



# Clarifying clinical intent of spinal decompression items (MBS items 51011 to 51015)

Last updated: 22 September 2021

- From 1 November 2021, a minor amendment to the descriptors of spinal surgery MBS items 51011, 51012, 51013, 51014, and 51015 will clarify the clinical intent of these services.
- Eligible patients for these items will continue to be able to receive a Medicare rebate for clinically relevant services, and providers will benefit from less ambiguous wording supporting appropriate claiming of these items.

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## What are the changes?

From 1 November 2021, the word 'direct' will be added to the descriptors of MBS items 51011, 51012, 51013, 51014 and 51015 to ensure that this set of spinal surgery items is only used for direct spinal decompression. These items should not be claimed when decompression is an indirect result of the procedure performed.

## Why are the changes being made?

This change is being made in response to a 12 month post-implementation assessment of the MBS Review Taskforce recommended amendments to the spinal surgery schedule. During this assessment, it was identified that there was some confusion among providers as to the intent of the services. This amendment clarifies the intent of the services and supports appropriate claiming of these items.

## What does this mean for providers?

Providers will benefit from item descriptors that are unambiguous, supporting appropriate billing.

## How will these changes affect patients?

Eligible patients will continue to benefit from Medicare rebates for clinically relevant services.

## Who was consulted on the changes?

This change was developed in consultation with the spinal surgery and neurosurgery profession during the post implementation assessment process.

## How will the changes be monitored and reviewed?

All MBS items will continue to be subject to compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.



## Item Descriptors

51011	<p><b>Direct</b> Spinal decompression or exposure (via a partial or a total laminectomy, or a partial vertebrectomy), or a posterior spinal release, one motion segment, not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies (Anaes.) (Assist.)</p> <p><b>Fee:</b> \$1,493.65 <b>Benefit:</b> 75% = \$1,120.25</p>
51012	<p><b>Direct</b> Spinal decompression or exposure (via a partial or a total laminectomy, or a partial vertebrectomy), or a posterior spinal release, 2 motion segments, not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies (Anaes.) (Assist.)</p> <p><b>Fee:</b> \$1,991.30 <b>Benefit:</b> 75% = \$1,493.50</p>
51013	<p><b>Direct</b> Spinal decompression or exposure (via a partial or a total laminectomy, or a partial vertebrectomy), or a posterior spinal release, 3 motion segments, not being a service associated with a service to which item 51011, 51012, 51014 or 51015 applies (Anaes.) (Assist.)</p> <p><b>Fee:</b> \$2,489.20 <b>Benefit:</b> 75% = \$1,866.90</p>
51014	<p><b>Direct</b> Spinal decompression or exposure (via a partial or a total laminectomy, or a partial vertebrectomy), or a posterior spinal release, 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51015 applies (Anaes.) (Assist.)</p> <p><b>Fee:</b> \$2,987.05 <b>Benefit:</b> 75% = \$2,240.30</p>
51015	<p><b>Direct</b> Spinal decompression or exposure (via a partial or a total laminectomy, or a partial vertebrectomy), or a posterior spinal release, more than 4 motion segments, not being a service associated with a service to which item 51011, 51012, 51013 or 51014 applies (Anaes.) (Assist.)</p> <p><b>Fee:</b> \$3,484.90 <b>Benefit:</b> 75% = \$2,613.70</p>

## 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](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@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 was made available on 22 September 2021 and can be accessed via the MBS Online website under the [Downloads](#) page.

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