



Changes to Endocrinology items

Last updated: 11/10/2018

What are the changes?

From 1 November 2018:

Consolidation of thyroidectomy items (Item 30306, 30309 and 30296):

- Item 30309 will be removed from the MBS. Procedures previously performed under item 30309 should be performed as a total thyroidectomy under item 30296, as the MBS Review Taskforce found that the clinically preferred procedure for thyrotoxicosis is total thyroidectomy.
- MBS items 30306 and 30296 will remain unchanged, but a new explanatory note will be introduced to detail what thyroidectomy MBS item is to be claimed in the various thyroidectomy procedures. The new explanatory note will apply to items 30296, 30306 and 30310.

Consolidation of partial or subtotal thyroidectomy items (Item 30308 and 30310):

- MBS Item 30308 will be removed from the MBS. Procedures previously billed under item 30308 will now be billed under amended MBS item 30310.
- MBS Item 30310 will be amended and cover the uncommon circumstances when a partial or subtotal thyroidectomy is indicated.
- Practitioners should now perform a total thyroidectomy or total hemithyroidectomy as these are the most appropriate procedures in the majority of circumstances when a thyroidectomy is required.

Amendments to hyperparathyroidism items (Item 30315, 30317, 30318 and 30320):

- MBS items 30315, 30317, 30318 and 30320 have all been amended to clarify their intended use and to make clear that they cannot be co-claimed with each other or more than once per patient per occasion of service.

Amendment to Synacthen stimulation test item (Item 30097):

- MBS item 30097 has been amended to require a basal cortisol quantitation prior to a Synacthen stimulation test.
- Only patients with a serum cortisol at 0830-0930 hours in the preceding month measured at greater than 100 nmol/L but less than 400 nmol/L; or patients who are acutely unwell and adrenal insufficiency is suspected will be eligible for a Synacthen stimulation test under MBS item 30097.

Remove thyroglossal cyst item (Item 30313):

- MBS Item 30313 will be removed from the MBS.

Amendments to adrenal gland items (Item 30321, 30323, 30324 and 36500):

- MBS Item 30321 will be removed from the MBS. Procedures previously billed under item 30321 will now be billed under amended MBS item 30323, given the overlap in the two items.
- MBS item 36500 will be removed from the MBS. Procedures previously billed under item 36500 will now be billed under amended MBS item 30324, given the overlap in the two items.



Fees for endocrinology items:

The fees for two endocrinology items will be amended.

- MBS item 30310 (Partial or subtotal thyroidectomy) fee will change from \$457.40 to \$798.65, and;
- MBS item 30318 (Open parathyroidectomy) fee will change from \$907.60 to \$1,139.90.

Why are the changes being made?

These changes are a result of a review by MBS Review Taskforce, which was informed by the Endocrinology Clinical Committee (ECC). More information about the Taskforce and associated committees is available at [MBS Review Taskforce](#) website.

A complete copy of the ECC's final report can be found at the [Endocrinology Clinical Committee](#) website.

What does this mean for providers?

Providers should familiarise themselves with changed requirements to bill MBS items for endocrinology services.

What does this mean for patients?

The changes to endocrinology items will ensure best practice and promote high-value care for patients.

Patients should not be negatively affected by removed or consolidated items, and will have continued access to clinically relevant services.

When will this change be reviewed?

The Department of Health regularly reviews the usage of new and amended MBS items in consultation with the profession.

All MBS items may be subject to compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

Where can I find more information?

The full item descriptor and information on other changes to the MBS can be found at the [MBS Online website](#) or by calling the Department of Human Services on 132 150.



New and amended items

(Draft wording of items to be finalised through regulatory amendments)

Category 3	
THERAPEUTIC PROCEDURES	
New/amended item	Item descriptor
30097	<p>Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if:</p> <p>(a) serum cortisol at 8.30 am to 9.30 am on any day in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or</p> <p>(b) the patient is acutely unwell and adrenal insufficiency is suspected (H)</p> <p>(See para TN.8.139 of explanatory notes to this Category)</p> <p>Fee: \$97.15 Benefit: 75% = \$72.90 85% = \$82.60</p>
30296	<p>Thyroidectomy, total. (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.137 of explanatory notes to this Category)</p> <p>Fee: \$1,023.70 Benefit: 75% = \$767.80</p>
30297	<p>Thyroidectomy following previous thyroid surgery. (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.138 of explanatory notes to this Category)</p> <p>Fee: \$1,023.70 Benefit: 75% = \$767.80</p>
30306	<p>Total hemithyroidectomy (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.137 of explanatory notes to this Category)</p> <p>Fee: \$457.40 Benefit: 75% = \$343.05</p>
30310	<p>Partial or subtotal thyroidectomy (H) (Anaes.) (Assist.)</p> <p>(See para TN.8.137 of explanatory notes to this Category)</p> <p>Fee: \$798.65 Benefit: 75% = \$599.00</p>
30315	<p>Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma, including thymectomy.</p> <p>For any particular patient—applicable only once per occasion on which the service is provided.</p> <p>Not applicable to a service performed in association with a service to which item 30317, 30318 or 30320 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,139.90 Benefit: 75% = \$854.95</p>



30317	<p>Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism, including thymectomy and cervical exploration of the mediastinum.</p> <p>For any particular patient—applicable only once per occasion on which the service is provided.</p> <p>Not applicable to a service performed in association with a service to which item 30315, 30318 or 30320 applies. (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,364.90 Benefit: 75% = \$1,023.70</p>
30318	<p>Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed.</p> <p>For any particular patient—applicable only once per occasion on which the service is provided.</p> <p>Not applicable to a service performed in association with a service to which item 30315, 30317 or 30320 applies. (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,139.90 Benefit: 75% = \$854.95</p>
30320	<p>Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach.</p> <p>For any particular patient—applicable only once per occasion on which the service is provided.</p> <p>Not applicable to a service performed in association with a service to which item 30315, 30317 or 30318 applies. (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,364.90 Benefit: 75% = \$1,023.70</p>
30323	<p>Excision of phaeochromocytoma or extraadrenal paraganglioma via endoscopic or open approach. (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,364.90 Benefit: 75% = \$1,023.70</p>
30324	<p>Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,364.90 Benefit: 75% = \$1,023.70</p>

Number	Explanatory Note
TN.8.137 New note	<p>Thyroidectomy and hemithyroidectomy procedures (items 30296, 30306, and 30310)</p> <p>Total thyroidectomy or total hemithyroidectomy are the most appropriate procedures in the majority of circumstances when a thyroidectomy is required. The preferred procedure for thyrotoxicosis is total thyroidectomy (item 30296). Item 30310 is to be used only in uncommon circumstances where a subtotal or partial thyroidectomy is indicated and includes a subtotal lobectomy, nodulectomy, or isthmusectomy or equivalent partial thyroidectomy.</p> <p>Item links: 30296, 30306, 30310</p>



<p>TN.8.138</p> <p>New note</p>	<p>Re-exploratory thyroid surgery (Item 30297)</p> <p>Item 30297 is for re-exploratory thyroid surgery where prior thyroid surgery and associated scar tissue increases the complexity of surgery. For completion hemithyroidectomy on the contralateral side to a previous hemithyroidectomy for thyroid cancer, item 30306 is the appropriate item.</p> <p>Item links: 30297</p>
<p>TN.8.139</p> <p>New note</p>	<p>Personal performance of a Synacthen Stimulation Test (item 30097)</p> <p>A 0900h serum cortisol (0830-0930) less than 100 nmol/L indicates adrenal deficiency and a Synacthen Test is not required.</p> <p>A 0900h serum cortisol (0830-0930) greater than 400 nmol/L indicates adrenal sufficiency and a Synacthen Test is not required. An exception to this is when testing women on oral contraception where cortisol levels may be higher due to increases in cortisol-binding globulin and this threshold may not exclude women with adrenal insufficiency.</p> <p>Item links: 30097</p>