



Otolaryngology, head and neck surgery changes - laryngology

Last updated: 3 January 2023

- From 1 March 2023 there will be changes to 138 Medical Benefits Schedule (MBS) items for otolaryngology diagnostic procedures; audiology services; ear, nose and throat operations and head and neck surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Otolaryngology, head and neck surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for laryngology services.

What are the changes?

Effective 1 March 2023, there will be amendments to a range of items for laryngology services. These changes are detailed below.

- Items **41773 and 41776** will be consolidated into an amended item 41776 as both the items describe similar procedures with similar schedule fees.
- Items **41782 and 41785** will be consolidated into an amended item 41785, as technical skills, time requirement and postoperative care are essentially similar for these items.
- Item **41787** will be deleted as the service is adequately provided under item 41786.
- Item **41804** will be amended to remove an obsolete component (removal of lateral pharyngeal bands).
- Items **41816 and 41822** will be consolidated into an amended item 41822 and can be performed either with or without biopsy. The new fee will reflect a weighted average of the fees for the existing items.
- Item **41825** will be amended to reflect that foreign bodies may present in the larynx, pharynx or oesophagus, and to clarify that laryngoscopy and oesophagoscopy are appropriate but separate procedures, and only one procedure may be required to remove a foreign body.
- Item **41834** will be amended as in most clinical situations a total laryngectomy is combined with cricopharyngeal myotomy. As a result, there is an increase in schedule fee derived from a combination of items 41834 and 41776 commensurate with the Multiple Operations Rule.

- Item **41837** will be amended to clarify that, in the case of transoral procedures, this item may only be claimed for procedures with an equivalent anatomical extent to traditional open vertical hemilaryngectomy. The item may only be claimed once per provider, per patient in a lifetime.
- Item **41840** will be amended to clarify that, in the case of transoral procedures, this item may only be claimed for procedures with an equivalent anatomical extent to traditional open supraglottic laryngectomy. The item may only be claimed once per provider, per patient in a lifetime.
- A new **Explanatory Note TN.8.258** will also be added to items 41837 and 41840 to provide further clarification.
- Item **41855** will be amended to clarify that the service can be performed by any approach and with or without biopsy.
- Item **41861** will be amended to encompass both benign and malignant tumours and to place a co-claiming restriction with item 41870.
- Item **41867** will be amended to reflect changes in clinical techniques. It now allows for partial or complete arytenoidectomy or arytenoid repositioning.
- Item **41870** will be amended to be agnostic as to the injection technique used, reflecting changes in the technology available and allowing for future emerging technologies. An 85% benefit will be included for services provided out of hospital under local anaesthesia.
- The 85% out of hospital benefit will be removed from item **41873** as contemporary best practice currently consists of in-hospital only services.
- Item **41879** will be amended to exclude the use of injection techniques and to include a co-claiming restriction with item 41870. Item 41870 is the appropriate item for laryngeal modification by injection techniques.
- Items **41880, 41881 and 41884** will all be amended to be agnostic as to the technique used for these procedures.
- Item **38428** will be amended to allow for treatment of stricture by techniques other than dilation.
- Items **41858, 41864 and 41868** will be deleted as they are considered outdated practice.
- Certain items include restrictions on co-claiming items “on the same side”. Where a provider is required to perform these services but on different sides of the body, they should include text to this effect with their claim, to ensure that the claim can be processed.

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.

Quick Reference Table

	Amended
41773 and 41776	Consolidated into 41776
41782 and 41785	Consolidated into 41785
41804	Removed obsolete component
41816 and 41822	Consolidated into 41822
41825	Clarification on use
41834	Clarification on use
41837	Clarification on use and new explanatory note
41840	Clarification on use and new explanatory note
41855	Clarification on use
41861	Broader scope, new co-claiming restriction
41867	Amended to reflect contemporary practice
41870	Amended so as agnostic to technique
41873	Out of hospital benefit removed
41879	Clarification on use, new co-claiming restriction
41880	Amended so as agnostic to technique
41881	Amended so as agnostic to technique
41884	Amended so as agnostic to technique
38428	Amended so as agnostic to technique

Deleted
41773, 41782, 41787, 41816, 41858, 41864, 41868

Item descriptors (to take effect 1 March 2023)

Category: 3 - Therapeutic procedures
Group: T8 - Surgical Operations
Subgroup: 6 - Cardio-Thoracic
<u>38428 (Amended)</u> Bronchoscopy with dilatation treatment of tracheal stricture (Anaes.) Fee: \$260.60 Benefit: 75% = \$195.45 85% = \$221.55 Private Health Insurance Classification: <ul style="list-style-type: none">• Clinical category: Ear, nose and throat• Procedure type: Type B Non-band specific

Category: 3 - Therapeutic procedures
Group: T8 - Surgical Operations
Subgroup: 8 - Ear, Nose and Throat
<u>41773 (Delete)</u> PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation) (Anaes.)(Assist)
<u>41776 (Amended)</u> CRICOPHARYNGEAL MYOTOMY by any approach with or without including open inversion of pharyngeal pouch or endoscopic repair of pharyngeal pouch (H) (Anaes.) (Assist) Fee: \$620.25 Benefit: 75% = \$465.20 Private Health Insurance Classification: <ul style="list-style-type: none">• Clinical category: Ear, nose and throat• Procedure type: Type A Surgical

41782 (Delete)

~~**PARTIAL PHARYNGECTOMY via PHARYNGOTOMY (Anaes.)(Assist)**~~

41785 (Amended)

~~PARTIAL PHARYNGECTOMY~~ **via PHARYNGOTOMY by any approach, with or without partial or total glossectomy (H) (Anaes) (Assist)**

Fee: \$1205.60 Benefit: 75% = \$904.20

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41787 (Delete)

~~**UVULECTOMY AND PARTIAL PALATECTOMY WITH LASER INCISION OF THE PALATE, with or without tonsillectomy, 1 or more stages, including any revision procedures within 12 months (Anaes.)(Assist.)**~~

41804 (Amended)

~~**LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, r**~~ Removal of lingual tonsil (H)(Anaes)

Fee: \$95.15 Benefit: 75% = \$71.40

Private Health Insurance Classification:

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

41816 (Delete)

~~**OESOPHAGOSCOPY (with rigid oesophagoscope) (Anaes.)**~~

41822 (Amended)

OESOPHAGOSCOPY with rigid oesophagoscope, with **or without biopsy, other than a service associated with a service to which items 30473 or 30478 applies (H)(Anaes)**

Fee: \$203.20 Benefit: 75% = \$152.40

Private Health Insurance Classification:

- Clinical category: Digestive system
- Procedure type: Type B Non-band specific

41825 (Amended)

~~OESOPHAGOSCOPY (with rigid oesophagoscope), with~~ Removal of a foreign body from the pharynx, larynx or oesophagus, by any means, other than a service associated with a service to which item 30478 applies (H) (Anaes.)(Assist.)

Fee: \$376.75 Benefit: 75% = \$282.60 85% = \$320.25

Private Health Insurance Classification:

- Clinical category: Digestive system
- Procedure type: **Type A Surgical**

41834 (Amended)

Total LARYNGECTOMY (~~TOTAL~~), including cricopharyngeal myotomy and tracheo-oesophageal puncture (H)(Anaes.)(Assist.)

Fee: \$1672.60 Benefit: 75% = \$1254.45

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41837 (Amended)

Complete VERTICAL HEMI-LARYNGECTOMY, involving removal of true and false vocal cords, including tracheostomy. Applicable only once per provider per patient per lifetime (H)(Anaes.)(Assist)

Fee: \$1306.75 Benefit: 75% = \$980.10

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41840 (Amended)

Total SUPRAGLOTTIC LARYNGECTOMY involving removal of ventricular folds, epiglottis and aryepiglottic folds including tracheostomy. Applicable only once per provider per patient per lifetime (H)(Anaes.)(Assist)

Fee: \$1606.65 Benefit: 75% = \$1205

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41855 (Amended)

MICROLARYNGOSCOPY **by any approach, with or without biopsy** (H)(Anaes.)(Assist)

Fee: \$304.65 Benefit: 75% = \$228.50

Private Health Insurance Classification:

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

41858 (Delete)

~~MICROLARYNGOSCOPY with removal of juvenile papillomata
(H)(Anaes.)(Assist)~~

41861 (Amended)

MICROLARYNGOSCOPY with **complete** removal of benign **or malignant** lesions of the larynx **including papillomata, by any approach or technique, unilateral, other than a service associated with a service to which item 41870 applies on the same side** (H) (Anaes.)(Assist.)

Fee: \$638.80 Benefit: 75% = \$479.10 85% = \$545.60

Private Health Insurance Classification:

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

41864 (Delete)

~~MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR (Anaes/)(Assist)~~

41867 (Amended)

MICROLARYNGOSCOPY with **partial or complete** arytenoidectomy **or arytenoid repositioning** (H)(Anaes.)(Assist.)

Fee: \$648.45 Benefit: 75% = \$486.35

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41868 (Delete)

~~LARYNGEAL WEB, division of, using microlaryngoscopic techniques (Anaes.)~~

41870 (Amended)

~~INJECTION OF VOCAL CORD BY TEFLON, FAT, COLLAGEN OR GELFOAM~~ Laryngeal augmentation or modification by injection techniques, other than a service associated with a service to which items 41861 or 41879 applies (H) (Anaes.)(Assist)

Fee: \$480.85 Benefit: 75% = \$360.65 85% = \$408.75

Private Health Insurance Classification:

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

41873 (Amended)

LARYNX, FRACTURED, operation for **(H)**(Anaes.)(Assist)

Fee: \$621.20 Benefit: 75% = \$465.90

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41879 (Amended)

Tracheoplasty, LARYNGOPLASTY or ~~TRACHEOPLASTY~~, thyroplasty, not by injection techniques, including tracheostomy, other than a service associated with a service to which item 41870 applies (H)(Anaes.)(Assist)

Fee: \$1006.55 Benefit: 75% = \$754.95

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41880 (Amended)

TRACHEOSTOMY by a percutaneous technique ~~using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube.~~ (H)(Anaes.)

Fee: \$268.65 Benefit: 75% = \$201.50

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat

- Procedure type: Type A Surgical

41881 (Amended)

TRACHEOSTOMY by open exposure of the trachea, ~~including separation of the strap muscles or division of the thyroid isthmus, where performed.~~ (H)(Anaes.)(Assist)

Fee: \$424.75 Benefit: 75% = \$318.60

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41884 (Amended)

CRICOTHYROSTOMY ~~by direct stab or Seldinger technique, using mini tracheostomy device.~~ (H)(Anaes).

Fee: \$96.25 Benefit: 75% = \$72.20

Private Health Insurance Classification:

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

Explanatory Notes

TN.8.258 (Items 41837 and 41840)

Items 41837 and 41840 may be claimed for both open procedures and endoscopic equivalents. In the case of endoscopic procedures, it is required that the extent of the resection be anatomically equivalent to open procedures excepting resection of thyroid cartilage. This item can only be claimed once per provider, per patient per lifetime.

Related Items: 41837, 41840

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.