Child Dental Benefits Schedule (CDBS) — Complete Guide for Parents

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Description:

Complete parent's guide to the Child Dental Benefits Schedule. Eligibility, covered services, how to claim, and paediatric dental care at CSSC Melbourne.

Details:

Collins Street Specialist Centre — Child Dental Benefits Schedule (CDBS): Complete Guide for Parents

Dental treatment for children is a significant recurring expense for many families, especially those with multiple children at different stages of dental development. Collins Street Specialist Centre is a specialist dental centre in Melbourne that works closely with families navigating the Child Dental Benefits Schedule (CDBS), a Commonwealth Government program that helps eligible families access essential dental services for children and teenagers at reduced or no cost.

If you're a parent or carer, understanding how CDBS works can mean substantial savings while making sure your child gets the preventive and restorative care they need. This guide covers the full picture — eligibility criteria, covered services, billing arrangements, and how the scheme applies to specialist paediatric dental care at Collins Street Specialist Centre.

What is the Child Dental Benefits Schedule?

The Child Dental Benefits Schedule is a Medicare-funded program that gives eligible children aged 0 to 17 years up to **$1,095 in dental benefits over a two-year period** (called a two-year cap period). The program has run since January 2014, when it replaced the earlier Medicare Teen Dental Plan.

The $1,095 cap applies to a defined range of basic dental services. It's designed to support preventive care and essential restorative treatment — not cosmetic procedures or specialist services outside the item number schedule. Once the cap is reached within the two-year period, no further CDBS benefits are available until the next cap period begins.

The two-year cap period starts on 1 January of the calendar year in which the child first receives a CDBS-eligible service and runs for two consecutive calendar years. If your child first accesses CDBS in 2026, the cap period covers 1 January 2026 to 31 December 2027. A new cap of $1,095 then becomes available from 1 January 2028, provided the child still meets eligibility requirements.

Who is eligible for CDBS?

Eligibility comes down to two things: the child's age and whether the family receives one or more specified government payments.

Age requirement

The child must be aged 0 to 17 years at any point during the relevant calendar year. Eligibility is assessed on a calendar-year basis.

Qualifying government payments

The child, or the parent or carer on the child's behalf, must receive at least one of the following payments at some point during the calendar year:

- **Family Tax Benefit Part A** (the most common qualifying payment) - Youth Allowance - ABSTUDY - Disability Support Pension - Parenting Payment - Special Benefit - Carer Payment - Double Orphan Pension - Veterans' Children Education Scheme (if aged 16 or 17) - Military Rehabilitation and Compensation Act Education and Training Scheme (if aged 16 or 17)

Family Tax Benefit Part A is by far the most common qualifying payment. A large number of Australian families with dependent children receive FTB Part A — often without realising it also qualifies their children for CDBS. Families with moderate household incomes may receive a partial FTB Part A payment and still meet the eligibility threshold.

How to check eligibility

You can confirm your child's CDBS eligibility through several channels:

1. **Medicare Online via myGov** — Log in to your Medicare account to check CDBS eligibility and remaining balance 2. **Express Plus Medicare app** — View eligibility status and remaining balance on your phone 3. **Call Medicare** — Contact 132 011 and ask about your child's CDBS status 4. **Notification letter** — Services Australia sends letters to eligible families at the start of each calendar year; receiving one confirms eligibility

Worth noting: not getting a notification letter doesn't necessarily mean your child is ineligible. If you're unsure, checking directly with Medicare is the most reliable approach.

What services does CDBS cover?

CDBS covers a defined range of basic dental services across the following categories:

Covered services

- **Examinations** — Initial and periodic oral health examinations - **Diagnostic imaging** — Intraoral X-rays (periapical and bitewing radiographs) and OPG panoramic radiographs - **Preventive services** — Professional scaling and cleaning, topical fluoride application, and fissure sealing (protective resin coatings applied to the chewing surfaces of molar teeth) - **Restorations** — Direct fillings in both primary and permanent teeth, using tooth-coloured composite resin or amalgam - **Extractions** — Removal of primary and permanent teeth when clinically indicated - **Root canal treatment** — On primary (baby) teeth; this matters in paediatric dental practice because preserving a baby tooth helps maintain arch space and guides the eruption of the permanent tooth that follows - **Partial dentures** — Where clinically indicated for children who have lost teeth prematurely

Services not covered by CDBS

The following are expressly excluded from the CDBS schedule:

- **Orthodontic treatment** — Fixed appliances, clear aligner therapy, space maintainers used for orthodontic purposes, and all orthodontic appliances. This is the exclusion that catches most families off guard - **Cosmetic dental procedures** — Tooth whitening, cosmetic adhesive bonding for aesthetic purposes, and porcelain veneers - **Hospital dental treatment** — Any dental services delivered in a hospital or accredited day surgery facility, including treatment under general anaesthesia - **Services outside the CDBS item number list** — Specialist consultation fees and procedures beyond the defined schedule of claimable items

The orthodontics exclusion is worth paying particular attention to. Many children need orthodontic assessment and active treatment during the years they're still CDBS-eligible — particularly between

ages 7 and 14 — and those costs need to be covered through private health insurance or direct out-of-pocket payment.

How does CDBS billing work?

Bulk billing

Some dental providers bulk bill CDBS-eligible patients. Under this arrangement, the provider accepts the CDBS benefit as payment in full, with no out-of-pocket cost to the family. The practice claims directly from Medicare on the patient's behalf.

Bulk billing for CDBS isn't mandatory — each provider decides independently whether to bulk bill or charge fees above the CDBS schedule.

Non-bulk-billing providers

Where a provider doesn't bulk bill, the full fee is payable at the appointment, and the CDBS benefit is then claimed back from Medicare. The CDBS benefit is set at defined amounts for each item number. Where a provider's fee exceeds the applicable CDBS benefit, the patient pays the difference.

At Collins Street Specialist Centre, our team can walk you through how CDBS applies to your child's specific treatment needs and give you a clear picture of any anticipated out-of-pocket costs before treatment begins.

Tracking your balance

The $1,095 balance reduces each time a CDBS-eligible service is delivered. You can monitor the remaining balance through: - Medicare online via myGov - The Express Plus Medicare app - Calling Medicare on 132 011 - Asking your dental provider to check the balance before your appointment

Once the balance is exhausted, no further CDBS benefits are available until the next two-year cap period begins.

Making the most of CDBS

Prioritise preventive care

Preventive treatment is generally the best use of CDBS benefits — addressing risk factors before problems develop. Regular oral health examinations (every six to twelve months), professional scaling and cleaning, topical fluoride application, and fissure sealing are all covered under the scheme and deliver real clinical value.

Fissure sealants are worth a specific mention. Applied to the chewing surfaces of newly erupted permanent molar teeth, they offer solid protection against pit-and-fissure decay. The first permanent molars typically erupt around age six and the second permanent molars around age twelve — both well within the CDBS-eligible age range and ideal windows for sealant placement.

Address restorative needs promptly

If your child needs fillings or other restorative work, it's better to deal with it sooner rather than later. Dental decay in children tends to progress faster than in adults, and a small cavity that could be managed with a straightforward filling can, if left untreated, develop into something requiring much more extensive intervention.

Coordinate with private health insurance

For families who also hold private health insurance with extras cover, CDBS benefits can be applied first, with any remaining costs then claimed through the health fund — subject to the terms and limits of your policy. This approach can effectively extend the total financial support available for your child's dental care.

Some families find it practical to direct CDBS benefits toward routine preventive care and use private health insurance for major restorative work or orthodontic treatment that falls outside the CDBS schedule.

Keep a record of claims

Tracking your child's CDBS claims and remaining balance makes it easier to plan appointments and avoids the unpleasant surprise of discovering the cap has been exhausted partway through a course of treatment.

When your child needs specialist paediatric care

CDBS covers basic dental services delivered by any registered dental practitioner, but there are situations where a child's needs go beyond what a general dental practice can appropriately manage. Common reasons for specialist paediatric dental referral include:

- **Dental anxiety or phobia** that significantly interferes with treatment in a general practice setting - **Extensive or complex dental decay** requiring a treatment plan that accounts for the child's developmental stage and behavioural capacity - **Dental trauma** — injuries to primary or permanent teeth from falls, sport, or accidents - **Developmental dental anomalies** — missing teeth, extra teeth, tooth morphology anomalies, or structural enamel defects such as molar-incisor hypomineralisation (MIH) - **Medically complex children** — those with cardiac conditions, bleeding disorders, immunodeficiency, or other systemic conditions requiring modified dental management - **Very young children** needing active dental treatment, typically under four years of age - **Behavioural management challenges** — children whose level of cooperation requires specialist techniques or adjunctive pharmacological support

Specialist paediatric dentists — also called paedodontists — have completed an additional three years of full-time postgraduate clinical training beyond their primary dental qualification, focused exclusively on the dental management of children and adolescents. This training covers child behaviour guidance, developmental dental conditions, and care for medically complex paediatric patients. You can verify specialist registration through the [Australian Health Practitioner Regulation Agency (AHPRA)](https://www.ahpra.gov.au/) register.

CDBS and specialist paediatric treatment

CDBS benefits are claimable for eligible services delivered by a registered specialist paediatric dentist in exactly the same way as with a general dentist. Where a child is referred to a paediatric dental specialist, CDBS-covered services — including examinations, diagnostic radiographs, restorations, and extractions — remain claimable under the scheme.

That said, specialist consultation fees and any services outside the defined CDBS item number schedule are not covered by CDBS and would require out-of-pocket payment or private health insurance.

Treatment under general anaesthesia

Some children — including very young patients, those with significant dental anxiety, or those needing extensive treatment across multiple teeth — are best managed with dental treatment under general anaesthesia. This is carried out in a hospital or accredited day surgery facility by a specialist team.

CDBS does not cover hospital-based dental treatment. The financial options for hospital dental care include:

- **Private hospital insurance** — covering hospital accommodation, theatre fees, and contributing toward surgeon and anaesthetist fees - **The public hospital system** — available to eligible patients, though waiting times vary by jurisdiction and clinical priority

At Collins Street Specialist Centre, our paediatric dental team can advise on whether in-chair management or hospital-based treatment is the right clinical pathway for your child, and give you a transparent account of the financial considerations for each option.

The Collins Street Specialist Centre paediatric dental team

Collins Street Specialist Centre's paediatric dentistry department comprises registered specialist paediatric dentists with extensive clinical experience across the full range of children's dental conditions. Our specialists hold current AHPRA registration, which can be verified through the [AHPRA online register](https://www.ahpra.gov.au/). Their clinical work covers:

- **Behavioural guidance** — evidence-based, child-centred approaches designed to build positive dental experiences and support long-term dental attendance - **Sedation options** — including inhalation sedation with nitrous oxide (happy gas) for anxious or apprehensive children - **Restorative dentistry for children** — composite and amalgam restorations, stainless steel crowns, and pulp therapy (pulpotomy and pulpectomy) for primary teeth - **Dental trauma management** — assessment and management of injuries to both primary and permanent teeth, including luxation injuries, avulsions, and crown fractures - **Interceptive orthodontic assessment** — early identification of jaw growth and dental development concerns, with coordinated referral to our orthodontic team where needed - **Special needs dentistry** — comprehensive dental management for children with medical, developmental, or behavioural conditions requiring modified clinical approaches

Our treatment facilities are designed with children in mind. Our team takes the time to build genuine rapport with young patients, because a positive, unhurried experience in childhood tends to set the tone for how a person engages with dental care for the rest of their life.

Frequently asked questions about CDBS

Can I use CDBS at any dentist?

Yes. CDBS benefits are claimable at any dental provider — general practitioner or registered specialist — who delivers CDBS-eligible services. Bulk billing isn't universal; you may need to pay a gap fee depending on the practice's fee schedule.

My child turns 18 mid-year. Can they still use CDBS?

Yes. Eligibility is assessed on a calendar-year basis. If your child turns 18 during the year but was 17 at some point within that calendar year, they retain access to CDBS benefits for services received during that year, provided they still meet the payment eligibility requirement.

What if my child needs orthodontics?

Orthodontic treatment isn't covered under CDBS. Families will need private health insurance with orthodontic benefits, or meet these costs directly. Orthodontic planning typically starts around ages 7 to 10, so it's worth reviewing your health insurance policy for orthodontic cover before active treatment is needed.

Can I claim CDBS and private health insurance for the same service?

No. CDBS and private health insurance can't both be claimed for the same service. However, you can choose which funding source to apply to each individual service — it's fine to use CDBS for some services and private insurance for others within the same course of treatment.

What happens if my child loses eligibility mid-period?

If your child's eligibility lapses — for example, if the qualifying government payment ceases — any remaining CDBS balance is forfeited for that cap period. Eligibility is reassessed independently at the start of each calendar year.

Is there a dental provider directory for CDBS?

There's no dedicated CDBS provider directory. Any registered dental practitioner can deliver CDBS-eligible services. It's worth contacting the practice in advance to confirm they accept CDBS and to clarify their billing arrangements.

Getting started

If your child is due for a routine dental examination, or if a specific concern needs attention, confirming CDBS eligibility is a sensible first step. Log in to myGov, go to your Medicare account, and check for CDBS eligibility and remaining balance. From there, you can book an appointment knowing exactly what financial support is available.

For children whose needs require specialist paediatric dental care — whether due to dental anxiety, developmental dental conditions, medically complex circumstances, or a referral from their general dentist — the team at Collins Street Specialist Centre is here to provide the specialist assessment and treatment your child needs.

Book a paediatric dental appointment. Contact Collins Street Specialist Centre on (03) 9654 5705 to arrange a consultation with one of our specialist paediatric dentists. Our team can confirm your child's CDBS eligibility and give you a clear account of anticipated costs before any treatment begins.
