



Plastic and reconstructive surgery changes – Burn closure items

Last updated: 1 June 2026

What are the changes?

Effective 1 July 2026 there will be amendments to items for the immediate and delayed definitive closure of burn wounds (items 46113 to 46124 and 46130 to 46136). These amendments will include the option for the use of autologous skin cell suspension (ASCS), where the total burn area being treated in the procedure (by one or multiple surgeons) is:

- at least 10% of total body surface for a patient aged less than 15 years; or
- at least 20% of total body surface for a patient aged 15 years or over; or
- for the whole of face.

There will also be amendments to explanatory notes TN.8.273 and TN.8.274, and explanatory note TN.8.301 will be introduced, to provide further guidance on the claiming of burns items. This includes guidance on the use of ASCS on its own or in conjunction with autologous skin grafting for definitive burn wound closure.

Why are the changes being made?

The amendment of burn closure items to include the use of ASCS on its own or in conjunction with autologous skin grafting was recommended by the Medical Services Advisory Committee (MSAC) in August 2025 (refer MSAC application 1801). Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes set out below. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

ASCS will be able to be used on its own or in conjunction with autologous skin grafting for definitive burn wound closure (either immediate or delayed) where the total burn area being treated in the procedure (by one or multiple surgeons) is:

- at least 10% of total body surface for a patient aged less than 15 years; or
- at least 20% of total body surface for a patient aged 15 years or over; or
- for the whole of face.

The percentage of total body surface treated can be either performed solely by one surgeon or collectively by multiple surgeons.

For example, a single surgeon performs immediate definitive burn wound closure under item 46115 on 6% of total body surface for a patient aged less than 15 years. At the same time, another surgeon performs immediate definitive burn wound closure under item 46115 on 6% of total body surface for the same patient. Because the total area being treated in this procedure is at least 10% of total body surface, ASCS or ASCS in conjunction with autologous skin grafting can be used.

How will these changes affect patients?

Patients may be eligible to receive Medicare benefits for definitive burn closure services using ASCS or ASCS in conjunction with autologous skin grafting from 1 July 2026.

Who was consulted on the changes?

The changes were recommended by the MSAC as part of MSAC application 1801.

Throughout the MSAC application process, public consultation on the proposed service was undertaken. The MSAC noted that public consultation feedback was received from 2 professional associations (the Australian and New Zealand Burn Association, and the Australian Society of Plastic Surgeons), 5 health professionals and 1 consumer. The feedback was supportive of the technology and its inclusion in the MBS items.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department of Health, Disability and Ageing's (the department's) compliance program can be found on its website at [Medicare compliance](#).

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 '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 to 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 when available can be accessed via the [Downloads](#) page.

Amended item descriptors (to take effect 1 July 2026)

Category 3 - THERAPEUTIC PROCEDURES
Group T8 - Surgical Operations
Subgroup 13 - Plastic And Reconstructive Surgery
46100 Excision of burnt tissue, or definitive burn wound closure, if: (a) the area of burn excised involves more than 1% of hands, face or anterior neck; and (b) the service is performed in conjunction with a service (the co-claimed service) to which any of items 46101 to 46135 (other than item 46112 or 46124) 46101 to 46111, 46113 to 46123 and 46125 to 46135 apply; other than a service to which item 46112, 46124 or 46136 applies Derived Fee: \$ 40% of the fee for the co-claimed service Private Health Insurance Classification: <ul style="list-style-type: none">• Clinical category: Support list• Procedure type: Unlisted
46112 Excision of burnt tissue, if the area of burn excised involves whole of face (excluding ears)—may be claimed with any one of items 46101 to 46111, based on the percentage total body surface (excluding the face), other than a service associated with a service to which item 46100 applies and excluding aftercare (H) (Anaes.) (Assist.) Schedule Fee: \$2,059.45 Benefit: 75% Private Health Insurance Classification: <ul style="list-style-type: none">• Clinical category: Plastic and reconstructive surgery (medically necessary)• Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46113

Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is not more than 1% of total body surface and to an area of less than 1% of total body surface, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) autologous skin cell suspension for definitive closure, or autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure, if the total area being treated in the procedure is:

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface; or

(iii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound

(H) (Anaes.) (Assist.)

Schedule Fee: \$404.00 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type A Surgical**

Category 3 - THERAPEUTIC PROCEDURES

46114

Excised burn wound closure, or closure of skin defect secondary to burns contracture release, ~~if the defect area is more than 1% but not more than 3% of total body surface and~~ **to an area of at least 1% but less than 3% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) **autologous skin cell suspension for definitive closure, or autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure, if the total area being treated in the procedure is:**

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface; or

(iii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound

(H) (Anaes.) (Assist.)

Schedule Fee: \$641.30 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type A Surgical**

Category 3 - THERAPEUTIC PROCEDURES

46115

Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 3% but not more than 10% of total body surface ~~and~~ **to an area of at least 3% but less than 10% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) **autologous skin cell suspension for definitive closure, or autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure, if the total area being treated in the procedure is:**

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface; or

(iii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound

(H) (Anaes.) (Assist.)

Schedule Fee: \$703.35 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

Category 3 - THERAPEUTIC PROCEDURES

46116

Excised burn wound closure or closure of skin defect secondary to burns contracture release, ~~if the defect area is more than 10% but less than 20% of total body surface and to~~ **an area of at least 10% but less than 20% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **for a patient aged less than 15 years—autologous skin cell suspension for definitive closure, or autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iii) **for a patient aged 15 years or over—autologous skin cell suspension for definitive closure, or autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure, if the total area being treated in the procedure is at least 20% of total body surface; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$1,073.10 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46117

Excised burn wound closure, ~~if the defect area is 20% or more but less than 30% of total body surface and~~ **to an area of at least 20% but less than 30% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$1,443.15 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46118

Excised burn wound closure, ~~if the defect area is 30% or more but less than 40% of total body surface and~~ **to an area of at least 30% but less than 40% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$1,813.90 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46119

Excised burn wound closure, ~~if the defect area is 40% or more but less than 50% of total body surface and~~ **to an area of at least 40% but less than 50% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$2,184.00 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46120

Excised burn wound closure, ~~if the defect area is 50% or more but less than 60% of total body surface and~~ **to an area of at least 50% but less than 60% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$2,553.45 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46121

Excised burn wound closure, ~~if the defect area is 60% or more but less than 70% of total body surface and~~ **to an area of at least 60% but less than 70% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$2,923.60 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46122

Excised burn wound closure, ~~if the defect area is 70% or more but less than 80% of total body surface and~~ **to an area of at least 70% but less than 80% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision;
and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$3,331.00 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46123

Excised burn wound closure, ~~if the defect area is 80% or more of total body surface and to~~ **an area of at least 80% of total body surface**, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) **autologous skin cell suspension for definitive closure; or**
- (iii) **autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or**
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Schedule Fee: \$3,730.50 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46124

Excised burn wound closure of whole of face, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or
- (ii) autologous skin cell suspension for definitive closure; or
- (iii) autologous skin cell suspension in conjunction with autologous skin grafting for definitive closure; or
- (iv) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound;

~~excluding aftercare, other than a service associated with a service to which item 46100 applies~~-(H) (Anaes.) (Assist.)

Schedule Fee: \$2,059.45 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46130

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, **to an area involving less than 1% of total body surface, if the service:**

(a) is provided following a previous procedure that used non autologous temporary wound closure or simple dressings; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension, or autologous skin cell suspension in conjunction with autologous skin grafting, if the total area being treated in the procedure is:

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface

~~if the defect area involves less than 1% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings~~

(H) (Anaes.) (Assist.)

Schedule Fee: \$404.00 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type A Surgical**

Category 3 - THERAPEUTIC PROCEDURES

46131

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, **to an area involving at least 1% but less than 3% of total body surface, if the service:**

(a) is provided following a previous procedure that used non autologous temporary wound closure or simple dressings; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension, or autologous skin cell suspension in conjunction with autologous skin grafting, if the total area being treated in the procedure is:

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface

~~if the defect area involves 1% or more but less than 3% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings~~

(H) (Anaes.) (Assist.)

Schedule Fee: \$641.30 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type A Surgical**

Category 3 - THERAPEUTIC PROCEDURES

46132

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, **to an area involving at least 3% but less than 10% of total body surface, if the service:**

(a) is provided following a previous procedure that used non autologous temporary wound closure or simple dressings; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension, or autologous skin cell suspension in conjunction with autologous skin grafting, if the total area being treated in the procedure is:

(A) for a patient aged less than 15 years—at least 10% of total body surface; or

(B) for a patient aged 15 years or over—at least 20% of total body surface

~~if the defect area involves 3% or more but less than 10% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings~~

(H) (Anaes.) (Assist.)

Schedule Fee: \$703.35 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

Category 3 - THERAPEUTIC PROCEDURES

46133

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, **to an area involving at least 10% but less than 20% of total body surface, if the service:**

(a) is provided following a previous procedure that used non autologous temporary wound closure or simple dressings; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) for a patient aged less than 15 years—autologous skin cell suspension, or autologous skin cell suspension in conjunction with autologous skin grafting; or

(iii) for a patient aged 15 years or over—autologous skin cell suspension, or autologous skin cell suspension in conjunction with autologous skin grafting, if the total area being treated in the procedure is at least 20% of total body surface;

~~if the defect area involves 10% or more but less than 20% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings,~~

(excluding aftercare) (H) (Anaes.) (Assist.)

Schedule Fee: \$1,073.10 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46134

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, to an area involving at least 20% but less than 30% of total body surface, if the service:

(a) is provided following a previous procedure that used non autologous temporary wound closure; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension; or

(iii) autologous skin cell suspension in conjunction with autologous skin grafting;

~~if the defect area involves 20% or more but less than 30% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure,~~

(excluding aftercare) (H) (Anaes.) (Assist.)

Schedule Fee: \$2,374.90 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46135

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, to an area involving at least 30% of total body surface, if the service:

(a) is provided following a previous procedure that used non autologous temporary wound closure; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension; or

(iii) autologous skin cell suspension in conjunction with autologous skin grafting;

~~if the defect area involves 30% or more of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non autologous temporary wound closure;~~

(excluding aftercare) (H) (Anaes.) (Assist.)

Schedule Fee: \$3,730.50 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

Category 3 - THERAPEUTIC PROCEDURES

46136

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, of whole of face, **if the service:**

(a) is provided following a previous procedure that used non autologous temporary wound closure; and

(b) involves:

(i) autologous tissue (split skin graft or other); or

(ii) autologous skin cell suspension; or

(iii) autologous skin cell suspension in conjunction with autologous skin grafting;

~~using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare, other than a service associated with a service to which item 46100 applies~~

(excluding aftercare) (H) (Anaes.) (Assist.)

Schedule Fee: \$2,059.45 Benefit: 75%

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

New and amended explanatory notes (to take effect 1 July 2026)

Category 3 - THERAPEUTIC PROCEDURES

TN.8.273 Modifier Item for Burns Involving Hands, Face or Anterior Neck - (Item 46100)

Item 46100 is a modifier item that provides extra funding for burns involving the hands, face and anterior neck.

The modifier item can be co-claimed ~~with any of items 46101 to 46135 (other than item 46112 or 46124)~~ for the excision of burnt tissue items 46101 to 46111, the immediate closure items 46113 to 46123 and the delayed definitive closure items 46130 to 46135, where excision of burnt tissue or definitive burn wound closure involves greater than 1% of the hands, face or anterior neck.

The modifier items ~~cannot be co-claimed with~~ does not apply to whole of face burns items 46112, 46124 or 46136. This is because the fee for items 46112, 46124 and 46136 was set at a level that incorporates the additional complexity of whole of face procedures.

The derived fee for claims including the modifier item will be an additional 40% of the fee for the co-claimed service.

There may be circumstances where a whole of face burns item (46112, 46124 or 46136) can be claimed in the same procedure as a combination of the modifier item (46100) and a co-claimed service covered by clause (b) of item 46100.

For example, a patient may have burns that require excision and immediate definitive closure for the whole of face as well as the anterior neck. The treating surgeon could claim items 46112 and 46124 for the excision and closure of the whole of face. In addition, the surgeon could claim item 46103 for the excision of the anterior neck with the modifier item (46100) and item 46115 for the definitive closure of the anterior neck with the modifier item (46100), because the excision and closure on the anterior neck involves at least 3% but less than 10% of the total body surface area.

Claiming the modifier item

The modifier item (46100) should be claimed immediately after the burns excision or closure item it is associated with.

If multiple burns excision/closure item are eligible to be claimed with the modifier items (i.e. the excision of burnt tissue ~~or~~ and definitive burn wound closure involves greater than 1% of the hands, face or anterior neck for multiple items) then the modifier item should be claimed immediately after each of the burns excision/closure items it is associated with. However, where multiple burns excision/closure items are claimed, the modifier item may not necessarily apply to each of the items.

For example, for a claim involving burns excision and closure items ~~46101~~ 46102, 46114 and ~~46127~~ 46125, where the modifier item only applies to items ~~46101~~ 46102 and 46114, the following items should be claimed:

Category 3 - THERAPEUTIC PROCEDURES

Excision of burnt tissue item	46101 46102
Modifier item	46100
Immediate closure item	46114
Modifier item	46100
Non-excisional debridement item	46127 46125

When claiming the modifier item with one of the burns excision or closure items:

- the modifier item and the associated burns excision or closure item is treated as one service for the purpose of the Multiple Operation Rule
- the derived fee resulting from claiming the modifier item is calculated before the Multiple Operation Rule is applied/calculated.

TN.8.274 Rules for Burns Excision and Closure Items - (Items 46100 to 46136)

Only one item can be claimed from the excision of burnt tissue items (items 46101 to 46111) for one provider in one operation, based on the total percentage excised by that provider.

Item 46112, for excision of burnt tissue involving the whole of face, may be claimed by one provider with one excision of burnt tissue item (items 46101 to 46111), based on the percentage of total body surface area excised by that provider (excluding the face).

Only one item can be claimed from the immediate closure items (items 46113 to 46123) for one provider in one operation, based on the total percentage treated by that provider.

Item 46124, for immediate closure of the whole of face, may be claimed by one provider with one immediate closure item (items 46113 to 46123), based on the percentage of total body surface area treated by that provider (excluding the face).

Only one item can be claimed from the delayed definitive closure items (items 46125 to 46135) for one provider in one operation, based on the total percentage treated by that provider.

Item 46136, for delayed definitive closure of the whole of face, may be claimed by one provider with one delayed definitive closure item (46125 to 46135), based on the percentage of total body surface area treated by that provider (excluding the face).

For any size of burn, each surgeon can work with another surgeon, and each surgeon chooses the excision or closure item from items 46101 to 46112 based on the area that they, as an individual surgeon, have excised treated.

Where two surgeons are claiming excision or closure items numbers, the sum of items of each of the surgeons should match the total percentage of total body surface area of burn excised or closed for that patient during the procedure.

Excision of burnt tissue items (items 46101 to 46112) can be co-claimed with immediate closure items (items 46113 to 46124), but not with delayed definitive closure items (items 46130 to 46136).

Category 3 - THERAPEUTIC PROCEDURES

When immediate closure is being performed, if it is indicated, both an immediate closure item (items 46113 to 46124) and a non-excisional debridement item (items 46125 to 46129) can be claimed.

Delayed definitive closure items (items 46130 to 46136) cannot be co-claimed with excision of burnt tissue items (items 46101 to 46112), immediate closure items (items 46113 to 46124) or non-excisional debridement items (items 46125 to 46129).

~~The modifier item (46100) can be co-claimed with the excision of burnt tissue items, immediate closure items, the non-excisional debridement items and the delayed closure items, but it cannot to co-claimed with whole of face items 46112, 46124 or 46136.~~

TN.8.301 Burn Wound Closure Involving Autologous Skin Cell Suspension (items 46113 to 46124 and 46130 to 46136)

Autologous skin cell suspension (ASCS) can be used on its own or in conjunction with autologous skin grafting for definitive burn wound closure (either immediate or delayed) where the total burn area being treated in the procedure (by one or multiple surgeons) is:

- at least 10% of total body surface for a patient aged less than 15 years; or
- at least 20% of total body surface for a patient aged 15 years or over; or
- for the whole of face.

For definitive burn wound closure using ASCS or ASCS in conjunction with autologous skin grafting, there may be procedures where the burn area being treated by a single surgeon is less than 10% of total body surface for a patient aged less than 15 years or less than 20% of total body surface for a patient aged 15 years or over. However, the total burn area being treated by multiple surgeons must be at least 10% of total body surface for a patient aged less than 15 years or at least 20% of total body surface for a patient aged 15 years or over.

For example, a single surgeon may be performing immediate definitive burn wound closure under item 46115 on 6% of total body surface for a patient aged less than 15 years. At the same time, another surgeon is performing immediate definitive burn wound closure under item 46115 on 6% of total body surface for the same patient. Because the total area being treated in this procedure is at least 10% of total body surface, ASCS or ASCS in conjunction with autologous skin grafting can be used.

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.