
Medicare Benefits Schedule Review Taskforce

Otolaryngology, Head and Neck Surgery

Clinical Committee Report

Taskforce Findings

This document outlines the Medicare Benefit Schedule (MBS) Review Taskforce (Taskforce) recommendations in response to the report from the Otolaryngology, Head and Neck Surgery Clinical Committee (OHNSCC).

The Taskforce endorsed 61 of the 62 recommendations from the Final Report from the OHNSCC and submitted them to the Minister for Health, for Government consideration. The Taskforce did not endorse the OHNSCC recommendation for a paediatric loading on specific audiometry items (recommendation two in the OHNSCC

Number of items reviewed	174
Number of OHNSCC recommendations made	62
Number of Taskforce recommendations made	61

report). Please note that the below Taskforce recommendations reflect new numbering as a result of not endorsing this recommendation.

The Taskforce recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system through deleting obsolete or low clinical value items; consolidating or splitting items to address potential misuse; modernising item descriptors to reflect best practice; and providing clinical guidance for appropriate item use through explanatory notes.

List of Taskforce Recommendations

Recommendation 1 – Reduce referral restrictions for audiology item numbers performed by an Audiologist

- The Taskforce recommends amending the item descriptors for items 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327 and 82332 to remove the requirement that referrals must be issued by a specialist in otolaryngology, head and neck surgery, or a specialist in neurology to improve patient access. Therefore, it is recommended that dot point (a) be amended for each item descriptor to reflect that a service is performed pursuant to a written request by a 'medical

practitioner' and to remove reference to 'assist the medical practitioner' and to include 'same' and update person to 'patient' at dot point 'f'. There are no other changes recommended to the item descriptors.

- There is no change recommended to the items' fee.

Recommendation 2 – Managing Auditory Implants

- The Taskforce recommends that new items are created which reflect the clinical purposes (Brain stem evoked response audiometry and implant processor programming) of the services under items 11300 and 82300. The splitting of these items reflects the different clinical uses to enable accurate monitoring and measurement.
- There is no proposed change to the schedule fee for these items.
- The Taskforce recommends that the explanatory note (MN.15.1) associated with 82300 is deleted. This deletion will broaden the application of this service to include all implantable hearing devices, reflecting the emergence of improved technology.

Recommendation 3 - Consolidate items for impedance audiograms

- The Taskforce recommends consolidating items 11324, 11327 and 11330 into a single service under item 11324, and amend the descriptor to remove the co-claiming restriction.
- The Taskforce recommends consolidating items 82324 and 82327 into a single service under item 82324, and amend item 82324 descriptor to remove the specific referral requirements (refer Recommendation 1) and co-claiming restriction.
- It is recommended that the fees be adjusted to reflect a weighted average of the services under the original items to achieve cost neutrality.

Recommendation 4 - Oto-acoustic Emission Audiometry

- The Taskforce recommends amending the descriptor for items 11332 and 82332 to include the assessment of outer hair cell function in the cochlear.
- No change to the schedule fees is recommended.

Recommendation 5 - Vestibular assessments

- The Taskforce recommends deleting items 11333, 11336 and 11339 items and replacing with three new items, 113XXA, 113XXB, 113XXC.
- The Taskforce endorses a new schedule fees for the items and asserts that these fees reflect the complexity, skill, equipment cost and time required to perform the procedures and are comparable to similar items.
- The Taskforce recommends adding the explanatory note accompanying the new item numbers to clarify the intention of these item numbers.

Recommendation 6 - Improving access to services by availing telehealth

- To facilitate the use of telehealth technology to service remote and rural communities, and vulnerable persons, it is recommended that specific audiometry items can occur via telehealth.
- The Taskforce recommends enabling telehealth delivery for 'non-determinate audiometry' and 'programming of an auditory implant or the sound processor of an auditory implant, unilateral' (11300X, 11306, 82300X and 82306) by creating new telehealth items for these services.

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- There is no change recommended to the schedule fee for these services and the Taskforce notes that this recommendation may require MSAC consideration.

Recommendation 7 - Parotid gland surgery

- The Taskforce recommends amending the item descriptor for items 30247, 30250, 30251 and 30253 to include removal of a tumour and exposure or mobilisation of facial nerves.
- The recommendation stipulates that items 30247, 30250, 30251 and 30253 should not be in association with a service to which the same provider performs items 39321, 39324, 39327, and 39330. The Taskforce recommends adding an explanatory note to clarify the intention of this co-claiming restriction.

Recommendation 8 – Submandibular gland

- The Taskforce recommends amending the item descriptor for 30256 to restrict co-claiming with neck lymph node dissection items ranging from 31423 to 31438.

Recommendation 9 – Sialendoscopy

- The Taskforce recommends creating a new item to retrieve stones from salivary gland drainage ducts or alleviate narrowing of these ducts.
- The proposed Schedule Fee: \$500.00.

Recommendation 10 - Radical excision of intraoral tumour

- The Taskforce recommends amending the item descriptor for 30275 to remove 'commandotype operation' and restrict co-claiming with neck lymph node dissection items ranging from 31423 to 31438.

Recommendation 11 - Tongue-tie procedure

- The Taskforce supported a referral from the Plastics and Reconstructive Surgery Clinical Committee to restrict these services under item 30278 and 30281 with item 45009 for single stage local muscle flap repair to one defect.

Recommendation 12 – Myringoplasty and tympanomastoid procedures

- The Taskforce recommends creating a new MBS Group for myringoplasty and tympanomastoid items 41527, 41530, 41533, 41536, 41545, 41551, 41554, 41557, 41560, 41563, 41564, 41566, 41629, 41635 and 41638 to facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
- Items in this Group will not be permitted to be co-claimed with each other or with other specified otology items during one procedure.

Recommendation 13 - Myringoplasty

- The Taskforce recommends amending the item descriptor for 41527 to remove 'Rosen incision'.

Recommendation 14 - Middle ear clearance

- The Taskforce recommends removing the out-of-hospital 85% benefit from item 41635, as contemporary best practice currently consists of in-hospital only services.

Recommendation 15 - Removal of foreign body from ear

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- The Taskforce recommends amending the item descriptor for 41503 to clarify that removal of a grommet from the external auditory canal would not require incision of the canal and to include a restriction of co-claiming with otology items in this Group of the MBS.

Recommendation 16 - Surgical removal of keratosis obturans

- The Taskforce recommends amending the item descriptor for 41509 to reflect that the procedure should be performed under general anaesthesia.

Recommendation 17 - Correction of auditory canal stenosis

- The Taskforce recommends amending the item descriptor for 41521 to include a restriction from being co-claimed with any items in the newly proposed Myringoplasty and Tympanomastoid Procedures Group for otology items.

Recommendation 18 - Reconstruction of external auditory canal

- The Taskforce recommends amending the item descriptor for 41524 to remove outdated reference to applicability of the Multiple Operation Rule for items 41557, 41560 and 41563.

Recommendation 19 - Decompression of mastoid portion facial nerve

- The Taskforce recommends amending the item descriptor for 41569 to include a restriction from being co-claimed with item 41617 for cochlear implantation.

Recommendation 20 - Osseo-integration procedures

- The Taskforce recommends consolidating items 41603 and 41604 into a single service under item 41603 that better describes contemporary practice.
- The Taskforce recommends the fee be increased to reflect the proposed changes and derive the new fee using the Multiple Operation Rule.

Recommendation 21 - Stapes mobilisation

- The Taskforce recommends amending the item descriptor for 41611 to include a co-claiming restriction with items 41539, 41542 and any items in the newly proposed Myringoplasty and Tympanomastoid Procedures Group.

Recommendation 22 - Insertion of cochlear implant

- The Taskforce recommends amending the item descriptor for 41617 to include a co-claiming restriction with items 41614 and 41569 and to clarify that facial nerve exposure and round window procedures are an integral part of the complete procedure. Further co-claiming of 41614 and 41569 will be specifically prevented.

Recommendation 23 - Injection into middle ear

- The Taskforce recommends proposes amending the item descriptor for 41626 to encompass injection of therapeutic agents into the middle ear.

Recommendation 24 – Ear toilet

- The Taskforce recommends amending the item descriptor for 41647 to address inappropriate use for the removal of uncomplicated wax and debris.

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- The Taskforce recommends adding an explanatory note to item 41647 to state that the item is not for the removal of uncomplicated wax or debris if it can be achieved using a simpler method, such as topical eardrops or syringing.

Recommendation 25 - Functional sinus surgery

- The Taskforce recommends creating three new items to describe complete medical services relating to functional sinus surgery procedures. These items would eliminate the high variability in provider co-claiming for the same procedure and better describe current contemporary practice.
- These new items will be categorised into a Functional Sinus Surgery MBS Group, which would facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
- Items in this new Functional Sinus Surgery Group will not be permitted to be co-claimed with each other or with other specified Rhinology items during the same procedure. On implementation, this change should be communicated and education provided to the profession on the intention and use of the new Group.
- Suggested fees are based on anatomical reflections of services, current co-claimed item fees and subsequent reductions due to the multiple operations rule.

Recommendation 26 - Sinus procedures

- The Taskforce recommends re-categorising items 41710, 41716, 41734, 41737 and 41752 into an MBS Group for sinus procedures, which would eliminate the high variability in provider co-claiming for the same procedure and facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
- Items in this Group will not be permitted to be co-claimed with other specified items in the new Functional Sinus Surgery Group during the same procedure. On implementation, this change should be communicated and education provided to the profession on the intention and use of the new Group.
- Consolidate items 41710 and 41716 into one service under item 41710, with an amended item descriptor and weighted average fee.
- Amend the descriptors of items 41734, 41737 and 41752 to clearly define the services.

Recommendation 27 - Airway Procedures

- The Taskforce recommends re-categorising items 41671, 41689, 41692 and new item 416XX into a separate table or MBS Group for airway procedures, which would eliminate the high variability in provider co-claiming for the same procedure and facilitate co-claiming restrictions in order to minimise inappropriate billing practices. Items in this Group will not be permitted to be co-claimed with each other or with other specified rhinology items during one procedure. On implementation, this change should be communicated and education provided to the profession on the intention and use of the new Group.
- The Taskforce recommends consolidating item 41671 and 41672 into one service under item 41671, with an amended item descriptor and weighted average fee.
- The Taskforce recommends creating new item 416XX for septal surgery.
- The Taskforce recommends amending the item descriptors for items 41689 and 41692 so they describe a service for unilateral or bilateral turbinate procedures, as it is rare for these items to be claimed unilaterally and the items should describe a discreet service. An increase in the schedule fee is also recommended for both items. For 41689, it is recommended that the out-of-hospital 85% benefit is included to reflect contemporary best practice and that the service can be provided under local anaesthesia.

Recommendation 28 – Nasal polyp

- The Taskforce recommends including an out-of-hospital 85% benefit and subsequent amendments to the explanatory note TN.8.75, by removing ‘Services performed under item 41668 require admission to hospital’.

Recommendation 29 - Maxillary antrum

- The Taskforce recommends amending the descriptor for item 41698 to include a co-claiming restriction with items in the new rhinology Groups for functional sinus surgery and sinus procedures.

Recommendation 30 - Ligation of maxillary or ethmoidal artery

- The Taskforce recommends amending the descriptors for 41707 and 41725 to include both external and endoscopic approaches and adding an explanatory note to provide guidance regarding the appropriate use of these items.

Recommendation 31 - Vidian Canal

- The Taskforce recommends amending the descriptor for item 41713 to recognise that vidian neurectomy and extended drilling of the sphenoid sinus is now performed via transnasal endoscopic techniques rather than external transantral approaches.

Recommendation 32 - Antrum

- The Taskforce recommends amending the descriptor for item 41719 to reflect an independent procedure.

Recommendation 33 - Oroantral fistula

- The Taskforce recommends amending the item descriptor to restrict co-claiming item 41772 services with item 45009 for single stage local muscle flap repair to one defect.

Recommendation 34 - Lateral rhinotomy

- The Taskforce recommends amending the descriptor for item 41728 to describe the complexity of tumour removal regardless of approach or pathology.

Recommendation 35 - Frontal sinus procedure

- The Taskforce recommends amending the descriptor for item 41746 to recognise that on occasion there will remain instances where obliteration of a single sinus is indicated. This could apply to either frontal, sphenoid or maxillary sinuses. The amended descriptor is applicable to any of these sinuses, and that the complete medical service includes fat harvest.

Recommendation 36 - Paranasal sinus surgery

- The Taskforce recommends amending the descriptor for item 41749 to recognise that clinical situations remain where either purely external sinus operations, or combined external and endoscopic approaches to the sinuses, are required. The amended item allows it to be claimed in acute settings, such as hematoma or abscess formation, where acute surgery to decompress the sinus is required but frontal sinus trephine procedures, aspiration procedures or new functional sinus surgery items may not apply.

Recommendation 37 - Examination of nasopharynx and larynx

- The Taskforce recommends amending the descriptor for item 41764 to include a co-claiming restriction and to change provider eligibility to include non-medical practitioners (eligible speech pathologists) to provide services for or on behalf of another practitioner.

Recommendation 38 – Obsolete services

- The Taskforce recommends deleting items 41653, 41729, 41731 and 41767 from the MBS, as they are considered obsolete. The Taskforce noted that item 41764 was comprehensive enough to cover services for the examination of the nose and nasopharynx.

Recommendation 39 - Skull-base procedures as part of collaborative or conjoint surgery

- The Taskforce recommends creating new items 41XX1 and 41XX2 for skull-base procedures when performed by an otolaryngologist as part of joint or conjoint skull-base surgery. The schedule fee of 41XX1 should be commensurate with 39640X as per the Neurosurgery and Neurology Taskforce (NNT) Report and 41XX2 should be commensurate with item 39653 as per the NNT Report.

Recommendation 40 - Endoscopic pituitary surgery

- The Taskforce recommends creating new item 41XX3 to reflect the service of an otolaryngology surgeon during joint pituitary surgery. The schedule fee should be commensurate with item 39715 as per the NNT report.

Recommendation 41 - Fractured skull repair

- The Taskforce recommends creating new item 41XX4 to reflect the service of an otolaryngology surgeon to repair a cerebrospinal fluid leak from a fractured skull either from trauma or from spontaneous causes (which is the larger proportion of procedures). The schedule fee should be commensurate with item 39615 as per the NNT report.

Recommendation 42 - Endonasal orbital decompression

- The Taskforce recommends creating a new item 41XX5 to reflect the service of an otolaryngology surgeon to perform decompression of the orbit endoscopically. The schedule fee should be commensurate with item 42545 as per the current ophthalmology schedule.

Recommendation 43 - Pharyngeal pouch procedures

- The Taskforce recommends removing item 41773 and consolidating all services under item 41776. The Taskforce recommends amending the descriptor for item 41776 to reflect the consolidation and that the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

Recommendation 44 – Pharyngectomy

- The Taskforce recommends deleting item 41782 and consolidating all services under item 41785. The Taskforce recommends amending the descriptor for item 41785 to reflect the consolidation and that the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

Recommendation 45 – Uvulectomy and partial palatotomy

- Taskforce recommends item 41787 be deleted from the MBS, as the service is adequately provided under item 41786 for Uvulopalatopharyngoplasty.

Recommendation 46 - Lingual tonsil removal

- The Taskforce recommends amending the descriptor for item 41804 to remove reference to lateral pharyngeal bands.

Recommendation 47 - Oesophagoscopy

- The Taskforce recommends deleting item 41816 and consolidating all services under item 41822.
- The Taskforce recommends that the descriptor for item 41822 is amended to reflect the consolidation and that the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

Recommendation 48 - Oesophagoscopy with removal of foreign body

- The Taskforce recommends amending the descriptor for item 41825 to reflect that foreign bodies may present in the larynx, pharynx or oesophagus.

Recommendation 49 - Total laryngectomy

- The Taskforce recommends amending the item descriptor to better reflect the procedure and recommends increasing the schedule fee with a fee derived from a combination of 41834 and 41776 but in accordance with the Multiple Operation Rule.

Recommendation 50 - Vertical hemilaryngectomy

- The Taskforce recommends amending the descriptor for item 41837 to clarify that in the case of transoral procedures, this item may only be claimed for procedures with an equivalent anatomical extent to traditional open vertical hemilaryngectomy.
- The Taskforce recommends adding an explanatory note for items 41837 and 41840 to specify the scenarios where the practitioner would be able to claim the item number more than once per lifetime.

Recommendation 51 - Total supraglottic laryngectomy

- The Taskforce recommends amending the descriptor for item 41840 to clarify that in the case of transoral procedures, this item may only be claimed for procedures with an equivalent anatomical extent to traditional open supraglottic laryngectomy. It should not be claimed for procedures where item 41861 would be more appropriate.
- The Taskforce recommends adding an explanatory note for items 41837 and 41840 to specify the scenarios where the practitioner would be able to claim the item number more than once per lifetime.

Recommendation 52 – Microlaryngoscopy

- The Taskforce recommends amending the descriptor for item 41855 to clarify that the service could be performed with or without biopsy.

Recommendation 53 – Microlaryngoscopy with tumour removal

- The Taskforce recommends deleting items 41858, 41864 and 41868 as the Taskforce viewed them as outdated practice.

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- The Taskforce recommends amending the descriptor for item 41861 to encompass both benign and malignant tumours and place a co-claim restriction with item 41870.
- The Taskforce recommends an amendment to explanatory note TN.8.77 to remove 'Item 41861 refers to the removal by laser surgery'.

Recommendation 54 - Microlaryngoscopy with arytenoidectomy

- The Taskforce recommends amending the descriptor for item 41867 to recognise changes in phonosurgical techniques.

Recommendation 55 - Injection of vocal cord

- The Taskforce recommends amending the descriptor for item 41870 to reflect that new injectable materials exist for vocal cord augmentation with improved biomechanical and viscoelastic properties and that some of the previously listed materials are no longer appropriate. A co-claiming restriction with 41861 is recommended, as injections that occur in conjunction with removal of a lesion would be considered part of that procedure.
- The Taskforce also recommends to include the out-of-hospital 85% benefit.

Recommendation 56 - Fractured larynx procedure

- The Taskforce recommends removing the out-of-hospital 85% benefit from item 41873, as contemporary best practice currently consists of in-hospital only services.

Recommendation 57 - Laryngoplasty or tracheoplasty

- The Taskforce recommends amending the descriptor for item 41879 to include a co-claim restriction with item 41870.

Recommendation 58 - Tracheostomy by percutaneous technique

- The Taskforce recommends amending the descriptor for item 41880 to allow for treatment by techniques other than sequential dilatation or partial splitting method.

Recommendation 59 - Tracheostomy by open exposure

- The Taskforce recommends amending the descriptor for item 41881 to allow for treatment by techniques other than separation of the strap muscles or division of the thyroid isthmus.

Recommendation 60 - Cricothyrostomy

- The Taskforce recommends amending the descriptor for item 41884 to allow for variations in technique.

Recommendation 61 - Bronchoscopy management of tracheal stricture

- The Taskforce recommends amending the descriptor for item 41904 to allow for treatment of stricture by techniques other than dilatation.