



New Medicare Benefits Schedule (MBS) items for the treatment of cutaneous T-cell lymphoma with extracorporeal photopheresis

Last updated: 26 October 2020

What are the changes?

From 1 November 2020, the Australian Government is introducing two new items on the Medicare Benefits Schedule (MBS) for the treatment of cutaneous T-cell lymphoma (CTCL) with extracorporeal photopheresis (ECP), including:

- Item 14247: ECP for the first six months of treatment for cutaneous T-cell lymphoma administered under the supervision of a specialist or consultant physician in the speciality of haematology, with a schedule fee of \$1,908.35
- Item 14249: ECP for after the first six months of treatment for cutaneous T-cell lymphoma administered under the supervision of a specialist or consultant physician in the speciality of haematology, with a schedule fee of \$1,908.35

Why are the changes being made?

These changes follow a recommendation from the Medical Services Advisory Committee (MSAC) in April 2020 that ECP for the treatment of CTCL be listed on the MBS. CTCL is a rare type of lymphoma characterised by the accumulation of malignant T-cells in the skin resulting in raised, rash-like or itchy patches of skin, skin lumps or ulcers and swollen lymph nodes.

An ECP service is indicated for the management of CTCL in patients who have experienced disease progression or unacceptable toxicity on other systemic treatments for CTCL. It is an apheresis-based immunomodulatory therapy performed via intravenous access, comprising three stages: leukapheresis, photoactivation and reinfusion. Blood is passed through multiple cycles of leukapheresis. The new MBS items are to be provided in combination with the Pharmaceutical Benefits Scheme subsidised methoxsalen (a substance used as part of the ECP service).

The new MBS items for ECP for the initial treatment for CTCL (item 14247) and the continuing treatment for CTCL (item 14249) will create patient access to Medicare benefits for these services. This change will also meet a previously unmet clinical need and support equitable patient access to these services.

More information about MSAC's recommendation is available on [MSAC's website](#).



What does this mean for providers/referrers/other stakeholders?

Eligible Providers will need to ensure that they are familiar with these new MBS items and any applicable explanatory notes.

How will these changes affect patients?

The introduction of these items will ensure patients will now have access to an alternative treatment and to Medicare benefits for ECP for the treatment of CTCL.

Private Health Insurance

Both new MBS items are included in the 'Chemotherapy radiotherapy and immunotherapy for cancer' clinical category in relation to private health insurance coverage. Both new MBS items are listed as 'Type B, non-band specific' procedures, in relation to minimum accommodation benefits, to support equitable patient access given the variable condition of patients undergoing the procedures.

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](#). 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@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the [Private Health Insurance \(Benefit Requirements\) Rules 2011](#). If you have a query in relation to private health insurance you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia 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 Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 1 November 2020 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.