



Changes to lymph node procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30820**

Deleted items: **30096 31420**

Revised structure

- **6 July 2021 update: this factsheet now includes the final item descriptor and fee (inclusive of 1 July 2021 indexation) for new item 30820. Only minor wording changes were made to the item descriptor during the drafting of the legislation, there have been no changes to the clinical intent of the item.**
- From 1 July 2021, Medicare Benefits Schedule (MBS) items for general surgery services are changing to reflect contemporary practice. These changes are a result of MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- There will be changes to MBS services pertaining to general surgery categories: Laparoscopy and Laparotomy; Small Bowel Resection; Abdominal Wall Hernias; Oesophageal; Stomach; Liver; Biliary; Pancreas; Spleen; Oncology; Lymph Nodes; Excisions; and Bariatric.
- These changes are relevant for surgeons involved in the performance and claiming of eligible general surgery services; consumers claiming these services; private health insurers; and private hospitals.
- From 1 July 2021, billing practices will need to be adjusted to reflect these changes.

Patient impacts

Patients will receive Medicare rebates for general surgery services that are clinically appropriate and reflect modern clinical practice. Additionally, patients should no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers. In some cases, the changes will help doctors refer patients for the most suitable test/procedure for them.

Restrictions or requirements

Providers will need to familiarise themselves with the changes to the general surgery 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 the eligibility requirements outlined in the legislation.



Lymph node procedure MBS services changes

New item 30820 Biopsy of lymph node of neck

Overview: Introducing a new item that combines existing items 30096 (diagnostic scalene node biopsy, by open procedure, where the specimen excised is sent for pathological examination) and 31420 (biopsy of lymph node of neck). Items 30096 and 31420 will be deleted.

Item Descriptor: Lymph node of neck, biopsy of, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)

MBS fee: \$191.35

PHI Classification: Type B - Non band specific Type B day procedure

Clinical Category: Ear, nose and throat

Deleted item 30096 Diagnostic scalene node biopsy, by open procedure, if the specimen excised is sent for pathological examination (Anaes.)

MBS Fee: \$189.65 (combined into new item 30820)

Deleted item 31420 Lymph node of neck, biopsy of (Anaes.)

MBS Fee: \$189.65 (combined into new item 30820)

Where can I find more information?

For questions relating to implementation, or to the interpretation of the changes to general surgery MBS items prior to 1 July 2021, please email 1july2021MBSchanges.generalsurgery@health.gov.au. Questions regarding the proposed PHI classifications should be directed to PHI@health.gov.au.

If you have a query relating exclusively to interpretation of the Schedule after the changes to the general surgery items have been implemented on 1 July 2021, please email askMBS@health.gov.au.

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.