

23 December 2019

Professor Bruce Robinson  
Chair  
MBS Review Taskforce  
Department of Health

Via email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

Dear Professor Robinson

***Re: Report from the Cleft Dental Services Working Group***

Thank you for providing the Australian Dental Association (ADA) with the opportunity to provide feedback on the report from the Cleft Dental Services Working Group.

The ADA agrees that the recommendations of the CDSWG have resulted in updating and modernising the scheme to better reflect modern best clinical practice for patients eligible for treatment under the Scheme.

We also welcome the amended practitioner acronyms as they clarify and modernise the document with regard to which items can be claimed by the various practitioners and are in line with the terminology recognised by the National Health Practitioner Regulation Law and subsequently, the Dental Board of Australia.

We have provided specific responses to each recommendation in the attached table, and there are a few additional comments that we would like the Working Group to take into consideration.

We welcome the inclusion of Paediatric Dentists being recognised to provide and claim for appropriate items of treatment as proposed. For many years now Paediatric Dentists have been an integral part of the multi-disciplinary team that cares for cleft and craniofacial anomaly patients, so this is a significant and positive move for the MBS. However, there is a current anomaly under the MBS in that it does not recognise two dental specialties, oral surgeons and special needs dentists, despite both groups being recognised specialists by the Dental Board of Australia. This disparity continues to disadvantage Australian patients including those who would be eligible for treatment under the Cleft Lip and Cleft Palate Services. The review of the MBS is an opportunity to address this disparity.

With regard to terminology – we make one suggestion. The term “primary teeth” and “primary dentition” are the current and universally accepted terms and use of “deciduous teeth” is considered an outdated description. In line with the concept of modernisation of this scheme – it is recommended that “primary teeth” and/or “primary dentition” are used throughout the Cleft and Craniofacial Anomaly Scheme.

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Finally, we ask that the Working Group also take the opportunity to review the fees for several procedures under the scheme as many are so low as to make it entirely uneconomic to provide treatment. The MBS scheduled fees lag significantly behind the DVA fees. Once staff time, materials, labour and other common overheads were taken into account, the clinician is making a significant loss by provisioning bite splints or study casts.

The ADA would be happy to expand on any of the comments in this letter. Please do not hesitate to contact Mr Damian Mitsch, Chief Executive Officer on [ceo@ada.org.au](mailto:ceo@ada.org.au) or alternatively on, 02 8815 3333 if necessary.

Yours sincerely

A handwritten signature in blue ink that reads "Carmelo Bonanno". The signature is written in a cursive style with a horizontal line underneath the name.

Dr Carmelo Bonanno  
Federal President

**ADA Response to Cleft Dental Services Working Group Recommendations**

Rec. No.	Recommendations	ADA Response
1	Rename the Scheme and Category 7 of the MBS	Support
2	Update clinical indications for patient eligibility	Support
3	Introduce discretionary powers to enable enrolment of patients over 22 years	Support. The recommendation to introduce 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 is also welcomed.
4	Create a registration process for eligible patients	Support
5	Dissolve groupings and introduce individual descriptors for specialties	Support. The proposed removal of the current C1, C2 and C3 Groups with consolidation into one Scheme seems logical.
6	Consolidation of professional attendance items and replace with time tiered items for eligible specialists	Disagree, because there may be circumstances where general dentists would have a standard attendance.
7	Amend item descriptor to better describe practitioners eligible for claiming	Support
8	Combine items for dental study models into one and expand access to all dentists	Support
9	Remove restriction on materials used to create dental study models	Agree but should be modified to specify digital models. Not all digital models need to be printed, as they are usually adequate for the purpose of treatment planning.

10	Remove the term orthodontic from radiography items	Support
11	Introduce a new specialist item for CBCT	Disagree. Dentists should be included in this group as many possess CBVT machines, and the images can be distributed to other practitioners for their use.
12	Update descriptors for presurgical infant maxillary arch repositioning	As per recommendation 11
13	No change	
14	Combine item numbers for mixed dentition treatment	Agree
15	No Change	
16	No Change	
17	No change	
18	Amend item descriptors for referral requirements	Support. This will improve and simplify treatment pathways and 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
19	Amend descriptors for simple extractions	Support as per recommendation 18. However, it is unclear if there is a restriction on who provides the service – i.e. is it OMFS and paediatric dentists? Should include general dentists for simple items. Seems to conflict with 18.
20	Amend descriptors for surgical extractions	Support in principle however, this procedure is within the scope of a general dentist and paediatric dentist and in many cases, it would be more cost effective and provide greater continuity

ADA Attachment

		for patients if general dentists and paediatric dentists were not excluded.
21	Amend descriptors to remove stimulation	Support
22	Combine and amend other surgical procedure items	Support
23	Replace the word provision with fabrication	Support
24	Combine item numbers 75803, 75806, 75809, 75812	These should be made consistent with the Australian Dental Schedule & glossary to reflect the way service are itemized.
25	Combine item numbers 75821, 75824, 75827, 75830	These should be made consistent with the Australian Dental Schedule & glossary to reflect the way service are itemized.
26	Delete item number 75839	Disagree because retainers attract a separate fee.
27	Amend descriptors for miscellaneous denture procedures	These should be made consistent with the Australian Dental Schedule & glossary to reflect the way service are itemized.
28	Introduce two new items for fabrication and fitting of prostheses	The recommendation of the creation of new items 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 will modernise the MBS by reflecting current clinical best practice in prosthodontics and are welcomed but they should be available for use by all registered dentists.
29	Introduce two new items for prosthodontic implant procedures	