



Australian Government

Department of Health

CONE BEAM COMPUTED TOMOGRAPHY (CBCT) CHANGES UNDER MEDICARE

From 1 November 2014, CBCT dental items 56025 and 56026 will be replaced with items 57362 and 57363.

What are the indications, fees and benefits associated with the new items?

COMPUTED TOMOGRAPHY		COMPUTED TOMOGRAPHY	
	GROUP I2 - COMPUTED TOMOGRAPHY		
	Dental & temporo-mandibular joint imaging for diagnosis and management of mandibular and dento-alveolar fractures, dental implant planning, orthodontics, endodontic, periodontal and temporo-mandibular joint conditions: without contrast medium.		
New 57362	Fee: \$113.15	Benefit: 85% = \$96.20	
	Dental & temporo-mandibular joint imaging for diagnosis and management of mandibular and dento-alveolar fractures, dental implant planning, orthodontics, endodontic, periodontal and temporo-mandibular joint conditions: without contrast medium.		
New 57363	Fee: \$56.60	Benefit: 85% = \$48.15	

What are the restrictions under the new items, and why have they been applied?

As recommended by the Medical Services Advisory Committee (MSAC), the new items will be accompanied by a range of restrictions to encourage the judicious use of CBCT in order to optimise the safety and quality of services.

Multiple co-claiming during the same attendance

Co-claims for more than one CBCT per day are excluded; co-claiming for two-dimensional imaging in the same attendance (items 57959-57969) and with CT in the same attendance (items 56001-57361) are also excluded.

Why? Data showed that there was significant co-claiming of CBCT items with other panoramic radiography services and additional CBCT scan/s during a single episode of care. Given safety concerns at the increased radiation exposure to patients, and the lack of a demonstrated clinical justification, MSAC recommended that claiming of multiple services should be precluded.

CBCT scans can only be requested by specialist dentists

General dentists can no longer request CBCT services under Medicare.

Why? MSAC concluded that CBCT should have the same restrictions that apply for CT items, and therefore should be restricted to requests from specialist dentists.

Services must be performed on dedicated CBCT units

Services performed on hybrid units are excluded under the new arrangements.

Why? MSAC noted that multiple scans are often required when CBCT services are performed on equipment with a fixed or narrow field of view, which is a common limitation of hybrid CBCT units. Given concerns at over-servicing and exposure of patients to unnecessary levels of radiation, MSAC recommended that hybrid CBCT units be excluded under the new arrangements.

Services must be delivered in practices accredited under the Diagnostic Imaging Accreditation Scheme

CBCT services under Medicare can no longer be performed in practices that are no longer DIAS-accredited.

Why? Given the range of safety and quality issues associated with CBCT services MSAC recommended that claims for CBCT should be restricted to DIAS-accredited practices, noting that DIAS is the primary quality assurance scheme in diagnostic imaging.

The Diagnostic Imaging Accreditation Scheme (DIAS)

DIAS is a mandatory scheme, established via a 2007 amendment to the *Health Insurance Act 1973*, which links accreditation with the payment of Medicare benefits for diagnostic imaging services. DIAS commenced operations in 2008, and is a key mechanism in Australia for ensuring minimum safety and quality standards in diagnostic imaging practices.

Further information about DIAS, and how practices can become accredited, is available at www.health.gov.au/internet/main/publishing.nsf/Content/diagnosticimaging-accred

Compliance with the restrictions

Compliance with the new restrictions will be managed by the Department of Human Services. Claims must be in compliance with the restrictions in order to receive reimbursement under Medicare.