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**Medicare Benefits Schedule Review  
Taskforce**

**Report from the  
Anaesthesia Clinical Committee**

**2017**

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## **Important note**

The views and recommendations in this report have been endorsed by the MBS Review Taskforce following consultation with stakeholders.

This report has now been forwarded to the Government for consideration.

The Taskforce welcomes ongoing feedback on this or any MBS Review report via:  
[mbsreviews@health.gov.au](mailto:mbsreviews@health.gov.au)

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## 1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice in order to improve health outcomes for patients. The Taskforce also seeks to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on the following key goals:

- △ Affordable and universal access.
- △ Best-practice health services.
- △ Value for the individual patient.
- △ Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by Clinical Committees and Working Groups. The Taskforce has asked the Clinical Committees to undertake the following tasks:

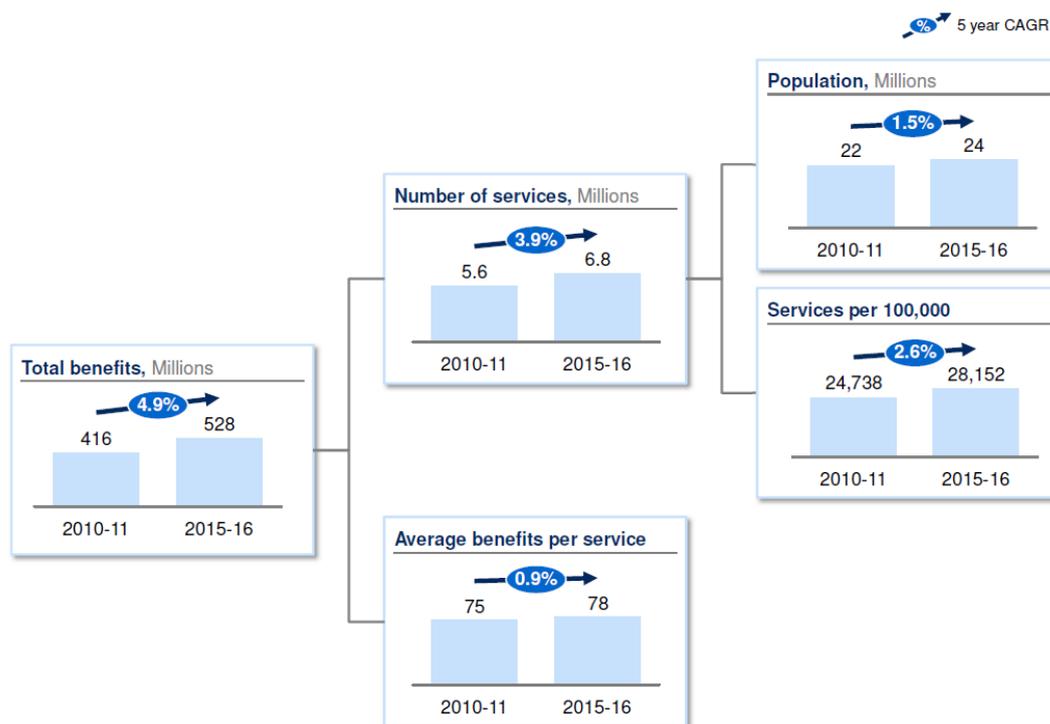
1. Consider whether there are MBS items that are obsolete and should be removed from the MBS.
2. Consider identified priority reviews of selected MBS services.
3. Develop a program of work to consider the balance of MBS services within its remit and items assigned to the Committee.
4. Advise the Taskforce on relevant general MBS issues identified by the Committee in the course of its deliberations.

The Anaesthesia Clinical Committee (the Committee) was established in September 2016 to make recommendations to the Taskforce regarding MBS items in its area of responsibility, based on clinical expertise and rapid evidence review. The Taskforce asked the Committee to review 528 items related to anaesthesia services. All recommendations relating to these items are included in this report for consultation.

### 1.1 Areas of responsibility of the Anaesthesia Clinical Committee

The Committee was assigned 528 MBS items to review (Table 1). A complete list of these items can be found in Appendix A. The seven assigned areas cover procedures and services related to anaesthesia. In the 2015/16 financial year (FY), these items accounted for approximately 2.4 million services and \$528 million in benefits. Over the past five years, service volumes for these items have grown at 3.9 per cent per year, and the cost of benefits has increased by 5.1 per cent (Figure 1).

**Figure 1: Drivers of growth**



**Source:** MBS data, MBS050 Database, date of service, retrieved 15 February 2017; ABS, 3101 – Australian Demographic Statistics, 2017.

**Table 1: MBS Items reviewed by the Committee**

MBS Category	Items
Basic items (20100–21997, 22900–22905)	318
Time units (23010–24136)	154
Consultations (17609–17690)	11
Modifier units (25000–25050)	8
Therapeutic and diagnostic items (22001–22075)	21
Other items (including 25200–5, 13015–30, 14230, 18216, 18219, 18226–7, 55130–6)	16
<b>Total</b>	<b>528</b>

### 1.1.1 The Relative Value Guide

Most anaesthesia items under review are part of the Anaesthesia Relative Value Guide (RVG), which was introduced into the MBS on 1 November 2001. The RVG introduction was initially on a trial basis, with a feasibility study performed (commissioned by the Commonwealth) and extensive consultation undertaken with the profession comprising the Australian Society of Anaesthetists, the Australian Medical Association and the Rural Doctors Association of Australia. The profession considered the RVG to be a fairer way of deriving MBS anaesthesia fees.

The RVG was introduced on a cost neutral basis, with the financing model reviewed in 2002 and 2005, to ensure cost neutrality was maintained. The RVG has undergone incremental amendments over subsequent years, although it has never been reviewed in its entirety.

The RVG was based on funding models devised in North America and provides a means of calculating anaesthesia rebates. The rebate amount varies depending on:

- △ The base item, which takes into account the complexity of the procedure, surgical invasiveness and physiological impact.
- △ The time item, which takes into account the time taken for anaesthesia.
- △ The addition of any complexity modifiers, which take into account patient complexity.
- △ The addition of any therapeutic and diagnostic (T&D) items, which cover any other interventions.

The RVG measures the relative value of these different components in 'units.' In Australia, one unit is currently worth \$19.80. The unit value is multiplied by the total number of units for each episode of anaesthesia care in order to determine the patient rebate.

The Committee received submissions that outlined the history and introduction of the RVG, as well as the cost-neutral revenue implications between 2001 and 2004, and it understands the basis of the components and relativities of the RVG (as described above). It agreed that the RVG has been very well received by the profession. The Committee noted since introduction of the RVG that there have been significant changes to clinical practice since 2001, including changes to anaesthesia and surgical medication and technology. It also noted that the anaesthesia schedule including RVG items has not been reviewed as a whole (specifically regarding the relative value of individual items) since its introduction. It is therefore possible that some items no longer describe contemporary practice, other items may not be well aligned with high-value care, and some items could allow for inappropriate practice. These views were informed by data supplied by the Department of Health, which included the compound annual growth rates (CAGR) of items, as well as co-claiming patterns.

The Committee was required to consider the descriptors and relative values of individual items, assign prioritisation for reform, and assess for structural issues in the entire RVG. The Committee's review focuses on modernising the anaesthesia items to support and promote best anaesthesia practice, and to ensure the provision of high-value care for patients and the community.

Due to the history and complexity of the RVG, the Committee did not undertake to redesign the RVG system, however, a key recommendation made by the Committee is that there is a review of the dollar value of the RVG in consultation with the profession.

## 1.2 Key recommendations

The Committee structured its review of anaesthesia by RVG categories. The most important recommendations are highlighted below.

### 1.2.1 Section 4: Consultation items

The Committee recommended replacing current pre-operative consultations with new items that reflect best practice and the professional standards and guidelines published by the Australian and New Zealand College of Anaesthetists (ANZCA). It also recommended updating the descriptors for other consultation items to align with these new pre-operative consult items and with professional standards.

### **1.2.2 Section 5: Time items**

The Committee made four recommendations regarding time items. Firstly, it recommended recording start and end times for all procedures. This would help to encourage accurate recording of procedure duration. The Committee also noted the analytic and compliance benefits of having more accurate time data.

Secondly, the Committee recommended introducing five-minute increments for rebates. At present, procedures may be recorded in five-minute increments but are paid in 15-minute increments, up to the 120-minute mark of a procedure. If a procedure is longer than 120-minutes, then it is recorded in 10 minute increments. The Committee agreed that reducing the increment length would result in precise recording, again allowing for accurate data collection. The Committee recommended implementing this measure as an interim solution before potentially moving towards one-minute increments for both recording and rebating time items under the RVG. The Committee recognised that under the current payments system, the cost of introducing one-minute increments would likely be prohibitive, as new items would need to be created. However, if and when a new payment system is introduced, it recommended applying one-minute increments to rebates.

Thirdly (and closely linked to the second recommendation), the Committee recommended a new fee schedule for time items.

Finally, the Committee recommended changing the descriptor of all time items to rebate for an assisting anaesthetist performing a service described in item 18233 (epidural blood patch).

### **1.2.3 Section 6: Therapeutic and diagnostic items**

The Committee generally agreed that many T&D items are obsolete or may have become part of current clinical practice. It therefore recommended deleting eight T&D items and updating 13 T&D items to ensure that the highest quality of care is provided.

### **1.2.4 Section 7: Modifying items**

The Committee made two recommendations regarding modifiers. Firstly, it recommended changing the ASA 3 modifier (item 25000, for “severe systemic disease”) to incorporate “age-related frailty.” Secondly, it recommended restricting the age modifier (item 25015) to patients aged younger than four years. The Committee also recommended redrafting the explanatory notes for item 25000 to align with examples provided in guidelines published by the American Society of Anesthesiologists.

### **1.2.5 Section 8: Basic items**

The Committee recommended 37 items for an increase in relative value and 37 items for a reduction in relative value, based on its determination of the relative complexity of anaesthesia for these services. Ninety-four items were adjusted upwards to compensate for the deletion of T&D items (based on modelling of usage patterns), and 149 items were left unchanged. Six items were recommended for deletion from the MBS, and two items were recommended for a redrafting of the descriptor. The Committee also recommended two new items for inclusion in the MBS.

### **1.2.6 Section 9: Other items**

The Committee did not make any recommendations for other items under their scope. It referred item 14230 for intrathecal or epidural infusion to the Pain Management Committee for review in light of the recommendation made for items 18216, 18219, 18226 and 18227.

### 1.2.7 Section 10: Non-item recommendations

The Committee made a number of broader recommendations that are not specific to the RVG but are aimed at improving the transparency and quality of anaesthesia services. The Committee's recommendations include: (1) reviewing the dollar value of the MBS RVG base unit, which is currently set at \$19.80; (2) recording start and end times for all anaesthesia services; and (3) requiring all patient invoices to include the full item descriptor and the start and end times for procedures. Other recommendations include an ongoing review process for MBS items and the establishment of an independent body to handle patient complaints or concerns related to MBS claims.

## 1.3 Consumer engagement

The Committee includes experienced and committed health practitioners and a consumer representative. This section of the report summarises the views of the Committee's consumer representative and is intended to support and encourage consumers to comment on the recommendations. A complete list of the recommendations can be found in Appendix B, including a description in plain English of the medical service and the Committee's recommendation, as well as an explanation of why the recommendation has been made.

Consumers rarely engage with MBS item numbers unless they are following up on out-of-pocket expenses. Nevertheless, item descriptions and restrictions are an important part of healthcare accountability. The recommendations of the Committee encourage agreed best practice. Three examples are shared below to give greater insight into how the interests of consumers were taken into account while the Committee debated its recommendations.

The Committee asked the Taskforce to consider replacing the current items for pre-anaesthesia consultations conducted by specialist anaesthetists with new items. The current items while outlining clinical assessment requirements and documentation are largely time-based and provide limited guidance on best-practice clinical care. The proposed items are based on procedural risk instead of time and incorporate both surgical and patient factors. The new item descriptors are patient-focused, with an emphasis on ensuring that the patient's care is optimised, a plan of perioperative management is prepared, appropriate discussion takes place with the patient and/or guardian (with time allowed for questions), and informed consent is obtained for the anaesthesia and related procedures. These changes reflect contemporary best-practice care, as defined by ANZCA Professional Standard 07 (PS07) (Australian and New Zealand College of Anaesthetists, 2016)<sup>1</sup>.

The Committee has recommended that cost estimates and invoices given to patients include the item descriptors for the services provided, not just the item numbers. This would empower patients to have informed discussions with their service provider/doctor about the (proposed) service and any implications for current or future care. The Committee has asked the Taskforce to consider applying this recommendation to other craft groups if appropriate.

Lastly, the Committee has recommended changing the item descriptor for fibre optic intubation to specify that

a letter should be sent to the patient and family doctor outlining the reasons for the procedure and any implications for future anaesthesia. This would empower patients to have informed discussions

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<sup>1</sup> This document that was current at the time of the Committee's deliberations and used as a reference for Committee discussions.

with their service provider/doctor about the procedure and any implications for current or future care.

The Committee hopes that the outcomes of this review (including clearer descriptors) will support clinical decision-making and improve clarity around the delivery of optimal care for consumers. However, the Committee believes it is important to find out from other consumers if they will be helped or disadvantaged by the recommendations, and if so, how and why. The Committee hopes that consumers feel empowered to provide feedback during the public consultation phase.

Following public consultation, the Committee will assess the advice provided by consumers and decide whether any changes need to be made to the recommendations. The Committee will then send its recommendations to the MBS Taskforce. The Taskforce will consider the recommendations, as well as the information provided by consumers, in order to make sure that all important concerns are addressed. This will inform the Taskforce's advice to the Government.

## 1.4 Key consumer impacts

This section summarises the report's key recommendations from a consumer perspective. It aims to make it easier for health consumers and members of the general public to understand and comment on the report's recommendations.

Both patients and providers are expected to benefit from these recommendations because they address concerns regarding patient safety and quality of care, and because they take steps to simplify the MBS and make it easier to use and understand. Patient access to services was considered for each recommendation. The Committee also considered the impact of each recommendation on provider groups to ensure that any changes were reasonable and fair. However, if the Committee identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

The Committee examined all 528 items covered by the Anaesthesia Relative Value Guide (RVG) and the related consultations applicable to anaesthesia. The RVG is a rebate system first proposed and implemented in the United States and implemented in Australia in 2001. It breaks components of procedures into different categories, namely:

- △ Basic items, which are claimed for an anaesthesia or sedation service.
- △ Time items, which provide rebates of varying amounts depending on how long a procedure takes.
- △ Modifiers, which rebate an extra amount based on the complexity profile of an individual patient due to age, disease or emergency.
- △ Therapeutic and diagnostic items (T&Ds), which provide rebates for other services provided during an anaesthesia procedure (for instance, a blood transfusion).

All item values are represented in 'units.' The dollar value of one unit is currently \$19.80.

The key impacts on consumers are outlined below, organised under each category of the RVG.

### 1.4.1 Consultation items

The Committee's main recommendations for consultation items concern pre-operative consultations. The recommendations better align the item descriptors with best practice, as defined by the Australian and New Zealand College of Anaesthetists (ANZCA) under PS07. This recommendation was made on the basis of feedback received through the consumer representative, which indicated that a number of patients are currently dissatisfied with the way in which pre-operative consultations occur. In their discussions, the Committee noted that while this

feedback is subjective, changing the pre-operative consultations items to align with best practice will ensure that all consumers receive a consultation that meets their needs and expectations, takes place at a time and in a location that allows appropriate consideration of the risks of the procedure, and allows enough time for the patient to ask questions.

#### **1.4.2 Time items**

The Committee made four recommendations related to time items, none of which are expected to have an impact on the quality of service experienced by the patient. The recommendations are mainly aimed at aligning time claimed with the duration of a procedure.

#### **1.4.3 Therapeutic and diagnostic items**

The Committee noticed high growth for a number of T&D items and was unable to reasonably account for this growth in a number of items. The Committee generally agreed that the existence of some of these T&D items for some practitioners, could influence the decision to provide a service that may not be clinically necessary or the necessity is ambiguous. The Committee also noted that many of the items in this category are less complex to administer than they were previously and are now part of normal clinical practice, rather than distinctly separate services. For these reasons, the Committee recommended the deletion of 10 of the 16 T&D items it reviewed.

The Committee also recommended revising the descriptors for other items to ensure that they more closely reflect modern anaesthesia and surgical practice. The Committee expects these recommendations will ensure that patients are provided with clinically indicated, high-quality care that reflects modern best practice.

#### **1.4.4 Modifying items**

The Committee made recommendations for two of the eight modifiers it reviewed. Neither recommendation is expected to have significant negative impact on consumers because most anaesthesia services are delivered without a requirement for out-of-pocket payments from patients. The recommended changes continue to allow for patient rebates based on the individual complexity profile of a patient (determined by age or level of disease). The Committee does not expect these recommendations will affect the quality of care provided to patients.

#### **1.4.5 Basic unit items**

The Committee considered the relative value of procedures and contemporary anaesthesia and surgical best practice when reviewing each of the 318 basic unit items. Many items were recommended for a relative value (rebate) change based on these considerations, and many of the commonly co-claimed T&D items were recommended for deletion. Some other items were recommended for deletion, and some were recommended for a descriptor change.

The Committee expects these changes to have a net positive effect on patients because they will ensure that the basic items appropriately reflect best practice in anaesthesia and surgery, and that there are no redundant basic items in the anaesthesia RVG.

#### **1.4.6 Non-item recommendations**

The Committee's non-item recommendations will positively affect consumers. Two recommendations made to the Principles and Rules Committee will improve transparency for patients and the process for dealing with patient complaints. Another recommendation will improve data collection for time units by requiring anaesthetists to record the start and end times of procedures, which will further improve transparency. The Committee has also recommended an

ongoing review of anaesthesia RVG items in order to ensure that high-quality services are provided, improving outcomes for patients. This is only expected to benefit patients.

## 2. About the Medicare Benefits Schedule (MBS) Review

### 2.1 Medicare and the MBS

#### What is Medicare?

Medicare is Australia's universal health scheme. It enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- △ Free public hospital services for public patients;
- △ Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS); and
- △ Subsidised health professional services listed on the MBS.

#### What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are over 5,700 MBS items, which provide benefits to patients for a comprehensive range of services including consultations, diagnostic tests and operations.

### 2.2 The MBS Review Taskforce

#### What is the MBS Review Taskforce?

The Government established the MBS Review Taskforce (the Taskforce) as an advisory body to review all of the 5,700 MBS items and ensure that they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The Review is clinician-led, and there are no targets for savings attached to the Review.

#### What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on each of these four goals:

- △ **Affordable and universal access** – the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic, with some rural patients particularly under-served.
- △ **Best-practice health services** – one of the core objectives of the Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base, where possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- △ **Value for the individual patient** – another core objective of the Review is to maintain an MBS that supports the delivery of services that are appropriate to the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- △ **Value for the health system** – achieving the above elements will go a long way towards achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing

services that have proven benefits but are underused, particularly for patients who cannot readily access these services.

## 2.3 The Taskforce's approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce's brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models. The Taskforce made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the MBS Review is clinician-led, the Taskforce decided that Clinical Committees should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked all committees in the second tranche of the review process to review MBS items using a framework based on Professor Adam Elshaug's appropriate use criteria. (Elshaug, Appropriate Use Criteria, 2016) The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, are of questionable clinical value,<sup>2</sup> are misused<sup>3</sup> and/or pose a risk to patient safety. This step includes prioritising items as "priority 1," "priority 2" or "priority 3," using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing Working Groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the Committee, Working Groups, and relevant colleagues or colleges. For complex cases, full appropriate use criteria were developed for the item's explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the review report, which provides recommendations for the Taskforce.

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<sup>2</sup> The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

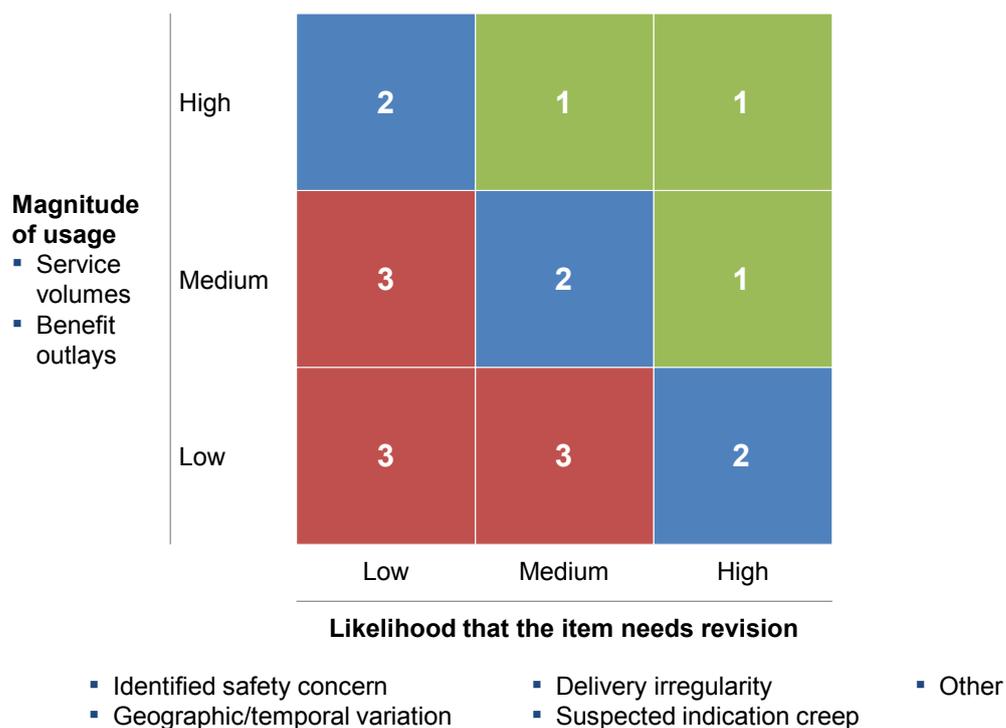
<sup>3</sup> The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of and timeframe for the review, each Clinical Committee had to develop a work plan and assign priorities, keeping in mind the objectives of the review. Committees used a robust prioritisation methodology to focus their attention and resources on the most important items requiring review. This was determined based on a combination of two standard metrics, derived from the appropriate use criteria (Elshaug, Appropriate Use Criteria, 2016):

- △ Service volume.
- △ The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential inappropriate use of items, or other concerns raised by the Clinical Committee (such as inappropriate co-claiming).

For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 2). Clinical Committees used this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.

**Figure 2: Prioritisation matrix**



### 3. About the Anaesthesia Clinical Committee

This Committee is part of the third tranche of Clinical Committees. It was established in September 2016 to make recommendations to the Taskforce on MBS items within its remit, based on clinical expertise, examination of data and rapid evidence review. The Taskforce asked the Committee to review anaesthesia-related MBS items.

The Committee consists of 12 members, whose names, positions/organisations and declared conflicts of interest are listed in Section 3.1. All members of the Taskforce, Clinical Committees and Working Groups were asked to declare any conflicts of interest at the start of their involvement and were reminded to update their declarations throughout the review process.

#### 3.1 Committee members

Table 2. Anaesthesia Clinical Committee members

Name	Position/Organisation	Declared conflict of interests*
Associate Professor Joanna Sutherland [Chair]	Visiting Medical Officer Anaesthetist, Coffs Harbour Health Campus; Visiting Anaesthetist, Baringa Private Hospital	<ul style="list-style-type: none"> <li>△ Membership of the Safety and Quality Committee of the Australian and New Zealand College of Anaesthetists</li> <li>△ Membership (appointed) Mid North Coast LHD Governing Board</li> <li>△ Directorship (elected) North Coast Primary Health Network</li> <li>△ Membership (appointed) NSW Ministerial Advisory Council, Rural Health</li> <li>△ Member of the Australian Medical Association</li> <li>△ Member of the Australian Society of Anaesthetists</li> </ul>
Dr James Bradley	Specialist Anaesthetist and Specialist Pain Medicine Physician, Brisbane; Senior Visiting Medical Practitioner, Wesley Hospital, Brisbane; Senior Visiting Medical Officer, Princess Alexandra Hospital, Brisbane	<ul style="list-style-type: none"> <li>△ Specialty Affairs Advisor, Australian Society of Anaesthetists</li> </ul>
Dr Genevieve Goulding	Anaesthetist	<ul style="list-style-type: none"> <li>△ Membership of the Australian and New Zealand College of Anaesthetists Council</li> <li>△ Appointee to the Queensland Medical Board</li> </ul>

Name	Position/Organisation	Declared conflict of interests*
		<ul style="list-style-type: none"> <li>△ Immediate Past President of the Australian and New Zealand College of Anaesthetists</li> <li>△ Member of the Australian Society of Anaesthetists until 28 February 2017.</li> </ul>
Associate Professor Margaret Schnitzler	Colorectal Surgeon, Associate Professor of Surgery, University of Sydney	None
Associate Professor John Stokes	Anaesthetist and Intensivist; Associate Professor, College of Medicine and Dentistry, James Cook University	<ul style="list-style-type: none"> <li>△ Board Member of Health Professionals Australia Reform Association</li> </ul>
Ms Helen Maxwell-Wright [Consumer representative]	Director, Maxwell-Wright Associates; Panel of Chairs, Monitoring Committee, Medicines Australia Quality & Safety Committee, Australian and New Zealand College of Anaesthetists	<ul style="list-style-type: none"> <li>△ Member of the Safety and Quality Committee of the Australian and New Zealand College of Anaesthetists</li> <li>△ Member of the Bullying, Discrimination, and Sexual Harassment Working Group of the Australian and New Zealand College of Anaesthetists</li> <li>△ Chair and Member of the Monitoring Committee of Medicines Australia</li> <li>△ Member of the Specialist International Medical Graduate Committee of the Australian and New Zealand College of Anaesthetists</li> </ul>
Dr Timothy Weston	Visiting Medical Officer Anaesthetist, South Eastern Sydney and Sydney Local Health Districts; Private Practice	<ul style="list-style-type: none"> <li>△ Member of the Australian Society of Anaesthetists</li> </ul>
Dr Penny Burns	General Practitioner; Conjoint Senior Lecturer, Department of General Practice, Western Sydney University	None
Dr Ruth Bollard	General and Breast Surgeon, Specialists on Drummond, Private Practice	None
Dr Mark Reeves	Visiting Medical Officer Anaesthetist, Public and Private Practice, North West Tasmania	None

Name	Position/Organisation	Declared conflict of interests*
Professor Michael Grigg [Taskforce ex-officio member]	Past President, Royal Australasian College of Surgeons; Past President, Australia and New Zealand Society of Vascular Surgery; Private Practitioner, Vascular Surgery	None
Dr Jodi Graham	Anaesthetist and Medical Co-Director, Surgical Division, Sir Charles Gairdner Hospital, Western Australia	Member of the Australian Society of Anaesthetists until February 2017.

\*Conflict of interest other than being a provider of MBS items.

Seven of the 12 Committee members are practising clinical anaesthetists. Their work covers most Australian states and a mixture of metropolitan, regional, public and private practice, reflecting the use of MBS items across sectors. Committee anaesthetists represent a broad range of clinical and other expertise, including healthcare quality, clinical governance, policy and academic experience. Committee members were appointed in an individual capacity, not as representatives of nominating or other bodies. Anaesthetist members in particular were selected to provide a broad perspective on anaesthesia practice, and to share the insights of anaesthesia practice and billing in the interests of the community, who fund the majority of billable anaesthesia services (through tax, MBS rebates, health insurance and other payments). The Committee also includes a consumer representative, several surgeons and a general practitioner (GP). The Taskforce and the Committee recognise that anaesthesia services are intended primarily to support surgical and procedural activity, and that any changes to anaesthesia MBS items may have unintended consequences for surgical or procedural providers and/or services, and therefore for patients.

It is noted that the majority of Committee members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e., anaesthetist Committee members claim the items under review). This conflict is inherent in a clinician-led process, and having been acknowledged by the Committee and the Taskforce, it was agreed that this should not prevent a clinician from participating in the review.

## 3.2 Conflicts of interest

All members of the Taskforce and Clinical Committee are asked to declare any conflicts of interest at the start of their involvement and are reminded to update their declaration periodically. A complete list of declared conflicts of interest can be viewed in Table 2 above.

## 3.3 Summary of the Committee's review approach

After considering a range of possibilities, the Committee decided to take an approach that would strengthen the fundamental principles of the RVG. The purpose of the RVG (as it applies to base units) is to assess anaesthesia complexity relative to the anatomical site and physiological impact of the surgery in order to determine the appropriate rebate.

The following principles underpinned the Committee's approach to this review:

1. Higher rebates should be provided for longer, more complex and more difficult anaesthesia procedures.
2. Rebates should reflect the complexity of the anaesthesia service.

3. All items should be linked to a common 'base unit' so that any issues regarding overall compensation can be addressed by moving the dollar value of the basic unit, rather than changing relative values.
4. The RVG should reflect contemporary best practice.
5. The RVG relies on professional integrity and the schedule should be self-enforcing as much as possible, so that external compliance measures are not required. This means that the RVG should minimise ambiguity and the possibility of misinterpretation.
6. The anaesthesia items and RVG system should be as simple as possible.
7. The system should support a comprehensive and accurate data collection. The Committee's decision-making benefitted greatly from the analytic support provided by the Department, and the Committee wishes to ensure that future reviews have even stronger evidence upon which to base their decisions.

The Committee recognised that MBS items exist to support patients and their access to high-quality and high-value clinical services. The Committee also recognised that although rebates support patients to access clinical services, most anaesthetists' professional fees are influenced by the patient rebate. In most circumstances anaesthetists' are committed to ensuring that patients have no out-of-pocket expense as an inpatient in the private hospital setting. This is evidenced by the proportion of payments that involve no out-of-pocket expense (Australian Prudential Regulation Authority, 2017).

With regard to the third principle outlined above, the Committee did not evaluate overall compensation levels. Instead, it focused on reviewing the relative distribution of spending. The Committee agreed that any consideration of total compensation should be pursued through a separate review of the value of the basic unit.

### **3.3.1 Structure of the report**

The recommendations in this report are organised based on the categories in the RVG.

△ Section 4 – Consultation item recommendations on items related to:

- Pre-anaesthesia consultations.
- Other consultation items.

△ Section 5 – Time item recommendations, including:

- Recording of start and end times of procedures.
- Five-minute increments for rebates.
- Recalibration of rebates for time items.

△ Section 6 – T&D item recommendations, including:

- Descriptor changes.
- Deletion of items.
- New items.

△ Section 7 – Modifiers.

△ Section 8: Basic unit items recommendations, including:

- Descriptor changes.

- Basic unit relative value changes.
- Deletion of items.
- New items.

### **3.3.2** *Numbering of proposed items*

Throughout the report, the Committee recommended new or substantially changed items, most of which involve modifying current items. These proposed items are often referred to using letters to differentiate them for ease of reference. If the recommended items are ultimately added to the MBS, the Department of Human Services (DHS) will assign new numbers in the usual format. The Committee is not recommending changes to the MBS numbering system.

## 4. Consultation items

### Introduction

The Committee considered 11 consultation items. These items accounted for 2.33 million services and \$97.6 million in benefits paid in FY2015/16. Consultation items form an important part of the anaesthesia service, and 98.1 per cent of procedures are co-claimed with a consultation item.

The Committee noted that pre-anaesthesia consultations form an important part of the high standard of care Australians expect from their health professionals. As ANZCA states in its PS07 guidelines: "adequate pre-anaesthesia consultation has been identified as an important factor in patient safety" (Australian and New Zealand College of Anaesthetists, 2016) This ANZCA document differentiates between patient "assessment" and "consultation": assessment "contributes to the establishment of the health status of a patient," while consultation involves an assessment as part of "a broader process." (Australian and New Zealand College of Anaesthetists, 2016) The broader consultation process described in the ANZCA document includes health status optimisation, perioperative planning, discussion and the collection of informed consent. The Committee agreed that the distinction between assessment and consultation was important.

ANZCA's PS07 Guidelines stipulate some general principles that underpin safe and effective pre-anaesthesia consultation. In particular, the document stipulates that for elective cases, pre-anaesthesia consultation must take place at an appropriate time prior to anaesthesia in order to allow patients to properly consider the factors of the procedure and pain management, and that "it is not appropriate for this consultation to take place in the operating theatre or anaesthesia room."

The PS07 Guidelines also state that in addition to a medical assessment, a review of relevant records and consultation with professional colleagues (if required), the pre-anaesthesia consultation should include consideration of the proposed procedure and facility and alignment with patient need. The pre-anaesthesia consultation should also include the provision of "information of significance to the patient" to the patient and/or guardian, which "to be effective" must be provided ahead of the procedure. The patient must have an opportunity to ask questions and discuss issues of concern to them.

The Committee further noted the requirement under the *Health Insurance Act 1973 (the Act)* that: "where an anaesthetic is administered to a patient:

- (a) pre-medication of the patient in preparation for the administration of the anaesthetic, and
- (b) pre-operative examination of the patient in preparation for the administration of the anaesthetic, being an examination carried out during the attendance at which the anaesthetic is administered;

shall, for the purposes of the Act, be deemed to form part of the professional service constituted by the administration of the anaesthetic."

The Committee also noted the existing explanatory note in the MBS (at T10.7): "*The administration of anaesthesia also includes the pre-operative consultation with the patient in preparation for the administration, except where such consultation entails a separate attendance carried out at a place other than an operating theatre or anaesthesia induction room*". The Committee's interpretation of this explanatory note is that the location of the pre-operative consultation ("other than in an operating theatre or anaesthesia induction room") is a proxy to define a "separate attendance". The Committee noted the difficulty in a strict interpretation of the Act and the explanatory note in the schedule in some modern facilities (given their lack of "anaesthesia induction rooms") and noted the

requirement of a "separate attendance" in order for a rebate to apply for a pre-operative consultation.

The Committee discussed modern anaesthesia practices, and the challenges anaesthetists encounter in providing high quality pre-anaesthesia consultation in certain locations, and with typical operating theatre scheduling arrangements. The Committee discussed a range of solutions which many anaesthetists currently apply, including pre-operative telephone calls to patients (which are not currently eligible for a rebate, but are highly valued by patients).

The majority of consultation items claimed for anaesthesia are short and targeted pre-anaesthesia consults performed on the same day as the procedure. Ninety per cent of consultations are billed under item 17610, a pre-anaesthesia consultation of less than 15 minutes. The item involves the recording of a targeted history and performing a limited examination of the patient. The Committee recognised these consult items generally meet the needs of anaesthetists. For patients without complex medical conditions and/or patients presenting for low-risk procedures, a short consultation provides adequate opportunity for the anaesthetist to make an appropriate assessment of the patient, discuss items of relevance and develop an anaesthesia plan.

However, the Committee received feedback through the consumer representative that anaesthesia consultations may not meet patients' requirements. For instance, some pre-anaesthesia consultations do not meet patients' expectations of a consultation, and some patients report feeling confused about being billed for a pre-anaesthesia consultation that they cannot remember receiving. Some consumers report that these consultations are perceived as brief or peremptory, with varying amounts of information provided, and in some cases without the opportunity to ask questions or have a discussion, and with no identified informed consent process. Some consumers report that the formulation of an anaesthesia plan is often non-transparent, and that it may occur without the input of patients or their carers.

The Committee's interpretation of this feedback was that while current pre-anaesthesia consultations may meet anaesthetists' needs to perform patient assessment (and that, in general, this assessment process appears to be of high quality), the needs of patients may not be met, particularly regarding the provision of appropriate information (which enables discussion and informed consent). Put simply, most anaesthetists appear to be performing adequate patient assessments but there is a perception that some anaesthetists are performing and may be billing for inadequate or poor-quality consultations.

As a result, the Committee recommended changes to consultation items that aim to address consumers' concerns and align anaesthesia consultation items with professional guidelines. It was agreed that item descriptors differentiated largely by time requirements are useful for reporting purposes but do not necessarily reflect the more important and patient-centred components of consultation. The Committee has recommended descriptors that it hopes will ensure the quality of pre-anaesthesia consultations.

Finally, the Committee acknowledged that a Consultation Services Clinical Committee will be established to review consultation items. As such, the Committee has written a memo to this Committee asking it to consider the changes recommended to anaesthesia consultations, specifically the proposed pre-anaesthesia items 1, 2 and 3, and review schedule fees accordingly.

## 4.1 Pre-anaesthesia consultation items

Table 3: Item introduction table for items 17610, 17615, 17620 and 17625

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17610	Anaesthetist, pre-anaesthesia consultation (Professional attendance by a medical practitioner in the practice of anaesthesia) a brief consultation involving a targeted history and limited examination (including the cardio-respiratory system) and of not more than 15 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply	\$43.00	2,259,188	\$73,846,388	2.7%
17615	A consultation on a patient undergoing advanced surgery or who has complex medical problems, involving a selective history and an extensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 - 3000 applies	\$85.55	190,618	\$12,997,404	12.5%
17620	A consultation on a patient undergoing advanced surgery or who has complex medical problems involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan documented in the patient notes - and of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 – 3000 apply	\$118.50	21,741	\$2,070,090	9.8%
17625	A consultation on a patient undergoing advanced surgery or who has complex medical problems involving an exhaustive history and comprehensive examination of multiple systems, the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity documented in the patient notes - and of more than 45 minutes duration, not being a service associated with a service to which items 2801 – 3000 apply	\$150.90	5,243	\$638,128	11.8%

## Recommendation 1

- △ Restructure these items into three new items. For the purposes of this report, these new items are referred to as Item 1, Item 2 and Item 3.
- △ Item 1 should maintain the same schedule fee as is currently applied to item 17610 and should have the characteristics listed in Table 4.
- △ Items 2 and 3 should have their schedule fees assessed in light of the higher requirements placed on clinicians, however the Committee has referred these items along with item 1 to the Consultation Services Clinical Committee for review and assessment.

**Table 4: Item 1 characteristics**

Category	Characteristic
Risk	The procedural risk, taking into account the patient risk, surgical risk and anaesthesia risk, is not high.
Reviews	The consultation process includes: A review of the patient's medical history, A review of medications, and A review of results of relevant investigations.
Information Provision	The patient or carer is provided with written or verbal information, before any discussion, that sets out details of: The sedation/anaesthesia, Pain management issues, and Any potential complications and risks.
Discussion Contents	The anaesthetist has a discussion with the patient or carer that: Recaps the key elements of the written or verbal information, Provides the opportunity to ask questions, Establishes consent for the anaesthesia and related procedures, and Respects the patient's culture and beliefs.
Examinations	The consultation must include a clinical examination appropriate to the procedural risk.
Length	The consultation with the anaesthetist, including discussion and examination, may be of any length.
Timing	The discussion and examination may occur on the day of the procedure, and must be a separate attendance from the anaesthesia or sedation episode.
Location	The discussion and examination must take place outside the operating theatre and outside the anaesthesia induction room, and must meet the patient's needs including privacy.
Impact	At any stage, the consultation process may lead to delay, postponement, reappraisal or cancellation of the planned procedure.
Documentation	The reviews and examination must be documented in the patient medical record. The start and end times of the discussion must be documented.
Patient Transparency	The entire item descriptor will be printed on the patient's invoice to ensure the patient is fully aware of the services received.

- △ Item 2 (a new item) be introduced for more complex consultations and should have the characteristics listed in Table 5.

**Table 5: Item 2 characteristics**

<b>Category</b>	<b>Characteristic</b>
Risk	The procedural risk, taking into account the patient risk, surgical risk and anaesthesia risk, is high and the context is routine.
Reviews	The consultation process includes: A review of the patient's medical history, A review of medications, A review of results of relevant investigations.
Information Provision	The patient or carer is provided with written information, before any discussion, that sets out details of: The sedation/anaesthesia, Pain management issues, and Any potential complications and risks.
Discussion Contents	The anaesthetist has a discussion with the patient or carer that: Recaps the written information in detail, Ensures that they understand why the procedure has been assessed as high risk, Provides the opportunity to ask questions, Establishes consent for the anaesthesia and related procedures, and Respects the patient's culture and beliefs.
Examinations	The consultation must include a clinical examination appropriate to the procedural risk.
Length	The consultation with the anaesthetist, including discussion and examination, must be at least 20 minutes in length.
Timing	The discussion and examination may occur on the day of the procedure, and must be a separate attendance from the anaesthesia or sedation episode.
Location	The discussion and examination must take place outside the operating theatre and outside the anaesthesia induction room, and must meet the patient's needs including privacy.
Impact	At any stage, the consultation process may lead to delay, postponement, reappraisal or cancellation of the planned procedure.
Documentation	The examination, reviews, procedural risk and patient management plan must be documented in the patient medical record. The start and end times of the discussion must be documented.
Patient Transparency	For this item to be claimable, the anaesthetist must inform the patient in writing that they received a consultation with a minimum discussion length of 20 minutes, and that they have received adequate information to understand why the procedural risk has been assessed as high. The entire item descriptor will be printed on the patient's invoice to ensure a patient is fully aware of the services received.

Item 3 (a new item) be introduced for the most complex consultations and should have the characteristics listed in table 6.

**Table 6: Item 3 characteristics**

Category	Characteristic
Risk	The procedural risk, taking into account the patient risk, surgical risk and anaesthesia risk, is high and the context is not routine.
Reviews	The consultation process includes: an exhaustive review of the patient's medical history, a review of medications, a review of results of relevant investigations, and discussion with clinical colleagues.
Information Provision	The patient or carer is provided with written information, before any discussion, that sets out details of: the sedation/anaesthesia, pain management issues, and any potential complications and risks.
Discussion Contents	The anaesthetist has a discussion with the patient or carer that: recaps the written information in detail, ensures that they understand why the procedure has been assessed as high risk, provides the opportunity to ask questions, establishes consent for the anaesthesia and related procedures, and respects the patient's culture and beliefs.
Examinations	The consultation must include a clinical examination appropriate to the procedural risk.
Length	The consultation with the anaesthetist, including discussion and examination, must be at least 45 minutes in length.
Timing	The discussion and examination must occur prior to the day of surgery.
Location	The discussion and examination must take place outside the operating theatre suite and anaesthesia induction room, and meet the patient's needs including privacy.
Impact	At any stage, the consultation process may lead to delay, postponement, reappraisal or cancellation of the planned procedure.
Documentation	The examination, reviews, procedural risk and patient management plan must be documented in the patient medical record. The start and end times of the discussion must be documented.
Patient Transparency	For this item to be claimable, the anaesthetist must inform the patient in writing that they received a consultation with a minimum discussion length of 45 minutes and that they have received adequate information to understand why the procedural risk has been assessed as high, and the context non-routine.  The entire item descriptor will be printed on the patient's invoice to ensure a patient is fully aware of the services received.

**Rationale**

This recommendation focuses on improving patient experience, improving the quality of care and ensuring that the MBS aligns with professional standards. It is based on the following.

- △ The Committee discussed the current item descriptors for pre-anaesthesia items and identified differences between the descriptors and professional standards and guidelines.
- △ The Committee also discussed the rules as described in the explanatory note at T10.7 of the Schedule, which refers to the Section 16(1) of the Act which states that a pre-operative

consultation only attracts a rebate if it constitutes a separate attendance by the anaesthetist and does not occur in an operating theatre or an anaesthesia induction room. The Committee noted the feedback from the consumer representative that consultations were occurring in these settings and also noted a lack of awareness of this rule amongst some anaesthetists.

- △ Specifically, current item descriptors do not state where a pre-anaesthesia consultation should take place. This does not align with the following professional standards and guidelines:
  - ANZCA’s PS07 Guidelines state that consultations for elective surgery should take place outside of the operating theatre and outside of the anaesthesia induction room. (Australian and New Zealand College of Anaesthetists, 2016)
  - ANZCA’s PS07 document also states that a pre-anaesthesia consultation “must take place at an appropriate time prior to anaesthesia and the planned procedure in order to allow for adequate consideration of all factors related to assessment and optimisation for surgery, anaesthesia and pain management. This is particularly important where: there is significant patient co-morbidity; major surgery is planned; there are specific anaesthesia and pain management concerns.” (Australian and New Zealand College of Anaesthetists, 2016).
  - The Australian Society of Anaesthetists’ (ASA) Position Statement 03 on *Minimum Facilities for Preanaesthesia Consultations* states that the consultation “must be able to be conducted in privacy, with appropriate regard for medical needs, cultural or religious sensitivities,” and that the “scheduling of patients must allow for adequate preoperative assessment.” (Australian Society of Anaesthetists, 2015)
- △ The Committee agreed that the proposed new item descriptors address the requirements for different types of consultation, as described in the Act, the Medicare Benefits Schedule, and also as outlined in the ANZCA Guidelines.
- △ The Committee agreed that differentiating between consultation items based on procedural risk, rather than time taken to complete the consultation, was more appropriate. The Committee acknowledged that risk assessment and risk stratification are emerging fields, and that tools exist for calculating perioperative risk (Cohen, 2013) (Gupta P. G., 2011) (Lee T. M., 1999) (Prytherch D. W., 1998) (Sutton R. B., 2002).
- △ The Committee also received feedback from some consumers that consultation items do not allow for a comprehensive pre-anaesthesia consultation between the anaesthetist and patient in certain locations. The proposed new items address this issue by requiring the consultation to take place outside of the operating theatre and anaesthetic induction room (aligning with a long-standing rule within the MBS); requiring the provision of information (which may be written or verbal) prior to discussion, as well as discussion with the patient and an opportunity for the patient to ask questions; and requiring the anaesthetist to provide written documentation to the patient following a consultation under proposed items 2 and 3.
- △ The Committee agreed that the proposed new items simplify the range of available pre-anaesthesia consultation items and reflect modern anaesthesia and surgical practice, acknowledging the requirements for pre-operative consultation, optimisation, discussion, consent and perioperative planning.
- △ The Committee made a recommendation to the Principles and Rules Committee that a patient’s costing for services and invoice for items billed by clinicians performing anaesthesia services should include the entire item descriptor. This will help to improve transparency and allow patients to understand the services for which they have been billed.

- △ Note: Other consultation items such as item 17609 and 17690 will need to be updated to reflect new pre-operative consultation item numbers should this recommendation be implemented.

## 4.2 Other consultation items

### 4.2.1 Telehealth consultation

Table 7: Item introduction table for item 17609

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17609	Professional attendance on a patient by a specialist practising in his or her specialty of anaesthesia if: (a) the attendance is by video conference; and (b) item 17610, 17615, 17620, 17625, 17640, 17645, 17650, or 17655 applies to the attendance; and (c) the patient is not an admitted patient; and (d) the patient: (i) is located both: (a) within a telehealth eligible area; and (b) at the time of the attendance—at least 15 km by road from the specialist; or (ii) is a care recipient in a residential care service; or (iii) is a patient of: (a) an aboriginal medical service; or (b) an aboriginal community controlled health service for which a direction made under subsection 19 (2) of the act applies.	N/A	303	\$27,772	N/A

### Recommendation 2

- △ Change the numbering in clause (b) to reflect new item numbers for pre-operative anaesthesia consultations.

### Rationale

This recommendation is based on updating the MBS to ensure item numbers are aligned across items.

### 4.2.2 Brief anaesthesia consultation

Table 8: Item introduction table for item 17640

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17640	Anaesthetist, consultation (other than prior to anaesthesia) (Professional attendance by a specialist anaesthetist in the practice of anaesthesia where the patient is referred to him or her) - a brief consultation involving a short history and limited examination - and of not more than 15 minutes duration, not	\$43.00	60,558	\$1,994,292	4.6%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	being a service associated with a service to which items 2801 – 3000 apply				

### Recommendation 3

- △ Align the descriptor for item 17640 with proposed Item 1 for pre-anaesthesia consultations.
- △ The descriptor should:
  - be amended to include an outline of services provided by the anaesthetist including a review of medications and relevant investigations, logging appropriate documentation within the patient’s medical record as well as a relevant discussion with the patient and/or carers.
- △ The proposed descriptor is as follows:
  - Professional attendance by a specialist anaesthetist in the practice of anaesthesia where the patient is referred to him or her – a brief consultation involving a short history, including review of medications and relevant investigations, and limited examination, including appropriate documentation within the patient’s medical record, and includes discussion with the patient and/or carers, not being a service associated with a service to which items 2801–3000 apply.

### Rationale

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- △ The Committee agreed that many of the recommendations for pre-anaesthesia consultation items should also be applied to other consultation items for anaesthetists.
- △ Acknowledging that this item refers to a consultation other than one prior to anaesthesia, the Committee based all recommendations for consultation items on ANZCA’s *PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation*. (Australian and New Zealand College of Anaesthetists, 2016)
- △ Item 17640 should align with proposed Item 1 in terms of recording appropriate documentation, examination type, duration and discussion in order to ensure a consistent quality standard across all anaesthesia consultation items.

#### 4.2.3 Anaesthesia consultations of between 15 and 45 minutes

Table 9: Item introduction table for items 17645 and 17650

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17645	A consultation involving a selective history and examination of multiple systems and the formulation of a written patient management plan - and of more than 15 minutes but not more than 30 minutes duration, not being a service associated with a service to which items 2801 – 3000 apply.	\$85.55	17,628	\$1,290,462	4.9%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17650	A consultation involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan - and of more than 30 minutes but not more than 45 minutes duration, not being a service associated with a service to which items 2801 – 3000 apply	\$118.50	4,597	\$468,682	0.4%

#### Recommendation 4

- △ Consolidate items 17645 and 17650. The consolidated item should align with proposed Item 2, valued higher than the rate currently applied to either item. The Committee has referred this item to the Consultation Services Clinical Committee for review and assessment of the schedule fee.
- △ The descriptor should include:
  - The number of requirements of services provided, this includes a review of medications and relevant investigations, examination of multiple systems, potentially including consultation with colleagues, and a discussion with the patient and/or carers that ensures the patient understands why the consultation is required, gives the patient an opportunity to ask questions and respects the patient’s culture and beliefs.
  - A requirement that a patient management plan is formulated by the clinician and documented in the patient’s medical record.
  - Specify that the item is for consultations where the patient has been referred to the anaesthetist.
- △ The duration of the item should mirror Item 2 in the pre-anaesthesia consultation items, which states that the consultation should be of more than 20 minutes’ duration.
- △ The proposed descriptor is as follows:
  - Professional attendance by a specialist anaesthetist in the practice of anaesthesia (where the patient is referred to him or her) —
  - A consultation involving a selective history, including review of medications and relevant investigations, examination of multiple systems, may include consultation with colleagues, and includes the formulation of a documented patient management plan within the patient’s medical record and includes discussion with the patient and/or carers that ensures the patient understands why the consultation is required, gives the patient an opportunity to ask questions and respects the patient’s culture and beliefs —
  - And of more than 20 minutes’ duration, not being a service associated with a service to which items 2801–3000 apply.

#### Rationale

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- △ The Committee agreed that many of its recommendations for pre-anaesthesia consultation items should also be applied to other consultation items for anaesthetists.
- △ Acknowledging that this item refers to a consultation other than one prior to anaesthesia, the Committee based all recommendations for consultation items on ANZCA’s PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation.
- △ The new consolidated item should align with proposed Item 2 in terms of recording appropriate documentation, examination type and discussion in order to ensure a consistent quality standard across all anaesthesia consultation items.
- △ The new consolidated item should account for services of more than 20 minutes in order to align with the proposed pre-operative consultation items.

#### 4.2.4 Longer anaesthesia consultation

Table 10: Item introduction table for item 17655

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17655	A consultation involving an exhaustive history and comprehensive examination of multiple systems and the formulation of a written patient management plan following discussion with relevant health care professionals and/or the patient, involving medical planning of high complexity, - and of more than 45 minutes duration, not being a service associated with a service to which items 2801 - 3000 apply.	\$150.90	4,226	\$538,097	13.2%

#### Recommendation 5

- △ Change the item descriptor and amend the schedule fee.
- △ The item descriptor should include;
  - a review of medications and relevant investigations, an examination of multiple systems, potentially including consultation with colleagues, and a discussion with the patient and/or carers that ensures the patient understands why the consultation is required, gives the patient an opportunity to ask questions and respects the patient’s culture and beliefs.
  - A requirement that a patient management plan is formulated by the clinician and documented within the patient’s medical record.
  - Specify that the item is for consultations where the patient has been referred to the anaesthetist.
- △ The schedule fee should be increased to align with proposed item 3 for pre-operative consultations. The Committee has referred this item to the Consultation Services Clinical Committee for review and assessment of the schedule fee.
- △ The duration of the item should reflect Item 3 in the pre-anaesthesia consultation items, which states that the consultation should be longer than 45 minutes.
- △ The proposed new descriptor is as follows:

- Professional attendance by a specialist anaesthetist in the practice of anaesthesia (where the patient is referred to him or her);
- A consultation involving a detailed history and comprehensive examination of multiple systems and the formulation of a written patient management plan - and of a minimum discussion length of 45 minutes' duration, not being a service associated with a service to which items 2801–3000 apply'
- A consultation involving a comprehensive history and examination of multiple systems and the formulation of a documented patient management plan within the patient's medical record, following discussion with relevant health care professionals, involving medical planning of high complexity, and includes discussion with the patient and/or carers that ensures the patient understands why the consultation is required, gives the patient an opportunity to ask questions and respects the patient's culture and beliefs.

### Rationale

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- △ The Committee agreed that many of its recommendations for pre-anaesthesia consultation items should also be applied to other consultation items for anaesthetists.
- △ Acknowledging that this item refers to a consultation other than one prior to anaesthesia, the Committee based all recommendations for consultation items on ANZCA's professional standard guidelines for anaesthesia consultations.
- △ The consolidated item should align with proposed Item 3 in terms of recording appropriate documentation, examination type, duration and discussion in order to ensure a consistent quality standard across all anaesthesia consultation items.

### 4.2.5 Anaesthesia consultation for a patient in labour

Table 11: Item introduction table for item 17680

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17680	Anaesthetist, consultation, other (Professional attendance by an anaesthetist in the practice of anaesthesia) - a consultation immediately prior to the institution of a major regional blockade in a patient in labour, where no previous anaesthesia consultation has occurred, not being a service associated with a service to which items 2801 – 3000 apply.	\$85.55	26,503.00	\$1,706,270	1.3%

### Recommendation 6

- △ Change the descriptor.
- △ The descriptor should:
  - Include specific actions that the anaesthetist must take in order for a consultation to qualify for a rebate under this item. This includes a brief medical history and examination, a review of medications and relevant investigations, and the provision of written or verbal

information, ideally prior to the discussion, which sets out the details of the risks and benefits of the procedure. Specify what the anaesthetist should speak about with the patient (including the key elements of the written or prior information), and that the patient and/or carer should be given the opportunity to ask questions.

△ The proposed descriptor is as follows:

- Professional attendance by an anaesthetist in the practice of anaesthesia
- A consultation immediately prior to the institution of a major regional blockade in a patient in labour, where no previous anaesthesia consultation has occurred, not being a service associated with a service to which items 2801–3000 apply.

The consultation includes a brief medical history and examination, including review of medications and relevant investigations. The patient and/or carer are provided with written or verbal information, ideally ahead of any discussion, which sets out details of the risks and benefits of the procedure.

The anaesthetist has a discussion with the patient or carer that recaps the key elements of the written or prior information, gives the patient and/or carer the opportunity to ask questions, respects the patient’s culture and beliefs, and establishes consent for the procedure.

The relevant elements of history, examination and discussion are documented in the patient’s medical record.

### Rationale

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following observations.

- △ The Committee noted that the schedule fee for this item was considerably larger than the corresponding fee for most pre-operative consultations.
- △ Accordingly, the Committee’s view was that a more detailed discussion with patients could reasonably be expected, aligned with the recommendations for other pre-anaesthesia consultation items. In particular, the risks and benefits of the procedure should be discussed, and the patient and/or carer should have the opportunity to ask questions.
- △ The rewritten descriptor better aligns with ANZCA Professional Standard 03 (PS03; *Guidelines for the Management of Major Regional Analgesia*) (Australian and New Zealand College of Anaesthetists, 2014) and Professional Standard 26 (PS26; *Guidelines on Consent for Anaesthesia and Sedation*) (Australian and New Zealand College of Anaesthetists, 2005).

### 4.2.6 Initial anaesthesia consultation prior to an admitted episode of care

Table 12: Item introduction table for item 17690

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
17690	Where a pre-anaesthesia consultation covered by an item in the range 17615-17625 is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not provided to an admitted patient of a	\$39.55	N/A	\$2,378,446	N/A

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	hospital; and (c) the service is not provided on the day of admission to hospital for the subsequent episode of care involving anaesthesia services; and (d) the service is of more than 15 minutes duration not being a service associated with a service to which items 2801 – 3000 apply.				

### Recommendation 7

- △ Change the descriptor so that it does not specify service duration.
- △ The proposed descriptor is as follows:
  - Where a pre-anaesthesia consultation covered by an item in the range 2–3\* is performed in-rooms if: (a) the service is provided to a patient prior to an admitted patient episode of care involving anaesthesia; and (b) the service is not provided to an admitted patient of a hospital; and (c) the service is not provided on the day of admission to hospital for the subsequent episode of care involving anaesthesia services; not being a service associated with a service to which items 2801–3000 apply.

\* The item numbers listed in the descriptor should be modified if the Committee’s other recommendations for the new pre-operative consultation items are implemented.

### Rationale

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- △ The Committee agreed that many of its recommendations for pre-anaesthesia consultation items should also be applied to other consultation items for anaesthetists.
- △ This modification aligns the item with items for pre-anaesthesia consultations.

## 5. Time items

The time component of the RVG provides anaesthesia rebates based on the length of time a procedure takes. This arrangement differs from other rebate arrangements in the MBS because it is recognised that anaesthetists do not determine the duration of a procedure.

The Committee reviewed all 154 time items, which accounted for \$165 million in benefits in FY2015/16. Three key issues were identified by the committee including; the prevalence of volume spikes in time unit data; the relative values of shorter and longer procedures; and the general balance between time units and other parts of the RVG.

Time items are recorded in five-minute increments but rebated in 15-minute blocks for the first 120 minutes. Thereafter, time items are rebated in 10-minute blocks. MBS data revealed spikes in service volumes for time items falling in the first five-minute increment of each 15-minute rebate block in FY2015/16 (Figure 3). The data shows that it is nearly 2.5 times more likely that a procedure will last for 16 to 20 minutes, rather than for zero to 15 minutes or for 26 to 30 minutes. These spikes are most prominent among procedures that take less than one hour to complete.

**Figure 3: Volume of time units billed in 2015/16**

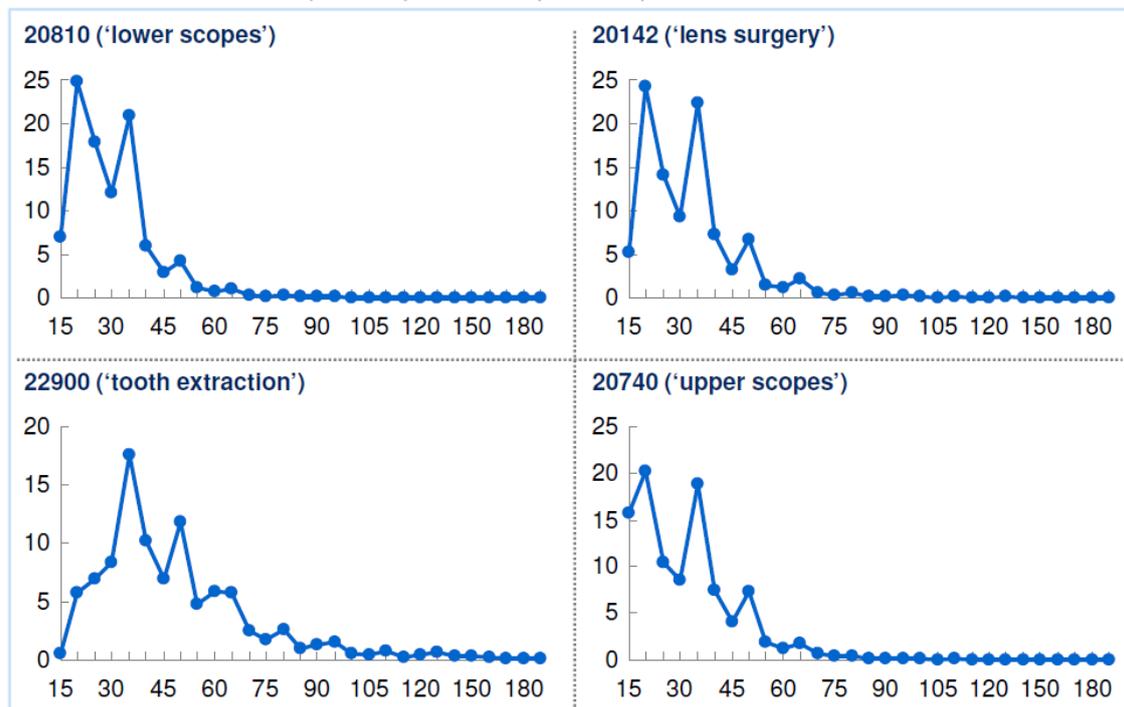


**Source:** MBS data, FY2015/16, date of service. Data retrieved 28 February 2017.

The Committee also noted that these time unit spikes were evident in many high-volume items (Figure 4).

**Figure 4: Time unit service volumes for four high-volume items**

% of all time units for respective procedure (2015/16), Minutes



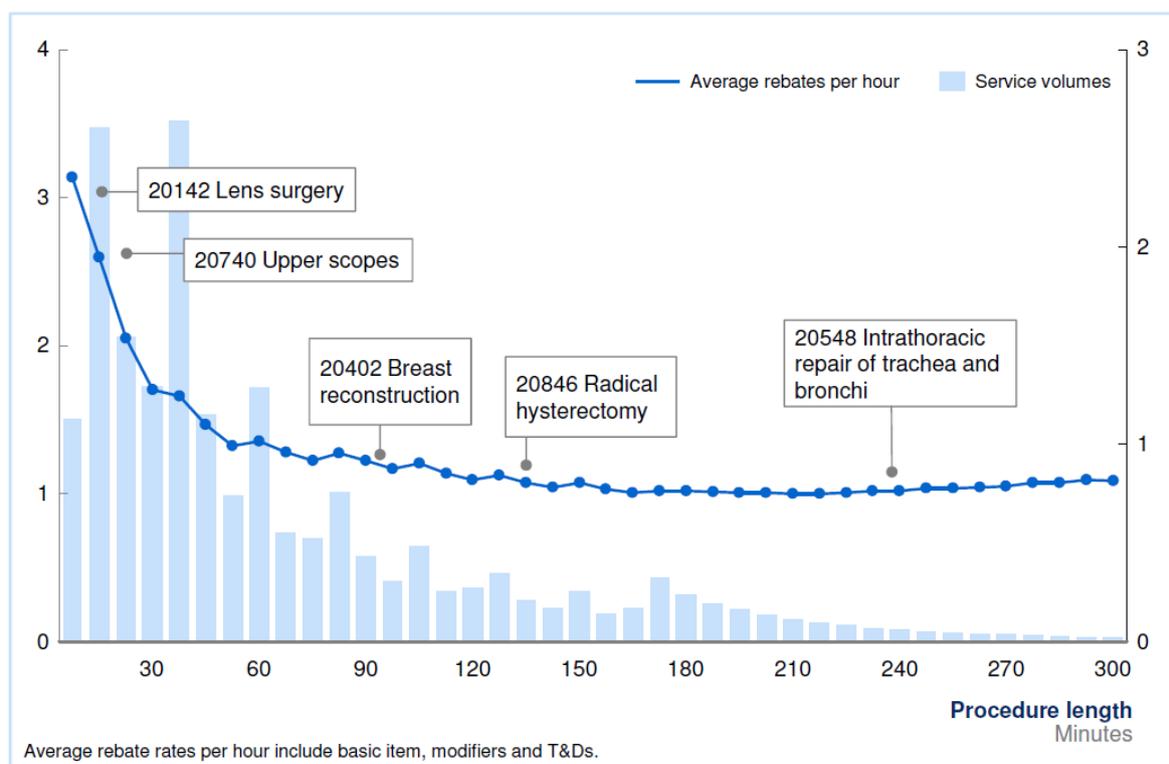
**Source:** MBS data, FY2015/16, date of service. Data retrieved on 28 Feb 2017.

The Committee agreed that these spikes were likely caused by misinterpretation of MBS item descriptors when claiming relevant items. This may indirectly result in what is known as 'upcoding' (claiming the next time item for procedures that take a length of time close to the threshold of the next rebate bracket) or 'downcoding' (choosing the first time item in the rebate bracket that corresponds to the procedure length). This creates 'spiky' service volume data that does not accurately reflect procedure length, thereby reducing the quality of data collected by the MBS. All three recommendations made by the Committee in this section are intended to assist in clarifying item descriptors and billing practices.

In addition to noticing service volume spikes in time unit data, the Committee assessed the relative value of procedures, as modelled in total RVG benefits combined (including T&Ds and modifiers). The Committee noted that many less complex and shorter anaesthesia procedures were rebated at a higher rate per hour than many of the more complex and longer anaesthesia procedures.

Figure 5 displays the modelled curve for rebate rates per hour against the average length of all procedures.

**Figure 5: Index of relative rebate rates per hour and service volumes for all anaesthesia services including basic item, modifiers and T&Ds, 2015/16**



**Source:** MBS data, FY2015/16, date of service. Data retrieved 28 February 2017.

The Committee acknowledged that the RVG should rebate anaesthesia procedures based on their relative complexity. However, it noted that current billing arrangements incentivise shorter, often less-complex anaesthesia procedures. The Committee recognised that shorter procedures are likely to attract more generously modelled (and real-time) hourly rates, and that to a certain extent this is desirable and encourages efficiency. Consequently, the Committee determined that the differences in rebates between some shorter and longer procedures—taking into account modifying units and T&Ds—could be seen to be disproportionate. The Committee recommended recalibrating the rebate rates for time items in order to rectify this situation.

The Committee also considered the relative value of time units compared to other components of the RVG. After lengthy discussion, the Committee was unable to make any firm recommendations about the relativities of time units versus basic units or other units.

## 5.1 Recording procedure start and end times

### Recommendation 8

- △ Record the start and end times for all procedures billed under the RVG. The start and end times should reflect the anaesthesia time, which the Committee recognises may differ from the times recorded for other purposes (for example, surgical time or procedure room time).

## Rationale

This recommendation focuses on ensuring that the data collected for the MBS is accurate. It is based on the following.

- △ The Committee agreed that recording the start and end times of procedures—implemented in conjunction with other recommendations in this section—would lead to a reduction in time unit volume spikes and inaccurate claim billing.
- △ The Committee recognised that under current arrangements, anaesthetists must know or remember the start and end times for procedures in order to specify a time unit.
- △ The Committee recognised that anaesthesia billing software generally enables this data to be entered, and that this requirement would not add any significant burden to current arrangements.
- △ The Committee discussed the importance of collecting accurate data to support health policy decision-making, and it agreed that this measure would further improve the accuracy of data collection for future reviews.

## 5.2 Rebate increments

### Recommendation 9

- △ Rebate all time items in five-minute increments.
- △ Introduce five-minute-increment time items for procedures over 120 minutes' duration.
- △ Introduce this recommendation as an interim measure, with the end goal of moving to one-minute increments for time item billing.

## Rationale

This recommendation focuses on ensuring that the data collected for the MBS is accurate. It is based on the following.

- △ The Committee discussed different strategies for improving data accuracy regarding procedure duration. It recognised that although a move to one-minute increments would have the greatest impact on time volume spikes and data accuracy, it would create undue complexity and incur significant implementation costs for the current MBS system.
- △ The Committee agreed that rebating all time items in five minute increments would both support accurate procedure length documentation and reduce the complexity of the current system.
- △ Currently, only procedures under 120 minutes of duration are reflected in the MBS in five-minute blocks. This recommendation extends this structure to all time items. Having consistency with the structure of time items simplifies the MBS and as a result, the Committee agreed that the recommendation could easily be adopted by the specialty. This recommendation will not change current billing practice, a MBS item will still be selected according to the procedure length however the MBS item numbering will be updated as a result of the recommendation (see table 18).

## 5.3 Rebate values

### Recommendation 10

- △ Item 23010: no change.
- △ Items 23021-23023: In conjunction with Recommendation 9 (Section 5.2) to introduce five-minute increments for rebates, rebate each five-minute item at one third of a basic unit (currently \$6.60) for procedures of 16-30 minutes in duration.
- △ Items 23031-23083: For procedures taking between 31 and 120 minutes, introduce a rebate rate of one half of a basic unit (currently \$9.90) per five-minute increment.
- △ Items 23083-24136: For procedures taking 121 minutes or longer, introduce a rebate rate of two thirds of a basic unit (currently \$13.20) per five-minute increment.
- △ The proposed fee schedule is outlined in Table 13.

**Table 13: Current and proposed time item fee schedule**

Current item	New item	Start	End	Current fee	Proposed fee
23010	23010	0	15	\$19.80	\$19.80
23021	23021	16	20	\$39.60	\$26.40
23022	23022	21	25	\$39.60	\$33.00
23023	23023	26	30	\$39.60	\$39.60
23031	23031	31	35	\$59.40	\$49.50
23032	23032	36	40	\$59.40	\$59.40
23033	23033	41	45	\$59.40	\$69.30
23041	23041	46	50	\$79.20	\$79.20
23042	23042	51	55	\$79.20	\$89.10
23043	23043	56	60	\$79.20	\$99.00
23051	23051	61	65	\$99.00	\$108.90
23052	23052	66	70	\$99.00	\$118.80
23053	23053	71	75	\$99.00	\$128.70
23061	23061	76	80	\$118.80	\$138.60
23062	23062	81	85	\$118.80	\$148.50
23063	23063	86	90	\$118.80	\$158.40
23071	23071	91	95	\$138.60	\$168.30
23072	23072	96	100	\$138.60	\$178.20
23073	23073	101	105	\$138.60	\$188.10
23081	23081	106	110	\$158.40	\$198.00
23082	23082	111	115	\$158.40	\$207.90
23083	23083	116	120	\$158.40	\$217.80
23091	23091	121	125	\$178.20	\$231.00
23091	23091B	126	130	\$178.20	\$244.20

Current item	New item	Start	End	Current fee	Proposed fee
23101	23101	131	135	\$198.00	\$257.40
23101	23101B	136	140	\$198.00	\$270.60
23111	23111	141	145	\$217.80	\$283.80
23111	23111B	146	150	\$217.80	\$297.00
23112	23112	151	155	\$237.60	\$310.20
23112	23112B	156	160	\$237.60	\$323.40
23113	23113	161	165	\$257.40	\$336.60
23113	23113B	166	170	\$257.40	\$349.80
23114	23114	171	175	\$277.20	\$363.00
23114	23114B	176	180	\$277.20	\$376.20
23115	23115	181	185	\$297.00	\$389.40
23115	23115B	186	190	\$297.00	\$402.60
23116	23116	191	195	\$316.80	\$415.80
23116	23116B	196	200	\$316.80	\$429.00
23117	23117	201	205	\$336.60	\$442.20
23117	23117B	206	210	\$336.60	\$455.40
23118	23118	211	215	\$356.40	\$468.60
23118	23118B	216	220	\$356.40	\$481.80
23119	23119	221	225	\$376.20	\$495.00
23119	23119B	226	230	\$376.20	\$508.20
23121	23121	231	235	\$396.00	\$521.40
23121	23121B	236	240	\$396.00	\$534.60
23170	23170	241	245	\$415.80	\$547.80
23170	23170B	246	250	\$415.80	\$561.00
23180	23180	251	255	\$435.60	\$574.20
23180	23180B	256	260	\$435.60	\$587.40
23190	23190	261	265	\$455.40	\$600.60
23190	23190B	266	270	\$455.40	\$613.80
23200	23200	271	275	\$475.20	\$627.00
23200	23200B	276	280	\$475.20	\$640.20
23210	23210	281	285	\$495.00	\$653.40
23210	23210B	286	290	\$495.00	\$666.60
23220	23220	291	295	\$514.80	\$679.80
23220	23220B	296	300	\$514.80	\$693.00
23230	23230	301	305	\$534.60	\$706.20
23230	23230B	306	310	\$534.60	\$719.40

Current item	New item	Start	End	Current fee	Proposed fee
23240	23240	311	315	\$554.40	\$732.60
23240	23240B	316	320	\$554.40	\$745.80
23250	23250	321	325	\$574.20	\$759.00
23250	23250B	326	330	\$574.20	\$772.20
23260	23260	331	335	\$594.00	\$785.40
23260	23260B	336	340	\$594.00	\$798.60
23270	23270	341	345	\$613.80	\$811.80
23270	23270B	346	350	\$613.80	\$825.00
23280	23280	351	355	\$633.60	\$838.20
23280	23280B	356	360	\$633.60	\$851.40
23290	23290	361	365	\$653.40	\$864.60
23290	23290B	366	370	\$653.40	\$877.80
23300	23300	371	375	\$673.20	\$891.00
23300	23300B	376	380	\$673.20	\$904.20
23310	23310	381	385	\$693.00	\$917.40
23310	23310B	386	390	\$693.00	\$930.60
23320	23320	391	395	\$712.80	\$943.80
23320	23320B	396	400	\$712.80	\$957.00
23330	23330	401	405	\$732.60	\$970.20
23330	23330B	406	410	\$732.60	\$983.40
23340	23340	411	415	\$752.40	\$996.60
23340	23340B	416	420	\$752.40	\$1,009.80
23350	23350	421	425	\$772.20	\$1,023.00
23350	23350B	426	430	\$772.20	\$1,036.20
23360	23360	431	435	\$792.00	\$1,049.40
23360	23360B	436	440	\$792.00	\$1,062.60
23370	23370	441	445	\$811.80	\$1,075.80
23370	23370B	446	450	\$811.80	\$1,089.00
23380	23380	451	455	\$831.60	\$1,102.20
23380	23380B	456	460	\$831.60	\$1,115.40
23390	23390	461	465	\$851.40	\$1,128.60
23390	23390B	466	470	\$851.40	\$1,141.80
23400	23400	471	475	\$871.20	\$1,155.00
23400	23400B	476	480	\$871.20	\$1,168.20
23410	23410	481	485	\$891.00	\$1,181.40
23410	23410B	486	490	\$891.00	\$1,194.60

Current item	New item	Start	End	Current fee	Proposed fee
23420	23420	491	495	\$910.80	\$1,207.80
23420	23420B	496	500	\$910.80	\$1,221.00
23430	23430	501	505	\$930.60	\$1,234.20
23430	23430B	506	510	\$930.60	\$1,247.40
23440	23440	511	515	\$950.40	\$1,260.60
23440	23440B	516	520	\$950.40	\$1,273.80
23450	23450	521	525	\$970.20	\$1,287.00
23450	23450B	526	530	\$970.20	\$1,300.20
23460	23460	531	535	\$990.00	\$1,313.40
23460	23460B	536	540	\$990.00	\$1,326.60
23470	23470	541	545	\$1,009.80	\$1,339.80
23470	23470B	546	550	\$1,009.80	\$1,353.00
23480	23480	551	555	\$1,029.60	\$1,366.20
23480	23480B	556	560	\$1,029.60	\$1,379.40
23490	23490	561	565	\$1,049.40	\$1,392.60
23490	23490B	566	570	\$1,049.40	\$1,405.80
23500	23500	571	575	\$1,069.20	\$1,419.00
23500	23500B	576	580	\$1,069.20	\$1,432.20
23510	23510	581	585	\$1,089.00	\$1,445.40
23510	23510B	586	590	\$1,089.00	\$1,458.60
23520	23520	591	595	\$1,108.80	\$1,471.80
23520	23520B	596	600	\$1,108.80	\$1,485.00
23530	23530	601	605	\$1,128.60	\$1,498.20
23530	23530B	606	610	\$1,128.60	\$1,511.40
23540	23540	611	615	\$1,148.40	\$1,524.60
23540	23540B	616	620	\$1,148.40	\$1,537.80
23550	23550	621	625	\$1,168.20	\$1,551.00
23550	23550B	626	630	\$1,168.20	\$1,564.20
23560	23560	631	635	\$1,188.00	\$1,577.40
23560	23560B	636	640	\$1,188.00	\$1,590.60
23570	23570	641	645	\$1,207.80	\$1,603.80
23570	23570B	646	650	\$1,207.80	\$1,617.00
23580	23580	651	655	\$1,227.60	\$1,630.20
23580	23580B	656	660	\$1,227.60	\$1,643.40
23590	23590	661	665	\$1,247.40	\$1,656.60
23590	23590B	666	670	\$1,247.40	\$1,669.80

Current item	New item	Start	End	Current fee	Proposed fee
23600	23600	671	675	\$1,267.20	\$1,683.00
23600	23600B	676	680	\$1,267.20	\$1,696.20
23610	23610	681	685	\$1,287.00	\$1,709.40
23610	23610B	686	690	\$1,287.00	\$1,722.60
23620	23620	691	695	\$1,306.80	\$1,735.80
23620	23620B	696	700	\$1,306.80	\$1,749.00
23630	23630	701	705	\$1,326.60	\$1,762.20
23630	23630B	706	710	\$1,326.60	\$1,775.40
23640	23640	711	715	\$1,346.40	\$1,788.60
23640	23640B	716	720	\$1,346.40	\$1,801.80
23650	23650	721	725	\$1,366.20	\$1,815.00
23650	23650B	726	730	\$1,366.20	\$1,828.20
23660	23660	731	735	\$1,386.00	\$1,841.40
23660	23660B	736	740	\$1,386.00	\$1,854.60
23670	23670	741	745	\$1,405.80	\$1,867.80
23670	23670B	746	750	\$1,405.80	\$1,881.00
23680	23680	751	755	\$1,425.60	\$1,894.20
23680	23680B	756	760	\$1,425.60	\$1,907.40
23690	23690	761	765	\$1,445.40	\$1,920.60
23690	23690B	766	770	\$1,445.40	\$1,933.80
23700	23700	771	775	\$1,465.20	\$1,947.00
23700	23700B	776	780	\$1,465.20	\$1,960.20
23710	23710	781	785	\$1,485.00	\$1,973.40
23710	23710B	786	790	\$1,485.00	\$1,986.60
23720	23720	791	795	\$1,504.80	\$1,999.80
23720	23720B	796	800	\$1,504.80	\$2,013.00
23730	23730	801	805	\$1,524.60	\$2,026.20
23730	23730B	806	810	\$1,524.60	\$2,039.40
23740	23740	811	815	\$1,544.40	\$2,052.60
23740	23740B	816	820	\$1,544.40	\$2,065.80
23750	23750	821	825	\$1,564.20	\$2,079.00
23750	23750B	826	830	\$1,564.20	\$2,092.20
23760	23760	831	835	\$1,584.00	\$2,105.40
23760	23760B	836	840	\$1,584.00	\$2,118.60
23770	23770	841	845	\$1,603.80	\$2,131.80
23770	23770B	846	850	\$1,603.80	\$2,145.00

Current item	New item	Start	End	Current fee	Proposed fee
23780	23780	851	855	\$1,623.60	\$2,158.20
23780	23780B	856	860	\$1,623.60	\$2,171.40
23790	23790	861	865	\$1,643.40	\$2,184.60
23790	23790B	866	870	\$1,643.40	\$2,197.80
23800	23800	871	875	\$1,663.20	\$2,211.00
23800	23800B	876	880	\$1,663.20	\$2,224.20
23810	23810	881	885	\$1,683.00	\$2,237.40
23810	23810B	886	890	\$1,683.00	\$2,250.60
23820	23820	891	895	\$1,702.80	\$2,263.80
23820	23820B	896	900	\$1,702.80	\$2,277.00
23830	23830	901	905	\$1,722.60	\$2,290.20
23830	23830B	906	910	\$1,722.60	\$2,303.40
23840	23840	911	915	\$1,742.40	\$2,316.60
23840	23840B	916	920	\$1,742.40	\$2,329.80
23850	23850	921	925	\$1,762.20	\$2,343.00
23850	23850B	926	930	\$1,762.20	\$2,356.20
23860	23860	931	935	\$1,782.00	\$2,369.40
23860	23860B	936	940	\$1,782.00	\$2,382.60
23870	23870	941	945	\$1,801.80	\$2,395.80
23870	23870B	946	950	\$1,801.80	\$2,409.00
23880	23880	951	955	\$1,821.60	\$2,422.20
23880	23880B	956	960	\$1,821.60	\$2,435.40
23890	23890	961	965	\$1,841.40	\$2,448.60
23890	23890B	966	970	\$1,841.40	\$2,461.80
23900	23900	971	975	\$1,861.20	\$2,475.00
23900	23900B	976	980	\$1,861.20	\$2,488.20
23910	23910	981	985	\$1,881.00	\$2,501.40
23910	23910B	986	990	\$1,881.00	\$2,514.60
23920	23920	991	995	\$1,900.80	\$2,527.80
23920	23920B	996	1000	\$1,900.80	\$2,541.00
23930	23930	1001	1005	\$1,920.60	\$2,554.20
23930	23930B	1006	1010	\$1,920.60	\$2,567.40
23940	23940	1011	1015	\$1,940.40	\$2,580.60
23940	23940B	1016	1020	\$1,940.40	\$2,593.80
23950	23950	1021	1025	\$1,960.20	\$2,607.00
23950	23950B	1026	1030	\$1,960.20	\$2,620.20

Current item	New item	Start	End	Current fee	Proposed fee
23960	23960	1031	1035	\$1,960.20	\$2,633.40
23960	23960B	1036	1040	\$1,960.20	\$2,646.60
23970	23970	1041	1045	\$1,999.80	\$2,659.80
23970	23970B	1046	1050	\$1,999.80	\$2,673.00
23980	23980	1051	1055	\$2,019.60	\$2,686.20
23980	23980B	1056	1060	\$2,019.60	\$2,699.40
23990	23990	1061	1065	\$2,039.40	\$2,712.60
23990	23990B	1066	1070	\$2,039.40	\$2,725.80
24100	24100	1071	1075	\$2,059.20	\$2,739.00
24100	24100B	1076	1080	\$2,059.20	\$2,752.20
24101	24101	1081	1085	\$2,079.00	\$2,765.40
24101	24101B	1086	1090	\$2,079.00	\$2,778.60
24102	24102	1091	1095	\$2,098.80	\$2,791.80
24102	24102B	1096	1100	\$2,098.80	\$2,805.00
24103	24103	1101	1105	\$2,118.60	\$2,818.20
24103	24103B	1106	1110	\$2,118.60	\$2,831.40
24104	24104	1111	1115	\$2,138.40	\$2,844.60
24104	24104B	1116	1120	\$2,138.40	\$2,857.80
24105	24105	1121	1125	\$2,158.20	\$2,871.00
24105	24105B	1126	1130	\$2,158.20	\$2,884.20
24106	24106	1131	1135	\$2,178.00	\$2,897.40
24106	24106B	1136	1140	\$2,178.00	\$2,910.60
24107	24107	1141	1145	\$2,197.80	\$2,923.80
24107	24107B	1146	1150	\$2,197.80	\$2,937.00
24108	24108	1151	1155	\$2,217.60	\$2,950.20
24108	24108B	1156	1160	\$2,217.60	\$2,963.40
24109	24109	1161	1165	\$2,237.40	\$2,976.60
24109	24109B	1166	1170	\$2,237.40	\$2,989.80
24110	24110	1171	1175	\$2,237.40	\$3,003.00
24110	24110B	1176	1180	\$2,237.40	\$3,016.20
24111	24111	1181	1185	\$2,277.00	\$3,029.40
24111	24111B	1186	1190	\$2,277.00	\$3,042.60
24112	24112	1191	1195	\$2,296.80	\$3,055.80
24112	24112B	1196	1200	\$2,296.80	\$3,069.00
24113	24113	1201	1205	\$2,296.80	\$3,082.20
24113	24113B	1206	1210	\$2,296.80	\$3,095.40

Current item	New item	Start	End	Current fee	Proposed fee
24114	24114	1211	1215	\$2,336.40	\$3,108.60
24114	24114B	1216	1220	\$2,336.40	\$3,121.80
24115	24115	1221	1225	\$2,356.20	\$3,135.00
24115	24115B	1226	1230	\$2,356.20	\$3,148.20
24116	24116	1231	1235	\$2,356.20	\$3,161.40
24116	24116B	1236	1240	\$2,356.20	\$3,174.60
24117	24117	1241	1245	\$2,395.80	\$3,187.80
24117	24117B	1246	1250	\$2,395.80	\$3,201.00
24118	24118	1251	1255	\$2,395.80	\$3,214.20
24118	24118B	1256	1260	\$2,395.80	\$3,227.40
24119	24119	1261	1265	\$2,395.80	\$3,240.60
24119	24119B	1266	1270	\$2,395.80	\$3,253.80
24120	24120	1271	1275	\$2,455.20	\$3,267.00
24120	24120B	1276	1280	\$2,455.20	\$3,280.20
24121	24121	1281	1285	\$2,475.00	\$3,293.40
24121	24121B	1286	1290	\$2,475.00	\$3,306.60
24122	24122	1291	1295	\$2,494.80	\$3,319.80
24122	24122B	1296	1300	\$2,494.80	\$3,333.00
24123	24123	1301	1305	\$2,514.60	\$3,346.20
24123	24123B	1306	1310	\$2,514.60	\$3,359.40
24124	24124	1311	1315	\$2,514.60	\$3,372.60
24124	24124B	1316	1320	\$2,514.60	\$3,385.80
24125	24125	1321	1325	\$2,514.60	\$3,399.00
24125	24125B	1326	1330	\$2,514.60	\$3,412.20
24126	24126	1331	1335	\$2,574.00	\$3,425.40
24126	24126B	1336	1340	\$2,574.00	\$3,438.60
24127	24127	1341	1345	\$2,593.80	\$3,451.80
24127	24127B	1346	1350	\$2,593.80	\$3,465.00
24128	24128	1351	1355	\$2,613.60	\$3,478.20
24128	24128B	1356	1360	\$2,613.60	\$3,491.40
24129	24129	1361	1365	\$2,633.40	\$3,504.60
24129	24129B	1366	1370	\$2,633.40	\$3,517.80
24130	24130	1371	1375	\$2,653.20	\$3,531.00
24130	24130B	1376	1380	\$2,653.20	\$3,544.20
24131	24131	1381	1385	\$2,673.00	\$3,557.40
24131	24131B	1386	1390	\$2,673.00	\$3,570.60

Current item	New item	Start	End	Current fee	Proposed fee
24132	24132	1391	1395	\$2,692.80	\$3,583.80
24132	24132B	1396	1400	\$2,692.80	\$3,597.00
24133	24133	1401	1405	\$2,712.60	\$3,610.20
24133	24133B	1406	1410	\$2,712.60	\$3,623.40
24134	24134	1411	1415	\$2,732.40	\$3,636.60
24134	24134B	1416	1420	\$2,732.40	\$3,649.80
24135	24135	1421	1425	\$2,752.20	\$3,663.00
24135	24135B	1426	1430	\$2,752.20	\$3,676.20
24136	24136	1431	1435	\$2,772.00	\$3,689.40

### Rationale

This recommendation focuses on ensuring that the data collected for the MBS is accurate, and that procedures are rebated appropriately for the time taken to perform them. It is based on the following.

- △ The Committee discussed various strategies for improving the balance between long and short procedures, and it agreed that the proposed rebate schedule for time items most appropriately rebates patients according to the principles of the RVG.
- △ The Committee recognised that the current relative overvaluation of shorter procedures is a potential incentive for clinicians to perform those procedures, rather than longer and more complex anaesthesia procedures. For this reason, recommendations have been made elsewhere in this report to reduce the relative value of basic items for such procedures. The proposed time item recommendations will be most effective in aligning the appropriate value of procedural rebates if implemented in conjunction with those other recommendations.

## 5.4 Time item descriptors

Table 14: Item introduction table for items 23010–24136

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
23010-24136	Anaesthesia, perfusion or assistance at anaesthesia (a) administration of anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 For a period of: (XX)	\$19.80	N/A	N/A	N/A

### Recommendation 11

- △ Amend item descriptors for all time items to allow co-claiming with a new item 252XX (recommended in Section 7.1.3), which is for “assistance in the management of elective anaesthesia in connection with a service described in item 18233.”

△ The proposed descriptor is as follows:

Anaesthesia, perfusion or assistance at anaesthesia —

- a) Administration of anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or
- b) Perfusion performed in association with item 22060; or

- c) For assistance at anaesthesia performed in association with items 25200 to 25205 or in connection with item 18233.

For a period of:

(XX).

### **Rationale**

This recommendation focuses on modernising the MBS and ensuring that high-value services can be rebated under the RVG. It is based on the following.

- △ The current item descriptor does not recognise assistance by a second anaesthetist in the performance of epidural blood patch. The Committee judged this service to be relevant and of high value to patients. The recommendation addresses this omission and agreed this service was of high value to patients.
- △ The introduction of a new item for assistance in the provision of item 18233 for an epidural blood patch has also been recommended to allow assistance in this procedure. Please refer to 7.1.3 for more information.

## 6. Therapeutic and diagnostic items

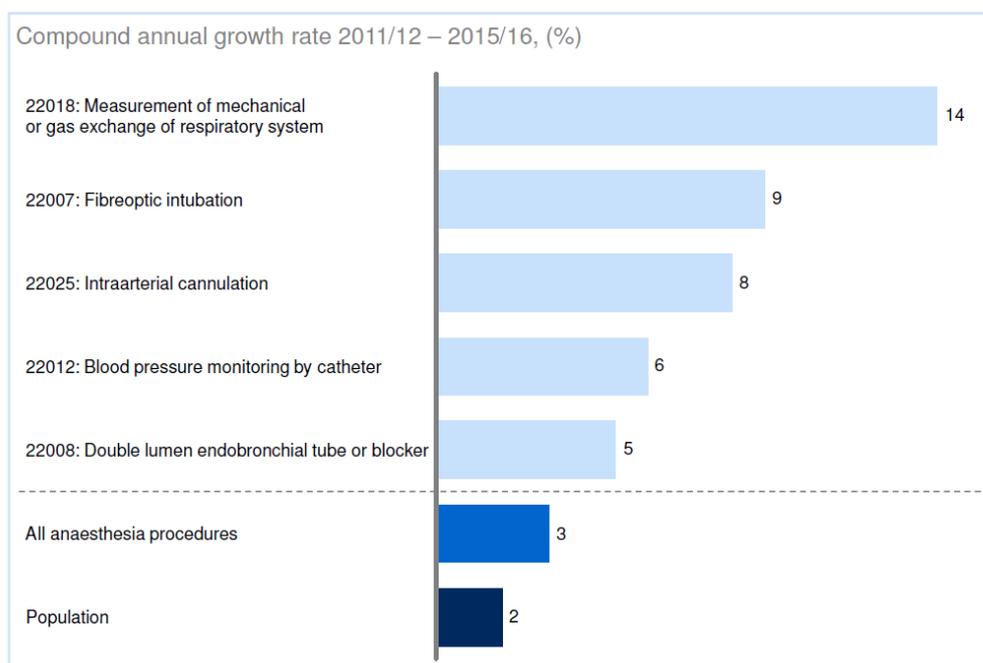
### Introduction

The Committee reviewed 17 of the 21 T&D items in the MBS. The four items that were not reviewed were considered beyond the scope of this Committee because they are not commonly administered by the initiating anaesthetist. The Committee also reviewed five items in the MBS T7 grouping for intrathecal or epidural infusions that are for anaesthesia services or are regularly claimed by anaesthetists.

The Committee recognised that many of the T&D items take time and require skill. However, it noted that time items within the Anaesthesia RVG ensure that rebates take into account the amount of time taken to provide anaesthesia services. The Committee also felt that current anaesthesia practice (which is covered in the basic items) now includes some of the T&D items under review, and that separate T&D items were no longer required as a result.

Furthermore, it was indicated through anecdotal evidence provided by Committee members, written submissions to the Review and the compound annual growth rates of several items (Figure 6) that the existence of some T&D items in some circumstances may create an incentive for some practitioners to perform additional procedures that may not be required or the clinical requirement is ambiguous. The Committee noted that any invasive procedure can expose patients to risk or even harm.

**Figure 6: Compound annual growth rate of five T&D items**



**Source:** Medicare data FY2015/16, date of service, retrieved 28 February 2017; ABS, 3101 – Australian Demographic Statistics, 2017.

The Committee agreed that it is of the utmost importance that public funding for the support of medical services is not seen as a system that can be manipulated for personal gain. Such a system would reflect poorly on the profession. Instead, the system should support and value integrity and a strong commitment to the principles of Medicare, representing the values of the clear majority of the medical profession and reflecting well on the profession. The Committee therefore agreed that it

is the Committee’s responsibility to identify elements of the MBS that may need to be addressed to mitigate against inappropriate use, and to recommend changes that address this issue.

This led the Committee to recommend the deletion of some T&D items from the RVG. The Committee agreed that deleting these items would not negatively affect patients because anaesthetists would continue to provide high-quality, patient-centred care, based on the clinical needs of patients. If any T&D items recommended for deletion were commonly co-claimed with particular procedures, the value of the corresponding basic item has been increased (if appropriate) to at least partially compensate for these deletions and to reduce the likelihood of a significant reduction in the total relative value (total rebates payable) for these procedures. Increasing the value of the corresponding basic item thus ensures an increase in the total benefit paid for that item despite the deletion of T&D items.

The Committee’s recommendations for T&D items form the remainder of this section.

## 6.1 Items recommended for change

### 6.1.1 Intrathecal or epidural infusion of a therapeutic substance

**Table 15: Item introduction table for items 18216, 18219, 18226 and 18227**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
18216	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner (Anaes.)	\$189.90	22,070	\$3,289,630	1.1%
18219	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour (Anaes.)	N/A	179	\$31,028	12.6%
18226	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.	\$284.80	11,352	\$2,435,692	-1.1%
18227	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.	N/A	503	\$137,934	10.9%

## Recommendation 12

- △ Change the descriptors for items 18216, 18219, 18226 and 18227 in order to specify that these items now cover combined spinal-epidural infusions, as well as intrathecal and epidural infusions.
- △ The new descriptors are as follows:
  - 18216: Intrathecal, combined spinal-epidural (CSE) or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner (Anaes.)
  - 18219: Intrathecal, combined spinal-epidural (CSE) or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour (Anaes.)
  - 18226: Intrathecal, combined spinal-epidural (CSE) or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner, for a patient in labour, where the service is provided in the after-hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.
  - 18227: Intrathecal, combined spinal-epidural (CSE) or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance by a medical practitioner extends beyond the first hour, for a patient in labour, where the service is provided in the after-hours period, being the period from 8pm to 8am on any weekday, or any time on a Saturday, a Sunday or a public holiday.
- △ Introduce a rule for items 18216 and 18226 so that either item may only be charged *by any one anaesthetist for any one patient for any one attendance*, regardless of the technique used.
- △ Introduce explanatory notes for items 18216 and 18226 to specify that one attendance means that the anaesthetist cannot claim either of these items more than once if the anaesthetist must come back to readjust the item. The anaesthetist must have at least “left the environs” to be able to claim this item for another attendance.

## Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that the changed descriptors more accurately reflect contemporary anaesthesia practice.
- △ The Committee was concerned that items 18216 and 18226 were being claimed multiple times per individual patient (usually associated with inadequate or ineffective epidural or intrathecal analgesia). It agreed that one claim per patient per attendance was consistent with best anaesthesia practice.

Please note the Committee has also referred item 14230 for intrathecal or epidural spinal catheter to the Pain Management Committee for review.

## 6.1.2 Administration of blood or bone marrow

Table 16: Item introduction table for item 22002

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22002	Administration of blood or bone marrow already collected when performed in association with the administration of anaesthesia	\$79.20	20,308.00	\$1,275,634	-3.0%

### Recommendation 13

- △ Restrict item 22002 (administration of blood or bone marrow) to massive transfusions only, using the following proposed descriptor:
  - Administration of blood or bone marrow already collected when administered as part of a massive transfusion, defined as a transfusion of greater than 50% of blood volume within a four hour period of more than 100% of blood volume in 24 hours in adults, or as a transfusion of more than 40mL blood/kg in children, when performed in association with the administration of anaesthesia (National Blood Authority, 2011).

### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. The recommendation is based on the following.

- △ The Committee noted that providing a small blood transfusion (i.e., a small number of units of blood) does not place a significant incremental burden upon the administering clinician. They agreed that providing small blood transfusion is part of normal clinical practice and does not represent a separate, distinct service
- △ The Committee agreed that providing a massive blood transfusion does place a significant incremental burden upon the administering clinician and agreed that a separate item was warranted for massive transfusions, acknowledging the incremental burden, skill and risk involved.
- △ The Committee noted the risks associated with transfusions include transfusion-associated circulatory overload, haemolytic reactions, anaphylaxis, bacterial sepsis, transfusion-related acute lung injury and hepatitis B, in addition to other risks with lower rates of incidence (Authority, 2012) and agreed that any incentive for inappropriate use of the service should be removed.
- △ This recommendation was not unanimously supported. The alternative view of two members was that:
  - the National Blood Authority guidelines stipulated circumstances in which the transfusion of a single unit of blood was appropriate;
  - the procedure carries risk, responsibilities and the need to obtain patient consent; and
  - appropriate transfusion should be distinctly supported.
- △ The Committee made this recommendation in association with Recommendation 18 in Section 6.2.1 and agreed that deleting item 22001 under that recommendation would not lead to patient access issues because small blood transfusions are part of normal clinical practice and clinicians will continue to provide this service where clinically necessary.

Implementation of the Committee’s recommendation regarding item 22002 will ensure that an item remains for massive blood transfusions.

### 6.1.3 Endotracheal intubation

Table 17: Item introduction table for item 22007

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22007	Endotracheal intubation with flexible fiberoptic scope associated with difficult airway when performed in association with the administration of anaesthesia	\$79.20	2,439	\$150,413	9.3%

#### Recommendation 14

- △ Change the item descriptor to restrict use of item 22007 to prior to the induction of anaesthesia.
- △ Introduce a rule for this item requiring the anaesthetist to provide a letter to the patient and/or carer and the family doctor that explains why awake flexible fiberoptic intubation was necessary, as well as the implications for future anaesthesia management.
- △ The proposed descriptor is as follows:
  - ENDOTRACHEAL intubation prior to the induction of anaesthesia with flexible fiberoptic scope associated with difficult airway. The patient and nominated family doctor are provided with a letter from the anaesthetist (if such a letter has not been received as a result of a prior encounter) explaining the clinical indication for the procedure, and implications for future anaesthesia care.

#### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. It is based on the following.

- △ The Committee discussed the level of skill and effort required for various types of intubation and the extent to which such practices could be considered part of normal clinical practice. On the basis of its discussion, the Committee resolved to restrict the item to endotracheal intubation performed prior to the induction of anaesthesia. The Committee felt that this restriction was likely to ensure that use of the item is driven by clinical need.
- △ The Committee noted that it is important that patients understand the airway difficulties that necessitate intubation. It recommended that the patient and the referring doctor should be informed of these reasons in writing.

### 6.1.4 Central vein catheterisation

Table 18: Item introduction table for item 22020

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22020	Central vein catheterisation by percutaneous or open exposure, not being a service to which item 13318 applies, when performed	\$79.20	22,975	\$1,425,023	1.90%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	in association with the administration of anaesthesia				

### Recommendation 15

- △ Ask the Intensive Care and Emergency Medicine Clinical Committee to align the MBS fees for items 22020 and 13815, resulting in a revised fee of \$79.20 for item 13815. (The current fee is \$85.25.) The Chair of this Committee would submit the request in writing.

### Rationale

This recommendation focuses on ensuring parity in rebates for identical procedures, regardless of the practising physician. It is based on the following.

- △ The Committee noted that although items 22020 and 13815 require the same amount of skill and incremental effort, there are significant variations in annual growth rates (1.9 per cent and 12.0 per cent, respectively). The Committee agreed that the fee discrepancy between the two items could be contributing to these different growth rates.

### 6.1.5 Peri-operative introduction of a regional or field nerve block

Table 19: Item introduction table for items 22040, 22045 and 22050

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22040	Introduction of a regional or field nerve block peri-operatively performed in the induction room theatre or recovery room for the control of post operative pain via the femoral or sciatic nerves, in conjunction with hip, knee, ankle or foot surgery	\$39.60	28,480	\$859,836	4.5%
22045	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the femoral and sciatic nerves, in conjunction with hip, knee, ankle or foot surgery	\$59.40	7,074	\$319,282	0.5%
22050	Introduction of a regional or field nerve block peri-operatively performed in the induction room, theatre or recovery room for the control of post operative pain via the brachial plexus in conjunction with shoulder surgery	\$39.60	20,391	\$611,096	4.4%

### Recommendation 16

- △ Consolidate items 22040, 22045 and 22050 into a new item for plexus or nerve blocks in the lower leg or forearm with/without a catheter inserted.
- △ The proposed descriptor is as follows:

- Introduction of a plexus or nerve block in the lower leg or forearm with/without a catheter being inserted
- △ The new item should be valued at two basic units for blocks with no catheter and 4 basic units for blocks with a catheter. If patients are having bilateral surgery a second block would attract benefits at 50% of the schedule fee. Only one service should be claimed per patient.

### Rationale

This recommendation focuses on simplifying and modernising the MBS. It is based on the following.

- △ The Committee agreed that the current wording for the item descriptors could be improved, and that surgeons usually perform field blocks (not anaesthetists).
- △ The Committee agreed that the existing items could easily be merged into one item, and that this item should be limited to nerve and plexus blocks because these are relatively complex procedures (compared to field blocks).
- △ The Committee agreed that the performance of femoral and sciatic nerve blocks (as opposed to femoral or sciatic nerve blocks) is unlikely to require additional skill, and that the extra time required for additional nerve block(s) would be covered by the appropriate anaesthesia time item.
- △ The Committee agreed that a clinically appropriate nerve or plexus block proximal to the lower leg or forearm should correspond to just one item number under the RVG, irrespective of the type or location of surgery.

### 6.1.6 Intra-operative transoesophageal echocardiography

Table 20: Item introduction table for item 22051

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22051	Intra-operative transoesophageal echocardiography - monitoring in real time of the structure and function of the heart chambers, valves and surrounding structures, including assessment of blood flow, with appropriate permanent recording during procedures on the heart, pericardium or great vessels of the chest (not in association with items 55130, 55135 or 21936)	\$178.20	6,107	\$848,182	14.5%

### Recommendation 17

- △ Introduce a rule setting out the credentials required to claim item 22051. The rule would implement the following principle:
  - The item is payable where the provider is appropriately credentialed to provide the particular service, by a recognised body for the credentialing of peri-operative cardiac ultrasound services. The Australian and New Zealand College of Anaesthetists (ANZCA) has published policy on the appropriate credentialing for peri-operative cardiac ultrasound services, such as the *Guidelines on Training and Practice of Perioperative Cardiac Ultrasound in Adults*. (Australian and New Zealand College of Anaesthetists, 2014) As noted by ANZCA, examples of appropriate required credentials include a university certificate-level qualification in goal-directed cardiac ultrasound and a diploma in diagnostic ultrasound focused on

echocardiography from the Australasian Society for Ultrasound in Medicine, or the equivalent.

## Rationale

The recommendation focuses on ensuring patient safety by limiting use of item 22051 to clinicians with appropriate qualifications. The recommendation is based on the following.

- △ The Committee noted that there are risks involved with this procedure and that specific skills are required to perform it, as described in the ANZCA *Guidelines on Training and Practice of Peri-operative Cardiac Ultrasounds in Adults* (Australian and New Zealand College of Anaesthetists, 2014).
- △ The Committee noted relatively high levels of use for item 22051, with service growth exceeding population growth by a considerable margin. For example, 6,107 services were provided in FY2015/6, which represents growth of 14.5 per cent per year over the five-year period from 2010/11. To provide some points of comparison, all anaesthesia services grew by 3.2 per cent during the same period, and the Australian population grew by 1.5 per cent.

## 6.2 Items recommended for deletion

### 6.2.1 Blood transfusions

Table 21: Item introduction table for item 22001

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22001	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in an emergency situation, when performed in association with the administration of anaesthesia	\$59.40	10,715	\$493,859	0.50%

### Recommendation 18

- △ Delete item 22001.

## Rationale

This recommendation focuses on modernising the MBS and improving patient safety. The recommendations are based on the following.

- △ National Blood Authority guidelines recommend against the use of pre-operative autologous donation (PAD). Volume Six of *the Patient Blood Management Guidelines: Companions' Notes* states: "patients who have undergone preoperative autologous collection have been shown to have significantly lower preoperative haemoglobin levels, resulting in an increased likelihood (24%) of requiring a transfusion (autologous or allogeneic). PAD is associated with risks in relation to collection (adverse events such as vasovagal reactions), storage and handling, and transfusion" (National Blood Authority, 2012).
- △ The Committee made this recommendation in association with Recommendation 13 in Section 6.1.2. Risks associated with transfusions include transfusion-associated circulatory overload, haemolytic reactions, anaphylaxis, bacterial sepsis, transfusion-related acute lung

injury and hepatitis B, in addition to other risks with lower rates of incidence (Authority, 2012).

### 6.2.2 Double lumen endobronchial tube or bronchial blocker

Table 22: Item introduction table for item 22008

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22008	Double lumen endobronchial tube or bronchial blocker, insertion of when performed in association with the administration of anaesthesia	\$79.20	4,738	\$287,758	5.1%

#### Recommendation 19

- △ Delete item 22008.

#### Rationale

The recommendation focuses on modernising the MBS and improving patient safety. The recommendation is based on the following.

- △ Administration of item 22008 does not place a significant incremental burden upon the administering clinician. It is part of normal clinical practice, and it does not represent a separate, distinct service. Time items within the anaesthesia RVG account for the extra time required for the procedure.
- △ The Committee agreed that deleting item 22008 would not create issues of patient access because this service is part of normal clinical practice and clinicians will continue to provide this service where clinically necessary.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with this item for an increase in relative value to account for this item's deletion.

### 6.2.3 Blood pressure monitoring

Table 23: Item introduction table for items 22012 and 22014

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22012	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - once only for each type of pressure on any calendar day, up to a maximum of 4 pressures (not being a service to which item 13876 applies) when performed in association with the administration of anaesthesia	\$59.40	147,566	\$6,804,021	6.03%
22014	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - once only for each type of pressure on any	\$59.40	3,968	\$186,763	-3.58%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	calendar day, up to a maximum of 4 pressures (not being a service to which item 13876 applies) when performed in association with the administration of anaesthesia relating to another discrete operation on the same day				

### Recommendation 20

- △ Delete items 22012 and 22014.

### Rationale

The recommendation focuses on modernising the MBS and improving value for the patient and the health system by removing items that are now part of normal clinical practice (rather than separate, distinct services). It is based on the following.

- △ The Committee noted that technology has changed since the introduction of items 22012 and 22014. As a result, there is no longer a significant incremental burden on clinicians who provide these services, particularly as time items within the anaesthesia RVG account for any extra time required. The activities covered by these items are now a normal part of modern practice and form part of a standard of care that clinicians need to meet.
- △ The Committee felt that deleting items 22012 and 22014 would not lead to issues of patient access because the included activities are part of normal clinical practice and clinicians will continue to provide these services where clinically necessary.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with these items for an increase in relative value to account deletion of these items.

### 6.2.4 Right heart balloon catheter

Table 24: Item introduction table for item 22015

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22015	Right heart balloon catheter, insertion of, including pulmonary wedge pressure and cardiac output measurement, when performed in association with the administration of anaesthesia	\$118.80	5,669	\$520,556	2.80%

### Recommendation 21

- △ Delete item 22015.

### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. The recommendation is based on the following.

- △ Indications for insertion of right heart balloon catheters are rare (Harvey S, 2006).
- △ The American Society of Anesthesiologists recommends against the routine use of pulmonary artery catheters with cardiac surgery, noting that it has been associated with increased mortality and a higher risk of severe end-organ complications (American Society of Anesthesiologists, 2003) (Schwann N. M., 2010). Safer alternatives that provide similar information are available (for example, echocardiography).
- △ Where appropriate clinical indications exist, the Committee felt that the relevant time item under the anaesthesia RVG provided adequately for the provision of this service.
- △ The Committee agreed that deleting item 22015 was unlikely to lead to issues of patient access because clinicians will continue to provide the service based on patient need.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with this item be increased in relative value to account for this item's deletion.

### 6.2.5 Measurement of mechanical or gas exchange of the respiratory system

Table 25: Item introduction table for item 22018

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22018	Measurement of the mechanical or gas exchange function of the respiratory system, using measurements of parameters, including pressures, volumes, flow, gas concentrations in inspired or expired air, alveolar gas or blood and incorporating serial arterial blood gas analysis and a written record of the results, when performed in association with the administration of anaesthesia, not being a service associated with a service to which item 11503 applies	\$138.60	40,408	\$4,391,090	14.17%

#### Recommendation 22

- △ Delete item 22018.

#### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. The recommendation is based on the following.

- △ The Committee agreed that the monitoring and adjustment of ventilation, with or without arterial blood gas results, is core to modern anaesthesia practice.
- △ High levels of use for item 22018 were noted, with service growth exceeding population growth by a considerable margin. For example, 40,408 services were provided in FY2015/16, which represents growth of 14.2 per cent per year over the five-year period since FY2010/11. To provide some points of comparison, all anaesthesia services grew by 3.2 per cent during this period, and the Australian population grew by 1.5 per cent.
- △ The Committee agreed that deleting item 22018 would not create issues of patient access because the service is now part of normal clinical practice and clinicians will continue to provide the service where clinically necessary.

- △ The Committee discussed the requirement that serial arterial blood gas analysis was required in order for the item to be used. The Committee agreed that removing the item would mitigate any incentive for inappropriate provision of the service.

### 6.2.6 Intraarterial cannulation

Table 26: Item introduction table for item 22025

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22025	Intraarterial cannulation when performed in association with the administration of anaesthesia	\$79.20	112,068	\$6,849,804	8.37%

### Recommendation 23

- △ Delete item 22025.

### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. It is based on the following observations.

- △ The Committee agreed that inserting an arterial cannula is within the skill set for standard anaesthesia care, and that the clinician does not experience a significant incremental burden. The procedure does not represent a separate distinct service when performed in association with the administration of anaesthesia, and time items within the anaesthesia RVG account for the additional time required to site an arterial cannula.
- △ The Committee noted high levels of use for item 22025, with service growth exceeding population growth by a considerable margin. For example, 112,068 services were provided in FY2015/16, which represents growth of 8.4 per cent per year over the five-year period since FY2010/11. To provide some points of comparison, all anaesthesia services grew by 3.2 per cent during this period, and the Australian population grew by 1.5 per cent.
- △ Although an arterial cannula (and the associated monitoring and capacity for repeated sampling of arterial blood) can provide useful clinical information, the procedure is not without risk and can have potentially serious adverse consequences (Miller, 2009). Removing any incentive to place an arterial line where it is not clinically required would benefit patient safety.
- △ The Committee agreed that deleting item 22025 would not create issues of patient access because the service is now part of normal clinical practice and clinicians will continue to provide the service where clinically necessary.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with this item be increased in relative value to account for this item's deletion. The Committee noted that one member disagreed with this recommendation and acknowledged the concern that in some circumstances the clinically relevant use of arterial cannulation will no longer attract an additional MBS rebate, nor be compensated through basic item adjustments.

## 6.2.7 Intrathecal or epidural injection of a therapeutic substance

Table 27: Item introduction table for items 22031 and 22036

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22031	Intrathecal or epidural injection (initial) of a therapeutic substance or substances, with or without insertion of a catheter, in association with anaesthesia and surgery, for postoperative pain management, not being a service associated with a service to which 22036 applies	\$99.00	88,889	\$6,841,892	3.30%
22036	Intrathecal or epidural injection (subsequent) of a therapeutic substance or substances, using an in-situ catheter, in association with anaesthesia and surgery, for postoperative pain management, not being a service associated with a service to which 22031 applies	\$59.40	2,276	\$126,689	0.8%

### Recommendation 24

- △ Delete items 22031 and 22036.

### Rationale

This recommendation focuses on modernising the MBS and improving patient safety. It is based on the following.

- △ The Committee agreed that the initial or subsequent injection of intrathecal or epidural therapeutic substances is part of the routine anaesthesia service for some procedures and does not represent a separate or distinct service.
- △ In their individual roles as anaesthetists, members of the Committee had observed wide variation in the procedures associated with claims for these items, which in some cases appeared inappropriate and potentially driven by the existence of the items, rather than clinical need. For example, Committee members were concerned about evidence which revealed co-claiming of item 22031 with item 20914 (transurethral resection of prostate), which they agreed did not align with contemporary best practice.
- △ The Committee agreed that deleting items 22031 and 22036 would not create issues of patient access because clinicians will continue to provide clinically appropriate services.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with these items for an increase in relative value to account for the deletion of these items.

## 6.2.8 Cardioplegia

Table 28: Item introduction table for item 22070

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
22070	Cardioplegia, blood or crystalloid, administration by any route, being a service to which item 22060 applies, not being a service associated with anaesthesia to which an item in subgroup 21 applies	\$198.00	5,016	\$765,146	-1.40%

### Recommendation 25

- △ Delete item 22070.

### Rationale

The recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that administering cardioplegia is now part of normal clinical practice for certain procedures and imposes no incremental burden on the clinician. It does not represent a separate and distinct service.
- △ The Committee agreed that deleting item 22070 would not lead to issues of patient access because the service is part of normal clinical practice and clinicians will continue to administer cardioplegia where clinically necessary.
- △ Where appropriate, the Committee has recommended basic items that are commonly co-claimed with this item for an increase in relative value to account for this item's deletion.

## 6.3 New items

### 6.3.1 New item for follow-up visits following limb surgery (item 2204X)

#### Recommendation 26

- △ Create a new item (2204X) to allow for follow-up visits by a practitioner following limb surgery to provide plexus or major nerve catheter top-up.
- △ This item is intended to be used in conjunction with the new item recommended in Section 6.1.5 (which combines items 22040, 22045 and 22050 for regional or field nerve blocks).
- △ The proposed descriptor is as follows:
  - Follow-up visit by a practitioner to top up a catheter sited adjacent to a plexus or major nerve (see item 22040) for postoperative pain management (excluding subcutaneous field and periarticular catheters).
- △ The new item should be valued at one basic unit.

### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that a post-operative visit to provide plexus or major nerve catheter top-up was a clinically relevant service, and that it should be associated with an anaesthesia item.

### 6.3.2 New item to complement item 18240 for complex eye blocks

#### Recommendation 27

- △ Introduce a new item to complement item 18240 in the T7 grouping, accounting for “retrobulbar, peribulbar or sub-tenon block injection of an anaesthetic agent, or another complex eye block, however named, when administered by an anaesthetist.” The new item should appear in the T10 grouping so that it may be claimed by anaesthetists under the RVG.
- △ Permit the new item for “retrobulbar, peribulbar or sub-tenon block injection of an anaesthetic agent, or other complex eye block, when performed by the anaesthetist” to be co-claimed with item 20142 (anaesthesia for lens surgery), when anaesthesia or sedation was also provided by that anaesthetist.
- △ Review the new item within two years of introduction.
- △ The value of this new item should be three basic units.

#### Rationale

This recommendation focuses on modernising the MBS and ensuring parity in rebates for identical procedures, regardless of the practising physician. It is based on the following.

- △ The Committee noted that under current Medicare rules, an anaesthetist may not co-claim a T7 item with a T10 item. The Committee felt that the rebate for anaesthesia/sedation for lens surgery should differentiate between simple sedation or anaesthesia and those cases where more complex eye blocks were provided.

## 6.4 Items recommended for no change

### 6.4.1 Epidural injection of blood for blood patch

Table 29: Item introduction table for item 18233

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
18233	Epidural injection of blood for blood patch (Anaes.)	\$189.90	440	\$64,516	4.9%

#### Recommendation 28

- △ No change.

#### Rationale

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Committee did not identify concerns regarding safety, access, value or modern best practice that require a change to this item.

- △ The Committee has made further recommendations in this report to allow for a second assisting anaesthetist to bill a modifying and a time item in conjunction with the service described in this item, because the service requires two clinicians to perform. For more information, please see Section 7.1.3.

## 7. Modifying items

### Introduction

The Committee reviewed eight modifying items. Together, these items accounted for \$24.8 million in benefits in FY2015/16.

The Committee reviewed the purpose and value of different components of the RVG, and expressed concern that the item structure may generate inconsistency when claiming relevant anaesthesia items. It also noted that the RVG includes multiple and sometimes overlapping layers of complexity, which means that some modifying items cover similar clinical features. The RVG structure is complex and can be ambiguous for both patients and providers, which could lead to unintentional claiming of items. For these reasons, the Committee established a Working Group to report back to the Committee on modifying items and opportunities for improvement.

Based on the Working Group's feedback, the Committee identified four particular key issues. Firstly, the Committee noted that modifying items could be claimed for unwarranted or inappropriate reasons. It agreed that modifying items should only be claimed in instances where a procedure has been modified to such an extent that it is significantly different from the usual procedure, requiring changes to the fundamental anaesthesia service provided. Although the Committee acknowledged the issue of patient risk and adverse outcome related to age, it was the majority view that these factors do not necessarily warrant use of a separate modifying item based purely on age. Secondly, the Committee noted the possibility that clinicians could claim several modifying items for a single procedure, resulting in a higher rebate than is warranted or appropriate (relative to other anaesthesia procedures). Thirdly, the Committee noted that modifying items can increase a patient's bill and potentially out-of-pocket costs due to his/her age or disease profile, and that this can be difficult for patients to understand. Finally, the Committee agreed that the existence of modifying items leads to inconsistent approaches to commonly claimed procedures, which may result in unnecessary complexity. To address these issues, the Committee recommended changes for two of the modifying items under review.

### 7.1 Items recommended for a change

#### 7.1.1 ASA 3 modifier

Table 30: Item introduction table for item 25000

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
25000	Anaesthesia, perfusion or assistance at anaesthesia (a) for anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or (b) for perfusion performed in association with item 22060; or (c) for assistance at anaesthesia performed in association with items 25200 to 25205 - where the patient has severe systemic disease equivalent to ASA physical status indicator 3	\$19.80	N/A	\$2,475	N/A

## Recommendation 29

- △ Extend this item to include patients with age-related frailty.
- △ Include in the explanatory notes specific examples of the type and level of disease covered by the item.
- △ Review the item descriptor 12 months after the recommended changes have been implemented. The Committee also recommends a review of patterns of claiming, as well as total claim volume and benefits.
- △ The proposed descriptor is as follows:

– Anaesthesia, perfusion or assistance at anaesthesia:

- For anaesthesia performed in association with an item in the range 20100 to 21997 or 22900 to 22905; or
- For perfusion performed in association with item 22060; or
- For assistance at anaesthesia performed in association with items 25200 to 25205.

For a patient with severe systemic disease and significant functional limitation, or a patient with frailty or age-related limitation equivalent to ASA physical status III.

- △ The proposed explanatory notes are as follows:
- △ *Examples include: Poorly controlled diabetes mellitus (HbA1c > 8), poorly controlled hypertension (grade III), chronic obstructive pulmonary disease (severely limiting function), clinically severe obesity (BMI > 40), active hepatitis, implantable AICD or pacemaker dependency, moderate reduction of ejection fraction < 40%, end stage renal failure requiring dialysis, premature infant PCA < 60 weeks, myocardial infarction, or cerebrovascular accident (severely limiting function).*

## Rationale

This recommendation focuses on modernising the MBS and ensuring that modifying items accurately reflect patient-related complexities. It is based on the following.

- △ The Committee recommended extending the item to include age-related frailty or limitation (currently covered under item 25015). The Committee felt that this would more accurately acknowledge age-related complexities (Griffiths, R and Mehta, M. 2014, December).
- △ The Committee recommended reviewing the item 12 months after implementation in order to assess any unintended consequences of the descriptor change.
- △ The Committee agreed that the explanatory notes for item 25000 should be amended to more accurately describe the type of patient who would qualify for this item. The Committee felt that the existing descriptor was too vague, and that further information should be provided to clinicians in the explanatory notes to ensure they understand the purpose of the item.

### 7.1.2 Age modifier

Table 31: Item introduction table for item 25015

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
25015	Anaesthesia, perfusion or assistance at anaesthesia - where the patient is less than 12 months of age or 70 years or greater	\$19.80	N/A	\$2,819	N/A

#### Recommendation 30

- △ Change this item to cover patients under the age of four only.
- △ Review the new descriptor 12 months after the recommended changes have been implemented, along with patterns of claiming and any growth in total claim volume and benefits.
- △ The proposed descriptor is as follows:
  - Anaesthesia, perfusion or assistance at anaesthesia where the patient is less than 4 years of age.

#### Rationale

This recommendation focuses on modernising the MBS and ensuring that modifying items effectively reflect patient complexities. It is based on the following.

- △ The recommended changes to item 25000 (discussed in Section 7.1.1) ensure that it adequately accounts for anaesthesia complexities due to age-related frailties. This means that item 25015 no longer needs to be used for that purpose.
- △ Although advanced age is a known risk for poor procedural outcomes, the majority of the Committee agreed that unless older age is associated with frailty or significant co-morbidities, the anaesthesia specific risk does not increase. Therefore the anaesthetist's job is unlikely to be significantly more difficult. The issues of age-related frailty and co-morbidities are now addressed by the ASA 3 modifier (item 25000).
- △ The Committee agreed that the age limit for this item should be increased so that it covers anaesthesia performed on children aged four years and under. This recognises the complexity associated with performing anaesthesia services on younger children, and that these services are required in some areas that do not have nearby specialised paediatric referral centres. The Committee noted that paediatric anaesthetists undergo credentialing which includes specific training and experience. This requirement is strongly recommended by ANZCA (Australian and New Zealand College of Anaesthetists, 2008). The Committee noted that there is no such requirement for anaesthesia for elderly patients.
- △ The Committee recommends reviewing this item 12 months after implementation in order to assess any unintended consequences of the descriptor change.
- △ In relation to the withdrawal of the item for patients aged over 70, two members dissented, noting the strong local evidence supporting age as an unambiguous determinant of patient acuity provided in two contemporary studies (Leslie, 2017) (Story, 2010).

### 7.1.3 New modifier for epidural blood patch

#### Recommendation 31

- △ Create a new item (252XX) to allow for a rebate for an assisting anaesthetist in the administration of item 18233 for epidural blood patch (EBP).
- △ The item should be valued at one basic unit and should be claimed in conjunction with a time item.
- △ The proposed descriptor is as follows:
  - Assistance in the management of elective anaesthesia in connection with a service described in item 18233.

#### Rationale

This recommendation focuses on modernising the MBS and ensuring procedures representing a value to patients are rebated accordingly. It is based on the following.

- △ Item 18233 is for the administration of an epidural blood patch which requires a second clinician to perform. In private facilities, where the RVG is commonly used, a second anaesthetist is often the only appropriately trained clinician available to provide the requisite assistance for the performance of an epidural blood patch.
- △ RVG rules currently do not allow a second assisting anaesthetist to claim the same item as the primary anaesthetist for the same procedure.
- △ EBP is the most effective treatment for post-dural puncture headaches (PDPH). (Safa-Tisseront, 2001)
- △ Although PDPH usually resolves spontaneously, it is unpleasant, it may interfere with a new mother's ability to care for her newborn and it may extend the length of hospital stay. (Safa-Tisseront, 2001)
- △ More rarely, PDPH may be associated with serious complications such as subdural haematoma, seizures and sagittal sinus thrombosis. (Safa-Tisseront, 2001)
- △ PDPH is an uncommon but at times debilitating complication for patients and may require hospitalisation and/or a loss in productivity due to prolonged time off work (at times, weeks). The blood patch works quickly and allows a patient who may have been bedridden for days or weeks to return to normal function.
- △ The Committee agreed that EBP is a high value service, and should be rebated accordingly.
- △ Please note this item has been recommended in conjunction with Recommendation 11 in Section 5.4 to update time item descriptors to allow for the claiming of this new item.

## 7.2 Items recommended for no change

Table 32: Item introduction table for modifying items recommended for no change

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
25005	Where the patient has severe systemic disease which is a constant threat to life equivalent to ASA physical status indicator 4	\$39.60	0.00	\$1,010	/0

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
25010	For a patient who is not expected to survive for 24 hours with or without the operation, equivalent to ASA physical status indicator 5	\$59.40	N/A	\$292	N/A
25020	Anaesthesia, perfusion or assistance at anaesthesia - where the patient requires immediate treatment without which there would be significant threat to life or body part - not being a service associated with a service to which item 25025 or 25030 or 25050 applies	\$39.60	N/A	\$1,841	N/A
25025	Emergency anaesthesia performed in the after-hours period where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the time for the emergency anaesthesia service is provided in the after-hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holiday - not being a service associated with a service to which item 25020, 25030 or 25050 applies	N/A	N/A	\$4,545	N/A
25030	Assistance at after hours emergency anaesthesia where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the time for which the assistant is in professional attendance on the patient is provided in the after-hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holiday - not being a service associated with a service to which item 25020, 25025 or 25050 applies	N/A	N/A	N/A	N/A
25050	After hours emergency perfusion where the patient requires immediate treatment without which there would be significant threat to life or body part and where more than 50% of the perfusion service is provided in the after-hours period, being the period from 8pm to 8am on any weekday, or at any time on a Saturday, a Sunday or a public holiday - not being a service associated with a service to which item 25020, 25025 or 25030 applies	N/A	N/A	N/A	N/A

### **Recommendation 32**

- △ No change to the items in Table 32.

### **Rationale**

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Committee assessed the modifying items in Table 32 and agreed that they appropriately described high-value services and were valued at an appropriate rate. The Committee recommends no change be made to these items.

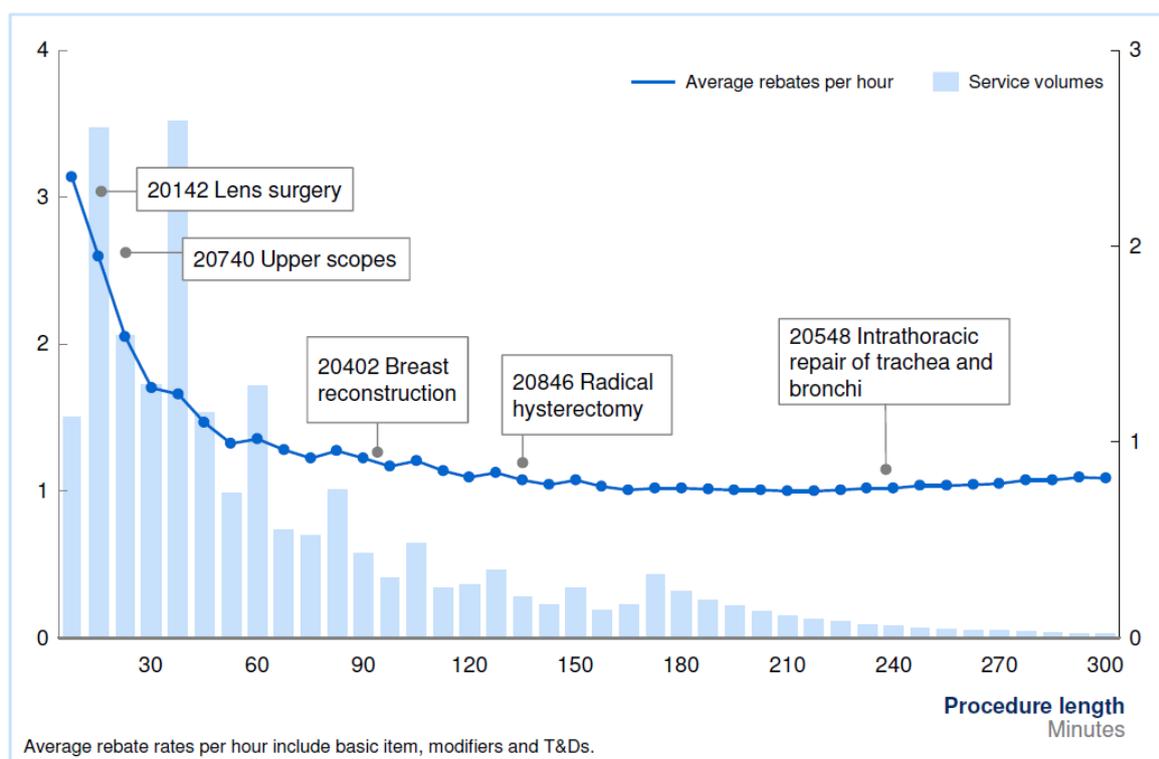
## 8. Basic unit items

The Committee reviewed 318 basic unit items. These items accounted for 2.37 million services and \$381.9 million in benefits in FY2015/16.

For basic units, the MBS states the RVG rebate should “represent the complexity of the anaesthetic procedure relative to the anatomical site and physiological impact of the surgery” (Department of Health, 2017, p. 274). (The MBS does not further define the explicit codification of basic units.) The Committee agreed the MBS should provide rebates for patients for appropriate and high-value clinical care. These rebates are typically greater for more complex clinical work, and the Committee accepted this as an important feature of the anaesthesia component of the MBS.

The Committee also recognised that the anaesthesia RVG is relatively future-proof because patients’ rebates are constructed around the site and invasiveness of surgery. However, both anaesthesia and surgical complexity can change over time—influenced by the development of new drugs, equipment and/or models of care—and the relative value of some basic units may need to be reviewed or changed to reflect this. The Committee considered average rebate rates per hour for all anaesthesia procedures and discovered that many procedures that are now considered relatively simple are rebated at a far higher rate than some of the more complex anaesthesia procedures. For example, anaesthesia for lens surgery and upper gastrointestinal endoscopy (both of which are generally less complex anaesthesia procedures) is rebated at a much higher rate than anaesthesia for breast reconstructions and tracheal and bronchial repairs, which are likely to be more complex (Figure 7). The Committee considered the modelled average rebate rate per hour of procedures when assessing the relative values of each basic item.

**Figure 7: Index of rebate rates per hour and service volumes for all anaesthesia services including basic item, modifiers and T&Ds, 2015/16**



**Source:** MBS data, FY2015/16, date of service. Data retrieved 28 February 2017.

The Committee considered the variation of rebates per hour within procedures. Where a high proportion of claims for specific items were rebated at a rate well above the average for all items, the Committee discussed whether this item was valued appropriately. The Committee recommended the following changes to item descriptors and basic unit values, with the aim of ensuring that rebate rates accurately reflect the complexity of the anaesthesia services provided (which varies, depending on the anatomical site and the physiological impact of the surgery). In some instances, the Committee recommended the deletion of MBS rebates. In these instances, the Committee agreed that its decision would not affect patient access because anaesthetists will continue to provide high-quality, patient-centred care, based on clinical needs.

## 8.1 Recommended changes to basic item descriptors

This section outlines the Committee’s recommendations for amending basic item descriptors.

### 8.1.1 Anaesthesia for procedures on the breast

**Table 33: Item introduction table for items 20401–20406**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20401	Initiation of management of anaesthesia for procedures on the breast, not being a service to which another item in this subgroup applies	\$79.20	12,003	\$1,828,980	4.0%
20402	Initiation of management of anaesthesia for reconstructive procedures on breast	\$99.00	9,234	\$2,213,427	2.6%
20403	Initiation of management of anaesthesia for removal of breast lump or for breast segmentectomy where axillary node dissection is performed	\$99.00	6,864	\$1,193,770	1.0%
20404	Initiation of management of anaesthesia for mastectomy	\$118.80	4,937	\$1,283,455	3.7%
20405	Initiation of management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps	\$158.40	672	\$366,486	-1.0%
20406	Initiation of management of anaesthesia for radical or modified radical procedures on breast with internal mammary node dissection	\$257.40	157	\$71,666	-2.5%

### Recommendation 33

- △ Items 20401, 20404, 20405 and 20406: No change to the descriptors.
- △ Item 20402: Add the words “including implant reconstruction and exchange” to the item descriptor. The proposed descriptor is as follows:

- Initiation of management of anaesthesia for reconstructive procedures on breast including implant reconstruction and exchange.
- △ Item 20403: Delete the words “removal of breast lump or for breast segmentectomy” from the item descriptor and specify that the item is for “axillary dissection or sentinel node biopsy.” The proposed descriptor is as follows:
- Initiation of management of anaesthesia for axillary dissection or sentinel node biopsy.
- △ Please note that these items have also been recommended for an increase in the relative values. Please refer to Section 8.2.3 for more information.

### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

The Committee agreed that items 20402 and 20403 for anaesthesia for breast surgery do not adequately describe and distinguish between modern surgical approaches and procedures, and that the descriptors do not adequately reflect the varying complexities of the anaesthesia required.

### 8.1.2 Anaesthesia for laparoscopic procedures in the upper abdomen

Table 34: Item introduction table for item 20706

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20706	Initiation of management of anaesthesia for laparoscopic procedures in the upper abdomen, not being a service to which another item in this subgroup applies	\$138.60	10,279	\$2,394,603	-2.2%

### Recommendation 34

- △ Change the descriptor to specify that this item includes laparoscopic cholecystectomy.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for laparoscopic procedures in the upper abdomen, including laparoscopic cholecystectomy, and not being a service to which another item in this subgroup applies.

### Rationale

This recommendation focuses on ensuring that the values of basic items appropriately reflect their anaesthesia complexity, relative to other items. It is based on the following.

- △ The Committee observed an apparent decline in claim rates for anaesthesia for this commonly performed procedure, and it suspects that anaesthesia for laparoscopic cholecystectomy may be increasingly claimed under other items in this group.
- △ The Committee agreed that the relative value of item 20706 was appropriate for anaesthesia for laparoscopic cholecystectomy. For this reason, it recommended amending the descriptor for item 20706 to explicitly include anaesthesia for laparoscopic cholecystectomy.

### 8.1.3 Anaesthesia for upper gastrointestinal endoscopic procedures

Table 35: Item introduction table for item 20740

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20740	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures	\$99.00	382,201	\$45,839,439	4.6%

#### Recommendation 35

- △ Change the descriptor to allow biopsies and specify that the item is for diagnostic or screening procedures.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for diagnostic or screening upper gastrointestinal procedures including biopsies.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.4 for more information.

#### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that the proposed descriptor would accurately reflect modern surgical and anaesthesia practice.
- △ The Committee recommended inserting the words “diagnostic or screening” into the descriptor in order to more accurately delineate between items 20740 and 20745, and to reflect the relative anaesthesia complexity of each type of procedure.
- △ The Committee noted that anaesthesia for routine diagnostic or screening upper gastrointestinal endoscopies may be provided by non-specialist anaesthetists, or by non-anaesthetist clinicians. It agreed that this reflects the relatively low level of complexity generally involved in providing this anaesthesia service.

### 8.1.4 Anaesthesia for upper gastrointestinal endoscopic procedures and acute haemorrhage

Table 36: Item introduction table for item 20745

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20745	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	\$118.80	2,409	\$470,468	7.9%

### Recommendation 36

- △ Change the descriptor to specify that this item is for complex and/or therapeutic procedures, and include in the descriptor examples of the types of procedure covered by this item.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for complex and/or therapeutic gastrointestinal procedures, for example endoscopic retrograde cholangiopancreatography ('ERCP'), endoscopic ultrasound ('EUS'), percutaneous endoscopic gastrostomy ('PEG insertion'), endoscopic mucosal resection ('EMR'), oesophageal or other mucosal resection, or procedures relating to gastrointestinal bleeding.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.5 for more information.

### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that the proposed descriptor more accurately reflects modern surgical and anaesthesia practice.
- △ The Committee recommended inserting the words “complex and/or therapeutic” into the item descriptor in order to more accurately delineate between items 20740 and 20745, and to reflect the relative anaesthesia complexity of each type of procedure.

#### 8.1.5 Anaesthesia for hernia repairs in the upper abdomen

Table 37: Item introduction table for item 20750

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20750	Initiation of management of anaesthesia for hernia repairs in upper abdomen, not being a service to which another item in this subgroup applies	\$79.20	4,904	\$667,378	3.3%

### Recommendation 37

- △ Change the descriptor to include the word “wall,” and specify that the item is for hernia repair(s) to the upper abdominal wall.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for hernia repair to the upper abdominal wall, not being a service to which another item in this subgroup applies.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.6 for more information.

### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that the proposed descriptor more accurately reflects modern surgical and anaesthesia practice.
- △ The proposed descriptor also explicitly states that the item covers hernias that involve the abdominal wall, distinguishing these from more complex internal hernias (such as diaphragmatic or trans-mesenteric hernias). More complex internal hernias are covered in item 20756.

### 8.1.6 Anaesthesia for procedures within the peritoneal cavity in the upper abdomen

Table 38: Item introduction table for item 20790

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20790	Initiation of management of anaesthesia for procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy or bowel shunts	\$158.40	21,177	\$5,685,020	3.0%

#### Recommendation 38

- △ Change the descriptor to specify that this item covers anaesthesia for an open cholecystectomy.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for procedures within the peritoneal cavity in upper abdomen including open cholecystectomy, gastrectomy, laparoscopic assisted nephrectomy or bowel shunts.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.9 for more information.

#### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that the proposed descriptor more accurately reflects contemporary surgical and anaesthesia practice.
- △ The Committee expressed concern that some anaesthetists may be using this item for laparoscopic cholecystectomy. The proposed descriptors for this item and item 20706 should address this concern.

### 8.1.7 Anaesthesia for lower intestinal endoscopic procedures

Table 39: Item introduction table for item 20810

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20810	Initiation of management of anaesthesia for lower intestinal endoscopic procedures	\$79.20	350,719	\$36,105,681	2.2%

### Recommendation 39

- △ Change the descriptor to specify that this item is for diagnostic or screening procedures, and that this includes biopsies.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for diagnostic or screening lower gastrointestinal procedures including biopsies.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.7 for more information.

### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that the proposed descriptor more accurately reflects modern surgical and anaesthesia practice.
- △ The Committee noted that anaesthesia for less complex diagnostic or screening lower gastro-intestinal endoscopies may be provided by non-specialist anaesthetists, or by non-anaesthetist clinicians. It agreed that this reflects the relatively low level of anaesthesia complexity generally involved in providing this anaesthesia service.

#### 8.1.8 Anaesthesia for procedures within the peritoneal cavity in the lower abdomen

Table 40: Item introduction table for item 20840

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20840	Initiation of management of anaesthesia for all procedures within the peritoneal cavity in lower abdomen including appendicectomy, not being a service to which another item in this subgroup applies	\$118.80	9,189	\$2,247,961	-3.8%

### Recommendation 40

- △ Change the descriptor to specify that this item is for open procedures in the peritoneal cavity in the lower abdomen.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for all open procedures within the peritoneal cavity in lower abdomen including appendicectomy, not being a service to which another item in this subgroup applies.
- △ Please note that this item has also been recommended for a basic unit relative value change. Please refer to Section 8.2.7 for more information.

### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that the new descriptor more accurately reflects contemporary surgical and anaesthesia practice.

- △ The Committee noted that a separate item exists for laparoscopic lower intestinal procedures (item 20806) and agreed that it was important to exclude laparoscopic procedures (including laparoscopic appendectomy) from being claimed under item 20840

### 8.1.9 Anaesthesia for anorectal procedures

Table 41: Item introduction table for item 20902

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20902	Initiation of management of anaesthesia for anorectal procedures (including endoscopy and/or biopsy)	\$79.20	39,700	\$4,482,495	-0.8%

#### Recommendation 41

- △ Change the descriptor to specify that the item should be used for procedures involving surgical haemorrhoidectomy, but not for the banding of haemorrhoids.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for anorectal procedures (including surgical haemorrhoidectomy, but excluding banding of haemorrhoids).

#### Rationale

This recommendation focuses on modernising and streamlining the MBS. It is based on the following.

- △ The Committee agreed that the new descriptor more accurately reflects contemporary surgical and anaesthesia practice.
- △ Anaesthesia for anorectal endoscopic procedures (which includes banding of haemorrhoids) should be claimed under item 20810.

### 8.1.10 Anaesthesia for total hip replacement or revision

Table 42: Item introduction table for item 21214

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21214	Initiation of management of anaesthesia for total hip replacement or revision	\$198.00	24,634	\$8,209,227	6.0%

#### Recommendation 42

- △ Divide item 21214 into two separate items in order to more accurately reflect the differing levels of complexity involved in anaesthesia for primary and revision procedures for hip replacement. This can be done by:
  - Amending item 21214 to cover primary hip replacement only.
  - Creating a new item (2121X) to cover revision hip replacement only.
- △ The proposed descriptor for item 21214 is as follows:
  - Initiation of management of anaesthesia for primary total hip replacement.

- △ The proposed descriptor for new item 2121X is as follows:
  - Initiation of management of anaesthesia for revision total hip replacement.
- △ The relative value of the new item should be set at 15 basic units. Please note that item 21214 has also been recommended for a basic unit relative value change. Please refer to Section 8.2.8 for more information.

### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that item 21214 should be separated into two items (an amended item 21214 and a new item) to reflect the different levels of complexity involved in performing anaesthesia services for primary and revision hip replacements.
- △ The Committee agreed that the new item should have a relative value of 15 basic units because more complex anaesthesia services are required for revision hip replacements (compared to primary hip replacements).
- △ The Committee's recommendation reflects the increased likelihood of significant tissue trauma, increased blood loss and physiologic derangement associated with revision procedures (compared with primary procedures).

#### **8.1.11 New item for complex lower gastrointestinal procedures (item 2081X)**

### Recommendation 43

- △ Create a new base unit item for anaesthesia for complex and/or therapeutic lower gastrointestinal procedures. This recommendation (in conjunction with Recommendation 39) will allow the MBS to distinguish between simpler anaesthesia for lower gastrointestinal procedures (covered by item 20810) and more complex anaesthesia for lower gastrointestinal procedures (covered by this new item). This mirrors the changes made to items 20740 and 20745 for the same purpose.
- △ Include in the descriptor examples of the types of procedure covered by the item.
- △ The proposed descriptor is as follows:
  - Initiation of management of anaesthesia for complex and/or therapeutic lower gastrointestinal procedures, for example bowel stents, large polyp resections, or endoscopic mucosal resection ('EMR').
- △ The recommended relative value for this new item is four basic units.

### Rationale

This recommendation focuses on modernising the MBS and ensuring that the relative values of basic items correspond to their relative level of anaesthesia complexity. It is based on the following.

- △ The Committee agreed that a new item (2081X) should be created to reflect the different levels of complexity in anaesthesia for lower gastrointestinal procedures, mirroring the changes made to items 20740 and 20745 for the same purpose.
- △ The Committee agreed that the basic unit value for this new item should be higher than the value recommended for item 20810 (three basic units) in order to appropriately reflect the

increased complexity of the anaesthesia (relative to the anaesthesia provided under item 20810).

## 8.2 Recommended adjustments to basic item relative values

This section outlines the Committee’s complete list of recommended changes to the relative values of basic items. Some items have been recommended for adjustment because of the deletion of specific, commonly co-claimed T&D items, such as items 22031 and 22036 for epidural or intrathecal injections. In such cases, the Committee recognised that the deletion of T&D items would reduce the total relative value (total rebates payable) for the corresponding procedures. The Committee agreed that the existing relative values were appropriate for these procedures and should remain the same, and it therefore recommended increases to the values of the basic items for these procedures to compensate for the deletions. This ensures that the T&D deletions do not inadvertently reduce the relative value (or total rebate payable) for these procedures. Other items have been recommended for adjustment because modern surgical and anaesthesia practice means the anaesthesia procedure is now less complex than when the item was created under the RVG in 2001.

When making these recommendations, the Committee considered the relative value of basic items in light of the other recommendations made in this report.

### 8.2.1 Anaesthesia for lens surgery

**Table 43: Item introduction table for item 20142**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20142	Initiation of management of anaesthesia for lens surgery	\$118.80	167,157	\$25,210,041	4.5%

#### Recommendation 44

- △ Decrease the relative value of item 20142 from six basic units to three basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ The Committee noted that surgical techniques have evolved since this item was introduced, and that the anaesthesia procedure is now significantly less complex as a result. In particular, the Committee noted the introduction of surgical techniques and devices that require much smaller incisions, offering a considerably reduced risk of intra-operative eye content herniation.
- △ The Committee also noted that this procedure is increasingly performed with topical anaesthesia and minimal sedation and that the nature of the anaesthesia service is most likely to be driven by surgeon and patient preference
- △ The Committee agreed that a relative value of three basic units appropriately reflects the complexity of the anaesthesia services provided for this procedure, relative to the anaesthesia services provided for other procedures.

### 8.2.2 Anaesthesia for squint repair

Table 44: Item introduction table for item 20147

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20147	Initiation of management of anaesthesia for squint repair	\$118.80	1,836	\$305,974	3.9%

#### Recommendation 45

- △ Decrease the relative value of item 20147 from six basic units to five basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ The Committee noted that its recommendation to change modifying item 25015 to cover children aged four years or below would affect the relative value of item 20147, which covers a procedure almost exclusively performed in children. This is because amended item 25015 now accounts for the complexity of providing anaesthesia services to children, which means that the value of item 20147 no longer needs to account for this.
- △ In order to ensure that the value of item 20147 accurately reflects the complexity of the anaesthesia required for this procedure, the Committee agreed that the total relative value (i.e., the total benefits paid) for anaesthesia for squint repair should remain unchanged. Amended item 25015 would add one unit to the rebate for this procedure in most cases, so the Committee recommended decreasing the relative value of item 20147 by one unit to compensate for this.

### 8.2.3 Anaesthesia for procedures on the breast

Table 45: Item introduction table for items 20401–20406

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20401	Initiation of management of anaesthesia for procedures on the breast, not being a service to which another item in this subgroup applies	\$79.20	12,003	\$1,828,980	4.0%
20402	Initiation of management of anaesthesia for reconstructive procedures on breast	\$99.00	9,234	\$2,213,427	2.6%
20403	Initiation of management of anaesthesia for removal of breast lump or for breast segmentectomy where axillary node dissection is performed	\$99.00	6,864	\$1,193,770	1.0%
20404	Initiation of management of anaesthesia for mastectomy	\$118.80	4,937	\$1,283,455	3.7%
20405	Initiation of management of anaesthesia for reconstructive procedures on the breast using myocutaneous flaps	\$158.40	672	\$366,486	-1.0%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20406	Initiation of management of anaesthesia for radical or modified radical procedures on breast with internal mammary node dissection	\$257.40	157	\$71,666	-2.5%

#### Recommendation 46

- △ Increase the relative value of item 20401 from four basic units to six basic units.
- △ Increase the relative value of item 20402 from five basic units to 10 basic units.
- △ Increase the relative value of item 20403 from five basic units to eight basic units.
- △ Increase the relative value of item 20404 from six basic units to 10 basic units.
- △ Increase the relative value of item 20405 from eight basic units to 11 basic units.
- △ Increase the relative value of item 20406 from 13 basic units to 14 basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ As noted in Section 8.1.1, the Committee agreed that the existing items for anaesthesia for breast surgery do not adequately distinguish between contemporary surgical procedures, and that the descriptors do not adequately reflect the relative complexity of the anaesthesia required for these procedures. It therefore recommended amending the descriptors for two items related to anaesthesia for breast surgery.
- △ In conjunction with this recommendation, the Committee agreed that the relative value for these two items should be increased because existing allocations do not appropriately reflect the relative complexity of the anaesthesia required. For example, anaesthesia for breast surgery items currently attracts a lower average rebate rate per hour than anaesthesia for a number of less-complex anaesthesia procedures.
- △ The recommended increase in basic units also takes into account the deletion of some commonly co-claimed T&D items, which would otherwise result in a reduction of the total relative value (total rebates payable) for these procedures. The Committee judged that this would undervalue these items and has therefore recommended an increase in the relative values to compensate for this.

#### 8.2.4 Anaesthesia for upper gastrointestinal endoscopic procedures

Table 46: Item introduction table for item 20740

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20740	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures	\$99.00	382,201	\$45,839,439	4.6%

#### **Recommendation 47**

- △ Decrease the relative value of item 20740 from five basic units to four basic units.

#### **Rationale**

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ The Committee noted that anaesthesia for simple diagnostic or screening upper gastrointestinal endoscopies may be provided by non-specialist anaesthetists, or by non-anaesthetist clinicians. It agreed that this reflects the relatively low level of complexity generally involved in providing this anaesthesia service.
- △ The Committee agreed that a value of four basic units adequately reflects the complexity of anaesthesia/sedation for item 20740, relative to anaesthesia for other procedures. Specifically, the Committee agreed that this item should be valued at a higher rate than item 20810 for lower gastrointestinal endoscopic procedures, because of the additional complexity of this procedure involving a shared airway.

### 8.2.5 Anaesthesia for acute upper gastrointestinal endoscopic procedures

Table 47: Item introduction table for item 20745

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20745	Initiation of management of anaesthesia for upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage	\$118.80	2,409	\$470,468	7.9%

#### Recommendation 48

- △ Decrease the relative value of item 20745 from six basic units to five basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ The Committee agreed that a value of five basic units was appropriate, relative to the recommended four basic units for the less-complex item 20740. The Committee felt that these values appropriately reflect the different levels of complexity of the anaesthesia required for the two items.

### 8.2.6 Anaesthesia for hernia repairs in the upper abdomen

Table 48: Item introduction table for item 20750

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20750	Initiation of management of anaesthesia for hernia repairs in upper abdomen, not being a service to which another item in this subgroup applies	\$79.20	4,904	\$667,378	3.3%

#### Recommendation 49

- △ Increase the relative value of item 20750 from four basic units to six basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ As discussed in Section 8.1.5, the Committee recommended an amended descriptor for item 20750 that more accurately reflects modern surgical and anaesthesia practice.
- △ In light of this recommendation, the Committee agreed that existing allocations underestimated the complexity of anaesthesia for this procedure, relative to anaesthesia services provided for other procedures.

### 8.2.7 Anaesthesia for lower intestinal endoscopic procedures

Table 49: Item introduction table for item 20810

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20810	Initiation of management of anaesthesia for lower intestinal endoscopic procedures	\$79.20	350,719	\$36,105,681	2.2%

#### Recommendation 50

- △ Decrease the relative value of item 20810 from four basic units to three basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ The Committee noted that anaesthesia for simple diagnostic or screening lower gastro-intestinal endoscopies may be provided by non-specialist anaesthetists, or by non-anaesthetist clinicians. It agreed that this reflects the relatively low level of complexity generally involved in providing this anaesthesia service.
- △ The Committee agreed that a value of three basic units for item 20810 appropriately reflects the complexity of anaesthesia/sedation for item 20810, relative to other anaesthesia items. In particular, it agreed that this value was appropriate relative to the recommended value of four basic units for proposed item 2081X, which requires more complex anaesthesia. Further, the Committee agreed that this item should be valued at a lower rate than item 20740 for upper endoscopies because of the requirement for a shared airway for anaesthesia for endoscopies in the upper gastrointestinal tract.

### 8.2.8 Anaesthesia for total hip replacement or revision

Table 50: Item introduction table for item 21214

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21214	Initiation of management of anaesthesia for total hip replacement or revision	\$198.00	24,634	\$8,209,227	6.0%

#### Recommendation 51

- △ Increase the relative value for revised item 21214 for primary hip replacement from 10 basic units to 14 basic units.

#### Rationale

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ As outlined in Section 8.1.10, the Committee recommended dividing item 21214 into two separate items: an amended item 21214 that covers primary hip replacement only, and a new item that covers revision hip replacement only. The Committee felt that these two

items more accurately reflect the differing levels of complexity involved in anaesthesia for primary and revision procedures for hip replacement.

- △ The recommended increase in basic units for amended item 21214 takes into account the deletion of T&D items, which would otherwise result in a reduction of the total relative value (total rebates payable) for this procedure. The Committee judged that this would undervalue this item and has therefore recommended an increase in the relative value of item 21214 to compensate for this.
- △ The Committee recommended a higher value of 15 basic units for the new item (see Recommendation 41, Section 8.1.10) because anaesthesia for revised hip replacement may be more complex to perform than anaesthesia for primary hip replacement.

### 8.2.9 Items recommended for an increase in relative value

The following items have been recommended for an increase in relative value to compensate for the deletion of commonly co-claimed T&D items (which would otherwise result in an unwarranted reduction of the total rebates payable for these procedures), or because the Committee judged the items to be undervalued in comparison to other procedures in the RVG. Unlike other items in Section 8.2, there were no other reasons for adjusting the values of these items.

**Table 51: Item introduction table for items recommended for an increase in relative value**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20174	Initiation of management of anaesthesia for excision of retropharyngeal tumour	\$178.20	39	\$11,457	15.50%
20176	Initiation of management of anaesthesia for radical intraoral surgery	\$198.00	695	\$435,558	8.50%
20192	Initiation of management of anaesthesia for extensive surgery on facial bones (including prognathism and extensive facial bone reconstruction)	\$198.00	1,829	\$688,730	0.20%
20210	Initiation of management of anaesthesia for intracranial procedures, not being a service to which another item in this subgroup applies	\$297.00	4,767	\$2,554,877	3.40%
20212	Initiation of management of anaesthesia for subdural taps	\$99.00	21	\$5,821	-6.30%
20214	Initiation of management of anaesthesia for burr holes of the cranium	\$178.20	267	\$87,194	6.20%
20216	Initiation of management of anaesthesia for intracranial vascular procedures including those for aneurysms or arterio-venous abnormalities	\$396.00	926	\$595,122	10.00%
20220	Initiation of management of anaesthesia for spinal fluid shunt procedures	\$198.00	724	\$232,055	3.40%
20225	Initiation of management of anaesthesia for all cranial bone procedures	\$237.60	2,468	\$911,923	8.50%
20230	Initiation of management of anaesthesia	\$237.60	399	\$307,321	16.10%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for microvascular free tissue flap surgery involving the head or face				
20305	Initiation of management of anaesthesia for incision and drainage of large haematoma, large abscess, cellulitis or similar lesion or epiglottitis causing life threatening airway obstruction	\$297.00	282	\$119,861	5.90%
20320	Initiation of management of anaesthesia for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck, not being a service to which another item in this subgroup applies	\$118.80	19,476	\$3,902,263	1.10%
20321	Initiation of management of anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy or pharyngectomy	\$198.00	64	\$28,742	4.20%
20350	Initiation of management of anaesthesia for procedures on major vessels of neck, not being a service to which another item in this subgroup applies	\$198.00	1,670	\$587,893	1.30%
20355	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the neck	\$237.60	124	\$116,766	17.70%
20450	Initiation of management of anaesthesia for procedures on clavicle, scapula or sternum, not being a service to which another item in this subgroup applies	\$99.00	2,121	\$397,878	8.80%
20452	Initiation of management of anaesthesia for radical surgery on clavicle, scapula or sternum	\$118.80	132	\$34,771	3.90%
20472	Initiation of management of anaesthesia for thoracoplasty	\$198.00	53	\$19,001	8.00%
20474	Initiation of management of anaesthesia for radical procedures on chest wall	\$257.40	162	\$67,295	11.00%
20475	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior thorax	\$198.00	327	\$235,941	8.00%
20500	Initiation of management of anaesthesia for open procedures on the oesophagus	\$297.00	289	\$222,594	-3.3%
20526	Initiation of management of anaesthesia for thoracoscopy	\$198.00	1,239	\$382,614	1.20%
20528	Initiation of management of anaesthesia	\$158.40	168	\$41,513	-8.80%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for mediastinoscopy				
20540	Initiation of management of anaesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, or mediastinum, not being a service to which another item in this subgroup applies	\$257.40	3,103	\$1,314,162	5.30%
20542	Initiation of management of anaesthesia for pulmonary decortication	\$297.00	321	\$163,024	6.90%
20546	Initiation of management of anaesthesia for pulmonary resection with thoracoplasty	\$297.00	59	\$34,118	1.40%
20548	Initiation of management of anaesthesia for intrathoracic repair of trauma to trachea and bronchi	\$297.00	9	\$6,348	35.10%
20560	Initiation of management of anaesthesia for open procedures on the heart, pericardium or great vessels of chest	\$396.00	10,362	\$7,925,224	2.50%
20600	Initiation of management of anaesthesia for procedures on cervical spine and/or cord, not being a service to which another item in this subgroup applies (for myelography and discography see Items 21908 and 21914)	\$198.00	4,045	\$1,351,358	7.10%
20604	Initiation of management of anaesthesia for posterior cervical laminectomy with the patient in the sitting position	\$257.40	34	\$14,709	-4.60%
20620	Initiation of management of anaesthesia for procedures on thoracic spine and/or cord, not being a service to which another item in this subgroup applies	\$198.00	881	\$311,279	11.20%
20630	Initiation of management of anaesthesia for procedures in lumbar region, not being a service to which another item in this subgroup applies	\$158.40	15,900	\$4,425,491	5.00%
20670	Initiation of management of anaesthesia for extensive spine and/or spinal cord procedures	\$257.40	7,870	\$4,160,900	6.60%
20680	Initiation of management of anaesthesia for manipulation of spine when performed in the operating theatre of a hospital	\$59.40	34	\$5,093	1.90%
20704	Initiation of management of anaesthesia for microvascular free tissue flap surgery	\$198.00	26	\$9,957	-11.90%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	involving the anterior or posterior upper abdomen				
20752	Initiation of management of anaesthesia for repair of incisional hernia and/or wound dehiscence	\$118.80	2,078	\$443,271	4.60%
20756	Initiation of management of anaesthesia for transabdominal repair of diaphragmatic hernia	\$178.20	1,098	\$341,369	9.50%
20770	Initiation of management of anaesthesia for procedures on major upper abdominal blood vessels	\$297.00	855	\$459,009	4.70%
20790	Initiation of management of anaesthesia for procedures within the peritoneal cavity in upper abdomen including cholecystectomy, gastrectomy, laparoscopic nephrectomy or bowel shunts	\$158.40	21,177	\$5,685,020	3.0%
20791	Initiation of the management of anaesthesia for bariatric surgery in a patient with clinically severe obesity	\$198.00	18,533	\$5,306,013	10.70%
20792	Initiation of management of anaesthesia for partial hepatectomy (excluding liver biopsy)	\$257.40	613	\$335,848	4.40%
20793	Initiation of management of anaesthesia for extended or trisegmental hepatectomy	\$297.00	283	\$200,505	7.50%
20794	Initiation of management of anaesthesia for pancreatectomy, partial or total	\$237.60	639	\$457,103	7.60%
20798	Initiation of management of anaesthesia for neuro endocrine tumour removal in the upper abdomen	\$198.00	116	\$48,233	4.50%
20800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the lower anterior abdominal walls, not being a service to which another item in this subgroup applies	\$59.40	1,742	\$226,288	3.60%
20802	Initiation of management of anaesthesia for lipectomy of the lower abdomen	\$99.00	3,161	\$988,462	0.90%
20804	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior lower abdomen	\$198.00	97	\$57,781	7.70%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20830	Initiation of management of anaesthesia for hernia repairs in lower abdomen, not being a service to which another item in this subgroup applies	\$79.20	16,486	\$2,395,010	-0.80%
20832	Initiation of management of anaesthesia for repair of incisional herniae and/or wound dehiscence of the lower abdomen	\$118.80	2,061	\$445,590	1.40%
20840	Initiation of management of anaesthesia for all procedures within the peritoneal cavity in lower abdomen including appendectomy, not being a service to which another item in this subgroup applies	\$118.80	9,189	\$2,247,961	-3.8%
20841	Initiation of management of anaesthesia for bowel resection, including laparoscopic bowel resection not being a service to which another item in this subgroup applies	\$158.40	9,898	\$3,867,984	0.60%
20844	Initiation of management of anaesthesia for abdominoperineal resection, including pull through procedures, ultra low anterior resection and formation of bowel reservoir	\$198.00	1,553	\$825,509	2.10%
20845	Initiation of management of anaesthesia for radical prostatectomy	\$198.00	5,646	\$2,610,311	-0.60%
20846	Initiation of management of anaesthesia for radical hysterectomy	\$198.00	2,728	\$948,895	10.30%
20847	Initiation of management of anaesthesia for ovarian malignancy	\$198.00	798	\$280,185	3.80%
20848	Initiation of management of anaesthesia for pelvic exenteration	\$198.00	74	\$59,147	1.70%
20850	Initiation of management of anaesthesia for caesarean section	\$237.60	36,849	\$10,833,512	0.0%
20855	Initiation of management of anaesthesia for caesarean hysterectomy or hysterectomy within 24 hours of delivery.	\$297.00	51	\$27,614	-7.20%
20863	Initiation of management of anaesthesia for nephrectomy	\$198.00	1,483	\$675,491	8.90%
20864	Initiation of management of anaesthesia for total cystectomy	\$198.00	356	\$239,995	3.30%
20866	Initiation of management of anaesthesia	\$198.00	171	\$61,123	5.80%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for adrenalectomy				
20867	Initiation of management of anaesthesia for neuro endocrine tumour removal in the lower abdomen	\$198.00	27	\$10,306	-5.10%
20868	Initiation of management of anaesthesia for renal transplantation (donor or recipient)	\$198.00	220	\$119,186	7.30%
20880	Initiation of management of anaesthesia for procedures on major lower abdominal vessels, not being a service to which another item in this Subgroup applies	\$297.00	2,477	\$1,110,741	7.10%
20904	Initiation of management of anaesthesia for radical perineal procedures including radical perineal prostatectomy or radical vulvectomy	\$138.60	666	\$186,883	1.30%
20905	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the perineum	\$198.00	87	\$34,794	9.20%
20942	Initiation of management of anaesthesia for vaginal procedures including repair operations and urinary incontinence procedures (perineal)	\$99.00	9,309	\$1,570,153	0.40%
20944	Initiation of management of anaesthesia for vaginal hysterectomy	\$118.80	4,270	\$953,475	-4.30%
20946	Initiation of management of anaesthesia for vaginal delivery	\$158.40	735	\$177,204	-0.4%
20958	Initiation of management of anaesthesia for manual removal of retained placenta or for repair of vaginal or perineal tear following delivery	\$99.00	619	\$117,188	2.60%
20960	Initiation of management of anaesthesia for vaginal procedures in the management of post partum haemorrhage (blood loss > 500mls)	\$138.60	500	\$129,743	3.60%
21120	Initiation of management of anaesthesia for procedures on the bony pelvis	\$118.80	1,204	\$259,391	8.10%
21140	Initiation of management of anaesthesia for interpelviabdominal (hind-quarter) amputation	\$297.00	6	\$2,944	0.00%
21150	Initiation of management of anaesthesia for radical procedures for tumour of the pelvis, except hind-quarter amputation	\$198.00	54	\$27,458	0.00%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21155	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the anterior or posterior pelvis	\$198.00	8	\$2,770	21.70%
21170	Initiation of management of anaesthesia for open procedures involving symphysis pubis or sacroiliac joint	\$158.40	129	\$35,194	4.20%
21195	Initiation of management of anaesthesia for procedures on the skins or subcutaneous tissue of the upper leg	\$59.40	1,880	\$248,745	3.40%
21202	Initiation of management of anaesthesia for arthroscopic procedures of the hip joint	\$79.20	2,906	\$500,582	1.80%
21210	Initiation of management of anaesthesia for open procedures involving hip joint, not being a service to which another item in this subgroup applies	\$118.80	3,663	\$1,024,515	1.60%
21212	Initiation of management of anaesthesia for hip disarticulation	\$198.00	235	\$79,013	4.00%
21216	Initiation of management of anaesthesia for bilateral total hip replacement	\$277.20	266	\$134,333	12.10%
21230	Initiation of management of anaesthesia for open procedures involving upper 2/3 of femur, not being a service to which another item in this subgroup applies	\$118.80	3,313	\$980,985	4.20%
21232	Initiation of management of anaesthesia for above knee amputation	\$99.00	92	\$24,376	-7.20%
21234	Initiation of management of anaesthesia for radical resection of the upper 2/3 of femur	\$158.40	43	\$17,783	1.50%
21260	Initiation of management of anaesthesia for procedures involving veins of upper leg, including exploration	\$79.20	7,705	\$1,193,708	1.30%
21270	Initiation of management of anaesthesia for procedures involving arteries of upper leg, including bypass graft, not being a service to which another item in this subgroup applies	\$158.40	4,569	\$1,325,722	4.80%
21274	Initiation of management of anaesthesia for femoral artery embolectomy	\$118.80	68	\$23,248	-1.40%
21275	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the upper leg	\$198.00	30	\$20,159	7.40%
21360	Initiation of management of anaesthesia	\$99.00	1,847	\$375,653	3.70%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for open procedures on lower 1/3 of femur				
21392	Initiation of management of anaesthesia for open procedures on upper ends of tibia, fibula, and/or patella	\$79.20	2,228	\$406,625	0.10%
21400	Initiation of management of anaesthesia for open procedures on knee joint, not being a service to which another item in this subgroup applies	\$79.20	3,539	\$636,692	3.50%
21402	Initiation of management of anaesthesia for knee replacement	\$138.60	32,674	\$8,953,105	6.2%
21403	Initiation of management of anaesthesia for bilateral knee replacement	\$198.00	2,467	\$1,052,625	9.90%
21440	Initiation of management of anaesthesia for procedures on arteries of knee or popliteal area, not being a service to which another item in this subgroup applies	\$158.40	488	\$156,284	-0.70%
21445	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the knee and/or popliteal area	\$198.00	20	\$13,788	10.80%
21464	Initiation of management of anaesthesia for arthroscopic procedure of ankle joint	\$79.20	3,527	\$507,122	1.50%
21472	Initiation of management of anaesthesia for repair of achilles tendon	\$99.00	1,941	\$327,323	3.90%
21480	Initiation of management of anaesthesia for open procedures on bones of lower leg, ankle, or foot, including amputation, not being a service to which another item in this subgroup applies	\$79.20	25,196	\$4,105,804	2.30%
21486	Initiation of management of anaesthesia for total ankle replacement	\$138.60	167	\$52,242	-7.20%
21500	Initiation of management of anaesthesia for procedures on arteries of lower leg, including bypass graft, not being a service to which another item in this subgroup applies	\$158.40	1,037	\$285,817	15.20%
21520	Initiation of management of anaesthesia for procedures on veins of lower leg, not being a service to which another item in this subgroup applies	\$79.20	2,456	\$400,474	10.00%
21535	Initiation of management of anaesthesia for microvascular free tissue flap surgery	\$198.00	76	\$49,295	2.00%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	involving the lower leg				
21610	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of shoulder or axilla including axillary dissection	\$99.00	3,107	\$555,514	2.90%
21622	Initiation of management of anaesthesia for arthroscopic procedures of shoulder joint	\$99.00	21,330	\$4,004,217	3.30%
21630	Initiation of management of anaesthesia for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint, not being a service to which another item in this subgroup applies	\$99.00	5,516	\$1,142,795	-1.30%
21632	Initiation of management of anaesthesia for radical resection involving humeral head and neck, sternoclavicular joint, acromioclavicular joint or shoulder joint	\$118.80	185	\$45,345	3.60%
21638	Initiation of management of anaesthesia for total shoulder replacement	\$198.00	3,329	\$1,249,104	12.00%
21650	Initiation of management of anaesthesia for procedures on arteries of shoulder or axilla, not being a service to which another item in this subgroup applies	\$158.40	80	\$22,483	13.80%
21656	Initiation of management of anaesthesia for axillary-femoral bypass graft	\$198.00	10	\$4,797	2.10%
21700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper arm or elbow	\$59.40	1,555	\$200,766	5.20%
21710	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of upper arm or elbow, not being a service to which another item in this subgroup applies	\$79.20	2,590	\$388,029	3.30%
21756	Initiation of management of anaesthesia for radical procedures on the upper arm or elbow	\$118.80	99	\$31,259	8.10%
21760	Initiation of management of anaesthesia for total elbow replacement	\$138.60	96	\$36,813	0.00%
21785	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the upper arm or elbow	\$198.00	13	\$7,603	10.20%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21830	Initiation of management of anaesthesia for open procedures on the radius, ulna, wrist, or hand bones, not being a service to which another item in this subgroup applies	\$79.20	16,415	\$2,722,874	4.70%
21834	Initiation of management of anaesthesia for arthroscopic procedures of the wrist joint	\$79.20	1,241	\$182,128	5.10%
21865	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the forearm, wrist or hand	\$198.00	55	\$31,118	20.10%
21870	Initiation of management of anaesthesia for microsurgical reimplantation of forearm, wrist or hand	\$297.00	6	\$3,616	-7.80%
21882	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 30% or more but less than 40% of total body surface	\$217.80	13	\$5,198	34.10%
21916	Initiation of management of anaesthesia for arteriograms: cerebral, carotid or vertebral	\$99.00	281	\$55,240	5.70%
21941	Initiation of management of anaesthesia for cardiac catheterisation including coronary arteriography, ventriculography, cardiac mapping, insertion of automatic defibrillator or transvenous pacemaker	\$138.60	8,627	\$2,039,935	10.90%
21942	Initiation of management of anaesthesia for cardiac electrophysiological procedures including radio frequency ablation	\$198.00	7,202	\$2,535,490	12.90%
21990	Initiation of management of anaesthesia when no procedure ensues	\$59.40	326	\$46,112	-2.70%

### Recommendation 52

- △ Increase the relative value for item 20174 from nine basic units to 10 basic units.
- △ Increase the relative value for item 20176 from 10 basic units to 11 basic units.
- △ Increase the relative value for item 20192 from 10 basic units to 13 basic units.
- △ Increase the relative value for item 20210 from 15 basic units to 21 basic units.
- △ Increase the relative value for item 20212 from five basic units to eight basic units.
- △ Increase the relative value for item 20214 from nine basic units to 13 basic units.

- △ Increase the relative value for item 20216 from 20 basic units to 26 basic units.
- △ Increase the relative value for item 20220 from 10 basic units to 13 basic units.
- △ Increase the relative value for item 20225 from 12 basic units to 13 basic units.
- △ Increase the relative value for item 20230 from 12 basic units to 17 basic units.
- △ Increase the relative value for item 20305 from 15 basic units to 17 basic units.
- △ Increase the relative value for item 20320 from six basic units to eight basic units.
- △ Increase the relative value for item 20321 from 10 basic units to 12 basic units.
- △ Increase the relative value for item 20350 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20355 from 12 basic units to 18 basic units.
- △ Increase the relative value for item 20450 from five basic units to six basic units.
- △ Increase the relative value for item 20452 from six basic units to eight basic units.
- △ Increase the relative value for item 20472 from 10 basic units to 15 basic units.
- △ Increase the relative value for item 20474 from 13 basic units to 17 basic units.
- △ Increase the relative value for item 20475 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 20500 from 15 basic units to 28 basic units.
- △ Increase the relative value for item 20526 from 10 basic units to 18 basic units.
- △ Increase the relative value for item 20528 from eight basic units to 12 basic units.
- △ Increase the relative value for item 20540 from 13 basic units to 23 basic units.
- △ Increase the relative value for item 20542 from 15 basic units to 27 basic units.
- △ Increase the relative value for item 20546 from 15 basic units to 27 basic units.
- △ Increase the relative value for item 20548 from 15 basic units to 26 basic units.
- △ Increase the relative value for item 20560 from 20 basic units to 36 basic units.
- △ Increase the relative value for item 20600 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20604 from 13 basic units to 18 basic units.
- △ Increase the relative value for item 20620 from 10 basic units to 12 basic units.
- △ Increase the relative value for item 20630 from eight basic units to 10 basic units.
- △ Increase the relative value for item 20670 from 13 basic units to 19 basic units.
- △ Increase the relative value for item 20680 from three basic units to four basic units.
- △ Increase the relative value for item 20704 from 10 basic units to 11 basic units.
- △ Increase the relative value for item 20752 from six basic units to seven basic units.
- △ Increase the relative value for item 20756 from nine basic units to 12 basic units.
- △ Increase the relative value for item 20770 from 15 basic units to 21 basic units.
- △ Increase the relative value for item 20790 from eight basic units to nine basic units.
- △ Increase the relative value for item 20791 from 10 basic units to 12 basic units.

- △ Increase the relative value for item 20792 from 13 basic units to 23 basic units.
- △ Increase the relative value for item 20793 from 15 basic units to 27 basic units.
- △ Increase the relative value for item 20794 from 12 basic units to 22 basic units.
- △ Increase the relative value for item 20798 from 10 basic units to 17 basic units.
- △ Increase the relative value for item 20800 from three basic units to four basic units.
- △ Increase the relative value for item 20802 from five basic units to eight basic units.
- △ Increase the relative value for item 20804 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20830 from four basic units to six basic units.
- △ Increase the relative value for item 20832 from six basic units to seven basic units.
- △ Increase the relative value for item 20840 from six basic units to seven basic units.
- △ Increase the relative value for item 20841 from eight basic units to 12 basic units.
- △ Increase the relative value for item 20844 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 20845 from 10 basic units to 17 basic units.
- △ Increase the relative value for item 20846 from 10 basic units to 12 basic units.
- △ Increase the relative value for item 20847 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20848 from 10 basic units to 19 basic units.
- △ Increase the relative value for item 20848 from 12 basic units to 13 basic units.
- △ Increase the relative value for item 20855 from 15 basic units to 21 basic units.
- △ Increase the relative value for item 20863 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 20864 from 10 basic units to 20 basic units.
- △ Increase the relative value for item 20866 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20867 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20868 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 20880 from 15 basic units to 19 basic units.
- △ Increase the relative value for item 20904 from seven basic units to eight basic units.
- △ Increase the relative value for item 20905 from 10 basic units to 13 basic units.
- △ Increase the relative value for item 20942 from five basic units to seven basic units.
- △ Increase the relative value for item 20944 from six basic units to nine basic units.
- △ Increase the relative value for item 20946 from eight basic units to 10 basic units.
- △ Increase the relative value for item 20958 from five basic units to six basic units.
- △ Increase the relative value for item 20960 from seven basic units to nine basic units.
- △ Increase the relative value for item 21120 from six basic units to seven basic units.
- △ Increase the relative value for item 21140 from 15 basic units to 21 basic units.
- △ Increase the relative value for item 21150 from 10 basic units to 16 basic units.

- △ Increase the relative value for item 21155 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 21170 from eight basic units to ten basic units.
- △ Increase the relative value for item 21195 from three basic units to four basic units.
- △ Increase the relative value for item 21202 from four basic units to six basic units.
- △ Increase the relative value for item 21210 from six basic units to nine basic units.
- △ Increase the relative value for item 21212 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 21216 from 14 basic units to 20 basic units.
- △ Increase the relative value for item 21230 from six basic units to nine basic units.
- △ Increase the relative value for item 21232 from five basic units to eight basic units.
- △ Increase the relative value for item 21234 from eight basic units to 13 basic units.
- △ Increase the relative value for item 21260 from four basic units to five basic units.
- △ Increase the relative value for item 21270 from eight basic units to nine basic units.
- △ Increase the relative value for item 21274 from six basic units to nine basic units.
- △ Increase the relative value for item 21275 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 21360 from five basic units to seven basic units.
- △ Increase the relative value for item 21392 from four basic units to five basic units.
- △ Increase the relative value for item 21400 from four basic units to five basic units.
- △ Increase the relative value for item 21402 from seven basic units to 12 basic units.
- △ Increase the relative value for item 21403 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 21440 from eight basic units to nine basic units.
- △ Increase the relative value for item 21445 from 10 basic units to 16 basic units.
- △ Increase the relative value for item 21464 from four basic units to five basic units.
- △ Increase the relative value for item 21472 from five basic units to six basic units.
- △ Increase the relative value for item 21480 from four basic units to five basic units.
- △ Increase the relative value for item 21486 from seven basic units to eight basic units.
- △ Increase the relative value for item 21500 from eight basic units to nine basic units.
- △ Increase the relative value for item 21520 from four basic units to five basic units.
- △ Increase the relative value for item 21535 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 21610 from five basic units to six basic units.
- △ Increase the relative value for item 21622 from five basic units to eight basic units.
- △ Increase the relative value for item 21630 from five basic units to six basic units.
- △ Increase the relative value for item 21632 from six basic units to 10 basic units.
- △ Increase the relative value for item 21638 from 10 basic units to 13 basic units.
- △ Increase the relative value for item 21650 from eight basic units to nine basic units.

- △ Increase the relative value for item 21656 from 10 basic units to 15 basic units.
- △ Increase the relative value for item 21700 from three basic units to four basic units.
- △ Increase the relative value for item 21710 from four basic units to five basic units.
- △ Increase the relative value for item 21756 from six basic units to seven basic units.
- △ Increase the relative value for item 21760 from seven basic units to eight basic units.
- △ Increase the relative value for item 21785 from 10 basic units to 13 basic units.
- △ Increase the relative value for item 21830 from four basic units to five basic units.
- △ Increase the relative value for item 21834 from four basic units to five basic units.
- △ Increase the relative value for item 21865 from 10 basic units to 12 basic units.
- △ Increase the relative value for item 21870 from 15 basic units to 17 basic units.
- △ Increase the relative value for item 21882 from 11 basic units to 13 basic units.
- △ Increase the relative value for item 21916 from five basic units to six basic units.
- △ Increase the relative value for item 21941 from seven basic units to eight basic units.
- △ Increase the relative value for item 21942 from 10 basic units to 14 basic units.
- △ Increase the relative value for item 21990 from three basic units to five basic units.

### **Rationale**

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ When making recommendations to modify each item's relative value, the Committee considered each item's complexity compared to other items in the RVG.
- △ The decisions to change the relative value of individual items were made by Committee agreement, based on modelling of the T&D deletions and on the clinical expertise of Committee members, in the absence of formal evidence for the ranking of the complexity of anaesthesia procedures.
- △ The Committee increased the value of many of the items that are commonly co-claimed with T&D items that have been recommended for deletion. The Committee only did this for the T&D items that are now considered a part of standard clinical practice, and not for T&D items that are now considered obsolete.
- △ The Committee also considered the modeled rebate rates per hour for shorter and less complex anaesthesia procedures compared to longer, more complex procedures. Some items that were considered undervalued were increased to account for this disparity.

#### **8.2.10 Items recommended for a decrease in relative value**

The following items have been recommended for a change in relative value. The Committee made the recommendation after reviewing the relevant items in comparison to other procedures in the RVG. Many items did not require the same complexity to complete due to medical and technological evolution. This recommendation to change value would assist in aligning MBS items under contemporary best practice services. Unlike other items in Section 8.2, there were no other reasons for adjusting the values of these items.

**Table 52: Item introduction table for items recommended for a reduction in relative value**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20104	Initiation of management of anaesthesia for electroconvulsive therapy	\$79.20	36,236	\$3,375,613	4.90%
20120	Initiation of management of anaesthesia for procedures on external, middle or inner ear, including biopsy, not being a service to which another item in this subgroup applies	\$99.00	23,732	\$3,221,174	-0.90%
20140	Initiation of management of anaesthesia for procedures on eye, not being a service to which another item in this group applies	\$99.00	29,041	\$4,095,772	4.00%
20144	Initiation of management of anaesthesia for corneal transplant	\$158.40	1,247	\$270,328	6.70%
20145	Initiation of management of anaesthesia for vitrectomy	\$158.40	9,416	\$2,051,888	3.20%
20160	Initiation of management of anaesthesia for procedures on nose or accessory sinuses, not being a service to which another item in this subgroup applies	\$118.80	38,590	\$6,919,723	2.30%
20170	Initiation of management of anaesthesia for intraoral procedures, including biopsy, not being a service to which another item in this subgroup applies	\$118.80	57,067	\$8,466,910	2.00%
20410	Initiation of management of anaesthesia for electrical conversion of arrhythmias	\$99.00	6,443	\$813,926	3.40%
20690	Initiation of management of anaesthesia for percutaneous spinal procedures, not being a service to which another item in this subgroup applies	\$99.00	21,145	\$2,687,163	16.30%
20910	Initiation of management of anaesthesia for transurethral procedures (including urethrocystoscopy), not being a service to which another item in this subgroup applies	\$79.20	52,121	\$5,836,514	4.00%
20914	Initiation of management of anaesthesia for transurethral resection of prostate	\$138.60	14,678	\$2,975,212	1.5%
20943	Initiation of management of anaesthesia for transvaginal assisted reproductive services	\$79.20	27,799	\$2,666,557	1.40%
20953	Initiation of management of anaesthesia for endometrial ablation or resection in association with hysteroscopy	\$99.00	9,428	\$1,194,926	10.30%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21114	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the posterior iliac crest	\$99.00	1,952	\$247,825	8.90%
21912	Initiation of management of anaesthesia for injection procedure for discography: lumbar or thoracic	\$99.00	99	\$13,432	6.00%
21922	Initiation of management of anaesthesia for computerised axial tomography scanning, magnetic resonance scanning, digital subtraction angiography scanning	\$138.60	7,415	\$1,438,553	4.70%
21927	Initiation of management of anaesthesia for barium enema or other opaque study of the small bowel	\$99.00	2	\$267	-27.50%
21936	Initiation of management of anaesthesia for heart, 2 dimensional real time transoesophageal examination	\$118.80	6,871	\$1,053,856	10.90%
21943	Initiation of management of anaesthesia for central vein catheterisation or insertion of right heart balloon catheter (via jugular, subclavian or femoral vein) by percutaneous or open exposure	\$99.00	4,475	\$739,215	7.30%
21945	Initiation of management of anaesthesia for lumbar puncture, cisternal puncture, or epidural injection	\$99.00	2,035	\$231,299	5.40%
21952	Initiation of management of anaesthesia for muscle biopsy for malignant hyperpyrexia	\$198.00	27	\$6,707	-6.10%
21955	Initiation of management of anaesthesia for electroencephalography	\$99.00	52	\$6,980	36.40%
22900	Initiation of management by a medical practitioner of anaesthesia for extraction of tooth or teeth with or without incision of soft tissue or removal of bone	\$118.80	93,486	\$14,240,442	0.10%
22905	Initiation of management of anaesthesia for restorative dental work	\$118.80	20,455	\$5,672,508	1.30%

### Recommendation 53

- △ Decrease the relative value for item 20104 from four basic units to two basic units.
- △ Decrease the relative value for item 20120 from five basic units to four basic units.
- △ Decrease the relative value for item 20140 from five basic units to three basic units.
- △ Decrease the relative value for item 20144 from eight basic units to six basic units.

- △ Decrease the relative value for item 20145 from eight basic units to six basic units.
- △ Decrease the relative value for item 20160 from six basic units to five basic units.
- △ Decrease the relative value for item 20170 from six basic units to five basic units.
- △ Decrease the relative value for item 20410 from five basic units to three basic units.
- △ Decrease the relative value for item 20690 from five basic units to four basic units.
- △ Decrease the relative value for item 20910 from four basic units to three basic units.
- △ Decrease the relative value for item 20914 from seven basic units to six basic units.
- △ Decrease the relative value for item 20943 from four basic units to three basic units.
- △ Decrease the relative value for item 20953 from five basic units to four basic units.
- △ Decrease the relative value for item 21114 from five basic units to four basic units.
- △ Decrease the relative value for item 21912 from five basic units to three basic units.
- △ Decrease the relative value for item 21922 from seven basic units to six basic units.
- △ Decrease the relative value for item 21927 from five basic units to three basic units.
- △ Decrease the relative value for item 21936 from six basic units to four basic units.
- △ Decrease the relative value for item 21943 from five basic units to four basic units.
- △ Decrease the relative value for item 21945 from five basic units to three basic units.
- △ Decrease the relative value for item 21952 from 10 basic units to four basic units.
- △ Decrease the relative value for item 21955 from five basic units to three basic units.
- △ Decrease the relative value for item 22900 from six basic units to four basic units.
- △ Decrease the relative value for item 22905 from six basic units to four basic units.

### **Rationale**

This recommendation focuses on ensuring that MBS items are appropriately valued. It is based on the following.

- △ When making recommendations to modify each item's relative value, the Committee considered each item's anaesthesia complexity compared to other items in the RVG. Two main factors informed the Committee's decision to change the value of individual items:
  - The relative value of each item in comparison to other basic items in the RVG.
  - Evolution in medical technology and clinician practice that may have rendered some anaesthesia services less complex than they once were.
- △ The decision to change the relative value of individual items were made by Committee agreement, based on the clinical expertise of Committee members and in the absence of formal evidence for the ranking of the complexity of anaesthesia procedures.
- △ The items in this section have been recommended for a change in relative value because the Committee agreed they were over-valued in comparison to other basic items in the RVG.

## 8.3 Recommended basic item deletions

### 8.3.1 Anaesthesia for radical surgery on the nose and accessory sinuses

Table 53: Item introduction table for item 20162

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20162	Initiation of management of anaesthesia for radical surgery on the nose and accessory sinuses	\$138.60	3,189	\$804,631	2.2%

#### Recommendation 54

- △ Delete item 20162.

#### Rationale

This recommendation focuses on simplifying the MBS. It is based on the following.

- △ The Committee discussed possible definitions of 'radical surgery' and the related difficulty interpreting this item descriptor. The definition of radical surgery in the explanatory notes Section T10.4 of the Schedule does not clearly align with procedures of the nose and accessory sinuses.
- △ The Committee agreed that procedures of this type could be appropriately claimed under other item numbers.

### 8.3.2 Anaesthesia for diagnostic laparoscopic procedures

Table 54: Item introduction table for items 20705 and 20805

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20705	Initiation of management of anaesthesia for diagnostic laparoscopy procedures	\$118.80	560	\$104,606	5.7%
20805	Initiation of management of anaesthesia for diagnostic laparoscopic procedures	\$118.80	2,276	\$376,326	-3.2%

#### Recommendation 55

- △ Delete items 20705 and 20805.

#### Rationale

This recommendation focuses on simplifying the MBS. It is based on the following.

- △ The Committee discussed items 20705 and 20805 and agreed that it was unnecessary to have separate diagnostic items that were equivalent to items 20706 and 20806, which are also for anaesthesia for laparoscopic procedures in the upper and lower abdomen.

### 8.3.3 Anaesthesia for transurethral resection of bladder tumour

Table 55: Item introduction table for item 20912

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20912	Initiation of management of anaesthesia for transurethral resection of bladder tumour(s)	\$99.00	7,380	\$1,059,570	2.5%

#### Recommendation 56

- △ Delete item 20912.

#### Rationale

This recommendation focuses on simplifying the MBS. It is based on the following.

- △ The Committee discussed this item in conjunction with item 20910, which is for anaesthesia for transurethral procedures including urethrocystoscopy. It was agreed that it would be simpler and clearer if the procedures currently covered by item 20912 were claimed under item 20910 instead, which is more broadly for anaesthesia for transurethral procedures.

### 8.3.4 Anaesthesia for fluoroscopy

Table 56: Item introduction table for item 21926

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21926	Initiation of management of anaesthesia for fluoroscopy	\$99.00	4,612	\$739,945	15.3%

#### Recommendation 57

- △ Amend the relative value of item 21926 from five basic units to four basic units.

#### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee agreed that a value of four basic units was appropriate. The Committee felt that this value appropriately reflects the levels of complexity of the anaesthesia required for this item.

### 8.3.5 Anaesthesia for radiological or other diagnostic or therapeutic procedures

Table 57: Item introduction table for items 21965 and 21997

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21965	Initiation of management of anaesthesia as a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia, not for the treatment of headache of any etiology	\$99.00	2	\$446	-27.5%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21965	Initiation of management of anaesthesia as a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia, not for the treatment of headache of any etiology	\$99.00	2	\$446	-27.5%
21997	Initiation of management of anaesthesia in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic rebate, not being a service to which item 21992 or 21965 applies where it can be demonstrated that there is a clinical need for anaesthesia	\$79.20	2	\$854	-39.2%

### Recommendation 58

- △ Delete items 21965 and 21997.

### Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ These items have always required approval by the Medicare Claims Review Panel (MCRP).
- △ The Department of Health has recently reviewed these items. It found that these items had rarely been claimed in recent years, and when claimed they were often not approved.
- △ The Committee agreed that the items were obsolete and recommended their deletion.

## 8.4 Items recommended for no change

The following section highlights the items that have been considered by the Committee to appropriately describe and value anaesthesia procedures. These items have been recommended for no change.

**Table 58: Item introduction table for basic items recommended for no change**

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20124	Initiation of management of anaesthesia for otoscopy	\$79.20	52	\$5,513	-5.8%
20148	Initiation of management of anaesthesia for ophthalmoscopy	\$79.20	52	\$21,559	-8.3%
20164	Initiation of management of anaesthesia for biopsy of soft tissue of the nose and accessory sinuses	\$79.20	172	\$23,416	9.0%
20100	Initiation of management of anaesthesia for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head	\$99.00	49,714	\$7,486,957	2.7%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	including biopsy, not being a service to which another item in this subgroup applies				
20146	Initiation of management of anaesthesia for biopsy of conjunctiva	\$99.00	241	\$33,555	-7.9%
20190	Initiation of management of anaesthesia for procedures on facial bones, not being a service to which another item in this subgroup applies	\$99.00	1,081	\$201,329	0.3%
20102	Initiation of management of anaesthesia for plastic repair of cleft lip	\$118.80	75	\$19,500	2.6%
20143	Initiation of management of anaesthesia for retinal surgery	\$118.80	993	\$166,626	1.4%
20222	Initiation of management of anaesthesia for ablation of an intracranial nerve	\$118.80	146	\$24,154	12.2%
20172	Initiation of management of anaesthesia for repair of cleft palate	\$138.60	97	\$26,181	-4.9%
20300	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the neck not being a service to which another item in this Subgroup applies	\$99.00	3,664	\$543,387	1.9%
20352	Initiation of management of anaesthesia for simple ligation of major vessels of neck	\$99.00	30	\$4,938	-1.9%
20330	Initiation of management of anaesthesia for laser surgery to the airway (excluding nose and mouth)	\$158.40	620	\$128,363	3.6%
20400	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior part of the chest, not being a service to which another item in this subgroup applies	\$59.40	4,237	\$479,632	4.4%
20440	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the sternum	\$79.20	12	\$1,611	-10.6%
20420	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the posterior part of the chest not being a service to which another item in this Subgroup applies	\$99.00	5,203	\$783,152	3.5%
20470	Initiation of management of anaesthesia	\$118.80	200	\$47,629	-0.8%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for partial rib resection, not being a service to which another item in this subgroup applies				
20522	Initiation of management of anaesthesia for needle biopsy of pleura	\$79.20	5	\$624	0.0%
20524	Initiation of management of anaesthesia for pneumocentesis	\$79.20	113	\$18,095	8.5%
20520	Initiation of management of anaesthesia for all closed chest procedures (including rigid oesophagoscopy or bronchoscopy), not being a service to which another item in this Subgroup applies	\$118.80	9,830	\$1,544,154	10.3%
20632	Initiation of management of anaesthesia for lumbar sympathectomy	\$138.60	74	\$12,066	10.5%
20634	Initiation of management of anaesthesia for chemonucleolysis	\$198.00	16	\$3,787	-1.2%
20622	Initiation of management of anaesthesia for thoracolumbar sympathectomy	\$257.40	18	\$6,163	-6.4%
20700	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper anterior abdominal wall, not being a service to which another item in this subgroup applies	\$59.40	715	\$85,903	-2.5%
20702	Initiation of management of anaesthesia for percutaneous liver biopsy	\$79.20	88	\$9,682	-9.8%
20703	Initiation of management of anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the upper abdominal wall, not being a service to which another item in this Subgroup applies	\$79.20	621	\$93,121	0.8%
20730	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the upper posterior abdominal wall, not being a service to which another item in this subgroup applies	\$99.00	456	\$76,658	0.0%
20799	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the upper abdomen	\$118.80	803	\$171,440	4.5%
20754	Initiation of management of anaesthesia for procedures on an omphalocele	\$138.60	15	\$3,475	2.9%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20803	Initiation of management of anaesthesia for all procedures on the nerves, muscles, tendons and fascia of the lower abdominal wall, not being a service to which another item in this Subgroup applies	\$79.20	1,409	\$221,587	2.6%
20842	Initiation of management of anaesthesia for amniocentesis	\$79.20	13	\$3,631	3.4%
20820	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the lower posterior abdominal wall	\$99.00	1,307	\$223,915	1.2%
20884	Initiation of management of anaesthesia for percutaneous umbrella insertion	\$99.00	26	\$4,507	11.6%
20815	Initiation of management of anaesthesia for extracorporeal shock wave lithotripsy to urinary tract	\$118.80	2,094	\$336,105	-3.8%
20860	Initiation of management of anaesthesia for extraperitoneal procedures in lower abdomen, including those on the urinary tract, not being a service to which another item in this subgroup applies	\$118.80	4,399	\$830,082	1.6%
20886	Initiation of management of anaesthesia for percutaneous procedures on an intra-abdominal organ in the lower abdomen	\$118.80	1,717	\$278,114	14.1%
20806	Initiation of management of anaesthesia for laparoscopic procedures in the lower abdomen	\$138.60	58,066	\$12,856,852	4.2%
20862	initiation of management of anaesthesia for renal procedures, including upper 1/3 of ureter	\$138.60	4,506	\$972,364	7.7%
20882	Initiation of management of anaesthesia for inferior vena cava ligation	\$198.00	3	\$832	-5.6%
20900	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the perineum not being a service to which another item in this subgroup applies	\$59.40	3,115	\$339,089	1.8%
20906	Initiation of management of anaesthesia for vulvectomy	\$79.20	203	\$28,965	8.3%
20920	Initiation of management of anaesthesia for procedures on external genitalia, not being a service to which another item in	\$79.20	19,189	\$2,356,350	0.5%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	this Subgroup applies.				
20924	Initiation of management of anaesthesia for procedures on undescended testis, unilateral or bilateral	\$79.20	626	\$77,890	-0.1%
20926	Initiation of management of anaesthesia for radical orchidectomy, inguinal approach	\$79.20	468	\$65,974	2.1%
20930	Initiation of management of anaesthesia for orchiopexy, unilateral or bilateral	\$79.20	756	\$100,060	2.7%
20932	Initiation of management of anaesthesia for complete amputation of penis	\$79.20	8	\$1,396	-4.4%
20938	Initiation of management of anaesthesia for insertion of penile prosthesis	\$79.20	537	\$117,782	11.7%
20940	Initiation of management of anaesthesia for per vagina and vaginal procedures (including biopsy of vagina, cervix or endometrium), not being a service to which another item in this Subgroup applies	\$79.20	70,098	\$7,035,604	-2.7%
20948	Initiation of management of anaesthesia for purse string ligation of cervix, or removal of purse string ligature, or removal of purse string ligature	\$79.20	411	\$49,936	1.1%
20952	Initiation of management of anaesthesia for hysteroscopy	\$79.20	30,481	\$3,157,157	2.3%
20956	Initiation of management of anaesthesia for evacuation of retained products of conception, as a complication of confinement	\$79.20	3,527	\$396,197	3.8%
20911	Initiation of management of anaesthesia for endoscopic ureteroscopic surgery including laser procedures	\$99.00	15,848	\$2,533,964	14.1%
20950	Initiation of management of anaesthesia for culdoscopy	\$99.00	169	\$20,991	-4.8%
20928	Initiation of management of anaesthesia for radical orchidectomy, abdominal approach	\$118.80	55	\$10,425	5.5%
20934	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal lymphadenectomy	\$118.80	4	\$1,737	/0
20916	Initiation of management of anaesthesia for bleeding post-transurethral resection	\$138.60	187	\$45,308	0.7%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
20936	Initiation of management of anaesthesia for complete amputation of penis with bilateral inguinal and iliac lymphadenectomy	\$158.40	6	\$1,782	8.4%
20954	Initiation of management of anaesthesia for correction of inverted uterus	\$198.00	19	\$5,584	-2.9%
21100	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the anterior pelvic region (anterior to iliac crest), except external genitalia	\$59.40	438	\$50,663	9.4%
21130	Initiation of management of anaesthesia for body cast application or revision when performed in the operating theatre of a hospital	\$59.40	51	\$5,792	-1.9%
21112	Initiation of management of anaesthesia for percutaneous bone marrow biopsy of the anterior iliac crest	\$79.20	109	\$11,835	12.7%
21160	Initiation of management of anaesthesia for closed procedures involving symphysis pubis or sacroiliac joint when performed in the operating theatre of a hospital	\$79.20	148	\$14,093	24.2%
21110	Initiation of management of anaesthesia for procedures on the skin, its derivatives or subcutaneous tissue of the pelvic region (posterior to iliac crest), except perineum	\$99.00	2,866	\$442,001	5.1%
21116	Initiation of management of anaesthesia for percutaneous bone marrow harvesting from the pelvis	\$118.80	180	\$32,447	23.0%
21199	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of the upper leg	\$79.20	2,940	\$457,394	5.3%
21200	Initiation of management of anaesthesia for closed procedures involving hip joint when performed in the operating theatre of a hospital	\$79.20	810	\$108,704	1.6%
21220	Initiation of management of anaesthesia for closed procedures involving upper 2/3 of femur when performed in the operating theatre of a hospital	\$79.20	119	\$22,854	3.5%
21272	Initiation of management of anaesthesia	\$79.20	21	\$4,054	-14.1%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for femoral artery ligation				
21280	Initiation of management of anaesthesia for microsurgical reimplantation of upper leg	\$297.00	9	\$4,917	35.1%
21300	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the knee and/or popliteal area	\$59.40	738	\$87,711	3.3%
21380	Initiation of management of anaesthesia for closed procedures on knee joint when performed in the operating theatre of a hospital	\$59.40	1,539	\$141,758	2.9%
21390	Initiation of management of anaesthesia for closed procedures on upper ends of tibia, fibula, and/or patella when performed in the operating theatre of a hospital	\$59.40	81	\$10,529	-2.7%
21420	Initiation of management of anaesthesia for cast application, removal, or repair involving knee joint, undertaken in a hospital	\$59.40	13	\$2,079	-12.3%
21321	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, fascia or bursae of knee and/or popliteal area	\$79.20	2,371	\$378,139	7.0%
21340	Initiation of management of anaesthesia for closed procedures on lower 1/3 of femur when performed in the operating theatre of a hospital	\$79.20	102	\$13,038	1.6%
21382	Initiation of management of anaesthesia for arthroscopic procedures of knee joint	\$79.20	56,992	\$7,313,998	-2.4%
21430	Initiation of management of anaesthesia for procedures on veins of knee or popliteal area, not being a service to which another item in this subgroup applies	\$79.20	360	\$59,459	6.6%
21404	Initiation of management of anaesthesia for disarticulation of knee	\$99.00	80	\$17,059	2.1%
21432	Initiation of management of anaesthesia for repair of arteriovenous fistula of knee or popliteal area	\$99.00	5	\$1,322	38.0%
21460	initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of lower leg, ankle,	\$59.40	10,479	\$1,231,146	3.4%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	or foot				
21462	Initiation of management of anaesthesia for all closed procedures on lower leg, ankle, or foot	\$59.40	1,041	\$114,346	7.4%
21490	Initiation of management of anaesthesia for lower leg cast application, removal or repair, undertaken in a hospital	\$59.40	31	\$3,274	-11.2%
21461	Initiation of management of anaesthesia for procedures on nerves, muscles, tendons, or fascia of lower leg, ankle, or foot, not being a service to which another item in this subgroup applies	\$79.20	10,620	\$1,471,500	2.8%
21474	Initiation of management of anaesthesia for gastrocnemius recession	\$99.00	67	\$11,212	8.3%
21482	Initiation of management of anaesthesia for radical resection of bone involving lower leg, ankle or foot	\$99.00	750	\$164,911	5.5%
21484	Initiation of management of anaesthesia for osteotomy or osteoplasty of tibia or fibula	\$99.00	735	\$164,828	5.3%
21522	Initiation of management of anaesthesia for venous thrombectomy of the lower leg	\$99.00	46	\$9,638	17.0%
21502	Initiation of management of anaesthesia for embolectomy of the lower leg	\$118.80	27	\$7,737	14.0%
21532	Initiation of management of anaesthesia for microsurgical reimplantation of toe	\$158.40	0	\$0	-100.0%
21530	Initiation of management of anaesthesia for microsurgical reimplantation of lower leg, ankle or foot	\$297.00	5	\$3,331	10.8%
21600	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the shoulder or axilla	\$59.40	1,568	\$167,586	5.3%
21680	Initiation of management of anaesthesia for shoulder cast application, removal or repair, not being a service to which another item in this subgroup applies, when undertaken in a hospital	\$59.40	1	\$119	0.0%
21620	Initiation of management of anaesthesia for closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, or shoulder joint	\$79.20	577	\$65,407	-3.0%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	when performed in the operating theatre of a hospital				
21670	Initiation of management of anaesthesia for procedures on veins of shoulder or axilla	\$79.20	107	\$17,790	7.1%
21682	Initiation of management of anaesthesia for shoulder spica application when undertaken in a hospital	\$79.20	0	\$0	-100.0%
21654	Initiation of management of anaesthesia for bypass graft of arteries of shoulder or axilla	\$158.40	6	\$2,138	3.7%
21634	Initiation of management of anaesthesia for shoulder disarticulation	\$178.20	138	\$35,377	16.3%
21652	Initiation of management of anaesthesia for procedures for axillary-brachial aneurysm	\$198.00	5	\$1,507	-3.6%
21685	Initiation of management of anaesthesia for microvascular free tissue flap surgery involving the shoulder or the axilla	\$198.00	6	\$2,465	24.6%
21636	Initiation of management of anaesthesia for interthoracoscapular (forequarter) amputation	\$297.00	4	\$1,470	-10.6%
21730	Initiation of management of anaesthesia for closed procedures on the upper arm or elbow when performed in the operating theatre of a hospital	\$59.40	476	\$59,622	5.1%
21732	Initiation of management of anaesthesia for arthroscopic procedures of elbow joint	\$79.20	595	\$98,731	-0.8%
21780	Initiation of management of anaesthesia for procedures on veins of upper arm, not being a service to which another item in this subgroup applies	\$79.20	132	\$21,295	19.6%
21712	Initiation of management of anaesthesia for open tenotomy of the upper arm or elbow	\$99.00	81	\$13,794	1.8%
21714	Initiation of management of anaesthesia for tenoplasty of the upper arm or elbow	\$99.00	129	\$23,337	7.7%
21716	Initiation of management of anaesthesia for tenodesis for rupture of long tendon of biceps	\$99.00	363	\$67,055	15.2%
21740	Initiation of management of anaesthesia	\$99.00	4,352	\$913,271	4.8%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	for open procedures on the upper arm or elbow, not being a service to which another item in this subgroup applies				
21772	Initiation of management of anaesthesia for embolectomy of arteries of the upper arm	\$118.80	48	\$13,759	0.9%
21770	Initiation of management of anaesthesia for procedures on arteries of upper arm, not being a service to which another item in this subgroup applies	\$158.40	728	\$197,766	6.6%
21790	Initiation of management of anaesthesia for microsurgical reimplantation of upper arm	\$297.00	5	\$1,619	-9.0%
21800	Initiation of management of anaesthesia for procedures on the skin or subcutaneous tissue of the forearm, wrist or hand	\$59.40	4,956	\$573,711	5.7%
21820	Initiation of management of anaesthesia for closed procedures on the radius, ulna, wrist, or hand bones when performed in the operating theatre of a hospital	\$59.40	3,096	\$363,527	0.8%
21860	Initiation of management of anaesthesia for forearm, wrist, or hand cast application, removal, or repair when rendered to a patient as part of an episode of hospital treatment	\$59.40	120	\$13,217	29.5%
21810	Initiation of management of anaesthesia for procedures on the nerves, muscles, tendons, fascia, or bursae of the forearm, wrist or hand	\$79.20	37,896	\$4,902,378	2.2%
21850	Initiation of management of anaesthesia for procedures on the veins of forearm, wrist or hand, not being a service to which another item in this subgroup applies	\$79.20	85	\$13,751	8.3%
21842	Initiation of management of anaesthesia for embolectomy of artery of forearm, wrist or hand	\$118.80	28	\$6,556	-1.4%
21832	Initiation of management of anaesthesia for total wrist replacement	\$138.60	83	\$17,928	-5.3%
21840	Initiation of management of anaesthesia for procedures on the arteries of forearm, wrist or hand, not being a	\$158.40	1,450	\$387,300	3.1%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	service to which another item in this subgroup applies				
21872	Initiation of management of anaesthesia for microsurgical reimplantation of a finger	\$158.40	23	\$12,073	7.5%
21878	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting where the area of burn involves not more than 3% of total body surface	\$59.40	100	\$12,645	10.8%
21879	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves more than 3% but less than 10% of total body surface	\$99.00	80	\$14,820	10.3%
21880	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 10% or more but less than 20% of total body surface	\$138.60	40	\$10,202	10.8%
21881	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 20% or more but less than 30% of total body surface	\$178.20	15	\$3,995	8.4%
21883	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 40% or more but less than 50% of total body surface	\$257.40	5	\$2,183	20.1%
21884	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 50% or more but less than 60% of total body surface	\$297.00	10	\$4,767	58.5%
21885	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 60% or more but less than 70% of total body surface	\$336.60	1	\$668	0.0%
21886	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 70% or more but less than 80% of total body surface	\$376.20	0	\$0	/0

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21887	Initiation of management of anaesthesia for excision or debridement of burns, with or without skin grafting, where the area of burn involves 80% or more of total body surface	\$415.80	0	\$0	/0
21900	Initiation of management of anaesthesia for injection procedure for hysterosalpingography	\$59.40	15	\$1,470	38.0%
21939	Initiation of management of anaesthesia for peripheral venous cannulation	\$59.40	349	\$29,760	17.6%
21925	Initiation of management of anaesthesia for retrograde cystography, retrograde urethrography or retrograde cystourethrography	\$79.20	324	\$39,687	5.7%
21981	anaesthetic agent allergy testing, using skin sensitivity methods in a patient with a history of prior anaphylactic or anaphylactoid reaction or cardiovascular collapse associated with the management of anaesthesia agents	\$79.20	77	\$10,786	19.2%
21906	Initiation of management of anaesthesia for injection procedure for myelography: lumbar or thoracic	\$99.00	1,007	\$124,443	12.7%
21915	Initiation of management of anaesthesia for peripheral arteriogram	\$99.00	993	\$161,596	16.4%
21918	Initiation of management of anaesthesia for retrograde arteriogram: brachial or femoral	\$99.00	550	\$95,623	13.0%
21935	Initiation of management of anaesthesia for phlebography	\$99.00	140	\$21,785	82.1%
21949	Initiation of management of anaesthesia for harvesting of bone marrow for the purpose of transplantation	\$99.00	60	\$7,677	18.2%
21959	Initiation of management of anaesthesia for brain stem evoked response audiometry	\$99.00	6	\$1,084	24.6%
21962	Initiation of management of anaesthesia for electrocochleography by extratympanic method or transtympanic membrane insertion method	\$99.00	9	\$1,247	8.4%
21973	Initiation of management of anaesthesia for brachytherapy using radioactive sealed sources	\$99.00	550	\$97,030	-7.7%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
21976	Initiation of management of anaesthesia for therapeutic nuclear medicine	\$99.00	11	\$1,723	-4.7%
21980	Initiation of management of anaesthesia for radiotherapy	\$99.00	260	\$40,014	9.4%
21908	Initiation of management of anaesthesia for injection procedure for myelography: cervical	\$118.80	216	\$29,670	12.3%
21914	Initiation of management of anaesthesia for injection procedure for discography cervical	\$118.80	35	\$6,126	1.8%
21930	Initiation of management of anaesthesia for bronchography	\$118.80	38	\$6,705	2.9%
21969	Initiation of management of anaesthesia during hyperbaric therapy where the medical practitioner is not confined in the chamber (including the administration of oxygen)	\$158.40	0	\$0	/0
21910	Initiation of management of anaesthesia for injection procedure for myelography: posterior fossa	\$178.20	18	\$3,891	-11.4%
21970	Initiation of management of anaesthesia during hyperbaric therapy where the medical practitioner is confined in the chamber (including the administration of oxygen)	\$297.00	0	\$0	/0
21992	Initiation of management of anaesthesia performed on a person under the age of 10 years in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic	\$79.20	116	\$12,501	-0.5%

### Recommendation 59

- △ No change to the items in Table 58.

### Rationale

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Committee did not identify concerns regarding safety, access, value or modern best practice that require a change to this item.
- △ The Committee also agreed that these items are appropriately valued for relative anaesthesia complexity.

## 9. Other items

The Committee reviewed 16 other items that are commonly claimed by anaesthetists or for anaesthesia services. These items represent 58,259 services and \$11.1 million in benefits paid in FY2015/16.

Four items for intrathecal or epidural infusions were recommended for a descriptor change and can be found in Section 6.1.1 of this report. Further, the Committee referred an item for a similar service, item 14230 for insertion or replacement of an intrathecal or epidural spinal catheter, to the Pain Management Committee in light of the recommendation for the items for intrathecal or epidural infusions.

The Committee agreed that all other items did not require change. Those items form the remainder of this section.

### 9.1 Hyperbaric oxygen therapy

Table 59: Item introduction table for items 13015, 13020, 13025 and 13030.

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
13015	Hyperbaric oxygen therapy, for treatment of localised non-neurological soft tissue radiation injuries excluding radiation-induced soft tissue lymphoedema of the arm after treatment for breast cancer, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance.	\$254.75	7,875	\$1,614,424	-2.4%
13020	Hyperbaric oxygen therapy, for treatment of decompression illness, gas gangrene, air or gas embolism; diabetic wounds including diabetic gangrene and diabetic foot ulcers; necrotising soft tissue infections including necrotising fasciitis or Fournier's gangrene; or for the prevention and treatment of osteoradionecrosis, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric medicine, for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance	\$258.85	10,707	\$2,229,916	10.0%
13025	Hyperbaric oxygen therapy for treatment of decompression illness, air or gas embolism, performed in a comprehensive hyperbaric medicine facility, under the supervision of a medical practitioner qualified in hyperbaric	\$115.70	1	\$849	-39.2%

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	medicine, for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour)				
13030	Hyperbaric oxygen therapy performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance - per hour (or part of an hour)	\$163.45	0	N/A	N/A

### Recommendation 60

- △ No change for the items in Table 59.

### Rationale

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Department provided feedback that these items had recently been reviewed by the Medical Services Advisory Committee at the August 2012 meeting. The Committee agreed these items did not require another review.

## 9.2 Transoesophageal echocardiography items

Table 60: Item introduction table for items 55130, 55131, 55135 and 55136.

Item	Descriptor	Schedule Fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
55130	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating sequential assessment of cardiac function before and after the surgical procedure, not being a service associated with a service to which item 55135 applies (R)(Anaes.) (Anaes.)	\$170.00	783	\$97,281	-7.3%
55131	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac surgery incorporating	\$85.00	2	\$274	N/A

Item	Descriptor	Schedule Fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	sequential assessment of cardiac function before and after the surgical procedure - not associated with items 55135 and 55136 (r) (nk) (Anaes.)				
55135	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac valve surgery (replacement or repair) incorporating sequential assessment of cardiac function and valve competence before and after the surgical procedure, not being a service associated with a service to which item 55130 applies (R)(Anaes.) (Anaes.)	\$353.60	3,458	\$905,951	3.2%
55136	Intra-operative 2 dimensional real time transoesophageal echocardiography incorporating Doppler techniques with colour flow mapping and recording onto video tape or digital medium, performed during cardiac valve surgery (repair or replacement) incorporating sequential assessment of cardiac function and valve competence before and after the surgical procedure - not associated with items 55130 and 55131 (r) (nk) (Anaes.)	\$176.80	0	N/A	N/A

### Recommendation 61

- △ No change for the items in Table 61.

### Rationale

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Committee noted the clinical advantages of transoesophageal echocardiography approaches over earlier methods.
- △ The Committee did not identify concerns regarding safety, access, value or best practice that require a change to this item.
- △ It also agreed that these items are appropriately valued for relative anaesthesia complexity.

### 9.3 Assistance in the administration of anaesthesia

Table 61: Item introduction table for items 25200 and 25205.

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
25200	Assistance in the administration of anaesthesia requiring continuous anaesthesia on a patient in imminent danger of death requiring continuous life saving emergency treatment, to the exclusion of all other patients	N/A	262	\$72,451	6.5%
25205	Assistance in the administration of elective anaesthesia, where: (i) the patient has complex airway problems; or (ii) the patient is a neonate or a complex paediatric case; or (iii) there is anticipated to be massive blood loss (greater than 50% of blood volume) during the procedure; or (iv) the patient is critically ill, with multiple organ failure; or (v) where the anaesthesia time exceeds 6 hours and the assistance is provided to the exclusion of all other patients	N/A	622	\$252,014	20.8%

#### Recommendation 62

- △ No change to items 25200 and 25205.

#### Rationale

This recommendation focuses on ensuring MBS items are appropriately valued and describe anaesthesia services. It is based on the following.

- △ The Committee did not identify concerns regarding safety, access, value or best practice that require a change to this item.
- △ The Committee also agreed that these items are appropriately valued for relative anaesthesia complexity.

## 10. Non-item recommendations

The Committee made a number of broader recommendations that are not specific to particular anaesthesia items and the RVG. These recommendations are outlined below.

### 10.1 The base unit for the RVG

#### Recommendation 63

The Committee recommended that a review be undertaken into:

- △ The dollar value of the MBS RVG basic unit (currently \$19.80), assigned for the purpose of calculating schedule fees for the anaesthesia MBS RVG.
- △ Appropriate indexation for MBS items.

#### Rationale

This recommendation focuses on ensuring that items are rebated appropriately. It is based on the following.

- △ The Committee acknowledged that overall anaesthesia rebates are affected by the basic unit value.
- △ The Committee is aware of the current overall MBS “freeze.”
- △ The Committee agreed that the purpose of the RVG was to ensure that movements of the basic unit price appropriately affect patient rebates, rather than recurrent readjustment of basic, time and other units.

### 10.2 Recording the start and end times for procedures

#### Recommendation 64

- △ Mandate the recording of start and end times for all MBS procedures.
- △ The Committee has forwarded this recommendation to the Principles and Rules Committee to consider whether it should be applied to other craft groups.

#### Rationale

This recommendation focuses on improving the accuracy of data collection. It is based on the following.

- △ The Committee discussed existing rules that prevent providers from claiming for overlapping basic procedures, as well as the need for the MBS to support professional integrity. It also recognised recent compliance activity in this area by private health insurers, and it noted the existing requirements for practitioners to maintain adequate and contemporaneous records, and to record start and end times for procedures claiming emergency modifiers.
- △ The Committee discussed the advice it received from the Department of Health, which stated that its Compliance team would “strongly support” the recording of start and end times for all procedures in order to improve the general effectiveness of compliance, and to address some current issues that make it difficult to audit time units. The benefits for analytics were also noted.

## 10.3 Patient transparency

### Recommendation 65

- △ Require all anaesthesia providers to inform the patient in writing of the item number, the schedule fee, the start and finish time, and the full item descriptor for all items billed.
- △ The Committee referred this recommendation to the Principles and Rules Committee.

### Rationale

This recommendation focuses on improving the transparency of medical procedures for patients. It is based on the following.

- △ Feedback from consumers (through the consumer representative) was that some anaesthesia consultations are not meeting patients' requirements or expectations for a consultation.
- △ The Committee also heard feedback that indicated that some consumers felt confused about being billed for a consultation that they could not remember receiving.
- △ The Committee discussed the value of patients knowing exactly which procedures had been performed and rebated, as well as the description of each procedure type.

## 10.4 Patient complaints

### Recommendation 66

- △ Introduce an independent complaints body to address patient complaints regarding anaesthesia items and fees.

### Rationale

This recommendation focuses on improving patient experiences with anaesthesia services. It is based on the following.

- △ The Committee discussed the importance of setting up an independent process for consumers complaints.
- △ The Committee noted that the professional group most closely associated with information about MBS fees and rebates is a member organisation, and that this does not necessarily provide an adequate point of contact for patients who are dissatisfied with anaesthesia fees or invoice arrangements.

## 10.5 Ongoing advice and review

### Recommendation 67

- △ Establish a committee to provide ongoing advice to the Department of Health on anaesthesia MBS items.
- △ Continue the review of MBS items in response to data.

### Rationale

This recommendation focuses on ensuring that items for anaesthesia services provided under the MBS reflect modern best practice. It is based on the following.

- △ The Committee discussed the role of the Committee (or a similar group, with similar terms of reference) in working with the Department to provide ongoing advice regarding anaesthesia MBS items.
- △ The Committee made a number of recommendations that could enhance data available for future reviews. The Committee recommended that a number of items be reviewed 12 monthly in order to assess the impact of the recommendations.
- △ The Committee also recommended continuing the review of anaesthesia items as an iterative process, allowing for continual incorporation of (and response to) data. Areas that have changed considerably in recent years, such as 'minimally invasive' approaches to surgery and interventional radiology, merit particular attention.

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## Appendix B - Summary for consumers

This table describes the medical service and the recommendation(s) of the clinical experts, and it explains why each recommendation has been made.

### Section 4: Consultation item recommendations

Item	What it does	Committee recommendation	What would be different	Why
17610, 17615	These items provide rebates for pre-operative anaesthesia consultations.	1. Consolidate the two items into one new item.	The new item would ensure that pre-operative anaesthesia consultations are consistent with professional standards for anaesthetists in terms of where the consultation takes place, assessing risk, the required documentation, and the information provided to the patient.	<p>The current descriptors for items 17610 and 17615 only specify the duration for these consultations. They do not specify where a consultation should take place. Professional standards dictate that consultations should take place outside the operating theatre and the anaesthesia induction room. The proposed item ensures that consultations take place outside those rooms.</p> <p>The Committee also received feedback from consumers that they did not feel consultations met their expectations or needs, particularly in terms of the location of the consultation, the timing and the information discussed. The proposed changes also help to address these issues.</p>
17620	This item provides a rebate for a pre-operative anaesthesia consultation for a patient with complex medical problems for a duration of between 30 and 45 minutes.	1. Replace this item with a new item.	The new item would ensure that pre-operative anaesthesia consultations are consistent with professional standards for anaesthetists in terms of where the consultation takes place, assessing risk, the required documentation, and the information provided to the patient.	<p>The current descriptor for this item does not specify where a consultation should take place, but professional standards dictate that consultations should take place outside the operating theatre and the anaesthesia induction room. The new proposed item ensures that the consultation takes place outside those rooms.</p> <p>The Committee received feedback from consumers that they did not feel consultations met their expectations or needs, particularly in terms of where they took place, the timing and the information discussed. The proposed changes help to address these issues.</p>

Item	What it does	Committee recommendation	What would be different	Why
17625	This item provides a rebate for a pre-operative anaesthesia consultation on a patient with complex medical problems for a duration of more than 45 minutes.	1. Replace this item with a new item.	The new item would ensure that pre-operative anaesthesia consultations are consistent with professional standards for anaesthetists in terms of where the consultation takes place, assessing risk, the required documentation, and the information provided to the patient.	The current descriptor for this item does not specify where a consultation should take place, but professional standards dictate that consultations should take place outside the operating theatre and the anaesthesia induction room. The new proposed item ensures that the consultation takes place outside those rooms. The Committee also received feedback from consumers that they did not feel consultations met their expectations or needs, particularly in terms of where they took place, the timing and the information discussed. The proposed changes help to address these issues.
17609	This item provides a rebate for a specialist anaesthesia consultation conducted by teleconference for eligible patients; and when claimed in conjunction with another eligible consultation item.	2. Change the descriptor.	The updated descriptor would simply update the numbering in the clause to align with the new pre-operative anaesthesia consultation item numbers. There would be no other changes associated with this item.	The Committee has made recommendations to change the item numbering of pre-operative anaesthesia consultation items and these recommendations affect the descriptor of this item. This recommendation will update the descriptor for this item.
17640	This item provides a rebate for a brief specialist anaesthesia consultation of less than 15 minutes' duration.	3. Change the descriptor.	The updated descriptor would ensure that specialist anaesthesia consultations are consistent with professional standards for anaesthetists. It would also align this item with the proposed pre-operative consultation Item 1.	The current descriptor does not specify what a practitioner should do during a consultation. The recommendation for this item is based on the Australian and New Zealand College of Anaesthetists' <i>PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation</i> (acknowledging that this consult item applies to consultations other than pre-operative consultations).
17645, 17650	These items are for longer specialist anaesthesia consultations over 15 minutes' duration.	4. Combine the items and change the descriptor.	There would only be one item number for consultations longer than 20 minutes' duration. The updated descriptor would ensure that specialist anaesthesia consultations are consistent with professional standards for anaesthetists. It would also align this item with the proposed pre-operative consultation Item 2.	The current descriptor does not specify what a practitioner should do during a consultation. The recommendation for this item is based on the Australian and New Zealand College of Anaesthetists' <i>PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation</i> (acknowledging that this consult item applies to consultations other than pre-operative consultations). This recommendation aligns this item with proposed Item 2 for pre-operative consultations.

Item	What it does	Committee recommendation	What would be different	Why
17655	This item provides a rebate for a specialist anaesthesia consultation of longer than 45 minutes' duration.	5. Change the descriptor.	The updated descriptor would require a clinician to: formulate a patient management plan within the patient's medical record; conduct a review of medications and relevant investigations; potentially consult with colleagues; and have a discussion with the patient and/or carers that ensures the patient understands why the consultation is necessary.	The current descriptor does not specify what a practitioner should do during a consultation. The recommendation for this item is based on the Australian and New Zealand College of Anaesthetists' <i>PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation</i> (acknowledging that this consult item applies to consultations other than pre-operative consultations). The recommendation also aligns this item with the equivalent proposed Item 3 for pre-operative consultations.
17680	This item is for a consultation immediately prior to regional anaesthesia services for patients in labour.	6. Change the descriptor.	The updated descriptor would require a clinician to: provide written or verbal information prior to the consultation; formulate a patient management plan within the patient's medical record; conduct a review of medications and relevant investigations; potentially consult with colleagues; and have a discussion with the patient and/or carers that ensures the patient understands why the consultation is necessary.	The Committee noted that the schedule fee for this item was higher than for other pre-operative consultations, so it was agreed that practitioners should be required to have a more detailed discussion with patients. The rewritten descriptor also aligns with the Australian and New Zealand College of Anaesthetists' <i>PS03 Guidelines for the Management of Major Regional Analgesia</i> and <i>PS26 Guidelines on Consent for Anaesthesia and Sedation</i> .
17690	This item is for pre-anaesthesia consultations performed in consulting rooms and claimed in conjunction with another pre-anaesthesia item (17615–17625).	7. Change the descriptor.	The only change to this descriptor would require that the consultation lasts for a duration of 20 minutes or more, as opposed to the current 15 minutes or more.	This recommendation aligns this item with the time requirements for other pre-operative consultation items.

## Section 5: Time item recommendations

Item	What it does	Committee recommendation	What would be different	Why
23010–24136	These items provide rebates for the administration of anaesthesia for various procedures on the basis of duration.	8. Record the start and end times for procedures.	At present, anaesthetists are not required to record the start and end times for procedures. This recommendation would require anaesthetists to record start and end times for procedures.	The Committee believes that this measure will improve the accuracy of data collection and reduce the incentive to claim an incorrect time item. In practice, choosing a time item under the existing arrangements already requires anaesthetists to know what time they start and finish anaesthesia. Current anaesthesia billing software supports this new requirement, which means that anaesthetists can easily record this information.
23010–24136	These items provide rebates for the administration of anaesthesia for various procedures on the basis of duration.	9. Rebates should be paid in five-minute increments.	At present, time items are recorded in five-minute increments but rebated in 15-minute increments. This recommendation would align rebates with recorded times.	The recommendation aims to improve the accuracy of data collection. The Committee agreed that the recommendation could be implemented relatively easily and noted the importance of accurate data for future reviews of the MBS.
23010–24136	These items provide rebates for the administration of anaesthesia for various procedures on the basis of duration.	10. A new rebate schedule.	Procedures that take a longer time to complete would be rebated at a higher rate than they are currently.	At present, many shorter and less-complex procedures are rebated at a higher rate per hour than longer, more complex procedures. The Committee recommended a new rebate schedule to address this imbalance in the RVG.
23010–24136	These items provide rebates for the administration of anaesthesia for various procedures on the basis of duration.	11. Change the descriptor.	Time items would now be claimable by an assistant anaesthetist as well as the primary anaesthetist, where the procedure performed is an epidural injection of blood for a blood patch (as covered by item 18233).	In order to be safely performed, this procedure needs two anaesthetists. Until now, there was no rebate recognising the service provided by the second anaesthetist. This recommendation addresses the omission in the schedule.

## Section 6: Therapeutic and diagnostic item recommendations

Item	What it does	Committee recommendation	What would be different	Why
18216, 18219, 18226, 18227	These items are for epidural injections of anaesthesia substances.	12. Change the descriptor.	The descriptors would be updated to include a procedure called a 'combined spinal-epidural' infusion.	The Committee agreed that this change reflects contemporary anaesthesia practice.
22002	This item is for providing blood or bone marrow transfusion when a patient is under anaesthesia.	13. Change the descriptor.	The item will provide a rebate for massive blood transfusions to patients under anaesthesia. ('Massive' is defined in the new descriptor.)	The Committee made this recommendation so that an item was available for rebating very large transfusions, but not small transfusions of one or a few units of blood only. These larger transfusions represent a separate, distinct and sufficiently complex service to warrant a separate item. Providing a small transfusion is part of normal clinical practice, does not warrant a separate item number and may incentivise giving blood to patients, which carries its own risks.
22007	This item is for the insertion of a flexible fiberoptic tube into a patient's throat to maintain and protect the airway when the patient is under anaesthesia.	14. Change the descriptor. Provide a letter to the patient and family doctor explaining why the procedure was clinically necessary and the future implications for anaesthesia management.	The proposed descriptor would mean that the item could only be claimed for patients prior to administration of anaesthesia.  The letter of explanation would ensure the communication of essential information between the anaesthetist, the patient and the patient's GP.	This procedure is performed on awake (but often sedated) patients, and on patients who are already anaesthetised but are at increased risk of complications if the airway tube is inserted in the traditional way. The Committee agreed that the level of skill and effort required for this procedure when the patient is under anaesthesia does not warrant its own item. The recommended change addresses this risk and will improve the communication of important health information.
22020	This item is for insertion of a catheter into a central vein.	15. Align the fee for item 13815 which is an item that covers the same procedure, performed by different clinicians to item 22020.	The rebate rate for this item will be unchanged.	Another item exists in the MBS that covers the exact same procedure when performed by clinicians working in intensive care units. This recommendation asks the Taskforce to make sure that the rebate rate is the same for both items, which will ensure that rebates for identical procedures are the same, regardless of which physician performs them.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
22040, 22045, 22050	These items are for nerve blocks, where local anaesthetic is injected near large nerves to provide pain relief to parts of the body, during and after surgery.	16. Combine the three items into two items for plexus or nerve blocks in the lower leg or forearm with catheter (4 units) and without catheter (2 units).	Nerve blocks for post-operative pain management following limb surgery would be covered by two items instead of three items and the rebate would reflect if a catheter is inserted.	The Committee agreed that the existing descriptors needed to be made clearer, and it noted that field blocks are usually performed by surgeons and not anaesthetists. It agreed that the two items was sufficient to cover all nerve blocks for limb surgery.
22051	This item is for inserting a device through the throat that monitors the structure and function of the chambers of the heart.	17. Introduce a rule dictating the minimum credentials required to perform this procedure.	This would ensure that clinicians performing this procedure are adequately trained to do so, thereby decreasing the risk to patients receiving this procedure.	Performing this operation requires a high level of skill, but the number of procedures being performed every year has been growing at a very high rate. This recommendation minimises risks to patients by ensuring that clinicians will only be able to perform the procedure if they are appropriately trained.
22001	This item is for collecting the patient's own blood and re-injecting it later, during and after surgery, including when the patient is under anaesthesia.	18. Delete the item.	The item would no longer be claimable through the MBS.	Up-to-date evidence has demonstrated no advantage and potential risks to patients when this sort of blood transfusion is used.
22008	This item is for the insertion of a particular double lumen (double channel) tube for maintaining a patient's airway when under anaesthesia.	19. Delete the item.	The item would no longer be claimable through the MBS.  The Committee agreed that deleting this item would not deter anaesthetists from providing the service to patients who need it because the procedure is now part of normal clinical practice for particular procedures. For patients who do not require this procedure, this change ensures that they do not unnecessarily receive the procedure for reasons other than clinical indication.	This procedure is part of normal clinical practice and is not a separate, distinct procedure.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
22012 and 22014	This item is for monitoring blood pressure by catheter.	20. Delete both items.	These items would no longer be claimable through the MBS. There would be no change for patients because the Committee agreed that these procedures are now part of normal clinical practice, and the absence of item numbers would not prevent anaesthetists from providing the services to patients who require them for clinical reasons.	Technology has changed since the introduction of these items. As a result, these procedures are now part of the standard of care expected of anaesthetists in certain circumstances.
22015	This item is for the insertion of a right heart balloon catheter.	21. Delete the item.	This item would no longer be claimable through the MBS.	This procedure has been found to be unsafe, posing increased risks to patients. Safer alternatives exist.
22018	This item is for the monitoring of the function of the lung and/or ventilator (breathing machine). The item requires that more than one arterial blood sample is taken, and that adjustments to breathing (usually via adjusting a ventilator) then take place.	22. Delete the item.	The item would no longer be claimable through the MBS.	The item should be deleted because the procedure is now part of normal clinical practice in certain circumstances. Deleting it reduces the risk of the procedure being performed unnecessarily, as well as removing the risk of the inappropriate (and potentially harmful) insertion of arterial cannulas.
22025	This item is for intra-arterial cannulation, which is the insertion of a tube into an artery. This means that blood pressure can be monitored very closely and repeated blood samples can be taken from the artery.	23. Delete the item.	The item would no longer be claimable through the MBS. This procedure is now part of normal clinical practice and anaesthetists will continue to provide the service to patients who need it. Removal of the item reduces the risk of this procedure being performed unnecessarily.	The item should be deleted because the procedure is now part of normal clinical practice in certain circumstances. Deleting it reduces the risk of the procedure being performed unnecessarily.
22031 and 22036	This item is for initial and subsequent epidural injections for pain management.	24. Delete both items.	The item would no longer be claimable through the MBS.	The item should be deleted because it is now part of normal clinical practice when clinically indicated. The continued presence of the item may create an incentive to provide the service unnecessarily.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
22070	This item is for cardioplegia – the delivery of fluid to the heart in order to slow and then stop the heart for some cardiac operations. The solution is delivered via tubes inserted into blood vessels by the surgeon.	25. Delete the item.	The item would no longer be claimable through the MBS. The Committee agreed that patients who clinically require this service would still receive it because it is now part of normal clinical practice for certain cardiac procedures.	The procedure is part of normal clinical practice for certain cardiac procedures and does not represent a separate or distinct service.
New item	This item does not currently exist.	26. Create a new item for follow-up visits by a practitioner. The new item should be valued at one basic unit.	This new item would cover follow-up visits to patients following limb surgery.	The Committee agreed that a follow-up visit to top up a catheter for pain management following surgery is a clinically relevant service, and that it should be associated with an anaesthesia item.
New item to complement item 18240	This item does not currently exist.	27. Create a new item to complement item 18240 for eye blocks during eye surgery.	A new anaesthesia item would be claimable for eye blocks performed during eye surgeries by an anaesthetist.	There is already an item for this procedure, but it can only be claimed under the T7 grouping for ophthalmologists. Anaesthetists often perform the same procedure, but they cannot claim the existing item unless they do not claim other items under the RVG. For this reason, the Committee recommended adding an item for eye blocks for eye surgeries to the T10 grouping, which will allow anaesthetists to claim this item under the RVG.
18233	This item is for an epidural blood patch.	28. No change.	No change would be made to this item.	This Committee did not identify concerns regarding safety, access, value or modern best practice that require a change to this item.

## Section 7: Modifying item recommendations

Item	What it does	Committee recommendation	What would be different	Why
25000	This item provides an extra rebate for anaesthesia services performed on patients suffering from a disease that makes the anaesthesia more complex to perform.	29. Change the descriptor.	The item would be expanded to cover patients with age-related frailties. The descriptor would also be updated to include specific examples of the types of disease that require more complex anaesthesia services.	The Committee agreed that the current descriptor is too vague, which may result in unnecessary claiming of this item. The Committee also agreed that performing anaesthesia services on a patient with age-related frailty and on a patient with one of the specified diseases is similarly complex and involves the same clinical challenges. It therefore agreed that the modifiers could be combined into one item. If patients are old and frail, amended item 25000 now accounts for the extra clinical challenge. If patients are older but robust and in good health, no extra modifier is needed as the anaesthesia service is the same as for younger patients.
25015	This item provides an extra rebate for patients who are younger than 12 months or older than 70 years.	30. Change the descriptor.	The Committee recommends amending this item so that it only covers patients who are younger than four years. It would no longer cover patients older than 70 years.	The Committee makes this recommendation in conjunction with its recommendation for item 25000. Item 25000 now accounts for the extra clinical challenge associated with performing anaesthesia services on a patient with age-related frailty. This means that item 25015 no longer needs to account for this. However, item 25000 does not account for the complexity associated with performing anaesthesia services on children under the age of four. (This complexity is due in part to children's small size, as well as the potential communication challenges with young children and their families and carers.) For this reason, item 25015 now accounts for this service.
New item [252XX]	This item does not currently exist.	31. Create a new item.	This item would provide a rebate for a second assisting anaesthetist in the provision of a procedure called an epidural blood patch.	If a patient has suffered a complication of an epidural called a 'dural puncture' (which means that the needle has inadvertently been inserted a fraction too far), it can result in a headache. Taking the patient's own blood and inserting the blood into the epidural space (via a second injection) can relieve the headache and prevent other harmful complications. This procedure requires two clinicians to perform it, and this change would allow a rebate for the assisting clinician.

Item	What it does	Committee recommendation	What would be different	Why
25005, 25010, 25020, 25025, 25030, 25050	These items provide an extra rebate for anaesthesia services performed on patients suffering from a disease or in an emergency situation that makes the anaesthesia more complex to perform.	32. No change	No changes are recommended for these items.	These items were reviewed by the Committee and it was agreed that the items accurately described the services, the services described are high-value, and the items are appropriately valued.

### Section 8: Basic item recommendations

Item	What it does	Committee recommendation	What would be different	Why
20402	This item is for anaesthesia services performed during breast reconstructive procedures.	33. Change the descriptor. Please note that this item has also been recommended for a relative value change.	The descriptor would specify that the item is claimable for reconstructive breast procedures, including those involving implant reconstruction and exchange.	The existing descriptor is vague and does not account for modern surgical approaches and procedures. The Committee agreed that the amended descriptor more accurately distinguishes between this item and other breast surgery-related items.
20403	This item is for anaesthesia services performed during complex breast surgery, usually for cancer.	33. Change the descriptor. Please note that this item has also been recommended for a relative value change.	The descriptor would specify the type of procedure covered by this item.	The existing descriptor does not adequately distinguish between anaesthesia items for breast surgery. The amended descriptor remedies this.
20706	This item is for anaesthesia services performed during laparoscopic procedures in the upper abdomen.	34. Change the descriptor.	The descriptor would specify that this item should be claimed for laparoscopic cholecystectomy.	The proposed descriptor more accurately reflects modern surgical and anaesthesia practice, and it distinguishes between this item and other items.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
20740	This item is for anaesthesia services performed during gastrointestinal scopes in the upper abdomen.	35. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would allow biopsies and specify that the item is for diagnostic or screening procedures.	The proposed descriptor distinguishes between this item (for relatively simple services) and item 20745 (for more complex procedures).
20745	This item is for anaesthesia services performed during more complex gastrointestinal scopes in the upper abdomen.	36. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would specify that this item is for more complex and/or therapeutic procedures. It would also give specific examples of the types of procedure that are claimable under this item.	The proposed descriptor more accurately distinguishes between this item and item 20740, ensuring that this item is claimed for more complex and/or therapeutic procedures.
20750	This item is for anaesthesia services performed during procedures involving hernia repairs in the upper abdomen.	37. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would specify that this item is for hernia repairs in the wall of the upper abdomen.	The changed descriptor more accurately distinguishes this item from other items for more complex procedures involving internal hernias in the abdomen but not the abdominal wall.
20790	This item is for anaesthesia services performed during procedures in the peritoneal cavity in the upper abdomen.	38. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would specify that this item should also be claimed for an open cholecystectomy.	The changed descriptor ensures that this item accurately reflects modern surgical and anaesthesia practice.
20810	This item is for anaesthesia services performed during gastrointestinal scopes in the lower abdomen.	39. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would allow biopsies to be claimed using this item, and it would specify that the item is for diagnostic or screening procedures.	The Committee agreed that this item should be updated in a similar way to items 20740 and 20745 in order to distinguish between simple and more complex procedures. The Committee believes this item should be for simple diagnostic or screening colonoscopy procedures, and it has recommended creating a new item for more complex procedures.

Item	What it does	Committee recommendation	What would be different	Why
20840	This item is for anaesthesia services performed during procedures in the peritoneal cavity in the lower abdomen.	40. Change the descriptor.  Please note that this item has also been recommended for a relative value change.	The descriptor would specify that this item is for 'open' procedures, which means the procedure is performed by making a cut in the skin, and not by keyhole surgery or an endoscopy.	The changed descriptor ensures that this item accurately reflects modern surgical and anaesthesia practice.
20902	This item is for anaesthesia services performed during anorectal procedures.	41. Change the descriptor.	The descriptor would specify that this item is for surgical removal of haemorrhoids, but not for the banding of haemorrhoids.	The Committee recommends that banding of haemorrhoids should be claimed under item 20810 instead, which would more accurately reflect the complexity of each procedure type.
21214 and new item for anaesthesia for revision hip replacement procedure (2121X)	This item is for anaesthesia services for hip replacements.	42. Change the descriptor.  Please note that this item has also been recommended for a relative value change.  Create a new item for anaesthesia for revision hip replacement procedures.	The descriptor for item 21214 would be updated to specify that this item is for primary hip replacement surgery only.  A new item would be created for revision hip replacement procedures.	The Committee agreed that there is a significant difference in complexity between primary and revision hip replacement surgeries. It has therefore recommended creating a new item for revision procedures, which means that item 21214 would be used for primary procedures only and the new item would be claimed for revision hip replacement procedures.
New item [2081X]	This item does not currently exist.	43. Create a new item.	This item would allow for more complex gastrointestinal scopes in the lower abdomen.	The Committee agreed that an item should be created to distinguish between the differing levels of complexity in lower gastrointestinal scopes (as has been done with items 20740 and 20745, which differentiate between simple and complex procedures for upper abdominal endoscopies).
20142	This item is for anaesthesia services performed during lens surgery.	44. Reduce the relative value.	The rebate rate for this item would be reduced. The item would not be modified in any other way.	The Committee noted that anaesthesia for lens surgery is now far less complex than it was in the past. Today, it is often performed with just a topical anaesthesia (eye drops, usually administered by a nurse) and minimal sedation, and there is a much lower risk of harm to the patient. The Committee therefore agreed that this item's relative value should be reduced to reflect modern standard practice.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
20147	This item is for anaesthesia services performed during procedures for squint repair.	45. Reduce the relative value.	The rebate rate for this item would be reduced, but due to other recommended changes the net rebate for the procedure in most cases would remain unchanged. The item would not be modified in any other way.	The Committee noted that its recommendation to extend modifying item 25015 to include children under the age of four would affect the relative value of this item, which is almost exclusively performed in younger children. Changed item 25015 would add one unit to the rebate for the procedure in most cases. The Committee agreed that the total rebate payable for this procedure should stay the same, and it has therefore recommended reducing the basic unit value by one unit to compensate for the change to item 25015.
20401, 20402, 20403, 20404, 20405, 20406	These items are for anaesthesia services performed during various breast surgery-related items.	46. Increase the relative value.  Please note that some of these items have also been recommended for descriptor changes.	The rebate rate for these items would be increased.	The Committee agreed that the relative values of these items do not appropriately reflect the relative complexity of the anaesthesia required for these procedures.  The Committee also increased the relative value of some of these items to account for the deletion of some commonly co-claimed T&D items, which previously contributed to the total rebates payable for procedures of this kind. These increases ensure that the total rebates payable remain the same despite the deletion of T&D items.
20740	This item is for anaesthesia services performed during more complex gastrointestinal scopes in the upper abdomen.	47. Decrease the relative value.  Please note that this item has also been recommended for a descriptor change.	The rebate rate for this item would be reduced.	The Committee noted that the anaesthesia services required for this item are not particularly complex, relative to other anaesthesia services for other procedures. For this reason, these services are often performed by non-specialist anaesthetists and other clinicians. In light of this, the Committee agreed that the relative value was inappropriately high and should be reduced.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
20745	This item is for anaesthesia services performed during procedures involving gastrointestinal repairs for acute bleeding.	48. Decrease the relative value.  Please note that this item has also been recommended for a descriptor change.	The rebate rate for this item would be reduced.	The Committee agreed that it is appropriate to lower the relative value of this item because anaesthesia services for these procedures are less complex, relative to anaesthesia services for other procedures. Reducing the rebate would also bring it in line with the rebate for item 20740, which has a similar level of complexity.
20750	This item is for anaesthesia services performed during procedures involving hernia repairs in the upper abdomen.	49. Increase the relative value.  Please note that some of these items have also been recommended for descriptor changes.	The rebate rate for these items would be increased.	The Committee agreed that it is appropriate to increase the relative value of this item because anaesthesia services for these procedures are more complex, relative to anaesthesia services for other procedures.
20810	This item is for anaesthesia services performed during gastrointestinal scopes in the lower abdomen (bowel).	50. Decrease the relative value.  Please note that this item has also been recommended for a descriptor change.	The rebate rate for this item would be reduced.	The Committee noted that anaesthesia services for this procedure are not particularly complex. For this reason, they are often performed by non-specialist anaesthetists and other clinicians. In light of this, the Committee agreed that the relative value was inappropriately high and should be reduced. This also aligns the relative value of this item with the relative value of item 20740, which covers anaesthesia for a similar procedure performed in the upper abdomen.

Item	What it does	Committee recommendation	What would be different	Why
21214	This item is for anaesthesia services performed during hip replacements.	51. Increase the relative value.  Please note that this item has also been recommended for descriptor changes.	The rebate rate for this item would be increased.	<p>The Committee has recommended dividing this item into two separate items to account for the different levels of complexity associated with primary and revision hip replacement procedures.</p> <p>The Committee also agreed that the relative value of this item should be increased to account for the deletion of commonly co-claimed T&amp;D items, which previously contributed to the total rebates payable for procedures of this kind. Increasing the relative value of this item ensures that the total rebate payable remains the same, despite the deletion of the T&amp;D items.</p>

Item	What it does	Committee recommendation	What would be different	Why
20174, 20176, 20192, 20210, 20212, 20214, 20216, 20220, 20225, 20230, 20305, 20320, 20321, 20350, 20355, 20405, 20406, 20450, 20452, 20472, 20474, 20475, 20500, 20526, 20528, 20540, 20542, 20546, 20548, 20560, 20600, 20604, 20620, 20630, 20670, 20680, 20704, 20752, 20756, 20770, 20790 20791, 20792, 20793, 20794, 20798, 20800, 20802, 20804, 20830, 20832, 20840, 20841, 20844, 20845, 20846, 20850, 20847, 20848, 20855, 20863, 20864, 20866, 20867, 20868, 20880, 20904, 20905, 20942, 20944, 20946, 20958, 20960, 21120, 21140, 21150, 21155, 21170, 21195, 21202, 21210, 21212, 21216, 21230, 21232, 21234, 21260, 21270, 21274, 21275, 21360, 21392, 21400, 21402, 21403, 21440, 21445, 21464, 21472, 21480, 21486, 21500, 21520, 21535, 21610, 21622, 21630, 21632, 21638, 21650, 21656, 21700, 21710, 21756, 21760, 21785, 21830, 21834, 21865, 21870, 21882, 21916, 21941, 21942, 21990	These items are for the administration of anaesthesia for various procedures.	52. Increase the relative value.	The rebate rate for these items would be increased. The items would not be modified in any other way.	The Committee considered the complexity of each item and agreed that these items require complex anaesthesia services. For this reason, it agreed that their relative values should be increased to accurately reflect this complexity, relative to other anaesthesia services.
20104, 20120, 20140, 20144, 20145, 20160, 20170, 20410, 20690, 20910, 20943, 20953, 21114, 21912, 21922, 21927, 21936, 21943, 21945, 21952, 21955, 22900, 22905,	These items are for the administration of anaesthesia for various procedures.	53. Reduce the relative value.	The rebate rate for these items would be reduced. The items would not be modified in any other way.	The Committee considered the complexity of each item and agreed that anaesthesia services for these items are less complex, relative to anaesthesia services for other items. For this reason, it agreed that the relative value of these items should be reduced in order to accurately reflect the lower level of complexity.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
20162	This item is for anaesthesia services performed during radical procedures on the nose and sinuses.	54. Delete the item.	The item would no longer be claimable under the MBS.	The Committee agreed that the existing item descriptor is vague and difficult to interpret, even for experienced clinicians. The Committee agreed that all procedures on the nose and sinuses could be appropriately claimed under other item numbers, and that this item is therefore redundant.
20705, 20805	These items are for anaesthesia services performed during diagnostic laparoscopic procedures.	55. Delete the items.	The items would no longer be claimable under the MBS.	The Committee noted that there are already items in the MBS that allow rebates for this procedure. It therefore agreed that these items are duplicates and are unnecessary.
20912	This item is for anaesthesia services performed when bladder cancers and other tumours are removed via endoscopy of the bladder (camera), performed during transurethral resections of bladder tumours.	56. Delete the item.	The item would no longer be claimable under the MBS.	The Committee agreed that this procedure could also be claimed under item 20910, and that it would be more appropriate to have only one item number for this procedure.
21926	This item is for anaesthesia services performed during fluoroscopy (X-ray examination).	57. Reduce the relative value.	The rebate rate for this item would be reduced. The item would not be modified in any other way.	The Committee agreed that it is appropriate to lower the relative value of this item because anaesthesia services for these procedures are less complex, relative to anaesthesia services for other procedures.
21965, 21997	These items were historically available for anaesthesia either in isolation or for non-specific reasons. Specific approval was required to use these items.	58. Delete the items.	The items would no longer be claimable under the MBS.	The Committee's review found that these items are rarely claimed and almost never approved for use. The Committee could not see any reason for keeping these items in the MBS, and it agreed that other anaesthesia items could be used for most foreseeable situations.

<b>Item</b>	<b>What it does</b>	<b>Committee recommendation</b>	<b>What would be different</b>	<b>Why</b>
20124, 20148, 20164, 20100, 20146, 20190, 20102, 20143, 20222, 20172, 20300, 20352, 20330, 20400, 20440, 20420, 20470, 20522, 20524, 20520, 20632, 20634, 20622, 20700, 20702, 20703, 20730, 20799, 20754, 20803, 20842, 20820, 20884, 20815, 20860, 20886, 20806, 20862, 20882, 20900, 20906, 20920, 20924, 20926, 20930, 20932, 20938, 20940, 20948, 20952, 20956, 20911, 20950, 20928, 20934, 20916, 20936, 20954, 21100, 21130, 21112, 21160, 21110, 21116, 21199, 21200, 21220, 21272, 21280, 21300, 21380, 21390, 21420, 21321, 21340, 21382, 21430, 21404, 21432, 21460, 21462, 21490, 21461, 21474, 21482, 21484, 21522, 21502, 21532, 21530, 21600, 21680, 21620, 21670, 21682, 21654, 21634, 21652, 21685, 21636, 21730, 21732, 21780, 21712, 21714, 21716, 21740, 21772, 21770, 21790, 21800, 21820, 21860, 21810, 21850, 21842, 21832, 21840, 21872, 21878, 21879, 21880, 21881, 21883, 21884, 21885, 21886, 21887, 21900, 21939, 21925, 21981, 21906, 21915, 21918, 21935, 21949, 21959, 21962, 21973, 21976, 21980, 21908, 21914, 21930, 21969, 21910, 21970, 21992.	These items are for the administration of anaesthesia for various procedures.	59. No change to these items.	No change will be made to these items.	The Committee considered the descriptors and the complexity of each of these items and agreed that no change needs to be made.

## Section 9: Other item recommendations

Item	What it does	Committee recommendation	What would be different	Why
13015, 13020, 13025, 13030	These items provide rebates for hyperbaric oxygen therapy, which is a medical treatment which aims to improve healing by administering 100% oxygen in a closed environment at pressures greater than atmospheric pressure. It is also used to treat decompression sickness which is a hazard of scuba diving.	60. No Change.	No change will be made to these items.	The Medical Services Advisory Committee reviewed these items at its August 2012 meeting. As such, the Committee agreed that it was not necessary to review these items again.
55130, 55131, 55135, 55136	These items provide rebates for transoesophageal echocardiography, which involves the placement of an ultrasound probe in the oesophagus, which is used to generate images of the heart and large blood vessels.	61. No change.	No change will be made to these items.	The Committee agreed that this procedure is a high value medical service. It did not identify concerns regarding safety, access, value or modern best practice that require a change to this item.
25200 and 25205	These items are for assisting anaesthetists to assist a primary anaesthetist when necessary in emergency situations.	62. No change.	No change will be made to these items.	The Committee did not identify concerns regarding safety, access, value or modern best practice that require a change to this item. It also agreed that these items are appropriately valued for relative complexity.

## Appendix C - Glossary

Term	Description
ANZCA	Australian and New Zealand College of Anaesthetists
ASA	Australian Society of Anaesthetists
CAGR	Compound annual growth rate, or the average annual growth rate over a specified time period.
Change	When referring to an item, 'change' describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
Consolidate	Describes when two items are recommended to be merged into one item.
EBP	Epidural blood patch
Delete	Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS.
Department, The	Australian Government Department of Health
DHS	Australian Government Department of Human Services
FY	Financial year
GP	General practitioner
High-value care	Services of proven efficacy reflecting current best medical practice, or for which the potential benefit to consumers exceeds the risk and costs.
Inappropriate use / misuse	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
Low-value care	Services that evidence suggests confer no or very little benefit to consumers; or for which the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of services do not provide proportional added benefits.
MBS	Medicare Benefits Schedule
MBS item	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits.
MBS service	The actual medical consultation, procedure or test to which the relevant MBS item refers.
MCRP	Medicare Claims Review Panel
Misuse (of MBS item)	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
MSAC	Medical Services Advisory Committee
New service	Describes when a new service has been recommended, with a new item number. In most circumstances, new services will need to go through the

Term	Description
	MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
No change or leave unchanged	Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (for example, references to other items, which may have changed as a result of the MBS Review or prior reviews).
Obsolete services / items	Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures.
PAD	Pre-operative autologous donation
PBS	Pharmaceutical Benefits Scheme
PDPH	Post-dural puncture headache
PS	Professional Standard (e.g., PS07, PS03, PS26)
RVG	Relative Value Guide
T&D	Therapeutic and diagnostic
The Committee	The Anaesthesia Clinical Committee of the MBS Review
The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid in 2015/16 unless otherwise specified.