



Co-claiming of subsequent attendance items with Group T8 surgical operations factsheet

Last updated: 19 January 2021

- From 1 November 2017, the claiming of a subsequent attendance item were blocked when co-claimed with certain surgical operations, based on a recommendation of the MBS Review Taskforce.
- MBS items 6009-6015 will be included from 1 March 2021 to correct an inadvertent omission.
- This change is to ensure patients receive the same MBS benefits for the same service.

What are the changes?

From 1 November 2017, the co-claiming of subsequent attendance items were blocked when co-claimed with any surgical operation in Group T8, if the procedure has a Schedule Fee equal to or greater than \$309.35 and if the same practitioner provides the procedure on the same day. This amount is subject to indexation.

Why are the changes being made?

These changes were a result of a review by the MBS Review Taskforce, which was informed by Principles and Rules Clinical Committee. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health website](#).

The MBS Review Taskforce was concerned about the co-claiming of an attendance or consultation item with a surgical item on the same day as a surgical procedure. Surgical procedures are generally planned and discussed in advance of the procedure.

A full copy of the Principles and Rules Committee's final report to the MBS Review Taskforce can be found in the [Clinical committees and working groups section](#) of the [Department of Health website](#).

What does this mean for providers?

Medical Practitioners are no longer be able to claim MBS benefits for subsequent attendance items 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6009 to 6015, 6019, 6052 and 16404 if they are claiming any Group T8 items (3003-50952) with a Schedule Fee of equal to or greater than \$309.35 on the same day.

Medical practitioners who are not claiming subsequent attendance items with Group T8 items will not be affected.

Four new attendance items have been introduced for exceptional circumstances.

Items 111,117 and 120 can be claimed on the same day as a surgical operation in Group T8 with a Schedule Fee of equal to or greater than \$309.35, if the procedure is urgent and not able to be predicted prior to the commencement of the attendance.



Item 115 allows for co-claiming of a consultation item, if the nature of the consultation could not be predicted prior to the Group T8 procedure with a MBS Fee higher than \$309.35.

It is expected that these items would be rarely required. Clinician records should clearly indicate the reasons why either the consultation or procedure is necessary including the clinical risk for the patient to defer.

How will these changes affect patients?

Patients should no longer receive different Medicare rebates for the same operation, as there should be less variation in the items claimed by different providers.

Who was consulted on the changes?

The Principles and Rules Committee was established in 2015 by the MBS Review Taskforce ('the 'Taskforce'), to provide broad clinician and consumer expertise. The MBS Review included a public consultation process on the proposed changes from 9 September 2015 for 4 weeks. Feedback was received from a broad range of stakeholders and was considered by the Principles and Rules Committee prior to making its final recommendations to the Taskforce.

How will the changes be monitored and reviewed?

This co-claiming restriction will be subject to MBS compliance processes and activities, including audits, which may require a provider to submit evidence about the services, claimed.

The new co-claiming restriction was reviewed in December 2020 where it was determined that items 6009 to 6015 were inadvertently omitted.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [MBS Online](#). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS](#).

Subscribe to '[News for Health Professionals](#)' on the Department of Human Services website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 20 January 2021 and can be accessed via the MBS Online website under the [Downloads](#) page.



Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.