# Medicare & Dental — What's Covered in Australia?

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https://directory.collinsstreetspecialistcentre.com.au/costs-insurance/medicare-dental-what-s-covered-in-australia/

## Description:

What Medicare covers for dental treatment in Australia. CDBS, hospital dental, DVA entitlements, and what's not covered under the public system.

## Details:

## Collins Street Specialist Centre — Medicare and Dental: What's Covered in Australia?

One of the most common questions patients bring to Collins Street Specialist Centre is whether Medicare covers dental treatment. The short answer: for most Australians, it doesn't — not in any meaningful way. The vast majority of dental care, from routine check-ups through to complex specialist procedures, sits outside the Medicare system entirely.

That said, there are real exceptions worth knowing about. Understanding what Medicare does and doesn't cover lets you plan for dental costs without surprises, and means you won't overlook entitlements you may not realise you have.

## The general rule: Medicare doesn't cover most dental

Under Australia's healthcare framework, dental services are treated as largely separate from medical services. Medicare — the national public health insurance scheme — was designed to cover medical consultations, hospital treatment, and diagnostic services delivered by registered medical practitioners.

Dental treatment performed in a dental practice by a dentist or dental specialist is **not covered by Medicare** in the vast majority of circumstances. This applies whether the treating practitioner is a general dentist or a registered specialist. That means:

- Routine check-ups and cleans: not covered - Fillings, crowns, bridges and veneers: not covered - Root canal treatment: not covered - Periodontal (gum) treatment: not covered - Orthodontic treatment (braces, Invisalign): not covered - Dental implant placement and restoration: not covered (with rare exceptions) - Wisdom teeth removal in a dental chair: not covered

This is why most Australians rely on private health insurance (extras cover) or direct out-of-pocket payment for dental treatment.

## When Medicare does cover dental

There are several specific circumstances where dental treatment attracts a Medicare rebate. These are worth understanding in detail, because in the right situation they can represent meaningful financial savings.

### 1. Dental surgery performed in hospital by a medical practitioner

When certain dental and oral surgical procedures are performed in a hospital setting by a practitioner holding medical qualifications — specifically, an oral and maxillofacial surgeon registered as both a dental and medical practitioner — Medicare benefits may apply.

Oral and maxillofacial surgeons occupy a unique position in specialist dental practice: they hold both a dental degree and a medical degree, backed by extensive specialist surgical training. When they perform eligible procedures in hospital, those procedures can attract Medicare Item Numbers from the Medicare Benefits Schedule (MBS), meaning Medicare contributes to the cost.

Procedures that may be eligible include:

- **Orthognathic (jaw) surgery** — surgical correction of jaw alignment for functional indications, not purely cosmetic ones - **Removal of jaw cysts and tumours** — surgical excision of pathological lesions - **Facial trauma reconstruction** — repair of facial fractures sustained through injury - **Cleft lip and palate surgery** — surgical correction of congenital facial anomalies - **Temporomandibular joint (TMJ) surgery** — surgical management of jaw joint disorders - **Wisdom teeth removal under general anaesthetic** — when performed in hospital by a dual-qualified surgeon

The Medicare rebate covers a portion of the surgeon's fee — typically 75% of the MBS schedule fee for in-hospital procedures. Any remaining gap is the patient's responsibility, unless they hold private hospital insurance covering the relevant procedure, or the surgeon participates in a known-gap or no-gap arrangement with the patient's fund.

### 2. Child Dental Benefits Schedule (CDBS)

The Child Dental Benefits Schedule is a Commonwealth Government program providing eligible children aged 0 to 17 with up to $1,095 AUD in dental benefits across a two-year period. CDBS benefits are administered through Medicare.

Eligibility depends on whether the child receives certain government payments or allowances, such as Family Tax Benefit Part A. Not all children qualify — parents and carers should confirm eligibility via Medicare online or by contacting Services Australia directly.

CDBS covers basic dental services including: - Examinations - X-rays - Cleaning - Fissure sealing - Fillings - Root canal treatment on primary (baby) teeth - Extractions

CDBS does **not** cover: - Orthodontic treatment - Cosmetic dental work - Treatment performed in hospital

We cover the CDBS in detail in our separate guide for parents.

### 3. Department of Veterans' Affairs (DVA)

Veterans and their dependants holding a DVA Gold Card, White Card (for accepted conditions), or Orange Card may be entitled to dental treatment funded through DVA. The scope of DVA dental coverage is considerably broader than standard Medicare dental entitlements.

DVA dental coverage may include: - Comprehensive dental examinations and X-rays - Preventive care (cleans, fluoride) - Restorative treatment (fillings, crowns) - Endodontic treatment (root canals) - Periodontal treatment - Prosthodontic services (dentures, bridges) - Oral surgery (extractions, minor surgery) - Implant assessment and, in some cases, implant placement

Prior approval from DVA is required for certain procedures, and treatment must be provided by a DVA-contracted provider. The DVA fee schedule sets the maximum fees payable, and there should be no out-of-pocket gap for DVA-funded treatment.

### 4. Public dental services

Australia's public dental system provides basic dental care to concession card holders — including Healthcare Card and Pensioner Concession Card holders — through state and territory-funded clinics. These services aren't administered through Medicare, but they form part of the broader public health safety net.

Public dental services in Victoria include: - Emergency dental care for pain and acute infection - Basic restorative and preventive care - Denture services

Waiting lists for non-emergency public dental care in Victoria are frequently extensive, often twelve months or longer. Specialist dental services such as endodontics, orthodontics, periodontics and prosthodontics are generally unavailable through the public system, or available only in very limited circumstances through hospital dental departments.

## Common misconceptions about Medicare and dental

### Myth 1: "Medicare should cover dental — it's a health service"

Advocacy groups have long argued for dental inclusion in Medicare, and it remains an active policy conversation. The practical reality for patients today, though, is that dental treatment is overwhelmingly a private expense in Australia. Whatever the policy arguments, the out-of-pocket implications are straightforward and worth understanding clearly.

### Myth 2: "If I see a specialist, Medicare will cover it"

This is one of the most common misunderstandings we encounter. Medical specialists — cardiologists, orthopaedic surgeons, dermatologists — attract Medicare rebates because they are registered medical practitioners providing services listed on the MBS. Dental specialists, while equally rigorously trained, are registered under the dental practitioner framework rather than the medical practitioner framework. Their services are not listed on the MBS, with one important exception: oral and maxillofacial surgeons performing eligible hospital-based procedures, as outlined above.

If you're unsure of a practitioner's registration type, AHPRA's public register allows you to verify any registered health practitioner's qualifications and specialist recognition.

### Myth 3: "Dental treatment in hospital is always covered by Medicare"

Not necessarily. Medicare covers the *medical* components of hospital dental treatment — specifically, surgeon and anaesthetist fees where MBS item numbers apply. Hospital accommodation and theatre fees are covered by private hospital insurance, or by the public system if you're treated as a public patient. Dental procedures performed in hospital by a practitioner without medical qualifications may not attract any Medicare benefit at all.

### Myth 4: "Bulk billing is available for dental"

Bulk billing is a Medicare mechanism where the practitioner accepts the Medicare rebate as full payment, with no gap charged to the patient. Because most dental services don't attract Medicare benefits, bulk billing simply doesn't apply to dental the way it applies to GP visits. The exception is the CDBS, where some providers do bulk bill eligible children for covered services.

## Medicare-eligible procedures at Collins Street Specialist Centre

Our oral and maxillofacial surgeons at Collins Street Specialist Centre hold dual qualifications in both medicine and dentistry. When they perform eligible surgical procedures in hospital, those procedures can attract Medicare item numbers from the MBS.

Hospital-based procedures performed by our OMS team that may attract Medicare benefits include:

- Orthognathic surgery (Le Fort I osteotomy, bilateral sagittal split osteotomy, genioplasty) - Surgical management of jaw cysts, tumours and other pathological conditions - Facial fracture repair and reconstruction - TMJ surgery (arthroscopy, open joint procedures) - Cleft and craniofacial surgery

To access Medicare benefits for these procedures, you would typically need: 1. A referral from your GP, dentist or other treating specialist 2. Private hospital insurance covering the relevant procedure

category — or willingness to be treated as a public patient in a public hospital 3. Current Medicare enrolment

Our surgical coordinators can advise you on Medicare eligibility for your specific procedure and give you a clear picture of expected costs before any treatment commences.

## Practical steps for patients

### If you have private health insurance

For most specialist dental treatment, private health insurance (extras cover) is your primary avenue for financial support. Medicare plays a minimal role except in the specific circumstances outlined in this article.

Before commencing treatment: 1. Request an itemised treatment plan from your specialist, including ADA item numbers 2. Contact your health fund to verify your applicable benefits 3. Confirm whether any components of your treatment will be hospital-based — and therefore potentially Medicare-eligible 4. Ask about payment plan options for any remaining gap

### If you don't have private health insurance

Without private health insurance, the full fee for specialist dental treatment is an out-of-pocket expense. It's still worth confirming whether any component of your planned treatment attracts a Medicare rebate — particularly if your care involves hospital-based surgery performed by an oral and maxillofacial surgeon.

Beyond that: - Confirm eligibility for the Child Dental Benefits Schedule if treatment is for a child - Check DVA dental entitlements if you are a veteran or eligible dependant - Ask about public dental waiting lists for basic care needs - Ask the specialist practice about interest-free payment plan options

### If you're a veteran

Contact DVA directly to confirm your dental entitlements and the prior approval process required for your treatment. Our team at Collins Street Specialist Centre has considerable experience working with DVA patients and can assist with prior approval and associated documentation.

## The broader picture

The limited scope of Medicare coverage for dental treatment frustrates many Australians, and understandably so. But understanding the system as it currently stands is the most practical starting point for planning your care and managing costs clearly.

Private health insurance, the CDBS for eligible children, DVA entitlements for veterans, and Medicare for specific hospital-based oral surgery — these are the current pathways for financial support. Each has its own eligibility criteria, scope of coverage and administrative requirements, and none of them need to be complicated to navigate with the right guidance.

At Collins Street Specialist Centre, we provide detailed, itemised treatment plans before treatment commences, offer on-the-spot HICAPS claiming for extras benefits, and coordinate Medicare and hospital billing for eligible surgical procedures. The goal is straightforward: you should understand the financial side of your care before you begin, not after.

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**Have questions about what's covered for your specific treatment?** Contact Collins Street Specialist Centre on (03) 9654 5705. Our team can walk you through your Medicare, insurance and payment options before you start.