Australian Government
Department of Health and Aged Care

Otolaryngology, head and neck surgery changes

Last updated: 12 October 2023

What are the changes?

Subject to the passage of legislation, effective 1 November 2023 there will be amendments to six items for otolaryngology, head and neck services and one item for diagnostic audiology services. The amendments include:

- Item **11332** will be amended to change the word “cochlear” to “cochlea”.
- Item **41603** will be amended to specify that an item for the administration of anaesthetic can be claimed alongside the procedure.
- Items **41740** and **41743** will be amended to restrict co-claiming with item 41749 only when it applies on the same side.
- Item **41870** will be amended to restrict co-claiming with item 41861 only when it applies on the same side.
- Items **41671** and **41693** will be amended to specify the ability for surgical assistance benefits to be claimed.

Why are the changes being made?

These changes are minor amendments to the 1 March 2023 changes to otolaryngology, head and neck services and diagnostic audiology services, to ensure that the changes align with the recommendations made by the MBS Review Taskforce, which were informed by advice from the Otolaryngology, Head and Neck Surgery Clinical Committee. More information about the Taskforce and associated Committees is available at Medicare Benefits Schedule Review in the consumer section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

A full copy of Otolaryngology, Head and Neck Surgery Clinical Committee’s final report can be found in the Clinical Committee section of the Department of Health and Aged Care website, and a full copy of the final MBS Review Taskforce report is available in the Taskforce final reports section of the Department of Health and Aged Care website.

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes set out below, 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.

How will these changes affect patients?

Patients will receive Medicare benefits for otolaryngology, head and neck services and diagnostic audiology services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Otolaryngology, Head and Neck Surgery Clinical Committee was established in 2018 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The recommendations from the clinical committees were released for stakeholder consultation. The clinical committees considered feedback from stakeholders then provided recommendations to the Taskforce in a review report. The Taskforce considered the review reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

The Otolaryngology, Head and Neck Surgery Implementation Liaison Group (ILG) was established in November 2020, which included representatives from the Australian Medical Association, Australasian Society of Otolaryngology, Head and Neck Surgery, Laryngology Society of Australia, Audiology Australia, Independent Audiologists Australia and Private Healthcare Australia.

Following the MBS Review, ongoing consultation occurred with the Australasian Society of Otolaryngology, Head and Neck Surgery and Audiology Australia.

How will the changes be monitored and reviewed?

Service use of amended otolaryngology, head and neck surgery and diagnostic audiology items will be monitored and reviewed post-implementation.

All otolaryngology, head and neck surgery and diagnostic audiology items will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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 www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking ‘Subscribe’.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance*

Act 1973 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* found on the Federal Register of Legislation. 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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

Amended item descriptors (to take effect 1 November 2023 subject to the passage of legislation)

Note:

1. All fees listed include indexation which will be applied 1 November 2023.
2. The Private Health Insurance Classifications for the amended items are subject to final delegate approval.

Category 2 - Diagnostic Procedures and Investigations
Group D1 – Miscellaneous Diagnostic Procedures and Investigations
Subgroup 3 – Otolaryngology
11332 Oto-acoustic emission audiometry for the detection of outer hair cell functioning in the ~~**cochlear**~~ **cochlea**, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, if: (a) the service is performed: (i) on an infant or child who is at risk of permanent hearing impairment; or (ii) on an individual who is at risk of oto toxicity due to medications or medical intervention; or (iii) on an individual at risk of noise induced hearing loss; or (iv) to assist in the diagnosis of auditory neuropathy; and

Category 2 - Diagnostic Procedures and Investigations

(b) a service to which item 82332 applies has not been performed on the patient on the same day

Fee: $64.50 Benefit: 75% = $48.40 85% = $54.85

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 8 – Ear, Nose and Throat

41603

Osseo-integration procedure-implantation of bone conduction hearing system device, in a patient:

(a) With a permanent or long-term hearing loss; and
(b) Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and
(c) With bone conduction thresholds that accord with recognised criteria for the implantable bone conduction hearing device being inserted.

other than a service associated with a service to which item 41554, 45794 or 45797 applies **(Anaes.)**

Fee: $657.30 Benefit: 75% = $493.00 85% = $558.75

Private Health Insurance Classification:

- Clinical category: Implantation of hearing devices
- Procedure type: Type A Surgical

41740
Frontal sinus, catheterisation of, other than a service associated with a service to which item 41749 applies **on the same side** (H) (Anaes.)

Fee: $64.75 Benefit: 75% = $48.60

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Unlisted

41743

Category 3 – Therapeutic Procedures
Frontal sinus, trephine of, other than a service associated with a service to which item 41749 applies **on the same side** (H) (Anaes.) (Assist.) Fee: $371.45 Benefit: 75% = $278.60 Private Health Insurance Classification: • Clinical category: Ear, nose and throat • Procedure type: Type A Surgical
41870 Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which item ~~**41861 or**~~ 41879 applies **or item 41861 applies on the same side** (Anaes.) (Assist.) Fee: $500.65 Benefit: 75% = $375.50 85% = $425.55 Private Health Insurance Classification: • Clinical category: Ear, nose and throat • Procedure type: Type B Non-band specific

Category 3 – Therapeutic Procedures
Group T8 – Surgical Operations
Subgroup 21 – Airway Procedures
41671 Septal surgery, including septoplasty, septal reconstruction, septectomy, closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach, other than a service associated with a service to which item 41689, 41692 or 41693 applies (H) (Anaes.) **(Assist.)** Fee: $577.30 Benefit: 75% = $433.00 Private Health Insurance Classification: • Clinical category: Ear, nose and throat • Procedure type: Type A Surgical
41693 Septal surgery with submucous resection of turbinates, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689, 41692 or 41764 applies (H) (Anaes.) **(Assist.)**

Category 3 – Therapeutic Procedures

Fee: $844.30 Benefit: 75% - $633.25

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type B Non-band specific

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