Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Wound Management

This document outlines the Medicare Benefits Schedule (MBS) Review Taskforce's (the Taskforce) recommendations in response to the report from the Wound Management Working Group (WMWG).

The Taskforce endorsed without change 10 of the 29 final recommendations from the WMWG, and one recommendation with amendment (Attachment A).

Number of items reviewed	13
Number of recommendations made	15

The Taskforce also made four new overarching recommendations, informed by evidence presented by the WMWG.

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. These recommendations also took into consideration broader issues in the management of chronic wounds and include a number of solutions and ways to better support integrated care that improves outcomes for patients and the healthcare system, including alternatives to the MBS.

Taskforce Recommendations

Wound care is a significant issue in Australia, with chronic wounds presenting a large health and economic burden to Australians, the healthcare system and providers of health care services. The Taskforce noted that stakeholders strongly supported the WMWG's work to improve the management of wounds in Australia, including the suggested chronic wound cycle of care and the development of a national wound consumables scheme.

The Taskforce has considered the recommendations of the WMWG and proposed the following solutions and ways to better support integrated care that improves outcomes for patients and the healthcare system.

This includes encouraging prevention and management of underlying risk factors and comorbidities and supporting appropriate assessment and management of wound aetiology.

Recommendation 1:

The Taskforce asserts that additional MBS items are not required specifically for the management of wounds for General Practitioners (GPs), practice nurses and other health professionals.

- The management of wounds by GPs is already covered by existing MBS items.
- Wound care provided by practice nurses is currently funded through the Workforce Incentive Program (WIP).
- Taskforce recommends that the WIP be reviewed to better support appropriate wound care.

Recommendation 2:

Taskforce recommends that a wound care consumables scheme be developed in line with Recommendation 24 of the WMWG.

- This scheme will ensure that wound care is financially sustainable for patients and providers, with patients having access to appropriate and evidence-based wound care products with reduced out-of-pocket costs.
- This scheme would be available to practices that:
    - are accredited or registered for accreditation against the Royal Australian College of General Practitioners (RACGP); and
    - maintain a minimum of one person within the practice (e.g. GP, nurse or allied health professional) who has completed appropriate wound management training as outlined in Recommendation 3.

Recommendation 3:

Taskforce recommends an education program be developed for healthcare providers, including wound specific Continuing Professional Development (CPD) activities.

- An education program should be developed to assist GPs and other health professionals providing wound care to patients, including those providing services within RACFs.

Recommendation 4:

Taskforce recommends a stepped care model be adopted for the management of wounds.

- The Taskforce supports GPs being upskilled to correctly diagnose and manage chronic wounds and those at high risk of becoming chronic, with referral to appropriate expertise when required.
- This includes developing a referral pathway to ensure appropriate access to an identified wound care expert when a wound is not healing, for example locally via Primary Health Networks or remotely via telehealth.
- Where appropriate, consultation with identified wound care experts should authorise/enable patient access to specific additional dressings that are tailored to the wound and the individual patient.
- Consultation with identified wound care experts should also authorise/enable patient access to specific additional services from appropriately trained allied health professionals, where required.

WMWG Recommendations Endorsed by Taskforce - with amendment

WMWG Recommendation 5:

Increase the number of allied health services available for patients with chronic wounds or wounds deemed at high risk of becoming chronic, additional to those available under Team Care Arrangements (TCAs).

- While the Taskforce supports increased access to allied health, this should be achieved via funding mechanisms other than the MBS.
- This approach should be considered in the context of the stepped care model (see Taskforce Recommendation 4)

WMWG Recommendations Endorsed by Taskforce – without amendment

WMWG Recommendation 23:

Introduce an exemption to the restriction prohibiting practitioners from charging for the cost of a wound dressing applied during a bulk-billed consultation.

This recommendation proposes:

- allowing General Practitioners to charge the patient for the cost of a wound dressing applied during a bulk-billed consultation. This involves introducing an exemption to the restriction prohibiting practitioners from charging an additional fee with a bulk billed consultation, mirroring the current exemption for vaccinations.
- The fee charged to the patient must only be to cover the supply of the wound dressings used in the treatment of the wound.

WMWG Recommendation 12:

Education and training of RACF staff.

This recommendation proposes considering introducing mandatory quality indicators for education and training of RACFs staff, including the management of skin injuries, chronic wounds and ulcers, in accreditation and monitoring processes of RACFs under the Aged Care Quality Standards. RACF staff include registered and enrolled nurses, assistants in nursing, personal care workers and Aboriginal and Torres Strait Islander health practitioners and health workers

WMWG Recommendation 13:

Review funding for chronic wounds in RACF

This recommendation proposes reviewing funding for the management of complex wounds in aged care, for example via the Aged Care Funding Instrument. This should include consideration of both time and personnel required in caring for complex wounds, including complex venous, arterial and diabetic and neuropathic foot ulcers in residents, as well as the provision of appropriate consumables.

WMWG Recommendation 14:

Improve access to wound care experts in RACFs

This recommendation proposes improving access to wound experts, including service teams (on-site or telehealth-enabled, where appropriate), to assist RACF staff to provide evidence-based wound management of chronic wounds for residents. This should take into account existing services (variable across States and locations) that currently support RACF staff through provision of expert wound care

services and should aim to complement and expand upon existing care, as well as support and upskill RACF staff.

WMWG Recommendation 15:

Improve the management of hospital acquired wounds.

This recommendation proposes:

- The Federal Government work with the Safety and Quality Commission and the Aged Care Quality Commission to improve the management of patients being discharged from private and state-based hospitals with hospital acquired wounds, often with insufficient or no documentation of the presence of the wound(s).
- Developing mechanisms to monitor and provide feedback on wounds incurred in the hospital system in order to improve provision of care and prevention of wounds in this setting.
- Considering developing appropriate feedback mechanisms to institutions to improve wound prevention and management for any episode of care, with collection of appropriate data and documentation to enable improved multidisciplinary communication within and between health care sectors, ensuring continuity of a patient's care.
- Including in ongoing negotiations with jurisdictions on the National Health Reform Agreement consideration of developing a more integrated model of care for people moving between state and federally funded care programs, including patients with chronic wounds

WMWG Recommendations 25-29:

Amend current MBS wound care items to more appropriately reflect contemporary clinical care, clarify appropriate use of these items and ensure rebate appropriately reflects the service provided.

These recommendations propose that:

- The aftercare component is removed from current wound care items and their schedule fees increased to reflect the total cost of providing these services (items 30032, 30035, 30045, 30049, 30026, 30029, 30038, 30042, 30023, 30024, 30064 and 30068).
- the relevant Explanatory Notes for these items are updated to clarify that medical practitioners can claim for a consultation in conjunction with a procedure that has not been prearranged, but can only claim for the time they spend with the patient and not include time the patient spends with the nurse.
- item descriptors for wounds on the face or neck (items 30032, 30035, 30045 and 30049) are revised to reflect a wound length definition of three centimeters for small and large wounds, rather than the current seven centimeter definition.
- item descriptors for large wounds (items 30029, 30035, 30042 and 30049) are amended to define deeper tissue.
- items for debridement of wound of soft tissue (items 30023 and 30024) are amended to better describe and support appropriate use of these items, including restricting claiming of item 30023 to one debridement per operative field and combining extensive muscle excision (item 30229) with item 30024.

- an Explanatory Note be created to support appropriate use of item 30052 for repair of a full thickness laceration of an ear, eyelid, nose or lip.

Attachment A: WMWG recommendations endorsed by Taskforce

WMWG Recommendation 5: Increased access to allied health services

When required, patients with chronic wounds or wounds deemed at high risk of becoming chronic should have access to more than the five allied health services available under TCAs, though by mechanisms alternate to the MBS.

This should be considered as part of the stepped care model outlined in the Taskforce's Addendum Recommendation 4.

Note this recommendation was amended by the Taskforce prior to its endorsement.

Rationale for Recommendation 5

This recommendation focuses on ensuring that the MBS provides equitable access to best practice wound management services, including appropriate multidisciplinary care.

The Working Group recognises the importance of ensuring that patients with chronic wounds have access to appropriate and affordable allied health services. This would better assist practitioners to address underlying conditions and prevent the development of, or deterioration of chronic wounds. It is based on the following:

Under the current Chronic Disease Management items consumers are eligible for accessing 5 MBS-subsidised allied health appointments. The Working Group considers that this number is often insufficient for appropriate wound management, prevention and treatment.

Patients who require more than five allied health appointments are often not adequately supported by other sources of funding, including states, territories and PHNs and this can lead to demand-driven waiting times restricting patient access.

Patients with chronic wounds often have a number of chronic conditions and would benefit from accessing a number of different allied health professionals.

WMWG Recommendation 12: Education and training of RACF staff

The Working Group recommends that consideration be given to including mandatory quality indicators for education and training of RACFs staff, including the management of skin injuries, chronic wounds and ulcers, in accreditation and monitoring processes of RACF under the Aged Care Quality Standards.

RACF staff include registered and enrolled nurses, assistants in nursing, personal care workers and Aboriginal and Torres Strait Islander health practitioners and health workers.

Rationale for Recommendation 12

This recommendation focuses providing affordable and universal access to best practice wound management services to residents of RACFS.

It is based on the following:

- Mechanisms of accreditation should drive an increase in best practice wound management. Current Standards provide a framework to illustrate the model for escalation of care. However, developing the capacity to recognise trigger points for referral, including outlining clinical parameters, is important for improved wound management.
- Staff knowledge of the principles and application of wound management or maintenance of healthy skin in the case of non-registered caregivers within Australian RACFs has been shown to be less than optimal (1) (2) (3) (4). Unregulated healthcare workers, in collaboration with appropriate registered practitioners, play an important role in patient care (5) particularly pressure ulcer prevention and skin care (6). It is important that these workers undertake appropriate education and training, including understanding of their own competency and responsibilities (7). Additional education and training leads to observed increases in knowledge that improved clinical practices, including earlier recognition and reporting of impaired skin integrity, reduced prevalence of pressure injuries and skin tears and better product choices resulting in substantial cost reductions (1) (2) (3) (4).

WMWG Recommendation 13: Review funding for chronic wounds in RACF

The Working Group recommends a review of funding for the management of complex wounds in aged care, for example via the Aged Care Funding Instrument.

This should include consideration of both time and personnel required in caring for complex wounds, including complex venous, arterial and diabetic and neuropathic foot ulcers in residents, as well as the provision of appropriate consumables.

Any funding model in the RACF setting should be specific to wound management, encourage best care, and include access to an advisory service and adequate consumables. This model should also encourage use of evidence based practice within RACFs, including the appropriate level of nursing staff for wound care and wound based education and training requirements of RACF staff.

Rationale for Recommendation 13

This recommendation focuses on providing universal access to best practice wound management services.

It is based on the following:

- Residents are often admitted to RACFs with multiple painful chronic wounds. In addition, these residents may have multiple comorbidities affecting their predisposition to the development of chronic wounds and skin tears. The elderly, increasingly, are the recipients of surgical procedures and are at high risk of post-operative complications (8).
- Delayed wound healing is common among the elderly due to their comorbid status, the effect of polypharmacy, being poor surgical candidates or determining the wound status as being non-healable, rather than being undertreated, toward end stages of life (9) (10) (11) (12) (8).
- In addition, residents with advanced dementia have a greater predisposition to developing chronic wounds, and may require far more intensive wound management interventions than in patients with normal cognition, due to agitation or aggression (13). As a result, the number of staff required to assist

with wound management procedures increases. Further, wound management procedures in this cohort of residents may consume one or more hours, particularly when multiple wounds are involved.

- Currently, the ACFI as it relates to wound management does not cater for these 'real time' variables, when accounting for the cost of providing best practice wound care. This likely increases the total costs of managing chronic wounds in RACF due to delayed healing or non-healing of wounds (14).
- Under current arrangements RACFs are unable to charge consumers for dressings and related medical devices (e.g. heel elevators), as funding for these consumables must be covered under current funding arrangements.
- A revised funding model should consider the costs of all wound management consumables, such as cleansing solutions, primary and secondary dressings. These include the dressing product in direct contact with the wound bed and the dressing that covers this, as well as fixation methods and bandaging. As twice daily moisturising significantly reduces the incidence of skin tears in the aged (88), consideration of this along with the use of tubular bandaging to reduce skin trauma when prescribed by a GP, nurse practitioner or clinical nurse consultant in wound management should also be investigated (15).

WMWG Recommendation 14: Access to wound care experts in RACFs

The Working Group recommends improved access to wound experts, including service teams (on-site or telehealth-enabled, where appropriate), to assist RACF staff to provide evidence-based wound management of chronic wounds for residents.

This should take into account existing services (variable across States and locations) that currently support RACF staff through provision of expert wound care services and should aim to complement and expand upon existing care, as well as support and upskill RACF staff.

The model for such a service may parallel the Government's existing Dementia Management and Advisory Services (DBMAS) program, which provides assessment, clinical support, short term case management and mentoring/clinical supervision of care providers within RACF.

Rationale for Recommendation 14

This recommendation focuses on providing universal access to best practice wound management services.

It is based on the following:

- Improvement in a wound should be observed or the patient referred to an appropriate specialist or specialised wound care practitioner. A wound may be classified as non-healing after appropriate assessment (8), as is often the case with malignant wounds or wounds that arise during end stages of life. For instance, malignant wounds (fungating or ulcerating) seldom heal yet require specific treatment to ameliorate symptoms such as pain, bleeding, exudate and malodour. These wounds are often challenging to manage due to their location, frequency of dressing changes and amount of dressing products used at any one time to manage the wound (16) (17). As such, ensuring access to wound experts when appropriate is an essential element in any setting in which a wound is being

managed. This is particularly the case in RACFs where RACF staff have various levels of skills and experience in wound management (18).

- Telehealth is a recognised modality of providing equitable access to wound care expertise (see Recommendation 8) (12) (19) (20) (21) (22) (23).

WMWG Recommendation 15: Hospital acquired wounds

The Working Group recommends that the Federal Government work with the Safety and Quality Commission and the Aged Care Quality Commission to improve the management of patients being discharged from private and state-based hospitals with hospital acquired wounds, often with insufficient or no documentation of the presence of the wound(s). Mechanisms should be developed to monitor and provide feedback on wounds incurred in the hospital system in order to improve provision of care and prevention of wounds in this setting.

For the purpose of this recommendation, hospital acquired wounds include pressure injuries, skin tears, surgical site infections (SSIs) and unhealed ulcers.

This recommendation should include patients discharged to the community, as well as to RACF, and may take into account the potential for cost-shifting associated with the treatment costs of these wounds being transferred to other services and the potential establishment of appropriate penalties (14). Definitions of referral pathways should also be considered.

Consideration should be given to developing appropriate feedback mechanisms to institutions to improve wound prevention and management for any episode of care, with collection of appropriate data and documentation being an important factor in enabling improved multidisciplinary communication within and between health care sectors, and ensuring continuity of a patient's care.

The Working Group also recognises the importance of developing a more integrated model of care for people moving between state and federally funded care programs in achieving optimal outcomes for patients, including those with chronic wounds. To this end, the working group supports consideration of this issue in ongoing negotiations with jurisdictions on the National Health Reform Agreement.

Rationale for Recommendation 15

This recommendation focuses on data-driven quality improvement and clinical accountability for wound management across residential, community and acute care settings. This will identify responsibilities for care, while feedback mechanisms will contribute to improved prevention and patient outcomes.

It is based on the following:

- Surgical site infections (SSIs) and pressure injuries are common post-operative surgical complications (24) with most occurring post discharge at considerable cost to patients or accepting health services (25). There are no mandatory reporting requirements for SSI's in Australian acute care facilities (26), and there is no national process for tabulating reported SSIs. Earlier post-operative discharge to the community (a person's home or community health provider) or a RACF means the substantial cost of managing these conditions is borne by the individual or healthcare provider, should they occur (27). Similarly, mandatory reporting of hospital acquired SSI's and pressure injuries that occur post

discharge is not required, by GPs, RACFs and other healthcare providers therefore the actual occurrence (incidence) of SSI's and pressure injuries post discharge is not known.

- Documentation and appropriate treatment of SSIs is particularly important in patients greater than 60 years of age, with this cohort carrying the highest prevalence of these hospital acquired infections (26).

WMWG Recommendation 23: Remove bulk-billing restriction

The Working Group recommends introducing an exemption to the restriction prohibiting practitioners from charging for the cost of a wound dressing applied during a bulk-billed consultation, mirroring the current exemption for vaccinations (See MBS Explanatory Note GN.7.17).

The Working Group recommends that the fee charged to the patient can only be for products used in the treatment of the wound (i.e. the additional charge must only be to cover the supply of the wound dressing, in line with Explanatory Note GN.7.17) and an Explanatory Note should be created clarifying that wound care products cannot be billed in advance of treatment.

This recommendation should be read in conjunction with the recommendation to develop a Commonwealth-funded consumables scheme.

The Working Group recommends that this recommendation be subject to review following implementation, to monitor use and any unintended consequences.

Rationale for Recommendation 23

This recommendation focuses on removing barriers and enabling access to quality wound care products.

It is based on the following:

- The Working Group considered the current prohibition (with the exception of vaccines) on raising an additional charge/s for a bulk-billed service. Where an attendance is bulk billed and a wound dressing is required, this leads to either less than optimal dressing selections at the point of care, sending patients to the pharmacy with a higher cost for dressings, or the GP absorbing the sometimes-considerable cost. An alternative is to not bulk bill the service, which can result in higher out-of-pocket costs for the patient.
- The price of dressings can be a significant factor impacting the ability of a practice to absorb the cost of a complete wound care service in a bulk-billing scenario. For example, the MBS rebate for standard GP level B consultation is $38.20 (correct as of July 2019). Many common and small dressings are equivalent to 10-20% of the MBS rebate alone, while treatment systems for venous leg ulcers often exceed the above rebate value. The alternatives are to either not bulk-bill the service, or to send patients to a third party to obtain their own dressings. These approaches can result in considerable costs to the patient and there is a risk that this will deter or delay their access to quality treatment.
- This recommendation would enable practitioners to use their discretion to bulk-bill an attendance item and separately charge the patient for the supply of wound care consumables, resulting in a much smaller up-front payment. This option would be in addition to the current options of:

- the practice absorbing the cost of wound care consumables in order to bulk-bill an attendance item, which is often insufficient to cover the cost of the service; or,
- sending patients to a third party (e.g. community pharmacy) to purchase their own dressings; or,
- charging the patient a private fee that incorporates the cost of both the service and required wound care consumables. This can result in a significant upfront fee to the patient.

- The Working Group acknowledge that allowing practitioners to charge patients for the cost of wound care consumables at the same time as a bulk-billed attendance will reduce cost for providers, however may not reduce costs for some patients. This recommendation will assist in the sustainable provision of wound care services within general practices, thereby increasing patient access. The complementary introduction of a national wound consumables scheme is required to reduce out of pocket costs for patients.

WMWG Wound on the face or neck (items 30032, 30035, 30045 and 30049)

Table 1: Item introduction table for items 30032, 30035, 30045 and 30049

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
30032	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), superficial (Anaes.)	$82.50	34,336	$2,380,858	4.68%
30035	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7 cm long), involving deeper tissue (Anaes.)	$117.55	8,529	$841,759	-19.31%
30045	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), superficial (Anaes.)	$117.55	1,135	$112,277	-7.02%
30049	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7 cm long), involving deeper tissue (Anaes.)	$185.60	585	$81,702	-16.04%

WMWG Recommendation 25

The Working Group recommendations align with the recommendations of the GSCC. These recommendations are as follows:

- Items 30032 and 30045: Amend item descriptors to reflect a wound length of three centimetres rather than seven centimetres and exclude aftercare in these items.
    - Proposed item descriptors are as follows;
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 3cm long), superficial, excluding aftercare (Anaes.)*
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 3cm long), superficial, excluding aftercare (Anaes.)*
- Items 30035 and 30049: Amend the item descriptors to reflect a wound length of three centimetres rather than seven centimetres, exclude aftercare in these items and define "deeper tissue" as "*deep tissue including fascia or muscle but not including subcutaneous tissue*".
    - Proposed item descriptors are as follows:
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 3cm long), involving deep tissue including fascia or muscle but not including subcutaneous tissue, excluding aftercare (Anaes.)*
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 3cm long), involving deep tissue including fascia or muscle but not including subcutaneous tissue, excluding aftercare (Anaes.)*

Rationale for recommendation 25

This recommendation focuses on improving access to best practice, ensuring consistency within the MBS and providing clarity to providers and patients.

It is based on the following:

- **Reduction from seven centimetres to three centimetres:** The reduction of the length of wound included in this item is important in recognising the complexity of facial wounds and the distinction between wounds on the face compared to those on the body. A seven centimetre wound on the face is very substantial and the reduction in length to three centimetres is a more accurate reflection of the clinical distinction between a small and large wound. These lengths are also consistent with the categories used for scar revisions.

  The face is a cosmetically important and complex structure. Repair of even small facial wounds is significantly more complex than elsewhere on the body. The higher fee better reflects the higher degree of expertise required to perform facial surgery.

It is expected that many facial wounds greater than seven centimetres will require referral to a plastic surgeon (noting that in regional areas this may not always be possible). However, wounds greater than three centimetres are often repaired by GPs.

- **Include definition of deeper tissue in descriptors:** Currently the definition of deeper tissue referred to in these items, is defined within the Explanatory Notes TN.8.6 as "all tissues deep to but not including subcutaneous tissue such as fascia and muscle". Defining 'deep' within these descriptors removes confusion and will enable practitioners to accurately claim these items.
- **Exclude aftercare:** The level of aftercare required for these wounds is inconsistent. Some wounds will require multiple subsequent attendances for aftercare, but other wounds may not require any aftercare. Sometimes the doctor performing the wound repair may perform the aftercare, sometimes this is not the case. This recommendation will allow flexibility in the provision of aftercare, in line with providing affordable and universal access to clinical best practice by reducing out-of-pocket costs and enabling clinicians to provide an appropriate level of care to each patient. This recommendation will enable appropriate reimbursement for services provided.

Wound not on the face or neck (items 30026, 30029, 30038 and 30042)

Table 2: Item introduction table for items 30026, 30029, 30038 and 30042

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
30026	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm long), superficial, not being a service to which another item in group t4 applies (Anaes.)	$52.20	96,322	$4,184,895	-4.88%
30029	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm long), involving deeper tissue, not being a service to which another item in group T4 applies (Anaes.)	$90.00	26,804	$2,015,129	1.37%
30038	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7 cm long), superficial, not being a service to which another item in group t4 applies (Anaes.)	$90.00	7,939	$594,920	-4.05%
30042	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than	$185.60	4,120	$571,430	-3.36%

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
	wound closure at time of surgery, other than on face or neck, large (more than 7 cm long), involving deeper tissue, other than a service to which another item in group T4 applies (Anaes.)				

WMWG Recommendation 26

The Working Group recommendations align with the recommendations of the GSCC. These recommendations are as follows.

- Items 30026 and 30038: Amend item descriptors to exclude aftercare.
    - Proposed item descriptors are as follows:
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7 cm long), superficial, not being a service to which another item in group T4 applies, excluding aftercare (Anaes.)*
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7 cm long), superficial, not being a service to which another item in group T4 applies, excluding aftercare (Anaes.)*
- Items 30029 and 30042: Amend item descriptors to exclude aftercare and define deeper tissue as "*deep tissue including fascia or muscle but not including subcutaneous tissue*".
    - Proposed item descriptors are as follows:
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm in length), involving deep tissue including fascia or muscle but not including subcutaneous tissue, not being a service to which another item in Group T4 applies, excluding aftercare (Anaes.)*
        - *Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, other than on face or neck, large (more than 7cm in length), involving deep tissue including fascia or muscle but not including subcutaneous tissue, not being a service to which another item in Group T4 applies, excluding aftercare (Anaes.)*

Rationale for Recommendation 26

This recommendation focuses on improving access to best practice and providing clarity to providers and patients.

It is based on the following:

- **Include definition of deeper tissue in descriptors:** Currently the definition of deeper tissue, referred to in these items, is defined within the Explanatory Notes TN.8.6 as "all tissues deep to but not including

subcutaneous tissue such as fascia and muscle". Defining 'deep' within these descriptors removes confusion and will enable practitioners to accurately claim these items.

- **Exclude aftercare:** The level of aftercare required for these wounds is inconsistent. Some wounds will require multiple subsequent attendances for aftercare, but other wounds may not require any aftercare. Sometimes the doctor performing the wound repair may perform the aftercare, sometimes this is not the case. This recommendation will allow flexibility in the provision of aftercare, in line with providing affordable and universal access to clinical best practice by reducing out-of-pocket costs and enabling clinicians to provide an appropriate level of care to each patient. This recommendation will enable appropriate reimbursement for services provided.

Wound of soft tissue (items 30023 and 30024)

Table 3: Item introduction table for items 30023 and 30024

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
30023	Wound of soft tissue, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.)(Assist.)	$326.05	36,308	$6,380,500	-0.01%
30024	Wound of soft tissue, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	$326.05	1,863	$356,894	1.47%
30229	Muscle, excision of (extensive) (Anaes.)(Assist.)	$272.95			

WMWG Recommendation 27

The Working Group recommendations largely align with the recommendations of the GSCC, with an additional amendment to item 30023. These recommendations are as follows.

- Item 30023: Amend the item descriptor to include foot, better describe "deeper tissue" and support appropriate use of this item, as well as excluding aftercare. The Working Group amended this recommendation slightly to include necrosis, as well as to restrict claiming of this item to one debridement per operative field. An explanatory note should be created to define degloving (traumatic stripping of the skin and subcutaneous tissue away from the deep fascia to create a flap or an undermined pocket), and clarify that the 15cm measurement refers to an averaging of diameters (as per skin cancer measurements).
    - Proposed item descriptor is as follows:

- *Debridement and/or repair of a wound with macroscopic, visual contamination or necrosis at the time of presentation that penetrates the deep fascia or, degloving of an area greater than 15 cm in diameter, or involves subcutaneous muscle on the face, or exposes tendons or neurovascular structures in the hand or foot, and the procedure is being performed under general, regional anaesthesia or procedural sedation, excluding aftercare (Anaes) (Assist.)*

- Item 30024: Combine item 30229 with item 30024 and amend descriptor to better describe this significantly complex procedure and current best practice. Exclude aftercare from this procedure
  - Proposed item descriptor is as follows:
    - *Necrotising infections requiring excision, under general, regional anaesthesia or procedural sedation, excluding aftercare (Anaes.) (Assist.)*
  - Increase fee to be commensurate with item 30375 ($521.25).

Rationale for Recommendation 27

This recommendation focuses on improving access to appropriate clinical care, while providing clarity to providers in the appropriate use of items

It is based on the following.

- **Item 30023:** The Working Group agreed with the majority of the recommendations of the GSCC, with one amendment. The recommendations of the GSCC more accurately describe the intention of the item, will support appropriate use and reduce variability in billing for patients.

  The Working Group considered both recommendations regarding item 30023 and 30024 and considered that one subset of wounds had been inadvertently excluded in the proposed recommendations. These wounds are those that have dehisced with a necrotic edge, but have not yet shown necrotising infection, therefore do not meet the requirements for either item 30023 or item 30024. Inclusion of the term necrosis in item 30023 will ensure all such types of wounds have been accounted for.

  The Working Group noted cross-specialty input suggesting potentially inappropriate claiming of this item. The Working Group agreed that this item should be restricted to one claim per operative field to support appropriate care and claiming of this item. One operative field is defined by the Working Group to be one set of drapes, or one limb.

- **Item 30024:** The change in wording better aligns this item with current best practice and will clarifies the procedure covered by this item. It accounts for necrotizing fasciitis, which is a life-threatening condition where any delay can result in much greater tissue loss. This procedure often requires extensive excision and laying open of tissue that can take significantly longer to perform than that covered by item 30023. The recommended fee increase will bring the Schedule fee of this significantly complex procedure into line with a comparable emergency laparotomy.

- **Exclude aftercare:** The level of aftercare required for these wounds is inconsistent. Some wounds will require multiple subsequent attendances for aftercare, but other wounds may not require any aftercare. Sometimes the doctor performing the wound repair may perform the aftercare, sometimes this is not the case. This recommendation will allow flexibility in the provision of aftercare, in line with

providing affordable and universal access to clinical best practice by reducing out-of-pocket costs and enabling clinicians to provide an appropriate level of care to each patient. This recommendation will enable appropriate reimbursement for services provided.

Foreign body removal (items 30064 and 30068)

Table 4: Item introduction table for items 30064 and 30068

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	$109.90	33,041	$3,055,760	-21.33%
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Anaes.) (Assist.)	$276.80	4,446	$911,975	-6.14%

WMWG Recommendation 28

The Working Group recommendations align with the recommendations of the GSCC. These recommendations are as follows:

- Items 30064 and 30068: Remove aftercare component from these items and retain original descriptors.
    - Proposed item descriptors are as follows:
        - *Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure, excluding aftercare (Anaes.)*
        - *Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure, excluding aftercare (Anaes.) (Assist.)*

Rationale for Recommendation 28

This recommendation focuses on ensuring affordable and universal access to appropriate best clinical practice.

It is based on the following:

- The level of aftercare required for these wounds is inconsistent. Some wounds will require multiple subsequent attendances for aftercare, but other wounds may not require any aftercare. Sometimes the doctor performing the wound repair may perform the aftercare, sometimes this is not the case. This recommendation will allow flexibility in the provision of aftercare, in line with providing affordable and universal access to clinical best practice by reducing out-of-pocket costs and enabling clinicians to provide an appropriate level of care to each patient. This recommendation will enable appropriate reimbursement for services provided.

Repair of full thickness laceration of ear, eyelid, nose or lip (item 30052)

Table 5: Item introduction table for item 30052

Item	Descriptor	Schedule fee	Services FY2017/18	Benefits FY2017/18	Services 5-year annual avg. growth
30052	FULL THICKNESS LACERATION OF EAR, EYELID, NOSE OR LIP, repair of, with accurate apposition of each layer of tissue (Anaes.) (Assist.)	$254.00	1,502	$299,565	3.04%

WMWG Recommendation 29

- Add an Explanatory Note to item 30052 to define a full thickness laceration of an ear, eyelid, nose or lip:
    - Proposed new Explanatory Note is as follows:
        - *Full thickness laceration is defined as follows: Ear lacerations are of both anterior and posterior skin and cartilage. Eyelid lacerations are of skin, cartilage and mucosa. Nasal lacerations are full thickness including lining. Lip lacerations are of skin, muscle and vermilion/mucosa*

Rationale for recommendation 29

This recommendation focuses on improving the MBS by better describing the intention of the item.

It is based on the following:

- MBS data shows that approximately 70% of claims of this item in FY2017/18 were claimed by GPs. As this is a complex procedure, involving all layers of the ear, eyelid, nose or lip it would be expected that the majority of services would be performed by surgical specialties. This data suggests that this item is being claimed for simple repairs of these structures, rather than the full thickness repairs, which is the intention. As such, the Working Group recommends the addition of an explanatory note defining what is classified as a full thickness laceration in these organs. This recommendation will enable practitioners to better understand the intention of the item and enable them to claim appropriately.

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