



Australian Government
Department of Health

Guide to the Child Dental Benefits Schedule

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This guide is for dentists and explains the arrangements and requirements for the Child Dental Benefits Schedule.

This guide is not a legal document. In cases of discrepancy the legislation will be the source document for the requirements of the program.

This guide is periodically updated. For the most current version of the guide please refer to the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule/) (http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule/).

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What is the Child Dental Benefits Schedule?

The Child Dental Benefits Schedule is a dental benefits program for eligible children aged 2-17 years that provides up to \$1,000 in benefits to the child for basic dental services.

Services that receive a benefit under the program include examinations, x-rays, cleaning, fissure sealing, fillings, root canals, extractions and partial dentures. Many of these services have claiming restrictions. Services can be provided in a public or private setting. Benefits are not available for orthodontic or cosmetic dental work and cannot be paid for any services provided in a hospital.

The payment of benefits under the Child Dental Benefits Schedule is administered through the Department of Human Services.

Am I eligible to provide Child Dental Benefits Schedule services?

You are eligible to provide Child Dental Benefits Schedule services if you are a dentist or dental specialist in either the public and private dental sectors. In order to satisfy the provider eligibility requirements, you must:

- hold 'general or 'specialist' registration as a dentist with the Dental Board of Australia; and
- have a Medicare provider number.

You can check your registration online with the [Dental Board of Australia](http://www.ahpra.gov.au/registration/registers-of-practitioners.aspx) (www.ahpra.gov.au/registration/registers-of-practitioners.aspx)

If you already have a Medicare provider number (as most dentists already do) you do not need to re-register to use the Child Dental Benefits Schedule service items.

Application forms for Medicare provider numbers can be obtained from the Department of Human Services' website (www.humanservices.gov.au), then Health professionals > Forms > Form by Title > [Application for an initial Medicare provider number for a dentist, dental specialist or dental prosthetist form \(HW017\)](#) or by calling the Department of Human Services on **132 150** (call charges may apply).

There are separate arrangements for dentists who work in public dental clinics. Information about these arrangements can be obtained from state and territory government dental services.

Who can perform services on behalf of a dentist or dental specialist?

Dental hygienists, dental therapists, oral health therapists and dental prosthetists who have general registration with the Dental Board of Australia are eligible to provide Child Dental Benefits Schedule services on behalf of a dentist or dental specialist. These services must be performed in accordance with relevant state and territory law, conform to accepted dental practice and be provided under appropriate supervision or oversight.

What constitutes appropriate supervision or oversight is a matter for the individual dental practice or clinic in accordance with the Dental Board of Australia's accepted dental practice.

If you are a public dental provider you may provide services on behalf of a Representative Public Dentist. If you are a public dental provider you should contact your state or territory government for further information.

Who can bill/claim?

If you are a dentist or dental specialist you can bill/claim benefits for Child Dental Benefits Schedule services using your Medicare provider number.

Any Child Dental Benefits Schedule services provided by a dental hygienist, dental therapist, oral health therapist or dental prosthetist must be billed under the Medicare provider number of the dentist or dental specialist on whose behalf the service is provided.

With regard to the public dental sector, services must be billed/claimed under the Medicare provider number of the relevant Representative Public Dentist.

Which children are eligible for dental services?

The Department of Human Services assesses a child's eligibility from the start of each calendar year. A child is eligible if they are eligible for Medicare, aged 2-17 years at any point in the calendar year and receive a relevant Australian government payment, such as Family Tax Benefit Part A at any point in the calendar year.

A notification of eligibility will be sent to the child or the child's parent/guardian either electronically, or by post. This letter may be presented by the patient to the practice at the time of their appointment.

Routine checks are performed throughout the year to determine newly eligible children. Most children will be notified of their eligibility at the beginning of the year.

How long does eligibility last?

Once a child has been assessed as eligible, they are eligible for that entire calendar year – even if they turn 18, or stop receiving the relevant government payment. However they must be eligible for Medicare on the day the service is provided.

How do I check if a patient is eligible?

You can check a child's eligibility online through [Health Professional Online Services](http://www.humanservices.gov.au/hpos) (<http://www.humanservices.gov.au/hpos>) or by calling the Department of Human Services on **132 150** (call charges may apply).

How does the patient's benefit cap work?

The amount of dental benefits available to eligible patients is capped per eligible patient over two consecutive calendar years. This maximum amount of dental benefits is known as the benefit cap and the two consecutive calendar years is known as the relevant two year period.

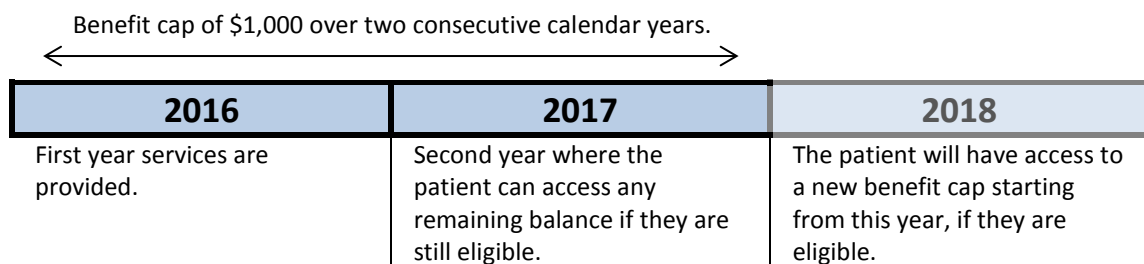
The relevant two year period commences from the calendar year in which the patient first receives an eligible dental service. For example, if the patient's first dental service is on 15 May 2016, the relevant two year period will be the entire 2016 calendar year and, if the patient is eligible the following year, the entire 2017 calendar year. If the patient is eligible in 2018 or a later year they will then have access to a new benefit cap.

A patient's entire benefit cap can be used in the first year if needed. If the entire benefit cap is not used in the first year, the balance can be used in the following year if the child is still eligible.

Scenario 1: If a child receives Child Dental Benefits Schedule services and benefits to the value of \$550 in 2016, then in 2017 if they are still eligible for the Child Dental Benefits Schedule they can receive more dental services and benefits to the value of \$450.

Scenario 2: If the child receives all of the services in 2016 they would reach their \$1,000 benefit cap in first year of the relevant two year period, and would have to wait until 2018 before they can access a new benefit cap.

The relevant two year period of a patient who receives their first service in 2016



Any balance remaining at the end of the relevant two year period cannot be used to fund services that are provided outside that period. A new benefit cap will become available only if the relevant two year period has elapsed and the child is eligible in a following year.

A patient's benefit cap can only be used for eligible services provided to that patient: family members cannot share their entitlements.

What happens when the benefit cap is reached?

Once a patient reaches their benefit cap over the relevant two year period, no further benefits are payable in that benefit cap period.

This means that, where a patient is charged a dental service that would take the patient over the benefit cap, only the amount of unused benefits will be paid for that service.

For example, if a patient has only \$51.50 remaining in their benefit cap and is provided a service that has a benefit of \$115.45 in the Dental Benefits Schedule:

- If this service is bulk billed (see *'How do I charge, and bill/claim for dental services?'* section on page 14), the dentist will only receive \$51.50 for this service and the dentist cannot charge the patient anything further for the service.
- If this service is not bulk billed (privately billed), the patient will need to pay the dentist the amount charged for the service and the patient will only be able to receive a benefit of \$51.50 for the service. In this case, the costs not covered by the available benefit are paid by the patient.

The Department of Human Services can tell you how much is left in your patient's benefit cap, to allow you to plan treatment and advise patients of any out-of-pocket costs accordingly.

How do I check a patient's cap balance?

A patient's benefit cap balance can be checked online through [Health Professional Online Services](http://www.humanservices.gov.au/hpos) (<http://www.humanservices.gov.au/hpos>) or by phoning the Department of Human Services on **132 150** (call charges may apply). It is recommended that you check the cap balance at each visit.

What dental services are covered by the Child Dental Benefits Schedule?

The Child Dental Benefits Schedule provides benefits for a range of basic dental services.

Each service that can receive a benefit has its own item number. These items and associated descriptors, restrictions and benefits are set out in the Dental Benefits Schedule at the back of this guide.

The Dental Benefits Schedule is based on the Australian Dental Association *Australian Schedule of Dental Services and Glossary, 10th Edition*. The Child Dental Benefits Schedule dental items use an additional two digit prefix of 88. For example, the Child Dental Benefits Schedule item 88011 corresponds to Australian Dental Association item 011.

However, there are some differences between the Dental Benefits Schedule and the Australian Dental Association Schedule. You need to read the Dental Benefits Schedule carefully to ensure you use the correct Schedule number; that this number coincides with the service you have provided and that you have understood any restrictions or limitations that apply to providing that service.

Clinically relevant services

The *Dental Benefits Act 2008* requires that for a dental benefit to be payable a service must be 'clinically relevant'. A 'clinically relevant' service means a service that is generally accepted in the dental profession as being necessary for the appropriate care or treatment of the patient to whom it is rendered.

Hospital services

Benefits can only be claimed for dental services provided in out-of-hospital facilities. Dental benefits are not payable where the person requires dental services in a hospital.

Limits on individual services

Many of the dental items have specific limitations or rules unique to the Child Dental Benefits Schedule (e.g. frequency of the service, linkages between items, or other conditions on claiming). These limits and rules are set out in the individual item descriptors in the Schedule.

Dentists should familiarise themselves with Schedule requirements before providing services.

Restorative services / fillings

Under the Child Dental Benefits Schedule, only one metallic or adhesive restoration (88511-88535) can be claimed per tooth per day. Restorations can only be claimed using the relevant item that represents the number of restored surfaces that were placed on that day – this includes if separate restorations are placed on different surfaces of the tooth on that day.

If multiple restorations are placed on the same surface on the same day, that surface can only be counted once.

For example, if two separate two-surface fillings are placed on the same day, but one of the surfaces is common between them, only a three-surface filling can be claimed as three surfaces in total have been restored.

When two materials are used in the same restoration, the predominant material type should be used for claiming the restoration. For example, if:

- one metallic two-surface filling is provided; and
- one adhesive one-surface filling is done on a separate, third surface of the same tooth on the same day; then
- only a three-surface metallic filling can be claimed.

This is because three surfaces in total have been restored and the predominant material used is metallic.

Sedation

The Child Dental Benefits Schedule provides benefits for intravenous sedation (88942) and inhalation sedation (88943) but these items are used differently compared to the Australian Dental Association Schedule.

Under the Child Dental Benefits Schedule, IV sedation can be claimed only once in a twelve month period.

For inhalation sedation, the sedative gas to be used is specified as nitrous oxide mixed with oxygen. A benefit is not payable for the use of other sedative gases.

Do I have to quote for services?

Since many Child Dental Benefits Schedule patients are from financially disadvantaged families, it is important that they are informed of the likely costs so they can plan for any out-of-pocket costs.

If you wish to participate in the Child Dental Benefits Schedule it is a requirement of the program that you inform the patient or the patient's parent/guardian of the proposed costs of treatment as well as the dental practice's proposed billing arrangements.

Prior to performing **any** services, you must have a discussion with the patient or the patient's parent/guardian about:

- the proposed treatment;
- the likely treatment costs, including out-of-pocket costs; and
- the billing arrangements of the practice (i.e. bulk billed).

After you have informed the patient or the patient's parent/guardian of the likely treatment and costs, you must obtain consent from the patient or patient's parent/guardian to both the treatment and costs before commencing any treatment.

Consent from the patient or the patient's parent/guardian needs to be recorded in writing before the end of the appointment, either through a *Bulk Billing Patient Consent Form* or a *Non-Bulk Billing Patient Consent Form* (see 'When and what Patient Consent Form needs to be used?' section on page 13).

If you fail to obtain and document consent for services, these services will not comply with the legal requirements of the program.

When should I inform the patient?

It is the responsibility of the billing/claiming dentist that the patient or the patient's parent/guardian is informed of the likely costs before commencing **any** Child Dental Benefits Schedule service including examinations, diagnostic services and emergency treatment. This includes services rendered by a dental hygienist, oral health therapist, dental prosthetist or dental therapist on behalf of a dentist. If the dentist has another eligible dental practitioner perform the service the dentist must ensure compliance by that other practitioner.

For example, in the case of an initial examination, the patient or the patient's parent/guardian needs to be informed that an examination will be performed and the likely cost of the examination and consent is obtained for the dentist to proceed. If, subsequent to that examination, further services are required, the patient or the patient's parent/guardian needs to be informed of what services are required and the likely cost, and further consent must be given prior to the provision of those subsequent services.

All instances of patient consent must be documented. Instances of consent can be documented together on a single consent form on the day of treatment (see 'When and what Patient Consent Form needs to be used?' section on page 13).

Examples of informed consent

The following examples are of appointments with an ongoing conversation around treatment, cost and consent that would comply with all the provider requirements for obtaining and recording informed financial consent under the Child Dental Benefits Schedule.

Conversations on treatment, cost and consent will vary. It is the responsibility of the billing/claiming dentist to ensure information provided to the patient and consent provided by the patient is sufficient to ensure the patient can appropriately consider signing the consent form.

Example of an appointment with Bulk Billed Services

Process	Example conversation
On arriving at a practice for the first time, a new patient is informed by the receptionist/dental assistant that they will undergo an initial examination, which costs \$X and will be bulk billed under the Child Dental Benefits Schedule. The receptionist/assistant informs the patient that this exam may lead to the dentist recommending other treatment.	Receptionist: "...the check-up costs \$X and if the dentist finds anything that needs treatment, she'll let you know. We bulk bill, which means you will not be charged for services as long as you have money left in your benefit cap."
The patient verbally consents to the exam and the associated cost.	Patient: "That's fine."
In the chair, the dentist does the exam and advises that further x-rays should be done. The dentist explains what the x-rays are and that they would cost around \$X and be bulk billed. The dentist informs the patient that the x-rays might indicate that further treatment is required.	Dentist: "There's something wrong with this tooth – I'll need to x-ray it and then I might need to do a filling. The x-ray costs about \$X but we bulk bill."
The patient verbally consents to the x-rays and the associated cost.	Patient: "Okay."
Based on the x-rays, the dentist considers that some restorative services are required. The dentist explains what those services are (e.g. fillings etc.) and advises that this costs around \$X and will be bulk billed.	Dentist: "It turns out that the tooth does need a filling, which will cost \$X but we'll bulk bill you."
The patient verbally consents to the restorative treatment and cost.	Patient: "I understand – let's do it."
The patient returns to reception after all services are completed for that visit then reads and signs a single <i>Bulk Billing Patient Consent Form</i> , which confirms that they have understood and agreed to the services, charges and billing arrangements for that visit.	Receptionist: "So as we discussed, we bulk bill and you won't need to pay anything. Please read and sign this patient consent form to show that you agree/d to the treatment and associated costs so we can bulk bill you." Patient: "No problem." <i>Signs the consent form.</i>

Example of an appointment with Non-Bulk Billed (privately billed) services

Process	Example conversation
<p>On arriving at a practice for the first time, a new patient is informed by the receptionist/dental assistant that they will undergo an initial examination. The practice charges the same as the available benefit under the Child Dental Benefits Schedule. The receptionist/assistant informs the patient that this exam may lead to the dentist recommending other treatment.</p>	<p>Receptionist: "...the check-up costs \$X, which is fully covered by the Child Dental Benefits Schedule benefit. If the dentist finds anything that needs treatment during the check-up, she'll let you know about any additional costs."</p>
<p>The patient verbally consents to the exam and the associated cost.</p>	<p>Patient: "That's fine."</p>
<p>In the chair, the dentist does the exam and advises that further x-rays should be done. The dentist explains what the x-rays are and that the practice charges \$X, which is the same as the available benefit under the Child Dental Benefits Schedule. The dentist informs the patient that the x-rays might indicate that further treatment is required.</p>	<p>Dentist: "There's something wrong with this tooth – I'll need to x-ray it and then I might need to do a filling. The x-ray costs \$X, which is covered by the Child Dental Benefits Schedule. I'll talk to you about any further treatment and costs once I have a look at the x-ray."</p>
<p>The patient verbally consents to the x-rays and the associated cost.</p>	<p>Patient: "Okay."</p>
<p>Based on the x-rays, the dentist considers that some restorative services are required. The dentist explains what those services are (e.g. fillings etc.) and advises that the practice charges \$X, which is more than the available benefit under the Child Dental Benefits Schedule, meaning the patient will have to pay an out-of-pocket.</p>	<p>Dentist: "It turns out that the tooth does need a filling, which will cost \$X. The benefit under the Child Dental Benefits Schedule is \$Y. This means that you will have to pay an out-of-pocket of \$Z for the filling."</p>
<p>The patient verbally consents to the restorative treatment and cost.</p>	<p>Patient: "I understand – let's do it."</p>
<p>The patient returns to reception after all services are completed for that visit and signs a single <i>Non-Bulk Billing Patient Consent Form</i>, which confirms that they have understood and agreed to the services, charges and billing arrangements for that visit.</p>	<p>Receptionist: "So as we discussed, we charge more than the benefits available under the Child Dental Benefits Schedule for some services, this means you will have to pay an out-of-pocket. Please read and sign this patient consent form to show that you agree/d to the treatment and associated costs so we can bill you." Patient: "No problem." Signs the consent form.</p>

How should the patient be informed?

How you choose to inform patients of the likely costs and payment procedures is ultimately a decision for you. Reception staff can have preliminary conversations, for example about whether you bulk bill and the cost of examinations. If it suits you, reception staff can also finalise the consent paperwork. Patients will still need to be informed of any treatment identified in the chair and the associated costs, and consent must still be obtained prior to providing the services.

It is not required, but you may choose to summarise this information in writing and provide it to the patient or the patient's parent/guardian for consideration before treatment.

Regardless of what arrangements a practice puts in place to manage the Child Dental Benefits Schedule consent process, ***it is the responsibility of the billing/claiming dentist that the consent requirements are met.***

How does patient consent need to be recorded?

Consent to treatment and costs must be recorded in writing by the patient or the patient's parent/guardian by signing a patient consent form. Consent forms are available for download from the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule) (<http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule>).

There are different forms for bulk billed and non-bulk billed services.

If you privately bill the patient, you need to obtain a signed consent form each day that you provide a service to the patient. If you bulk bill, you only need to obtain a signed consent form on the first visit in the calendar year.

When and what Patient Consent Form needs to be used?

Non-bulk billed services

You must use the *Non-Bulk Billing Patient Consent Form* in instances where you bill the patient for services under the Child Dental Benefits Schedule.

In such instances, you must ensure the patient or the patient's parent/guardian is aware of and agrees to the likely out-of-pocket costs they will be charged at each dental appointment for Child Dental Benefits Schedule services.

The Non-Bulk Billing Patient Consent Form must be completed on each day of service provision under the program.

See [Attachment A](#) at the back of this guide for an example of a *Non-Bulk Billing Patient Consent Form*.

Bulk billed services

When you choose to bulk bill Child Dental Benefits Schedule services and the patient or the patient's parent/guardian signs an 'assignment of benefit form', you must record consent through the *Bulk Billing Patient Consent Form* on the first day of service in a calendar year.

For each day of service provision thereafter in the calendar year, you still have to advise the patient or the patient's parent/guardian of the likely treatment and that services will be bulk billed before commencing treatment. However, it is not mandatory for you to record this consent through a patient consent form. The patient consent form from the first visit will apply for the entire calendar year as long as the patient is bulk billed.

See [Attachment B](#) at the back of this guide for an example of a *Bulk Billing Patient Consent Form*.

Translated Patient Consent Forms

The Non-Bulk Billing and Bulk Billing Patient Consent Forms have now been translated into 20 community languages and are available from the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule) (<http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule>).

How do I charge, and bill/claim for dental services?

Deciding what to charge the patient

Like providers under Medicare, private dentists are free to set their own fees for services. You may choose to either:

- bulk bill the patient (*see 'Bulk billing' section below*); or
- charge the patient (dentist sets their own fee and charges the patient directly).

If you directly charge the patient an amount above the Child Dental Benefits Schedule benefit for a service, additional charges have to be met by the patient.

How to seek payment for a service

You can bill Child Dental Benefits Schedule patients in the following ways.

Bulk billing

In the case of bulk billing, you accept the relevant Child Dental Benefits Schedule benefit as full payment for the service.

By law, you cannot charge the patient a co-payment of any kind for a bulk billed service.

Patient claim

At the end of a visit, you can request the patient to pay, in full, for the services provided. You will need to provide the patient with an itemised account/receipt

containing all of the necessary details (see *'What information must be included in billing/claiming for services?'* section on page 16) so that they can claim the benefit from Medicare.

Your patient can then claim the relevant benefits under the Child Dental Benefits Schedule by visiting a Service Centre or sending the itemised account/receipt to the Department of Human Services for payment.

Unpaid account

At the end of a visit, you can provide the patient with an itemised account (invoice) for the services provided. The account must contain all of the information listed in the [*'What information must be included in billing/claiming for services?'*](#) section on page 16.

In this case, the patient does not pay for the service at the time of the visit. Instead, the patient takes or sends the unpaid account to Medicare for a benefits cheque to be issued in your name (for the total benefit payable to the patient for the service).

It is then the patient's responsibility to provide the Medicare cheque to you and pay the balance of the account, if any. When the patient presents your cheque and any balance and you issue a receipt, you should indicate on the receipt that a 'Medicare cheque for \$... was included in the payment of the account'.

Electronic claiming

Dentists can lodge claims electronically with the Department of Human Services.

The claiming channel you choose can make a big difference to your practice's productivity, cash-flow and patient service. The many benefits associated with moving from manually lodging claims to using electronic claiming include:

- less paperwork and faster payment;
- streamlined billing processes;
- increased cash-flow;
- greater patient satisfaction; and
- processing both Patient and Bulk Bill claims.

The Department of Human Services offers a choice of:

- Medicare Online; and
- Medicare Easyclaim.

To discuss electronic claiming options that would suit your practice or to organise a visit from a Business Development Officer, you can contact the eBusiness Service Line on **1800 700 199** (calls from mobile phones may be charged at a higher rate). The eBusiness Service Line is available Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

More information about the different types of online claiming and the benefits is available at the Department of Human Services website (www.humanservices.gov.au), then Health professionals > Services > [Medicare Easyclaim](#).

Manual claiming

If you are unable to submit an electronic claim, approved bulk billing/Medicare claim forms can be obtained by visiting the Department of Human Services website (www.humanservices.gov.au), then Health professionals > Forms > Forms by Code:

- DB1N-DB: [Dental Provider Header form \(DB1N-DB\)](#)
- DB1N-DB(i): [Instruction Sheet Dental Provider only form \(DB1N-DB\(i\)\)](#)
- DB2-DB: [Dental Provider Voucher form \(DB2-DB\)](#)
- DB2-DB(i): [Instruction sheet Dental Provider only \(DB2-DB\(i\)\)](#)

It is recommended that you submit manual claims as soon as possible after the patient visit.

What information must be included in billing/claiming for services?

There are requirements on the information that needs to be on the account or receipt in order for the claim to be paid. A valid account or receipt needs to include:

- the patient's name;
- the date of service;
- the item number in the Dental Benefits Schedule that corresponds to the service;
- the dental provider's name and provider number; and
- the amount charged in respect of the service, total amount paid and any amount outstanding in relation to the service.

For bulk billed services, a Medicare approved bulk billing form must be used. The form requires:

- the patient's name;
- the date of service;
- the item number in the Dental Benefits Schedule that corresponds to the service;
- the dental provider's name and provider number; and
- the amount of the dental benefit being assigned to the dental provider.

Record Keeping

Dental providers must maintain adequate records for four years from the date of service including:

- patient consent form(s); and
- clinical notes (including noting the particular tooth or teeth a Child Dental Benefits Schedule service relates to, where relevant).

Any other relevant document/s such as itemised accounts or receipts verifying the service(s) claimed where provided should also be retained.

What billing/claiming practices are not permitted?

You cannot bill/claim before services are provided

Under the Child Dental Benefits Schedule, patients cannot be charged for a service until it has been provided. That is, dentists cannot charge patients for services that are identified as needed later, but have not yet been provided. This includes taking a deposit for a proposed service.

For example, a benefit for dentures cannot be claimed until the dentures have been provided to the patient.

You cannot bill/claim for services that are not clinically relevant

The Child Dental Benefits Schedule cannot pay benefits for a service that is not 'clinically relevant'. 'Clinically relevant' means a service that is generally accepted in the dental profession as being necessary for the appropriate care or treatment of the patient to whom it is rendered. If a dental practitioner chooses to use a procedure that is not generally accepted in their profession as necessary for the treatment of the patient, the cost of this procedure cannot be included in the fee for a Child Dental Benefits Schedule item.

Treatment that is predominantly for the improvement of the appearance of the patient (i.e. cosmetic) is not considered clinically relevant and cannot be claimed.

You cannot substitute items

The account you issue to a patient must truly reflect the services provided.

The Child Dental Benefits Schedule only covers basic dental care. Services that are not part of the Schedule and not eligible for a benefit cannot be claimed under the program. Patients may pay for ineligible services privately, for example with the assistance of private health insurance.

The benefit entitlement cannot be shared

Each eligible patient has access to a benefit entitlement, capped over a relevant two year period. The benefit cap applies to each child individually, and benefit caps cannot be shared between children (for example, between siblings in a family).

Consequences of non-compliance

Where a benefit for a Child Dental Benefits Schedule service has been incorrectly paid, the Department of Health may request recovery of that benefit from the practitioner concerned. Beyond the recovery of benefits, making or authorising false or misleading statements relating to dental benefits is an offence, and penalties including fines and imprisonment (in the case of deliberately misleading statements) may apply.

Can private health insurance be used for Child Dental Benefits Schedule services?

Patients with private health insurance covering dental services cannot claim a benefit from both the private health insurer and the Child Dental Benefits Schedule for the same dental service. Patients cannot use private health insurance to 'top up' the Child Dental Benefits Schedule benefit they have received for a service.

However, private health insurance can be used for any services not provided under the program, but these items must be billed separately.

Where do I get more information?

For further information visit the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule/) (<http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule/>) or phone the Department of Human Services on **132 150** (call charges may apply).

Glossary

Benefit cap

The amount of dental benefits available to eligible patients is capped per eligible patient over two consecutive calendar years. This maximum amount of dental benefits is known as the benefit cap. (see *'How does the patient's benefit cap work?'* section on page 6).

Bulk billing

Is where the patient assigns the available benefit for the service to the dental practitioner and the dental practitioner accepts the benefit as full payment. As the dental practitioner accepts the available benefit as full payment, a co-payment cannot be charged to the patient.

Eligible patient

Is a person who is deemed eligible for the Child Dental Benefits Schedule (see *'Which children are eligible for dental services?'* section on page 5).

Eligible service

Is an item in the Dental Benefits Schedule that can receive a benefit under the Child Dental Benefits Schedule. See the Dental Benefits Schedule for a list of services, service restrictions and benefit amounts.

Out-of-pocket/co-payment

The difference between the amount charged by the dental practitioner and the available Child Dental Benefits Schedule benefit for a provided service. This difference needs to be paid by the patient (refer to definition of *Private billing*).

Private billing

Unlike bulk billing, private billing is where a dental practitioner charges the patient directly for services under the Child Dental Benefits Schedule. Any amount not covered by the benefit is known as an out-of-pocket expense.

Private dental sector/clinic

A clinic that is not funded or operated by state or territory governments and operates independently. A dentist who works in this sector is a private dentist.

Public dental sector/clinics

A clinic funded and operated by a state or territory government to provide treatment to patients. Generally only certain patients can access public dental services and are charged little or no fee for these services. A dentist who works in this sector is a public dentist.

Relevant two year period

The amount of dental benefits available to eligible patients is capped per eligible patient over two consecutive calendar years. The two consecutive calendar years is known as the relevant two year period (see *'How does the patient's benefit cap work?'* section on page 6).

Treatment

For the purposes of the Child Dental Benefits Schedule, 'treatment' means the provision of **any** service in the Dental Benefits Schedule, including any examination, diagnostic or preventive service.

Attachment A: Example of Non-Bulk Billing Patient Consent Form

This form is available from the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule) (<http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule>).



Australian Government
Department of Health

CHILD DENTAL BENEFITS SCHEDULE NON-BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed of:

- the treatment that has been or will be provided on this day under the Child Dental Benefits Schedule;
- the likely cost of this treatment, including any out-of-pocket costs; and
- the billing and payment arrangements for the services.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that the Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.

In addition to the out-of-pocket costs discussed, I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

Patient's Medicare number

Patient / legal guardian signature

Patient's full name

Full name of person signing
(if not the patient)

Date

This form must be completed on each day of service provision under the Child Dental Benefits Schedule.

Attachment B: Example of Bulk Billing Patient Consent Form

This form is available from the Department of Human Services' [Medicare website](http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule) (<http://www.humanservices.gov.au/health-professionals/services/child-dental-benefits-schedule>).



Australian Government
Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.

I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

Patient's Medicare number

Patient / legal guardian signature

Patient's full name

Full name of person signing
(if not the patient)

Date

This form is valid up to 31 December of the calendar year for which it is signed.

Dental Benefits Schedule

Diagnostic Services

88011	Comprehensive oral exam
88012	Periodic oral examination
88013	Oral examination – limited
88022	Intraoral periapical or bitewing radiograph – per exposure
88025	Intraoral radiograph – occlusal, maxillary, mandibular – per exposure

Item	Service – Examinations	Benefit (\$)
88011	<p>Comprehensive oral examination Evaluation of all teeth, their supporting tissues and the oral tissues in order to record the condition of these structures. This evaluation includes recording an appropriate medical history and any other relevant information.</p> <p><i>Applicable restrictions</i> Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of one (1) per provider every 24 months.</p>	52.65
88012	<p>Periodic oral examination An evaluation performed on a patient of record to determine any changes in the patient’s dental and medical health status since a previous comprehensive or periodic examination.</p> <p><i>Applicable restrictions</i> Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of one (1) per provider every 6 months. A benefit does not apply if the service is provided within 6 months of a service under item 88011 by the same provider.</p>	43.75
88013	<p>Oral examination – limited A limited oral problem-focussed evaluation carried out immediately prior to required treatment. This evaluation includes recording an appropriate medical history and any other relevant information.</p> <p><i>Applicable restrictions</i> Limit of one (1) examination service (88011, 88012 or 88013) per day. Limit of three (3) per 3 month period.</p>	27.50
Item	Service – Radiological examination and interpretation	Benefit (\$)
88022	<p>Intraoral periapical or bitewing radiograph – per exposure Taking and interpreting a radiograph made with the film inside the mouth.</p> <p><i>Applicable restrictions</i> Limit of four (4) per day.</p>	30.45
88025	<p>Intraoral radiograph – occlusal, maxillary, mandibular – per exposure Taking and interpreting an occlusal, maxillary or mandibular intraoral radiograph. This radiograph shows a more extensive view of teeth and maxillary or mandibular bone.</p>	61.55

Preventive Services

- 88111 Removal of plaque and/or stain**
- 88114 Removal of calculus – first visit**
- 88115 Removal of calculus – subsequent visit**
- 88121 Topical application of remineralisation and/or cariostatic agents, one treatment**
- 88161 Fissure and/or tooth surface sealing – per tooth (first four services on a day)**
- 88162 Fissure and/or tooth surface sealing – per tooth (subsequent services)**

Item	Service – Dental Prophylaxis	Benefit (\$)
88111	<p>Removal of plaque and/or stain Removal of dental plaque and/or stain from the surfaces of all teeth.</p> <p><i>Applicable restrictions</i> Limit of one (1) per 6 month period. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.</p>	53.80
88114	<p>Removal of calculus – first visit Removal of calculus from the surfaces of teeth.</p> <p><i>Applicable restrictions</i> Limit of one (1) per 6 month period. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.</p>	89.70
88115	<p>Removal of calculus – subsequent visit This item describes procedures in item 88114 when, because of the extent or degree of calculus, an additional visit(s) is required to remove deposits from the teeth.</p> <p><i>Applicable restrictions</i> Limit of two (2) per 12 month period. Limit of one (1) dental prophylaxis service (88111, 88114 or 88115) per day.</p>	58.35

Item	Service – Remineralising Agents	Benefit (\$)
88121	<p>Topical application of remineralisation and/or cariostatic agents, one treatment Application of remineralisation and/or cariostatic agents to the surfaces of the teeth. This may include activation of the agent. Not to be used as an intrinsic part of the restoration.</p> <p><i>Applicable restrictions</i> Limit of one (1) per 6 month period.</p>	34.55

Item	Service – Other Preventive Services	Benefit (\$)
88161	<p>Fissure and/or tooth surface sealing – per tooth (first four services on a day) Sealing of non-cariou pits, fissures, smooth surfaces or cracks in a tooth with an adhesive material. Any preparation prior to application of the sealant is included in this item number.</p> <p><i>Applicable restrictions</i> Limit of four (4) per day. For additional fissure sealing on the same day use item 88162. A benefit does not apply if a benefit has been paid for a restoration service (items 88511- 88535) on the same tooth on the same day.</p>	46.05
88162	<p>Fissure and/or tooth surface sealing – per tooth (subsequent services) Sealing of non-cariou pits, fissures, smooth surfaces or cracks in a tooth with an adhesive material. Any preparation prior to application of the sealant is included in this item number.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for a restoration service (items 88511- 88535) on the same tooth on the same day.</p>	23.05

Periodontics

88213 Treatment of acute periodontal infection – per visit

88221 Clinical periodontal analysis and recording

Item	Service	Benefit (\$)
88213	<p>Treatment of acute periodontal infection – per visit</p> <p>This item describes the treatment of acute periodontal infection(s). It may include establishing drainage and the removal of calculus from the affected tooth (teeth). Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i></p> <p>Limit of two (2) per 12 month period.</p> <p>A benefit does not apply if a benefit has been paid for item 88415 on the same tooth on the same day.</p>	69.70
88221	<p>Clinical periodontal analysis and recording</p> <p>This is a special examination performed as part of the diagnosis and management of periodontal disease. The procedure consists of assessing and recording a patient's periodontal condition. All teeth and six sites per tooth must be recorded. Written documentation of these measurements must be retained.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) per 24 month period.</p>	52.95

Oral Surgery

88311	Removal of a tooth or part(s) thereof – first tooth extracted on a day
88314	Sectional removal of a tooth or part(s) thereof – first tooth extracted on a day
88316	Additional extraction requiring removal of a tooth or part(s) thereof, or sectional removal of a tooth
88322	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division – first tooth extracted on a day
88323	Surgical removal of a tooth or tooth fragment requiring removal of bone – first tooth extracted on a day
88324	Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division – first tooth extracted on a day
88326	Additional extraction requiring surgical removal of a tooth or tooth fragment
88351	Repair of skin and subcutaneous tissue or mucous membrane
88384	Repositioning of displaced tooth/teeth – per tooth
88386	Splinting of displaced tooth/teeth – per tooth
88387	Replantation and splinting of a tooth
88392	Drainage of abscess

Item	Service – Extractions	Benefit (\$)
88311	<p>Removal of a tooth or part(s) thereof – first tooth extracted on a day A procedure consisting of the removal of a tooth or part(s) thereof. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per day. For additional extractions on the same day, use item 88316. A benefit does not apply if a benefit has been paid for item 88314 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	131.30
88314	<p>Sectional removal of a tooth or part(s) thereof – first tooth extracted on a day The removal of a tooth or part(s) thereof in sections. Bone removal may be necessary. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per day. For additional extractions on the same day, use item 88316. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	167.80
88316	<p>Additional extraction requiring removal of a tooth or part(s) thereof, or sectional removal of a tooth Additional extraction provided on the same day as a service described in item 88311 or 88314 is provided to the patient.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	82.75

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Item	Service – Surgical Extractions	Benefit (\$)
88322	<p>Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division – first tooth extracted on a day</p> <p>Removal of a tooth or tooth fragment where an incision and the raising of a mucoperiosteal flap is required, but where removal of bone or sectioning of the tooth is not necessary to remove the tooth. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit does not apply if a benefit has been paid for item 88323 or 88324 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	213.10
88323	<p>Surgical removal of a tooth or tooth fragment requiring removal of bone – first tooth extracted on a day</p> <p>Removal of a tooth or tooth fragment where removal of bone is required after an incision and a mucoperiosteal flap raised. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit does not apply if a benefit has been paid for item 88324 on the same day. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	243.35
88324	<p>Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division – first tooth extracted on a day</p> <p>Removal of a tooth or tooth fragment where both removal of bone and sectioning of the tooth are required after an incision and a mucoperiosteal flap raised. The tooth will be removed in portions. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per day. For additional extractions on the same day, use item 88326. A benefit only applies if performed on multi-rooted teeth. A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	327.35
88326	<p>Additional extraction requiring surgical removal of a tooth or tooth fragment</p> <p>Additional surgical extraction provided on the same day as a service described in item 88322, 88323 or 88324 is provided to the patient.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	174.35

Item	Service – Treatment of Maxillo-facial injuries	Benefit (\$)
88351	<p>Repair of skin and subcutaneous tissue or mucous membrane</p> <p>The surgical cleaning and repair of a facial skin wound in the region of the mouth or jaws, or the repair of oral mucous membrane, where the wounds involve the subcutaneous tissues. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> A benefit only applies if the service is provided on the same day of a service under item 88384, 88386 or 88387.</p>	159.95

Item	Service – Other Surgical Procedures	Benefit (\$)
88384	<p>Repositioning of displaced tooth/teeth – per tooth</p> <p>A procedure following trauma where the position of the displaced tooth/teeth is corrected by manipulation. Stabilising procedures are itemised separately. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	190.85
88386	<p>Splinting of displaced tooth/teeth – per tooth</p> <p>A procedure following trauma where the position of the displaced tooth/teeth may be stabilized by splinting. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	196.90

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Item	Service – Other Surgical Procedures	Benefit (\$)
88387	<p>Replantation and splinting of a tooth Replantation of a tooth which has been avulsed or intentionally removed. It may be held in the correct position by splinting. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	385.55
88392	<p>Drainage of abscess Drainage and/or irrigation of an abscess other than through a root canal or at the time of extraction. The drainage may be through an incision or inserted tube. Inclusive of the insertion of sutures, normal post-operative care and suture removal.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction service on the same tooth.</p>	96.85

Endodontics

88411	Direct pulp capping
88412	Incomplete endodontic therapy (tooth not suitable for further treatment)
88414	Pulpotomy
88415	Complete chemo-mechanical preparation of root canal – one canal
88416	Complete chemo-mechanical preparation of root canal – each additional canal
88417	Root canal obturation – one canal
88418	Root canal obturation – each additional canal
88419	Extirpation of pulp or debridement of root canal(s) – emergency or palliative
88421	Resorbable root canal filling – primary tooth
88455	Additional visit for irrigation and/or dressing of the root canal system – per tooth
88458	Interim therapeutic root filling – per tooth

Item	Service – Pulp and Root Canal Treatments	Benefit (\$)
88411	<p>Direct pulp capping A procedure where an exposed pulp is directly covered with a protective dressing or cement.</p> <p><i>Applicable restrictions</i> A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	34.85
88412	<p>Incomplete endodontic therapy (tooth not suitable for further treatment) A procedure where in assessing the suitability of a tooth for endodontic treatment a decision is made that the tooth is not suitable for restoration.</p> <p><i>Applicable restrictions</i> Limit of one (1) per tooth.</p>	119.40
88414	<p>Pulpotomy Amputation within the pulp chamber of part of the vital pulp of a tooth. The pulp remaining in the canal(s) is then covered with a protective dressing or cement.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for item 88421 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	76.05
88415	<p>Complete chemo-mechanical preparation of root canal – one canal Complete chemo-mechanical preparation including removal of pulp or necrotic debris from a canal.</p> <p><i>Applicable restrictions</i> Limit of one (1) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458 unless on same day. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	214.15
88416	<p>Complete chemo-mechanical preparation of root canal – each additional canal Complete chemo-mechanical preparation including removal of pulp or necrotic debris from each additional canal of a tooth with multiple canals.</p> <p><i>Applicable restrictions</i> Limit of two (2) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458 unless on same day. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	102.00

Child Dental Benefits Schedule – Dental Benefits Schedule

Item	Service – Pulp and Root Canal Treatments	Benefit (\$)
88417	<p>Root canal obturation – one canal The filling of a root canal, following chemo-mechanical preparation.</p> <p><i>Applicable restrictions</i> Limit of one (1) per tooth per day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	208.60
88418	<p>Root canal obturation – each additional canal The filling, following chemo-mechanical preparation, of each additional canal in a tooth with multiple canals.</p> <p><i>Applicable restrictions</i> Limit of two (2) per tooth per day. A benefit does not apply if a benefit has been paid for item 88419 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	97.55
88419	<p>Extirpation of pulp or debridement of root canal(s) – emergency or palliative The partial or thorough removal of pulp and/or debris from the root canal system of a tooth. This is an emergency or palliative procedure distinct from visits for scheduled endodontic treatment.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for an extraction, metallic or adhesive restoration service or items 88411, 88415, 88416, 88417, 88421, 88455, 88458, on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	137.90
88421	<p>Resorbable root canal filling – primary tooth The placement of resorbable root canal filling material in a primary tooth.</p> <p><i>Applicable restrictions</i> Limit of one (1) per tooth. A benefit does not apply if a benefit has been paid for item 88414 on the same tooth on the same day. A benefit does not apply if the service is provided within 3 months of a service under item 88458. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	119.40

Item	Service – Other Endodontic Services	Benefit (\$)
88455	<p>Additional visit for irrigation and/or dressing of the root canal system – per tooth Additional debridement irrigation and short-term dressing required where evidence of infection or inflammation persists following prior opening of the root canal and removal of its contents.</p> <p><i>Applicable restrictions</i> A benefit does not apply if a benefit has been paid for item 88414, 88415, 88416, 88417, 88418 or 88421 on the same tooth on the same day. A benefit only applies if the service is provided within 3 months of a service under item 88415 or 88416. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	105.70
88458	<p>Interim therapeutic root filling – per tooth A procedure consisting of the insertion of a long-term provisional (temporary) root canal filling with therapeutic properties which facilitates healing/development of the root and periradicular tissues over an extended time.</p> <p><i>Applicable restrictions</i> Limit of three (3) per 12 month period. A benefit does not apply if a benefit has been paid under item 88412 on the same tooth.</p>	140.95

Restorative Services

- 88511 Metallic restoration – one surface – direct
- 88512 Metallic restoration – two surfaces – direct
- 88513 Metallic restoration – three surfaces – direct
- 88514 Metallic restoration – four surfaces – direct
- 88515 Metallic restoration – five surfaces – direct
- 88521 Adhesive restoration – one surface – anterior tooth – direct
- 88522 Adhesive restoration – two surfaces – anterior tooth – direct
- 88523 Adhesive restoration – three surfaces – anterior tooth – direct
- 88524 Adhesive restoration – four surfaces – anterior tooth – direct
- 88525 Adhesive restoration – five surfaces – anterior tooth – direct
- 88531 Adhesive restoration – one surface – posterior tooth – direct
- 88532 Adhesive restoration – two surfaces – posterior tooth – direct
- 88533 Adhesive restoration – three surfaces – posterior tooth – direct
- 88534 Adhesive restoration – four surfaces – posterior tooth – direct
- 88535 Adhesive restoration – five surfaces – posterior tooth – direct
- 88572 Provisional (intermediate/temporary) restoration – per tooth
- 88574 Metal band
- 88575 Pin retention – per pin
- 88576 Metallic crown – preformed
- 88579 Bonding of tooth fragment
- 88597 Post – direct

Item	Service – Metallic Restorations – Direct	Benefit (\$)
88511	<p>Metallic restoration – one surface – direct</p> <p>Direct metallic restoration involving one surface of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	104.25
88512	<p>Metallic restoration – two surfaces – direct</p> <p>Direct metallic restoration involving two surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	127.80

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Item	Service – Metallic Restorations – Direct	Benefit (\$)
88513	<p>Metallic restoration – three surfaces – direct Direct metallic restoration involving three surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	152.50
88514	<p>Metallic restoration – four surfaces – direct Direct metallic restoration involving four surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	173.85
88515	<p>Metallic restoration – five surfaces – direct Direct metallic restoration involving five surfaces of a tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	198.45

Item	Service – Adhesive Restorations – Anterior Teeth – Direct	Benefit (\$)
88521	<p>Adhesive restoration – one surface – anterior tooth – direct Direct restoration, using an adhesive technique and a tooth-coloured material, involving one surface of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day. Limit of five (5) single-surface adhesive restorations (88521 or 88531) per day.</p>	115.45
88522	<p>Adhesive restoration – two surfaces – anterior tooth – direct Direct restoration, using an adhesive technique and a tooth-coloured material, involving two surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	140.15
88523	<p>Adhesive restoration – three surfaces – anterior tooth – direct Direct restoration, using an adhesive technique and a tooth-coloured material, involving three surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	166.00
88524	<p>Adhesive restoration – four surfaces – anterior tooth – direct Direct restoration, using an adhesive technique and a tooth-coloured material, involving four surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	191.85
88525	<p>Adhesive restoration – five surfaces – anterior tooth – direct Direct restoration, using an adhesive technique and a tooth-coloured material, involving five surfaces of an anterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i> Limit of one (1) service under 88511-88535 per tooth per day.</p>	225.45

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Item	Service – Adhesive Restorations – Posterior Teeth – Direct	Benefit (\$)
88531	<p>Adhesive restoration – one surface – posterior tooth – direct</p> <p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving one surface of a posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p> <p>Limit of five (5) single-surface adhesive restorations (88521 or 88531) per day.</p>	123.30
88532	<p>Adhesive restoration – two surfaces – posterior tooth – direct</p> <p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving two surfaces of a posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	154.80
88533	<p>Adhesive restoration – three surfaces – posterior tooth – direct</p> <p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving three surfaces of a posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	186.10
88534	<p>Adhesive restoration – four surfaces – posterior tooth – direct</p> <p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving four surfaces of a posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	209.70
88535	<p>Adhesive restoration – five surfaces – posterior tooth – direct</p> <p>Direct restoration, using an adhesive technique and a tooth-coloured material, involving five surfaces of a posterior tooth. Inclusive of the preparation of the tooth, placement of a lining, contouring of the adjacent and opposing teeth, placement of the restoration and normal post-operative care.</p> <p><i>Applicable restrictions</i></p> <p>Limit of one (1) service under 88511-88535 per tooth per day.</p>	242.20

Item	Service – Other Restorative Services	Benefit (\$)
88572	<p>Provisional (intermediate/temporary) restoration – per tooth</p> <p>The provisional (intermediate) restoration of a tooth designed to last until the definitive restoration can be constructed or the tooth is removed. This item should only be used where the provisional (intermediate) restoration is not an intrinsic part of treatment. It does not include provisional (temporary) sealing of the access cavity during endodontic treatment or during construction of indirect restorations.</p> <p><i>Applicable restrictions</i></p> <p>Limit of three (3) per 3 month period.</p> <p>A benefit does not apply if a benefit has been paid for item 88411, 88414, 88415, 88416, 88417, 88418, 88421, 88455 or 88458 on the same day.</p>	48.75
88574	<p>Metal band</p> <p>The cementation of a metal band for diagnostic, protective purposes or for the placement of a provisional (intermediate) restoration.</p>	41.05
88575	<p>Pin retention – per pin</p> <p>Use of a pin to aid the retention and support of direct or indirect restorations in a tooth.</p> <p><i>Applicable restrictions</i></p> <p>Limit of two (2) per tooth per day.</p> <p>Limit of four (4) per day</p> <p>A benefit only applies if the service is provided on the same tooth on the same day of a service under item 88511-88535.</p>	28.05

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Item	Service – Other Restorative Services	Benefit (\$)
88576	<p>Metallic crown – preformed Placing a preformed metallic crown as a coronal restoration for a tooth.</p>	257.05
88579	<p>Bonding of tooth fragment The direct bonding of a tooth fragment as an alternative to placing a restoration.</p>	96.85
88597	<p>Post – direct Insertion of a post into a prepared root canal to provide an anchor for an artificial crown or other restoration.</p> <p><i>Applicable restrictions</i> Limit of two (2) per tooth per day. A benefit only applies if the service is provided on the same tooth on the same day of a service under item 88511-88535.</p>	88.15

Prosthodontics

- 88721 Partial maxillary denture – resin, base only**
- 88722 Partial mandibular denture – resin, base only**
- 88731 Retainer – per tooth**
- 88733 Tooth/teeth (partial denture)**
- 88736 Immediate tooth replacement – per tooth**
- 88741 Adjustment of a denture**
- 88761 Reattaching pre-existing clasp to denture**
- 88762 Replacing/adding clasp to denture – per clasp**
- 88764 Repairing broken base of a partial denture**
- 88765 Replacing/adding new tooth on denture – per tooth**
- 88766 Reattaching existing tooth on denture – per tooth**
- 88768 Adding tooth to partial denture to replace an extracted or decoronated tooth – per tooth**
- 88776 Impression - dental appliance repair/modification**

Item	Service – Dentures and Denture Components	Benefit (\$)
88721	Partial maxillary denture – resin, base only Provision of a resin base for a removable dental prosthesis for the maxilla where some natural teeth remain. <i>Applicable restrictions</i> Limit of one (1) per 24 month period.	322.95
88722	Partial mandibular denture – resin, base only Provision of a resin base for a removable dental prosthesis for the mandible where some natural teeth remain. <i>Applicable restrictions</i> Limit of one (1) per 24 month period.	322.95
88731	Retainer – per tooth A retainer or attachment fitted to a tooth to aid retention of a partial denture. The number of retainers should be indicated. <i>Applicable restrictions</i> Limit of four (4) per denture base (88721 or 88722).	44.05
88733	Tooth/teeth (partial denture) An item to describe each tooth added to the base of a new partial denture. The number of teeth should be indicated. <i>Applicable restrictions</i> Limited to anterior teeth. Limit of four (4) per denture base (88721 or 88722).	67.00
88736	Immediate tooth replacement – per tooth Provision within a denture to allow immediate replacement of an extracted tooth. The number of teeth so replaced should be indicated. <i>Applicable restrictions</i> Limit of four (4) per denture base (88721 or 88722).	9.10

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Item	Service – Denture Maintenance	Benefit (\$)
88741	<p>Adjustment of a denture Adjustment of a denture to improve comfort, function or aesthetics. This item does not apply to routine adjustments following the insertion of a new denture or the maintenance or repair of an existing denture.</p> <p><i>Applicable restrictions</i> A benefit does not apply if the service is provided within 12 months of a service under items 88721 or 88722 by the same provider.</p>	52.50

Item	Service – Denture Repairs	Benefit (\$)
88761	<p>Reattaching pre-existing clasp to denture Repair, insertion and adjustment of a denture involving re-attachment of a pre-existing clasp.</p>	144.20
88762	<p>Replacing/adding clasp to denture – per clasp Repair, insertion and adjustment of a denture involving replacement or addition of a new clasp or clasps.</p>	150.65
88764	<p>Repairing broken base of a partial denture Repair, insertion and adjustment of a broken resin partial denture base.</p>	144.20
88765	<p>Replacing/adding new tooth on denture – per tooth Repair, insertion and adjustment of a denture involving replacement with or addition of a new tooth or teeth to a previously existing denture.</p>	150.65
88766	<p>Reattaching existing tooth on denture – per tooth Repair, insertion and adjustment of a denture involving reattachment of a pre-existing denture tooth or teeth.</p>	144.20
88768	<p>Adding tooth to partial denture to replace an extracted or decoronated tooth – per tooth Modification, insertion and adjustment of a partial denture involving an addition to accommodate the loss of a natural tooth or its coronal section.</p> <p><i>Applicable restrictions</i> Limit of eight (8) per 24 month period.</p>	152.50

Item	Service - Other Prosthodontic Services	Benefit (\$)
88776	<p>Impression – dental appliance repair/modification An item to describe taking an impression where required for the repair or modification of a dental appliance.</p>	46.05

General Services

88911 Palliative care

88942 Sedation – intravenous

88943 Sedation – inhalation

Item	Service – Emergencies	Benefit (\$)
88911	<p>Palliative care An item to describe interim care to relieve pain, infection, bleeding or other problems not associated with other treatment.</p> <p><i>Applicable restrictions</i> A benefit does not apply if the service is provided on the same day as any other service by the same provider.</p>	68.35
Item	Service – Sedation	Benefit (\$)
88942	<p>Sedation – intravenous Sedative drug(s) administered intravenously, usually in increments. The incremental administration may continue while dental treatment is being provided.</p> <p><i>Applicable restrictions</i> Limit of one (1) per 12 month period.</p>	134.00
88943	<p>Sedation – inhalation Nitrous oxide gas mixed with oxygen is inhaled by the patient while dental treatment is being provided.</p>	67.00