials other than solely plaster, such as through 3D printing and use of plastics. This will provide patients with access to modern best clinical practice with reduced out-of-pocket costs.

Recommendation 10: Remove the term "orthodontic" from the item descriptors for these radiography items and expand dental practitioner access.

Item	What it does	Working Group recommendation	What would be different	Why
75009, 75012, 75015 and 75023	These items are for radiography (x-ray) procedures that include panoramic x-rays of the upper and lower jaw and imaging procedures of the craniofacial region to assess the relationship of teeth to the jaws and jaws to the skull.	That the term "orthodontic" be removed from the item descriptors and amend the descriptor to expand dental practitioner access for those dental specialists able to perform the scans.	The term "orthodontic" would be removed from these items and appropriate dental specialists would be able to perform the x-rays, rather than the current restriction to orthodontists.	These items will now be accessible by a wider range of practitioners so it is not necessary to keep the word "orthodontic" in the descriptors for the items. Removing it will serve to simplify the descriptors. It may be more appropriate for these x-rays to be performed by different types of dental specialists and this recommendation will improve patient access to the services.
75018 and 75021	These items are for x-ray procedures, including assessment of a patient's growth through hand-wrist studies.	That these items be deleted.	The radiography item which is a combination of items 75012 and 75015 would be deleted, as well as the procedure for predicting growth using hand-wrist studies.	These are considered obsolete as item 75018 is accounted for in the other radiography items and hand-wrist studies are no longer considered best clinical practice. Deletion of these items will modernise and simplify the MBS and ensure patients are not exposed to unnecessary radiation.

Recommendation 11: Introduce a new item for Cone Beam Computed Tomography (CBCT), limited to dental specialists only.

Item	What it does	Working Group recommendation	What would be different	Why
New item	This item is for CBCT, an imaging scan that generates three dimensional images of dental structures, soft tissues, nerve paths and bone of the face and head.	Introduce a new item for CBCT with requesting limited to dental specialists.	There would be a new item listed on the MBS for CBCT that can be performed by dental specialists.	There are some circumstances where regular two dimensional scans are not sufficient. Adding CBCT scan as an item will allow patients more affordable access to this clinically beneficial procedure.

Recommendation 12: Update item descriptors for presurgical infant maxillary arch repositioning to include nasoalveolar moulding and expand dental practitioner access to include paediatric dentists.

Item	What it does	Working Group recommendation	What would be different	Why
75024 and 75027	These items are for the repositioning of the maxillary arch (top jaw) of an infant before surgery.	Amend item descriptors to include nasoalveolar moulding, which is where a plastic plate is made to fit inside the roof of a baby's mouth to direct the growth of the baby's gums and the shape of their nose.	Nasoalveolar moulding will be added to the descriptors and dental practitioner access expanded to include paediatric dentists. Including nasoalveolar moulding will give patients access to appropriate and clinically beneficial procedures prior to surgery.	Performing nasoalveolar moulding in infants improves the shape of the mouth and nose and may make it less likely that a second surgical procedure is needed. This, in turn, decreases hospitalisation time and costs.

Recommendation 13: No change to item for maxillary arch expansion.

Item	What it does	Working Group recommendation	What would be different	Why
75030	This item is for maxillary arch expansion.	No change.	No change.	This procedure remains clinically relevant and adequately described by the current item descriptor.

Recommendation 14: Combine three items into one new item for mixed dentition treatment and expand dental practitioner access.

Item	What it does	Working Group recommendation	What would be different	Why
75033, 75036 and 75037	These items are for mixed dentition treatment which covers procedures concerning primary and adult secondary teeth.	Combine these three items into one new item and expand dental practitioner access.	Combining the items into one will be simpler for patients to access mixed dentition treatment.	These items are overly complex and it is unnecessary to retain three separate items for similar procedures. Combination of these items will simplify the Scheme.

Recommendation 15: No change

Item	What it does	Working Group recommendation	What would be different	Why
75039, 75042, 75045 and 75048	These items are for permanent dentition treatment which covers procedures concerning adult teeth.	No change.	No change.	These procedures remain clinically relevant and adequately described by the current descriptor.

Recommendation 16: No change.

Item	What it does	Working Group recommendation	What would be different	Why
75049 and 75050	These items are for the supply of retainers and supervision of retention.	No change.	No change.	These procedures remain clinically relevant and adequately described by the current descriptor.

Recommendation 17: No change.

Item	What it does	Working Group recommendation	What would be different	Why
75051	This item is for jaw growth guidance.	No change.	No change.	This procedure remains clinically relevant and adequately described by the current descriptor.

Recommendation 18: Amend item descriptors for referral requirements to enable certain procedures to be referred by general practitioners and registered dentists.

Item	What it does	Working Group recommendation	What would be different	Why
75200 to 75621	These items are for simple extraction of a tooth and the fitting of a surgical template by an orthodontist.	To amend the item descriptors to enable these procedures to be referred by general practitioners or registered dentists.	Medical practitioners or registered dentists would be able to refer for these services.	This change will improve patient access to these services and will simplify the treatment pathway by allowing medical practitioners or registered dentists to refer for these services. This will simplify the process for patients and reduce out-of-pocket costs.

Recommendation 19: Amend the descriptors for simple extractions to allow referral by medical practitioners and registered dentists.

Item	What it does	Working Group recommendation	What would be different	Why
Item 75200, 75203 and 75206	These items are for simple (non-surgical) removal of a tooth or piece of a tooth.	To amend the descriptor to allow medical practitioners and registered dentists to refer for this service.	Medical practitioners or registered dentists would be able to refer for these services.	This change will improve patient access to these services and will simplify the treatment pathway by allowing medical practitioners or registered dentists to refer for these services. This will simplify the process for patients and reduce out-of-pocket costs.

Recommendation 20: Amend the descriptors for surgical extraction procedures to allow referral by medical practitioners and registered dentists, and to allow claiming by appropriate dental practitioners.

Item	What it does	Working Group recommendation	What would be different	Why
75400, 75403, 75412, 75406, 75409 and 75415	These items are for the surgical removal of a tooth or fragment of a tooth.	To combine items for procedures of similar complexity and amend item descriptors to allow referral by medical practitioners and registered dentists.	Medical practitioners or registered dentists would be able to refer for these services. Items for services of similar complexity would be combined.	This change will improve patient access to these services and will simplify the treatment pathway by allowing medical practitioners or registered dentists to refer for these services. Combining items that can be performed under one service serves to simplify the MBS.

Recommendation 21: Amend item descriptors to remove the outdated term "stimulation" from surgical procedure items and to include temporary anchorage devices (TADs), allow referral by medical practitioners and registered dentists and allow claiming by appropriate dental practitioners.

Item	What it does	Working Group recommendation	What would be different	Why
75600, 75603, 75606 and 75609	These items are for surgical procedures for unerupted teeth.	Amend item descriptor for item 75600 to remove the word "stimulation", include the fitting of a temporary anchorage device (TAD) in the descriptors for item 75603 and enable medical practitioners and registered dentists to refer for these services.	The descriptors for the items would be revised in line with current practice. Medical practitioners or registered dentists would be able to refer for these services and appropriate dental practitioners would be able to claim these services.	Stimulation is no longer considered clinically appropriate and no longer performed in contemporary clinical practice. Temporary anchorage devices are routinely used in orthodontics and are valuable for enhancing the quality of orthodontic treatment. These changes serve to modernise the descriptors and improve referral pathways. This recommendation will provide patients with access to modern surgical procedures.

Recommendation 22: Combine and amend other surgical procedure items to better represent the services and procedures performed and enable referral by medical practitioners and registered dentists and expand dental practitioner access.

Item	What it does	Working Group recommendation	What would be different	Why
75612, 75615 75618 and 75621	These items are for surgical procedures for implantation of fixtures into the jaw bone, the fitting of an appliance to correct a bite and the fitting of a surgical template before a surgical procedure.	That the descriptors for these items be revised to better reflect the way services are delivered in current practice, that items for the separate stages of one procedure be combined and descriptors be revised to allow referral by medical practitioners and registered dentists.	The items would carry revised descriptors to better reflect modern practice. Items for the separate stages of one procedure would be combined into one item. Medical practitioners and registered dentists would be able to refer for the services.	The changes to descriptors will better represent the service and procedures performed when required. Combining items will mean that one item is claimed once regardless of whether the procedure is performed over two stages on separate days or on the one day. This will simplify reimbursement for patients.

Recommendation 23: Replace the word "provision" with "fabrication" when referring to the individualised production of specialised dental products.

Item	What it does	Working Group recommendation	What would be different	Why
75618, 75621, 75803, 75806, 75809, 75812, 75815, 75818, 75821, 75824, 75827, 75830, 75833 and 75836	These items are for the production of individual specialised dental products.	That the wording for the descriptors be revised to better reflect the service.	The term "provision" would be replaced with "fabrication" when referring to the individualised production of specialised dental products.	The changes will better represent the way the service is performed in modern practice and is not expected to impact patients.

Recommendation 24: Combine items 75803, 75806, 75809 and 75812 for acrylic base dentures and amend item descriptors to simplify and clarify the service provided.

Item	What it does	Working Group recommendation	What would be different	Why
75803, 75806, 75809 and 75812	These items are for the fitting of acrylic base dentures for one or more teeth.	That the items for similar services be combined and the wording for the descriptors be revised to better reflect the service.	Items for similar services would be combined into one and the term "provision" would be replaced with "fabrication" in the descriptors for the items.	The changes to descriptors will better represent the way the service is performed in modern practice. Combining items for similar services serves to simplify the MBS and out-of-pocket costs for patients.

Recommendation 25: Combine items 75821, 75824, 75827 and 75830 for metal framework dentures and amend item descriptors to simplify and clarify the service provided.

Item	What it does	Working Group recommendation	What would be different	Why
75821, 75824, 75827, 75830, 75833 and 75836	These items are for the fitting of metal base dentures for one or more teeth.	That the items for similar services be combined and the wording for the descriptors be revised to better reflect the service.	Items for similar services would be combined into one and the term “provision” would be replaced with “fabrication”, "cast metal base (cobalt chromium alloy)" replaced with "metal framework" and "casting and retainers" replaced with "all components" in the descriptors for the items.	The changes to descriptors will better represent the way the service is performed in modern practice and allow for a variety of metals to be used under the item which serves to future-proof the descriptor by allowing for emerging technology. Combining items for similar services serves to simplify the MBS and out-of-pocket costs for patients, while providing access to modern medical care.

Recommendation 26: Delete item.

Item	What it does	Working Group recommendation	What would be different	Why
75839	This item is for the provision and fitting of retainers.	Delete the item.	The item would no longer be listed on the MBS.	The Working Group considers this item obsolete, therefore deleting the item will serve to simplify and modernise the MBS. This is not expected to impact patients.

Recommendation 27: Amend the descriptors for miscellaneous denture procedures to remove the incorrect term “partial”, replace the outdated term “cast metal base” with “metal framework” and no longer specifying repair to metal framework for one or more points.

Item	What it does	Working Group recommendation	What would be different	Why
75842, 75845, 75848, 75851 and 75854	These items are for miscellaneous denture procedures such as the adjustment, relining or repair of a denture.	That the wording for the descriptors be revised to better reflect the service.	The term "partial" would be removed from the descriptor for the item and "cast metal base" would be replaced with "metal framework". The specification of one or more points would also be removed.	The changes to descriptors will better represent the way the service is performed in modern practice and serve to future-proof the descriptors to allow for emerging technology. This will improve access to modern clinical procedures for patients.

Recommendation 28: Introduce two new items for fabrication and fitting of prostheses.

Item	What it does	Working Group recommendation	What would be different	Why
N/A	New items for fabrication and fitting of prostheses which are used to reconstruct missing facial structures in the jaw and palate.	Introduce two new items to the MBS.	There would be a new item to describe fabrication and fitting of extra oral prosthesis and another new item to describe fabrication and fitting of intraoral obturator.	The creation of these new items ensures that the MBS supports patient access to modern clinical procedures in relation to fabrication and fitting of prostheses.

Recommendation 29: Introduce two new items for prosthodontic implant procedures.

Item	What it does	Working Group recommendation	What would be different	Why
N/A	New items for prosthodontic implant procedures and severely malformed teeth.	Introduce five new items to the MBS.	There would new items to describe: • Placement of an abutment on an implant • Placement of a veneer on a natural tooth or teeth • Fabrication and fitting of an implant retained bar over-denture or implant supported fixed dental prosthesis or two implant over-denture • Placement of a resin bonded bridge using one retainer, including pontics • Placement of a conventional bridge.	The creation of these new items ensures that the MBS supports patient access to modern clinical procedures in relation to prosthodontic implants.