



Changes to Category 7 – Cleft and Craniofacial Services

Last updated: 30 June 2025

- On 1 July 2025, two new radiography items, 75010 and 75011 will be added to Category 7 of the Medicare Benefits Schedule (MBS) for Cleft and Craniofacial Services to allow patients to receive MBS benefits for multiple imaging procedures at the same attendance with only one consultation fee being claimable.
- Item 75010 will allow dental practitioners to provide orthodontic radiography services where anteroposterior or lateral cephalometric radiography applies (including one consultation on the same occasion).
- Item 75011 will allow dental practitioners to provide orthodontic radiography services where anteroposterior and lateral cephalometric radiography applies (including one consultation on the same occasion).
- These items can be claimed by dental practitioners.

What are the changes?

Effective 1 July 2025, the following changes allow dental practitioners to claim combinations of the imaging components of items 75009 and 75012 or 75015 at the same attendance with only one consultation fee being applicable.

Item 75010 restores the recently deleted item 75018 (which combined the imaging components of 75009 and 75015 with one consultation).

Item 75011 combines the imaging components of items 75009 and 75012 with one consultation.

Items 75010 and 75011 will be listed under Group C1, Category 7 - Cleft and Craniofacial Services under the [Health Insurance \(Section 3C General Medical Services – Cleft and Craniofacial Services\) Determination 2024](#).

For private health insurance purposes, items 75010 and 75011 will be listed under the following clinical category and procedure type:

- Clinical category: Support list
- Procedure type: Unlisted

Further information is available via the Information Sheets available on the Department of Health, Disability and Ageing's (the department) website:

- [Practitioner eligibility](#)
- [Patient eligibility](#)

Why are the changes being made?

Recommendation 10 of the MBS Review Taskforce's Report on Cleft Dental Services was implemented on 1 March 2024, in collaboration with the Cleft Review Implementation Liaison Group (ILG).

The recommendation included the deletion of item 75018 which combined the imaging components of items 75009 and 75015 with a consultation component.

Co-claiming restrictions were added so that the consultation fee was not duplicated if multiple items were claimed for the same attendance. MBS items 75009, 75012 and 75015 each include an imaging and a consultation component. However, occasionally, dental practitioners need to be able to bill items 75009 and 75012 or 75015 for delivering multiple imaging procedures along with one consultation at the same attendance.

This has unintentionally meant that patients are required to attend on separate occasions to claim benefits for two imaging procedures or incur out-of-pocket charges when receiving multiple imaging procedures at the same attendance.

The Medical Services Advisory Committee (MSAC) has supported the department's recommendation to correct this issue by creating two new items allowing dental practitioners to claim a combination of imaging components and one consultation at the same attendance.

The changes are in line with the original intent of the task force recommendations.

What does this mean for providers?

The two new items will allow dental practitioners the ability to bill combinations of the imaging components of items 75009 and 75012 or 75015 at the same attendance with only one consultation fee being applicable.

How will these changes affect patients?

The changes mean that patients will no longer need to attend on separate occasions for Medicare benefits to be payable for two imaging procedures or incur out-of-pocket charges where multiple imaging procedures are rendered at the same attendance).

Who was consulted on the changes?

The Cleft Dental Working Group was established in 2018 by the MBS Review Taskforce, to provide broad clinician and consumer expertise. Following the MBS Review, ongoing consultation has occurred with the Australian Dental Association, Australasian Academy of Paediatric Dentists, Australian Society of Orthodontists, Australasian Cleft Lip & Cleft Palate Association, and Australian and New Zealand Association of Oral and Maxillofacial Surgeons, who were supportive of the changes.

The department recently consulted with the MSAC on the inclusion of these two new items. MSAC supported the department's recommendation and agreed that the two new items would benefit patients.

How will the changes be monitored and reviewed?

The department will monitor the use and impact of the two new items from the date of implementation as required.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

A factsheet has been developed to provide advice for healthcare providers on how to ensure they are claiming MBS items appropriately.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

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

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

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

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

New item descriptors to take effect 1 July 2025

Category 7 - CLEFT AND CRANIOFACIAL SERVICES

Group C1 - Cleft and Craniofacial Services

Category 7 - CLEFT AND CRANIOFACIAL SERVICES

75010

Orthodontic radiography – anteroposterior or lateral cephalometric radiography, with cephalometric tracings, and orthopantomography, including any consultation on the same occasion

75011

Orthodontic radiography – anteroposterior and lateral cephalometric radiography, with cephalometric tracings, and orthopantomography, including any consultation on the same occasion

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

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