



Changes to MBS items: Anaesthesia services

Date of change: 1 November 2019

Amended items: **18216** **18219** **18226** **18227** **20142** **20144** **20145** **20160** **20162**
20410 **20706** **20745** **20750** **20790** **20840** **20902** **21922** **21926**
21936 **21952** **22002** **22012** **22014** **22025** **22031** **22036** **22051**
25015

New items: **18297** **22041** **22042** **23025** **23035** **23045** **23055** **23065** **23075**
23085 **25012**

Deleted items: **20705** **20805** **20953** **21927** **22001** **22018** **22040** **22045** **22050**
22070 **23021** **23022** **23023** **23031** **23032** **23033** **23041** **23042**
23043 **23051** **23052** **23053** **23061** **23062** **23063** **23071** **23072**
23073 **23081** **23082** **23083**

Revised structure

- The revised structure contains 28 amended items, proposes 11 new items and deletes 31 items.
- The revised structure better describes the procedures being performed by anaesthetists, simplifies the Medicare Benefits Schedule (MBS) and reflects contemporary practice of anaesthesia services.
- The Health Insurance (General Medical Services Table) Regulations wording for MBS item descriptors has been used in this document. As a result of advice from stakeholders, some MBS item descriptors have been simplified or further information has been provided to aid the understanding of the intention of the MBS item. In these cases, this wording will be displayed on the [MBS online](#) and has been noted in this document as the 'MBS Online wording'.

Patient impacts

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

Restrictions or requirements

- Items 18216 and 18226 (intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance)



- > It has been clarified that this service can only be claimed 'once per presentation, per medical practitioner and per complete new procedure' in the MBS online descriptor and the Explanatory Note TN10.7. This is a clarification of the current legislation that applies to all Category 3 items under the MBS which is already in effect.
- > Further clarification is provided in the Explanatory Note that these items cannot be claimed if the additional attendance is to optimise the initial treatment. Optimise means extension or improvement in analgesic quality of an existing block, without the insertion of a new block as a separate procedure.
- Item 22012, 22014 and 22025 (blood pressure monitoring and intra-arterial cannulation)
 - > These items are restricted to patients who are categorised as having a high risk of complications or who develop a high risk of complications during the procedure.
 - > Explanatory Note TN10.8 defines this patient group as:

A patient who is categorised as having a high risk of complications is one where clinical indications allow for the following items to be claimed (in conjunction with items 22012, 22014 and 22025) with item 25000, item 25005 or item 25010 modifiers, and/or item 25012, and/or item 25015, and/or items 25020, 25025 and/or when the basic surgical item value is 10 or more units, and/or is conjunction with items in group T10 Subgroup 13 (Shoulder and Axilla), or with items 23170 – 24136 (for procedures of greater than four hours duration) noting this is not an exhaustive list.
- Item 22042 (new item for complex eye block)
 - > Explanatory Note TN10.8 clarifies that this item can be co-claimed with item 20142 (anaesthesia for lens surgery), when anaesthesia or sedation was also provided by the same anaesthetist; and
 - > Item 22042 cannot be co-claimed with item 20142, 20144, 20145, and 20147 when a general anaesthetic is the primary anaesthetic approach.
- Item 22051 (Intra-operative transoesophageal echocardiography)
 - > Explanatory Note TN10.30 recognises that the provider is to be appropriately credentialed to provide the particular service, by a recognised body for the credentialing of peri-operative cardiac ultrasound services. Credentialing must be based on criteria consistent with those recommended by The Australian and New Zealand College of Anaesthetists (ANZCA) in the current version of their Professional Document PS46 "Guidelines on Training and Practice of Perioperative Cardiac Ultrasound in Adults".
- Item 25015 (anaesthesia age modifier)
 - > The age requirements to claim this item have changed.
 - > The paediatric access for this item has been expanded. Items 25012 or 25015 can be claimed for children under four years old (depending on their age at the date of service).
 - > The adult access for this item has changed so that it can be claimed for patients 75 years or older.



Amended item 18216 – Regional nerve block – epidural injection

Item: The initiation of pain relief through a nerve block of the spinal cord. Attendance of the medical practitioner for up to an hour.

Overview: One of four amended anaesthesia regional nerve block items – epidural injection items amended to allow for Combined Spinal-Epidural (CSE) infusion. An Explanatory Note has been included to clarify that one attendance for this item means that the medical practitioner cannot claim either of these items if the additional attendance is to optimise the initial treatment.

Descriptor: Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner.

Explanatory Note: The addition to the Explanatory Note clarifies the intention of the item:

For the purposes of items 18216 and 18226, one attendance means that the medical practitioner cannot claim either of these items if the additional attendance is to optimise the initial treatment. Optimise means extension or improvement in analgesic quality of an existing block, without the insertion of a new block as a separate procedure.

MBS fee: \$192.95 (no change).

Amended item 18219 – Regional nerve block – epidural injection

Item: The initiation of pain relief through a nerve block of the spinal cord. Attendance of the medical practitioner for over an hour.

Overview: One of four amended anaesthesia regional nerve block items – epidural injection items amended to allow for CSE infusion.

Descriptor: Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, if continuous attendance by the medical practitioner extends beyond the first hour.

MBS fee: The fee for item 18216 plus \$19.30 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner (no change).

Amended item – 18226 Regional nerve block – epidural injection

Item: The initiation of pain relief through a nerve block of the spinal cord. Attendance of the medical practitioner for up to an hour between 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.

Overview: One of four amended anaesthesia regional nerve block items – epidural injection items amended to allow for CSE infusion.

Descriptor: Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner — for a patient in labour, if the service is provided between 8 pm to 8 am on any weekday, or on a Saturday, Sunday or public holiday.



Explanatory Note: The addition to the Explanatory Note clarifies the intention of the item:

For the purposes of items 18216 and 18226, one attendance means that the medical practitioner cannot claim either of these items if the additional attendance is to optimise the initial treatment. Optimise means extension or improvement in analgesic quality of an existing block, without the insertion of a new block as a separate procedure.

MBS fee: \$289.35 (no change).

Amended item 18227 – Regional nerve block – epidural injection

Item: The initiation of pain relief through a nerve block of the spinal cord in the after hours period (8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday).

Overview: One of four amended anaesthesia regional field blocks – epidural injection items.

Descriptor: Intrathecal, combined spinal-epidural or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.

MBS fee: The fee for item 18226 plus \$29.05 for each additional 15 minutes or part there of beyond the first hour of attendance by the medical practitioner (no change).

Amended item 20142 – Lens surgery

Overview: One of three items for initiation of anaesthesia for eye surgery, which has had a reduction in the schedule fee to reflect the anaesthetic complexity.

Descriptor: Initiation of management of anaesthesia for lens surgery (no change).

MBS fee: \$100.50 (previously \$120.60)

Benefit: 75% = \$75.40 85% = \$85.45

Amended item 20144 – Corneal transplant

Overview: One of three items for initiation of anaesthesia for eye surgery, which has had a reduction in the schedule fee to reflect the anaesthetic complexity.

Descriptor: Initiation of management of anaesthesia for corneal transplant (no change).

MBS fee: \$140.70 (previously \$160.80).

Benefit: 75% = \$105.55 85% = \$119.60



Amended item 20145 – Vitrectomy

Overview: One of three items for initiation of anaesthesia for eye surgery, which has had a reduction in the schedule fee to reflect the anaesthetic complexity.

Descriptor: Initiation of management of anaesthesia for vitrectomy (no change).

MBS fee: \$140.70 (previously \$160.80).

Benefit: 75% = \$105.55 85% = \$119.60

Amended item 20160 – Nose surgery

Overview: The item descriptor was been amended to clarify that it is for initiation of anaesthesia for ‘intranasal’ procedures on nose or accessory sinuses.

Descriptor: Initiation of the management of anaesthesia for intranasal procedures on nose or accessory sinuses, not being a service to which another item in this Subgroup applies.

MBS Online Descriptor: Initiation of the management of anaesthesia for intranasal or accessory sinuses, not being a service to which another item in this Subgroup applies

MBS fee: \$ 120.60 (no change).

Amended item 20162 – Radical nose surgery

Overview: The descriptor was been amended to ensure that item is being claimed for initiation of anaesthesia for complex nose and sinus surgeries.

Descriptor: Initiation of the management of anaesthesia for intranasal surgery for malignancy or for intranasal ablation.

MBS fee: \$ 140.70 (no change).

Amended item 20410 – Electrical conversion of arrhythmias

Overview: A schedule fee reduction for initiation of the management of anaesthesia for electrical conversion of arrhythmias to reflect the anaesthetic complexity.

Descriptor: Initiation of management of anaesthesia for electrical conversion of arrhythmias (no change).

MBS fee: \$80.40 (previously \$100.50)

Benefit: 75% = \$60.30 85% = \$68.35



Amended item 20706 – Laparoscopic procedures on upper abdomen

Overview: The descriptor was been amended to include initiation of anaesthesia for laparoscopic cholecystectomy.

Descriptor: Initiation of the management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, not being a service to which another item in this Subgroup applies.

MBS fee: \$140.70 (no change)

Amended item 20745 – Upper gastrointestinal endoscopic procedures

Overview: Schedule fee increase to reflect the anaesthetic complexity and a descriptor amendment to include initiation of anaesthesia for endoscopic retrograde cholangiopancreatography.

Descriptor: Initiation of the management of anaesthesia for either or both of the following:

- (a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage;
- (b) endoscopic retrograde cholangiopancreatography.

MBS fee: \$140.70 (previously \$120.60).

Benefit: 75% = \$105.55 85% = \$119.60

Amended item 20750 – Hernia repairs to the upper abdominal wall

Overview: Schedule fee increase to reflect the anaesthetic complexity and an amendment to describe the anatomy for the procedure.

Descriptor: Initiation of the management of anaesthesia for hernia repairs to the upper abdominal wall, other than a service to which another item in this Subgroup applies.

MBS fee: \$100.50 (previously \$80.40)

Benefit: 75% = \$75.40 85% = \$85.45.

Amended item 20790 – Procedures within peritoneal cavity in upper abdomen

Overview: The amended descriptor more accurately reflects contemporary surgical and anaesthesia practice by specifying that open cholecystectomies are included under this item.

Descriptor Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:

- (a) open cholecystectomy;
- (b) gastrectomy;
- (c) laparoscopic assisted nephrectomy;
- (d) bowel shunts.



MBS Online Descriptor: Initiation of the management of anaesthesia for procedures within the peritoneal cavity in upper abdomen, including any of the following:

- (a) open cholecystectomy;
- (b) gastrectomy;
- (c) laparoscopically assisted nephrectomy;
- (d) bowel shunts

MBS fee: \$160.80 (no change).

Amended item 20840 – Open procedures within the peritoneal cavity

Overview: The amended descriptor reflects contemporary surgical and anaesthesia practice by specifying it is for all open procedures within the peritoneal cavity of the lower abdomen.

Descriptor: Initiation of the management of anaesthesia all open procedures within the peritoneal cavity in the lower abdomen including appendectomy, not being a service to which another item in this Subgroup applies.

MBS Online Descriptor: Initiation of the management of anaesthesia for all open procedures within the lower abdominal peritoneal cavity, including appendectomy, not being a service to which another item in this Subgroup applies

MBS fee: \$120.60 (no change).

Amended item 20902 – Anorectal procedures

Overview: The amended descriptor specifies that the surgical haemorrhoidectomy is included under the services of the item however, not banding of haemorrhoids.

Descriptor: Initiation of the management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but not banding of haemorrhoids).

MBS fee: \$80.40 (no change).

Amended item 21922 – Radiological Scans

Overview: A schedule fee reduction to reflect the anaesthetic complexity.

Descriptor: Initiation of the management of anaesthesia for computerised axial tomography scanning, magnetic resonance scanning or digital subtraction angiography scanning (no change).

MBS fee: \$120.60 (previously \$140.70)

Benefit: 75% = \$90.45 85% = \$102.50



Amended item 21926 – Fluoroscopy

Overview: A schedule fee reduction to reflect the anaesthetic complexity.

Descriptor: Initiation of the management of anaesthesia for fluoroscopy (no change).

MBS fee: \$80.40 (previously \$100.50)

Benefit: 75% = \$60.30 85% = \$68.35

Amended item 21936 – Radiological scans of the Heart

Overview: A schedule fee reduction to reflect the anaesthetic complexity.

Descriptor: Initiation of the management of anaesthesia for heart - 2 dimensional real time transoesophageal examination (no change).

MBS fee: \$100.50 (previously \$120.60)

Benefit: 75% = \$75.40 85% = \$85.45.

Amended item 21952 – Diagnostic muscle biopsy

Overview: The item has had a schedule fee reduction to reflect the anaesthetic complexity and a descriptor amendment to describe the procedure.

Descriptor: Initiation of the management of anaesthesia for diagnostic muscle biopsy to assess for malignant hyperpyrexia.

MBS fee: \$80.40 (previously \$201.00).

Benefit: 75% = \$60.30 85% = \$68.35.

Amended item 22002 – Administration of blood or bone

Overview: The amended item specifies the service is for “homologous” blood. This change reflects the current clinical practice.

Descriptor: Administration of homologous blood or bone marrow already collected, when performed in association with the management of anaesthesia.

MBS fee: \$80.40 (no change).

Amended item 22012 – Blood pressure monitoring

Overview: The amended descriptor better describes the intention of the item. The item can be claimed for patients who are categorised as having a high risk of complications; or during the procedure develops either complications or a high risk of complications.



Descriptor: Monitoring that:

- (a) is of one of the following types of blood pressure:
 - (i) central venous blood pressure;
 - (ii) pulmonary arterial blood pressure;
 - (iii) systemic arterial blood pressure;
 - (iv) cardiac intracavity blood pressure; and
- (b) is conducted by indwelling catheter; and
- (c) is performed in association with the administration of anaesthesia for a procedure and not as a service to which item 13876 applies; and
- (d) is performed, on a day, on a patient who:
 - (i) is categorised as having a high risk of complications; or
 - (ii) during the procedure develops either complications or a high risk of complications; and
- (e) has not previously been performed in those circumstances on the day on the patient for that type of blood pressure

MBS Online Descriptor: Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling catheter — once per day for each type of pressure for a patient:

- (a) when performed in association with the management of anaesthesia for the patient; and
- (b) other than a service to which item 13876 applies; and
- (c) is categorised as having a high risk of complications or during the procedure develops either complications or a high risk of complications.

Explanatory Note: The addition to the Explanatory Note for this item further clarifies the definition of high risk of complications which include patients that would be eligible to claim the following items:

- A patient who is categorised as having a high risk of complications is one where clinical indications allow for the following items to be claimed (in conjunction with items 22012, 22014 and 22025) with item 25000, item 25005 or item 25010 modifiers, and/or item 25015, and/or items 25020, 25025 and/or when the basic surgical item value is 10 or more units, and/or in conjunction with items in group T10 Subgroup 13 (Shoulder and Axilla), or with items 23170 – 24136 (for procedures of greater than four hours duration) noting this is not an exhaustive list.

MBS fee: \$60.30 (no change).



Amended item 22014 – Blood pressure monitoring

Overview: The amended descriptor better describes the intention of the item. The item should be claimed for patients who are categorised as having a high risk of complications; or during the procedure develops either complications or a high risk of complications.

Descriptor: Monitoring that:

(a) is of one of the following types of blood pressure:

- (i) central venous blood pressure;
- (ii) pulmonary arterial blood pressure;
- (iii) systemic arterial blood pressure;
- (iv) cardiac intracavity blood pressure; and

(b) is conducted by indwelling catheter; and

(c) is performed in association with the administration of anaesthesia for a procedure (the current procedure) and not as a service to which item 13876 applies; and

(d) is performed, on a day, on a patient:

- (i) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications; and
- (ii) for whom monitoring of that type of blood pressure to which item 22012 applies has already been performed on the day in association with the administration of anaesthesia for another discrete procedure; and

(e) has not previously been performed in association with the current procedure for that type of blood pressure.

MBS Online Descriptor: Central venous, pulmonary arterial, systemic arterial or cardiac intracavity blood pressure monitoring by indwelling catheter—once per day for each type of pressure for a patient:

(a) when performed in association with the management of anaesthesia for the patient; and

(b) relating to another discrete operation on the same day for the patient; and

(c) other than a service to which item 13876 applies; and

(d) who is categorised as having a high risk of complications or develops during the current procedure either complications or a high risk of complications

Explanatory Note: The addition to the Explanatory Note for this item further clarifies the definition of high risk of complications which include patients that would be eligible to claim the following items:

- A patient who is categorised as having a high risk of complications is one where clinical indications allow for the following items to be claimed (in conjunction with items 22012, 22014 and 22025) with item 25000, item 25005 or item 25010 modifiers, and/or item 25015, and/or items 25020, 25025 and/or when the basic surgical item value is 10 or more units, and/or is conjunction with items in group T10 Subgroup 13 (Shoulder and Axilla), or with items 23170 – 24136 (for procedures of greater than four hours duration) noting this is not an exhaustive list.

MBS fee: \$60.30 (no change).



Amended item – 22025 Intraarterial cannulation

Overview: The amended descriptor specifies that the item can be claimed for patients who are categorised as having a high risk of complications; or during the procedure develops either complications or a high risk of complications.

Descriptor: Intra-arterial cannulation when performed in association with the management of anaesthesia for a procedure for a patient who:

- (a) is categorised as having a high risk of complications; or
- (b) develops a high risk of complications during the procedure.

Online MBS Descriptor: Intra-arterial cannulation when performed in association with the management of anaesthesia in a patient who:

- (a) is categorised as having a high risk of complications; or
- (b) develops a high risk of complications during the procedure.

Explanatory Note: The additional Explanatory Note for this item further clarifies the definition of high risk of complications which include patients that would be eligible to claim the following items:

- A patient who is categorised as having a high risk of complications is one where clinical indications allow for the following items to be claimed (in conjunction with items 22012, 22014 and 22025) with item 25000, item 25005 or item 25010 modifiers, and/or item 25015, and/or items 25020, 25025 and/or when the basic surgical item value is 10 or more units, and/or is conjunction with items in group T10 Subgroup 13 (Shoulder and Axilla), or with items 23170 – 24136 (for procedures of greater than four hours duration) noting this is not an exhaustive list.

MBS fee: \$80.40 (no change).

Amended item 22031 – Intrathecal or epidural injection (initial)

Overview: The descriptor has had a minor administrative amendment to clarify the spelling of post-operative. The Explanatory Note clarifies the intention of the post-operative pain management and has been amended to reflect the deletion of item 22050 and the creation of item 22042.

Descriptor: Intrathecal or epidural injection (initial) of a therapeutic substance or substances, with or without insertion of a catheter, in association with anaesthesia and surgery, for post-operative pain management, not being a service to which 22036 applies.

Explanatory Note: Benefits are only payable for intra-operative nerve blocks performed for the management of post-operative pain that are specifically catered for under items 22031 to 22042.

For items 22031 and 22036, postoperative pain management means that the injected therapeutic substance is expected to prolong the analgesic effect of the epidural or intrathecal technique.

MBS fee: \$100.50 (no change).



Amended item 22036 – Intrathecal or epidural injection (subsequent)

Overview: The descriptor has had a minor administrative amendment to clarify the spelling of post-operative. The Explanatory Note clarifies the intention of the post-operative pain management and has been amended to reflect the deletion of item 22050 and the creation of item 22042.

Descriptor: Intrathecal or epidural injection (subsequent) of a therapeutic substance, using an in-situ catheter, in association with anaesthesia and surgery, for post-operative pain, where the analgesia effect is expected to outlast the duration of the procedure, other than a service associated with a service to which item 22031 applies.

Explanatory Note: Benefits are only payable for intra-operative nerve blocks performed for the management of post-operative pain that are specifically catered for under items 22031 to 22042.

For items 22031 and 22036, postoperative pain management means that the injected therapeutic substance is expected to prolong the analgesic effect of the epidural or intrathecal technique.

MBS fee: \$60.30 (no change).

Amended item 22051 – Intra-Operative Transoesophageal Echocardiography

Overview: A new Explanatory Note ensures patient safety by identifying the appropriate qualifications clinicians should have to provide the service described under item 22051.

Explanatory Note: Item 22051 is payable where the provider is appropriately credentialed to provide the particular service, by a recognised body for the credentialing of peri-operative cardiac ultrasound services. Credentialing must be based on criteria consistent with those recommended by The Australian and New Zealand College of Anaesthetists (ANZCA) in the current version of their Professional Document PS46 "Guidelines on Training and Practice of Perioperative Cardiac Ultrasound in Adults.

MBS fee: \$180.90 (no change)

Amended item 25015 – Age modifier

Overview: The amended descriptor updates the age requirements to claim this item. This change better reflects the anaesthetic complexity.

Descriptor: Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged not more than 3 years or at least 75 years.

MBS fee: \$20.10 (no change)



New item 18297 – Regional or field blocks – Epidural blood patch

Overview: The new item provides assistance in the administration of an epidural blood patch.

Descriptor: Assistance at the administration of an epidural blood patch (a service to which item 18233 applies) by another medical practitioner.

MBS fee: \$60.30.

Benefit: 75% = \$45.25 85% = \$51.25

New item 22041 – Regional or field blocks – Plexus or nerve block

Overview: The new item combines the services previously claimed under deleted items 22040, 22045 and 22050.

Descriptor: Introduction of a plexus or nerve block proximal to the lower leg or forearm, perioperatively performed in the induction room, theatre or recovery room, for post-operative pain management.

MBS Online Descriptor: Perioperative introduction of a plexus or nerve block proximal to the lower leg or forearm for post-operative pain management

MBS fee: \$40.20.

Benefit: 75% = \$30.15 85% = \$34.15

New item 22042 – Regional or field blocks – Complex eye block

Overview: Introduction of an item for a complex eye block to be claimed with anaesthesia for eye surgery when a general anaesthetic is not the primary anaesthetic approach.

Descriptor: Introduction of a regional or field nerve block performed via retrobulbar, peribulbar or sub Tenon's block injection of an anaesthetic agent, or other complex eye block, when administered by an anaesthetist perioperatively.

MBS Online Descriptor: Introduction of a nerve block performed via a retrobulbar, peribulbar, or sub Tenon's approach, or other complex eye block, when administered by an anaesthetist perioperatively.

Explanatory Note: Item 22042: This item can be co-claimed with item 20142 (anaesthesia for lens surgery), when anaesthesia or sedation was also provided by the same anaesthetist.

Item 22042 cannot be co-claimed with item 20142, 20144, 20145 and 20147 when a general anaesthetic is the primary anaesthetic approach.

MBS fee: \$20.10

Benefit: 75% = \$15.10 85% = \$17.10



New item 23025 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 15 minutes but not more than 30 minutes.

MBS Online Descriptor: 16 MINUTES TO 30 MINUTES

MBS fee: \$40.20

Benefit: 75% = \$30.15 85% = \$34.15

New item 23035 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 30 minutes but not more than 45 minutes.

MBS Online Descriptor: 31 MINUTES TO 45 MINUTES

MBS fee: \$60.30

Benefit: 75% = 45.25 85% = \$51.25

New item 23045 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 45 minutes but not more than 1 hour.

MBS Online Descriptor: 46 MINUTES TO 1:00 HOUR

MBS fee: \$80.40

Benefit: 75% = \$60.30 85% = \$68.35



New item 23055 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 1 hour but not more than 1:15 hours.

MBS Online Descriptor: 1:01 HOURS to 1:15 HOURS

MBS fee: \$100.50

Benefit: 75% = \$75.40 85% = \$85.45

New item 23065 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 1:15 hours but not more than 1:30 hours.

MBS Online Descriptor: 1:16 HOURS to 1:30 HOURS

MBS fee: \$120.60

Benefit: 75% = \$90.45 85% = \$102.50

New item 23075 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 1:30 hours but not more than 1:45 hours.

MBS Online Descriptor: 1:31 HOURS to 1:45 HOURS

MBS fee: \$140.70

Benefit: 75% = \$105.55 85% = \$119.60



New item 23085 – Anaesthesia / perfusion time units

Overview: These changes to anaesthesia, perfusion or assistance anaesthesia items for under two hours is a result of consolidating items to reflect 15 minute time increments. This change has resulted in the deletion of 21 items and the creation of seven substitute items.

Descriptor: Anaesthesia, perfusion or assistance, if the service time is more than 1:45 hours but not more than 2:00 hours.

MBS Online Descriptor: 1:46 HOURS to 2:00 HOURS

MBS fee: \$160.80.

Benefit: 75% = \$120.60 85% = \$136.70

New item 25012 – Anaesthesia, perfusion and assistance at anaesthesia (modifying components—other)

Overview: A [new age modifier](#) item has been created to reflect the paediatric age range from three years old but under four years old.

Service/Descriptor: Anaesthesia, perfusion or assistance in the management of anaesthesia, if the patient is aged over 3 years old but under 4 years old.

MBS fee: \$20.10

Benefit: 75% = \$15.10 85% = \$17.10

Deleted items 20705 and 20805 – Diagnostic laparoscopy procedures

Services under item 20705 are expected to be claimed under item 20706.

Services under item 20805 are expected to be claimed under item 20806.

Deleted item 20953 – Endometrial ablation or resection

Services under this item are expected to be claimed under item 20952.

Deleted item 21927 – Barium enema

This item is obsolete.



Deleted items

22001 – Autologous blood collection

22018 – Measurement of mechanical gas exchange

22070 – Cardioplegia

These items have been deleted. The services under these items are considered part of normal clinical practice.

As a result of the deletions item for following administrative changes have been made:

- 22018 - reference to this item has been removed from items 11507 and 11512.
- 22001 - reference to this item has been removed from the Health Insurance (General Medical Services Table) Regulations 2019.

Deleted items

22040 – Introduction of a regional or field nerve block

22045 – Introduction of a regional or field nerve block

22050 – Introduction of a regional or field nerve block

These items have been deleted and the services will be claimed as per the below table.

Deleted Items	New Item	New Descriptor
22040, 22045, 22050	22041	Introduction of a plexus or nerve block proximal to the lower leg or forearm, perioperatively performed in the induction room, theatre or recovery room, for post-operative pain management

Deleted items for Anaesthesia / perfusion time units

23021, 23022, 23023, 23031, 23032, 23033, 23041, 23042, 23043, 23051, 23052, 23053, 23061, 23062, 23063, 23071, 23072, 23073, 23081, 23082, 23083

These items have been deleted and these services will be claimed under new items as per the below table.

Deleted Items	New Item	New MBS Online Descriptor
23021, 23022, 23023	23025	16 MINUTES TO 30 MINUTES
23031, 23032, 23033	23035	31 MINUTES to 45 MINUTES
23041, 23042, 23043	23045	46 MINUTES TO 1:00 HOUR
23051, 23052, 23053	23055	1:01 HOURS TO 1:15 HOURS
23061, 23062, 23063	23065	1:16 HOURS TO 1:30 HOURS
23071, 23072, 23073	23075	1:31 HOURS TO 1:45 HOURS
23081, 23082, 23083	23085	1:46 HOURS TO 2:00 HOURS



To view previous item descriptors and deleted items, visit MBS Online at [MBS Online](#), navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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.