# Changes to Category 7 – Cleft and Craniofacial Services

Last updated: 6 May 2024

- On 1 March 2024, items in Category 7 of the Medicare Benefits Schedule for cleft and craniofacial dental services will be updated to align with contemporary practice and to improve access to a broader range of clinical conditions.
- The changes are based on the recommendations of the Cleft Dental Services Working Group of the Medicare Review Taskforce and on advice from the Cleft Dental Services Implementation Liaison Group.

## What are the changes?

Effective 1 March 2024, the following changes have been undertaken to modernise and simplify MBS items listed under Category 7 for cleft and craniofacial services.

The changes continue the implementation of the MBS Review Taskforce recommendations which commenced on 1 November 2023 with the removal of age restrictions relating to eligible conditions for cleft and craniofacial patients.

- Consolidating 24 existing items and introduce nine new items (75002, 75005, 75007, 75032, 75402, 75405, 75610, 75802, 75820).
- Amending 35 items to update terminology, practitioner access, or referral pathways.
- Deleting three items (75018, 75021, 75839) considered obsolete.
- Introducing additional cleft and/or craniofacial conditions eligible under the *Health Insurance (Section 3C General Medical Services - Cleft and Craniofacial Services) Determination 2024*.
- Expanding practitioner access to include registered paediatric dentists and registered prosthodontists.
- Combining sub-categories C1 to C3, to C1 under Category 7.
- Updating referral pathways for treating dental specialists, where required.

Further information is available via the Information Sheets available on the Department of Health and Aged Care website:

- Practitioner eligibility
- Patient eligibility

## Why are the changes being made?

The changes are a result of a review by the Cleft Dental Services Working Group of the MBS Review Taskforce. More information about the taskforce and associated committees

and working groups is available via the Medicare Benefits Schedule Review section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

A full copy of the Cleft Dental Services final report can be found via the MBS Taskforce Review Findings and Recommendations section of the Department of Health and Aged Care website.

Further consultation with the sector was undertaken through the Cleft Implementation Liaison Group (ILG). The ILG members were supportive of the changes.

## What does this mean for providers?

The changes enable treating practitioners to provide contemporary, clinically relevant treatment, and/or repairs to previous treatment, to patients suffering from eligible congenital or hereditary cleft and/or craniofacial conditions.

## How will these changes affect patients?

These changes support high value care to improve patient access to contemporary, clinically relevant treatment for patients with eligible congenital or hereditary cleft and/or craniofacial conditions.

## 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 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. All were supportive of the changes.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor the use and impact of the new schedule and review the changes in two (2) years.

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

A factsheet has been developed to provide advice for health care providers on how to ensure they are claiming MBS items (and prescribing PBS medications) appropriately. The factsheet can be accessed via the following link Improving Medicare Compliance.

# Where can I find more information?

An amended determination, the *Health Insurance (Section 3C General Medical Services - Cleft and Craniofacial Services) Determination 2024,* registered on 1 February 2024, is available to view on the Federal Register of Legislation at www.legislation.gov.au.

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

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

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 in relation to private health insurance, you should email PHI@health.gov.au.

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

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

The data file for software vendors when available can be accessed via the Downloads page.

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

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