s22

s22 From:

Sent: Friday, 19 July 2024 1:06 PM

To:

Subject: FW: Seeking feedback on proposed changes to Cardiothoracic Surgery items

[SEC=OFFICIAL]

Kind regards

s22

**Assistant Director** 

MBS Clinical Policy Section

P: 02 6289s22 E: S22 @health.gov.au

**MBS Policy & Reviews** 

Medicare Benefits & Digital Health

Australian Government Department of Health and Aged Care

From: S22

Sent: Thursday, January 13, 2022 8:28 AM

SED 1982 CED CARE @sa.gov.au>; ANZSCTS s47F To: \$47F (Health) \$47F @anzscts.org>; s47F

ANZSCTS < \$47F @svha.org.au>

Cc: s22 @health.gov.au>; Cardiac Services <cardiacservices@health.gov.au>;

MBS Clinical Policy < MBSClinicalPolicy@health.gov.au>

Subject: RE: Seeking feedback on proposed changes to Cardiothoracic Surgery items [SEC=OFFICIAL]

Hi All,

I will add the suggested change to clause (a) as suggested for 38513.

Regards

s22

(Health) s47F From: S47F @sa.gov.au>

Sent: Wednesday, 12 January 2022 6:54 PM

To: ANZSCTS \$47F ANZSCTSs47F @anzscts.org> s47F @svha.org.au>

@health.gov.au>

Subject: Re: Seeking feedback on proposed changes to Cardiothoracic Surgery items [SEC=OFFICIAL]

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Thanks \$22

These are the changes I discussed with \$22 following our webinar and other feedback

My only comment would be re 38513

Part a. proposed change should also say 'billable once per case" or something similar.

Otheriwse very happy

I have copied \$22 into this response - Thanks \$22

## Thanks



s47F

s47F

T: \$47F F: M:









its contents to any other party or take action in reliance of any material contained within.

If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

From: ANZSCTS s47F @anzscts.org>

Date: Monday, 10 January 2022 at 1:44 pm

To: s47F (Health)" s47F @sa.gov.au>, s47F ANZSCTS

s47F @svha.org.au>

Subject: FW: Seeking feedback on proposed changes to Cardiothoracic Surgery items [SEC=OFFICIAL]

Dears47F

All the best for 2022.

Refer below.

now seeking feedback/confirmation of the proposed changes that will be put forward to the Govt?

Please let me know by 28 January or earlier

regards

From: Cardiac Services <cardiacservices@health.gov.au>

Sent: Monday, 10 January 2022 1:42 PM

To: Cardiac Services < cardiacservices@health.gov.au>; s47F @ama.com.au; s47F @pha.org.au; admin@pha.org.au1 < admin@pha.org.au; s47F @apha.org.au; info@apha.org.au;

s47F @ozemail.com.au; s47F @ramsayhealth.com.au; s47F @membershealth.com.au;

info@membershealth.com.au; \$47F @cha.org.au; \$47F @dayhospitalsaustralia.net.au;

s47F @hambs.com.au; admin@hambs.com.au; admin@hambs.com.au; assistance@ahsa.com.au; ANZSCTS s47F

s47F @anzscts.org>; reception.desk@surgeons.org; college.act@surgeons.org; s47F

s47F @anzsvs.org.au>

Cc: Private Health Industry Branch < PHI@health.gov.au >; MBS Clinical Policy < MBSClinicalPolicy@health.gov.au >; Cardiac Services < cardiacservices@health.gov.au >

Subject: Seeking feedback on proposed changes to Cardiothoracic Surgery items [SEC=OFFICIAL]

Dear stakeholder

Re: Proposed changes to the Cardiothoracic Surgery items to be put forward to Government for consideration.

The Department of Health has received feedback from the relevant peak surgical Societies regarding some minor unintended consequences in the following speciality:

Cardiothoracic Surgery items (implemented 1 July 2021)

In order to inform consideration by Government, the Department is seeking input on the proposed changes outlined in red:

#### **Cardiothoracic Surgery**

Category 3 – Therapeutic Procedures	Group 6 – Cardiothoracic
MBS item number 38513	

Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques; if:

- a) the service is for one or more anastomoses; and
- b) the service is performed in conjunction with a service to which item 38502 applies

(H) (Anaes.) (Assist.)

Fee: \$1,040.55

This purpose of this proposed change is to clarify that item 38513 is to only be claimed once in the same occasion of service.

#### Category 3 - Therapeutic Procedures

Group 6 - Cardiothoracic

MBS item number 385XX

Artery harvesting (other than internal mammary), for coronary artery bypass if:

- a) for the harvesting of additional artery conduit; and
- b) the harvesting is not conducted by the primary surgeon or surgical assistant

(H) (Anaes.) (Assist.)

Fee: \$633.95

This proposed new service is for a provider (other than the primary surgeon or surgical assistant) that harvests additional arterial conduits e.g. radial artery during coronary artery bypass grafting.

For items 38516 and 38517 the purpose of the proposed change is a redistribution of fees to reflect the complexity and time differences between a simple and complex valve repair.

#### Category 3 - Therapeutic Procedures

Group 6 - Cardiothoracic

MBS item number 38516

Simple valve repair:

- (a) with or without annuloplasty; and
- (b) including quadrangular resection, cleft closure or alfieri; and
- (c) including retrograde cardioplegia (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist)

Fee: \$2600.00 (proposed new fee)

### Category 3 - Therapeutic Procedures

Group 6 - Cardiothoracic

MBS item number 38517

Complex valve repair:

- (a) with or without annuloplasty; and
- (b) including retrograde cardioplegia (if performed); and
- (c) including one of the following:
  - (i) neochords;
  - (ii) chordal transfer;
  - (iii) patch augmentation;
  - (iv) multiple leaflets;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist)

Fee: \$3,200.00 (proposed new fee)

For items 38555 and 38557 the purpose of the proposed change is a redistribution of fees to reflect the complexity and time differences between simple and complex aortic arch repair or replacement.

# Category 3 - Therapeutic Procedures

Group 6 - Cardiothoracic

MBS item number 38555

Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

- (a) deep hypothermic circulatory arrest; and
- (b) peripheral cannulation for cardiopulmonary bypass; and
- (c) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Fee: \$2,600.00 (proposed new fee)

# Category 3 - Therapeutic Procedures

Group 6 - Cardiothoracic

MBS item number 38557

Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

- (a) debranching and reimplantation of head and neck vessels; and
- (b) deep hypothermic circulatory arrest; and
- (c) peripheral cannulation for cardiopulmonary bypass; and
- (d) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Fee: \$4,500.00 (proposed new fee)

The Department is seeking feedback from your organisation on the proposed changes to the items to ensure that it meets the clinical requirements of the service and to avoid any unintended consequences for patients, providers, hospitals or insurers. Please provide any feedback you have to <a href="MBSClinicalPolicy@health.gov.au">MBSClinicalPolicy@health.gov.au</a> by no later than 1 February 2022.

Kind regards s22

Cardiac and Vascular Services Assistant Director MBS Clinical Policy Section

P: 02 6289\$22 E: \$22 @health.gov.au

MBS Reviews Unit Medical Benefits Division

Australian Government Department of Health

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."



s22

From: s22

**Sent:** Friday, 19 July 2024 1:03 PM

To: \$22

**Subject:** FW: Item mapping MBS Changes ~ 1 Jan and 1 March 2022 MYEFO announcement

- Media release 13 Dec 2021 [SEC=OFFICIAL]

**Attachments:** Cardiac Surgery item descriptors budget 22-23.docx

Kind regards

s22

**Assistant Director** 

**MBS Clinical Policy Section** 

P: 02 6289**s22** E: **s22** @health.gov.au

**MBS Policy & Reviews** 

Medicare Benefits & Digital Health

Australian Government Department of Health and Aged Care

From: \$47F @sa.gov.au>

Sent: Wednesday, December 15, 2021 6:03 PM

To: \$22 @health.gov.au>; 'ANZSCTS \$47F @anzscts.org>; \$47F

s47F @svha.org.au>

Cc: s22 @health.gov.au>

Subject: Re: Item mapping MBS Changes ~ 1 Jan and 1 March 2022 MYEFO announcement - Media release 13 Dec

2021 [SEC=OFFICIAL]

Thanks S22

I have attached Word doc with some suggestions

Re text below - have added my thoughts in red

Enjoy the break

Cheers

CHEC

As discussed. Please provide comment on the descriptors in the attachment.

**For the following:** can you provide your suggested fees for each item to reflect your comments (fix the imbalances to incentivise advanced skills and time spent):

**MV** Repair codes

As discussed, my concern here is the combination of Annuloplasty into the repair codes may relatively undervalue the procedure compared to MV Replacement.

38516 – Simple Repair \$2509.25 2600.00 38517 – Complex Repair \$3055.85, versus 3200.00 38499 – MVR \$2112.20

38490 – Sub valve resusp \$577.00 (MPR = ~\$279.00) – Total \$2391.20

This provides stepwise increase from base (MVR 2112.00) to simple repair then complex repair and would reflect the same increase in technical skill, difficulty, and time for these procedures.

There is a small step to simple repair from replacement, yet different skill sets and usually a significant increase in time and effort. Best practice should incentivise Repair. The step from simple to complex is reasonable.

### **Aortic Arch Surgery**

38555 – Simple Arch	\$3374.00	2600.00
38557 - Complex Arch	\$3894.30	4500.00

As discussed, the step from Simple to Complex arch is imbalanced

Simple arch is basically a bevelled anastomosis across the proximal arch under Deep Hypothermic Circulatory arrest. Complex Arch is Axillary artery and femoral artery cannulation, Hypothermic Arrest, Debranch head and neck vessels and re-anastomose, plus arch and proximal anastomoses, with reconnection of the debranched arch inflow. Clearly a different operation, which usually takes 6 – 8 hours at most centres.

I would suggest Simple is "overs" and Complex is "unders" and could be easily realigned.

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."









IMPORTANT: This message, and any attachments to it, may contain information that is deemed confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within.

If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

From: \$22 @health.gov.au>

Date: Wednesday, 15 December 2021 at 3:18 pm

To: S47F @sa.gov.au>, 'ANZSCTS s47F

s47F @anzscts.org>, s47F @svha.org.au>

Cc: s22 @health.gov.au>

 $\textbf{Subject:} \ \textbf{RE: Item mapping MBS Changes} ~ \textbf{1} \ \textbf{Jan and 1} \ \textbf{March 2022 MYEFO announcement - Media release}$ 

13 Dec 2021 [SEC=OFFICIAL]

His47F

I am off until next Friday. If you could reply all and \$22 in my team will progress your advice so we can do costings for the item descriptors and the outstanding queries ANZSCTS has on the valve price relativities. No problems though if you need to ring me for anything.

Kind regards

s22

Cardiac and Vascular Services

**Assistant Director** 

Clinical Committee Support and Implementation

**MBS Reviews Unit** 

Medical Benefits Division

Australian Government Department of Health

From: \$47F sa.gov.au>

Sent: Wednesday, 15 December 2021 9:01 AM

To: \$22 @health.gov.au>; 'ANZSCTS \$47F @anzscts.org>; \$47F

@svha.org.au>

Subject: Re: Item mapping MBS Changes ~ 1 Jan and 1 March 2022 MYEFO announcement - Media release 13 Dec 2021 [SEC=OFFICIAL]

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Thanks \$22

Your efforts to turn these around is appreciated Especially 519 and 643

Cheers

s47F

s47F



T: F: M:





IMPORTANT: This message, and any attachments to it, may contain information that is deemed confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within.

If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

From: \$22 @health.gov.au>

Date: Monday, 13 December 2021 at 4:16 pm

To: 'ANZSCTS s47F anzscts.org >, s47F (Health)" s47F @sa.gov.au >, s47F @svha.org.au >

Subject: FW: Item mapping MBS Changes ~ 1 Jan and 1 March 2022 MYEFO announcement - Media

release 13 Dec 2021 [SEC=OFFICIAL]

Kind regards

s22

Cardiac and Vascular Services

**Assistant Director** 

Clinical Committee Support and Implementation

P: 02 6289s22 E: s22 @health.gov.au

**MBS Reviews Unit** 

Medical Benefits Division

Australian Government Department of Health

From: MBS Clinical Policy < <a href="mailto:MBSClinicalPolicy@health.gov.au">MBSClinicalPolicy@health.gov.au</a>>

Sent: Monday, 13 December 2021 4:44 PM

To: s47F @ama.com.au' s47F @ama.com.au>; s47F @pha.org.au' s47F @pha.org.au>;

s47F @apha.org.au; info@apha.org.au; s47F @ozemail.com.au'

s47F @ozemail.com.au>; s47F @ramsayhealth.com.au'

s47F @ramsayhealth.com.au>; 'info@membershealth.com.au' <info@membershealth.com.au>;

s47F @cha.org.au' s47F @cha.org.au>; s47F @dayhospitalsaustralia.net.au'

s47F @dayhospitalsaustralia.net.au>;s47F @hambs.com.au; 'admin@hambs.com.au'

<admin@hambs.com.au>; s47F @ahsa.com.au' s47F @ahsa.com.au>; 'assistance@ahsa.com.au'

<assistance@ahsa.com.au>; 'consultations@ama.com.au' <consultations@ama.com.au>;

s47F @sydney.edu.au' s47F <u>@sydney.edu.au</u>>; <u>info@csanz.edu.au</u>; 'racgp@org.au' <<u>racgp@org.au</u>>;

'info@anzscts.org' < info@anzscts.org>; s47F @anzscts.org' s47F @anzscts.org>;

FOI 5277 IR DOCUMENT 2 Page 6 of 12

s47F @svha.org.au' \$47F @svha.org.au>; s47F @sa.gov.au

s47F @sa.gov.au>; president@acrrm.org.au; info@chf.org.au; 'companysecretary@racp.edu.au' <companysecretary@racp.edu.au>; racp@racp.edu.au; ceo@rdaa <ceo@rdaa.com.au>; college.sec@surgeons.org; college.president@surgeons.org; 'R.A.C.S@surgeons.org' <R.A.C.S@surgeons.org>

Cc: AskMBS Internal Queries <a href="mailto:AskMBS.internal@health.gov.au">AskMBS.internal@health.gov.au</a>; Private Health Industry Branch <PHI@health.gov.au>; MBS Clinical Policy <MBSClinicalPolicy@health.gov.au>

Subject: Item mapping MBS Changes ~ 1 Jan and 1 March 2022 MYEFO announcement - Media release 13 Dec 2021 [SEC=OFFICIAL]

#### Dear Stakeholders

We are writing to provide an update on changes to MBS items following today's media announcement of the Government's agreement as part of the "improving access to the MBS" MYEFO 21/22 budget process. The media release can be found at: Permanent telehealth to strengthen universal Medicare | Health Portfolio Ministers. The changes announced are summarised in the tables below and will be implemented by the team in the MBS Clinical Policy Section. An item mapping document is attached which provides further details on the changes.

Further announcements regarding 1 March 2022 changes are anticipated later in the week and our team will provide an updated summary and mapping document appropriately. Communication materials on the changes, which includes fact sheets and Quick Reference guides, will be made available shortly at: www.mbsonline.gov.au and under the factsheet tab. Any additional questions in relation to these changes please reach out to our team via ENALIST ACTOR return email.

Kind regards MBS Clinical Policy Team

# Changes effective 1 January 2022

ltem Number	Summary of Change	Item fee
38358 - Amend	Fee change only (increase)	\$2984.25
90300 - Amend	This item will now only be claimable by a Cardiothoracic Surgeon when providing surgical back-up for an Interventional Cardiologist who is conducting the primary procedure (38358).	\$ 895.25 (unchanged)
38254 - Amend	Descriptor amended to allow services that involve selective coronary angiography preceding percutaneous coronary intervention to be co-claimed with this service (38254)	\$463.50 (unchanged)
38519 - Amend	Descriptor amended to ensure all open cardiac procedures requiring the removal of an existing valve prothesis prior to the insertion of a new valve are permitted.	\$1,100.00 (unchanged)
38643 - Amend	Descriptor amended to clarify that the service is claimable for any instance where the division of adhesions exceeding 30mins is required.	\$1,567.65 (unchanged)

# Changes effective 1 March 2022

ltem Number	Summary of Change	Item fee
38276 -	This item provides for a transcatheter closure of the left atrial appendage for	\$949.25
Amend	stroke prevention. After consideration by MSAC this item has been amended to increase the population eligible to receive this procedure and will include patients	(unchanged)
	with an absolute permanent contraindication to oral anti-coagulant therapy	

FOI 5277 IR	DOCUMENT 2	Page 7 of 12

1 01 02	77 III	1 ugo 1 01 12
	determined by a practitioner independent of the practitioner performing the procedure.	
38495 - Amend	This item provides for transcatheter aortic valve implantation for patients with symptomatic severe aortic stenosis at high risk for open surgical aortic valve	\$1490.25
	replacement, device agnostic.	(unchanged)
38514 - New item	This item provides for transcatheter aortic valve implantation for patients with symptomatic severe aortic stenosis at intermediate risk for open surgical aortic	\$1490.25
	valve replacement, device agnostic.	(unchanged)

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

and may cont and that any use a error please notify. "Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

Amended	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
38510	Harvesting of an arterial conduit Harvesting of an arterial conduit (other than of the left
	internal mammary), for coronary artery bypass, if:
	(a) The arterial harvesting is undertaken by the primary surgeon or surgical assistant; and
	(b) more than one arterial graft is required; and Commented [A/Prof1]: Could probably remove this line as
	(c) the service is performed in conjunction with a service to which item 38502 applies
	(H) (Anaes.) (Assist.)
	Fee: \$649.25
	Benefit: 75%
	Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount
New	Group T8 – Surgical Operations
	Subgroup 6 – Cardio-thoracic
385XX	Artery harvesting (other than internal mammary), for coronary artery bypass if:  a) for the harvesting of additional artery conduit; and
	b) the harvesting is not conducted by the primary surgeon or surgical assistant Commented [A/Prof2]: Happy

New	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
385XX	Artery harvesting (other than internal mammary), for coronary artery bypass if:  a)   for the harvesting of additional artery conduit; and b)   the harvesting is not conducted by the primary surgeon or surgical assistant   (H) (Anaes.) (Assist.) Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

Commented [A/Prof2]: Happy Fee should be the same as previous 38496 code

Amended	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
38513	Creation of graft anastomosis, including Y-graft, T-graft and graft-to-graft extensions (for one or more anastomoses), with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:
	a) the service is not for each distal coronary anastomosis; and b) the service is performed in conjunction with a service to which item 38502 applies
	(H) (Anaes.) (Assist.) Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

Commented [BP3]: s47F: I could also use the words 'the service is for one or more anastomoses' which would cover all anastomoses conducted and only be billable once. Let me know what you think suits.

Amended	18-0	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
	Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if	applicable): Percentage or fixed cap amount

		2
Amended	+	Group T8 – Surgical Operations
	H '	Subgroup 6 - Cardio-thoracic

Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

#### Attachment A

### MBS Groups that apply an EMSN Cap

ED 1982 CED CARE Note – these groups are listed in the Health Insurance (Extended Medicare Safety Net) Determination 2017

An EMSN Cap of 300 per cent of the Schedule fee or \$500.00 (whichever is the lesser amount) applies to items which are listed in the following groups:

#### **Attendance services**

- A1 General practitioner attendances to which no other item applies
- A2 Other non-referred attendances to which no other item applies
- A3 Specialist attendances to which no other item applies
- A4 Consultant physician (other than psychiatry) attendances to which no other item
- A5 Prolonged attendances to which no other item applies
- A6 Group therapy
- A7 Acupuncture and non-specialist practitioner items
- A8 Consultant psychiatrist attendances to which no other item applies
- A9 Contact lenses
- A10 Optometrical services
- A11 Urgent attendances after—hours
- A12 Consultant occupational physician attendances to which no other item
- A13 Public health physician attendances to which no other item applies
- A14 Health assessments
- A15 GP management plans, team care arrangements and multidisciplinary care plans and case conferences
- A17 Domiciliary and residential medication management reviews
- A18 Attendances associated with Practice Incentive Program payments
- A19 Attendances associated with Practice Incentive Program payments
- A20 Mental health care
- A21 Professional attendances at recognised emergency departments of private hospitals
- A22 General practitioner after-hours attendances to which no other item
- A23 Other non-referred after-hours attendances to which no other item applies
- A24 Palliative and pain medicine
- A26 Neurosurgery attendances to which no other item applies
- A27 Pregnancy support counselling
- A28 Geriatric medicine
- A29 Early intervention services for children with autism, pervasive developmental disorder or disability
- A30 Medical practitioner video conferencing consultation
- A31 Addiction medicine
- A32 Sexual Health Medicine
- A33 aortic valve implantation case conference
- A35 Non-referred attendance at a residential aged care facility

A36 - Eating Disorder Services

A39 - Bushfire Recovery Services

A40 - COVID-19 services

A41 - COVID-19 Additional Focussed Psychological Strategies

#### Therapeutic procedures

T6 – Examination by anaesthestist

— Autism, pervasive developmental disorder and disability services
M11 – Allied health services for Indigenous Australians who have had a health check
M12 – Services Provided By A Practice Nurse Or Aboriginal And Torres Strait Islander Health
Practitioner On Behalf Of A Medical Practitioner
M14 – Nurse Practitioners
M15 – Diagnostic Audiology Services
M16 – Eating Disorder Services
M17 – Bushfire Recovery Access Initiative - Psychologist Services and Allied Health Focussed
Psychological Strategies
M18 – COVID-19 Allied Health Telehealth Services
M19 – COVID-19 Midwife Telehealth Services .vices and Allied Health I

#### Oral and maxillofacial services

O1 – Consultations

s22

s22 From:

Sent: Friday, 19 July 2024 1:02 PM

To:

Subject: FW: Cardiac Surgery item descriptors budget 22-23.docx [SEC=OFFICIAL]

**Attachments:** Cardiac Surgery item descriptors budget 22-23.docx

## Kind regards

s22

**Assistant Director** MBS Clinical Policy Section

P: 02 6289s22 E: S22 @health.gov.au

**MBS Policy & Reviews** 

Medicare Benefits & Digital Health

Australian Government Department of Health and Aged Care

From: S22

Sent: Monday, December 13, 2021 2:50 PM

To: '\$47F sa.gov.au>

IALI IALI Subject: Cardiac Surgery item descriptors budget 22-23.docx [SEC=OFFICIAL]

HIS47F

As discussed. Please provide comment on the descriptors in the attachment.

For the following: can you provide your suggested fees for each item to reflect your comments (fix the imbalances to incentivise advanced skills and time spent):

# **MV** Repair codes

As discussed, my concern here is the combination of Annuloplasty into the repair codes may relatively undervalue the procedure compared to MV Replacement.

\$2509.25 38516 – Simple Repair

38517 - Complex Repair \$3055.85, versus

38499 - MVR \$2112.20

38490 - Sub valve resusp \$577.00  $(MPR = ^$279.00) - Total $2391.20$ 

There is a small step to simple repair from replacement, yet different skill sets and usually a significant increase in time and effort. Best practice should incentivise Repair. The step from simple to complex is reasonable.

## **Aortic Arch Surgery**

38555 - Simple Arch \$3374.00 38557 - Complex Arch \$3894.30

As discussed, the step from Simple to Complex arch is imbalanced

Simple arch is basically a bevelled anastomosis across the proximal arch under Deep Hypothermic Circulatory arrest.

Complex Arch is Axillary artery and femoral artery cannulation, Hypothermic Arrest, Debranch head and neck vessels and re-anastomose, plus arch and proximal anastomoses, with reconnection of the debranched arch inflow. Clearly a different operation, which usually takes 6 – 8 hours at most centres.

I would suggest Simple is "overs" and Complex is "unders" and could be easily realigned.

Amended	Group T8 – Surgical Operation Subgroup 6 – Cardio-thoracio
38510	All arterial artery conduit harvesting (other than of the left internal mammary), for coronary artery bypass, if:
	(a) The arterial harvesting is undertaken by the primary surgeon or surgical assistant; and
	(b) more than one arterial graft is required; and
	(c) the service is performed in conjunction with a service to which item 38502 applies
	(H) (Anaes.) (Assist.)
	Fee: \$649.25
	Benefit: 75%
	Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount
New	Group T8 – Surgical Operation Subgroup 6 – Cardio-thoracio
385XX	Artery harvesting (other than internal mammary), for coronary artery bypass if:
	a) for the harvesting of additional artery conduit; and
	b) the harvesting is not conducted by the primary surgeon or surgical assistant
	(H) (Anaes.) (Assist.)
	Fee: \$
	Benefit: 75%
	Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

New	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
385XX	Artery harvesting (other than internal mammary), for coronary artery bypass if:  a) for the harvesting of additional artery conduit; and b) the harvesting is not conducted by the primary surgeon or surgical assistant (H) (Anaes.) (Assist.) Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

Amended	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
38513	Creation of graft anastomosis, including Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:  a) the service is not for each distal coronary anastomosis; and
	b) the service is performed in conjunction with a service to which item 38502 applies  (H) (Anaes.) (Assist.)  Fee: \$ Benefit: 75%  Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

Amended		Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
1411S	Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if	applicable): Percentage or fixed cap amount

Amended	Group T8 – Surgical Operations Subgroup 6 – Cardio-thoracic
Q	Fee: \$ Benefit: 75% Extended Medicare Safety Net Cap (if applicable): Percentage or fixed cap amount

Commented [BP1]: s47F I could also use the words 'the service is for one or more anastomoses'which would cover all anastomoses conducted and only be billable once. Let me know what you think suits.

#### Attachment A

#### MBS Groups that apply an EMSN Cap

ED 1982 CED CARE Note – these groups are listed in the Health Insurance (Extended Medicare Safety Net) Determination 2017

An EMSN Cap of 300 per cent of the Schedule fee or \$500.00 (whichever is the lesser amount) applies to items which are listed in the following groups:

#### Attendance services

- A1 General practitioner attendances to which no other item applies
- A2 Other non-referred attendances to which no other item applies
- A3 Specialist attendances to which no other item applies
- A4 Consultant physician (other than psychiatry) attendances to which no other item
- A5 Prolonged attendances to which no other item applies
- A6 Group therapy
- A7 Acupuncture and non-specialist practitioner items
- A8 Consultant psychiatrist attendances to which no other item applies
- A9 Contact lenses
- A10 Optometrical services
- A11 Urgent attendances after-hours
- A12 Consultant occupational physician attendances to which no other item
- A13 Public health physician attendances to which no other item applies
- A14 Health assessments
- A15 GP management plans, team care arrangements and multidisciplinary care plans and case conferences
- A17 Domiciliary and residential medication management reviews
- A18 Attendances associated with Practice Incentive Program payments
- A19 Attendances associated with Practice Incentive Program payments
- A20 Mental health care
- A21 Professional attendances at recognised emergency departments of private hospitals
- A22 General practitioner after-hours attendances to which no other item
- A23 Other non-referred after-hours attendances to which no other item applies
- A24 Palliative and pain medicine
- A26 Neurosurgery attendances to which no other item applies
- A27 Pregnancy support counselling
- A28 Geriatric medicine
- A29 Early intervention services for children with autism, pervasive developmental disorder or disability
- A30 Medical practitioner video conferencing consultation
- A31 Addiction medicine
- A32 Sexual Health Medicine
- A33 aortic valve implantation case conference
- A35 Non-referred attendance at a residential aged care facility
- A36 Eating Disorder Services
- A39 Bushfire Recovery Services
- A40 COVID-19 services

#### A41 - COVID-19 Additional Focussed Psychological Strategies

and Allied Health Focussed

s22

s22 From:

Friday, 19 July 2024 11:01 AM Sent:

To:

FW: your sign-off [SEC=OFFICIAL] Subject:

### Kind regards

s22

Assistant Director

MBS Clinical Policy Section

P: 02 6289s22 E: s22 @health.gov.au

MBS Policy & Reviews

Medicare Benefits & Digital Health

Australian Government Department of Health and Aged Care

From: \$47F sa.gov.au>

Sent: Tuesday, May 17, 2022 7:24 PM

To: \$22 @health.gov.au> Subject: Re: your sign-off [SEC=OFFICIAL]

ASED 1982 CED CARE REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Thanks \$22

Think we need to specifiy "once per procedure

Could we say:

Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:

- (a) the service is for one or more anastomoses, claimed once per procedure; and
- (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)

#### Cheers



s47F

s47F

s47F

F: M:

T:



College of Medicine & Public Health





IMPORTANT: This message, and any attachments to it, may contain information that is deemed confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within.

If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

From: "s22 health.gov.au>

Date: Tuesday, 17 May 2022 at 14:34

To: s47F @sa.gov.au>

**Subject:** your sign-off [SEC=OFFICIAL]

His47F

Just want to double check this wording for 1 November 2022.

# 2 Schedule 1 (cell at item 38513, column 2)

Repeal the cell, substitute with:

Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:

- (a) the service is for one or more anastomoses; and
- (b) the service is performed in conjunction with a service to which item 38502 applies (H) (Anaes.) (Assist.)

# Kind regards

s22

Cardiac and Vascular Services Assistant Director MBS Clinical Policy Section

P: 02 6289s22 E: s22 @health.gov.au

MBS Reviews Unit
Medical Benefits Division
Australian Government Department of Health

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

Date of Service 1 Jul 2021 to 31 Oct 2022 Trigger Item: 38513; Date of Service. Year Month: 16 of 36

Trigger Item Q Subgroup	Trigger Q Item	Combinations	Episodes	Services (incl trigger and co- claimed items)	Benefits (incl trigger and co- claimed items)	Fee Charged (incl trigger and co-claimed items)	Bulk Billing Rate (%) (incl trigger and co-claimed
Totals		509	2,448	10,910	\$6,859,581	\$14,160,113	0.1%
T0806: Cardio-Thoracic	38513	509	2,448	10,910	\$6,859,581	\$14,160,113	0.1%
		OCUMEN OCUMENTS	RAPINE	CRINK! OF	\$6,859,581		