## MBS changes factsheet

# New MBS Item for micro bypass glaucoma surgery (MBGS)

Last updated: 2 April 2020

- From 1 May 2020, new MBS item 42504 for minimally invasive glaucoma surgery will be available as a standalone procedure.
- This change is relevant to ophthalmologists with relevant training in micro-bypass glaucoma surgery.
- This service will be available to glaucoma patients in whom conservative therapies have failed, are likely to fail, or are contraindicated.

#### What are the changes?

From 1 May 2020:

- New MBS item 42504 for micro bypass glaucoma surgery (MBGS) as a standalone procedure.
- Previously, this procedure was only available through the MBS when performed in conjunction with cataract surgery.

### Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in August 2019. Further details about MSAC applications can be found under <u>MSAC Applications</u> on the MSAC website (www.msac.gov.au).

#### What does this mean for providers?

Ophthalmologists with appropriate training will now be able to perform MBGS on glaucoma patients who have failed conservative therapies, or where these are contraindicated and they would otherwise be candidates for more invasive surgical therapies. Previously, MBGS could only be performed in conjunction with cataract surgery, meaning patients who had already undergone or did not require cataract surgery would not be eligible for a rebate for MBGS.

### How will these changes affect patients?

Patients will receive Medicare rebates for services that are clinically appropriate and reflect modern clinical practice.

### Who was consulted on the changes?

The Department of Health has discussed the changes with relevant stakeholders, including the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian Society of Ophthalmologists who are all supportive of the MBS listing of this service.



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#### How will the changes be monitored and reviewed?

All MBS items are 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.

MBS items will generally be reviewed approximately 24 months post-implementation, but may be reviewed earlier if deemed appropriate.

#### 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 <a href="https://www.mbsonline.gov.au">www.mbsonline.gov.au</a>. You can also subscribe to future MBS updates by visiting <a href="https://mbs.nline.gov.au">MBS Online</a> 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.

Subscribe to 'News for Health Professionals' on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on [date] and can be accessed via the MBS Online website under the <u>Downloads</u> 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.