



MBS Review recommendations: Neurosurgery services

Date of change: 1 November 2020

New items: **39007 39113 39604 39610 39638 39639 39641 39651 39710**
39720 39801 40004 40104 40119

Amended items: **39015 39018 39109 39503 39612 39615 39654 39656 39700**
39703 39712 39715 39718 39803 39818 39821 39900 39903
39906 40012 40106 40109 40112 40700 40703 40706 40709
40712 40801 40905

Deleted items: **39003 39006 39009 39012 39106 39112 39500 39600 39603**
39606 39609 39640 39642 39646 39650 39653 39658 39660
39662 39706 39709 39721 39800 39806 39812 40000 40003
40006 40009 40015 40100 40103 40115 40118 40800 40903

Revised structure

On 1 November 2020, Medicare Benefits Schedule (MBS) items for neurosurgery services are changing to reflect contemporary practice. These changes are a result of MBS Review Taskforce recommendations and consultation with stakeholders.

These changes to neurosurgery services aim to improve quality of care, encourage high value care and reflect current clinical practice. Promote high value care (discourage low value) and integrating complete medical services to simplify the MBS

These changes are relevant for all specialists involved in the claiming of and performance in association with neurosurgery services, consumers claiming these services, private health insurers and private hospitals.

The revised structure contains 14 new items, 30 amended items, and deletes 36 items.

Billing practices from 1 November 2020 will need to be adjusted to reflect these changes.

The Health Insurance (General Medical Services Table) Regulations wording for MBS item descriptors has been used in this document.



Patient impacts

Patients will receive Medicare rebates for neurosurgery services that are clinically appropriate and reflect modern clinical practice.

Restrictions or requirements

Providers will need to familiarise themselves with the changes to neurology MBS items and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet eligibility requirements outlined in the legislation.

Most new items have been created by consolidating neurosurgical services that are commonly done together into a single Medicare item. This change will simplify the MBS. Consequently, co-claiming restrictions are now in place between new items and constituent stand alone items. Other co-claiming restrictions and one provider restriction have been put in place to support best practice, or where item co-claim is not clinically applicable.

- **Item 40600 (Cranioplasty, reconstructive)**
 - A co-claiming restriction is in place with items 39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803, 39900, 39903, 39906, 40104, 40106, 40112, 40119 and 40703.
- **Item 40803 (Intracranial stereotactic procedure by any method)**
 - A co-claiming restriction is in place with item 40801 and items 39015, 39018, 39109, 39113, 39503, 39604, 39615, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39703, 39710, 39712, 39715, 39718, 39720, 39801, 39803, 39818, 39821, 39900, 39903, 39906, 40004, 40012, 40104, 40106, 40109, 40700, 40703, 40706, 40709 and 40712.
- **Item 45018 (Dermis, dermofat or fascia graft (other than transfer of fat by injection))**
 - A co-claiming restriction is in place with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171, and with items 39615, 39715, 40106 and 40109.
- **Item 40905 (Craniotomy)**
 - A provider restrictor has been created and item descriptor amended to allow usage by neurosurgeons only.

T8 – Surgical Operations – 7. Neurosurgical – General

Deleted item 39003 – Cisternal Puncture

Services under this item are expected to be claimed under new item 39007.

Deleted item 39006 – Ventricular puncture (not including burr-hole)

Services under this item are expected to be claimed under new item 39007.



New item 39007 – Procedure to access intracranial space

Overview: New item consolidating deleted items 39003, 39006, 39009 and 39012. This item consolidates the various intracranial access procedure items and includes the creation of a burr-hole.

Item Descriptor: Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr hole.

MBS fee: \$164.40

Benefit: 75% = \$123.30 85% = \$139.75

Deleted item 39009 – Subdural haemorrhage, tap for, each tap

Services under this item are expected to be claimed under new item 39007.

Deleted item 39012 – Burr-hole, single, preparatory to ventricular puncture or for inspection purpose - not being a service to which another item applies

Services under this item are expected to be claimed under new item 39007.

Amended item 39015 – Insertion of intracranial parenchymal pressure monitoring device

Overview: Item descriptor amended to include insertion of a parenchymal pressure monitoring device. Ventricular reservoir/drain insertion has been removed (moved to new item 39018) and the use of stereotaxy (40803; co-claiming restriction) is excluded.

Item Descriptor: Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care)

MBS fee: \$387.75

Benefit: 75% = \$290.85

Amended item 39018 – Insertion of cerebrospinal or ventricular reservoir, or external ventricular drain

Overview: Item descriptor amended to include related procedures and add stereotaxy.

Item Descriptor: Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy.

MBS fee: \$852.50

Benefit: 75% = \$639.40



T8 – Surgical Operations – 7. Neurosurgical – Pain Relief

Deleted item 39106 – Neurectomy, intracranial, for trigeminal neuralgia

Services under this item are expected to be claimed under new item 39113.

Amended item 39109 - Trigeminal gangliotomy by radiofrequency

Overview: Item descriptor amended to include stereotaxy.

Item Descriptor: Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy.

MBS fee: \$1,461.90

Benefit: 75% = \$1,096.40 85% = \$1,242.60

Deleted item 39112 – Cranial nerve, intracranial decompression of, using microsurgical techniques

Services under this item are expected to be claimed under new item 39113.

New item 39113 – Neurectomy or intracranial decompression of cranial nerve using microsurgical techniques

Overview: New item consolidating deleted items 39106, 39112 and 39500, with addition of stereotaxy and cranioplasty to create a single item for a complete medical service.

Item Descriptor: Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty.

MBS fee: \$2,452.40

Benefit: 75% = \$1,839.30

T8 – Surgical Operations – 7. Neurosurgical – Cranial Nerves

Deleted item 39500 – Vestibular nerve, section of, via posterior fossa

Services under this item are expected to be claimed under new item 39113.



Amended item 39503 – Anastomosis of facio-hypoglossal nerve or facio-accessory nerve

Overview: Item descriptor amended to prevent co-claiming with stereotaxy (item 40803).

Item descriptor: Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of, not being used in association with item 40803.

MBS fee: \$984.85

Benefit: 75% = \$738.65

T8 – Surgical Operations – 7. Neurosurgical – Cranio-Cerebral Injuries

Deleted item 39600 – Intracranial haemorrhage, burr-hole craniotomy for - including burr-holes

Services under this item are expected to be claimed under new item 39604.

Deleted item 39603 – Intracranial haemorrhage, osteoplastic craniotomy or extensive craniectomy and removal of haematoma

Services under this item are expected to be claimed under new item 39604.

New item 39604 – Procedures for intracranial haemorrhage or swelling

Overview: New item consolidating deleted items 39600, 39603, 39721 and 40015. Stereotaxy added to create a single item for a complete medical service.

Item Descriptor:

Any of the following procedures for intracranial haemorrhage or swelling:

- (a) craniotomy, craniectomy or burr holes for removal of intracranial haemorrhage, including stereotaxy;
- (b) craniotomy or craniectomy for brain swelling, stroke or raised intracranial pressure, including for subtemporal decompression, including stereotaxy;
- (c) post operative re opening, including for swelling or post operative cerebrospinal fluid leak.

MBS fee: \$1,849.60

Benefit: 75% = \$1,387.20



Deleted item 39606 – Fractured skull, depressed or comminuted, operation for

Services under this item are expected to be claimed under item 39610.

Deleted item 39609 - Fractured skull, compound, without dural penetration, operation for

Services under this item are expected to be claimed under item 39610.

New item 39610 – Repair of fractured skull, without brain laceration or dural penetration

Overview: New item consolidating deleted items 39606 and 39609.

Item Descriptor: Fractured skull, without brain laceration or dural penetration, repair of.

MBS fee: \$984.85

Benefit: 75% = \$738.65

Amended item 39612 – Repair of fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid rhinorrhoea or otorrhoea

Overview: Item descriptor amended to specify usage in skull fractures with brain laceration and dural repair, but without cerebrospinal fluid rhinorrhoea or otorrhoea.

Item descriptor: Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid rhinorrhoea or otorrhoea, repair of.

MBS fee: \$1155.50

Benefit: 75% = \$866.65

Amended item 39615 – Repair of fractured skull, after trauma only, with cerebrospinal fluid rhinorrhoea or otorrhoea

Overview: Item descriptor amended to specify usage in traumatic skull fractures with cerebrospinal fluid rhinorrhoea or otorrhoea, and to include stereotaxy (item 40803) and dermofat graft (item 45018) for a complete medical service.

Item descriptor: Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft.

MBS fee: \$1,971.75

Benefit: 75% = \$1,478.80



T8 – Surgical Operations – 7. Neurosurgical – Skull Base Surgery

New item 39638 – Item for principal surgeon in conjoint surgery - Removal or radical excision of tumour or vascular lesion in the anterior or middle cranial fossa or cavernous sinus

Overview: New item for primary surgeon in conjoint surgery for the removal of anterior and middle cranial fossa and cavernous sinus tumours and vascular lesions, including both stereotaxy and cranioplasty to create a single item for complete medical service. Explanatory note TN.8.70 applies.

Item Descriptor: Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon

MBS fee: \$4390.15

Benefit: 75% = \$3292.60

New item 39639 – Item for co-surgeon in conjoint surgery – Removal or radical excision of tumour or vascular lesion in the anterior or middle cranial fossa or cavernous sinus

Overview: New item for co-surgeon in conjoint surgery for removal of anterior and middle cranial fossa and cavernous sinus tumours and vascular lesions, including both stereotaxy and cranioplasty. Explanatory note TN.8.70 applies.

Item Descriptor: Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon

MBS fee: \$3508.20

Benefit: 75% = \$2631.15

Deleted item 39640 - Tumour involving anterior cranial fossa, removal of, involving craniotomy, radical excision of the skull base, and dural repair

Services under this item are expected to be claimed under new item 39641.



New item 39641 – Item for single surgeon - Removal or radical excision of tumour or vascular lesion in anterior or middle cranial fossa or cavernous sinus

Overview: New item consolidating deleted items 39640, 39642, 39646, 39650 and 39660. Item is for solo surgeon for the removal of anterior and middle cranial fossa and cavernous sinus tumours and vascular lesions, and includes stereotaxy and cranioplasty to create a single item for a complete medical service. Explanatory note TN.8.70 applies.

Item Descriptor: Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—one surgeon.

MBS fee: \$4,630.50

Benefit: 75% = \$3472.85

Deleted item 39642 - Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy for clearance of paranasal sinus extension, (intracranial procedure)

Services under this item are expected to be claimed under new item 39641.

Deleted item 39646 - Tumour involving anterior cranial fossa, removal of, involving frontal craniotomy with lateral rhinotomy and radical clearance of paranasal sinus and orbital fossa extensions, with intracranial decompression of the optic nerve, (intracranial procedure)

Services under this item are expected to be claimed under new item 39641.

Deleted item 39650 - Tumour involving middle cranial fossa and infra-temporal fossa, removal of, craniotomy and radical or sub-total radical excision, with division and reconstruction of zygomatic arch, (intracranial procedure)

Services under this item are expected to be claimed under new item 39641.



New item 39651 – Item for a single surgeon - Removal or radical excision of petro-clival, clival or foramen magnum tumour or vascular lesion

Overview: New item consolidating deleted items 39653, 39658 and 39662. New item is for petro-clival, clival and foramen magnum tumour resection procedures by a single surgeon, and includes both stereotaxy and cranioplasty for a complete medical service. Explanatory note TN.8.70 applies.

Item Descriptor: Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—one surgeon.

MBS fee: \$5,712.85

Benefit: 75% = \$4,284.65

Deleted item 39653 - Petro-clival and clival tumour, removal of, by supra and infratentorial approaches for radical or sub-total radical excision (intracranial procedure), not being a service to which item 39654 or 39656 applies

Services under this item are expected to be claimed under new item 39651.

Amended item 39654 – Item for principal surgeon in conjoint surgery - Removal or radical excision of petro-clival, clival or foramen magnum tumour

Overview: Item descriptor amended to include conjoint surgery for all petro-clival, clival and foramen magnum tumour resection procedures by a principal surgeon, using both stereotaxy and cranioplasty. Explanatory note TN.8.70 applies.

Item descriptor: Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon

MBS fee: \$4,390.15

Benefit: 75% = \$3,292.60



Amended item 39656 – Item for co-surgeon in conjoint surgery - Removal or radical excision of petro-clival, clival or foramen magnum tumour

Overview: Item descriptor amended to include conjoint surgery for all petro-clival, clival and foramen magnum tumour resection procedures by a co-surgeon, using both stereotaxy and cranioplasty. Explanatory note TN.8.70 applies.

Item descriptor: Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon

MBS fee: \$3,508.20

Benefit: 75% = \$2,631.15

Deleted item 39658 - Tumour involving the clivus, radical or sub-total radical excision of, involving transoral or transmaxillary approach

Services under this item are expected to be claimed under new item 39651.

Deleted item 39660 - Tumour or vascular lesion of cavernous sinus, radical excision of, involving craniotomy with or without intracranial carotid artery exposure

Services under this item are expected to be claimed under new item 39641.

Deleted item 39662 - Tumour or vascular lesion of foramen magnum, radical excision of, via transcondylar or far lateral suboccipital approach

Services under this item are expected to be claimed under new item 39651.



T8 – Surgical Operations – 7. Neurosurgical – Intra-Cranial Neoplasms

Amended item 39700 – excision of Skull tumour, benign or malignant

Overview: Item descriptor amended to include stereotaxy and cranioplasty.

Item descriptor: Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty.

MBS fee: \$1,869.00

Benefit: 75% = \$1,401.75

Amended item 39703 – Biopsy and/or drainage of intracranial tumour, cyst or other brain tissue

Overview: Item descriptor amended to include stereotaxy.

Item descriptor: Intracranial tumour, cyst or other brain tissue, either or both of:

- (a) burr hole and biopsy of;
- (b) drainage of;

including stereotaxy.

MBS fee: \$1,500.70

Benefit: 75% = \$1,125.50

Deleted item 39706 – Intracranial tumour, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap

Services under this item are expected to be claimed under new item 39710.

Deleted item 39709 – Craniotomy for removal of glioma, metastatic carcinoma or any other tumour in cerebrum, cerebellum or brain stem - not being a service to which another item in this Sub-group applies

Services under this item are expected to be claimed under new item 39710.



New item 39710 - Biopsy, drainage, decompression or removal of one or more intracranial tumours via a single craniotomy

Overview: New item consolidating deleted items 39706 and 39709. New item specifies that the item covers all surgery on one or more tumours performed through a single craniotomy and includes stereotaxy and cranioplasty.

Item Descriptor: Intracranial tumour, one or more, biopsy, drainage, decompression or removal of, through a single craniotomy, including stereotaxy and cranioplasty.

MBS fee: \$2,499.10

Benefit: 75% = \$1,874.30

Amended item 39712 – Removal or biopsy of one or more transcranial tumours through a single craniotomy

Overview: Item descriptor and schedule fee amended to specify that it covers all procedures performed through a single craniotomy, and include stereotaxy and cranioplasty.

Item descriptor:

Transcranial tumour removal or biopsy of one or more of any of the following:

- (a) meningioma;
- (b) pinealoma;
- (c) cranio pharyngioma;
- (d) pituitary tumour;
- (e) intraventricular lesion;
- (f) brain stem lesion;
- (g) any other intracranial tumour;

by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty.

MBS fee: \$3,817.30

Benefit: 75% = \$2,862.95



Amended item 39715 – Removal of pituitary tumour by transphenoidal approach

Overview: Item descriptor and schedule fee amended to specify a transphenoidal approach, and include stereotaxy and dermis, dermofat or fascia grafting, and restrict co-claiming with cranioplasty.

Item descriptor: Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, other than a service associated with a service to which item 40600 applies.

MBS fee: \$2,786.00

Benefit: 75% = \$2,839.50

Amended item 39718 – Craniotomy for arachnoidal cyst

Overview: Item descriptor amended to include and stereotaxy and neuroendoscopy.

Item descriptor: Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy.

MBS fee: \$1,682.90

Benefit: 75% = \$1,262.15

New item 39720 - Awake craniotomy

Overview: New item to describe craniotomies performed while the patient is awake.

Item Descriptor: Awake craniotomy for functional neurosurgery.

MBS fee: \$3,571.05

Benefit: 75% = \$2,678.30

Deleted item 39721 – Craniotomy, involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling, etc

Services under this item are expected to be claimed under new item 39604.

T8 – Surgical Operations – 7. Neurosurgical – Cerebrovascular Disease

Deleted item 39800 – Aneurysm, clipping or reinforcement of sac

Services under this item are expected to be claimed under new item 39801.



New item 39801 – Treatment of aneurysm by clipping, proximal ligation, or reinforcement of sac

Overview: New item consolidating deleted items 39800, 39806 and 39812, and includes stereotaxy and cranioplasty.

Item Descriptor: Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty.

MBS fee: \$5,712.85

Benefit: 75% = \$4,284.60

Amended item 39803 – Treatment of intracranial arteriovenous malformation or fistula via craniotomy

Overview: Item descriptor amended to include the services in item 39815 that are performed surgically via craniotomy, as well as any related angiography. In addition, include stereotaxy and cranioplasty.

Item descriptor: Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography.

MBS fee: \$5,712.85

Benefit: 75% = \$4,284.60

Deleted item 39806 – Aneurysm, or arteriovenous malformation, intracranial proximal artery clipping of

Services under this item are expected to be claimed under new item 39801.

Deleted item 39812 – Intracranial aneurysm or arteriovenous fistula, ligation of cervical vessel or vessels (Anaes.) (Assist.)

Services under this item are expected to be claimed under new item 39801.

Amended item 39818 - Intracranial vascular bypass using indirect techniques

Overview: Item descriptor amended to provide greater clarity and distinguish between indirect methods (generally used in paediatric cases) and direct methods. Item includes stereotaxy.

Item descriptor: Intracranial vascular bypass using indirect techniques, including stereotaxy.

MBS fee: \$2,500.95

Benefit: 75% = \$1,875.70



Amended item 39821 - Intracranial vascular bypass using direct anastomosis techniques

Overview: Item descriptor amended to provide greater clarity and to distinguish between indirect methods (generally used in paediatric cases) and direct methods, which is more reflective of modern clinical practice. Include stereotaxy.

Item descriptor: Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy.

MBS fee: \$3,563.35

Benefit: 75% = \$2,672.50

Amended item 39900 – Treatment of intracranial infection by burr-hole

Overview: Item descriptor amended to clarify the language. Include stereotaxy and exclude cranioplasty to improve patient safety and outcomes.

Item descriptor: Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies.

MBS fee: \$1,500.70

Benefit: 75% = \$1,125.50

Amended item 39903 – Treatment of intracranial infection by craniotomy

Overview: Item descriptor amended to clarify the language. Includes stereotaxy and exclude cranioplasty to improve patient safety and outcomes.

Item descriptor: Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies.

MBS fee: \$2,252.90

Benefit: 75% = \$1,689.65



Amended item 39906 - Craniectomy for osteomyelitis of skull or removal of infected bone flap

Overview: Item amended and co-claiming restrictions with stereotaxy and cranioplasty established.

Item descriptor: Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies.

MBS fee: \$822.00

Benefit: 75% = \$616.50

Deleted item 40000 – Ventriculo-cisternostomy (Torkildsen's operation)

Services under this item are expected to be claimed under new item 40004.

Deleted item 40003 – Cranial or cisternal shunt diversion, insertion of

Services under this item are expected to be claimed under new item 40004.

New item 40004 – Insertion or revision of ventricular, lumbar or cisternal shunt diversion

Overview: New item consolidating deleted items 40000, 40003, 40006 and 40009. Item includes stereotaxy.

Item Descriptor: Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy.

MBS fee: \$1,706.15

Benefit: 75% = \$1,279.60

Deleted item 40006 – Lumbar shunt diversion, insertion of

Services under this item are expected to be claimed under new item 40004.

Deleted item 40009 – Cranial, cisternal or lumbar shunt, revision or removal of

Services under this item are expected to be claimed under new item 40004.



Amended item 40012 - Endoscopic ventriculostomy for treatment of CSF circulation disorders

Overview: Item descriptor amended to specify that endoscopy is used and that the intention is the treatment of CSF circulation disorders. Item also amended to include stereotaxy.

Item Descriptor: Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy.

MBS fee: \$1,764.30

Benefit: 75% = \$1,323.20

Deleted item 40015 – Subtemporal decompression

Services under this item are expected to be claimed under new item 39604.

T8 – Surgical Operations – 7. Neurosurgical – Congenital Disorders

Deleted item 40100 – Meningocele, excision and closure of

Services under this item are expected to be claimed under new item 40104.

Deleted item 40103 – Myelomeningocele, excision and closure of, including skin flaps or Z plasty where performed

Services under this item are expected to be claimed under new item 40104.

New item 40104 – Excision and closure of spinal myelomeningocele or spinal meningocele

Overview: New item consolidating deleted items 40100 and 40103. New item covers spinal pathologies only and removes unnecessary specifications around how closure is performed. Co-claiming restriction with stereotaxy and cranioplasty established.

Item Descriptor: Spinal myelomeningocele or spinal meningocele, excision and closure of, other than a service associated with a service to which item 40600 applies.

MBS fee: \$1,046.95

Benefit: 75% = \$785.25



Amended item 40106 - Decompression and/or reconstruction of Chiari malformation

Overview: Item descriptor amended to include reconstruction. In addition, item amended to include laminectomy, stereotaxy, and dermofat graft, and exclude co-claiming with cranioplasty.

Item descriptor: Chiari malformation, decompression or reconstruction of, including laminectomy, dermofat graft and stereotaxy, other than a service associated with a service to which item 40600 applies.

MBS fee: \$2,485.45

Benefit: 75% = \$1,864.10

Amended item 40109 - Excision and closure of encephalocele or cranial meningocele

Overview: Item descriptor amended to include cranial meningoceles and include reconstruction as well as stereotaxy and dermofat graft.

Item descriptor: Encephalocele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft.

MBS fee: \$1,929.05

Benefit: 75% = \$1,446.80

Amended item 40112 – Release of tethered cord, including lipomeningocele or diastematomyelia

Overview: Item amended to include laminectomy and spinal rhizolysis, and exclude co-claiming with cranioplasty.

Item descriptor: Tethered cord, release of, including lipomeningocele or diastematomyelia, multiple levels, including laminectomy and rhizolysis, other than a service associated with a service to which item 40600 applies.

MBS fee: \$2,464.15

Benefit: 75% = \$1,848.10

Deleted item 40115 – Craniostenosis, operation for - single suture

Services under this item are expected to be claimed under new item 40119.



Deleted item 40118 – Craniostenosis, operation for - more than 1 suture

Services under this item are expected to be claimed under new item 40119.

New item 40119 – Operation for craniostenosis

Overview: New item consolidating deleted item 40115 and 40118. New item removes suture specifications and excludes co-claiming with cranioplasty.

Item Descriptor: Craniostenosis, operation for, other than a service associated with a service to which item 40600 applies.

MBS fee: \$984.85

Benefit: 75% = \$738.65

T8 – Surgical Operations – 7. Neurosurgical – Epilepsy

Amended item 40700 - Corpus callosotomy for epilepsy

Overview: Item descriptor amended to allow different approaches to corpus callosotomy, and include stereotaxy. It is clinically unnecessary to specify the anterior section of the corpus callosum.

Item descriptor: Corpus callosotomy, for epilepsy, including stereotaxy.

MBS fee: \$2,415.70

Benefit: 75% = \$1,811.75

Amended item 40703 - Corticectomy, topectomy or partial lobectomy for epilepsy

Overview: Item amended to include stereotaxy and cranioplasty.

Item descriptor: Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty.

MBS fee: \$2,499.10

Benefit: 75% = \$1,874.30



Amended item 40706 - Hemispherectomy or functional hemispherectomy for intractable epilepsy

Overview: Item descriptor amended to include functional hemispherectomy (better describes modern clinical practice), and include stereotaxy.

Item descriptor: Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy.

MBS fee: \$3,571.10

Benefit: 75% = \$2,678.30

Amended item 40709 - Intracranial electrode placement via burr-hole

Overview: Item descriptor amended to provide greater clarity and include stereotaxy.

Item descriptor: Intracranial electrode placement by burr hole, including stereotaxy.

MBS fee: \$1,500.70

Benefit: 75% = \$1,125.50

Amended item 40712 –Intracranial electrode placement via craniotomy, single or multiple, including stereotactic EEG

Overview: Item descriptor amended to allow placement of stereotactic electrocephalogram electrodes (SEEG); specify that the item covers single or multiple electrode placements. In addition, item amended to include stereotaxy. SEEG can result in better outcomes for epilepsy surgery patients.

Item descriptor: Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy.

MBS fee: \$3,571.10

Benefit: 75% = \$2,678.30



T8 – Surgical Operations – 7. Neurosurgical – Stereotactic Procedures

Deleted item 40800 – Stereotactic anatomical localisation, as an independent procedure

Services under this item are expected to be claimed under stereotaxy item 40803.

Amended item 40801 - Functional stereotactic procedure in the basal ganglia, brain stem or deep white matter tracts, not being a service associated with deep brain stimulation for Parkinson's disease, essential tremor or dystonia

Overview: Item descriptor amended to allow lesion production by any method – to clarify that the item is agnostic to as the type of technology used for lesion production.

Item descriptor: Functional stereotactic procedure including computer assisted anatomical localisation, physiological localisation, and lesion production, by any method, in the basal ganglia, brain stem or deep white matter tracts, not being a service associated with deep brain stimulation for Parkinson's disease, essential tremor or dystonia.

MBS fee: \$1,800.35

Benefit: 75% = \$1,350.25

Deleted item 40903 – Neuroendoscopy, for inspection of an intraventricular lesion, with or without biopsy including burr hole

Item redundant. Item describes a technology rather than a procedure. Procedure is already described in item 40012, and included as part of the surgical technique in other procedures where it is needed.

Amended item 40905 - Craniotomy, performed by a neurosurgeon in conjunction with correction of craniofacial abnormalities

Overview: Item descriptor amended to allow usage by neurosurgeons only and remove the specified items to be performed in conjunction with craniofacial abnormality corrections.

Item descriptor: Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities.

MBS fee: \$620.50

Benefit: 75% = \$465.35



To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

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.