

Botox and Dermal Fillers in Dentistry.



The use of neurotoxins, such as Botox, and dermal fillers is on the rise in dental practice. Practitioners who are considering offering these treatments to patients should ensure they have a good grasp of their related professional obligations and are able to comply with all relevant laws.

I'm thinking about doing a course to expand my scope – what do I need to know?

First, practitioners must ensure they have taken out an appropriate Professional Indemnity Insurance policy. This means being sure your policy will respond in the event of a treatment complication or adverse event arising. Guild Insurance's professional indemnity policy has always covered dentists for claims related to the practice of dentistry within the practitioner's scope of practice, including

the use of Botox and dermal fillers. Non-Guild members should consult their provider regarding the extent of their policy cover.

Next, ensure you are familiar with all regulatory requirements. This means having a good understanding of the expectations of the Dental Board of Australia (DBA) - Fact sheet: [The use of botulinum toxin and dermal fillers by dentists](#).

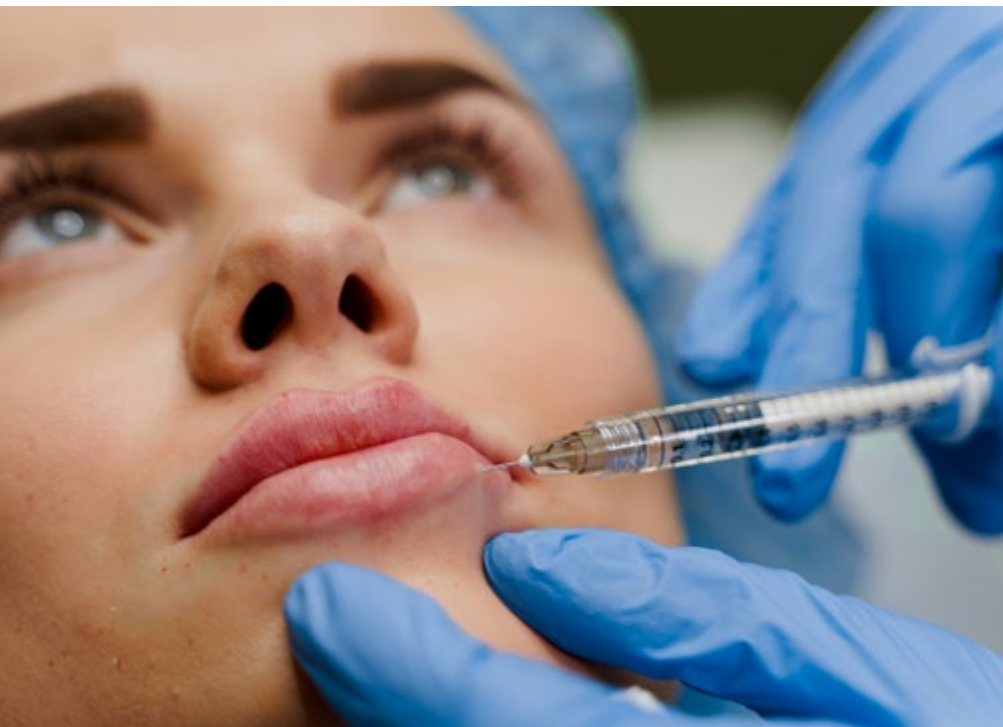
The Dental Board of Australia (DBA) expects dentists to practise in a manner that is consistent with:

- > **the definition of dentistry:** "Dentistry involves the assessment, prevention, diagnosis, advice, and treatment of any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures."

> the DBA's Standards, Codes and Guidelines by:

- > performing only those procedures that fall within their scope of practice i.e: for which the practitioner has been educated and trained and are competent to provide.
- > maintaining a high level of professional competence, including obtaining informed consent.

The DBA expects clinicians to take into consideration all relevant state drugs and poisons legislation relating to the storage, use and supply of medicaments and by using scheduled medicines 'for dental therapeutic use' only. This means the prescription of medicaments must follow a dental diagnosis. It is recommended that clinicians clearly state their diagnosis and reason for prescription in the clinical record.



Intended for medical practitioners, it is nevertheless worthwhile noting there is a requirement for practitioners performing injectables and non-surgical treatments to “assess the patient’s reasons and motivation for requesting the procedure... The patient’s expectations... must be discussed to ensure they are realistic.” To support patients, Ahpra have published a [patient factsheet on cosmetic injectables](#).

Which is the correct item code for injection of botulinum toxin and dermal fillers?

The Australian Dental Association (ADA) publication *The Australian Schedule of Dental Services and Glossary – Thirteenth Edition* – includes the following relevant item codes and descriptors:

> 929 – Provision of neuromodulator therapy

Injection of neuromodulators for the treatment of oral and maxillofacial diseases and disorders.

> 987 – Recontour tissue – per appointment

Recontour of oral and associated tissue not described elsewhere in the Thirteenth Edition of the Australian Schedule of Dental Services and Glossary, such as the injection of dermal fillers.

Will private health insurers pay a benefit for treatment that includes botulinum toxin and dermal fillers?

Private Health Insurers have different rules and different policies when it comes to the treatments for which they will pay a benefit. Patients should be encouraged to contact their health fund to ascertain this information.

- > the requirements of the Therapeutic Goods Administration (TGA):
 - > dentists should only purchase products registered on the [Australian Register of Therapeutic Goods \(ARTG\)](#) for legal supply in Australia.
 - > comply with [advertising cosmetic injections restrictions](#).
 - > advise patients that the use of botulinum toxin and dermal fillers is considered “off label” and experimental only. All risks must be explained and informed consent obtained in writing.

The DBA expects dentists to refer patients:

- > when the treatment required by the patient is outside the personal scope of the individual dentist (but still within the definition of dentistry) to another dentist or dental specialist OR

- > when the proposed treatment is outside the definition of dentistry, to a medical practitioner.

What does the “Practice of Dentistry” and “Associated Structures” mean?

The definition of dentistry is designed to be flexible with advances in knowledge, materials, techniques and community views constantly evolving. Although the DBA does not define “associated structures”, it is expected that practitioners exercise their professional judgement as to which anatomical structures are included in their care.

Do the new Ahpra guidelines for cosmetic surgery apply?

The new [Australian Health Practitioner Regulation Agency \(Ahpra\)](#) guidelines for practitioners performing cosmetic surgery and procedures come into effect as of July 2023.

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