



Changes to MBS items for Neurosurgery & Neurology factsheet

Last updated: 7 October 2020

- The Australian Government is making changes to Medicare Benefits Schedule (MBS) items for neurosurgery and neurology services that support the delivery of best practice care for patients. These changes will promote high-value use of electroencephalogram, nerve conduction studies, electromyography and central nervous system evoked responses.
- A range of other changes will be made to simplify the MBS by consolidating neurosurgical services that are commonly done together into a single Medicare item. The patient rebate for a small number of complex brain surgery items will be increased to better reflect the complexity of the service.
- These changes are relevant to all specialists involved in the management of neurosurgery and neurology services, consumers claiming these services and private health insurers.
- The changes will be made on 1 November 2020.

What are the changes?

On 1 November 2020, there will be a revised structure for items for neurosurgery and neurology services.

The changes are:

Neurosurgery

- 14 new neurosurgery items (39007, 39113, 39604, 39610, 39638, 39639, 39641, 39651, 39710, 39720, 39801, 40004, 40104, 40119) including new items that consolidate deleted items and/or integrate items, such as stereotaxy and cranioplasty, in order to simplify the MBS and support best practice, and new items for conjoint surgery and awake craniotomy.
- 30 amended items (39015, 39018, 39109, 39503, 39612, 39615, 39654, 39656, 39700, 39703, 39712, 39715, 39718, 39803, 39818, 39821, 39900, 39903, 39906, 40012, 40106, 40109, 40112, 40700, 40703, 40706, 40709, 40712, 40801, 40905) for services considered as requiring change in order to clarify and improve the MBS to better reflect contemporary practice.
- 36 deleted items (39003, 39006, 39009, 39012, 39106, 39112, 39500, 39600, 39603, 39606, 39609, 39640, 39642, 39646, 39650, 39653, 39658, 39660, 39662, 39706, 39709, 39721, 39800, 39806, 39812, 40000, 40003, 40006, 40009, 40015, 40100, 40103, 40115, 40118, 40800, 40903).



Neurology

- 2 new items (14234, 14237) for neurology that consolidate items into single items for the implantation, removal and refilling of infusion pumps and/or reservoir. This will simplify the MBS.
- 4 amended items (11003, 11004, 11005, 11009) for services considered as requiring change in order to better reflect contemporary practice. This includes a requirement in electroencephalography items to place electrodes in line with the standard from the International Federation of Clinical Neurosurgery.
- 6 deleted items (11006, 14230, 14233, 14236, 14239, 14242) for services considered obsolete or now consolidated under new items.
- 2 new explanatory notes, DN.1.24, and DN.1.32 to better guide practitioners in the appropriate use of items 11000, and 11012, 11015 and 11018, respectively.

Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to neurosurgery and neurology services were needed to simplify the MBS and promote high value testing and care (discourage low value use). The changes improve patient care and safety, and ensure MBS services provide value to the patient and the healthcare system.

These changes are a result of a review by the Taskforce, which was informed by the Neurosurgery and Neurology Clinical Committee. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health website (www.health.gov.au).

The changes are the outcome of the Government agreeing to Taskforce recommendations following extensive consultation and discussion with key stakeholders. These discussions identified the key priorities needed to modernise the neurosurgery and neurology portions of the MBS.

What does this mean for providers?

Providers will benefit as Medicare funding will better align with and support contemporary clinical practice, and fees will more appropriately reflect the complexity of the procedure.

The changes made to consolidate many surgical services into complete medical services will simplify the MBS and will support more uniform billing across patients.

Providers will need to familiarise themselves with the changes in the neurosurgery and neurology schedule and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

Providers affected by these changes will receive further information closer to the implementation date.



How will these changes affect patients?

Patients will benefit from the changes through improved patient safety and quality of care. The changes also help ensure that MBS funded services represent value for the patient and the community.

The changes made to consolidate many surgical services into a complete medical service will simplify the MBS, making it easier to understand and support more consistent billing for patients.

Who was consulted on the changes?

The Taskforce established the Neurosurgery and Neurology Clinical Committee in 2018 to provide broad clinician and consumer expertise in the review of MBS items specific to neurosurgery and neurology.

The MBS Review included a public consultation process. Feedback from peak bodies and a number of other stakeholders, including colleges, individual health professionals, and consumers, was considered by the Taskforce prior to making its final recommendations to Government.

How will the changes be monitored and reviewed?

Service use of the revised MBS neurosurgery and neurology items will be monitored and reviewed post implementation.

As with other MBS items, neurosurgery and neurology items will be 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 health professionals being asked to repay monies that have been incorrectly received.

Where can I find more information?

The full item descriptors 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 provides an [AskMBS 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 MBS, email askMBS@health.gov.au.

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.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.



The data file for software vendors is available on the MBS Online website under the [Downloads](#) page.

Changes are subject to the passage of legislation and may differ to final version.

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.