AUSTRALIAN DENTAL ASSOCIATION
SOUTH AUSTRALIA

Supporting Dentists
Promoting Oral Health

# Child Dental Benefit Schedule (CDBS) – Hints and Tips


*In Australia, we enjoy a robust healthcare system, fiscally supported by Medicare.*

*Although the Medicare program was introduced in the 1970's, many dentists will not have previously provided patient services under a Government-funded Scheme.*

*Take the time to ensure you are fully informed and prepared for the compliance obligations.*

**Before** you decide to **opt-in** and accept patients for treatment that will be financially subsidised by Medicare, you should ensure that you are fully informed regarding the associated rules and regulations. A good starting place is to read the Government Guide: CDBS – Guide to the Child Dental Benefits Schedule | Australian Government Department of Health and Aged Care. The hints and tips below are intended to inform you of some of the Scheme's complexities.

**Key aspects of the Scheme:**

- **Patient eligibility** is multifactorial, is determined annually and is valid for one calendar year. If, for example, you commence a treatment plan in December, you cannot assume the patient will still be eligible in January.

**TIP:** at the first visit for each patient of the calendar year, make sure to confirm their eligibility through HPOS or by calling 132 150. *This can be done prior to reserving an appointment time.

- **Available benefits** $1,095 for eligible patients over two consecutive calendar years. You won't necessarily know if the benefit has been depleted or when the 2-year period began.

**TIP:** at the beginning of each appointment, check the balance of funds available through HPOS or by calling 132 150. You can also use the **MBS Items Online Checker** to see whether a particular claim is payable – this can be useful to avoid payment declines - for example, for items that can only be billed every 6 months or those which have a limitation on the number claimable per appointment.

- **A Government CONSENT form** must be completed for all CDBS services. You need to ensure that you are using the correct form, (either Bulk-billing or Non bulk-billing) depending on the arrangements in your practice and retain the signed document for at least 4 years.

**TIP: I**t is recommended that consent forms are signed at each visit. The form must be signed by the person able to provide financial consent (usually the parent/guardian). Translated Informed Financial Consent Forms are available on the Department of Health and Aged Care website.

**Medicare billing rules:**

- Patients cannot be invoiced for any service until that **service is FULLY COMPLETED.** Therefore, with Medicare, there are no treatment deposits.
- CDBS benefits cannot be claimed for services provided in a hospital setting
- CDBS benefits are not available for cosmetic treatments
- All CDBS treatment must be clinically relevant and necessary
- You cannot substitute item codes
- The benefit entitlement cannot be shared
- There are restrictions and limitations on CDBS (88) items which do not appear in the corresponding codes in the ADA *Schedule of Dental Services and Glossary* (13th Edition).
- With any treatment plan, **individual services may be claimed either from Medicare or from a Private Health Fund, but NOT both.**
- It is permitted to submit claims both to Medicare and to a PHI for services provided on the same day, as long as each item only appears on one invoice or account – either a Medicare account ('88' item codes) or an account suitable for a private health insurance claim (accounts with ADA item codes).

**TIP: It is not permitted to submit a claim utilising the EFT bulk bill button (on the HICAPS terminal) and then charge the patient the remainder or gap** between the Medicare benefit and your private fees.

- Dentists who choose to **bulk bill** must accept the Medicare rebate as ***full and ONLY payment*** for the service provided. Where the Medicare rebate is not as anticipated for a bulk-billed service, **NO FURTHER FEE** can be levied against the patient.
- When setting your own fees, request upfront payment and use the "fully paid" button: **this will provide for an electronic funds transfer of the applicable Medicare rebate directly into the patient's nominated bank account.**
- You cannot submit a bulk billed claim to satisfy an unpaid account for your usual fees.

## Dental record-keeping requirements

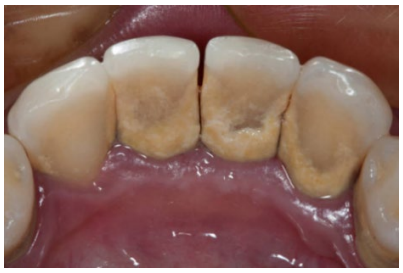
If Medicare conduct an audit of services provided, they will review records to determine:

- the claimed service was provided;
- the claimed service was clinically relevant or necessary;

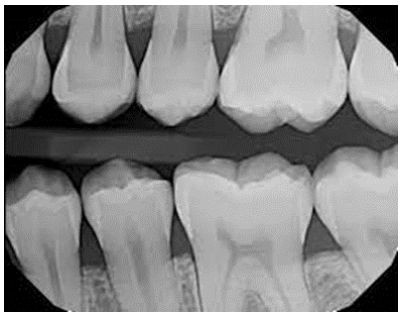
- the tooth that has been treated is recorded (tooth ID);
- the item code used for claiming matches the service which was provided to the patient;
- the patient/parent consented to the treatment and costs associated.

## Records hints and tips:

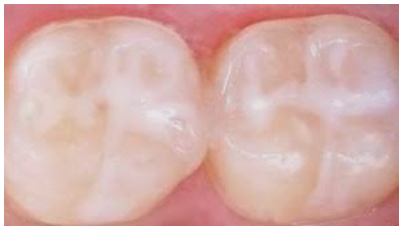
**Be aware of all limitations and restrictions –** Including time limitations and step-down item codes which apply to CDBS billing/claiming. Common record-keeping oversights include:



**#88114 – Removal of calculus**
Record the presence of calculus Eg:
Calc. lingual lower ants +++ removed w u/sonic
NB: when removing plaque/stain ONLY, item 88111 applies.



**#88022 – Intraoral radiograph – per exposure**
*Taking and interpreting an intraoral radiograph*
- Must record the findings observed:
  - EG: XRR – NAD – Pt informed.



**#88161 and #88162 – fissure sealants**
Record each tooth number and the reason/diagnosis to substantiate the service was clinically relevant and clinically indicated. Photographs (pre- and post-sealant) and caries assessment can be helpful.
Fissure sealants placed on deciduous teeth or anterior teeth will require substantiation.

**Medicare resources including Guide, CDBS schedule and Consent Forms;**

CDBS – Resources for dental service providers | Australian Government Department of Health and Aged Care.

**Important contact numbers:**

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|---|---|
| All queries related to HPOS: | 1 800 700 199 |
| HICAPS Help Desk: | 1300 650 852 |
| Medicare provider hotline: | 132 150 |
| ADA SA Peer support: | (08) 8272 8111 |