



Private Healthcare Australia
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PHA submission - Review of Australian Schedule of Dental Services and Glossary

June 2025

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About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have more than 20 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for more than 15 million Australians.

Response

PHA is grateful for the opportunity to provide feedback to the Australian Dental Association (ADA) on behalf of member funds for its review of the Australian Schedule of Dental Services and Glossary (the Schedule).

Private health insurance is Australia's largest funder of dental services with one-in-two Australians claiming for dental services through a health fund.

Data from the Australian Prudential Regulation Authority (APRA) shows health insurers paid \$3.69 billion in dental services benefits in the 12 months to 31 March 2025. This was an 8.7% increase on the previous year.

Timeline for changes to be implemented by health funds

The timeline specified by the ADA for the next version of the Schedule to be released to private health insurers in advance of the official release will not provide enough time for health funds to make the appropriate changes to their systems and processes. Health funds require at least six months to properly implement any changes to the Schedule.

Recommended guidance and clarity

To help reduce the number of billing discrepancies and enable faster payment processing, health funds request the updated Schedule include basic guidance on:

- which tooth IDs can be used with specific dental item numbers, and
- which items cannot be claimed together.

Clearer guidance and defined parameters around the appropriate use of the following items would also be beneficial:

Items 222 and 250/251

- in which instances items 222 and 250/251 should be used

- limits or restriction on the number of 222s that can be billed before progression to 250/251 (i.e. funds are seeing 222 billed on every tooth, when surely this is 250 x 4 or 251)

Items 171 and 961

- in which instances items 171 and 961 should be used given they are being billed concurrently and ostensibly for the same treatment.

Item 929

Health funds have noticed an increasing number of claims associated with Item 929, particularly in relation to the use of botulinum toxin (Botox) for conditions such as Temporomandibular Joint Disorders (TMD).

At present, some health funds do not provide rebates for Item 929. However, some are actively reviewing its clinical application and usage patterns to assess whether a standard benefit should be introduced in the future.

The inclusion of more detailed rulings and explanatory notes for Item 929 in the Schedule may assist with this decision. To support consistent and evidence-based application, PHA recommends the following additions or clarifications:

1. Clinical Criteria and Exhaustion of Conventional Treatments

We suggest that the descriptor or explanatory notes specify that neuromodulator therapy should only be considered after all conventional treatments – such as occlusal splints, physiotherapy, pharmacologic interventions (e.g., NSAIDs, muscle relaxants), and behavioural modifications – have been appropriately trialled and shown to be ineffective. Supporting documentation should be required to establish this clinical necessity.

2. Practitioner Qualifications

To ensure safe and appropriate administration, PHA recommends specifying that neuromodulator injections under this item must be performed by:

- an Oral and Maxillofacial Surgeon, or
- a general dentist with documented training and accreditation in neuromodulator therapy, ideally from a recognised provider or institution.

3. Medical Indication versus Cosmetic Use

We strongly support the inclusion of language in the descriptor or notes that clearly distinguishes therapeutic use from cosmetic application. This distinction is critical for health funds and patients to ensure benefits are directed towards medically necessary treatments only.

4. Documentation Standards

Where benefit payments are being considered, it would be helpful for the Schedule to encourage comprehensive documentation. This might include:

- a diagnosis from the treating practitioner
- a summary of previously attempted treatments and their outcomes, and
- confirmation of the practitioner’s qualifications to perform neuromodulator injections.

5. Review Mechanisms

Consideration could also be given to introducing limitations or review intervals (e.g. reassessment after a certain number of treatments) to avoid long-term or unsupported use without clinical oversight.

Item 982

Health funds believe Item 982 - Enamel stripping - should be excluded from being billed concurrently with aligner treatment.