



Otolaryngology, head and neck surgery changes - rhinology

Last updated: 20 February 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 rhinology.

What are the changes?

- Effective 1 March 2023, there will be amendments to a range of items for rhinology services. This includes the establishment of three new MBS subgroupings for functional sinus surgery, sinus procedures and airway procedures.
- 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.

Functional Sinus Surgery Subgroup

- A new Subgroup will be created to describe complete medical services relating to functional sinus surgery procedures.
- These new items will better reflect contemporary practice and will assist to eliminate the high variability in provider co-claiming for the same procedure.
- These new items will include co-claiming restrictions with both within the new Subgroup and with other specified Rhinology items (including some or all of items 41662, 41698, 41710, 41734, 41737, 41752 and 41764) during the same procedure. Items **41662, 41698, 41710, 41734, 41737, 41752 and 41764** will also be amended to reflect these co-claiming restrictions.
- New items **41702, 41703 and 41705** will be created in the new Functional Sinus Surgery subgroup for different surgery within different anatomical regions of the sinus.

- Item **41702** is a unilateral item for functional sinus surgery of the ostiomeatal unit. It may include intranasal operation on the ethmoidal sinus, intranasal operation on antrum, sinuscopy or fibreoptic examination and removal of any nasal polyp.
- Item **41703** is a unilateral item for functional sinus surgery involving complete dissection of all five sinuses and creation of a single sinus cavity. It would include antrostomy, intranasal operation on the frontal, ethmoid and sphenoid sinuses, sinuscopy and removal of any nasal polyp.
- Item **41705** is a unilateral item for functional sinus surgery involving complete dissection of all five sinuses to create a single sinus cavity with extended drilling of the frontal sinuses. It would include endoscopic Lothrop or radical frontal sinusotomy with antrostomy, intranasal operation on the ethmoid and sphenoid sinuses, sinuscopy, and removal of any nasal polyp.

Sinus Procedures Subgroup

- Items **41710, 41716, 41734, 41737 and 41752** will be re-categorised into a new Sinus Procedures Subgroup and these items will not be permitted to be co-claimed with other specified items in the new Functional Sinus Surgery Group during the same procedure.
- This new Subgroup and co-claiming restrictions will assist to eliminate the high variability in provider co-claiming for the same procedure and minimise inappropriate billing practices.
- Items **41710 and 41716** will also be consolidated into one item under item 41710 which will cover maxillary sinus procedures by any approach. The new fee will reflect a weighted average of the two existing items.
- The descriptor for item **41734** will be amended to reflect contemporary practice.
- Item **41737** will be amended to describe only the frontal sinus to allow for isolated claims for frontal sinus procedures. Ethmoid procedures will no longer be claimed under this item and will now be claimed under the new items in the Functional Sinus Surgery Subgroup.
- Co-claiming restrictions will be added to item **41752**. It cannot be claimed with 41703 or 41705 (but it can be claimed with 41702).

Airway Procedures Subgroup

- Items **41671, 41689 and 41692** will be re-categorised into a new Airway Procedures Subgroup and items within this Subgroup will not be able to be claimed with each other.
- A new item **41693** will also be created in this Subgroup for septal surgery with submucous resection of turbinates. This creates a complete medical service for the most common combination of nasal airway procedures (currently represented by items 41672, 41764 and 41692).
- This new Subgroup and co-claiming restrictions will assist to eliminate the high variability in provider co-claiming for the same procedure and minimise inappropriate billing practices.

- Items **41671 and 41672** will be consolidated into one item under item 41671 to provide a single item for any form of septal surgery. The new fee will reflect a weighted average of the two existing items.
- Items **41689 and 41692** will be amended to describe both unilateral and bilateral turbinate procedures, as it is rare for these items to be claimed unilaterally. An 85% out of hospital benefit will be included for item 41689 as with modern endoscopic equipment this procedure can be done in consultation rooms.

Other rhinology procedures

- Item **41668** will be amended to include an 85% benefit for treatment out of hospital in line with contemporary practice. **Explanatory Note TN.8.75** will be amended to provide guidance on determining when item 41668 for simple polyp removal should be used and when item 41662 is appropriate.
- Item **41698** will be amended to include co-claiming restriction with items in the new Functional Sinus Surgery Subgroup and the new Sinus Procedures Subgroup as items in these Subgroups represent complete medical services and any antral lavage is considered part of the procedure.
- Items **41707 and 41725** will be amended to include both external and endoscopic approaches to reflect current surgical techniques and contemporary best practice. A new **Explanatory Note TN.8.256** will provide additional guidance on the appropriate use of these items.
- Item **41713** will be amended to recognise that vidian neurectomy and extended drilling of the sphenoid sinus is now performed via transnasal endoscopic techniques rather than external transantral approaches.
- Item **41719** will be amended to restrict with item 41722.
- Item **41722** will be restricted with item 45009 for single stage local muscle flap repair as item 41722 should include the local flap procedure as part of the complete medical service.
- Item **41728** will be amended to reflect contemporary clinical practice and recognise its application to multiple pathologies and techniques. The item now allows for traditional open approach, such as lateral rhinotomy or midface degloving, as well as modern endoscopic techniques.
- Item **41746** will be amended to be applicable to any of the paranasal sinuses and to specify that graft harvest is included as part of the complete medical service.
- Item **41749** will be amended to be applicable to any of the paranasal sinuses and specify that it is for unilateral procedures. Co-claiming restrictions have been added with items **41740 and 41743**, and these items will also be amended to reflect these restrictions.
- Item **41764** will be amended to allow eligible speech pathologists to provide services on behalf of a specialist in the speciality of otolaryngology head and neck surgery. A new **Explanatory Note TN.8.257** sets out the legal requirements under which a speech

pathologist can provide the service. Item 41746 will also be amended to reflect co-claiming restrictions with items 41693, 41702, 41703, 41705, 41734 and 41737.

- Items **41653, 41729, 41731 and 41767** will be deleted from the MBS as they are obsolete.

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
41662	New co-claiming restrictions.
41668	Amended to include 85% benefit
41671 and 41672	Consolidated into one item under 41671 and re-categorised into new Airway Procedure Subgroup.
41689	Re-categorised into new Airway Procedure Subgroup and amended to describe both unilateral and bilateral procedures
41692	Re-categorised into new Airway Procedure Subgroup and amended to describe both unilateral and bilateral procedures
41698	Amended to include co-claiming restriction with items in the new Functional Sinus Surgery Subgroup and the new Sinus Procedures Subgroup
41707	Amended to reflect contemporary practice.
41710 and 41716	Consolidated into one item under 41710, re-categorised into new Sinus Procedures Subgroup, new co-claiming restrictions.
41713	Amended to reflect contemporary practice.
41719	New co-claiming restriction.
41722	New co-claiming restriction.
41725	Amended to reflect contemporary practice.
41728	Amended to reflect contemporary practice.
41734	Re-categorised into new Sinus Procedures Subgroup, amended to reflect contemporary practice, new co-claiming restrictions.
41737	Re-categorised into new Sinus Procedures Subgroup, amended to describe only the frontal sinus, new co-claiming restrictions.
41740	New co-claiming restrictions.
41743	New co-claiming restrictions.

41746	Amended to broaden and clarify scope.
41749	Amended to broaden scope and specify unilateral procedures.
41752	Re-categorised into new Sinus Procedures Subgroup, amended to clarify it is for a unilateral procedure, new co-claiming restrictions.
41764	Amended to allow eligible speech pathologists to provide services for or on behalf of an otolaryngologist, new co-claiming restrictions.

New	
41693	Septal surgery with submucous resection of turbinates
41702	Functional sinus surgery of the ostiomeatal unit
41703	Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity
41705	Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses

Deleted	
41653, 61672, 41716, 41729, 41731 and 41767	

Item descriptors (to take effect 1 March 2023)

Category: 3 – Therapeutic Procedures

Group: T8 – Surgical Operations

Subgroup: 8 – Ear, Nose and Throat

41653 (Delete)

~~EXAMINATION OF NASAL CAVITY or POSTNASAL SPACE, or NASAL CAVITY AND POSTNASAL SPACE, UNDER GENERAL ANAESTHESIA, not being a service associated with a service to which another item in this Group applies (Anaes.)~~

41662 (Amended)

Nasal polyp or polypi (simple), removal of, **other than a service associated with a service to which items 41702, 41703 or 41705 applies on the same side**

Fee: \$87.15 Benefit: 75% = \$65.4 85% = \$74.1

Private Health Insurance Classification:

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

41668 (Amended)

Nasal polyp or polypi, removal of ~~(H)~~ (Anaes.)

Fee: \$232.5 Benefit: 75% = \$174.4 85% = \$197.65

Private Health Insurance Classification:

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

41672 (Delete)

~~NASAL SEPTUM, reconstruction of (Anaes.)(Assist)~~

41698 (Amended)

MAXILLARY ANTRUM, PNEUMATIC PUNCTURE AND LAVAGE OF, **other than a service associated with a service to which item 41702, 41703, 41705, 41710, 41734 or 41737 applies on the same side** (Anaes.)

Fee: \$34.40 Benefit: 75% = \$25.80 85% = \$29.25

Private Health Insurance Classification:

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

41707 (Amended)

MAXILLARY or sphenoplatatine ARTERY, ~~transantral~~ ligation of (H)(Anaes.)(Assist.)

Fee: \$474.20 Benefit: 75% = \$355.65

Private Health Insurance Classification:

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

41713 (Amended)

~~ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy~~ Vidian neurectomy or exposure of vidian canal (H)(Anaes.)(Assist)

Fee: \$641.20 Benefit: 75% = \$480.90

Private Health Insurance Classification:

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

41716 (Delete)

~~ANTRUM, intranasal operation on, or removal of foreign body from (Anaes.)(Assist)~~

41719 (Amended)

ANTRUM, drainage of, through tooth socket, other than service associated with a service to which item 41722 applies (Anaes.)

Fee: \$124.30 Benefit: 75% = \$93.25 85% = \$105.70

Private Health Insurance Classification:

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

41722 (Amended)

ORO-ANTRAL FISTULA, plastic closure of, **other than a service associated with a service to which items 41719 or 45009 applies** (Anaes.)(Assist)

Fee: \$621.20 Benefit: 75% = \$465.90 85% = \$528.05

Private Health Insurance Classification:

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

41725 (Amended)

Ligation of ETHMOIDAL ARTERY OR ARTERIES, ~~transorbital ligation of~~ anterior, posterior or both, by any approach (unilateral). (H)(Anaes.)(Assist)

Fee: \$474.20 Benefit: 75% = \$355.65

Private Health Insurance Classification:

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

41728 (Amended)

~~LATERAL RHINOTOMY with removal of tumour~~ Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (H)(Anaes.)(Assist)

Fee: \$948.60 Benefit: 75% = \$711.45

Private Health Insurance Classification:

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

41729 (Delete)

~~DERMOID OF NOSE, excision of, with intranasal extension.~~
~~(Anaes.)(Assist)~~

41731 (Delete)

~~FRONTONASAL ETHMOIDECTOMY by external approach with or without sphenoidectomy~~ (Anaes.)(Assist)

41740 (Amended)

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

Fee: \$62.20 Benefit: 75% = \$46.65

Private Health Insurance Classification:

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

41743 (Amended)

Frontal sinus, trephine of, **other than a service associated with a service to which item 41749 applies** (H) (Anaes.) (Assist.)

Fee: \$356.75 Benefit: 75% = \$267.6

Private Health Insurance Classification:

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

41746 (Amended)

~~FRONTAL~~ Paranasal SINUS, radical obliteration of, **including any graft harvest** (Anaes.)(Assist).

Fee: \$821.55 Benefit: 75% = \$616.20 85% = \$728.35

Private Health Insurance Classification:

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

41749 (Amended)

~~ETHMOIDAL~~ Paranasal SINUSES, external operation on, **unilateral, other than a service associated with a service to which items 41740 or 41743 applies on the same side** (H)(Anaes.)(Assist).

Fee: \$641.20 Benefit: 75% = \$480.90

Private Health Insurance Classification:

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

41764 (Amended)

NASENOSCOPY or SINOSCOPY or FIBROPTIC EXAMINATION of NASOPHARYNX and LARYNX, one or more of these procedures, unilateral or bilateral examination

Other than service associated with a service to which items 41693, 41702, 41703, 41705, 41734 or 41737 applies (Anaes.)

Fee: \$129.85 Benefit: 75% = \$97.40 85% = \$110.40

Private Health Insurance Classification:

- Clinical category: **Support List**
- Procedure type: **Type C**

41767 (Delete)

~~**NASOPHARYNGEAL ANGIOFIBROMA, removal of (Anaes.)(Assist)**~~

Category: 3 – Therapeutic Procedures

Group: T8 – Surgical Operations

Subgroup: 20 – Functional Sinus Surgery (New)

Item: 41702 (New)

Description: **Functional sinus surgery of the ostiomeatal unit, including ethmoid, unilateral, other than a service associated with a service to which items 41698, 41703, 41705, 41710, 41749, 41662 or 41764 applies on the same side (H) (Anaes.) (Assist.)**

Fee: \$721.40 Benefit: 75% - \$541.05

Private Health Insurance Classification:

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

41703 (New)

Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity, unilateral, other than a service associated with a service to which items 41698,

41702, 41705, 41710, 41734, 41737, 41749, 41752, 41662 or 41764 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$1066.50 Benefit: 75% - \$799.9

Private Health Insurance Classification:

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

41705 (New)

Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses, unilateral, other than a service associated with a service to which items 41698, 41702, 41703, 41710, 41734, 41737, 41749, 41752, 41662, 41764 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$1735.30 Benefit: 75% - \$1301.50

Private Health Insurance Classification:

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

Category: 3 – Therapeutic Procedures

Group: T8 – Surgical Operations

Subgroup: 20 – Sinus Procedures (New)

41710 (Move & Amend)

ANTROSTOMY (RADICAL) by any approach, other than a service associated with a service to which items 41702, 41703, 41705, 41764 or 41698 applies on the same side (H)(Anaes.) (Assist.)

Fee: \$374.05 Benefit: 75% - \$280.55

Private Health Insurance Classification:

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

41734 (Move & Amend)

~~**RADICAL FRONTOETHMOIDECTOMY**~~ Endoscopic lothrop procedure or radical external frontal sinusotomy with osteoplastic flap, **unilateral, other than a service associated with a service to which items 41703, 41705, 41764 or 41698 applies on the same side** (H)(Anaes.)(Assist)

Fee: \$1072 Benefit: 75% - \$804

Private Health Insurance Classification:

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

41737 (Move & Amend)

FRONTAL SINUS, ~~**OR ETHMOIDAL SINUSES ON THE ONE SIDE,**~~ **unilateral**, intranasal operation on, **including complete dissection of frontal recess and exposure of frontal sinus ostium (excludes simple probing, dilatation or irrigation of frontal sinus), other than a service associated with a service to which items 41698, 41703, 41705 or 41764 applies on the same side** (H) (Anaes.)(Assist)

Fee: \$510.90 Benefit: 75% - \$383.20

Private Health Insurance Classification:

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

41752 (Move & Amend)

SPHENOIDAL SINUS, **unilateral**, intranasal operation on, **other than a service associated with a service to which items 41698, 41703, 41705 or 41764 applies on the same side** (H)(Anaes.)(Assist.)

Fee: \$312.60 Benefit: 75% - \$234.45

Private Health Insurance Classification:

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

Category: 3 – Therapeutic Procedures

Group: T8 – Surgical Operations

Subgroup: 21 – Airway Procedures (New)

41671 (Move & Amend)

Septal surgery including ~~NASAL SEPTUM~~, SEPTOPLASTY, septal reconstruction, septectomy, ~~SUBMUCOUS RESECTION~~ or closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach, other than service associated with a service to which item 41689, 41692 or 41693 applies (H) (Anaes).

Fee: \$554.50 Benefit: 75% - \$415.90

Private Health Insurance Classification:

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

41689 (Move & Amend)

~~TURBINECTOMY or turbinectomies~~, Turbinate reduction, partial or total, unilateral or bilateral, other than a service associated with a service to which item 41671, 41692 or 41693 applies (H) (Anaes.)

Fee: \$216.50 Benefit: 75% - \$162.40 85% - \$184.05

Private Health Insurance Classification:

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

41692 (Move & Amend)

~~TURBINATES~~, submucous resection **with removal of bone ~~of~~, unilateral or bilateral, other than a service associated with a service to which item 41671, 41689 or 41693 applies (H) (Anaes.)**

Fee: \$282.35 Benefit: 75% - \$211.80

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat

- Procedure type: **Type A Surgical**

41693 (New)

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.)

Fee: \$810.90 Benefit: 75% - \$608.20

Private Health Insurance Classification:

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

Explanatory Notes

TN.8.75 Removal of Nasal Polyp or Polypi - (Items 41662 and 41668)

41662 is intended to cover the removal of simple nasal polyp or polypi. Simple nasal polyp or polypi are those confined to the middle meatus, the equivalent of Grade 0, 1 or 2 in any accepted clinical nasal polyp grading system.

41668 is intended to cover the removal of nasal polyp or polypi extending beyond the middle meatus, the equivalent of Grade 3 or beyond in any accepted clinical nasal polyp grading system.

Appropriate documentation, ideally with photographic and / or recordings and / or diagnostic imaging evidence demonstrating the grade should be collected and retained to demonstrate the clinical need for the service as this may be subject to audit. Where photographic or diagnostic imaging is not retained, the reasons for this should be clearly documented.

~~Where such polyps are removed in association with another intranasal procedure, Medicare benefit is paid under Item 41662. However, where the associated procedure is of lesser value than Item 41668, benefit for removal of polypi would be paid under Item 41668.~~

~~Services performed under item 41668 require admission to hospital.~~

Related Items: 41662, 41668

TN.8.256 (Items 41707 and 41725)

It is not expected that this item would be claimed with routine endoscopic sinus surgery procedures. It may be legitimately claimed in some advanced sinonasal or tumour procedures.

Related Items: 41707, 41725

TN.8.257 (Item 41764)

Item 41764 can be performed on a patient by an eligible speech pathologist on behalf of a specialist in the speciality of otolaryngology head and neck surgery, if:

- (a) the service is performed following a written request made by the specialist to assist the specialist in the diagnosis, treatment or management of a laryngeal condition or related disorder in the patient; and
- (b) the service is performed in a medical facility; and
- (c) the service is performed on the patient individually and in person; and
- (d) after the service is performed, the eligible speech pathologist gives the specialist:
 - (i) recorded dynamic images of, and a copy of the results of, the service; and
 - (ii) relevant written comments, prepared by the eligible speech pathologist, about those results; and
- (e) a service to which item 41764 applies has not been performed on the same patient on the same day.

For the purposes of item 41764, a medical facility may include medical or allied health consulting rooms, hospitals (including outpatient clinics and wards), community health facilities, and residential aged care facilities (as defined in the *Aged Care Act 1997*).

Related Items: 41764

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.