

# Medicare Benefits Schedule – 1 November Changes

MBS changes effective on or after 1 November 2020



**Australian Government**  
**Department of Health**



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Department of Health



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Australian Government  
Department of Health

# Introduction

## Presenter:

Mr Andrew Simpson  
Assistant Secretary  
Medicare Reviews Branch  
Department of Health



# Welcome

- ✓ The presentation today will be recorded and published online after the session.
- ✓ We welcome questions during and after the session and will provide a summary of these questions online at [www.health.gov.au](http://www.health.gov.au), including responses to any questions that time does not permit for today.
- ✓ If you experience any IT issues during the session, please contact Rachel Wells on 02 6289 7946 or 0413 360 926.

# Today's sessions

## Medicare Benefits Schedule 1 November 2020

This session will be recorded as a webinar and will be published online. Today's presentation can be accessed from the Department's website at: [www.health.gov.au](http://www.health.gov.au) and search for 'stakeholder forums'.

1

Neurosurgery & Neurology

2

Urology

3

Blood Products and  
Chemotherapy

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## Stakeholder forums - Medicare Benefits Schedule Review

The Medicare Benefits Schedule Review Taskforce has held a number of forums and webinars to engage with stakeholders throughout the Review.

Page last updated: 22 June 2020

For information on upcoming stakeholder events, please subscribe the MBS Review mailing list by emailing the [MBS Review team](#).

- [Forum dates and locations](#)
- [Forum presentations and summary memoranda](#)

### Forum dates and locations

#### 2020

- Canberra, webinar (29 June 2020) – 1 August 2020 MBS changes  
[Register before 29 June 2020.](#)

#### 2019



#### HEALTHIER MEDICARE

##### Medicare Benefits Schedule Review

- About the MBS Review
- Clinical committees and working groups
- Consultations
- Recommendations to Government
- Government responses to recommendations
- Outcomes of Taskforce meetings
- Newsletters

##### Stakeholder forums

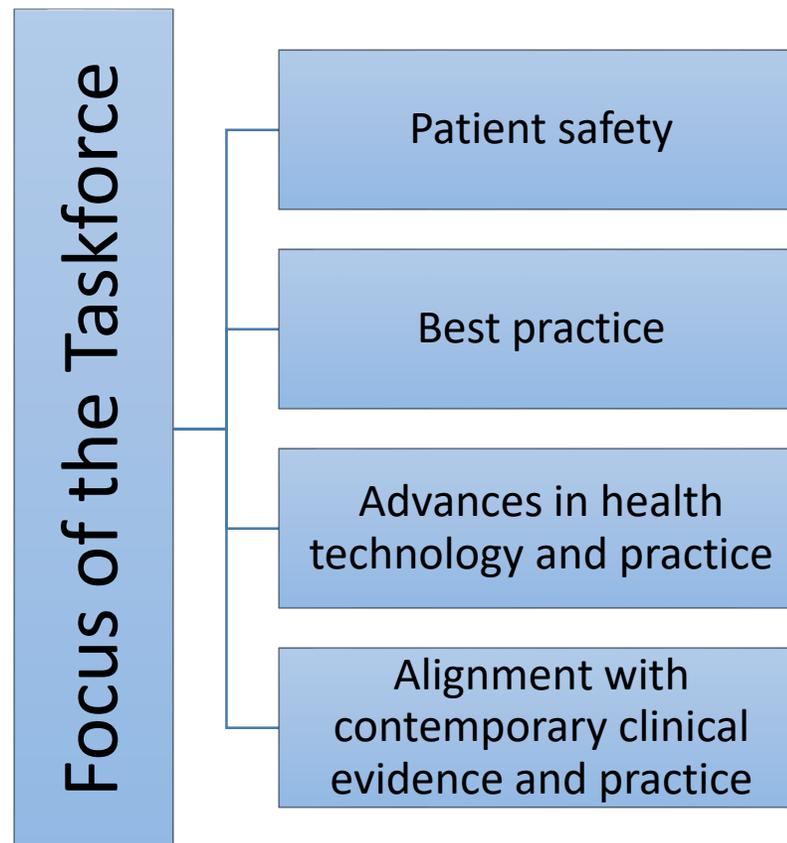
- Primary Health Care Advisory Group

# Achieving a modern and sustainable Medicare

- ✓ The MBS supports the delivery of over 400 million health services a year.
- ✓ Over the next 4 years the MBS will outlay over \$100 billion.
- ✓ A modern and sustainable Medicare program must support access to high-quality and effective services.
- ✓ It must also support services that reflect current clinical evidence and contemporary best medical practice.

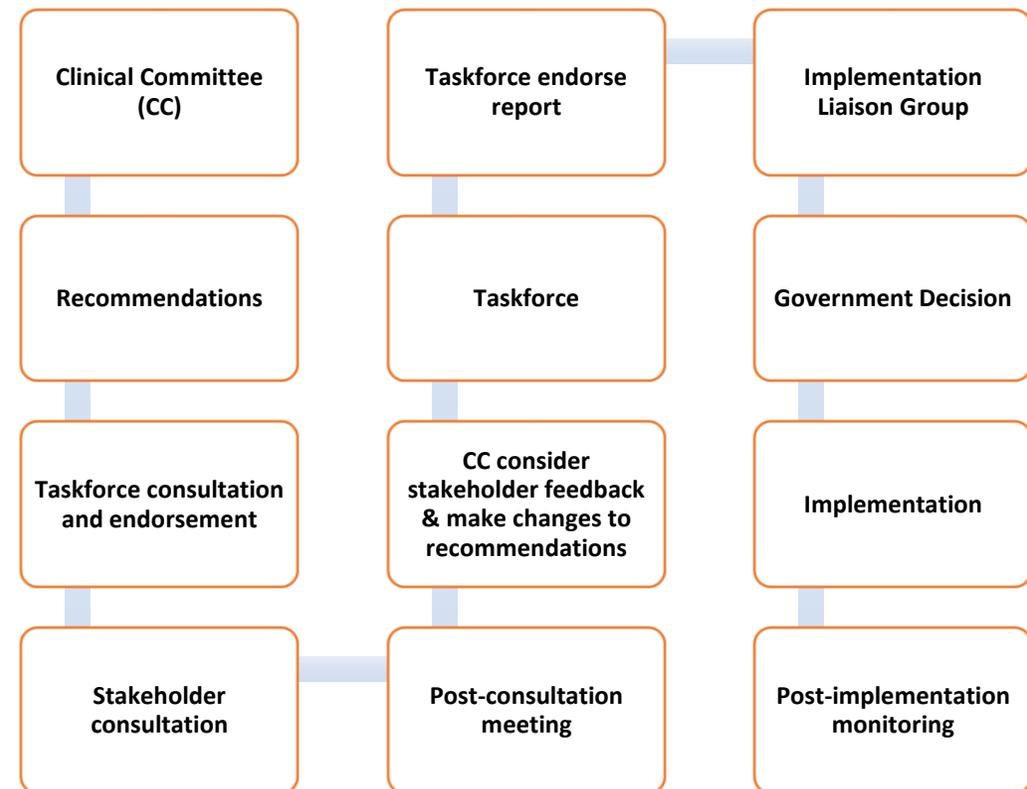
# The MBS Review

- The MBS Review Taskforce was established in 2015.
  - ✓ Chaired by Professor Bruce Robinson
  - ✓ Includes over 70 Clinical Committees
  - ✓ Informed by over 700 independent clinicians, consumers and health system experts
  - ✓ Has reviewed more than 5,700 MBS items
  - ✓ Made over 1300 recommendations, that will change the majority of items on the Schedule
  - ✓ Amended, deleted, consolidated and added services

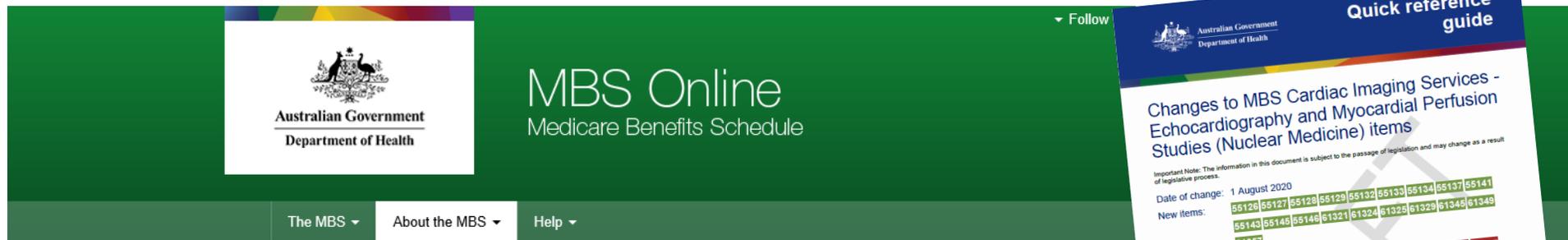


# The MBS Review Process

- Reviewing and implementing changes to different MBS specialties, can take up to 3 years
  - ✓ To date, the Government has accepted and implemented approximately 350 recommendations changing over 1200 items
- 5 phases of activity
  - ✓ Initial Review
  - ✓ Consultation
  - ✓ Consideration by Government
  - ✓ **Implementation**
  - ✓ Evaluation



# Finding materials on MBS Online



Home / About the MBS / Fact Sheets /

## Current Factsheets

Page last updated: 12 September 2020

### September 2020

[Safe and Best Practice Cardiac Imaging Services](#)

[Changes to item 73343](#)

### August 2020

[Factsheet - Additional 10 individual psychological therapy sessions](#)

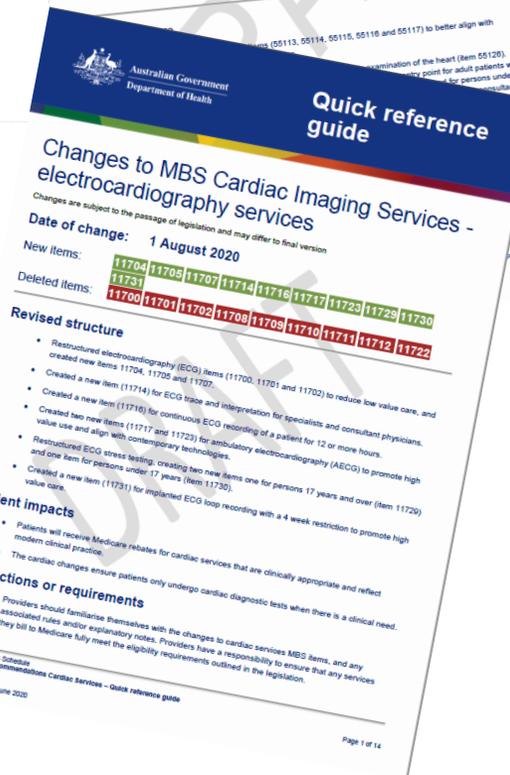
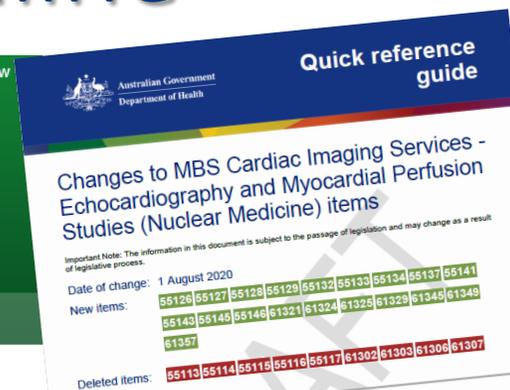
[Change to Botulinum Toxin Injection Item 18365 Factsheet](#)

[Safe and Best Practice Cardiac Imaging Services](#)

[Changes to item 73295](#)

[Changes to item 73344](#)

[Factsheet on MBS item 69501](#)



# 1 November 2020 MBS Changes

Changes referred to in this presentation are subject to finalisation of regulatory amendments and parliamentary scrutiny.



**Australian Government**

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**Department of Health**

**Neurosurgery & Neurology session  
will start at 12:15PM (AEST).**

# Neurosurgery & Neurology Services

Presenter:

Dr Andrew Singer, AM, MBBS, FACEM, FIFEM

Andrew Singer is Principal Medical Adviser in the Australian Government Department of Health, advising on policy and issues involving acute care, healthcare safety and quality, the Medical Benefits Schedule Review as well as medical education, training and workforce. He is an Adjunct Associate Professor in the Australian National University Medical School, as well as Emergency and Retrieval Senior Specialist at Canberra Health Services. Andrew is a former Censor-in-Chief and President of the Australasian College for Emergency Medicine and has been on the executive with the International Federation for Emergency Medicine. He is a Director and Committee Chair with the Australian Medical Council.



# Changes to MBS items for neurosurgery and neurology services – from 1 November 2020

Changes referred to in this presentation are subject to finalisation of regulatory amendments and parliamentary scrutiny.

# What does this mean for patients?

- Improved patient safety and quality of care.
- Ensure that MBS funded services represent value for the patient and the community.
- Consolidation into a complete medical service will simplify the MBS, making it easier to understand and support more consistent billing for patients.

# What does this mean for providers?

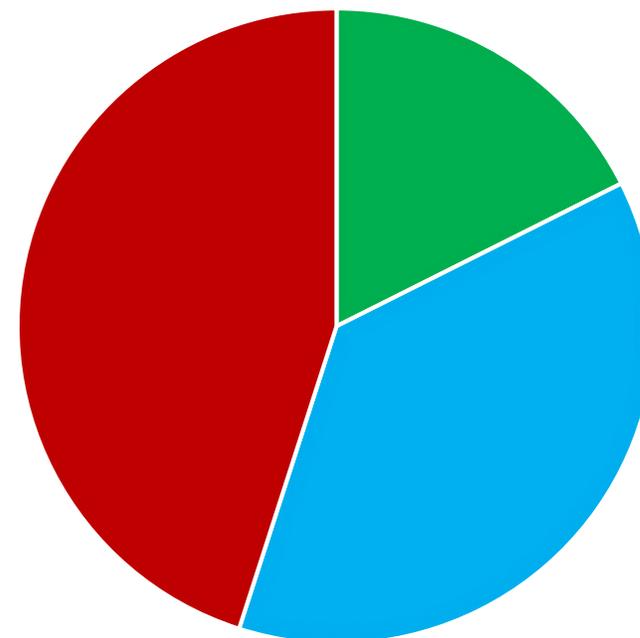
- Medicare funding will align with and support contemporary clinical practice.
- Consolidation into complete medical services will simplify the MBS and support more uniform billing across patients.
- Providers will need to familiarise themselves with the changes, and any associated rules and explanatory notes.
- Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

# Neurosurgery & neurology changes

- **16 new items** including consolidation of existing items to simplify the MBS
- **34 amended items** to ensure services better reflect contemporary best practice
- **42 deleted items** to services considered obsolete or now consolidated into new items
- **2 new explanatory notes** to support best practice
- Amendments include changes to
  - Item descriptors
  - Existing explanatory notes
  - Schedule fees
  - Private Health Insurance classifications

## ITEM CHANGES

■ New ■ Amended ■ Deleted



# Neurosurgery & neurology changes

- Guidance towards higher-value use of EEG.
- Inclusion of stereotaxy and cranioplasty in several neurosurgical items.
- Consolidation of neurosurgical items.
- Creation of new items for conjoint surgery and awake craniotomy.

# Neurology revised structure

## **NEW**

14234, 14237

## **AMENDED**

11003, 11004, 11005, 11009

## **DELETED**

11006, 14230, 14233, 14236, 14239, 14242

## **NEW EXPLANATORY NOTES**

11000, and 11012, 11015, and 11018

# Electroencephalography

- New explanatory note discouraging item use for low value indications.
- New standardised national referral form.

Item	Item Descriptor	New explanatory Note
11000	Electroencephalography, not being a service: (a) associated with a service to which item 11003 or 11009 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)	<p><b>DN.1.24</b></p> <p>Routine electroencephalography should not be performed for the following indications/presentations, except after discussion with a Neurologist. In some of these situations a routine EEG is of relatively low diagnostic value, while in others it would be more appropriate to refer the patient directly for a prolonged EEG, or to a Neurologist for consultation and possible further investigation:</p> <ul style="list-style-type: none"> <li>- Suspected Psychogenic Non-Epileptic Seizures (PNES)</li> <li>- Syncope</li> <li>- Exclusion of a mass lesion</li> <li>- Headache &amp; migraine</li> <li>- Behavioural disturbance/aggression</li> <li>- Tics</li> <li>- Postural dizziness</li> <li>- Non-specific fatigue</li> <li>- Intellectual impairment</li> <li>- Paediatric simple febrile seizures</li> <li>- Breath-holding spells</li> <li>- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD).</li> </ul>

# Electroencephalography

- Amended to require electrode placement in line with standard from International Federation of Clinical Neurophysiology.

Item	Item Descriptor
11003	<p>Electroencephalography, prolonged recording lasting at least 3 hours, that requires multi channel recording using:</p> <p>(a) for a service not associated with a service to which an item in Group T8 applies—standard 10 20 electrode placement; or</p> <p>(b) for a service associated with a service to which an item in Group T8 applies—either standard 10 20 electrode placement or a different electrode placement and number of recorded channels;</p> <p>other than a service:</p> <p>(c) associated with a service to which item 11000, 11004 or 11005 applies; or</p> <p>(d) involving quantitative topographic mapping using neurometrics or similar devices.</p>
11004	<p>Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours' duration up to 24 hours' duration, recording on the first day, requiring multi-channel recording and full 10-20 electrode placement, not being a service:</p> <p>(a) associated with a service to which item 11000, 11003 or 11005 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices.</p>
11005	<p>Electroencephalography, ambulatory or video, prolonged recording of at least 3 hours' duration up to 24 hours' duration, recording on each day subsequent to the first day, requiring multi-channel recording and full 10-20 electrode placement, not being a service: (a) associated with a service to which item 11000, 11003 or 11004 applies; or (b) involving quantitative topographic mapping using neurometrics or similar devices.</p>

# Electrocorticography

## Item 11009

- Schedule fee increased to \$335.85
- This is a complex and long procedure which meaningfully improves patient outcomes.

# Neuromuscular electrodiagnosis

- New explanatory note to discourage use of item in low-value situations.
- New standardised national referral form.

Item	New explanatory note
<p>11012</p> <p>11015</p> <p>11018</p>	<p><b>DN.1.32</b></p> <p>Nerve conduction studies and/or EMG should not be used in the following indications/situations. In some of these situations these tests would be of relatively low diagnostic value, while in others it would be more appropriate to refer the patient for alternative investigations first (e.g. magnetic resonance imaging [MRI] in mild radiculopathy).</p> <ul style="list-style-type: none"> <li>- Muscle pain in the absence of other abnormalities on examination or laboratory testing</li> <li>- A four limb needle EMG/nerve conduction study for neck and back pain after trauma</li> <li>- EMG for low back pain without leg pain or sciatica.</li> </ul>

# Other Therapeutic Procedures

## New MBS item 14234

- Item consolidates deleted items 14230, 14233 and 14239.
- Existing explanatory note **TN.1.18** applies

Item	Item Descriptor	Proposed Fee
14234	Infusion pump and/or components thereof, removal or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	\$373.20

## New MBS item 14237

- Item consolidates deleted items 14236 and 14242.
- Existing explanatory note **TN.1.18** applies

Item	Item Descriptor	Proposed Fee
14237	Infusion pump or components thereof, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity (Anaes.)	\$680.55

# Neurosurgery revised structure

## NEW

39007, 39113, 39604, 39610, 39638, 39639, 39641, 39651, 39710, 39720, 39801, 40004, 40104, 40119

## AMENDED

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

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

# General procedures

## New MBS item 39007

- New item consolidating deleted items 39003, 39006, 39009 and 39012.
- Consolidates the various intracranial access procedure items and include the creation of a burr-hole.

Item	Item Descriptor	Proposed Fee
39007	Procedure to obtain access to intracranial space (including subdural space, ventricle or basal cistern), percutaneously or by burr-hole (Anaes.)	\$164.40

## Item 39015

- Descriptor includes insertion of a parenchymal pressure monitoring device.
- Ventricular reservoir/drain insertion removed and moved to new item 39018.
- Excludes the use of stereotaxy (40803; co-claiming restriction).
- Consolidates the various intracranial access procedure items and include the creation of a burr-hole.

Item	Item Descriptor	Proposed Fee
39015	Intracranial parenchymal pressure monitoring device, insertion of—including burr hole (excluding after care) (Anaes.)	\$387.75

# General procedures

## Item 39018

- Descriptor includes related procedures and stereotaxy.

Item	Item Descriptor	Proposed Fee
39018	Cerebrospinal reservoir, ventricular reservoir or external ventricular drain, insertion of, with or without stereotaxy (Anaes.)	\$852.50

# Pain procedures

## Item 39109

- Item descriptor includes stereotaxy.
- Schedule fee increase, in accordance with the multiple operation rule.

Item	Item Descriptor	Proposed Fee
39109	Trigeminal gangliotomy by radiofrequency, balloon or glycerol, including stereotaxy (Anaes.)	\$1461.90

## New MBS item 39113

- New item consolidating deleted items 39106, 39112 and 39500.
- Schedule fee aligns with deleted item 39112 and includes stereotaxy (40803) and cranioplasty (40600), in accordance with the multiple operation rule.

Item	Item Descriptor	Proposed Fee
39113	Cranial nerve, neurectomy or intracranial decompression of, using microsurgical techniques, including stereotaxy and cranioplasty (Anaes.)	\$2452.40

# Cranial nerve procedures

## Item 39503

- Descriptor change and co-claiming restriction to prevent co-claiming with stereotaxy (item 40803)

Item	Item Descriptor	Proposed Fee
39503	Facio-hypoglossal nerve or facio-accessory nerve, anastomosis of, not being used in association with item 40803 (Anaes.) (Assist.)	<b>\$2,452.40</b>

# Cranio-cerebral injuries

## New MBS item 39604

- New item consolidating deleted items 39600, 39603, 39721, and 40015.
- Schedule fee aligns with deleted item 39603 with the addition of stereotaxy, in accordance with the multiple operation rule.
- This item is payable for each episode of post-operative re-opening.

Item	Item Descriptor	Proposed Fee
39604	<p>Any of the following procedures for intracranial haemorrhage or swelling:</p> <p>(a) craniotomy, craniectomy or burr-holes for removal of intracranial haemorrhage, including stereotaxy;</p> <p>(b) craniotomy or craniectomy for brain swelling, stroke, or raised intracranial pressure, including for subtemporal decompression, including stereotaxy; or</p> <p>(c) post-operative re-opening, including for swelling or post-operative cerebrospinal fluid leak.</p> <p>(Anaes.) (Assist.)</p>	<p><b>\$1,849.60</b></p>

# Cranio-cerebral injuries

## New MBS item 39610

- New item consolidating deleted items 39606 and 39609.
- Schedule fee aligns with deleted item 39609.

Item	Item Descriptor	Proposed Fee
39610	Fractured skull, without brain laceration or dural penetration, repair of (Anaes.) (Assist.)	\$984.85

## Item 39612

- Amended to specify usage in skull fractures with brain laceration and dural repair, but without cerebrospinal fluid rhinorrhoea or otorrhoea.

Item	Item Descriptor	Proposed Fee
39612	Fractured skull, with brain laceration or dural penetration but without cerebrospinal fluid rhinorrhoea or otorrhoea, repair of (Anaes.) (Assist.)	\$1,155.50

# Cranio-cerebral injuries

## Item 39615

- Amended to specify usage in traumatic skull fractures with cerebrospinal fluid rhinorrhoea or otorrhoea.
- Schedule fee increased, in accordance with the multiple operation rule .

Item	Item Descriptor	Proposed Fee
39615	Fractured skull, after trauma, with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	<b>\$1,971.75</b>

# Skull base surgery

## New MBS item 39638

- New item to facilitate conjoint surgery in the anterior and/or middle cranial fossae or the cavernous sinus.
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39638	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, (Anaes.) (Assist.)	<b>\$4,390.15</b>

## New MBS item 39639

- New item to facilitate conjoint surgery in the anterior and/or middle cranial fossae or the cavernous sinus.
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39639	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 (Assist.)	<b>\$3,508.20</b>

# Skull base surgery

## New MBS item 39641

- New item for solo surgeon consolidating deleted items 39640, 39642, 39646, 39650 and 39660.
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39641	Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	\$4,630.50

## New MBS item 39651

- New item for solo surgeon consolidating deleted items 39653, 39658 and 39662.
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39651	Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty - one surgeon (Anaes.) (Assist.)	\$5,712.85

# Skull base surgery

## Item 39654

- 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.
- Schedule fee includes stereotaxy (item 40803) and cranioplasty (item 40600).
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39654	Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, principal surgeon (Anaes.) (Assist.)	<b>\$4,390.15</b>

# Skull base surgery

## Item 39656

- 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.
- Schedule fee includes stereotaxy (item 40803) and cranioplasty (item 40600).
- Existing explanatory note TN.8.70 applies.

Item	Item Descriptor	Proposed Fee
39656	Petro clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty—conjoint surgery, co surgeon (Assist.)	<b>\$3,508.20</b>

# Intracranial neoplasms

## Item 39700

- Descriptor amended and schedule fee increased to include stereotaxy (item 40803) and cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
39700	Skull tumour, benign or malignant, excision of, including stereotaxy and cranioplasty (Anaes.) (Assist.)	\$1,869.00

## Item 39703

- Descriptor amended and schedule fee increased to include stereotaxy (item 40803)

Item	Item Descriptor	Proposed Fee
39703	Intracranial tumour, cyst or other brain tissue, either or both of: (a) burr hole and biopsy of; (b) drainage of; including stereotaxy (Anaes.) (Assist.)	\$1,500.70

# Intracranial neoplasms

## New MBS item 39710

- New item consolidating deleted items 39706 and 39709.
- For surgery on tumours through a single craniotomy.

Item	Item Descriptor	Proposed Fee
39710	Intracranial tumour, biopsy, drainage, decompression or removal of one or more of via a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	<b>\$2,499.10</b>

# Intracranial neoplasms

## Item 39712

- Descriptor amended and schedule fee increased to specify that it covers all procedures performed through a single craniotomy and includes stereotaxy and cranioplasty.

Item	Item Descriptor	Proposed Fee
39712	<p>Transcranial tumour removal or biopsy of one or more of any of the following:</p> <ul style="list-style-type: none"> <li>(a) meningioma;</li> <li>(b) pinealoma;</li> <li>(c) cranio pharyngioma;</li> <li>(d) pituitary tumour;</li> <li>(e) intraventricular lesion;</li> <li>(f) brain stem lesion;</li> <li>(g) any other intracranial tumour;</li> </ul> <p>by any means (with or without endoscopy), through a single craniotomy, including stereotaxy and cranioplasty (Anaes.) (Assist.)</p>	<p><b>\$3,817.30</b></p>

# Intracranial neoplasms

## Item 39715

- Descriptor amended and schedule fee increased to specify a transphenoidal approach, include stereotaxy (item 40803) and dermis, dermofat or fascia grafting (item 45018).
- Co-claiming with cranioplasty restricted.

Item	Item Descriptor	Proposed Fee
39715	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 (Anaes.) (Assist.)	\$2,786.00

## Item 39718

- Descriptor amended to include neuroendoscopy, and schedule fee increased to include stereotaxy (item 40803).

Item	Item Descriptor	Proposed Fee
39718	Arachnoidal cyst, craniotomy for, including stereotaxy and neuroendoscopy (Anaes.) (Assist.)	\$1,682.90

# Intracranial neoplasms

## New MBS item 39720

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

Item	Item Descriptor	Proposed Fee
39720	Awake craniotomy for functional neurosurgery (Anaes.) (Assist.)	<b>\$3,571.05</b>

# Cerebrovascular disease

## New MBS item 39801

- New item to consolidate deleted items 39800, 39806 and 39812.
- Consolidated items use similar techniques and have low volume use

Item	Item Descriptor	Proposed Fee
39801	Aneurysm, clipping, proximal ligation, or reinforcement of sac, including stereotaxy and cranioplasty (Anaes.) (Assist.)	\$5,712.85

## Item 39803

- Descriptor amended to include the services described by item 39815, as well as any related angiography, if these are performed surgically via a craniotomy.
- Schedule fee increased

Item	Item Descriptor	Proposed Fee
39803	Intracranial arteriovenous malformation or fistula, treatment through a craniotomy, including stereotaxy, cranioplasty and all angiography (Anaes.) (Assist.)	\$5,712.85

# Cerebrovascular disease

## Item 39818

- Descriptor amended to provide greater clarity and distinguish between indirect methods (generally used in paediatric cases) and direct methods.
- Schedule fee increased.

Item	Item Descriptor	Proposed Fee
39818	Intracranial vascular bypass using indirect techniques, including stereotaxy (Anaes.) (Assist.)	<b>\$2,500.95</b>

## Item 39821

- Descriptor amended to include neuroendoscopy, and schedule fee increased to include stereotaxy (item 40803).

Item	Item Descriptor	Proposed Fee
39821	Intracranial vascular bypass using direct anastomosis techniques, including stereotaxy (Anaes.) (Assist.)	<b>\$3,563.35</b>

# Neurosurgical infections

## Items 39900 and 39903

- Amended to simplify the descriptor's language and include stereotaxy
- Schedule fees increased to include stereotaxy (item 40803), and exclude cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
39900	Intracranial infection, treated by burr hole, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	\$1,500.70
Item	Item Descriptor	Proposed Fee
39903	Intracranial infection, treated by craniotomy, including stereotaxy, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	\$2,252.90

## Item 39906

- Amended item descriptor to restrict co-claiming with stereotaxy (item 40803) and cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
39906	Osteomyelitis of skull or removal of infected bone flap, craniectomy for, other than a service associated with a service to which item 40600 applies (Anaes.) (Assist.)	\$822.00

# CSF circulation disorders

## New MBS item 40004

- New item consolidating deleted items 40000, 40003, 40006 and 40009. Includes stereotaxy.
- Schedule fee aligns with deleted item 40003 with the addition of stereotaxy (item 40803), in accordance with the multiple operation rule.

Item	Item Descriptor	Proposed Fee
40004	Ventricular, lumbar or cisternal shunt diversion, insertion or revision of, including stereotaxy (Anaes.) (Assist.)	\$1,706.15

## Item 40012

- Amended descriptor to specify that endoscopy is used, and that the intention is the treatment of CSF circulation disorders. Stereotaxy included.
- Schedule fee increased to include stereotaxy (item 40803).

Item	Item Descriptor	Proposed Fee
40012	Endoscopic ventriculostomy for treatment of cerebrospinal fluid circulation disorders, including stereotaxy (Anaes.) (Assist.)	\$1,764.30

# Congenital disorders

## New MBS item 40104

- New item consolidating deleted items 40100 and 40103.
- Covers spinal pathologies only and removes unnecessary specifications around how closure is performed.
- Includes co-claiming restriction of stereotaxy (item 40803) and cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
40104	Spinal myelomeningocele or spinal meningocele, excision and closure of, not being used in association with items 40803 or 40600 (Anaes.) (Assist.)	\$1,046.95

## Item 40106

- Amended descriptor to include reconstruction.
- Excludes co-claiming with cranioplasty (item 40600).
- Laminectomy (item 40306), stereotaxy (item 40803) and dermofat graft (item 45018), included to provide for full medical service.

Item	Item Descriptor	Proposed Fee
40106	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 (Anaes.) (Assist.)	\$2,485.45

# Congenital disorders

## Item 40109

- Amended descriptor to include cranial meningoceles, and include reconstruction.
- Include stereotaxy (item 40803) and dermofat graft (item 45018)

Item	Item Descriptor	Proposed Fee
40109	Encephalocele or cranial meningocele, excision and closure of, including stereotaxy and dermofat graft (Anaes.) (Assist.)	\$1,929.05

## Item 40112

- Amended descriptor to include laminectomy (item 40306) and spinal rhizolysis (item 40330) Exclude co-claiming with cranioplasty (item 40600).
- Change the item descriptor and schedule fee to include laminectomy and spinal rhizolysis.

Item	Item Descriptor	Proposed Fee
40112	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 (Anaes.) (Assist.)	\$2,464.15

# Congenital disorders

## New MBS item 40119

- New item to consolidate deleted items 40115 and 40118.
- Item removes suture specifications and excludes co-claiming with cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
40119	Craniostenosis, operation for, not being used in association with item 40600 (Anaes.) (Assist.)	\$984.85

# Epilepsy surgery

## Item 40700

- Amended descriptor to allow different approaches to corpus callosotomy.
- Descriptor and schedule fee include stereotaxy (item 40803)

Item	Item Descriptor	Proposed Fee
40700	Corpus callosotomy, for epilepsy, including stereotaxy (Anaes.) (Assist.)	\$2,415.70

## Item 40703

- Amended descriptor and to include stereotaxy (item 40803) and cranioplasty (item 40600).

Item	Item Descriptor	Proposed Fee
40703	Corticectomy, topectomy or partial lobectomy, for epilepsy, including stereotaxy and cranioplasty (Anaes.) (Assist.)	\$2,499.10

# Epilepsy surgery

## Item 40706

- Amended descriptor to include functional hemispherectomy (better describes modern clinical practice).
- Schedule fee aligns with item 39712, before the addition of item 40803, in accordance with the multiple operation rule.

Item	Item Descriptor	Proposed Fee
40706	Hemispherectomy or functional hemispherectomy, for intractable epilepsy, including stereotaxy (Anaes.) (Assist.)	\$3,571.10

## Item 40709

- Amended descriptor to provide greater clarity and include stereotaxy.
- Schedule fee increased to include stereotaxy (item 40803).

Item	Item Descriptor	Proposed Fee
40709	Intracranial electrode placement by burr hole, including stereotaxy (Anaes.) (Assist.)	\$1,500.70

# Epilepsy surgery

## Item 40712

- Amended descriptor to allow placement of stereotactic electroencephalogram electrodes (SEEG), specify that the item covers single or multiple electrode placements. SEEG can result in better outcomes for epilepsy surgery patients.
- Schedule fee increased to align with item 39712, before the addition of item 40803, in accordance with the multiple operation rule.

Item	Item Descriptor	Proposed Fee
40712	Intracranial electrode placement by craniotomy, single or multiple, including stereotactic EEG, including stereotaxy (Anaes.) (Assist.)	<b>\$3571.10</b>

# Stereotactic procedures

## Item 40801

- Amended descriptor 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	Item Descriptor
40801	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 (Anaes.) (Assist.)

# Miscellaneous neurosurgical procedures

## Item 40905

- Amended descriptor to allow usage by neurosurgeons only, and remove the specified items to be performed in conjunction with craniofacial abnormality corrections.
- A provider restrictor has been created to allow usage by neurosurgeons only.

Item	Item Descriptor
40905	Craniotomy, performed by a neurosurgeon in conjunction with the correction of craniofacial abnormalities (Anaes.) (Assist.)

## Other non-item based changes

- New standardised national referral form for routine electroencephalography, nerve conduction studies and electromyography requests.
- New standardised national referral form for central nervous system evoked response testing requests.

# Summary of PHI Changes

- **16 new items** - added to 'Brain and Nervous System' clinical category, accommodation classification as follows:
  - *Type A surgical*
    - 14234 and 14237
  - *Type A advanced surgical*
    - 39113, 39604, 39610, 39638, 39639, 39641, 39651, 39710, 39720, 39801, 40004, 40104 and 40119
  - *Unlisted*
    - 39007 (avoid certification and doesn't meet MBS fee threshold for *Type A surgical*)
- **6 amended item** changes –
  - 11009 removed from *Type C* to reflect current service provision in hospital
  - 39109, 39700, 39703, 39900 and 40709 amended to *Type A advanced surgical* due to the amended MBS fee meeting threshold

\*Note: Corrections have been made to this slide post Webinar therefore the content does not match the verbal outline. The content on this slide is correct.



# Q&A