
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Vascular Clinical Committee Report

This document outlines the Medicare Benefits Schedule (MBS) Taskforce's recommendations in response to the Vascular Clinical Committee Report.

In May 2020, the Taskforce endorsed 40 of 41 recommendations from the *Report from the Vascular Clinical Committee* and submitted them to the Minister for Health for Government consideration.

The Taskforce did not endorse the VCC recommendation for retaining angiographic

components as tiered items within the Diagnostic Imaging Accreditation Scheme (recommendation eight in the VCC report). Please note that the Taskforce recommendations below contain recommendation eight with "not endorsed by the Taskforce" to maintain the same numbering as the report.

The 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. This was achieved 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

Vascular ultrasound recommendations

Recommendation 1: Improve diagnostic options for duplex examination of aorto-iliac and lower limb vasculature.

- The Taskforce recommends amending the item descriptor for item 55238 to replace 'below the inguinal ligament' with 'with or without the aorto-iliac segment' and

Number of items reviewed	290
Number of VCC recommendations made	41
Number of Taskforce recommendations made	40

amending the item descriptor for item 55276 to include ‘or with 55238 unless examination of the inferior vena cava and iliac veins is warranted’.

- The Taskforce recommends adjusting the schedule fees to reflect the additional examination, and to reduce the incentive to perform item 55276 and item 55238 on separate days.
- The Taskforce recommends restricting co-claiming 55238 with 55276, unless specifically examining the inferior vena cava or iliac veins for a clinically indicated reason.

Recommendation 2: Prevent low-value over-servicing of carotid duplex examinations.

- The Taskforce recommends amending the item descriptor for item 55274 to include ‘not for screening or examination of asymptomatic patients except when referred by a specialist, with a maximum of two services per 12 months’.

Recommendation 3: Prevent low-value over-servicing of renal duplex examinations.

- The Taskforce recommends introducing new restrictions to this item so that it can only be requested by specialists in the fields of hypertension, nephrology, vascular surgery, interventional radiology and rheumatology. The Taskforce recommends amending the item descriptor for item 55278 to include ‘on referral by consultant physician or specialist only, excluding Obstetrics and Gynaecology specialists’.

Recommendation 4: Reduce the use of ankle brachial index (ABI) for screening and increase access through allied health practitioners.

- The Taskforce recommends amending the item descriptor for item 11610 to clarify that ABI should not be used for screening asymptomatic patients, and to incentivise appropriate use. The descriptor is recommended to include ‘where there are documented signs and symptoms, for monitoring of established disease, and for the exclusion of arterial disease to enable compression therapy in venous disease excluding asymptomatic screening — examination, hard or electronic copy and report, maximum of 2 medical practitioner-referred examinations per 12 months unless there is a significant documented change to the patient’s condition warranting additional urgent evaluation’.

Recommendation 5: Remove low-value continuous wave (CW) Doppler investigation of venous insufficiency and obstruction.

- The Taskforce recommends amending the item descriptor for item 11602 to replace ‘Continuous Wave (CW) Doppler’ with ‘duplex ultrasound’ and removing ‘other than a service associated with a service to which item 32500 or 32501 applies’.
- The Taskforce recommends Restricting the ability to co-claim this item with other duplex ultrasound examinations of the lower limb, splitting the item to referred and non-referred items and having a lower fee for the non-referred item.

- This recommendation focuses on preventing low-value care by updating obsolete CW Doppler component of the examination, and restricting co-claiming with other duplex ultrasound examinations of the lower limb.

Digital subtraction angiography (DSA) recommendations

Taskforce's Advice for DSA items

The Taskforce recommends that any changes to DSA items should be deferred for a minimum of 12 months to enable further data collection, analysis and modelling with the sector. During this period, current DSA items should be maintained.

Recommendation 6: Remove current run-based tiering and anatomical classifications of DSA.

- The Taskforce recommends the removal of current run-based tiering and anatomical classifications of DSA.

Recommendation 7: Bundle procedural items with relevant angiographic items where appropriate.

- The Taskforce recommends that item numbers for selective catheterisation of vessels should be bundled into new angiographic items where possible.
- Following consultation with the interventional neuroradiology (INR) sector the Taskforce recommends that INR should be considered as a separate group from the DSA items. The Taskforce recommends that INR requires its own items under the MBS and that INR items should be aligned with neurosurgery and neurology items rather than diagnostic imaging. The Taskforce recommends that data should be collected to ascertain how many INR procedures are currently being undertaken to inform new MBS items.

Recommendation 8: Retain angiographic components within the Diagnostic Imaging Schedule Table (Not endorsed by the Taskforce)

- This recommendation was no longer required and therefore was not endorsed by the Taskforce.

Recommendation 9: Replace references to “digital subtraction angiography” with “angiography and fluoroscopy”.

- The Taskforce recommends replacing references to ‘digital subtraction angiography’ with ‘angiography and fluoroscopy’ to broaden the definition of angiography.

Recommendation 10: Create a separate diagnostic catheter angiogram item.

- The Taskforce recommends a new diagnostic catheter angiography item that cannot be co-claimed in the same episode as any angiographic item bundled with a procedural item and has a schedule fee in the same range as a lower tier of angiographic items.
- The Taskforce recommends an item number for circumstances where no intervention is undertaken.

Recommendation 11: Create a new item to support minimally invasive diagnostic alternatives to DSA.

- The Taskforce recommends further modelling and costings be undertaken to inform changes for a new magnetic resonance angiography item and agreed that Medical Services Advisory Committee (MSAC) consideration would not be required.

Vascular surgery recommendations

Recommendation 12: Amend existing item numbers for peripheral and thoracic aneurysm repair to include open or endovascular techniques (excluding the angiography component) and combine items 33118 and item 33119.

- The Taskforce recommends that the current items (33050–33112 and 33121–33181) be amended to encompass an endovascular approach (assuming it is appropriate for the fee for the respective open and endovascular procedures to be equal) and to combine items 33118 and item 33119.

Recommendation 13: Change the descriptors to make reference to embolic protective devices (EPDs) in transluminal stenting and balloon angioplasties.

- The Taskforce recommends amending the descriptors for items 35300–35315 to make reference to EPDs in transluminal stenting and balloon angioplasties.

Recommendation 14: Delete low-value venous valvular surgical reconstruction items from the MBS.

- The Taskforce recommends deleting low-value venous valve restoration items (34818–34833) due to low levels of use and insufficient evidence of clinical efficacy.

Recommendation 15: Restrict co-claiming for vascular wound repair where this is considered part of the procedure.

- The Taskforce recommends amending the item descriptors for items 33815, 33824 and 33833 to include ‘not being a service associated with percutaneous procedures, or where arterial closure is considered integral to the procedure’.

Varicose vein recommendations

Recommendation 16: Require a referral from a general practitioner for all varicose vein services.

- The Taskforce recommends that GPs should be the pivot point of the system and that the descriptors for items 32500-32529 be amended to require GP referral for all varicose vein services. The Taskforce recommends amending the item descriptors to include ‘requiring referral for management of venous disease by a medical practitioner who is not a member of a group of practitioners of which the providing practitioner is a member’.

Recommendation 17: Reduce cosmetic and low value use of sclerotherapy.

- The Taskforce recommends amending the item descriptor for item 32500 to include ‘where proximal reflux > 0.5 seconds has been excluded and the treatment is not for cosmetic purposes’ and ‘or venography or fluoroscopy’.

Recommendation 18: Create a new item for ultrasound-guided foam sclerotherapy (UGFS).

- The Taskforce recommends further modelling and costings should be undertaken for a new UGFS item and agreed that MSAC consideration would not be required.

Other in-scope recommendations

Recommendation 19: Include accessory vein in endovenous laser therapy (ELT) item descriptors.

- The Taskforce recommends amending the ELT item descriptors for items 32520 and 32522 to include ‘or anterior accessory vein’.

Recommendation 20: Include accessory vein in radiofrequency ablation (RFA) therapy item descriptors.

- The Taskforce recommends amending the RFA therapy item descriptors for items 32523 and 32526 to include ‘or anterior accessory vein’.

Recommendation 21: Change item 32507 to reflect contemporary practice, remove out-of-hospital benefits and exclude co-claiming with any venography items.

- The Taskforce recommends amending the item descriptor for item 32507 to reflect contemporary practice, remove out-of-hospital benefits and exclude co-claiming with any venography items.

Recommendation 22: No additional change to varicose vein surgical ligation and dissection items.

- The Taskforce recommends amending the item descriptors for items 32508–32517 to replace references to ‘long’ and ‘short’ saphenous veins, with ‘great’ and ‘small’ for consistency across varicose vein item descriptors.

Recommendation 23: Change the item descriptor to include ‘vascular malformations’ and also split the item to accommodate the creation of an additional tier of embolisation procedures, above the existing level.

- The Taskforce recommends amending the item descriptor for item 35321 to include ‘vascular malformations’.
- The Taskforce recommends splitting item 35321 to accommodate the creation of an additional tier of embolisation procedures, above the existing level, to reflect the added complexity of these procedures not adequately covered by the current item number.

Recommendation 24: Allow non-gynaecologist-referred uterine embolisation.

- The Taskforce recommends amending the item descriptor for item 35410 to remove the need for referral by a gynaecologist, and to instead specify ‘who has been reviewed by a gynaecologist’.

Recommendation 25: Change the anatomical descriptor to include iliac arteries for consistency across the MBS.

- The Taskforce recommends amending the item descriptor for item 35303 to include ‘iliac arteries’.

Recommendation 26: Change the anatomical descriptor of femoral arteries for consistency across the MBS.

- The Taskforce recommends amending the item descriptor for item 32711 to replace ‘common femoral or profunda femoris arteries’ with ‘femoral arteries’.

Recommendation 27: Change the anatomical descriptor of anastomosis location.

- The Taskforce recommends amending the item descriptor for item 32748 to replace ‘with distal anastomosis within 5cms of the ankle joint’ with ‘where the distal anastomosis is above the ankle without muscle coverage’.

Recommendation 28: Change the item descriptor to specify “by endovenous technique”, rather than “by catheter”.

- The Taskforce recommends amending the item descriptor for item 33810 to replace ‘by catheter’ with ‘by endovenous technique’.

Recommendation 29: Change the item descriptor to clarify that repair of aorto-duodenal fistula can be by suture or endovascular technique to reline the aorta.

- The Taskforce recommends amending the item descriptor for item 34160 to include ‘endovascular technique’.

Recommendation 30: No change to the item for aorto-duodenal fistula repair.

- The Taskforce recommends no change to item 34163.

Recommendation 31: Delete intra-abdominal vessel cannulation.

- The Taskforce recommends deleting item 34521 due to obsolescence.

Recommendation 32: Change the item descriptors to ensure that central vein catheterisation is performed with appropriate imaging.

- The Taskforce recommends amending the item descriptors for items 34527, 34528, 34529, 34530, 34533, 34534 and 34538 to include ‘with appropriate fluoroscopy’.
- The Taskforce recommends amending the item descriptors for items 34539 and 34540 to include ‘with appropriate fluoroscopy if required’.

Recommendation 33: Change the item descriptor to allow for current and future endovascular techniques in the treatment for intracranial aneurysms.

- The Taskforce recommends amending the item descriptor for item 35412 to replace ‘endovascular occlusion with detachable coils, and assisted coiling if performed’ with ‘treatment by endovascular technique’.

Other MSAC referral recommendations

Recommendation 34: Refer transarterial chemoembolisation to the MSAC.

- The Taskforce recommends that transarterial chemoembolisation should follow the appropriate MSAC process rather than be endorsed through the MBS Review process.

Recommendation 35: Refer prostate artery embolisation to the MSAC.

- The Taskforce recommends that further modelling should be undertaken to investigate what item combinations are being used currently to inform a decision on whether a new item is needed or if an existing item could be amended, noting that the creation of a new item may need to be considered by MSAC.

Recommendation 36: Refer endovenous sampling to the MSAC.

- The Taskforce identified that this is an implementation issue and does not require MSAC consideration. The Taskforce recommends assessment by experts in this area.

Recommendation 37: Develop new item for percutaneous ablation of inoperable tumours.

- The Taskforce identified that this is a policy issue and does not require MSAC consideration, though safety must be guaranteed. The Taskforce recommends that 50950 be extended to other cancers.

Recommendation 38: Refer transvenous biopsy by endovascular approach to the MSAC.

- The Taskforce recommends that the biopsy method should be agnostic and reflected in the item descriptor but agreed that this recommendation does not require MSAC consideration.

Out-of-scope or referred recommendations

Recommendation 39: Change the name of Subgroup 3 to “Vascular, Endovascular and Interventional Radiology”.

- The Taskforce recommends changing the name of Subgroup 3 from ‘Vascular’ to ‘Vascular, Endovascular and Interventional Radiology’ to reflect the growing number of interventional services provided.

Recommendation 40: No changes to lower limb nerve block items.

- The Taskforce recommends no change to items 18270 and 18272.

Recommendation 41: Delete item 18282 for carotid sinus blocks.

- The Taskforce recommends deleting item 18282 due to obsolescence and lack of clinical evidence for its efficacy in contemporary clinical practice.