



Medicare Benefits Schedule Review Taskforce

Taskforce Report for General Surgery Items

2019



Important note

The recommendations from the General Surgery Clinical Committee detailed in the body of this report, including the executive summary, were released for public consultation from 29 November 2018 until 8 March 2019. The General Surgery Clinical Committee considered feedback from the public consultation and made changes to a number of recommendations. The rationale for any amendments are included in text boxes throughout the report.

The final recommendations from the general Surgery Clinical Committee that were provided to the Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) are at the beginning of this report for easy reference.

The Taskforce has considered the final Clinical Committee recommendations and endorsed the report with minor changes.

The final recommendations will be provided to Government for their consideration.

1. Executive summary	10
1.1 Key recommendations.....	10
1.2 Consumer impact.....	11
2. About the Medicare Benefits Schedule (MBS) Review	12
2.1 Medicare and the MBS	12
2.1.1 What is Medicare?	12
2.2 What is the MBS?	12
2.3 What is the MBS Review Taskforce?	12
2.3.1 What are the goals of the Taskforce?	12
2.4 The Taskforce's approach	13
3. About the General Surgery Clinical Committee	16
3.1 General Surgery Clinical Committee members	16
3.2 Conflicts of interest.....	17
3.3 Areas of responsibility of the Committee.....	17
3.4 Summary of the Committee's review approach	19
4. Recommendations from the General Surgery Clinical Committee.....	20
4.1 Other surgery.....	21
4.1.1 Recommendation 1: Change the descriptor of item 30001.....	21
4.2 Laparotomy and Laparoscopy Items	22
4.2.1 Recommendation 2: Leave five laparotomy/ laparoscopy items unchanged	23
4.2.2 Recommendation 3: Combine two items in to one item, 30571.....	24
4.2.3 Recommendation 4: Combine three items in to one item, 30373	25
4.2.4 Recommendation 5: Combine two items in to one item, 30375.....	26
4.2.5 Recommendation 6: Combine three items in to one item, 30394	27
4.2.6 Recommendation 7: Combine three items in to one item, 30378	28
4.2.7 Recommendation 8: Change the descriptor for item 30379	29
4.2.8 Recommendation 9: Change the descriptor for item 30390	30
4.2.9 Recommendation 10: Change the descriptor for item 30388	30
4.2.10 Recommendation 11: Change the descriptor for item 30385	31
4.2.11 Recommendation 12: Change the descriptor for item 30384	32
4.2.12 Recommendation 13: Change the descriptor for item 30382	32
4.2.13 Recommendation 14: Change the descriptor for item 31454	33
4.2.14 Recommendation 15: Change the descriptor for item 30387	33
4.2.15 Recommendation 16: Change the descriptor for item 30396	34
4.2.16 Recommendation 17: Change the descriptor for item 30397	34
4.2.17 Recommendation 18: Change the descriptor for item 30399	35
4.2.18 Recommendation 19: Change the descriptor and attributed fee for item 30574.....	35
4.3 Small Bowel Resection Items.....	36
4.3.1 Recommendation 20: Leave three bowel resection items unchanged	37
4.3.2 Recommendation 21: Combine two items in to one item, 30564.....	37
4.3.3 Recommendation 22: Combine two numbers in to item 30568	38
4.3.4 Recommendation 23: Add two new items for peritonectomy in the MBS. ...	39
4.4 Abdominal Wall Hernia Items.....	41
4.4.1 Recommendation 24: Leave one item unchanged	42
4.4.2 Recommendation 25: Combine two items in to one item, 30609.....	42

4.4.3	Recommendation 26: Change the descriptors for items 30621, 30403 and 30405 and add item number 30XXX to provide a tiered system for ventral hernias	43
4.5	Oesophageal Items	45
4.5.1	Recommendation 27: Leave six items unchanged.....	46
4.5.2	Recommendation 28: Delete three oesophageal items from the MBS.....	46
4.5.3	Recommendation 29: Combine nine oesophagectomy items into three, 30545, 30547 and 30548.....	47
4.5.4	Recommendation 30: Combine four oesophagectomy items into three, 30535, 30536 and 30538.....	48
4.5.5	Recommendation 31: Combine two anti-reflux items into one, 30527	49
4.5.6	Recommendation 32: Change the descriptor for item 31468	50
4.5.7	Recommendation 33: Change the descriptor for item 30532	50
4.5.8	Recommendation 34: Change the descriptor for item 30560	51
4.5.9	Recommendation 35: Change the descriptor for item 30600	52
4.5.10	Recommendation 36: Change the descriptor for item 30601	52
4.6	Stomach Items	53
4.6.1	Recommendation 37: Leave four stomach items unchanged	54
4.6.2	Recommendation 38: Combine six vagotomy numbers in to one, 30496.....	54
4.6.3	Recommendation 39: Combine four peptic ulcer item numbers in to one, 30506.....	55
4.6.4	Recommendation 40: Combine two items in to item 30523.....	56
4.6.5	Recommendation 41: Change the descriptor for item 30526	56
4.6.6	Recommendation 42: Change the descriptor for item 30520	57
4.6.7	Recommendation 43: Change the descriptor for item 30515	57
4.6.8	Recommendation 44: Change descriptor for item 30517	58
4.7	Liver Items	59
4.7.1	Recommendation 45: Leave ten liver items unchanged.....	59
4.7.2	Recommendation 46: Combine four hydatid cyst items in to one, 30436.....	60
4.7.3	Recommendation 47: Combine three items in to one, 30602	61
4.7.4	Recommendation 48: Change the descriptor for item 30421	61
4.7.5	Recommendation 49: Change descriptor for item 30430	62
4.7.6	Recommendation 50: Change descriptor for item 30431	62
4.7.7	Recommendation 51: Change descriptor for item 30433	63
4.7.8	Recommendation 52: Change the descriptor for items 50950.....	63
4.7.9	Recommendation 53: Change the descriptor for items 50952.....	64
4.7.10	Recommendation 54: Change the descriptor for item 30416	64
4.7.11	Recommendation 55: Change the descriptor for item 30417	65
4.8	Biliary Items	66
4.8.1	Recommendation 56: Leave eight biliary items unchanged.....	67
4.8.2	Recommendation 57: Delete item 30446 from the MBS.	67
4.8.3	Recommendation 58: Combine two items in to one, 30466.....	68
4.8.4	Recommendation 59: Change descriptor for item 30445	68
4.8.5	Recommendation 60: Change the descriptor for item 30443	69
4.8.6	Recommendation 61: Change the descriptor for item 30448	69
4.8.7	Recommendation 62: Change descriptor for item 30439	70
4.8.8	Recommendation 63: Change the descriptor for item 30449	71
4.8.9	Recommendation 64: Change the descriptor for item 30454	71

4.8.10 Recommendation 65: Change the descriptor for item 30455	72
4.8.11 Recommendation 66: Change descriptor for item 30472	72
4.8.12 Recommendation 67: Change the descriptor for item 31472	73
4.8.13 Recommendation 68: Change the descriptor for item 30450	74
4.8.14 Recommendation 69: Change the descriptor for item 30461	74
4.8.15 Recommendation 70: Change the descriptor for item 30463	75
4.8.16 Recommendation 71: Change the descriptor for item 30464	75
4.9 Pancreas items.....	77
4.9.1 Recommendation 72: Leave 4 pancreas items unchanged	78
4.9.2 Recommendation 73: Combine two items in to item 30586.....	78
4.9.3 Recommendation 74: Change the descriptor for item 30584	79
4.9.4 Recommendation 75: Change the descriptor for item 30577	79
4.9.5 Recommendation 76: Add a new item for subsequent pancreatic necrosectomy in the MBS	80
4.9.6 Recommendation 77: Change the descriptor for item 30583	81
4.9.7 Recommendation 78: Add a new item for distal pancreatectomy with splenectomy to the MBS	81
4.10 Spleen Items	82
4.10.1 Recommendation 79: Leave two spleen items unchanged	82
4.10.2 Recommendation 80: Combine item 31470 with item 30597.....	83
4.11 Oncology Items.....	84
4.11.1 Recommendation 81: Leave three oncology items unchanged.....	85
4.11.2 Recommendation 82: Combine three items into one, 30578	85
4.11.3 Recommendation 83: Change the descriptor for item 30419	86
4.12 Lymph Node Items.....	87
4.12.1 Recommendation 84: Leave 10 lymph items unchanged	88
4.12.2 Recommendation 85: Combine two lymph items in to one, 30096	89
4.13 Wound Items	90
4.13.1 Recommendation 86: Review the fee structure for all wound items.....	92
4.13.2 Recommendation 87: Add 'excluding aftercare' to descriptors of seven items 93	
4.13.3 Recommendation 88: Combine two haematoma items in to one, 30219	94
4.13.4 Recommendation 89: Combine two items in to one, 30024	95
4.13.5 Recommendation 90: Change the descriptor for item 30023	96
4.13.6 Recommendation 91: Change the descriptor for item 30029	96
4.13.7 Recommendation 92: Change the descriptor for item 30042	97
4.13.8 Recommendation 93: Change the descriptor for item 30032	98
4.13.9 Recommendation 94: Change the descriptor for item 30035	99
4.13.10 Recommendation 95: Change the descriptor for item 30045	99
4.13.11 Recommendation 96: Change the descriptor for item 30049	100
4.13.12 Recommendation 97: Change the descriptor for item 30058	101
4.13.13 Recommendation 98: Add a new item number for neck wounds to the MBS.....	101
4.14 Excision Items	103
4.14.1 Recommendation 99: Leave 11 excision items unchanged	104
4.14.2 Recommendation 100: Delete item 30679 from the MBS.	105
4.14.3 Recommendation 101: Change the descriptor for item 30676.	105
4.14.4 Recommendation 102: Change the descriptor for item 30055	106

4.15 Bariatric Items.....	107
4.15.1 Bariatric Surgery Advisory Group Recommendation: Leave seven bariatric items unchanged	107
4.15.2 Bariatric Surgery Advisory Group Recommendation: Change the descriptor for item 31584.....	108
4.15.3 Bariatric Surgery Advisory Group Recommendation: Add a new item for mini gastric bypass- one anastomosis gastric bypass (OAGB)	109
5. Impact statement.....	110
6. References	112
7. Glossary	114

List of tables

Table 1: General Surgery Clinical Committee members.....	16
Table 2: Item numbers reviewed by classification	17
Table 3: Item introduction table for item 30001	21
Table 4: Item introduction table for items 30406, 30408, 30606, 30094 and 30392	23
Table 5: Item introduction table for items 30571 and 30572	24
Table 6: Item introduction table for items 30373, 30391 and 31450	25
Table 7: Item introduction table for items 30375 and 30376	26
Table 8: Item introduction table for items 30394, 30402 and 30575	27
Table 9: Item introduction table for 30378, 30393 and 31452	28
Table 10: Item introduction table for item 30379	29
Table 11: Item introduction table for item 30390	30
Table 12: Item introduction table for item 30388	30
Table 13: Item introduction table for item 30385	31
Table 14: Item introduction table for item 30384	32
Table 15: Item introduction table for item 30382	32
Table 16: Item introduction table for item 31454	33
Table 17: Item introduction table for item 30387	33
Table 18: Item introduction table for item 30396	34
Table 19: Item introduction table for item 30397	34
Table 20: Item introduction table for item 30399	35
Table 21: Item introduction table for item 30574	35
Table 22: Item introduction table for items 30562, 30563 and 30565	37
Table 23: Item introduction table for items 30564 and 30566	37
Table 24: Item introduction table for items 30568 and 30569	38
Table 25: Item introduction table for new items 30JJJ and 30KKK	39
Table 26: Item introduction table for item 30615	42
Table 27: Item introduction table for items 30609 and 30614	42
Table 28: Item introduction table for items 30403, 30405 and 30621	43
Table 29: Item introduction for new item 30XXX	43
Table 30: Item introduction table for items 30294, 30529, 30530, 30533, 30559 and 31466	46
Table 31: Item introduction table for items 30541, 30542 and 30544	46
Table 32: Item introduction table for items 30545, 30547, 30548, 30550, 30551, 30553, 30554, 30556 and 30557	47
Table 33: Item introduction table for items to combine into 30535, 30536, 30538 and 30539	48
Table 34: Item introduction table for items 30527 and 31464	49
Table 35: Item introduction table for item 31468	50
Table 36: Item introduction table for item 30532	50
Table 37: Item introduction table for item 30560	51
Table 38: Item introduction table for item 30600	52
Table 39: Item introduction table for item 30601	52
Table 40: Item introduction table for items 30518, 30521, 31460 and 31462	54
Table 41: Item introduction table for items 30496, 30497, 30499, 30500, 30502 and 30503	54
Table 42: Item introduction table for items 30505, 30506, 30508 and 30509	55
Table 43: Item introduction table for items 30523 and 30524	56

Table 44: Item introduction table for item 30526	56
Table 45: Item introduction table for item 30520	57
Table 46: Item introduction table for item 30515	57
Table 47: Item introduction table for item 30517	58
Table 48: Item introduction table for items to remain unchanged 30409, 30411, 30412, 30414, 30415, 30418, 30422, 30425, 30427 and 30428	59
Table 49: Item introduction table for items 30434, 30436, 30437 and 30438	60
Table 50: Item introduction table for items 30602, 30603 and 30605	61
Table 51: Item introduction table for item 30421	61
Table 52: Item introduction table for item 30430	62
Table 53: Item introduction table for item 30431	62
Table 54: Item introduction table for item 30433	63
Table 55: Item introduction table for items 50950	63
Table 56: Item introduction table for items 50952	64
Table 57: Item introduction table for item 30416	64
Table 58: Item introduction table for items 30417	65
Table 59: Item introduction table for items 30440, 30442, 30451, 30452, 30457, 30458, 30460 and 30469	67
Table 60: Item introduction table for item 30446	67
Table 61: Item introduction table for items 30466 and 30467	68
Table 62: Item introduction table for item 30445	68
Table 63: Item introduction table for item 30443	69
Table 64: Item introduction table for item 30448	69
Table 65: Item introduction table for item 30439	70
Table 66: Item introduction table for item 30449	71
Table 67: Item introduction table for item 30454	71
Table 68: Item introduction table for item 30455	72
Table 69: Item introduction table for item 30472	72
Table 70: Item introduction table for item 31472	73
Table 71: Item introduction table for item 30450	74
Table 72: Item introduction table for item 30461	74
Table 73: Item introduction table for item 30463	75
Table 74: Item introduction table for item 30464	75
Table 75: Item introduction table for items 30589, 30590, 30593 and 30594	78
Table 76: Item introduction table for items 30586 and 30587	78
Table 77: Item introduction table for item 30584	79
Table 78: Item introduction table for item 30577	79
Table 79: Item introduction table for new item 30LLL	80
Table 80: Item introduction table for item 30583	81
Table 81: Item introduction table for new item 30TTT	81
Table 82: Item introduction table for items 30596 and 30599	82
Table 83: Item introduction table for item 30597 and 31470	83
Table 84: Item introduction table for items 30400, 30441 and 31355	85
Table 85: Item introduction table for items 30578, 30580 and 30581	85
Table 86: Item introduction table for item 30419	86
Table 87: Item introduction table for items 30075, 3078, 30329, 30330, 31423, 31426, 31429, 31432, 31435 and 31438	88
Table 88: Item introduction table for item 30096 and 31420	89

Table 89: Item introduction table for items 30026, 30038, 30064, 30068, 30223, 30224 and 30225	93
Table 90: Item introduction table for items 30216 and 30219	94
Table 91: Item introduction table for items 30024 and 30229	95
Table 92: Item introduction table for item 30023	96
Table 93: Item introduction table for item 30029	96
Table 94: Item introduction table for item 30042	97
Table 95: Item introduction table for item 30032	98
Table 96: Item introduction table for item 30035	99
Table 97: Item introduction table for item 30045	99
Table 98: Item introduction table for item 30049	100
Table 99: Item introduction table for item 30058	101
Table 100: Item introduction table for item 30YYY	101
Table 101: Item introduction table for items 30099, 30103, 30104, 30107, 30187, 30189, 30226, 30232, 30235, 30238 and 31345 and 31350	104
Table 102: Item introduction table for item 30679	105
Table 103: Item introduction table for item 30676	105
Table 104: Item introduction table for item 30055	106
Table 105: Item introduction table for items 31569, 31572, 31575, 31578, 31581, 31587 and 31590	107
Table 106: Item introduction table for item 31584	108

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 and improve health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health (the Minister) that will allow the MBS to deliver on each of these four 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 General Surgery Clinical Committee (the Committee) was established in 2018 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The recommendations from the clinical committees are released for stakeholder consultation. The clinical committees consider feedback from stakeholders then provide recommendations to the Taskforce in a Review Report. The Taskforce considers the Review Reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

1.1 Key recommendations

The Committee reviewed 208 general surgery item numbers. They also provided comment on eight bariatric item numbers reviewed by the Bariatric Advisory Committee; seven breast items reviewed by the Breast Imaging Working Group; and 18 items reviewed by the Breast Cancer Surgery and Reconstruction Working Group.

The key recommendations from the Committee include:

- Combine all like-procedures that are currently separated by means of access (laparoscopic and open (laparotomy) techniques);
- Combine frequently co-claimed items or items with low service volume to reflect a complete service and adjust the relative reimbursement accordingly;
- Improve and reword descriptors to encourage current and evidence based practice;
- Delete general surgery items that are no longer performed as they do not represent best practice;

- Create new items for procedures where currently multiple items are claimed for the one procedure.
- Incentivise a two-surgeon approach for more complex and longer surgeries; and
- Increase the fee attributed to some wound items to cover the costs of providing services and incentivise wound care, as appropriate, in General Practice and primary health care centres.

1.2 Consumer impact

All recommendations have been summarised for consumers in Appendix A – Summary for consumers. The summary describes the medical service, the recommendation of the clinical experts and rationale behind the recommendations. A full consumer impact statement is available in Section 5.

The Committee believes that consumer feedback on the recommendations is important, and want to ascertain from consumers if the recommendations will be a benefit or disadvantage, and if so, how and why they will have this impact. Following public consultation, the Committee will assess the advice from consumers in order to ensure that all concerns are addressed. The Taskforce will then provide the recommendations to Government.

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.

Providing greater flexibility of approach (laparoscopic or open surgery) within the one item number supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology, while not impeding access to services.

Providing an item for preservation of the spleen when performing a distal pancreatectomy will support current best practice. Splenic preservation has multiple advantages for the consumer, including fewer postoperative complications such as abscesses in the resection bed, shorter length of hospitalization, and avoidance of the long-term risk of post-splenectomy sepsis related to encapsulated bacteria. (1) However, the Committee recognises that, in some cases, it is not possible or advantageous to preserve the spleen. For these cases, the Committee has recommended leaving an item number for distal pancreatectomy which involves the removal of the spleen.

Incentivising wound care in General Practice may free up emergency departments and ensure the patient has ready access to convenient, appropriate treatment with a doctor of their choice.

2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

2.1.1 What is Medicare?

Medicare is Australia's universal health scheme that 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)
- subsidised health professional services listed on the MBS.

2.2 What is the MBS?

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

2.3 What is the MBS Review Taskforce?

The Government established the Taskforce as an advisory body to review all of the 5,700 MBS items to ensure 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.

2.3.1 What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister that will allow the MBS to deliver on each of these four key 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 being 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 when 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 have 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 of the vision will go a long way to 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 benefit and are underused, particularly for patients who cannot readily access those services currently.

2.4 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 has 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 the committees to review MBS items using a framework based on Professor Adam Elshaug’s appropriate use criteria (2). 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, are misused 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.

The Taskforce has recommended that each MBS item in the surgical section (T8) of the MBS represents a complete medical service, highlighting that it is not appropriate to claim additional items in relation to a procedure that is intrinsic to the performance of that operation.

It is proposed that for surgical procedures, this principle will be implemented through restricting claiming to a maximum of three MBS surgical items for a single procedure or episode of care. For bilateral procedures benefits will be paid for a maximum of six surgical items for an episode of care. The existing multiple operation rule will be applied to these items.

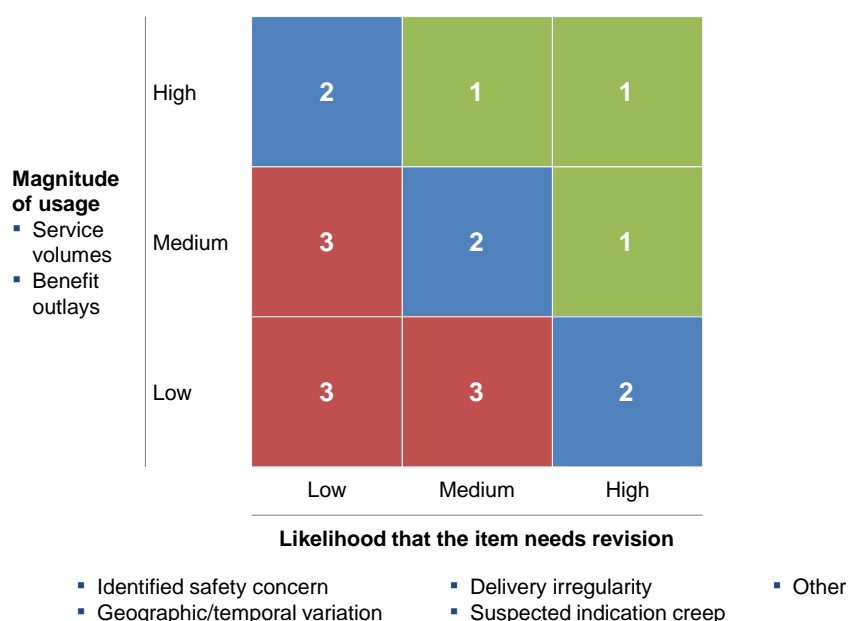
The Taskforce's rationale for making this recommendation is that 94 per cent of MBS benefits paid are for episodes where three or fewer items are claimed. On the occasions when more than three items are claimed in a single procedure or episode of care, there is often less transparency and greater inter-provider variability in benefits claimed for the same services, greater out-of-pocket expenditure for patients, and increased MBS expenditure that does not necessarily result in improved patient care.

Where the same group of three or more items are consistently co-claimed across providers, these represent a complete medical service and should be consolidated. Consolidation will improve consistency and optimise the quality of patient care; reduce unnecessary out-of-pocket costs for patients; and better correlate MBS expenditures with the actual services provided to patients.

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 has to develop a work plan and assign priorities, keeping in mind the objectives of the Review. Committees use 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:

- 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 misuse of indications or other concerns raised by the clinical committee (such as inappropriate co-claiming).

Figure 1: Prioritisation matrix



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 1). Clinical committees use this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.

3. About the General Surgery Clinical Committee

The Committee is part of the sixth tranche of clinical committees. It was established in 2018 to make recommendations to the Taskforce on MBS items within its remit, based on rapid evidence review and clinical expertise.

3.1 General Surgery Clinical Committee members

The Committee consists of 16 members, whose names, positions/organisations and declared conflicts of interest are listed in Table 1.

Table 1: General Surgery Clinical Committee members

Name	Position/organisation	Declared conflict of interest
Professor David Watters (Chair)	Professor of Surgery, Deakin University and Barwon Health	User of MBS services; Provider of MBS services; Past President and former Councillor of RACS, current member of its Global Health Committee; VAHI's Clinical Measurement and Reporting Committee and the Ministerial Advisory Committee for Surgical Services, Victoria
Professor Robert Padbury	Clinical Director of Surgery and Perioperative Medicine, Flinders Medical Centre, Adelaide	User of MBS services; Provider of MBS services
Professor Phillip Crowe	Researcher, UNSW; Director Sydney Sarcoma Unit Co-director Sarcoma Research Group, UNSW	User of MBS services; Provider of MBS services
Associate Professor Phillip Carson	Breast Surgeon and General Surgeon, Central Specialist Clinic, Darwin; Chair, Court of Examiners, Royal Australasian College of Surgeons	User of MBS services Provider of MBS services
Professor David Fletcher	RACS Councillor; Head Department General Surgery, Fiona Stanley Perth	User of MBS services; Provider of MBS services, Appointed member MSAC; IHPA
Professor Michael Besser	Emeritus Consultant Neurosurgeon, Sydney Lecturer in Neuroanatomy, University of Sydney Ex Officio, MBS Review Taskforce	User of MBS services.
Conjoint Professor Anne Duggan	Senior Staff Specialist Gastroenterologist, John Hunter Hospital Newcastle; Senior Clinical Advisor, Australian Commission on Safety and Quality in Health Care	User of MBS services; Provider of MBS services
Assoc Professor Austin Curtin	General Surgeon, St Vincent's Medical Centre Sub-Dean (Lismore) Northern Clinical School, University of Sydney	User of MBS services; Provider of MBS services
Assoc Professor Neil Collier	General and Breast Surgeon, Epworth Freemasons Private Hospitals, Melbourne	User of MBS services; Provider of MBS services
Mr Phillip Truskett	General Surgeon, Prince of Wales Hospital, Randwick	User of MBS services; Provider of MBS services; Member, CPMC
Mr Adrian Fox	General / Hepatobiliary Surgeon, St Vincent's Hospital and Box Hill Hospital, Melbourne	User of MBS services; Provider of MBS Services; Elected member Victorian State Committee RACS; Member, Victorian Board General Surgical Training, General Surgeons Australia
Dr Tammy Kimpton	President of Australian Indigenous Doctors' Association; General Practitioner, Scone Medical Practice NSW; Ex-Officio MBS Review Taskforce	User of MBS services; Provider of MBS services

Professor Robert Padbury	Clinical Director of Surgery and Perioperative Medicine, Flinders Medical Centre, Adelaide	User of MBS services; Provider of MBS services
Dr Linda Weber	Executive Editor, Anaesthesia and Intensive Care ASA, Anaesthetist, Brindabella Specialist Centre	User of MBS services; Provider of MBS services Director ProBills Australia
Dr Simon Torvaldsen	Chair of the AMA WA Council of General Practice General Practitioner, Third Avenue Surgery WA	User of MBS services Provider of MBS services
Susanne Tegen	Consumer	User of MBS Services, Member Australian Orthopaedic Education Committee, Member Royal Australian College of Surgeon IMG Committee, MBS Ophthalmology Clinical Review Committee
Joanne Baumgartner	Consumer	User of MBS Services, Community Care Clinical Governance, eHealth Consumer Reference Group, Community Member, Tribunals, Australian Health Practitioners Regulation Agency, Assessor, National Alliance of Self Regulating Health Professionals and Audiology Australia, member of the MBS Allied Health Reference Group and the General Gynaecology Working Group.

3.2 Conflicts of interest

All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Table 1, above. It is noted that the majority of the Committee members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e. 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.

3.3 Areas of responsibility of the Committee

The Committee was originally assigned 251 MBS items. Nine items were referred to other Clinical Committees and 34 were reviewed by specialist working groups. In addition, ten wound items will be further reviewed by the Wounds Management Working Group.

The 208 items reviewed by the Committee include:

Table 2: Item numbers reviewed by classification

Classification	No.	Item Numbers
Other surgery	1	30001
Laparoscopy/ Laparotomy	30	30094, 30373, 30375, 30376, 30378, 30379, 30382, 30384, 30385, 30387, 30388, 30390, 30391, 30392, 30393, 30394, 30396, 30397, 30399, 30402, 30406, 30408, 30571, 30572, 30574, 30575, 30606, 31450, 31452, 31454
Small Bowel Resection	7	30562, 30563, 30564, 30565, 30566, 30568, 30569
Abdominal Wall Hernias	6	30403, 30405, 30609, 30614, 30615, 30621
Oesophageal	29	30294, 30527, 30529, 30530, 30532, 30533, 30535, 30536, 30538, 30539, 30541, 30542, 30544, 30545, 30547, 30548, 30550, 30551, 30553, 30554, 30556, 30557, 30559, 30560, 30601, 30600, 31464, 31466, 31468

Classification	No.	Item Numbers
Stomach	20	30458, 30496, 30497, 30499, 30500, 30502, 30503, 30505, 30506, 30508, 30509, 30515, 30517, 30518, 30520, 30521, 30523, 30524, 30526, 31460, 31462
Liver	25	30409, 30411, 30412, 30414, 30415, 30416, 30417, 30418, 30421, 30422, 30425, 30427, 30428, 30430, 30431, 30433, 30434, 30436, 30437, 30438, 30602, 30603, 30605, 50950, 50952
Biliary	24	30439, 30440, 30442, 30443, 30445, 30446, 30448, 30449, 30450, 30451, 30452, 30454, 30455, 30457, 30460, 30461, 30463, 30464, 30466, 30467, 30469, 30472, 31472
Pancreas	9	30577, 30583, 30584, 30586, 30587, 30589, 30590, 30593, 30594
Spleen	4	30596, 30597, 30599, 31470
Oncology	7	30400, 30419, 30441, 30578, 30580, 30581, 31355
Lymph Nodes	12	30075, 30078, 30096, 30329, 30330, 31420, 31423, 31426, 31429, 31432, 31435, 31438
Wounds	19	30023, 30024, 30026, 30029, 30032, 30035, 30038, 30042, 30045, 30049, 30058, 30064, 30068, 30216, 30219, 30223, 30224, 30225, 30229
Excisions	15	30055, 30099, 30103, 30104, 30107, 30187, 30189, 30226, 30232, 30235, 30238, 30676, 30679, 31345, 31350

Eight bariatric items originally allocated to the Committee were reviewed by the Bariatric Advisory Committee and have been included in this report. These items include 31569, 31572, 31575, 31578, 31581, 31584, 31587 and 31590. These items have been provided within the General Surgery Clinical Committee report to Taskforce.

The Committee agreed that nine items originally allocated were outside of the specialist knowledge and experience of the group and as such, the items were referred to other Clinical Committees as. These numbers include:

1. 14212: Intussusception, management of fluid or gas reduction for (Anaes.)
2. 30052: Full Thickness Laceration of Ear, Eyelid, Nose or Lip, repair of, with accurate apposition of each layer of tissue (Assist.);
3. 30061: Superficial Foreign Body, removal of (including from Cornea or Sclera);
4. 30090: Diagnostic Needle Biopsy of Vertebra, where biopsy is sent for pathological examination;
5. 30093: Diagnostic Needle Biopsy of Vertebra, where biopsy is sent for pathological examination;
6. 30111: Bursa (large), including Olecranon, Calcaneum or Patella, excision of (Assist.)
7. 30114: Bursa, Semimembranous (Baker's Cyst), excision of (Anaes.) (Assist.)
8. 30672: Coccyx, excision of (Assist.); and
9. 43521: Operation on Skull (for chronic osteomyelitis) (Assist.).

Three lymph node items and 16 breast items originally allocated to the Committee were reviewed by the Breast Cancer Surgery and Reconstruction Working Group. The Committee was provided the opportunity to comment on these recommendations. Lymph node item numbers include 30332, 30335 and 30336. Breast items include 31500, 31503, 31506, 31509, 31512, 31515, 31516, 31519, 31524, 31525, 31551, 31554, 31557, 31560, 31563 and 31566.

A further seven breast items originally allocated to the Committee were reviewed by the Breast Imaging Working Group including 31530, 31533, 31536, 31539, 31542, 31545 and 31548.

Item 31346 was initially allocated to the General Surgery Clinical Committee, but as the item was reviewed as part of the Medicare Claims Review Panel and Cosmetic Services (Safeguarding Medicare Against Cosmetic Misuse) reviews from 2016-17, this Committee was no longer required to consider the item.

The Committee has considered item 30026, 30029, 30032, 30035, 30038, 30042, 30045, 30049, 30064 and 30068 and noted that these items will be further reviewed by the Wounds Management Working Group (WMWG).

The Committee noted feedback from the Australian College of Nurse Practitioners (ACNP) that Nurse Practitioners be granted access to item 31587 (gastric band adjustment) as for GPS. The Committee agreed the issues of Nurse Practitioner access to the bariatric items is outside its remit and the matter should be considered directly by the Taskforce.

3.4 Summary of the Committee's review approach

The Committee completed a review of its items across five full committee meetings: two face to face and three via teleconference, and through nine specialised working groups, during which the recommendations and rationales contained in this report were developed.

The review drew on various types of MBS data, including data on utilisation of items (services, benefits, patients, providers and growth rates); service provision (type of provider, geography of service provision); patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and additional provider and patient-level data, when required.

The Review also drew on data and evidence presented in the relevant literature and clinical guidelines, all of which are referenced in the report. Guidelines and literature were sourced from medical journals and other sources, such as professional societies.

In making recommendations, the Committee used a framework based on Professor Adam Elshaug's (3) the appropriate use criteria and the Principles and Rules Committee's (PARC) complete medical service principle.

The Committee consistently considered the impact of any recommendations on regional and remote Australia and ensured that recommendations did not negatively impact access to health care in these areas.

4. Recommendations from the General Surgery Clinical Committee

The Committee reviewed 208 assigned general surgery items and made recommendations based on evidence and clinical expertise, in consultation with relevant stakeholders. Of the 208 items, ten of the wound items will be further reviewed by the Wounds Management Working Group.

The item-level recommendations are described in this section. A Consumer Summary table of these recommendations can be found in Appendix A.

A summary of the Committee's recommendations for General Surgery items include:

- 70 items should remain unchanged;
- 5 items should be deleted from the MBS;
- 68 items should be combined into 27 items;
- 65 items require an update to the descriptor; and
- 6 new items created.

4.1 Other surgery

Item 30001 is intended to provide a derived fee for procedures that have commenced but discontinued due to the medical status of the patient.

This item has previously not had its own fee, but instead has been allocated a derivative fee based on the procedure that would have taken place had it not been cancelled. For example, where a patient was prepared and ready for an appendicectomy, and the surgeon was prepared and scrubbed, but the surgery was cancelled because the patient had an allergic reaction to the anaesthetic, the surgeon would claim a derivative fee of the appendicectomy. While Committee members reported that they have not used this item, consultation with the Taskforce indicated that the item should be reviewed and updated.

4.1.1 Recommendation 1: Change the descriptor of item 30001

Table 3: Item introduction table for item 30001

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30001	Operative procedure, not being a service to which any other item in this Group applies, being a service to which an item in this Group would have applied had the procedure not been discontinued on medical grounds	Derived Fee	-	-	-

Recommendation:

The Committee recommends that the new descriptor reads:

“Discontinuation of an operative procedure where the surgeon is prepared but the procedure was not commenced due to medical grounds, not being a service to which any other item applies”;

- a fee is attributed to the item commensurate with a consultation fee; and
- the Explanatory Notes direct that, for this item to be claimed, the surgeon must have discussed the decision with the patient and, given that the cancellation is likely to involve a face to face consultation, a case-based multidisciplinary discussion either at the time of sign-in or before, and after the patient has reached hospital is required.

Rationale:

- The Committee agreed that this item could be reworded to better describe a procedure that has been cancelled prior to commencement, but after preparation.
- The Committee considered advice from the Department which suggests that data on procedures not commenced is recorded against the item number of the intended procedure and not against 30001. Attributing a fee to the item will improve data collection on these cancelled surgeries.

4.2 Laparotomy and Laparoscopy Items

The Committee reviewed 30 laparotomy and laparoscopy items.

Laparoscopy and laparotomy are techniques used by surgeons to gain access to the abdominal and pelvic structures and spaces, whether intraperitoneal or extraperitoneal, in order to perform a surgical procedure or for diagnostic purposes.

- A laparotomy, also referred to as open surgery, describes a surgical incision through the abdominal wall which enables the surgeon to view the internal structures via the incision.
- A laparoscopy is a less invasive approach where a small incision is made to the abdominal wall through which a laparoscope and other surgical instruments can be placed through various ports to enable the surgeon to view the internal structures.

A number of General Surgery items describing like-procedures have historically been separated by the mode of access- laparotomy or laparoscopy.

The Committee is of the opinion that, in modern practice, the approach used to perform a procedure on the abdomen or retroperitoneum should not affect the item number. Laparoscopic and other minimally invasive approaches such as robotic surgeries have become more common than open surgeries as surgeons have become more familiar with these minimally invasive approaches. An example of this is appendicectomy which was traditionally performed by an open approach but is now more often performed laparoscopically. Major bowel resections, splenectomy, cholecystectomy and bariatric surgery are also more commonly performed laparoscopically and, increasingly, by a laparoscopic approach using a robot.

Laparoscopic, robotic and other minimally invasive approaches (for example thoracoscopy), are no longer "new" and do not require an incentive to ensure they are utilised.

In modern practice an open, (laparotomy) approach is more likely to be performed for cases that have anticipated challenges with displaying the operative field, or particular pathology that is expected to prove difficult to dissect or resect using a minimally invasive approach. An open operation is likely to have longer after-care, given the patients' longer post-operative stay.

Laparoscopic or minimally invasive surgery might take longer, incisions are quicker to make and close. The shorter postoperative stay and sometimes more straightforward procedure mean that there is little difference to the overall time required by the surgeon to perform the procedure.

To this end, the Committee agreed that there is no justification for this separation as each technique has a specific place in surgery and both can have equal complexity. The Committee has made several recommendations to combine like-procedures on this basis.

This proposal was supported by Australia and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA), who advised that separating open versus laparoscopic procedures was now obsolete as they are both ‘merely a means of access’.

The Australian and New Zealand Hepatic, Pancreatic and Biliary Association Inc. (ANZHPBA) concurred, suggesting that there was no benefit to the separation and recommended combining all like-procedures currently separated by mode of access.

The Committee’s recommendations regarding open and minimally invasive approaches are relevant to common general surgical and colorectal procedures, including for example appendicectomy, cholecystectomy, inguinal and ventral hernia repairs, bowel resections, division of adhesions and drainage of abscesses, pancreatic pseudocysts, or management of postoperative complications.

4.2.1 Recommendation 2: Leave five laparotomy/ laparoscopy items unchanged

Table 4: Item introduction table for items 30406, 30408, 30606, 30094 and 30392

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30406	Paracentesis abdominis (Anaes.)	\$52.20	6,312	\$259,853	2.6%
30408	Peritoneovenous shunt, insertion of (Anaes.) (Assist.)	\$392.10	10	\$2,647	-5.1%
30606	Portal hypertension, oesophageal transection via stapler or oversew of gastric varices with or without devascularisation (Anaes.) (Assist.)	\$1,110.80	2	\$1,666	-22.2%
30094	Diagnostic percutaneous aspiration biopsy of deep organ using interventional imaging techniques - but not including imaging, where the biopsy is sent for pathological examination (Anaes.)	\$189.40	62,620	\$9,788,605	5.1%
30392	Radical or debulking operation for advanced intra-abdominal malignancy, with or without omentectomy, as an independent procedure (Anaes.) (Assist.)	\$674.50	61	\$19,233	6.8%

Recommendation:

The Committee recommends that items 30406, 30408, 30606 and 30094 remain unchanged.

Rationale:

30406: This item is well used and appropriately reflects the procedure, which describes cavity fluid sampling in which the peritoneal cavity is punctured by a needle to sample peritoneal fluid, and is considered to be current best practice. This procedure is not reflected under other item numbers.

30408: A peritoneovenous shunt drains peritoneal fluid (ascites) from the peritoneum into the central venous system, usually via the internal jugular vein or the superior vena cava. While this is not a common procedure, it is necessary in certain cases. This procedure is not reflected under other item numbers.

30606: This is a rare but life-saving procedure. While it is not a first-line treatment, it is necessary when other treatments are not feasible or have failed for various reasons. There is no other item that accurately reflects this procedure.

30094: This is a well-used item, primarily by radiologists, which describes the procedure accurately. The procedure reflects current best practice. It is advantageous to obtain a percutaneous biopsy under imaging guidance rather than by open procedure whenever practical and safe.

30392: The Committee initially considered changing this item to reflect peritonectomy. Although the Committee recommends introducing new time tiered item numbers for peritonectomy in designated centres, the procedure described by 30392 is not the equivalent of a peritonectomy. Rather, it is a debulking operation performed for advanced, and irresectable intra-abdominal malignancy. As such, it is recommended that this item remain unchanged. The Clinical Oncology Society of Australia (COSA) agree with leaving this item unchanged.

4.2.2 Recommendation 3: Combine two items in to one item, 30571

Table 5: Item introduction table for items 30571 and 30572

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30571	Appendicectomy, not being a service to which item 30574 applies on a person 10 years of age or over (Anaes.) (Assist.)	\$ 445.40	391	\$119,312	-19.5%
30572	Laparoscopic appendicectomy on a person 10 years of age or over.	\$445.40	8,010	\$2,484,253	1.0%

Recommendation:

The Committee recommends that item 30572 is combined with item 30571 and the new descriptor reads:

"Appendicectomy on a person 10 years of age or over whether performed by laparoscopy or right iliac fossa open incision, or conversion of a laparoscopy to an open right iliac fossa incision, not being a service to which item 30574 applies (Anaes.) (Assist.)."

Rationale:

- There is no significant difference in the magnitude or the complexity of the approach by laparotomy, laparoscopic or robotic approach, or the procedure performed.
- Surgical practice has changed over the last 20-30 years in that laparoscopy has become the more common approach to perform appendicectomy, yet there are still cases where a right iliac fossa incision is safer and more appropriate to manage the appendicular pathology.

4.2.3 Recommendation 4: Combine three items in to one item, 30373

Table 6: Item introduction table for items 30373, 30391 and 31450

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30373	Laparotomy (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed (Anaes.) (Assist.)	\$483.25	330	\$106,081	-3.4%
30391	Laparoscopy, with biopsy (Anaes.) (Assist.)	\$284.35	1,902	\$266,402	5.6%
31450	Laparoscopic division of adhesions, as an independent procedure, where the time taken is 1 hour or less (Anaes.) (Assist.)	\$406.65	431	\$128,799	1.4%

Recommendation:

The Committee recommends that:

- items 30391 and 31450 are combined in to item number 30373 with changes to the descriptor;
- this item is reserved for elective laparotomies and laparoscopies;
- the new descriptor reads:

“Laparotomy or laparoscopy, or laparoscopy converted to laparotomy, with or without associated biopsies and/or including the division of adhesions where the time taken to divide adhesions is less than 45 minutes. (Anaes.) (Assist.)”; and

- the fee should reflect the current value of item 30373.

Rationale:

- This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor better reflects current surgical best practice.
- The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeon’s expertise and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- There will be no loss of access as a result of combining these items.
- The combination supports the simplification of the MBS.
- Combining these items supports the complete medical service principle.

4.2.4 Recommendation 5: Combine two items in to one item, 30375

Table 7: Item introduction table for items 30375 and 30376

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30375	Caecostomy, enterostomy, colostomy, enterotomy, colotomy, cholecystostomy, gastrostomy, gastrotomy, on a person 10 years of age or over reduction of intussusception, removal of meckel's diverticulum, suture of perforated peptic ulcer, simple repair of ruptured viscus, reduction of volvulus, pyloroplasty (adult) or drainage of pancreas (Anaes.) (Assist.)	\$521.25	3,023	\$625,192	3.9%
30376	Laparotomy involving division of peritoneal adhesions (where no other intraabdominal procedure is performed) on a person 10 years of age or over (Anaes.) (Assist.)	\$521.25	408	\$152,373	0.5%

The Committee recommends that:

- the 30376 is combined with 30375, with changes to the descriptor;
- the descriptor should read:

“Laparotomy or laparoscopy on a person 10 or more years of age for one of the following procedures: colostomy, colotomy, cholecystostomy, enterostomy, enterotomy, gastrostomy, gastrotomy, caecostomy, gastric fixation by cardiopexy, division of one or more adhesions where the time taken to divide the adhesions is less than 45 minutes, reduction of intussusception, simple repair of ruptured viscus including perforated peptic ulcer, reduction of volvulus, or drainage of pancreas where no other intra-abdominal procedure is performed. (Anaes.) (Assist.)”.

Rationale:

- This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy, laparoscopic or robotic approach.
- The proposed descriptor better reflects current surgical best practice.
- The approach used to perform an exploration of the abdomen is determined by the patient's pathology and surgical decision, and/ or the surgeon's experience.
- The combination supports the surgeon to choose the appropriate procedure for the patient based on expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- Cardiopexy, while not regarded as formal anti-reflux surgery, is still required in some circumstances and as such, has been included in the proposed descriptor.
- There will be no loss of access as a result of combining the items.

4.2.5 Recommendation 6: Combine three items in to one item, 30394

Table 8: Item introduction table for items 30394, 30402 and 30575

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30394	Laparotomy for drainage of subphrenic abscess, pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendectomy (Anaes.) (Assist.)	\$492.85	650	\$146,246	-1.5%
30402	Retroperitoneal abscess, drainage of, not involving laparotomy (Anaes.) (Assist.)	\$464.60	137	\$40,557	6.5%
30575	Pancreatic abscess, laparotomy and external drainage of, not requiring retro-pancreatic dissection (Anaes.) (Assist.)	\$512.70	16	\$4,038	-5.3%

Recommendation:

The Committee recommends that:

- items 30402 and 30575 are combined in to 30394 with changes to the descriptor;
- the new descriptor should read:
“Laparotomy, laparoscopy or extra-peritoneal approach for drainage of an intra-abdominal, pancreatic, or retroperitoneal collection/abscess (Anaes.) (Assist.)”; and
- the attributed fee should be equivalent to that currently attributed to item 30375 (\$521.25).

Rationale:

- This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor better reflects current surgical best practice.
- The combination supports the surgeon to choose the appropriate approach and procedure for the patient based on the surgeon’s expertise and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- There will be no loss of access as a result of combining these items.
- The combination supports the simplification of the MBS.
- Combining these items supports the complete medical service principle.

4.2.6 Recommendation 7: Combine three items in to one item, 30378

Table 9: Item introduction table for 30378, 30393 and 31452

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30378	Laparotomy involving division of adhesions in conjunction with another intraabdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours, on a person 10 years of age or over (Anaes.) (Assist.)	\$523.70	5,695	\$1,122,968	0.9%
30393	Laparoscopic division of adhesions in association with another intra-abdominal procedure where the time taken to divide the adhesions exceeds 45 minutes (Anaes.) (Assist.)	\$523.70	21,012	\$4,433,833	12.1%
31452	Laparoscopic division of adhesions, as an independent procedure, where the time taken is more than 1 hour (Anaes.) (Assist.)	\$711.50	417	\$219,928	6.2%

Recommendation:

The Committee recommends that:

- items 30393 and 31452 are combined in to 30378 with changes to the descriptor;
- the descriptor should read:

“Laparotomy or laparoscopy with division of adhesions (where the time taken for division of the adhesions takes more than 45 minutes but less than 2 hours), including where the division of adhesions which may be performed in conjunction with another procedure to provide access to a surgical field, but excluding mobilisation or dissection of the organ or structure for which the primary procedure is being carried out (Anaes.) (Assist.)”; and

- the attributed fee should be that of item 30378 at \$523.70.

Rationale:

- Division of congenital adhesions or 'mobilising' the organ is considered to be part of the primary procedure item number where the division of adhesions is being conducted in conjunction with another procedure. It should not be claimed under this item as it is already a part of the complete surgical service defined by the recommended descriptor.
- This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor better reflects current surgical best practice.
- The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- There will be no loss of access as a result of combining these items.
- The combination supports the simplification of the MBS.
- Combining these items supports the complete medical service principle.
- There will be no loss of access to these procedures by combining the items.

4.2.7 Recommendation 8: Change the descriptor for item 30379

Table 10: Item introduction table for item 30379

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30379	Laparotomy with division of extensive adhesions (duration greater than 2 hours) with or without insertion of long intestinal tube (Anaes.) (Assist.)	\$928.15	2,660	\$1,085,306	6.0%

Recommendation:

The Committee recommends that:

- this item is reserved for complex and prolonged division of adhesions taking longer than two hours; either as an emergency procedure or in addition to another elective procedure where access to the operative field is limited by extensive adhesions.
- the descriptor should read:
“Laparotomy or laparoscopy for intestinal obstruction or division of extensive, complex adhesions performed either as a primary procedure, or when the division of adhesions is performed in conjunction with another procedure to provide access to a surgical field, but excluding mobilisation or dissection of the organ or structure for which the primary procedure is being carried out. (duration of more than 2 hours) (Anaes.) (Assist.)”; and
- Explanatory Note TN 8.14 requires updating to define ‘mobilising organs’ or creating a space or a working field to better reach the appropriate area.

Rationale:

- The proposed descriptor supports the simplification of the MBS and reflects current surgical best practice.
- The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- Division of congenital adhesions or 'mobilising' the organ is considered to be best practice. It should not be claimed under this item as is already a part of the complete medical service defined by the recommended descriptor.

4.2.8 Recommendation 9: Change the descriptor for item 30390

Table 11: Item introduction table for item 30390

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30390	Laparoscopy, diagnostic, not being a service associated with any other laparoscopic procedure, on a person 10 years of age or over (Anaes.)	\$219.95	8,823	\$844,980	0.2%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparoscopy, diagnostic, plus or minus aspiration of fluid, where no other intra-abdominal procedure is performed, on a person 10 years of age or over. It cannot be claimed with any other abdominal item number (Anaes.) (Assist)”.

Rationale:

- There is no longer justification for surgeons to add 30390 as an additional item number to the procedure code to be used as other Committee recommendations have supported the complete medical service principle, which would include the procedure described by this item.
- The new descriptor adequately and accurately reflects the procedure.
- 58 percent of claims for this item are made by General Surgeons, 26 percent by Obstetrics and Gynaecology specialists and 13 percent by Urologists and two percent by Paediatric Surgeons. The remaining one percent of claims was from a variety of surgical specialties.
- It is recognised that the procedure may still be co claimed with an extra abdominal item such as a vaginal hysterectomy.

4.2.9 Recommendation 10: Change the descriptor for item 30388

Table 12: Item introduction table for item 30388

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30388	Laparotomy for trauma involving 3 or more organs (Anaes.) (Assist.)	\$1,597.55	9	\$10,784	-13.9%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparotomy for major abdominal trauma that includes the control of haemorrhage, with or without packing, containment of contamination and damage control (Anaes.) (Assist.)”; and

- The fee should be reduced by one third of the current attributed fee.

Rationale:

- This procedure is seldom used in its current form.
- The item number does not adequately describe what is required.
- There needs to be an abdominal trauma item number that reflects control of haemorrhage and damage control as these concepts have been introduced into clinical practice in the last 20 years.
- Where three or more organs are involved, the current practice is still generally damage control and packing.
- Where splenectomy, liver repair or bowel resection is involved there are appropriate item numbers (see below) that address these procedures.
- While the item has only been used nine times, it guides the fee for service for trauma care and traffic accidents in public hospitals.

4.2.10 Recommendation 11: Change the descriptor for item 30385**Table 13: Item introduction table for item 30385**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30385	Laparotomy for control of postoperative haemorrhage, where no other procedure is performed (Anaes.) (Assist.)	\$563.30	\$90,708	218	-5.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Unplanned return to theatre for laparotomy or laparoscopy for control or drainage of intra-abdominal haemorrhage following abdominal surgery (Anaes.) (Assist.)”

Rationale:

- While this procedure is not often used, it is important to retain this item number to assist with recording the number of unplanned returns to theatre for post-operative haemorrhage, which is now one of the 16 listed hospital acquired complications (4).
- The change in descriptor ensures that the item number better reflects current best practice, and better describes the approaches used in managing post-operative haemorrhage.
- The former descriptor required that no other procedure be performed, which was ambiguous and confusing. Further, in some cases, it may be essential to perform an additional procedure at the same time.

4.2.11 Recommendation 12: Change the descriptor for item 30384

Table 14: Item introduction table for item 30384

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30384	Laparotomy for grading of lymphoma, including splenectomy, liver biopsies, lymph node biopsies and oophorectomy (Anaes.) (Assist.)	\$1,099.40	60	\$49,063	2.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Open or minimally invasive excision of a retroperitoneal mass (Anaes.) (Assist.)”; and

- the fee should be the same as that attributed to item 30323 (\$1,364.90), which would mean an increase in the value of this item.

Rationale:

- This is a complex procedure of equal difficulty and potential time taken to that described by item 30323.
- The operation previously described by 30384 does not reflect modern practice or provide for the large number of possible retroperitoneal masses arising from other retroperitoneal structures (5).

4.2.12 Recommendation 13: Change the descriptor for item 30382

Table 15: Item introduction table for item 30382

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30382	Enterocutaneous fistula, radical repair of, involving extensive dissection and resection of bowel (Anaes.) (Assist.)	\$1,306.90	103	\$92,986	7.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Enterocutaneous fistula, laparotomy to perform repair of, involving extensive dissection and resection of bowel, with or without anastomosis or formation of a stoma. (Anaes.) (Assist.)”.

Rationale:

- The proposed descriptor describes the repair of a fistula in a clinically unwell patient who often is on Total Parenteral Nutrition (TPN), which better describes current best surgical practice.

4.2.13 Recommendation 14: Change the descriptor for item 31454

Table 16: Item introduction table for item 31454

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
31454	Laparoscopy with drainage of pus, bile or blood, as an independent procedure (Anaes.) (Assist.)	\$563.30	568	\$237,237	6.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparoscopy with drainage of bile as an independent procedure (Anaes.) (Assist.)”

Rationale:

- The Committee considered deleting this item, which was supported by Interventional Radiologists. However, while other numbers can easily cover drainage of pus and blood, there may be a need in certain instances for drainage of bile alone, for example in managing complications of cholecystectomy. The Committee felt that retaining the item and changing the descriptor was a safer option.
- Retaining the item number will assist with auditing of intra-abdominal complications, given national reporting of hospital acquired complications now includes unplanned returns to theatre.
- Drainage of other fluids, including blood and pus, have been separately dealt with by 30385 and 30394 respectively.
- This item is now likely to be used less in the future but will still be required.
- The proposed descriptor supports the simplification of the MBS.

4.2.14 Recommendation 15: Change the descriptor for item 30387

Table 17: Item introduction table for item 30387

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30387	Laparotomy involving operation on abdominal viscera (including pelvic viscera), not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$635.00	706	\$231,215	-4.5%

Recommendation:

The Committee recommends that the new descriptor should read:

"Laparotomy or laparoscopy involving operation on abdominal, retroperitoneal or pelvic viscera including Lymph node biopsy not being a service to which another item in this group applies."

Rationale:

- The new descriptor better describes current best practice.

4.2.15 Recommendation 16: Change the descriptor for item 30396**Table 18: Item introduction table for item 30396**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30396	Laparotomy for gross intra peritoneal sepsis requiring debridement of fibrin, with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity via a major abdominal incision with or without closure of abdomen and with or without mesh or zipper insertion (Anaes.) (Assist.)	\$1,016.55	1,355	\$841,189	2.3%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparotomy or laparoscopy for generalised intraperitoneal sepsis (or peritonitis) with or without removal of foreign material or enteric contents, with lavage of the entire peritoneal cavity, with or without closure of the abdomen when performed by laparotomy.”

Rationale:

- The updated descriptor better describes current best practice.
- This procedure presents a high risk for the patient. There is significant after care involved given the impact of sepsis on multiple organ systems and the need for monitoring and multiple system support, and a longer postoperative recovery in hospital.
- This procedure is currently being conducted at designated centres.

4.2.16 Recommendation 17: Change the descriptor for item 30397**Table 19: Item introduction table for item 30397**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30397	Laparostomy, via wound previously made and left open or closed with zipper, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes.)	\$232.35	91	\$12,772	-2.6%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparostomy, via wound previously made and left open or closed, involving change of dressings or packs, and with or without drainage of loculated collections (Anaes.)”

Rationale:

- The removal of the specific reference to ‘zipper’ acknowledges that there are multiple current and future methods which will be used to maintain a laparostomy, and thus renders the MBS more future proof.

4.2.17 Recommendation 18: Change the descriptor for item 30399

Table 20: Item introduction table for item 30399

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30399	Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs and removal of mesh or zipper if previously inserted (Anaes.) (Assist.)	\$319.60	42	\$6,946	-4.5%

Recommendation:

The Committee recommends that the new descriptor reads:

“Laparostomy, final closure of wound made at previous operation, after removal of dressings or packs (Anaes.) (Assist.)”

Rationale:

- The change in descriptor better reflects current best practice.
- The removal of the specific reference to ‘mesh’ or ‘zipper’ acknowledges that there are multiple current and future methods which will be used to maintain a laparostomy, and thus renders the MBS more future proof.

4.2.18 Recommendation 19: Change the descriptor and attributed fee for item 30574

Table 21: Item introduction table for item 30574

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30574	Appendicectomy, when performed in conjunction with any other intraabdominal procedure through the same incision (Anaes.)	\$123.25	716	\$34,402	-4.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Appendicectomy, when performed in conjunction with any other intraabdominal procedure and a specimen is sent for pathological testing (Anaes.)”; and

- the attributed fee is reduced to half of the current \$123.25 fee.

Rationale:

- Appendicectomy would only be justified where the appendix is thought to be pathological or where there is diagnostic doubt as to whether the appendix is the cause of the clinical problem- in these cases it is more appropriate to use item 30571.
- The words “same incision” suggest an open procedure whereas appendicectomy in conjunction with another procedure is just as likely to be performed during laparoscopic surgery. Removal of these words reflects current practice.
- Changing the descriptor to include “where the appendix is sent for histopathology”, for this item will reduce the likelihood of an appendicectomy where there is no clinical indication to perform one.

4.3 Small Bowel Resection Items

The Committee reviewed a total of seven small bowel resection items.

The small intestine consists of the duodenum, jejunum, and ileum. A small bowel resection, also known as an enterotomy, may be performed for the following conditions:

- Intestinal obstruction: involves partial or complete blockage of the bowel resulting in the failure of the intestinal contents to pass through. Intestinal obstruction is usually treated by decompressing the intestine with suction. In cases where decompression does not relieve the symptoms, or if tissue death is suspected, bowel resection may be considered.
- Injuries: trauma may result in blunt or penetrating bowel injuries that require repair or resection.
- Crohn's disease: a chronic inflammatory condition that affects the digestive tract, including the small intestine. First line treatment is medication, however if this fails to effectively control symptoms, surgery may be required to close fistulas or remove part of the intestine where the inflammation is worst.
- Ulcers: these are crater-like lesions on the mucous membrane of the small bowel caused by an inflammatory, infectious, or malignant condition that often requires surgery and in some cases, bowel resection.
- Cancer: while rare, cancer of the small bowel can include adenocarcinoma, lymphoma, sarcoma, and carcinoid tumours. Surgery is the most common treatment.
- Precancerous polyps: these are growths that project from the lining of the intestine. Polyps are usually benign and are asymptomatic. However, they can cause rectal bleeding and develop into malignancies over time. When polyps have a high chance of becoming cancerous, bowel resection is usually indicated.

The Committee is recommending the addition of two new small bowel resection items to the MBS. These proposed items describe peritonectomy and hyperthermic intraperitoneal chemotherapy (HIPEC).

Peritonectomy and HIPEC is now an established procedure and is undertaken at a limited number of specialist centres (one in each state and two in New South Wales) across Australia. There are currently six approved centres (but this may increase in the future).

There are some 300-350 procedures performed annually, though these are largely within the public system, and the procedure is now included as part of the current National Health and Medical Research Council (NHMRC) clinical practice guidelines for the prevention, early detection and management of colorectal cancer. (9) However, there are currently no alternative items on the MBS which describe peritonectomy, and currently up to fifteen items are being claimed for this procedure.

Peritonectomy is a surgical procedure to remove peritoneal mitotic disease. This is most commonly applied to pseudomyxoma peritonei and to peritoneal colorectal, gastric and ovarian cancers, but may also be applied to patients with peritoneal mesothelioma.

Cytoreductive surgery is performed during the peritonectomy to enable removal all the visible tumour within the peritoneal cavity. This may involve resection of a number of organs as well as stripping of wide areas of peritoneum, including subdiaphragmatic, to optimise the ability to remove all disease.

Cytoreductive surgery is usually combined with HIPEC, which is delivered to the peritoneal cavity during the operation, as a component of the operative procedure, to maximise the likelihood of elimination of all the tumour cells and minimize the risk of recurrence.

These items are in contrast to debulking and cytoreductive procedures for MBS items 30392 and 35720.

4.3.1 Recommendation 20: Leave three bowel resection items unchanged

Table 22: Item introduction table for items 30562, 30563 and 30565

Item	Descriptor	Schedule fee	Services FY 2015/16	Benefits FY 2015/16	5 Year service change % (CAGR)
30562	Enterostomy or colostomy, closure of (not involving resection of bowel), on a person 10 years of age or over (Anaes.) (Assist.)	\$595.00	907	\$275,343	-0.5%
30563	Colostomy or ileostomy, refashioning of, on a person 10 years of age or over (Anaes.) (Assist.)	\$595.00	321	\$100,967	-1.9%
30565	Small intestine, resection of, without anastomosis (including formation of stoma) (Anaes.) (Assist.)	\$871.30	819	\$287,235	7.6%

Recommendation:

The Committee recommends that items 30562, 30563 and 30565 remain unchanged.

Rationale:

- The items adequately describe the procedures and are reflective of current surgical best practice.
- The Committee agreed that these items are likely being used appropriately.

4.3.2 Recommendation 21: Combine two items in to one item, 30564

Table 23: Item introduction table for items 30564 and 30566

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	5 Year service change % (CAGR)
30564	Small bowel strictureplasty for chronic inflammatory bowel disease (Anaes.) (Assist.)	\$772.30	51	\$14,534	-11.7%
30566	Small intestine, resection of, with anastomosis, on a person 10 years of age or over (Anaes.) (Assist.)	\$967.85	3,023	\$1,721,563	1.7%

Recommendation:

- The Committee recommends that:
- item 30564 is combined with item 30566;
- the new descriptor reads:
 “Small intestine, resection of, including a small bowel diverticulum (such as Meckel’s procedure) with anastomosis, or stricturoplasty, (Anaes.) (Assist.)”; and
- the fee should be that currently attributed to item 30566.

Rationale:

- Stricturoplasty is often a more challenging procedure than small bowel resection and the operative decision will often be to perform stricturoplasty or a small bowel.
- There should be no incentive to perform a small bowel resection rather than stricturoplasty wherever possible. (6)
- Stricturoplasty may be performed for strictures other than chronic inflammatory bowel disease which is why this is being omitted from the new descriptor.
- Resection of a diverticulum and closure/re-anastomosis of the small bowel is also just as challenging as a small bowel resection and anastomosis, and this includes procedures to excise a Meckel’s diverticulum

4.3.3 Recommendation 22: Combine two numbers in to item 30568**Table 24: Item introduction table for items 30568 and 30569**

Item	Descriptor	Schedule fee	Services FY 2015/16	Benefits FY 2015/16	5 Year service change % (CAGR)
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy (Anaes.) (Assist.)	\$726.05	24	\$ 6,837	0.0%
30569	Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies (Anaes.) (Assist.)	\$370.20	19	\$2,067	-4.6%

Recommendation:

The Committee recommends that:

- item 30568 is combined with 30569; and
- the new descriptor reads:
 “Intraoperative enterotomy for visualisation of the small intestine by endoscopy including endoscopic examination using a flexible endoscope with or without biopsies (Anaes.) (Assist.)”; and
- the fee should be that currently attributed to item 30568.

Rationale:

- The items describe similar procedures that can easily be combined.
- The new descriptor represents a complete medical service- one procedure (30569) is not done without the other (30568).
- The proposed combination supports the simplification of the MBS.

4.3.4 Recommendation 23: Add two new items for peritonectomy in the MBS.

Table 25: Item introduction table for new items 30JJJ and 30KKK

Item	Descriptor	Schedule fee
30JJJ	Peritonectomy less than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)	~\$2,000
30KKK	Peritonectomy greater than 5 hours, involving multiviscera, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)	~\$3,500

The Committee recommends that:

- two new item numbers are added to the MBS to provide for peritonectomy;
- the item numbers are time-tiered at less than five hours and greater than five hours; and
- the descriptors read:

30JJJ: “Peritonectomy less than 5 hours, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)”.

30KKK: “Peritonectomy greater than 5 hours, involving multiviscera, including hyperthermic intra-peritoneal chemotherapy (Anaes.) (Assist.)”.

The Committee estimates that the fee for peritonectomy of less than five hours should be approximately \$2,000 and the fee for peritonectomy greater than five hours should be approximately \$3,500. This is based on the complexity, time taken and the skill and training required to complete the procedure, which is only conducted in highly specialised, designated centres.

Rationale:

- The surgery usually involves radical resection of a number of organs as well as removal of areas of peritoneum, with the aim to clear disease. There is currently no item number available to represent this form of surgery (7) (8).
- There is also currently no item number available on the MBS describing the stripping of peritoneal disease from around the hilus, which can take around 2 hours to complete depending on the amount of disease. There are issues with claiming for omentectomy on male patients as it is often rejected.
- Using the words “approved centres” will ensure these procedures are performed appropriately.
- The Committee agrees with the recommendations made by the Colorectal Surgery Clinical Committee in that the new peritonectomy items are time-based, with time referring to operative time only, not overall theatre utilisation time.
- This is in view of the wide spectrum of potential individual procedures that can be undertaken in combination (e.g. right hemicolectomy, small bowel resection, anterior resection, abdominal hysterectomy, bilateral oophorectomy, splenectomy, cholecystectomy, peritonectomy (pelvic, flank, right and left subdiaphragmatic), greater and lesser omentectomy, partial gastrectomy), as well as the application of HIPEC (10) (11) (12).

- A time-based model is proposed as these procedures hold some similarity to the time-based items for division of adhesions.
- Peritonectomy for a colorectal cancer PCI (peritoneal carcinomatosis index) of less than 15 does not use as many or the same item numbers as a PMP/Mesothelioma, Ovarian cancer, or appendix cancer with a PCI of 39.
- The new items would support the modernisation of the MBS and ensures that the MBS is aligned with best practice.
- Peritonectomy stakeholders were consulted and confirmed the requirement for item numbers describing this procedure.
- Currently Australia's leading centre uses an average of 15.8 item numbers to describe the service.
- MBS data shows that the current, average total fee for conducting this procedure using multiple items is \$10,334. Using the T.8.2 multiple operation rule, the average total is \$3,975.70.
- Adding these items to the MBS will support the complete medical service principle.

4.4 Abdominal Wall Hernia Items

The Committee reviewed six abdominal wall hernia items.

The abdominal wall is made up of muscle, fascia and tissues that attach those muscles to each other and to the bony skeleton (pelvis, ribs and vertebral column. These provide contour and strength to the abdominal wall to maintain the structures of the abdominal cavity in their place. An abdominal wall hernia is an abnormal protrusion of a structure through a defect in one or more of the layers of the abdominal wall. (13)

Inguinal hernias: occur in the groin and are the most common type of abdominal wall hernia. They may occur in children and adults, and are more common in males. In boys, most inguinal hernias develop because the peritoneal extension accompanying the testis fails to obliterate. In adults, inguinal hernias are caused by acquired weakness and dilatation of the internal inguinal ring. (14) Around 75 per cent of all abdominal hernias are inguinal.

Femoral hernias: occur in the groin, below the inguinal ligament and go into the femoral canal. Femoral and unusual hernias account for around 10 to 15 per cent of all abdominal hernias.

Incisional hernias: occur through the site of an incision from previous abdominal surgery. Incisional hernias comprise another 10 to 15 per cent of all abdominal hernias.

Umbilical hernias: are mostly congenital, but some are acquired in adulthood due to obesity, ascites, pregnancy, or chronic peritoneal dialysis.

Epigastric hernias: occur through the linea alba. Fat tissue pushes through a weakness in the abdomen between the umbilicus and sternum and forms a lump.

Groin hernias typically should be repaired electively because of the risk of strangulation, which results in higher morbidity (and possible mortality in elderly patients).

Asymptomatic inguinal hernias in men can be observed and if symptoms develop, they can be repaired surgically.

An incarcerated or strangulated hernia of any kind requires urgent surgical repair.

4.4.1 Recommendation 24: Leave one item unchanged

Table 26: Item introduction table for item 30615

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30615	Strangulated, incarcerated or obstructed hernia, repair of, without bowel resection, on a person 10 years of age or over (Anaes.) (Assist.)	\$521.25	2,427	\$838,333	3.6%

Recommendation

The Committee recommends that this item remains unchanged.

Rationales:

- This item adequately describes the procedure and while it does not specify that it is for emergency procedures, this is implied by the terms ‘strangulated, incarcerated or obstructed’.
- The procedure is reflective of current best practice.
- The fee is higher than that of an elective hernia repair, reflecting the need for urgent repair and the challenges this implies.

4.4.2 Recommendation 25: Combine two items in to one item, 30609

Table 27: Item introduction table for items 30609 and 30614

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30609	Femoral or inguinal hernia, laparoscopic repair of, not being a service associated with a service to which item 30614 applies (Anaes.) (Assist.)	\$464.50	15,816	\$4,380,019	3.5%
30614	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies, on a person 10 years of age or over (Anaes.) (Assist.)	\$464.50	10,994	\$3,426,716	-5.8%

Recommendation:

The Committee recommends that:

- item 30614 is combined with item 30609; and
- the new descriptor reads:

“Femoral or inguinal hernia or infantile hydrocele, repair of by open or minimally invasive approach, not being a service to which item 30403 or 30615 applies, on a person 10 years of age or over (Anaes.) (Assist.)”

Rationales:

- This combines similar procedures that have historically been separated by laparoscopic or open approaches.
- The approach to a femoral or inguinal hernia whether laparoscopic, open or robotic does not alter the complexity of the procedure and carries equivalent, if different, risks to the patient.

- The combination supports the simplification of the MBS and the complete medical service principle.
- The proposed descriptor reflects current surgical best practice.
- The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeons experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- There will be no loss of access as a result of combining the items.

4.4.3 Recommendation 26: Change the descriptors for items 30621, 30403 and 30405 and add item number 30XXX to provide a tiered system for ventral hernias

Table 28: Item introduction table for items 30403, 30405 and 30621

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30621	Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other fromal repair of, in a person 10 years of age or over, other than a service to which item 30403 or 30405 applies (S) (Anaes.) (Assist.)	\$407.50	7,360	\$1,557,161	-0.1%
30403	Ventral, incisional, or recurrent hernia or burst abdomen, repair of with or without mesh (Anaes.) (Assist.)	\$521.25	5,943	\$1,686,319	3.8%
30405	Ventral or incisional hernia, (excluding recurrent inguinal or femoral hernia), repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (Anaes.) (Assist.)	\$914.95	10,826	\$6,679,304	4.9%

Table 29: Item introduction for new item 30XXX

Item	Descriptor	Schedule fee
30XXX	Abdominal wall reconstruction of a defect greater than 7 cms and loss of abdominal domain, with or without mesh, but requiring muscle transposition or component separation to achieve closure, other than a service to which item 30621 or 30403 or 30406 applies (Anaes.) (Assist.)	\$1314.95

Recommendation

30621: The Committee recommends that the descriptor for item 30621 should read:

“Symptomatic ventral, umbilical, epigastric, linea alba or incisional hernia with a hernial defect less than 3 cm , repair of, with or without mesh, by open or minimally invasive approach, in a person 10 years of age or over, other than a service to which item 30403 or 30405 or 3040X applies (Anaes.) (Assist.).”

30403: The Committee recommends that the descriptor for item 30403 should read:

“Ventral, incisional, umbilical hernia with a hernial defect greater than 3 cm but less than 7 centimetres or a recurrent groin hernia regardless of size of defect, repair of, with or without mesh of, by open or minimally invasive approach, in a person 10 years of age or over, other than a service to which item 30621 or 30405 or 3040X applies (Anaes.) (Assist.)”; and

30405: The Committee recommends that the descriptor for 30405 reads:

“Ventral, incisional, or umbilical hernia with a hernial defect greater than 7 centimetres, repair of, with or without mesh, by open or minimally invasive approach, in a person 10 years of age or over, other than a service to which item 30621 or 30403 or 3040X applies (Anaes.) (Assist.).”

30XXX: New item number: The Committee recommends that the descriptor for this new item number reads:

“Abdominal wall reconstruction of a defect greater than 7 cms and loss of abdominal domain, with or without mesh, but requiring muscle transposition or component separation to achieve closure, other than a service to which item 30621 or 30403 or 30406 applies (Anaes.) (Assist.)”; and the attributed fee is at least \$400 greater than that attributed to item 30405. The number allocated this item should be higher than 30405 to avoid confusion.

Rationale:

- The above four items represent a clinical gradient of increasing complexity of ventral hernias.
- The items are agnostic to open or minimally invasive approach, which is dependent on the patient, pathology and surgical expertise and should lead to similar outcomes.
- The use of mesh is common in many hernia repairs and is no longer an indicator of complexity. The use of mesh is a clinical decision made assessing the risks and benefits in an individual patient and the nature of the hernia.
- The addition of an extra item 30XXX recognizes that there is a select group of large abdominal wall defects that are a formidable surgical challenge, require planning, expertise and peri and post-operative care far in-excess of the previously described ventral hernias 30621, 30403 and 30405. These have become more frequent since the MBS was last revised due to increased use of open abdominal responses to trauma and abdominal catastrophes. The increased work involved has currently been compensated for by co claiming items with 30405 including division of adhesions and muscle flaps (30378/9, 45012). The new item should be rebated in light of a difficult procedure taking four hours or more on compromised patients. A weighted average of co-claimed items may also inform the quantum.
- The Australasian Trauma Society (ATS) provided a submission to the Committee that items describing incisional hernias should be graded according to size, time taken for repair and the need for mesh and/or muscle transposition to better reflect the variation in complexity.

4.5 Oesophageal Items

The Committee reviewed 29 oesophageal items.

Items in this group relate to oesophagectomy; anti-reflux operations; oesophagogastric myotomy; and repair of oesophageal perforations and diaphragmatic hernias.

An oesophagectomy is the surgical removal of all or part of the oesophagus. There are a number of procedures used for oesophagectomy, and of these, the Committee considered that the transhiatal approach no longer described current best surgical practice and agreed to delete three items describing this approach. Thirteen items describing oesophagectomy have been combined in to two items, and a further item remains unchanged. These provide effective techniques and approaches that are considered to be current best surgical practice, and incentivise the use of two surgeons.

The Committee considered that this was a key recommendation for these procedures which can be lengthy and extremely complex, requiring significant aftercare. The workup, selection and use of multi-therapeutic modalities require extensive multidisciplinary input.

Anti-reflux surgery performed for Gastro-Oesophageal Reflux Disease, which is when food and/or acid travels from the stomach back up into the oesophagus. The stomach is used to reinforce the normal anti reflux mechanisms at the junction of the oesophagus and the stomach.

An oesophagogastric myotomy, also known as a Heller myotomy, is a procedure where the muscles of the cardia are cut, allowing food and liquids to pass to the stomach. It is used to treat achalasia, a disorder in which the lower esophageal sphincter fails to relax properly, making it difficult for food and liquids to reach the stomach.

The Heller myotomy is a long-term treatment, and many patients do not require any further treatment. However, some will eventually need pneumatic dilation, repeat myotomy (usually performed as an open procedure the second time around), or oesophagectomy.

4.5.1 Recommendation 27: Leave six items unchanged

Table 30: Item introduction table for items 30294, 30529, 30530, 30533, 30559 and 31466

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction; or laryngopharyngectomy with tracheostomy and plastic reconstruction (Anaes.) (Assist.)	\$1,762.75	4	\$5,288	14.9%
30529	Antireflux operation by fundoplasty, with oesophagoplasty for stricture or short oesophagus (Anaes.) (Assist.)	\$1,306.90	6	\$5,881	0%
30530	Anti-reflux operation by cardiopexy, with or without fundoplasty (Anaes.) (Assist.)	\$784.20	359	\$103,993	10.0%
30533	Oesophagogastric myotomy (Heller's operation) via abdominal or thoracic approach, with fundoplasty, with or without closure of the diaphragmatic hiatus by laparoscopy or open operation (Anaes.) (Assist.)	\$1,071.00	115	\$91,078	-1.5%
30559	Oesophagus, local excision for tumour of (Anaes.) (Assist.)	\$849.55	111	\$68,889	43.9%
31466	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)	\$1,306.95	250	\$234,132	10.9%

Recommendation:

The Committee recommends that these items remain unchanged.

Rationale:

- While these items are not often used, the procedures are still required in certain cases.
- There are no other items or combinations of items that adequately cover these procedures.
- The descriptors describe the procedures adequately.
- The Committee agrees that the items are likely being used appropriately.
- Some procedures, such as described by item 30529, are significantly complex with a high risk of numerous post-operative complications; however the intervention is still required in specific cases.

4.5.2 Recommendation 28: Delete three oesophageal items from the MBS

Table 31: Item introduction table for items 30541, 30542 and 30544

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30541	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - 1 surgeon (Anaes.) (Assist.)	\$1,517.50	1	\$1,138	-19.7%
30542	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	\$1,031.10	1	\$773	-12.9%

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30544	Oesophagectomy, by trans-hiatal oesophagectomy (cervical and abdominal mobilisation, anastomosis) with posterior or anterior mediastinal placement - conjoint surgery, co-surgeon (Assist.)	\$755.20	1	\$566	0.0%

Recommendation:

The Committee recommends that items 30541, 30542 and 30544 should be deleted from the MBS.

Rationale:

- The items no longer reflect current best practice.
- Each has been used once in the 2016-17 financial year.
- Other oesophagectomy item numbers outlined below provide appropriate, best practice treatment options.

4.5.3 Recommendation 29: Combine nine oesophagectomy items into three, 30545, 30547 and 30548.

Table 32: Item introduction table for items 30545, 30547, 30548, 30550, 30551, 30553, 30554, 30556 and 30557

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30545	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - 1 surgeon (Anaes.) (Assist.)	\$1,837.10	1	\$1,378	-24.2%
30547	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	\$1,263.35	-	-	-
30548	Oesophagectomy with colon or jejunal anastomosis, (abdominal and thoracic mobilisation with thoracic anastomosis) - conjoint surgery, co-surgeon (Assist.)	\$943.80	-	-	-
30550	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - 1 surgeon (Anaes.) (Assist.)	\$2,062.20	4	\$5,416	-232.0%
30551	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck) - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	\$1,423.15	1	\$534	-19.7%
30553	Oesophagectomy with colon or jejunal replacement (abdominal and thoracic mobilisation with anastomosis of pedicle in the neck)-conjoint surgery, co-surgeon (Assist.)	\$1,052.65	3	\$1,825	0.0%
30554	Oesophagectomy with reconstruction by free jejunal graft - 1 surgeon (Anaes.) (Assist.)	\$2,294.45	1	\$816	0.0%
30556	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	\$1,582.80	4	\$4,144	-10.6%
30557	Oesophagectomy with reconstruction by free jejunal graft - conjoint surgery, co-surgeon (Assist.)	\$1,169.00	-	-	-

Recommendation:

The Committee recommends:

- combining 30545 to 30557 (nine items) into three items, 30545, 30547 and 30548;
- the new descriptors are the same, but incentivise the use of two surgeons;
- the new descriptors read:

30545: “Oesophagectomy with colon or jejunal interposition graft by any means, including all gastrointestinal anastomoses but excluding vascular anastomoses. Anastomoses in the chest or neck as appropriate- 1 surgeon (Anaes.) (Assist.)”

30547: “Oesophagectomy with colon or jejunal interposition graft by any means, including all gastrointestinal anastomoses but excluding vascular anastomoses. Anastomoses in the chest or neck as appropriate- conjoint surgery, co-surgeon (Anaes.) (Assist.)”

30548: “Oesophagectomy with colon or jejunal interposition graft by any means, including all gastrointestinal anastomoses but excluding vascular anastomoses. Anastomoses in the chest or neck as appropriate- conjoint surgery, principal surgeon (Anaes.) (Assist.)”; and

- the fee structure should incentivise the use of two surgeons (a principle a co-surgeon) and assistants. The co-surgeon fee should attract 75 percent of the principle surgeon’s fee.

Rationale:

- These item numbers define similar procedures that can easily be combined.
- Combining these items supports the simplification of the MBS and the complete medical service principle.
- The procedures are not often used, are highly complex and can take several hours to complete. It is safer for the patient to have two surgeons each with an assistant.
- The use of one surgeon should be discouraged, whereas two surgeons and their assistants should be incentivised as the use of two surgeons is safer for the patient.
- There will be no loss of access as a result of combining these items.

4.5.4 Recommendation 30: Combine four oesophagectomy items into three, 30535, 30536 and 30538

Table 33: Item introduction table for items to combine into 30535, 30536, 30538 and 30539

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30535	Oesophagectomy with gastric reconstruction by abdominal mobilisation and thoracotomy (Anaes.) (Assist.)	\$1,696.65	43	\$51,859	-0.5%
30536	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest - 1 surgeon (Anaes.) (Assist.)	\$1,720.90	133	\$167,726	2.2%
30538	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest- conjoint surgery, principal surgeon (including aftercare) (Anaes.) (Assist.)	\$1,190.80	42	\$35,737	-0.5%

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30539	Oesophagectomy involving gastric reconstruction by abdominal mobilisation, thoracotomy and anastomosis in the neck or chest - conjoint surgery, co-surgeon (Assist.)	\$871.30	38	\$23,526	-1.5%

Recommendation:

The Committee recommends that:

- 30535, 30536, 30538 and 30539 are combined in to three items of the same descriptor which allow and incentivise the use of two surgeons;
- the new descriptors are the same, but incentivise the use of two surgeons;
- the new descriptors read:

30536: "Oesophagectomy by any approach, involving gastric reconstruction by abdominal mobilisation, and thoracotomy/thorocostomy and anastomosis in the neck or chest- 1 surgeon (Anaes.) (Assist.)"

30538: "Oesophagectomy by any approach, involving gastric reconstruction by abdominal mobilisation, and thoracotomy/thorocostomy and anastomosis in the neck or chest- conjoint surgery- co-surgeon (Anaes.) (Assist.)"

30539: "Oesophagectomy by any approach, involving gastric reconstruction by abdominal mobilisation, and thoracotomy/thorocostomy and anastomosis in the neck or chest- conjoint surgery- principle surgeon (Anaes.) (Assist.)"

- the fee structure should incentivise the use of two surgeons (a principle and co-surgeon) and assistants. The co-surgeon fee should attract 75 percent of the principle surgeon's fee.

Rationale:

- These item numbers define similar procedures that can easily be combined.
- Combining these items supports the complete medical service principle.
- This type of procedure is performed infrequently. By incentivising a two-surgeon approach, more surgeons will maintain familiarization with the procedure.
- ANZGOSA support a two-surgeon model for these surgeries, and submitted to the Committee that 30535 and 30536 could be easily combined.

4.5.5 Recommendation 31: Combine two anti-reflux items into one, 30527

Table 34: Item introduction table for items 30527 and 31464

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30527	Anti-reflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus not being a service to which item 30601 applies (Anaes.) (Assist.)	\$871.30	219	\$126,556	-7.1%

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
31464	Anti-reflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, by laparoscopic technique - not being a service to which item 30601 applies (Anaes.) (Assist.)	\$871.30	924	\$596,858	-3.2%

Recommendation:

The Committee recommends combining 30527 and 31464 in to one item, 30527.

The Committee recommends that the new descriptor reads:

“Antireflux operation by fundoplasty with or without cardiopexy, by any approach with or without closure of the diaphragmatic hiatus, - not being a service to which item 30601 applies (Anaes.) (Assist.)”

- the attributed fee is an average of the two items.

Rationale:

- The two items describe very similar procedures that can easily be combined.
- There will be no loss of access as a result of combining the items.
- The combination supports the simplification of the MBS.
- ANZGOSA support this combination.

4.5.6 Recommendation 32: Change the descriptor for item 31468

Table 35: Item introduction table for item 31468

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
31468	Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication (Anaes.) (Assist.)	\$1,435.85	2,847	\$2,967,580	15.0%

Recommendation:

The Committee recommends that the new descriptor reads:

“Para-oesophageal hiatus hernia, repair of, with complete reduction of hernia, resection of sac and repair of hiatus, with or without fundoplication, not to be claimed with items 31464 or 31466 (Anaes.) (Assist.)”

Rationale:

- This change supports the complete medical service principle, and there is no requirement to claim this item with 31464 or 31466.

4.5.7 Recommendation 33: Change the descriptor for item 30532

Table 36: Item introduction table for item 30532

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30532	Oesophagogastric myotomy (Heller's operation) via abdominal, thoracic approach, with or without closure of the	\$900.45	46	\$29,465	9.7%

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
	diaphragmatic hiatus by laparoscopy or open operation (Anaes.) (Assist.)				

Recommendation:

The Committee recommends that the new descriptor reads:

“Oesophagogastric myotomy (Heller's operation) via endoscopic, abdominal or thoracic (open or minimally invasive approach) (Anaes.) (Assist.)”

Rationale:

- This is a standard procedure and is likely appropriately used.
- The abdominal and thoracic approaches can be performed by open or laparoscopic/thoracoscopic/robotic surgery.
- The procedure can now be conducted from within the lumen endoscopically, which is of similar length and complexity to an open or laparoscopic approach.
- No other item number provides for this procedure when performed endoscopically.

4.5.8 Recommendation 34: Change the descriptor for item 30560

Table 37: Item introduction table for item 30560

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30560	Oesophageal perforation, repair of, by thoracotomy (Anaes.) (Assist.)	\$943.80	10	\$4,947	-9.0%

Recommendation:

The Committee recommends that the new descriptor reads:

"Oesophageal perforation, repair of, by any approach, abdominal or thoracic, including thoracic drainage alone, whether performed open or minimally invasively (Anaes.) (Assist.)”

Rationale:

- The change in descriptor is more reflective of current best surgical practice.
- This procedure is often done as an emergency procedure and often involves more than one procedure which may work the first time or may require a second and even third intervention.
- The item should be available to be claimed for any combination of procedures necessary to treat the presenting issue, and as such, no co-claiming restrictions have been applied.
- The proposed descriptor supports the complete medical service principle.

4.5.9 Recommendation 35: Change the descriptor for item 30600

Table 38: Item introduction table for item 30600

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30600	Diaphragmatic hernia, traumatic, repair of (Anaes.) (Assist.)	\$777.10	73	\$18,493	7.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Emergency repair of a diaphragmatic laceration or hernia following recent trauma by any approach, including when performed in conjunction with another procedure indicated as a resulted of abdominal trauma (Anaes.) (Assist.)”

Rationale:

- When performed in time, this procedure avoids complications of hernia, strangulation or late presentation and a more difficult, higher risk procedure for which 30601 should be used.
- This descriptor clearly moves the acute repair into the traumatic/urgent realm. It is a simpler repair, often combined with other trauma items and not associated with long standing adhesions and difficult dissection in a difficult area.

4.5.10 Recommendation 36: Change the descriptor for item 30601

Table 39: Item introduction table for item 30601

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30601	Diaphragmatic hernia, congenital repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a person 10 years of age or over (Anaes.) (Assist.)	\$957.30	34	\$17,848	-50.8%

Recommendation:

- The Committee recommends that the new descriptor reads:
“Diaphragmatic hernia, congenital, or delayed presentation of traumatic rupture, repair of, by thoracic or abdominal approach, not being a service to which any of items 31569 to 31581 apply, on a person 10 years of age or over (Anaes.) (Assist.)”

Rationale:

- This procedure has a greater level of difficulty and risk compared with 30600 and may be performed as an elective or emergency procedure as indicated.
- The delayed repair of a traumatic ruptured diaphragm is as difficult as a congenital diaphragmatic hernia as there is a need to dissect mature adhesions and do some form of reconstruction, rather than a simple repair.

4.6 Stomach Items

The Committee reviewed 20 stomach items involving procedures relating to the partial and total removal of the stomach, feeding tubes, treatment of excess acid production, reflux and peptic ulcers.

Of these, the Committee reviewed six items relating to vagotomy. While not a first-line treatment in most cases, access to vagotomy remains necessary for select patients. Therefore, the Committee considered that the items should not be deleted from the MBS, but rather that the six items be combined in to one, with a descriptor that clearly encompasses all approaches to the procedure.

A vagotomy involves the surgical removal of the vagus nerve, which splits into branches that go to different parts of the stomach. Stimulation from these branches causes the stomach to produce acid; however too much acid production can lead to ulcers that may eventually bleed and can create an emergency situation.

The purpose of a vagotomy is to disable the acid-producing capacity of the stomach and can be performed when ulcers in the stomach and duodenum do not respond to medication and changes in diet. It is an appropriate surgery when there are ulcer complications, such as obstruction of digestive flow, bleeding, or perforation.

The frequency with which elective vagotomy is performed has decreased in the past 20 years as medications have become increasingly effective in treating ulcers. However, the number of vagotomies performed in emergency situations has remained approximately the same. (16)

The Committee also recommend combining four items relating to the treatment of bleeding peptic ulcers in to one item.

While suturing a bleeding peptic ulcer is considered to be current best surgical practice, other techniques may be required in some cases. (17) The proposed descriptor provides for several techniques, including suturing which will provide flexibility to the surgeon to perform the most appropriate procedure based on their experience and skill and the patient's presenting condition.

There will be no loss of access to these stomach surgeries as a result of combining items.

4.6.1 Recommendation 37: Leave four stomach items unchanged

Table 40: Item introduction table for items 30518, 30521, 31460 and 31462

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30518	Partial gastrectomy, not being a service associated with a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	\$987.50	461	\$242,314	-27.6%
30521	Gastrectomy, total, for benign disease (Anaes.) (Assist.)	\$1,444.90	7	\$6,725	-15.2%
31460	Percutaneous gastrostomy tube, jejunal extension to, including any associated imaging services (Anaes.) (Assist.)	\$357.00	169	\$41,704	23.0%
31462	Operative feeding jejunostomy performed in conjunction with major upper gastro-intestinal resection (Anaes.) (Assist.)	\$521.25	373	\$56,675	-1.5%

Recommendation:

The Committee recommends that 30518, 30521, 31460 and 31462 are left unchanged.

Rationale:

- These items are used in a small number of cases, but as no other item number provides for these procedure, the items need to remain unchanged.
- The Committee considered that these items are appropriately used.
- The descriptors remain relevant and describe current best practice.

4.6.2 Recommendation 38: Combine six vagotomy numbers in to one, 30496.

Table 41: Item introduction table for items 30496, 30497, 30499, 30500, 30502 and 30503

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30496	Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	\$588.15	4	\$1,199	-31.2%
30497	Vagotomy and antrectomy (Anaes.) (Assist.)	\$701.30	2	\$789	-
30499	Vagotomy, highly selective (Anaes.) (Assist.)	\$834.05	-	\$-	-
30500	Vagotomy, highly selective with duodenoplasty for peptic stricture (Anaes.) (Assist.)	\$893.10	2	\$1,005	14.9%
30502	Vagotomy, highly selective, with dilatation of pylorus (Anaes.) (Assist.)	\$985.70	-	\$-	-
30503	Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer (Anaes.) (Assist.)	\$1,103.80	3	\$1,895	0.0%

Recommendation:

The Committee recommends that:

- Items 30497, 30499, 30500, 30502 and 30503 are combined in to 30496;
- the new descriptor reads:

“Vagotomy of any sort, with or without gastroenterostomy or pyloroplasty or other drainage procedure”; and
- the attributed fee is the weighted average of the procedures.

Rationale:

- Vagotomies are a rarely used procedure, but may be required for some cases in future, for example a truncal vagotomy. ANZGOSA have submitted to the Committee that these item numbers are now obsolete and could be removed.
- The Committee have recommended to leave one item number which encompasses all vagotomies to ensure that, when the procedure is required, there is a relevant item number available.
- No other item number provides for vagotomies.
- There will be no loss of access as a result of combining these items.

4.6.3 Recommendation 39: Combine four peptic ulcer item numbers in to one, 30506**Table 42: Item introduction table for items 30505, 30506, 30508 and 30509**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30505	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision (Anaes.) (Assist.)	\$551.85	20	\$7,518	-2.8%
30506	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (Anaes.) (Assist.)	\$965.75	8	\$5,403	0.0%
30508	Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy (Anaes.) (Assist.)	\$1,016.55	1	\$762	0.0%
30509	Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) (Anaes.) (Assist.)	\$1,016.55	3	\$2,287	-15.6%

Recommendation:

The Committee recommends that:

- items 30505, 30508 and 30509 are combined in to item 30506; and
- the new descriptor reads:

“Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision with or without gastric resection, including vagotomy and pyloroplasty, or gastroenterostomy when performed (Anaes.) (Assist.)”; and

- the fee should remain current for item 30506.

Rationale:

- Intervention for bleeding ulcers is now completed by an Interventional Radiologist via endoscopy. The aim of emergency surgery is no longer to cure the disease but rather to stop the haemorrhage when endoscopic therapy is unavailable or has failed. (18)
- These items describe similar procedures. ANZGOSA presented to the Committee that they consider 30505 and 30509 could be easily combined.
- There is still a need for this procedure when newer techniques have been unsuccessful.
- There will be no loss of access as a result of combining these items.
- The fee attributed to item 30506 is reflective of the complexity of, and the time required to complete the procedure.

4.6.4 Recommendation 40: Combine two items in to item 30523

Table 43: Item introduction table for items 30523 and 30524

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30523	Gastrectomy, subtotal radical, for carcinoma, (including splenectomy when performed) (Anaes.) (Assist.)	\$1,510.10	166	\$177,668	2.6%
30524	Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) (Anaes.) (Assist.)	\$1,662.65	53	\$64,663	-8.4%

Recommendation:

The Committee recommends that:

- item number 30524 is combined with 30523;
- the new descriptor reads:

“Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach (including extended node dissection and distal pancreatectomy and splenectomy when performed) including all necessary anastomoses (Anaes.) (Assist.)”;

and

- the fee should be the median value of the two procedures.

Rationale:

- The procedure is reflective of current best practice.
- ANZGOSA presented to the Committee that they considered that the descriptors for these items did not clearly define the procedures. The proposed descriptor provides greater clarity.

4.6.5 Recommendation 41: Change the descriptor for item 30526

Table 44: Item introduction table for item 30526

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30526	Gastrectomy, total, and including lower oesophagus, performed by left thoraco-abdominal incision or opening of diaphragmatic hiatus, (including splenectomy when performed) (Anaes.) (Assist.)	\$2,156.35	43	\$67,266	-0.5%

Recommendation:

The Committee recommends that the new descriptor should read:

“Gastrectomy, total, including lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum (including splenectomy when performed) (Anaes.) (Assist.)”;

- the fee should be comparable to oesophagectomies.

Rationale:

- The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- The proposed descriptor reflects current surgical best practice.

4.6.6 Recommendation 42: Change the descriptor for item 30520**Table 45: Item introduction table for item 30520**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30520	Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies (Anaes.) (Assist.)	\$675.35	106	\$42,441	0.0%

Recommendation:

The Committee recommends that the new descriptor should read:

"Gastric tumour, removal of, by local excision, not being a service to which item 30518 applies. Endoscopic, Laparoscopic or open technique including any associated anastomosis, excluding polypectomy. (Anaes.) (Assist.); and

- the item should be remunerated at the same rate as a bariatric sleeve, which is currently \$849.00.

Rationale:

- The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- The proposed descriptor reflects current surgical best practice.

4.6.7 Recommendation 43: Change the descriptor for item 30515**Table 46: Item introduction table for item 30515**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30515	Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy not being a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)	\$704.35	894	\$220,468	-0.8%

Recommendation:

The Committee recommends that the new descriptor reads:

"Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy as one procedure or in combination, required for irresectable obstruction, not being a service to which any of items 31569 to 31581 apply (Anaes.) (Assist.)"

Rationale:

- The new descriptor supports the complete medical service principle by including irresectable obstructions, which previously could have been claimed for separately.

- The new descriptor would deter surgeons from conducting a Whipples procedure and charging for a bypass in addition.

4.6.8 Recommendation 44: Change descriptor for item 30517

Table 47: Item introduction table for item 30517

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30517	Gastroenterostomy, pyloroplasty or gastroduodenostomy, reconstruction of (Anaes.) (Assist.)	\$922.20	182	\$83,290	25.7%

Recommendation:

The Committee recommends that the new descriptor reads:

“Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (Anaes.) (Assist.)”

Rationale:

- Reconstruction and revision are very different procedures. Replacing the word ‘reconstruction’ with ‘revision’ provides a more clinically accurate description of the procedure.
- ANZGOSA presented to the Committee that they consider that item 30517 is now obsolete in its current form.

4.7 Liver Items

The Committee reviewed 25 items relating to diagnostic and treatment procedures of the liver.

Of these, the Committee has recommended combining four item numbers relating to the removal of contents or excision of hydatid cysts of the liver, peritoneum or viscus.

A hydatid cyst is a parasitic disease caused by *Echinococcus granulosus*, also called the hydatid worm, hyper tape-worm or dog tapeworm. The principal complications are infection, biliary duct fistula, and rupture into the peritoneum or chest.

Surgery remains the most effective treatment but postoperative complications arise in 30 percent of cases, particularly when the surgical approach is conservative. Radical surgical approaches give better results and should be used in most cases. (19) The proposed descriptor for the combined items requires a complete removal of all contents of the cyst, and thus describes current best surgical practice.

The Committee has also recommended the combining of three items relating to portal hypertension. While pharmacological intervention is considered the first line treatment to prevent the enlargement or even development of oesophageal varices, there is a continued need for insertion of portosystemic shunts.

4.7.1 Recommendation 45: Leave ten liver items unchanged

Table 48: Item introduction table for items to remain unchanged 30409, 30411, 30412, 30414, 30415, 30418, 30422, 30425, 30427 and 30428

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30409	Liver biopsy, percutaneous (Anaes.)	\$174.45	2,680	\$360,570	0.8%
30411	Liver biopsy by wedge excision when performed in association with another intraabdominal procedure (Anaes.)	\$88.80	237	\$6,748	0.2%
30412	Liver biopsy by core needle, when performed in conjunction with another intra-abdominal procedure (Anaes.)	\$52.35	436	\$10,046	-2.0%
30414	Liver, subsegmental resection of, (local excision), other than for trauma (Anaes.) (Assist.)	\$689.80	433	\$108,807	4.3%
30415	Liver, segmental resection of, other than for trauma (Anaes.) (Assist.)	\$1,379.50	448	\$392,597	5.4%
30418	Liver, lobectomy of, other than for trauma (Anaes.) (Assist.)	\$1,597.55	321	\$367,072	2.3%
30422	Liver, repair of superficial laceration of, for trauma (Anaes.) (Assist.)	\$675.35	15	\$3,799	-2.5%
30425	Liver, repair of deep multiple lacerations of, or debridement of, for trauma (Anaes.) (Assist.)	\$1,306.90	1	\$980	-24.2%
30427	Liver, segmental resection of, for trauma (Anaes.) (Assist.)	\$1,560.95	2	\$2,341	14.9%
30428	Liver, lobectomy of, for trauma (Anaes.) (Assist.)	\$1,670.00	2	\$1,525	-7.8%

Recommendation:

The Committee recommends that these items remain unchanged.

Rationale:

- The items are well and appropriately used.
- The items reflect current best practice and define the procedure adequately.

4.7.2 Recommendation 46: Combine four hydatid cyst items in to one, 30436**Table 49: Item introduction table for items 30434, 30436, 30437 and 30438**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30434	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (Anaes.) (Assist.)	\$588.15	7	\$3,084	11.8%
30436	Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)	\$653.45	2	\$445	-27.5%
30437	Hydatid cyst of liver, total excision of, by cysto-pericystectomy (membrane plus fibrous wall) (Anaes.) (Assist.)	\$813.30	7	\$3,330	-4.9%
30438	Hydatid cyst of liver, excision of, with drainage and excision of liver tissue (Anaes.) (Assist.)	\$1,150.85	3	\$2,302	-5.6%

Recommendation:

The Committee recommends that:

- four items are combined in to one, 30436;
- the new descriptor reads:

“Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (Anaes.) (Assist.)”; and

- the attributed fee is a weighted average of all combined fees.

Rationale:

- These items describe similar procedures for the same condition that are easily combined.
- Item 30436 provides the greatest flexibility of procedures designed to remove a hydatid cyst.
- Item 30438 describes a procedure for which a liver resection item number should be used depending on the anatomy of the hydatid cyst.
- The procedure is current best practice and the descriptor defines the procedure adequately.
- The combination supports the simplification of the MBS.

4.7.3 Recommendation 47: Combine three items in to one, 30602

Table 50: Item introduction table for items 30602, 30603 and 30605

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30602	Portal hypertension, porto-caval shunt for (Anaes.) (Assist.)	\$1,553.70	14	\$15,924	7.0%
30603	Portal hypertension, meso-caval shunt for (Anaes.) (Assist.)	\$1,640.90	3	\$3,692	-12.9%
30605	Portal hypertension, selective spleno-renal shunt for (Anaes.) (Assist.)	\$1,865.95	2	\$2,799	-19.7%

Recommendation:

The Committee recommends that:

- items 30603 and 30605 are combined in to 30602 with changes to the descriptor;
- the new descriptor reads:
“Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (Anaes.) (Assist.)”; and
- The fee should be averaged across the three procedures.

Rationale:

- Most portosystemic shunts are now performed radiologically and although open portosystemic shunts are now rarely performed they need to be available, but one item number will now suffice.
- These procedures are similar, treat the same condition, and are rarely performed.
- Combining the three items will simplify the MBS without disadvantaging patients.

4.7.4 Recommendation 48: Change the descriptor for item 30421

Table 51: Item introduction table for item 30421

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30421	Liver, tri-segmental resection (extended lobectomy) of, other than for trauma (Anaes.) (Assist.)	\$1,996.55	130	\$188,920	3.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver, (extended lobectomy) of, or central resections of segments 4, 5 and 8, other than for trauma (Anaes.) (Assist.).”

Rationale:

- The updated descriptor better reflects the procedure and current best practice.
- Removing segments 4, 5 and 8 as a continuous block does not constitute a “lobectomy” in an anatomical sense but is a procedure of equal or greater order of magnitude than a formal right or left lobectomy. When the descriptors were devised this central resection was very rarely performed.

4.7.5 Recommendation 49: Change descriptor for item 30430

Table 52: Item introduction table for item 30430

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30430	Liver, extended lobectomy (tri-segmental resection) of, for trauma (Anaes.) (Assist.)	\$2,323.30	3	\$4,262	0.0%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver, (extended lobectomy) of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.).”

Rationale:

- The updated descriptor better reflects the procedure and current best practice.
- Removing segments 4, 5 and 8 as a continuous block does not constitute a “lobectomy” in an anatomical sense but is a procedure of equal or greater order of magnitude than a formal right or left lobectomy. When the descriptors were devised this central resection was very rarely performed.

4.7.6 Recommendation 50: Change descriptor for item 30431

Table 53: Item introduction table for item 30431

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30431	Liver abscess, open abdominal drainage of (Anaes.) (Assist.)	\$521.25	26	\$3,817	3.4%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver abscess, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.).”

Rationale:

- There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach. The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon’s expertise and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- There will be no loss of access as a result of changing the descriptor for this item.

4.7.7 Recommendation 51: Change descriptor for item 30433

Table 54: Item introduction table for item 30433

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30433	Liver abscess (multiple), open abdominal drainage of (Anaes.) (Assist.)	\$726.05	7	\$2,328	-15.2%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver abscess (multiple), open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)”

Rationale:

- There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon’s expertise and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- There will be no loss of access as a result of changing the descriptor for this item.

4.7.8 Recommendation 52: Change the descriptor for items 50950

Table 55: Item introduction table for items 50950

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
50950	Nonresectable hepatocellular carcinoma, destruction of, by percutaneous radiofrequency ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50952 applies (Anaes.)	\$817.10	132	\$85,151	8.2%

Recommendation:

The Committee recommends that the new descriptor reads:

“Non-resectable hepatocellular carcinoma, destruction of, by percutaneous ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50952 applies (Anaes.).”

Rationale:

- The method or approach for this procedure is not relevant. This is supported by COSA.
- The new descriptor adequately describes the procedure, which is current best practice.

4.7.9 Recommendation 53: Change the descriptor for items 50952

Table 56: Item introduction table for items 50952

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
50952	Nonresectable hepatocellular carcinoma, destruction of, by open or laparoscopic radiofrequency ablation, where a multi-disciplinary team has assessed that percutaneous radiofrequency ablation cannot be performed or is not practical because of one or more of the following clinical circumstances:- percutaneous access cannot be achieved;- vital organs/tissues are at risk of damage from the percutaneous procedure; or- resection of one part of the liver is possible however there is at least one primary liver tumour in a non-resectable region of the liver which is suitable for radiofrequency ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50950 applies (Anaes.)	\$817.10	15	\$7,929	30.3%

Recommendation:

The Committee recommends that the new descriptor reads:

“Non-resectable hepatocellular carcinoma, destruction of, by open or laparoscopic ablation, where a multi-disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances: percutaneous access cannot be achieved; vital organs/tissues are at risk of damage from the percutaneous procedure; inadequate hepatic reserve for liver resection or resection of one part of the liver is possible however there is at least one primary liver tumour in a non-resectable region of the liver which is suitable for radiofrequency ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50950 applies (Anaes.).”

Rationale:

- The method or approach for this procedure is not relevant.
- The new descriptor adequately describes the procedure, which is current best practice.

4.7.10 Recommendation 54: Change the descriptor for item 30416

Table 57: Item introduction table for item 30416

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30416	Liver cyst, laparoscopic marsupialisation of, where the size of the cyst is greater than 5cm in diameter (Anaes.) (Assist.)	\$748.95	94	\$47,996	8.3%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver cyst, marsupialisation of, by any means, where the size of the cyst is greater than 5cm in diameter (Anaes.) (Assist.).”

Rationale:

- There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach. This is supported by COSA.
- The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- There will be no loss of access as a result of changing the descriptor for this item.

4.7.11 Recommendation 55: Change the descriptor for item 30417**Table 58: Item introduction table for items 30417**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30417	Liver cysts, laparoscopic marsupialisation of 5 or more, including any cyst greater than 5cm in diameter (Anaes.) (Assist.)	\$1,123.40	21	\$15,848	0.0%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver cysts, marsupialisation of 5 or more, by any means, including any cyst greater than 5cm in diameter (Anaes.) (Assist.).”

Rationale:

- There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
- There will be no loss of access as a result of changing the descriptor for this item.

4.8 Biliary Items

The Committee reviewed 23 biliary items.

The biliary system can be defined as the organs and ducts that create and store bile. The system drains waste products from the liver into the duodenum and helps digestion through the controlled release of bile. The biliary system includes the gallbladder and bile ducts inside and outside the liver. It is also known as the biliary, or bile, tract.

The gallbladder is a small sac that lies underneath the right-hand side of the liver; its job is to concentrate and store the bile needed to digest fats in the duodenum. However, unlike the liver it is not a vital or essential organ – digestion can still occur without the gallbladder. The gallbladder may need to be removed due to cancer. This procedure is referred to as a cholecystectomy.

A cholecystectomy is usually performed laparoscopically, but can be performed as an open operation if required. It is considered to be best practice, where possible, to perform an operative cholangiogram at the time of cholecystectomy.

A cholangiogram refers to the imaging of the biliary system which can effectively identify incidental choledocholithiasis or anatomic variation in the biliary system that may significantly influence the surgical approach or postoperative management of the patient. Unique features portrayed on operative cholangiogram in patients undergoing laparoscopic cholecystectomy include unusual displays of pneumoperitoneum, subcutaneous emphysema, visualization of the unresected gallbladder. (20)

The Committee agreed that, wherever possible, it is best practice to perform an intraoperative cholangiogram at the time of a cholecystectomy. Related research supports this assertion and indicates that the incidence of bile duct injury was 29 percent lower when a cholangiogram was performed or attempted, and the intention to use a cholangiogram significantly reduced the risk of death after cholecystectomy by 62 percent (21) (22) (23) (24)

To this end, the Committee are recommending that performing a cholangiogram is incentivised, and that items describing a cholecystectomy with a cholangiogram have a higher fee attributed. However, the Committee recognise that cholangiograms are not possible for every case, and have left an item available for cholecystectomy without cholangiogram.

4.8.1 Recommendation 56: Leave eight biliary items unchanged.

Table 59: Item introduction table for items 30440, 30442, 30451, 30452, 30457, 30458, 30460 and 30469

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30440	Cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30451 applies (Anaes.) (Assist.)	\$526.40	744	\$245,396	7.6%
30442	Choledochoscopy in conjunction with another procedure (Anaes.)	\$185.60	92	\$3,722	5.0%
30451	Biliary drainage tube, exchange of, using interventional imaging techniques - but not including imaging, not being a service associated with a service to which item 30440 applies (Anaes.) (Assist.)	\$267.65	253	\$41,205	-0.4%
30452	Choledochoscopy with balloon dilatation of a stricture or passage of stent or extraction of calculi (Anaes.) (Assist.)	\$377.50	113	\$12,971	8.8%
30457	Choledochotomy, intrahepatic, involving removal of intrahepatic bile duct calculi (Anaes.) (Assist.)	\$1,379.50	8	\$6,725	2.7%
30458	Transduodenal operation on sphincter of Oddi, involving 1 or more of, removal of calculi, sphincterotomy, sphincteroplasty, biopsy, local excision of peri-ampullary or duodenal tumour, sphincteroplasty of the pancreatic duct, pancreatic duct septoplasty, with or without choledochotomy (Anaes.) (Assist.)	\$1,014.05	15	\$9,127	-16.1%
30460	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-Y as a bypass procedure when no prior biliary surgery performed (Anaes.) (Assist.)	\$862.50	135	\$36,666	-1.4%
30469	Biliary stricture, repair of, after 1 or more operations on the biliary tree (Anaes.) (Assist.)	\$1,720.90	9	\$11,850	-23.8%

Recommendation:

The Committee recommends that 30440, 30442, 30451, 30452, 30457, 30458, 30460 and 30469, remain unchanged.

Rationale:

- The items define the procedures adequately.
- The procedures are reflective of current best practice.
- These are well used items that are likely being used appropriately.
- The attributed fees are reflective of the complexity of the procedures.

4.8.2 Recommendation 57: Delete item 30446 from the MBS.

Table 60: Item introduction table for item 30446

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30446	Laparoscopic cholecystectomy when procedure is completed by laparotomy (Anaes.) (Assist.)	\$739.35	259	\$129,710	-8.1%

Recommendation:

The Committee recommends that item 30446 is deleted from the MBS.

Rationale:

- This procedure is adequately described by other cholecystectomy item numbers in this group.

4.8.3 Recommendation 58: Combine two items in to one, 30466**Table 61: Item introduction table for items 30466 and 30467**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30466	Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	\$1,256.05	3	\$2,826	-9.7%
30467	Intraheptic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)	\$1,553.70	2	\$2,331	-16.7%

Recommendation:

The Committee recommends that items 30466 and 30467 are combined and the descriptor reads:

“Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (Anaes.) (Assist.)”

Rationale:

- The proposed descriptor combines the left and right sided procedures.
- While the right side bypass is at times more complex than the left, the Committee considered that these procedures could be combined and the fee should be an average of the two items.
- The procedures are not often performed and combining will support the simplification of the MBS.

4.8.4 Recommendation 59: Change descriptor for item 30445**Table 62: Item introduction table for item 30445**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30445	Laparoscopic cholecystectomy (Anaes.) (Assist.)	\$739.35	20,594	\$11,172,350	-0.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Cholecystectomy with attempted cholangiogram or intraoperative ultrasound assessment of the biliary system when performed via either laparoscopic or open approach, or whether conversion from laparoscopic to open is required (Anaes.) (Assist.)”; and

- the fee should be that currently attributed to item 30445 plus 50 percent of the fee attributed to item 30439, as a combined fee.

Rationale:

- Research, as outlined in the introduction, clearly indicates that performing a cholangiogram at the time of a cholecystectomy results in significant improvements in patient post-operative outcomes.
- Performing a cholangiogram reduces the risk of post-operative complications, but does take an additional 15 to 20 minutes to perform. The increase in fee recognizes the additional work required to complete this procedure.
- It is essential to incentivise performing a cholangiogram at the time of cholecystectomy wherever possible. As such, the fee for the combined procedures should be higher than that of a cholecystectomy alone.
- There are some parts of the country where the cholangiogram rate is as low as 20 percent (25), noting that cholangiograms are not possible in 100 percent of cases.
- The proposed descriptor supports the complete medical service principle.

4.8.5 Recommendation 60: Change the descriptor for item 30443**Table 63: Item introduction table for item 30443**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30443	Cholecystectomy (Anaes.) (Assist.)	\$739.35	995	\$285,986	-1.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Cholecystectomy by any approach, without cholangiogram (Anaes.) (Assist.)”

Rationale:

- This procedure is regularly performed. The new descriptor better reflects the procedure.
- While the procedure described under 30445 is considered to be current best surgical practice, there are cases where a cholangiogram cannot be performed. This item provides the opportunity to claim for a cholecystectomy alone, when required, noting that the fee for this item is less than that recommended for cholecystectomy with cholangiogram, which is considered best practice.

4.8.6 Recommendation 61: Change the descriptor for item 30448**Table 64: Item introduction table for item 30448**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30448	Laparoscopic cholecystectomy, involving removal of common duct calculi via the cystic duct (Anaes.) (Assist.)	\$972.90	\$459,359	\$129,710	5.0%

Recommendation:

The Committee recommends that the new descriptor reads:

“Cholecystectomy performed via any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (Anaes.) (Assist.)”; and

- the Explanatory Notes are updated to reflect that an operative cholangiogram, choledochoscopy or intraoperative ultrasound can be claimed in conjunction with item 30448.

Rationale:

- The proposed descriptor better reflects current best surgical practice.
- The Committee has not recommended a fee change for this procedure. In order to remove stones from the bile duct, visualisation is required, either via cholangiogram or choledochoscopy; however the approach will be the decision of the operator who will have the flexibility to claim for these additional procedures separately.

4.8.7 Recommendation 62: Change descriptor for item 30439

Table 65: Item introduction table for item 30439

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30439	Operative cholangiography or operative pancreatography or intra operative ultrasound of the biliary tract (including 1 or more examinations performed during the 1 operation) (Anaes.) (Assist.)	\$185.60	18,478	\$1,188,942	0.3%

Recommendation:

The Committee recommends that the new descriptor reads:

“Intraoperative ultrasound of the biliary tract or operative cholangiography when performed as an independent procedure, not to be claimed in association with open or laparoscopic cholecystectomy (30443 and 30445) (Anaes.) (Assist.).”

Rationale:

- While the Committee is recommending combining, where possible, cholecystectomy with cholangiogram, cases will remain where a cholangiography or intraoperative ultrasound assessment of the biliary system will be required. Including ‘performed as an independent procedure’ will reduce confusion and potential co-claiming with a cholecystectomy item.
- Where a cholecystectomy is also required, the proceduralist should then use an item number that combines the two procedures and thus provides a complete medical service.

4.8.8 Recommendation 63: Change the descriptor for item 30449

Table 66: Item introduction table for item 30449

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30449	Laparoscopic cholecystectomy with removal of common duct calculi via laparoscopic choledochotomy (Anaes.) (Assist.)	\$1,081.85	52	\$42,193	-0.4%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (Anaes.) (Assist.)”;
- the Explanatory Notes are updated to reflect that an operative cholangiogram or intraoperative ultrasound can be claimed in conjunction with item 30449; and
- consideration should be given to reducing the attributed fee of this item by approximately seven percent to maintain relativity with item 30455, which is a more complex procedure.

Rationale:

- The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on personal preference and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- The proposed descriptor reflects the procedure accurately and reflects current surgical best practice.
- The fee structure would ensure relativity between the two items, 30449 and 30455.

4.8.9 Recommendation 64: Change the descriptor for item 30454

Table 67: Item introduction table for item 30454

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30454	Choledochotomy (with or without cholecystectomy), with or without removal of calculi (Anaes.) (Assist.)	\$862.50	56	\$30,242	-7.6%

Recommendation:

The Committee recommends that the new descriptor reads:

“Choledochotomy without cholecystectomy, with or without removal of calculi (Anaes.) (Assist.)”; and

- the fee should be that attributed to item 30455.

Rationale:

- The new descriptor better reflects current best surgical practice.
- The rebate level should be higher as this procedure will always occur after previous cholecystectomy and usually after multiple endoscopic attempts at duct clearance.
- This number would only be used when there is no concomitant cholecystectomy.

4.8.10 Recommendation 65: Change the descriptor for item 30455**Table 68: Item introduction table for item 30455**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30455	Choledochotomy (with or without cholecystectomy), with removal of calculi including biliary intestinal anastomosis (Anaes.) (Assist.)	\$1,014.05	32	\$23,577	-4.8%

Recommendation:

The Committee recommends that the new descriptor reads:

“Choledochotomy with cholecystectomy, with removal of calculi including biliary intestinal anastomosis (Anaes.) (Assist.)”; and

- consideration should be given to increasing the attributed fee of this item by approximately 30 percent.

Rationale:

- The new descriptor better reflects current best surgical practice.
- The fee structure would support relativity between the two items, 30455 and 30449.

4.8.11 Recommendation 66: Change descriptor for item 30472**Table 69: Item introduction table for item 30472**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30472	Hepatic or common bile duct, repair of, as the primary procedure subsequent to partial or total transection of bile duct or ducts (Anaes.) (Assist.)	\$929.35	63	\$34,580	0.6%

Recommendation:

The Committee recommends that the new descriptor reads:

“For repair of bile duct injury, for immediate reconstruction, not to be claimed with item numbers associated with a Whipple’s pancreaticoduodenectomy (Anaes.) (Assist.)”; and

- the fee is increased by approximately 30 to 40 percent to maintain relativity with 31472.

Rationale:

- The new descriptor is more reflective of the underlying principle of the item, which is for the repair of a bile duct injury and not reconstruction in association with another elective procedure, such as a Whipple's pancreatic head resection.
- The increased fee recognises that biliary enteric anastomosis is often required during this procedure which is often highly complex. There is usually biliary peritonitis and the duct has suffered either thermal injury and/or direct trauma and is of narrow calibre. The skill and judgement required in this situation far exceeds that in 31472.

4.8.12 Recommendation 67: Change the descriptor for item 31472**Table 70: Item introduction table for item 31472**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
31472	Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y as a bypass procedure where prior biliary surgery has been performed (Anaes.) (Assist.)	\$1,169.80	21	\$14,439	18.5%

Recommendation:

The Committee recommends that the new descriptor reads:

“Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y procedure to provide biliary drainage or bypass, not to be used in conjunction with a Whipple's procedure (Anaes.) (Assist.)”; and

- the fee attributed should be set between that attributed to this item and 30457, which would see an approximate 15 percent increase in the fee for 31472.

Rationale:

- The proposed descriptor is intended to include revision surgery rather than ‘where prior biliary surgery has been performed’. The change in wording implies that this procedure is to revise a previous biliary surgery. The other situation where 31472 will be used is to bypass malignancy or a stricture that is unresectable.
- The new descriptor also importantly excludes the immediate reconstruction of a Whipple procedure, which is included in the new pancreaticoduodenectomy item number recommendation.
- The increased fee recognizes the additional work required to perform this procedure, which now better supports the complete medical service principle.

4.8.13 Recommendation 68: Change the descriptor for item 30450

Table 71: Item introduction table for item 30450

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30450	Calculus of biliary or renal tract, extraction of, using interventional imaging techniques - not being a service associated with a service to which items 36627, 36630, 36645 or 36648 applies (Anaes.) (Assist.)	\$524.40	638	\$138,952	42.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Calculus of biliary tract, extraction of, using interventional imaging techniques - not being a service associated with a service to which items 36627, 36630, 36645 or 36648 applies (Anaes.) (Assist.)”

Rationale:

- This is modern interventional radiology practice.
- Removal of renal stones is a vastly different procedure to that described by this item. The proposed descriptor only provides for biliary stones, with removal of renal stones being adequately covered under renal item numbers.

4.8.14 Recommendation 69: Change the descriptor for item 30461

Table 72: Item introduction table for item 30461

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30461	Radical resection of porta hepatis with biliary-enteric anastomoses, not being a service associated with a service to which item 30443, 30454, 30455, 30458 or 30460 applies (Anaes.) (Assist.)	\$1,478.40	196	\$124,586	12.2%

Recommendation:

The Committee recommends that the new descriptor reads:

“Radical resection of the porta hepatis including associated neuro-lymphatic tissue with bile duct excision and biliary-enteric anastomosis for cancer or suspected cancer or choledochal cyst, not being a service associated with a service to which 30440, 30451 or 31454 apply (Anaes.) (Assist.)”

Rationale:

- The proposed descriptor better reflects current best surgical practice in performing radical resection of the porta hepatis and subsequent restoration of connection between biliary and enteric systems.

4.8.15 Recommendation 70: Change the descriptor for item 30463

Table 73: Item introduction table for item 30463

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30463	Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses (Anaes.) (Assist.)	\$1,815.20	38	\$43,143	2.9%

Recommendation:

The Committee recommends that the new descriptor reads:

“Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses for cancer or suspected cancer or choledochal cyst (Anaes.) (Assist.)”

Rationale:

- The proposed descriptor better reflects current best surgical practice in performing radical resection of the porta hepatis and subsequent restoration of connection between biliary and enteric systems.
- This is a slightly more difficult surgery than that described by item 30461, and as such the higher fee is commensurate with complexity.

4.8.16 Recommendation 71: Change the descriptor for item 30464

Table 74: Item introduction table for item 30464

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30464	Radical resection of common hepatic duct and right and left hepatic ducts, involving more than 2 anastomoses or resection of segment or major portion of segment of liver (Anaes.) (Assist.)	\$2,178.25	11	\$17,556	-8.3%

Recommendation:

The Committee recommends that the new descriptor reads:

“Radical resection of common hepatic duct and right and left hepatic ducts, involving more than 2 anastomoses and/or resection of segment or major portion of segment of liver, for cancer or suspected cancer or choledochal cyst (Anaes.) (Assist.)”

Rationale:

- The proposed descriptor better reflects current best surgical practice and more clearly defines the procedure.

4.9 Pancreas items

The Committee reviewed nine pancreatic items covering the removal or resection of part of the pancreas, with or without adjacent organs, for the surgical treatment of pancreatic cancer, pancreatitis, pancreatic cysts and trauma. (26)

Of these, the Committee recommended four items remain unchanged, two items be combined and the descriptors for four items be amended.

The Committee recommended items for pancreatic cyst anastomoses to the stomach or small intestines be combined into one item.

A pancreatic cyst, often called a pseudocyst, is a collection of fluid that forms within the pancreas. The fluid may be drained through the formation of an anastomosis (surgical connection) with part of the gastrointestinal tract. The Committee recommended the current two items for this procedure be combined into one item as these procedures are relatively rare and combining them would serve to simplify the MBS.

The Committee recommended the descriptors for procedures for pancreaticoduodenectomy and pancreaticojejunostomy be amended to better describe the procedures.

Pancreaticoduodenectomy (Whipple's procedure) describes the removal of the head of the pancreas, the first part of the small intestine (the duodenum), the gallbladder and the bile duct. Australian research indicates that operative morbidity and mortality rates have improved markedly since the first single-stage pancreaticoduodenectomy was performed by A. O. Whipple in 1940, and this procedure remains a useful and safe procedure with acceptable complication rates. (27) The procedure requires three anastomoses to restore gastrointestinal continuity to the stomach, common bile duct and pancreas.

Pancreaticojejunostomy involves the connection of the pancreatic duct to the second part of the small intestine (the jejunum) for the treatment of pancreatitis.

The Committee agreed the descriptors for these items be amended to better describe the respective procedures and, where a more complex procedure has been described by the item, a fee increase has been recommended to reflect the additional complexity.

The Committee recommended the descriptor for pancreatic necrosectomy be amended to specify it is only for initial necrosectomy and a new item for subsequent pancreatic necrosectomy be added to the MBS.

Pancreatic necrosectomy refers to the removal of dead tissue following absent blood supply to part of the pancreas. There are now less invasive approaches to a necrosectomy which benefit the patient and reduce the complications of gaining access to deal with pancreatic necrosis. The Committee agreed it is necessary for the MBS to reflect the different procedures associated with initial and subsequent pancreatic necrosectomies.

4.9.1 Recommendation 72: Leave 4 pancreas items unchanged

Table 75: Item introduction table for items 30589, 30590, 30593 and 30594

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30589	Pancreatico-jejunostomy for pancreatitis or trauma (Anaes.) (Assist.)	\$1,251.10	22	\$12,782	19.6%
30590	Pancreatico-jejunostomy following previous pancreatic surgery (Anaes.) (Assist.)	\$1,379.50	68	\$37,993	23.2%
30593	Pancreatectomy, near total or total (including duodenum), with or without splenectomy (Anaes.) (Assist.)	\$1,887.75	48	\$65,838	0.0%
30594	Pancreatectomy for pancreatitis following previously attempted drainage procedure or partial resection (Anaes.) (Assist.)	\$2,178.25	15	\$23,583	6.4%

Recommendation:

The Committee recommends that these items remain unchanged.

Rationale:

- The items define the procedures adequately.
- The procedures are reflective of current best practice.
- These are well used items and there is unlikely misuse.
- The attributed fees are reflective of the complexity of the procedures except for item 30590.

4.9.2 Recommendation 73: Combine two items in to item 30586

Table 76: Item introduction table for items 30586 and 30587

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30586	Pancreatic cyst anastomosis to stomach or duodenum - by open or endoscopic means (Anaes.) (Assist.)	\$701.30	47	\$20,908	22.6%
30587	Pancreatic cyst, anastomosis to Roux loop of jejunum (Anaes.) (Assist.)	\$726.05	1	\$136	-24.2%

Recommendation:

The Committee recommends that:

- item 30587 is combined with item 30586; and
- the new descriptor reads:

“Pancreatic cyst anastomosis to stomach, duodenum or small intestine by endoscopic, open or minimally invasive means with or without the use of endoscopic or intraoperative ultrasound (Anaes.) (Assist.).”

Rationale:

- The two items describe different methods of drainage of similar complexity, depending on the location of the cyst/pseudocyst.
- The combination and proposed descriptor adequately describe the condition and the complexity of the procedure, and supports the simplification of the MBS.
- While rarely used, item 30587 remains necessary for certain cases.

4.9.3 Recommendation 74: Change the descriptor for item 30584

Table 77: Item introduction table for item 30584

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30584	Pancreatico-duodenectomy, Whipple's operation, with or without preservation of pylorus (Anaes.) (Assist.)	\$1,762.75	347	\$442,962	4.1%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
 “Pancreatico duodenectomy (Whipple procedure), with or without pyloric preservation including cholecystectomy, pancreatico/biliary/ gastro jejunal anastomosis. (Anaes.) (Assist.)”;
- the fee should be set at approximately \$3,000 (for further discussion), which is a combination of the current fee plus 50 percent, and 25 percent for the item numbers for gastro-jejunosomy (30515) biliary enteric (eg 31472), and pancreatico enteric (eg 30589); and
- vascular resection and anastomoses should be charged as separate item numbers.

Rationale

- The current descriptor addresses the resection of the pancreatic head and duodenum but not the triple reconstruction that is required between the common bile duct and small bowel, stomach and small bowel and pancreatic body and small bowel. These anastomoses, which take considerable time, represent half of the operation time and complexity and have been claimed, as a result of lack of clarity, with variable item numbers.
- The fee recognises the significant aftercare required and that this procedure now supports the complete medical service, meaning that there will be fewer items co-claimed with the procedure.
- The Committee considers that \$3,000 is not necessarily commensurate with the difficulty of, and time taken to complete, this operation, which is more closely aligned with other six-hour operations, such as oesophagectomies where up to \$5,000 can be claimed for multiple items appropriate to complete the procedure.

4.9.4 Recommendation 75: Change the descriptor for item 30577

Table 78: Item introduction table for item 30577

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30577	Pancreatic necrosectomy for pancreatic necrosis or abscess formation requiring major pancreatic or retro-pancreatic dissection, excluding aftercare (Anaes.) (Assist.)	\$1,089.15	79	\$61,062	7.1%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Initial Pancreatic necrosectomy by open, laparoscopic or endoscopic means excluding after-care-initial procedure (Anaes.) (Assist)”;
- the fee attributed to this item should be for the initial necrosectomy;
- the fee for subsequent necrosectomies should be 40 percent of the initial fee; and
- a new item number is included on the MBS for pancreatic necrosectomies.

Rationale:

- The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on benefits and risks to the patient, patient choice, and the patient’s pathology.
- The proposed descriptor modernises the MBS and aligns it to current best practice.
- It recognises the difference between an initial and subsequent necrosectomy.

4.9.5 Recommendation 76: Add a new item for subsequent pancreatic necrosectomy in the MBS

Table 79: Item introduction table for new item 30LLL

Item	Descriptor	Schedule fee
30LLL	Pancreatic necrosectomy by open, laparoscopic or endoscopic means excluding after-care, subsequent procedure (Anaes.) (Assist.)	\$435.60

The Committee recommends that a new item number is added to the MBS which provides for pancreatic necrosectomies, and that:

- the descriptor reads:
30LLL: “Pancreatic necrosectomy by open, laparoscopic or endoscopic means excluding after-care, subsequent procedure (Anaes.) (Assist.)”; and
- this item should be used for take backs, which should be reimbursed at 40 percent of the fee attributed to 30577.

Rationale:

- These patients are complex and require multiple procedures.
- The initial procedure to gain access and perform the initial necrosectomy is the most complex. It can be performed by a retroperitoneal, anterior or endoscopic approach following the establishment of a tract/guide to the pancreas avoiding bowel and other vital structures
- Considerable aftercare is required including multiple returns to theatre.
- Patients may suffer enteric fistulas, with minimally invasive approaches designed to reduce the incidence or risk of these.
- Patients are usually in hospital for four weeks before having surgery.

4.9.6 Recommendation 77: Change the descriptor for item 30583

Table 80: Item introduction table for item 30583

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30583	Distal pancreatectomy (Anaes.) (Assist.)	\$1,194.25	230	\$169,656	6.6%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Distal pancreatectomy with splenic preservation, by open or minimally invasive means (Anaes.) (Assist.)”; and
- the attributed fee is increased by 50 percent of the fee attributed to performing a splenectomy, as described under item 30597, which would bring the fee to approximately \$1,554.35.

Rationale:

- While it is considered best practice, wherever possible, to preserve the spleen, there are many cases where this is not possible due to the disease state of the organ.
- The new descriptor recognizes the value of preserving the spleen which is often a more difficult procedure than splenectomy during a distal pancreatectomy.
- Preserving the spleen is beneficial to support resistance to infection.
- The proposed descriptor supports the complete medical service principle, noting that one item will now be used in place of two, with only 50 percent of the fee for splenectomy being attributed.

4.9.7 Recommendation 78: Add a new item for distal pancreatectomy with splenectomy to the MBS

Table 81: Item introduction table for new item 30TTT

Item	Descriptor	Schedule fee
30TTT	Distal pancreatectomy with splenectomy, by open or minimally invasive means (Anaes.) (Assist.)	\$1,554.35

The Committee recommends that a new item number is added to the MBS which provides for distal pancreatectomies where the spleen is removed, and that:

- 30TTT: “Distal pancreatectomy with splenectomy, by open or minimally invasive means (Anaes.) (Assist.)”; and
- the fee is the same as that recommended for item 30385 (\$1,554.35).

Rationale:

- While it is considered best practice to save the spleen, in some cases this is not possible due to injury or disease. Maintaining an item number for distal pancreatectomy with splenectomy allows for these situations.

4.10 Spleen Items

The Committee reviewed four spleen items covering the removal of all or part of the spleen. Of these, the Committee recommended that two items remain unchanged and two items be combined into one.

The spleen plays multiple supporting roles in the body. It acts as a filter for blood as part of the immune system. Old red blood cells are recycled in the spleen, and platelets and white blood cells are stored there. The spleen also helps fight certain kinds of bacteria that cause pneumonia and meningitis.

The Committee recommended that items for splenorrhaphy (suturing a ruptured spleen) or partial splenectomy (removal of part of the spleen) should remain unchanged as they reflect current best practice and the descriptors for the items adequately describe the procedures.

However, the Committee recommended items for splenectomy (removal of the spleen) and laparoscopic splenectomy (removal of the spleen through minimally invasive surgery) be combined into one item which incorporates both open and laparoscopic surgical approaches. This change serves to simplify the MBS without affecting patient access to the procedures and allows the surgeon to choose the appropriate procedure for the patient given the clinical circumstances.

4.10.1 Recommendation 79: Leave two spleen items unchanged

Table 82: Item introduction table for items 30596 and 30599

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30596	Splenorrhaphy or partial splenectomy (Anaes.) (Assist.)	\$897.30	37	\$15,984	5.7%
30599	Splenectomy, for massive spleen (weighing more than 1500gms) or involving thoraco-abdominal incision (Anaes.) (Assist.)	\$1,306.90	37	\$35,002	-9.5%

Recommendation:

The Committee recommends that items 30596 and 30599 remain unchanged.

Rationale:

- The items define the procedures adequately.
- The procedures are reflective of current best practice.
- There is unlikely misuse of these items.
- The attributed fee is reflective of the complexity of the procedures.

4.10.2 Recommendation 80: Combine item 31470 with item 30597

Table 83: Item introduction table for item 30597 and 31470

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30597	Splenectomy (Anaes.) (Assist.)	\$720.20	269	\$70,422	0.4%
31470	Laparoscopic splenectomy, on a person 10 years of age or over (Anaes.) (Assist.)	\$720.20	84	\$35,656	0.2%

Recommendation:

The Committee recommends that:

- Item 31470 is combined with item 30597; and
- the new descriptor reads:
“Splenectomy performed by open or minimally invasive approach not to be claimed with 30583 (Anaes.) (Assist.)”

Rationale

- This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach.
- The proposed descriptor better reflects current surgical best practice.
- The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeon’s expertise and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- There will be no loss of access as a result of combining these items.
- The combination supports the simplification of the MBS.
- Combining these items supports the complete medical service principle.

4.11 Oncology Items

The Committee reviewed seven oncology items relating to insertion of portacaths for administration of chemotherapy, removal of soft tissue (excluding skin, cartilage and bone), endocrine and liver tumours, and staging of intra-abdominal tumours.

Drugs used for chemotherapy are often toxic, and can damage skin, muscle tissue, and sometimes veins. To reduce these negative side effects, a portacath can be implanted under the skin in the upper chest area for patients who require frequent or continuous administration of chemotherapy. (28)

Portacaths deliver the chemotherapy into the superior vena cava (a large vein above the right side of the heart) where the drugs are immediately diluted by the blood stream and delivered efficiently to the entire body. Cancer patients also require frequent blood tests and scans to monitor their treatments. These samples can be taken from the portacath rather than a vein in the arm.

Malignant tumours of the soft tissue include sarcomas. These are tumours that can affect fat, muscle, blood vessels, deep skin tissues, tendons, and ligaments. They can also affect bone and cartilage, but items describing diagnosis and treatment of these conditions were not in scope for this Committee.

The endocrine system is a network of glands that produce hormones and include the pituitary, thyroid, parathyroid, pancreas and adrenal glands.

While cancers of the endocrine system are rare, the Committee acknowledged that there is a requirement for items describing the exploration and excision of endocrine tumours. As such, they have recommended the combining of three similar procedures relating to these tumours.

Primary carcinoma of the liver (hepatic carcinoma) describes malignant tumours that begin in the liver, of which there are different types: (29)

- hepatocellular carcinoma or hepatoma: this is the most common type of primary liver cancer and it starts in the hepatocytes (a type of cell in the liver);
- cholangiocarcinoma, or bile duct cancer: these start in the cells lining the bile ducts (which connect the liver to the bowel and gall bladder); and
- angiosarcoma: these start in the blood vessels of the liver. This is a rare type of liver cancer that is more likely to occur in people over the age of 70.

4.11.1 Recommendation 81: Leave three oncology items unchanged

Table 84: Item introduction table for items 30400, 30441 and 31355

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30400	Laparotomy with insertion of portacath for administration of cytotoxic therapy including placement of reservoir (Anaes.) (Assist.)	\$632.50	33	\$11,415	-9.7%
30441	Intra operative ultrasound for staging of intra-abdominal tumours (Anaes.)	\$136.25	717	\$33,385	10.6%
31355	Malignant tumour of soft tissue, excluding tumours of skin, cartilage and bone, removal of by surgical excision, where histological proof of malignancy has been obtained, not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$714.45	1,240	\$569,464	-2.4%

Recommendation:

The Committee recommends that these items remain unchanged.

Rationale:

- 30400 describes an uncommon but still relevant procedure for which there is no other appropriate item number.
- 30441 is used regularly to guide resection of liver tumours, and can be applied by open or laparoscopic approach.
- 31355 describes a number which is used by default when no other appropriate item is appropriate, for example with regards to retroperitoneal sarcomas. COSA agree with leaving this item unchanged.

4.11.2 Recommendation 82: Combine three items into one, 30578

Table 85: Item introduction table for items 30578, 30580 and 30581

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30578	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (Anaes.) (Assist.)	\$1,147.20	12	\$9,249	-8.8%
30580	Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (Anaes.) (Assist.)	\$1,045.40	4	\$3,136	-7.8%
30581	Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found (Anaes.) (Assist.)	\$762.35	2	\$858	0.0%

Recommendation:

The Committee recommends that:

- items 30580 and 30581 are combined with 30578;
- the new descriptor reads:
“Endocrine tumour, exploration of pancreas or duodenum, either followed by local excision of tumour or after extensive exploration no tumour is found (Anaes.) (Assist.)”;
and
- The attributed fee should reflect that of item 30578.

Rationale:

- The skills and time taken for these procedures is similar and these items can be easily combined.
- While the post-operative care is more complicated for items 30578 and 30580, this could be reflected in a fee slightly higher than the median fee.
- On the rare occasions where a tumour is not found, the operation is demanding and takes longer to perform.
- COSA provided a submission to the Committee, noting that they considered 30578 and 30580 to be rarely used and could be deleted or combined.

4.11.3 Recommendation 83: Change the descriptor for item 30419**Table 86: Item introduction table for item 30419**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30419	Liver tumours, destruction of, by hepatic cryotherapy, not being a service associated with a service to which item 50950 or 50952 apply (Anaes.) (Assist.)	\$817.10	19	\$12,361	1.1%

Recommendation:

The Committee recommends that the new descriptor reads:

“Liver tumours, destruction of, by local ablation, not being a service associated with a service to which item 50950 or 50952 apply (Anaes.) (Assist.)”

Rationale:

- The removal of ‘hepatic cryotherapy’ ensures that this item better reflects current best practice.
- The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on personal preference and experience, benefits and risks to the patient, patient choice, and the patient’s pathology.
- COSA agrees that the approach is irrelevant for this procedure.

4.12 Lymph Node Items

The Committee reviewed 12 lymph items relating to diagnosis and treatment of irregularities of the lymph nodes.

The lymphatic system is similar to the vascular system however its key functions are to:

- defend against foreign particles and microorganisms;
- Restore any excess protein molecules and interstitial fluid back to the systemic circulation; and
- Absorption of fat-soluble vitamins and fatty substance from the gastrointestinal tract and transport them to the venous circulation. (30)

Lymph nodes are immunological organs and play a vital role in fighting off infections. The familiar cortex, paracortex and medulla are each composed of specific areas of the lymph nodes lobules and sinuses. The lobules lie together within the sinus system like islands in the middle of a stream. The body's large lymphoid network is united by lymphocytes which move back and forth between the lobules in a quest for antigens. This unique arrangement creates a very effective and efficient venue for antigen surveillance, lymphocyte production, antibody secretion and lymph filtration.

When foreign antigens invade the body, antigenic material, antigen presenting cells known as dendritic cells (DCs) and inflammatory mediators generated by local immunological activity at the site of infection are all picked up by the lymphatic vessels and swept along in the flow of lymph. The system of lymphatic vessels has been called an "information superhighway" because lymph contains a wealth of information about local inflammatory conditions in upstream drainage fields. (31)

Diseases impacting the health of lymph nodes and the lymphatic system include lymphoma, leukemia, certain cancers and a variety of other diseases. Diagnosis of these generally requires a biopsy in the initial stages. The type and severity of the disease will inform the following treatments.

The Committee recommended that the majority of items under this group are appropriate and did not require changes and recommended two items to be combined into one to simplify the MBS.

4.12.1 Recommendation 84: Leave 10 lymph items unchanged

Table 87: Item introduction table for items 30075, 3078, 30329, 30330, 31423, 31426, 31429, 31432, 31435 and 31438

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30075	Diagnostic biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	\$149.75	22,825	\$2,855,143	10.6%
30078	Diagnostic drill biopsy of lymph gland, deep tissue or organ, as an independent procedure, where the biopsy specimen is sent for pathological examination (Anaes.)	\$48.45	64	\$2,428	-18.8%
30329	Lymph glands of groin, limited excision of (Anaes.)	\$246.95	713	\$83,544	2.2%
30330	Lymph glands of groin, radical excision of (Anaes.) (Assist.)	\$718.75	374	\$155,459	1.5%
31423	Lymph nodes of neck, selective dissection of 1 or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a person 10 years of age or over (Anaes.) (Assist.)	\$401.75	1,340	\$258,823	4.9%
31426	Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck (Anaes.) (Assist.)	\$803.45	415	\$163,119	5.9%
31429	Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)	\$1,252.10	516	\$411,641	7.2%
31432	Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections) (Anaes.) (Assist.)	\$1,339.15	16	\$14,308	2.7%
31435	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.)	\$984.30	36	\$19,050	-0.5%
31438	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)	\$1,560.15	415	\$433,961	3.2%

Recommendation:

The Committee recommends that items 30075, 30078, 30329, 30330, 31423, 31426, 31429, 31432, 31435 and 31438 remain unchanged.

Rationale:

- The items reflect current surgical best practice
- The Committee agrees that the items are likely being appropriately used.
- The relativities between item number fees are appropriate

Note that the item numbers 31426 – 31438 are usually performed by Ear, Nose and Throat surgeons.

4.12.2 Recommendation 85: Combine two lymph items in to one, 30096

Table 88: Item introduction table for item 30096 and 31420

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30096	Diagnostic scalene node biopsy, by open procedure, where the specimen excised is sent for pathological examination (Anaes.)	\$183.90	11	\$1,380	-45.2%
31420	Lymph node of neck, biopsy of (Anaes.)	\$183.90	3,690	\$536,735	8.2%

Recommendation:

- The Committee recommends that item 30096 is combined with item 31420.
- That the new descriptor reads:
“Lymph node of neck, biopsy of by open procedure, where the specimen excised is sent for pathological examination (Anaes.)”

Rationale:

- Scalene lymph node biopsy is adequately covered by 31420, which has the same fee.
- The item represents an operation to remove a lymph node in the neck, just one located in a different region (triangle) of the neck.
- The procedure described by 30096 has only been performed 11 times and though required can be covered by changing the descriptor of 31420.
- Specific mention of scalene lymph node biopsy would not be warranted given it has only been used 11 times.
- The procedure is not likely to be performed, given the deep nature of the scalene triangle unless the node where palpable clinically.

4.13 Wound Items

The Committee reviewed 19 wound items.

Wounds are common, and many can be appropriately managed in primary care settings by a General Practitioner (GP). This is the most cost effective option and the preference of most patients. However, the remuneration provided for simpler wounds most appropriately managed by GPs provides a disincentive to manage these in a primary care setting. It thus creates an issue of access and affordability. This disincentive also results in more patients being referred to public hospital Emergency Departments where the cost of managing these wounds is increased, and there is often a delay in cleaning, debridement and repair.

Once a patient with a simple wound has delayed wound management on a scheduled hospital list, a superficial wound that may be treated and claimed under item 30026 is more likely to become infected and thus requiring treatment under item 30023, which is six-times the cost of item 30026 where these wounds are sent to hospital theatres.

The cost of providing a service is very important for smaller items which are less well reimbursed and more appropriate for primary care. The Committee note that for some items, such as item 30026, the cost of providing the service is almost equal to its current fee of \$52.20.

The Committee understands that consumables are not covered under the MBS, but acknowledges that it is part of how the cost of providing a service is calculated in a medical practice.

The Committee considers that the intent of the MBS is that it incorporates the cost of providing a service by a medical practice, including all costs associated with providing the service, rolled into the item fee. This will reduce the risk of additional out-of-pocket costs for consumers and will reduce the risk of GPs referring simple wounds to Emergency Departments for treatment.

The Committee has attempted to develop an accurate and cost-effective estimate of the true value of these wound services, using the standard GP consultation items 23 and 36 as comparators. The Committee considers that repair of wounds requires specific skills, and should have an attributed fee higher than that of a general consultation.

The Committee considers that some of items are outside the scope of a Nurse Practitioner and Nurse Practitioners should not be granted with access to items including 30023, 30024, 30049, 30058, 30068, 30225 and 30229.

Further to the recommendations made by the Committee, the Wound Management Working Group (WMWG) was established by the Taskforce in November 2018 as an independent expert working group to:

- review 11 existing MBS items for the management of acute wounds;
- consider broader issues around the management of chronic wounds, for which there are no existing MBS items; and
- explore non-MBS solutions for any identified issues related to wound management.

The items being reviewed by the WMWG included 30026, 30029, 30032, 30035, 30038, 30042, 30045, 30049, 30064, 30068 and 30052. The WMWG is yet to finalise its recommendations. It is anticipated the draft Report of the WMWG will be submitted to the Taskforce for endorsement to be released for consultation in mid-2019. The Committee

notes that the implementation of its recommendations for the 11 existing MBS items will be further reviewed by the WMWG.

4.13.1 Recommendation 86: Review the fee structure for all wound items

- The Committee considered that wound items are undervalued across the board to a variable degree and overall, recommend fee increases to ensure there is appropriate reimbursement for the consumer and minimise the burden on emergency departments and hospital operating rooms.
- The Committee recommends rewording the Explanatory Notes to ensure that they clearly explain that GPs can claim for a consultation in conjunction with a procedure that has not been pre-arranged.
- The Committee recommends an additional increase to item 30024 and 30026. The fee attributed to item 30024 should be at least double that of 30023 and item 30024 should be increased by at least 5.75 percent, based on costings completed by the Committee.
- The Committee recommends that aftercare is removed from all wound items.
- The Explanatory Notes should be updated to remind that when a nurse is providing after care such as removing sutures, a Medical Practitioner can only claim for the time they spend with the patient and not include time spent with the nurse.

Rationale:

- Rewording the Explanatory Notes will ensure that GPs are aware that they are able to claim for a consultation at the same time as an unplanned procedure. Current wording has created some confusing.
- Rewording the Explanatory Notes will ensure that GPs are aware that they are able to claim for a consultation at the same time as an unplanned procedure. Current wording has created some confusion.
- The procedure described by item 30024 is significantly more complex and the underlying pathology more life-threatening, than that described by item 30023. Item 30023 is currently remunerated at the same rate as 30024.
- The suggested fee structure and comparator used does not include aftercare. Removing aftercare will support an appropriate fee for service. Medical Practitioners should only be able to claim for the time spent with the patient, and not include time spent with the nurse. This should be reinforced in the explanatory notes.

4.13.2 Recommendation 87: Add 'excluding aftercare' to descriptors of seven items

Table 89: Item introduction table for items 30026, 30038, 30064, 30068, 30223, 30224 and 30225

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30026	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm long), superficial, not being a service to which another item in Group T4 applies (Anaes.)	\$52.20	98,361	\$4,270,817	0.9%
30038	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, large (more than 7cm long), superficial, not being a service to which another item in Group T4 applies (Anaes.)	\$90.00	7,817	\$586,371	0.5%
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed, as an independent procedure (Anaes.)	\$109.90	34,448	\$3,188,810	-2.2%
30068	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Anaes.) (Assist.)	\$276.80	2,483	\$508,695	-2.4%
30223	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion, requiring admission to a hospital, incision with drainage of (excluding aftercare) (Anaes.)	\$162.95	4,722	\$479,393	1.9%
30224	Percutaneous drainage of deep abscess using interventional imaging techniques - but not including imaging (Anaes.)	\$237.60	11,761	\$2,264,446	12.6%
30225	Abscess drainage tube, exchange of using interventional imaging techniques - but not including imaging (Anaes.)	\$267.65	217	\$44,260	3.8%

Recommendation:

The Committee recommends that:

- the descriptors for items these items remain unchanged, other than the addition of 'excluding aftercare' to the descriptors;
- the fee for item 30026 is increased by approximately 60 percent (to \$82.00); and
- the fee for item 30038 is increased by approximately 50 percent (to \$134.40).

Rationale:

- The descriptors accurately define the procedures.
- There is no evidence of misuse.
- Item numbers 30026, 30038, 30064 are regularly used, mostly by GPs.
- Item numbers 30223, 30224 are done in hospitals, with 30224 and 30225 normally performed by radiologists.
- The Vascular Clinical Committee supports the retention of 30224 and 30225 as well used and should remain unchanged.
- Item 30026 is currently significantly undervalued. It typically takes 15-30 minutes to set up, anaesthetise, clean the wound, repair, dress and clean up, remembering that this is in an acute setting, and not usually in a fully equipped operating theatre and often without nursing or other assistance.

- Item 30038 covers large wounds taking considerable time and resources to repair, and an increase of approximately 50 to 60 percent to the current fee would be appropriate.

4.13.3 Recommendation 88: Combine two haematoma items in to one, 30219

Table 90: Item introduction table for items 30216 and 30219

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30216	Haematoma, aspiration of (Anaes.)	\$27.35	13,783	\$329,513	1.8%
30219	Haematoma, furuncle, small abscess or similar lesion not requiring admission to a hospital - incision with drainage of (excluding aftercare)	\$27.35	114,796	\$2,666,887	2.5%

Recommendation:

- The Committee recommends that item 30216 is combined in to 30219 and that the attributed fee is increased to be comparable with item 30071 (diagnostic skin biopsy), which attracts a \$52.20 fee; and
- The new descriptor reads:

“Haematoma, furuncle, small abscess or similar lesion including incision or excision not requiring admission to a hospital - incision with drainage of (excluding aftercare)”

Rationale:

- Fee is not reflective of the time it takes to provide this procedure, which is similar in complexity to that described by item 30071.
- This procedure is normally provided in general practice. There is a risk that failure to increase the fee will increase patients being referred to hospital Emergency Departments for treatment. The Committee want to promote this service staying in general practice.

4.13.4 Recommendation 89: Combine two items in to one, 30024

Table 91: Item introduction table for items 30024 and 30229

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30024	Wound of soft tissue, debridement of extensively infected post-surgical incision or Fournier's Gangrene, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	\$326.05	1,696	\$324,634	9.0%
30229	Muscle, excision of (extensive) (Anaes.) (Assist.)	\$272.95	194	\$15,558	12.2%

Recommendation:

The Committee recommends that:

- Item 30229 is combined with item 30024; and
- the new descriptor reads:

“Necrotising infections requiring excision, under general, regional anaesthesia or procedural sedation, excluding aftercare (Anaes.) (Assist.)”.
- the attributed fee should be increased from \$326.05, which is better reflects the complexity of and the time taken to perform the procedure. The Committee recommends at least a 50 percent increase to this fee, commensurate with item 30375 (\$521.25).

Rationale:

- This is a significantly complex procedure than 30023 often requiring extensive excision and laying open of tissue that can take significantly longer to perform.
- The change in wording better aligns the item with current best practice.
- The higher fee is reflective of the complexity of the procedure and the length of time required.
- Necrotizing fasciitis is life-threatening and any treatment delay can result in much greater tissue loss.
- This procedure is equivalent to an emergency laparotomy and usually takes between one to two hours to complete, and can only be claimed once per patient.
- The Plastic and Reconstructive Surgery Clinical Committee Chair agreed that this item is under-remunerated, suggesting it is worth between \$500 and \$600. They noted that it is a more complex procedure than that described by 30023, and can take one to two hours to perform. They agreed to change the word ‘debridement’ to ‘excision’ as it is a better description of the procedure.

4.13.5 Recommendation 90: Change the descriptor for item 30023

Table 92: Item introduction table for item 30023

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30023	Wound of soft tissue, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	\$326.05	32,803	\$5,760,889	8.6%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Debridement and/or repair of a wound with macroscopic, visual contamination or necrosis at the time of presentation that penetrates the deep fascia, or involves subcutaneous muscle on the face, or exposes tendons or neurovascular structures in the hand or foot, and the procedure is being performed under general, regional anaesthesia or procedural sedation, excluding aftercare (Anaes) (Assist.)”; and
- the Explanatory Notes should be updated to reflect that, where there are multiple wounds, this item should not be claimed more than three times in the one operative field. An operative field should be described as the area exposed by one set of drapes, noting that there is cross-Committee agreement that digits, for example, represent separate operative fields.

Rationale:

- The Committee and the Chair of the Plastic and Reconstructive Surgery Clinical Committee agreed that the definition of deep was appropriate for this item.
- The proposed change in descriptor will support appropriate use of the item
- The proposed change in the descriptor should reduce variability in use of this item number.

4.13.6 Recommendation 91: Change the descriptor for item 30029

Table 93: Item introduction table for item 30029

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30029	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm in length), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)	\$90.00	26,756	\$2,012,152	1.7%

Recommendation:

The Committee recommends that the new descriptor should read:

“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, not on face or neck, small (not more than 7cm in length), involving deep tissue including fascia or muscle but not including subcutaneous tissue, not being a service to which another item in Group T4 applies, excluding aftercare (Anaes.)”; and

- the fee is increased by approximately 50 percent (to \$134.40).

Rationale:

- The current descriptor does not adequately define ‘deep’. This is defined in Explanatory Note TN.8.6 as "all tissues deep to but not including subcutaneous tissue such as fascia and muscle".
- The proposed descriptor ensures clarity for proceduralists.
- The proposed descriptor will ensure the item is only used for significantly more complex wounds, for which the current fee is undervalued.

4.13.7 Recommendation 92: Change the descriptor for item 30042

Table 94: Item introduction table for item 30042

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30042	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, other than on face or neck, large (more than 7cm long), involving deeper tissue, not being a service to which another item in Group T4 applies (Anaes.)	\$185.60	116	\$14,440	-4.9%

Recommendation:

The Committee recommends that:

- the descriptor reads:
“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, other than on face or neck, large (more than 7cm in length), involving deep tissue including fascia or muscle but not including subcutaneous tissue, not being a service to which another item in Group T4 applies, excludes aftercare (Anaes.)”, and
- the fee is increased by 25 percent (to \$235.50).

Rationale:

- Better defining 'deep' will reduce the risk of misuse and make claiming easier for providers.
- The current descriptor does not define ‘deep’. This is defined in Explanatory Note TN.8.6 as "all tissues deep to but not including subcutaneous tissue such as fascia and muscle". This is clear and simple and could be incorporated this into the item descriptor for clarity as the Committee suspect that TN.8.6 is not being read or adhered to by providers.

- The proposed descriptor will ensure this item is only used for significantly more complex wounds, for which the current fee is undervalued.

4.13.8 Recommendation 93: Change the descriptor for item 30032

Table 95: Item introduction table for item 30032

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30032	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7cm long), superficial (Anaes.)	\$82.50	35,962	\$2,495,486	-0.5%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 3cm long), superficial, excluding aftercare (Anaes.)”; and
- the fee is increased by approximately 30 percent (to \$114).

Rationale:

- A seven centimetre wound on the face is substantial. Reducing this length to three centimetres is a more accurate reflection of the size of the majority of facial wounds.
- The face is a cosmetically important and complex structure. Repair of even small facial wounds is significantly more complex than elsewhere on the body. The higher fee would better reflect the increased skill required to perform facial surgery.
- Consultations with the Chair of the Plastic and Reconstructive Surgery Clinical Committee Chair confirmed that reducing facial wounds to three centimetres is appropriate, and that the reduced size is more reflective of a facial wound.
- It was agreed by the Committee and the Chair of the Plastic and Reconstructive Surgery Clinical Committee that wounds greater than three centimetres on the face should generally be referred to a Plastic Surgeon, noting that in regional areas this is not possible, and wounds this size are often repaired by GPs.

4.13.9 Recommendation 94: Change the descriptor for item 30035

Table 96: Item introduction table for item 30035

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30035	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 7cm long), involving deeper tissue (Anaes.)	\$117.55	9,059	\$897,050	0.0%

Recommendation:

The Committee recommends that the size defined in the item should reflect three centimetres rather than seven centimetres, and recommends that the new descriptor reads:

“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, small (not more than 3cm long), involving deeper tissue, excluding aftercare (Anaes.)”; and

- The fee should be increased by approximately 40 percent (to \$163.50).

Rationale:

- A seven centimetre wound on the face is substantial. Reducing this length to three centimetres is a more accurate reflection of the size of the majority of facial wounds.
- The face is a cosmetically important and complex structure. Repair of even small facial wounds is significantly more complex than elsewhere on the body and the current fee is undervalued for the skill and time required for these procedures.

4.13.10 Recommendation 95: Change the descriptor for item 30045

Table 97: Item introduction table for item 30045

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30045	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), superficial (Anaes.)	\$117.55	1,172	\$116,544	-4.6%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 3cm long), superficial, excluding aftercare (Anaes.)”; and

- the fee should be increased by approximately 40 percent (to \$153.50) to ensure continued relativity with item 30035.

Rationale:

- A seven centimetre wound on the face is substantial. Reducing this length to three centimetres is a more accurate reflection of the size of the majority of facial wounds.
- The face is a cosmetically important and complex structure. Repair of even small facial wounds is significantly more complex than elsewhere on the body.

4.13.11 Recommendation 96: Change the descriptor for item 30049

Table 98: Item introduction table for item 30049

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30049	Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than wound closure at time of surgery, on face or neck, large (more than 7cm long), involving deeper tissue (Anaes.)	\$185.60	47	\$6,204	-1.2%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Skin and subcutaneous tissue or mucous membrane, repair of wound of, other than a wound closure at time of surgery, on face or neck, large (more than 3cm long), involving deeper tissue, excluding aftercare (Anaes.)”, and
- the fee is increased by approximately 25 to 30 percent (to \$235.50) to maintain relativity with item 30042.

Rationale:

- A seven centimetre wound on the face is substantial. Reducing this length to three centimetres is a more accurate reflection of the size of the majority of facial wounds.
- The face is a cosmetically important and complex structure. Repair of even small facial wounds is significantly more complex than elsewhere on the body.
- This item covers the largest, most complex wounds likely to be repaired in a General Practice setting. Data indicates that nearly all of these items are currently claimed by specialists. This may be due to the severity and complexity of the wound.

4.13.12 Recommendation 97: Change the descriptor for item 30058

Table 99: Item introduction table for item 30058

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30058	Postoperative haemorrhage, control of, under general anaesthesia, as an independent procedure (Anaes.)	\$144.35	252	\$25,829	-2.6%

Recommendation:

The Committee recommends that the new descriptor reads:

“Postoperative haemorrhage from a wound, control of, under general, regional anaesthesia or procedural sedation, as an independent procedure, excluding aftercare. (Anaes.).”

Rationale:

- The change of descriptor ensures that the item better reflects the procedure and aligns with current best practice.
- The proposed descriptor allows for a variety of anaesthesia delivery methods but avoids specifying a hospital operating theatre as sometimes these wound complications need to be managed in a remote or rural health centre.

4.13.13 Recommendation 98: Add a new item number for neck wounds to the MBS

Table 100: Item introduction table for item 30YYY

Item	Descriptor	Schedule fee
30YYY	Exploration of neck wounds penetrating the investing layer of the cervical fascia to exclude or expose major structural injury (Anaes.) (Assist.)	\$521.25

The Committee recommends that a new item number is added to the MBS which provides for penetrating neck injuries, and that:

- the descriptor reads:

30YYY: “Exploration of neck wounds penetrating the investing layer of the cervical fascia to exclude or expose major structural injury (Anaes.) (Assist.).”

- the fee for this item should be commensurate with item 30375 (\$521.25).

Rationale:

- This item is performed regularly by surgeons managing trauma; however there is no current item which provides for these deeper, more significant injuries.
- The operation involves opening multiple, often large, planes of the neck to exclude or expose injury to the structures of the neck which can include, but are not exclusive to, the oesophagus, thyroid, larynx etc.

- ATS provided a submission to the Committee that an item relating to significant neck injury is required.
- Item 30023 would continue to be used for less significant “deep” injuries penetrating the platysma level only, but not transgressing the deep cervical fascia.

4.14 Excision Items

The Committee reviewed 15 excision items.

Surgical excision is the removal of tissue using a scalpel or other cutting instrument.

The items in scope for the Committee included:

Sinus excision: the sinus is a tract which commonly contains hair and skin debris and is prone to recurring infections and can occur in the pilonidal area (midline of the natal cleft.) , pre-auricular (adjacent to the external ear) or sacral (lower back). Surgery to remove a sinus involves cutting out of the sinus as well as a wide margin of skin surrounding the sinus. The wound is not stitched but left to heal by normal healing processes. This wound will take weeks to heal and requires regular dressings until it heals. The advantage is that all the inflamed tissue is removed and the chance of reoccurrence is low (32).

Ganglion excision: a ganglion, otherwise known as a ganglion cyst is a benign ball of fluid that grows on a tendon or joint.

A bursa is a small fluid-filled sac that acts as a cushion between bone and soft tissue.

Removal of warts or molluscum contagiosum: these are common viral diseases that affect the skin and mucous membranes. The virus is found worldwide and causes small, raised spots that can be spread by skin-to-skin contact, with a higher incidence in children, sexually active adults, and those who are immunodeficient. (33)

The Committee found that most items under this group were appropriate and did not require changes, while other items required minor amendments.

The Committee also considered the complete medical service principle in changing some descriptors, and recommends clear definitions and guidance within the Explanatory Notes.

4.14.1 Recommendation 99: Leave 11 excision items unchanged

Table 101: Item introduction table for items 30099, 30103, 30104, 30107, 30187, 30189, 30226, 30232, 30235, 30238 and 31345 and 31350

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30099	Sinus, excision of, involving superficial tissue only (Anaes.)	\$90.00	138	\$9,283	-6.7%
30103	Sinus, excision of, involving muscle and deep tissue (Anaes.)	\$183.90	213	\$23,651	-2.1%
30104	Pre-auricular sinus, on a person 10 years of age or over. excision of, (Anaes.)	\$126.90	58	\$4,508	-14.6%
30107	Ganglion or small bursa, excision of, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$219.95	609	\$94,155	-2.7%
30187	Palmar or plantar warts, removal of, by carbon dioxide laser or erbium laser, requiring admission to a hospital, or when performed by a specialist in the practice of his/her specialty, (5 or more warts) (Anaes.)	\$256.95	238	\$49,285	-3.0%
30189	Warts or molluscum contagiosum (one or more), removal of, by any method (other than by chemical means), where undertaken in the operating theatre of a hospital, not being a service associated with a service to which another item in this group applies (H) (Anaes.)	\$147.30	498	\$50,136	-12.5%
30226	Muscle, excision of (limited) or fasciotomy (Anaes.)	\$149.75	217	\$12,061	3.0%
30232	Muscle, ruptured, repair of (limited), not associated with external wound (Anaes.)	\$223.60	11	\$1,360	6.6%
30235	Muscle, ruptured, repair of (extensive), not associated with external wound (Anaes.) (Assist.)	\$295.70	57	\$5,441	0.7%
30238	Fascia, deep, repair of, for herniated muscle (Anaes.)	\$149.75	45	\$2,600	7.1%
31345	Lipoma, removal of by surgical excision or liposuction, where lesion is subcutaneous and 50mm or more in diameter, or is sub-fascial, where the specimen is sent for histological confirmation of diagnosis (Anaes.)	\$210.95	9,011	\$1,193,223	2.5%
31350	Benign tumour of soft tissue, excluding tumours of skin, cartilage, and bone, simple lipomas covered by item 31345 and lipomata, removal of by surgical excision, where the specimen excised is sent for histological confirmation of diagnosis, on a person 10 years of age or over, not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$433.35	8,778	\$2,551,745	3.3%

Recommendation:

The Committee recommends that these items remain unchanged. However the Committee also noted the fee discrepancy for item 31345, and advised that this is not reflective of the effort required for this procedure.

The Committee recommends that the Explanatory notes are updated to reflect the definitions of 'deep' and extensively contaminated'. This is supported by ATS.

Rationale:

- The items define the procedures adequately.
- The procedures are reflective of current best practice.
- These are well-used items and appear to be used appropriately.
- Except for item 31345, the attributed fees are reflective of the complexity of the procedures. The Plastic and Reconstructive Surgery Clinical Committee recommendations for larger or multiple lipomas will address the more complex procedures.

The Plastic and Reconstructive Surgery Clinical Committee have confirmed in their recommendations on lipomas, and that 31345 remains fit for purpose and should be unchanged.

4.14.2 Recommendation 100: Delete item 30679 from the MBS.**Table 102: Item introduction table for item 30679**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30679	Pilonidal sinus, injection of sclerosant fluid under anaesthesia (Anaes.)	\$96.30	49	\$3,335	-0.4%

Recommendation:

The Committee recommends that this item is deleted from the MBS.

Rationale:

- This service can be provided under item 59739 (sinogram).
- The Chair of the Plastic and Reconstructive Surgery Clinical Committee agreed with the deletion of this item from the MBS.

4.14.3 Recommendation 101: Change the descriptor for item 30676.**Table 103: Item introduction table for item 30676**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30676	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of (Anaes.)	\$379.05	\$549,217	2,240	0.6%

Recommendation:

The Committee recommends that:

- the new descriptor reads:
“Pilonidal sinus or cyst, or sacral sinus or cyst, definitive excision of (Anaes.)(Assist)”;
and
- the Explanatory Notes are updated to include that where a flap is required in conjunction with this item, that item 45203 is used for this purpose.

Rationale:

- The new descriptor better aligns with the complete medical service principle and is reflective of current best practice.
- Better describes the intended use as the proposed descriptor now excludes drainage of an acute abscess (for which 30223 should be used).
- Where a fasciocutaneous flap is required to close a pilonidal sinus excision defect, after discussion with PRCC, the recommended item number is 45203. This excludes tissue mobilisation and involves a formal, single stage flap.

4.14.4 Recommendation 102: Change the descriptor for item 30055**Table 104: Item introduction table for item 30055**

Item	Descriptor	Schedule fee	Services FY 2016/17	Benefits FY 2016/17	5 Year service change % (CAGR)
30055	Wounds, dressing of, under general anaesthesia, with or without removal of sutures, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$73.90	440	\$24,490	-2.5%

Recommendation:

The Committee recommends that the new descriptor reads:

“Wounds, dressing of, under general, regional or intravenous sedation, with or without removal of sutures, not being a service associated with a service to which another item in this Group applies (Anaes.)”.

Rationale:

- Sutures can be removed under a variety of sedation types. The change in descriptor provides flexibility to the proceduralist to use the most appropriate sedation for the patient.
- The proposed descriptor is reflective of current best surgical practice.

4.15 Bariatric Items

The Bariatric Surgery Advisory Group (BSAG) reviewed eight bariatric items.

The Advisory Group consisted of:

- Dr Ahmad Aly – President of the Australian and New Zealand Metabolic and Obesity Surgery Society; and
- Professor Wendy Brown – President of the Australian and New Zealand Gastric and Oesophageal Surgery Association, and clinical lead of the Bariatric Surgery Registry.

The BSAG was established to review all MBS bariatric surgery items. The BSAG reported their recommendations formally to the General Surgery Clinical Committee, who broadly accepted these recommendations.

The key comments from the Committee included their concerns regarding public access to bariatric surgery. While not directly an issue for the MBS, the Committee felt that access to bariatric surgery, including follow up care and co-ordinated care, is lacking for public patients in most states. The Committee noted that they would urge the Minister to consider this issue when allocating health funding.

The General Surgeon's Association raised their concerns with the Committee that abdominoplasty was now not available for almost anyone other than post bariatric patients. He advised that this was a particular problem for young women after having large babies or multiple pregnancies. The Committee recommend that this is considered by the Taskforce.

4.15.1 Bariatric Surgery Advisory Group Recommendation: Leave seven bariatric items unchanged

Table 105: Item introduction table for items 31569, 31572, 31575, 31578, 31581, 31587 and 31590

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
31569	Adjustable gastric band, placement of, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	\$849.55	1,650	\$931,110	0.0%
31572	Gastric bypass by Roux-en-Y including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a services to which item 30515 applies (Anaes.) (Assist.)	\$1,045.40	2,576	\$1,759,338	0.0%
31575	Sleeve gastrectomy, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	\$849.55	16,990	\$10,314,658	0.0%
31578	Gastroplasty (excluding by gastric plication), with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	\$849.55	135	\$80,838	0.0%
31581	Gastric bypass by biliopancreatic diversion with or without duodenal switch including gastric resection and anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity (Anaes.) (Assist.)	\$1,045.40	106	\$80,365	0.0%
31587	Adjustment of a gastric band as an independent procedure including any associated consultation.	\$97.95	67,781	\$5,663,941	0.0%

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
31590	Adjustment of gastric band reservoir, repair, revision or replacement of.	\$251.70	438	\$74,309	0.0%

Recommendation:

The BSAG recommends that these items remain unchanged, but that:

- the Explanatory Notes for items 31569, 31572, 31575, 31578, and 31581 are updated to clarify the current co-claiming policy intent in that practitioners are not to co-claim hiatal repair with bariatric surgery items unless the repair takes more than 45 minutes; and
- given that item 31581 is claimed infrequently, the BSAG advise no changes, but recommend that the Department closely monitor use of the item and work with the profession if any marked increase in the items' volume is observed.

Rationale:

- Hiatal repair taking less than 45 minutes is already included in the fee for the identified items.
- While BSAG considers that item 31581 appropriately reflects current best surgical practice, it was noted that the item may be claimed for One Anastomosis Duodenal Switch (OADS). OADS is a modification of a bariatric procedure (34) which is anecdotally being performed in very small numbers, and like the OAGB, the service does not align with any currently funded MBS items.

4.15.2 Bariatric Surgery Advisory Group Recommendation: Change the descriptor for item 31584

Table 106: Item introduction table for item 31584

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
31584	Surgical reversal of adjustable gastric banding (removal or replacement of gastric band), gastric bypass, gastroplasty (excluding by gastric plication) or billiopancreatic diversion being services to which items 31569 to 31581 apply (Anaes.) (Assist.)	\$1,539.10	3,919	\$4,443,735	0.0%

Recommendation:

The BSAG recommends that the new descriptor reads:

“Surgical reversal, revision or conversion, of adjustable gastric banding (removal or replacement of gastric band), gastric bypass, gastroplasty (excluding by gastric plication) or billiopancreatic diversion being services to which items 31569 to 31581 apply (Anaes.) (Assist.).”

Rationale:

- The proposed descriptor better reflects the procedure, which describes current best surgical practice.
- The item in its current form only refers to 'reversal', however in practice the item is also claimed for 'revision' and 'conversion' of bariatric procedures. When an original bariatric procedure is 'reversed' and another bariatric procedure is undertaken, this may not always be best described as a reversal, but often as a 'revision', or 'conversion', depending on the choice of secondary procedure.

4.15.3 Bariatric Surgery Advisory Group Recommendation: Add a new item for mini gastric bypass- one anastomosis gastric bypass (OAGB)

The BASG recommends that a new item is added to the MBS to provide for OAGB and:

- the descriptor reads:

315XX: "Mini gastric bypass-one anastomosis gastric bypass including associated anastomoses, with or without crural repair taking 45 minutes or less, for a patient with clinically severe obesity not being associated with a service to which item 30515 applies (Anaes.) (Assist.)"; and

- the attributed fee is approximately \$849 with the 75 percent benefit being \$637.20.

Rationale:

- Item 31572 specifically describes a Roux-en-Y gastric bypass, which, when taken literally, would exclude a single anastomosis loop bypass, even though it is best classed as a bypass. The OAGB is a modification of the Roux-en-Y gastric bypass; however the service does not align with any currently funded MBS items. A dedicated item number will encourage appropriate utilisation of MBS item numbers.
- The Roux-en-Y gastric bypass and the OAGB are performed on the same population and result in the same clinical outcomes. However, item 31572 is a slightly more complex procedure than the OAGB and therefore it is suggested that the fee for the new item should be equivalent to items 31569, 31575 and 31578, as these procedures entail similar levels of difficulty in terms of time and technique.
- The BSAG notes that a MSAC evaluation may be required to support the creation of this new item.

5. Impact statement

This section of the report summarises the Committee's recommendations and is intended to support and encourage consumers to comment on the recommendations.

Both consumers and clinicians are expected to benefit from the Committee's recommendations as they address concerns regarding consumer safety and quality of care and take steps to simplify and modernise the MBS to make it easier to use and understand.

Consumer access to services was considered for each recommendation, particularly in regard to rural and remote areas. The Committee also considered the impact of each recommendation on provider groups to ensure that changes were a reflection of current evidence based clinical practice, reasonable and fair. However, wherever 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 expects these recommendations will support the provision of appropriate general surgery services that incorporate clinically indicated, high-quality surgical procedures, and techniques that reflect modern best practice.

The Committee considered 208 general surgery item numbers and their recommendations will reduce this number to 166, thereby supporting the simplification and modernisation of the MBS.

These changes are expected to benefit consumers by reducing the overall number of general surgery MBS items, thereby making the MBS simpler as the procedure costs will now be easier to understand and, for providers, more user-friendly. It also ensures that item numbers are removed for procedures that are no longer considered best practice, or where another item number better describes that service as part of a complete medical service.

The Committee's recommendations include:

- Deleting five items that no longer represent best practice and have very low service volumes.
- Combining 68 items into 27 items supports the complete medical service principle and will simplify the MBS. This in turn will help ensure that consumers are clear about the procedures performed and improve consistency of billing across providers.

- In some cases the Committee has recommended combining item numbers that are now infrequently used, but still sometimes required as they remain appropriate for certain conditions or situations.

Combining these items rather than deleting them will ensure that all surgical options for the patient covered by this list remain available. An excellent example of this is the vagotomy items.

While no longer a first-line treatment in most cases, access to vagotomy (a type of anti-reflux operation) remains necessary for select patients, but combining the different types of vagotomy into one item number with a new descriptor will not affect access to this procedure when indicated.

- Changing the descriptor for 65 items. For these items the Committee considered current, evidence-based best surgical practice, the simplification of the MBS and complete medical service principle.

Additional definitions have also been recommended for the explanatory notes to ensure that providers are easily able to claim the appropriate item, which in turn ensures the consumer is provided with a clear picture of their procedure.

- Create six new items. The new items are for complex surgeries which have been introduced since the MBS started and although being performed in practice, multiple items are currently claimed to cover a complete procedure. Adding an item that describes the complete medical service helps simplify the MBS, and will provide greater clarity for the consumer and improve consistency of billing.

The Committee has also made several recommendations to increase the fee for certain items. The Committee kept out of pocket expenses experienced by consumers in the forefront of their thinking whilst considering relativities between different operative procedures. An example of this is where an operation would be expected to take more than half a day, and where the current descriptor and fee fails to recognise the amount of work involved in modern surgical practice.

Another example of this is aimed at ensuring patients retain access to the management of wounds within their primary care setting. The Committee considered that, generally, wound items undertaken in General Practice are under-funded and there was concern across the Committee and reportedly from GPs, that this may cause some GPs to refer the patient to an Emergency Department for the management of even basic wounds. If simple wounds are referred to Emergency Departments the consumer will experience delays in management, and the health system will sustain higher costs.

6. References

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7. Glossary

Term	Description
ANZGOSA	Australia New Zealand Gastric and Oesophageal Surgery Association
ANZHPBA	Australian and New Zealand Hepatic, Pancreatic and Biliary Association Inc.
ATS	Australasian Trauma Society
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).
COSA	Clinical Oncology Society of Australia
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
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.
HIPEC	Hyperthermic intraperitoneal chemotherapy
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.

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 MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
NHMRC	National Health and Medical Research Council
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.
PBS	Pharmaceutical Benefits Scheme
Services average annual growth	The average growth per year, over five years to 2014/15, in utilisation of services. Also known as the compound annual growth rate (CAGR).
The Committee	The Diagnostic Imaging Clinical Committee of the MBS Review
The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid in 2014/15 unless otherwise specified.



Appendix A Summary for consumers

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

Item	What it does	Committee recommendation	What would be different	Why
Other Surgery				
30001	Intended to provide a derived fee for procedures that are commenced but discontinued due to the medical status of the patient.	Change the descriptor for this item.	The descriptor would be clearer and a fee would be attributed to the item, rather than a derived fee from all procedures that were intended to be performed.	Currently there is no data on the amount of surgeries cancelled after commencement, and the fee is variable. This will support simplification of the MBS and provide data on cancelled surgeries.
Laparotomy/ Laparoscopy items				
30406	This is a procedure for sampling fluids from the abdomen.	Leave these five items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30408	Insertion of a shunt which drains fluid from the peritoneum into the veins.			
30606	Surgery on the oesophagus to treat high pressures in the portal vein.			
30094	Aspiration of a deep organ for diagnosis.			
30392	Removal of large, cancer in the abdomen.			
30382	Repair and dissection of an abnormal connection (fistula) that develops between the intestinal tract or stomach and the skin.	Change the descriptor for this item.	The proposed descriptor included the formation of a stoma and anastomosis (re-joining of the bowel) where required.	The proposed descriptor better describes the repair of a fistula in a clinically unwell patient.
31454	Laparoscopic (small surgical incision of the abdomen to insert surgical instruments and a camera) drainage of pus, bile or blood from the abdomen.	Change the descriptor for this item.	The item would now only provide for drainage of bile.	Drainage of blood and pus are provided for under other items which support the complete medical service principle.



Item	What it does	Committee recommendation	What would be different	Why
30387	Open operation on the internal organs enclosed within the abdominal cavity, including the stomach, liver, intestines, spleen, pancreas, and parts of the urinary and reproductive tracts.	Change the descriptor for this item.	The change in descriptor would provide for operations on these organs, as well as lymph node biopsy.	The new descriptor better reflects the procedure and best practice.
30397	A previous wound in the peritoneal cavity is opened and deliberately left open (laparostomy). The abdominal contents are exposed and protected with a temporary coverage or closed with a zipper. Includes change of dressings or packs and can include drainage.	Change the descriptor for this item.	The new descriptor removes the term 'zipper'.	The removal of the specific reference to 'zipper' acknowledges that there are multiple methods which can be used to maintain a laparostomy. This supports the MBS to maintain best practice.
30399	Closure of a laparostomy, including removal of dressings, packs and zipper if inserted.	Change the descriptor for this item.	The new descriptor removes the term 'zipper'.	The removal of the specific reference to 'zipper' acknowledges that there are multiple methods which can be used to maintain a laparostomy. This supports the MBS to maintain best practice.
Division of adhesions items				
30373	Exploratory laparotomy (large open surgical incision to the abdomen) which can include a biopsy.	Combine these three items.	The proposed descriptor would allow for biopsy and division of adhesions, so no change to access would occur.	This combination will support the simplification of the MBS.
30391	Laparoscopic biopsy (sampling of tissue to send for testing).			
31450	Laparoscopic cutting and dividing of fibrous bands (adhesions) that forms between tissues and organs, often as a result of surgery.			



Item	What it does	Committee recommendation	What would be different	Why
30375	Removal and/ or repair of parts of abdominal organs. Can also include draining excess fluid from the pancreas.	Combine these two items.	The combined item would be for emergency surgeries and surgeries where the time taken for division of adhesions is less than 45 minutes.	These items describe similar procedures that have historically been separated by laparoscopic or open approaches. Provides greater flexibility for the surgeon to choose the appropriate procedure for the patient based on expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30376	Open surgery to cut and divide fibrous bands (adhesions) that form between tissues and organs, often as a result of surgery.			
30378	Open surgery to cut and divide adhesions that form between tissues and organs, often as a result of surgery, in conjunction with another procedure. Time taken to divide adhesions is between 45 minutes and 2 hours.	Combine these three items.	There would be no change in access or procedure performed. The new item would be reserved for emergency surgery or where the division of adhesions took 45 minutes to two hours.	These items describe the same procedure. The proposed descriptor provides flexibility for the surgeon to use any approach as appropriate. The combination would support the simplification of the MBS.
30393	Laparoscopic division of adhesions in conjunction with another procedure. Time taken to divide the adhesions exceeds 45 minutes.			
31452	Laparoscopic division of adhesions, as an independent procedure, where the time taken is more than 1 hour.			
30379	Open surgery for division of adhesions. Time taken is longer than two hours. Can include the insertion of a long intestinal tube.	Change the descriptor for this item.	This item would be reserved for complex and prolonged division of adhesions in either an emergency or elective setting.	The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on experience, benefits and risks to the patient, patient choice, and the patient's pathology. The combination would support the simplification of the MBS.



Item	What it does	Committee recommendation	What would be different	Why
30384	Open surgery to grade lymphoma. It can include removal of the spleen (splenectomy), liver biopsy, lymph node biopsy and disconnection of the ovaries from the uterus.	Change the descriptor for this item.	The proposed descriptor would provide for open or laparoscopic excision of a mass behind the peritoneum. It moves the item from a diagnostic procedure to treatment/excision.	The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30390	Diagnostic laparoscopy.	Change the descriptor for this item.	This item is meant for diagnostic purposes only. The change in descriptor will mean that this item cannot be claimed with any other intra-abdominal procedure.	This item is being claimed in conjunction with other items that could describe a complete medical service. There is no justification to co-claim this item.
Laparotomy/ Laparoscopy for abdominal haemorrhage items				
30388	Open surgery for trauma that has damaged three or more organs.	Change the descriptor for this item.	The proposed descriptor would allow for an abdominal trauma item number that reflects control of haemorrhage and damage control. The fee would be reduced. There would be no loss of access.	The current descriptor does not accurately reflect the procedure.
30385	Open operation to control post-operative internal bleeding.	Change the descriptor for this item.	The proposed descriptor allows for an open or laparoscopic approach, as well as drainage where required.	The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on experience, benefits and risks to the patient, patient choice, and the patient's pathology.
Appendicectomy items				
30571	Removal of the appendix.	Combine these two items.	There would be no change in access or procedure performed.	These items describe the same procedure. The proposed descriptor provides flexibility for the surgeon to use any approach as appropriate. The combination would support the simplification of the MBS.
30572	Removal of the appendix by laparoscopy.			



Item	What it does	Committee recommendation	What would be different	Why
30574	Removal of the appendix when performed with another procedure of the abdomen (using the same incision).	Change the descriptor for this item.	A specimen (of the appendix) would be required to be sent for pathological testing.	This will ensure that the appendix is being appropriately removed.
Abscess items				
30394	Open operation to drain a lower abdominal abscess, ruptured appendix or for peritonitis from any cause, with or without removal of the appendix.	Combine these three items.	There would be no change in access or procedure performed.	These items describe drainage of abscesses in various abdominal areas. The combination would support the simplification of the MBS.
30402	Drainage of an abscess situated behind the peritoneum.			
30575	Open operation to drain an abscess of the pancreas.			
Small bowel resection items				
30562	Closure of an artificial opening in the abdominal wall or in another part of the intestine where the small bowel was previously diverted to.	Leave these three items unchanged	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30563	Alteration of a colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall) or ileostomy (a surgical operation in which a damaged part is removed from the ileum and the cut end diverted to an artificial opening in the abdominal wall)			
30565	Surgical removal of all or part of the small intestine and formation of a stoma.			



Item	What it does	Committee recommendation	What would be different	Why
30564	A surgical procedure performed to alleviate narrowing in the small bowel due to scar tissue that has built up from inflammatory conditions such as Crohn's disease.	Combine these two items.	No changes to access or the procedure would occur.	The two items describe similar procedures. The combination allows for all procedures previously covered by two items which supports the simplification of the MBS.
30566	Surgical removal and re-joining of part of the small bowel.			
30568	A cut is made in to the intestine for insertion of an endoscope to see inside the small intestine.	Combine these two items.	No changes to access or the procedure would occur.	The two items describe similar procedures. The combination allows for all procedures previously covered by two items which supports the simplification of the MBS.
30569	Laparoscopic insertion of an endoscope to see the inside of the small intestine. A biopsy may be taken.			
30JJJ	Removal of the cancerous part of the lining of the abdomen and delivery of Hyperthermic intraperitoneal chemotherapy (HIPEC) to the area. Time taken is less than five hours.	Add two new items to the MBS.	There would be two items providing for this procedure- one for less than five hours and one for more than five hours. The surgeon would no longer need to claim multiple items for performing this procedure.	Removal of the cancerous lining of the abdomen and delivery of HIPEC is now an established procedure; however there is currently no item number available. Surgeons must claim for several items. This item will support the complete medical service principle.
30KKK	Removal of the cancerous part of the lining of the abdomen and delivery of chemotherapy to the area. Time taken is more than five hours.			
Abdominal wall hernia items				
30615	Repair of a complicated hernia without a bowel resection.	Leave this item unchanged.	No changes would occur for this item.	This item clearly and accurately describes the procedure which is considered to be current best surgical practice. It is well used and does not require change.



Item	What it does	Committee recommendation	What would be different	Why
30609	Laparoscopic repair of a hernia located in the groin (inguinal) or inner thigh (femoral).	Combine these two items.	No changes would occur for these items.	The combination supports the simplification of the MBS and combines procedures that have been separated by open or laparoscopic approach. The approach to a femoral or inguinal hernia does not alter the complexity of the procedure and carries equivalent, if different, risks to the patient. The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeons experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30614	Repair of a femoral or inguinal hernia, or infantile hydrocele (a build-up of watery fluid around one or both testicles. It causes the scrotum or groin area to swell.			
30621	Repair of a navel, upper abdominal middle of the abdomen (epigastric or linea alba hernia) which requires mesh or other formal repair.	Combine these three items.	These items would be combined in to one descriptor, but would each be tiered according to the size of the hernia. All hernia types previously covered by these items would be included in the one descriptor. The tiering would be less than three centimetres, between three and seven centimetres, and greater than seven centimetres. The proposed descriptor provides for open or laparoscopic approach.	The items described repair of hernias, however there has previously been no way to grade the size of the hernia. Larger hernias are more complex to repair. The combination supports the surgeon to choose the appropriate procedure for the patient based on the surgeons experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30403	Repair of an abdominal wall hernia (ventral), a hernia cause by an incompletely-healed surgical wound (incisional) or recurrent hernia or burst abdomen, with or without the use of mesh.			
30405	Repair of a ventral or incisional hernia requiring muscle transposition, mesh or resection of a strangulated bowel.			



Item	What it does	Committee recommendation	What would be different	Why
30XXX	Repair of hernias greater than seven centimetres where abdominal wall reconstruction is required.	Add a new item to the MBS.	This item would provide for large, complex hernias that require additional reconstruction and muscle transposition.	There is no item currently available for large, complex hernias. Surgeons currently claim several items for this procedure. This item will simplify the MBS and support the complete medical service principle.
Oesophageal items				
30294	Removal of the oesophagus where a surgical opening in to the throat is made to support the airway and a surgical opening in the oesophagus is made. This then allows for insertion of a feeding tube, which is claimed under a separate item.	Leave these four items unchanged.	No changes would occur for these items.	30294 and 30529 are not often used, but are essential in certain cases. 30533 and 30539 are well used and are reflective of current best practice.
30529	The stomach is wrapped around the lower end of the oesophagus to treat reflux in cases where there is tightening of the oesophagus, or a short oesophagus.			
30533	The muscles at the opening of the stomach are cut to allow food to pass through more easily, and the stomach is wrapped around the oesophagus.			
30539	Removal of a tumour in the oesophagus.			
30560	Repair of an oesophageal perforation.	Change the descriptor for this item.	The proposed descriptor includes thoracic drainage and thoracoscopy (a medical procedure involving internal examination, biopsy, and/or resection of disease or masses within the upper abdomen).	This change supports the complete medical service principle and better describes the procedure.



Item	What it does	Committee recommendation	What would be different	Why
Oesophagectomy items				
30541 30542 30544	Removal of the oesophagus by a trans-hiatal approach. The three items only differ in the number and type of surgeons performing the procedure.	Delete three items.	These items would no longer be available.	The items describe procedures which are no longer considered best practice. Removing them from the MBS will reduce the likelihood of the procedures being performed. Other item numbers provide for treatments and procedures that are considered best practice.
30535 30536 30538 30539	Removal of the oesophagus with gastric reconstruction by various approaches.	Combine four items.	Nine items describing similar procedures would be combined in to one item.	The proposed new combination's descriptor would provide for all currently separated, minor variations to the procedure. Combining the items will reduce the risk of misuse and supports the Complete Medical Service principle. Combining the three item numbers simplifies the MBS.
30545 30547 30548 30550 30551 30553 30554 30556 30557	Removal of the oesophagus by various approaches.	Combine nine items.	Nine items describing similar procedures would be combined in to one item.	The proposed new combination's descriptor would provide for all currently separated, minor variations to the procedure. Combining the items will reduce the risk of misuse and supports the Complete Medical Service principle. Combining the three items simplifies the MBS.
Anti-reflux items				
30527 31464	Surgery to treat reflux.	Combine these two items.	Two items describing similar procedures would be combined in to one item.	The proposed new combination's descriptor would provide for the currently separated, minor variations to the procedure. Combining the three items simplifies the MBS.



Item	What it does	Committee recommendation	What would be different	Why
30530	Surgery to treat reflux.	Leave these two items unchanged.	There would be no change to these two items.	These items are well used and accurately describe a procedure which is considered to be best practice.
31466	Antireflux operation by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus, revision procedure, by laparoscopy or open operation (Anaes.) (Assist.)			
Diaphragmatic hernia items				
30601	Repair of a congenital hernia of the diaphragm.	Change the descriptor for this item.	This item would now allow for delayed presentation of an injury or traumatic rupture of a hernia of the diaphragm, as well as allowing for congenital hernias.	Provides an appropriate item for delayed repair of diaphragmatic hernias, which can be more complex to treat.
30600	Repair of a traumatic hernia of the diaphragm.	Change the descriptor for this item.	This item would be used for emergency situations.	This procedure is complex and should be performed as soon as possible. The inclusion of ‘emergency’ in the descriptor recognises that this surgery is required urgently.
Heller’s operation item				
30532	Outer layers of the lower oesophagus are cut away to allow food and liquids to pass into the stomach more easily.	Change the descriptor for this item.	The new descriptor adds the word ‘gastroscopy’, which allows the surgeon to perform the procedure via endoscopy or gastroscopy.	The change provides greater flexibility based on the consumer’s condition and the surgeon’s experience and preference.
Gastric items				
30518	Partial removal of the stomach.	Leave these three items unchanged.	No changes would occur for these items.	While the items are used in only a small number of cases, access to these procedures remains necessary. The procedures are not provided for under other items, and are not suitable to be combined with other items.
30521	Total removal of the stomach for a non-cancerous disease.			
31460	Extension of a tube that is inserted through the abdomen to deliver nutrition directly to the stomach.			



Item	What it does	Committee recommendation	What would be different	Why
31462	Insertion of a tube in to the small bowel (jejunum) during major upper gastrointestinal surgery. The tube delivers nutrition directly to the small bowel.	Leave this item unchanged.	No changes would occur for these items.	While the item is used in only a small number of cases, access to this procedure remains necessary. The procedure is not provided for under other items, and is not suitable to be combined with other items.
Vagotomy items				
30496 30497 30499 30500 30502 30503	Removal of one or more branches of the vagus nerve by various approaches. This surgery helps to reduce the rate of gastric secretion when treating peptic ulcers.	Combine these six items.	Six items describing similar procedures would be combined in to one item.	Vagotomies are a rarely used procedure but are essential in some cases. Combining the six item numbers simplifies the MBS.
Peptic ulcer items				
30505 30506 30508 30509	Control of a bleeding peptic ulcer by various approaches.	Combine these four items.	Four items describing similar procedures would be combined in to one item.	The proposed new combination's descriptor would provide for all currently separated, minor variations to the procedure. Combining the four item numbers simplifies the MBS.
Gastroenterostomy items				
30515	Surgical creation of a connection between the stomach and small bowel (jejunum), or connection between the small intestine and the colon, or connection of one part of the small bowel to another.	Change the descriptor for this item.	The proposed descriptor better describes current best practice, and provides a clearer description of what the item allows.	The proposed change supports the Complete Medical Service principle and reduces the risk of misuse of the item number.



Item	What it does	Committee recommendation	What would be different	Why
30517	Reconstruction of a surgical creation of a connection between the stomach and small bowel, widening the opening of the lower part of the stomach, so that the contents of the stomach can pass through to the small bowel more easily, or surgical connection between the stomach and small intestine (duodenum).	Change the descriptor for this item.	The proposed descriptor changes the word 'reconstruction' to 'revision'.	The proposed wording better describes the procedure.
Liver items				
30409	Biopsy of the liver	Leave these ten items unchanged.	No changes would occur for these items.	While the items are used in only a small number of cases, access to these services remains necessary. The procedures are not provided for under other items, and are not suitable to be combined with other items.
30411	Biopsy of the liver where a small triangle-shaped piece of tissue is removed. Performed during another intra-abdominal procedure.			
30412	Biopsy of the liver by removing a small amount of tissue using a core needle. Performed during another intra-abdominal procedure.			
30414	Resection of one of the 32 subsegments of the liver, but not due to trauma.			
30415	Resection of one of the four segments of the liver, but not due to trauma.			
30418	Removal of one of the three lobes of the liver.			
30422	Repair of a laceration to the liver after trauma.			
30425	Repair of multiple, deep lacerations to, or debridement of, the liver after trauma.			
30427	Resection of one of the four segments of the liver after trauma.			
30428	Removal of one of the three lobes of the liver after trauma.			



Item	What it does	Committee recommendation	What would be different	Why
Hydatid cyst items				
30434 30436 30437 30438	Removal of a hydatid cyst of the liver, peritoneum or viscus by various approaches.	Combine these four items.	The descriptor would change to reflect current best practice.	These items describe similar procedures. Combining will simplify the MBS, ensure the item reflects best practice, and support the complete medical service principle.
Portal hypertension items				
30602 30603 30605	Insertion of various shunts to alleviate portal hypertension.	Combine these three items.	There would be no change- the proposed descriptor reflects all types of shunts previously covered by the individual items.	These items describe similar procedures. Combining will simplify the MBS, ensure the item reflects best practice, and support the complete medical service principle.
30421	Resection of all three lobes of the liver, not for trauma.	Change the descriptor for this item.	The new descriptor provides the exact segments of the liver to resect.	The proposed descriptor better reflects the procedure and current best practice.
30430	Resection of all three lobes of the liver, for trauma.	Change the descriptor for this item.	The new descriptor provides the exact segments of the liver to resect.	The proposed descriptor better reflects the procedure and current best practice.
Liver abscess items				
30431	Open operation to drain a liver abscess.	Change the descriptors for these four items.	The new descriptors allow for an open or laparoscopic approach	The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30431	Open operation to drain multiple liver abscesses.			
30416	Laparoscopic cutting of an abscess of five centimetres or larger, to allow free drainage.			
30417	Laparoscopic cutting of multiple abscesses to allow free drainage, including abscesses larger than five centimetres in diameter.			

Liver cancer items



Item	What it does	Committee recommendation	What would be different	Why
50950 50952	Destruction of a cancer of the liver that cannot be completely removed by surgery (non-resectable carcinoma).	Change the descriptors for these two items.	The new descriptors allow for an open or laparoscopic approach.	The proposed descriptors support the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
Biliary items				
30440	Imaging of the bile duct and insertion of a biliary drainage tube, using interventional imaging techniques.	Leave these five items unchanged.	No changes would occur for these items.	While the items are used in only a small number of cases, access to these services remains necessary. The procedures are not provided for under other items, and are not suitable to be combined with other items.
30442	Direct visualisation of the biliary tract in conjunction with another procedure.			
30451	Insertion of a biliary drainage tube using interventional imaging techniques, but not including imaging.			
30452	Direct visualisation of the biliary tract with balloon dilatation of a stricture or passage of stent or removal of stones.			
30457	The common bile duct is opened to search for and to remove stones within the intrahepatic bile duct.			
30458	Operation done through the duodenum on the sphincter of Oddi, involving removal of stones. Can also include cutting or stretching the sphincter, or reconstruction of the sphincter, biopsy, local excision of peri-ampullary or duodenal tumour, reconstruction of the sphincter of the pancreatic duct, pancreatic duct septoplasty, with or without a surgical incision of the common bile duct.	Leave these three items unchanged.	No changes would occur for these items.	While the items are used in only a small number of cases, access to these services remains necessary. The procedures are not provided for under other items, and are not suitable to be combined with other items.



Item	What it does	Committee recommendation	What would be different	Why
30460	Surgical formation of a communication between the gallbladder and the duodenum; joining the gallbladder to the small intestine; joining the common bile duct to the jejunum; or creating a bypass when no prior biliary surgery performed.			
30469	Repair of the biliary tract after one or more operations on the biliary tree.			
30446	Laparoscopic removal of the gallbladder when the procedure is completed by an open operation.	Delete this item from the MBS.	Surgeons would no longer have access to this item.	This procedure is adequately described by other cholecystectomy item numbers in this group.
30466 30467	Biliary bypass of the left and right hepatic ducts to the peripheral ductal system.	Combine these two items.	There would be no change to access or descriptor. This is combining items currently separated by the left and right side.	While the right side bypass is at times more complex than the left, the Committee considered that these procedures could be combined and the fee should be an average of the two items. The procedures are not often performed and combining will support the simplification of the MBS.

Removal of the gallbladder

30445	Laparoscopic removal of the gallbladder.	Change the descriptor for this item.	A cholangiogram would be included in the descriptor.	The proposed descriptor promotes best practice. Research clearly indicates that performing a cholangiogram at the time of a cholecystectomy results in significant improvements in patient post-operative outcomes.
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Item	What it does	Committee recommendation	What would be different	Why
30443	Removal of the gallbladder.	Change the descriptor for this item.	This item would not include a cholangiogram.	There are cases where a cholangiogram cannot be performed. This item provides the opportunity to claim for a cholecystectomy alone.
30448	Laparoscopic removal of the gallbladder including removal of stones in the common bile duct.	Change the descriptor for this item.	The proposed descriptor provides for insertion of a stent where required and allows for open or laparoscopic approach. In order to remove stones from the bile duct, visualisation is required; however the approach will be the decision of the operator who will have the flexibility to claim for these additional procedures separately.	The proposed descriptor better reflects current best surgical practice. The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
30449	Laparoscopic removal of the gallbladder and common bile duct.	Change the descriptor for this item.	The proposed descriptor provides for a laparoscopic or open approach.	The proposed descriptor supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology.
31472	Removal of the gallbladder where the remaining structure is attached to a part of the small bowel.	Change the descriptor for this item.	The proposed descriptor is intended to include revision surgery rather than 'where prior biliary surgery has been performed'. The change in wording implies that this procedure is to revise a previous biliary surgery. The proposed descriptor restricts co-claiming with items used in a Whipples procedure.	The proposed descriptor better reflects current best practice and supports the complete medical service principle.
Biliary Other				



Item	What it does	Committee recommendation	What would be different	Why
30454	Surgical incision in the common bile duct with or without removal of the gallbladder and with or without removal of stones.	Change the descriptor for these two items.	The proposed descriptor requires that the gallbladder is removed.	The new descriptor better reflects current best surgical practice.
30455	Surgical incision in the common bile duct with or without removal of the gallbladder and with or without removal of stones, including biliary intestinal anastomosis.			
30439	Visualisation of the larger bile ducts or pancreas, or intra operative ultrasound of the biliary tract.	Change the descriptor for this item.	The proposed descriptor removed reference to visualisation of the pancreas, but stipulates that this item cannot be co-claimed. Where a removal of the gallbladder is also required, the provider should then use an item number that combines the two procedures and thus provides a complete medical service.	While the Committee is recommending combining, where possible, removal of the gallbladder with cholangiogram, cases will remain where a cholangiography or intraoperative ultrasound assessment of the biliary system will be required. Including 'performed as an independent procedure' will reduce confusion and potential co-claiming with a cholecystectomy item.
30472	Repair of the hepatic or common bile duct after a partial or total transection of bile ducts.	Change the descriptor for this item.	The proposed descriptor provides for immediate reconstruction and restricts co-claiming with items claimed for Whipples procedure.	The new descriptor is more reflective of the underlying principle of the item, which is for the repair of a bile duct injury and not reconstruction in association with another elective procedure, such as a Whipple's pancreatic head resection.
31450	Removal of stones in the biliary or renal tract using interventional imaging techniques.	Change the descriptor for this item.	The proposed descriptor removes reference to renal stones.	Removal of renal stones is a vastly different procedure to that described by this item. The proposed descriptor only provides for biliary stones, with removal of renal stones being adequately covered under renal item numbers.



Item	What it does	Committee recommendation	What would be different	Why
30461	Radical resection of the porta hepatis (a deep fissure in the inferior surface of the liver through which all the neurovascular structures and hepatic ducts enter or leave the liver with biliary-enteric anastomosis) (a common surgical procedure performed for the management of biliary obstruction or leakage that results from a variety of benign and malignant diseases).	Change the descriptor for this item.	The proposed descriptor includes other associated conditions that could be treated under the same item.	The proposed descriptor better reflects current best surgical practice in performing radical resection of the porta hepatis and subsequent restoration of connection between biliary and enteric systems.
30463	Radical resection of the common, left and right hepatic ducts where two ducts are joined.	Change the descriptor for this item.	The proposed descriptor includes 'for cancer or suspected cancer or choledochal cyst'.	The proposed descriptor better reflects current best surgical practice in performing radical resection of the porta hepatis and subsequent restoration of connection between biliary and enteric systems.
30464	Radical resection of the common, left and right hepatic ducts where two ducts are joined, or resection of a segment or major portion of the segment of the liver.	Change the descriptor for this item.	The proposed descriptor includes 'for cancer or suspected cancer or choledochal cyst'.	The proposed descriptor better reflects current best surgical practice and more clearly defines the procedure.
Pancreas items				
30589	The pancreatic duct is attached to the small bowel (jejunum) after trauma or pancreatitis.	Leave these four items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30590	The pancreatic duct is attached to the small bowel (jejunum) following pancreatic surgery.			
30593	Removal of the pancreas where the spleen and duodenum may be removed.			
30594	Removal of the pancreas.			



Item	What it does	Committee recommendation	What would be different	Why
30586	Removal of a pancreatic cyst with attachment to the stomach or small bowel (duodenum).	Combine these two pancreatic cyst items	One item would be claimed for this procedure.	The two items describe the same operation by different approaches. The proposed descriptor for the combined items will allow for any approach as appropriate.
30587	Removal of a pancreatic cyst with attachment to the small bowel (jejunum).			
30577	Pancreatic necrosis is a permanent condition where a part of the pancreas loses blood, and thus oxygen, supply causing tissue death (necrosis). This surgery removes the affected part of the pancreas.	Change the descriptor for this item.	The proposed descriptor would allow for an open, laparoscopic or endoscopic approach to the procedure.	The surgeon would have flexibility to choose the appropriate approach for the patient based on benefits and risks to the patient, patient choice, and the patient's pathology.
30LLL	New item for subsequent necrosectomies- initial necrosectomies are claimed under item 30577.	Add a new item to the MBS.	The new item would provide for subsequent necrosectomies. Currently these are being claimed under the initial procedure described by 30577.	Patients undergoing a pancreatic necrosectomy often require subsequent operations. The subsequent operations often take less time and are less complex. This item recognises this by attributing a lesser fee.
30583	Distal pancreatectomy is a surgery where the tail, or 'thin end' of the pancreas is removed, usually to remove a tumour.	Change the descriptor for this item.	The item descriptor would include preservation of the spleen.	When performing a distal pancreatectomy, it is easier to remove the spleen; however this is not the best scenario for the patient. Preserving the spleen can take longer and be more difficult. This item would now recognise these complexities.
30TTT	New item: distal pancreatectomy with removal of the spleen.	Add a new item to the MBS.	The new item would provide for cases where the spleen cannot be saved due to injury or disease, during a distal pancreatectomy.	While it is considered best practice to save the spleen as it supports post-operative infection control, there are cases where the spleen cannot be saved due to injury or disease. This item allows for removal of the spleen during a distal pancreatectomy.



Item	What it does	Committee recommendation	What would be different	Why
30584	Surgery to remove tumours in the pancreas where part of the small bowel is removed, but the connection (pylorus) between the stomach and small bowel is left intact.	Change the descriptor for this item.	The item would better describe all procedures within the operation. Fewer items will now need to be claimed for this operation.	The current descriptor does not adequately describe the complete procedure, which has resulted in multiple item numbers being required.
Spleen items				
30596	Suturing or partial removal of the spleen.	Leave these two items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30599	Removal of a very large spleen.			
30597	Removal of the spleen.	Combine these two items.	The proposed descriptor would allow for the procedure to be performed by an open or laparoscopic approach, and co-claiming would be restricted.	This combines similar procedures that have historically been separated by laparoscopic or open approaches. There is no significant difference in the magnitude or the complexity of the procedure by laparotomy or laparoscopic approach. The proposed descriptor better reflects current surgical best practice and supports the surgeon to choose the appropriate procedure for the patient based on the surgeon's expertise and experience, benefits and risks to the patient, patient choice, and the patient's pathology. The combination supports the simplification of the MBS and the complete medical service principle.
31470	Laparoscopic removal of the spleen.			
Oncology items				
30400	Insertion of a catheter for administration of chemotherapy.			



Item	What it does	Committee recommendation	What would be different	Why
30441	Ultrasound performed during an operation to stage intra-abdominal tumours	Leave these three items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
31355	Surgical removal of a malignant tumour of soft tissue, excluding tumours of skin, cartilage and bone, after a specimen has been sent for testing.			
30578	Exploration of the pancreas or duodenum, and removal of a pancreatic tumour.	Combine these three items.	There would be no loss of access or change in described procedure- all procedures will be covered under the one item.	These items describe similar procedures that can easily be combined to support the simplification of the MBS.
30580	Exploration of the pancreas or duodenum, and removal of a duodenal tumour.			
30581	Exploration of the pancreas or duodenum, but no tumour was found.			
30419	Destruction of liver tumours by freezing the tumour (hepatic cryotherapy).	Change the descriptor for this item.	The reference to 'hepatic cryotherapy' would be removed to better reflect current best practice.	The proposed descriptor supports the surgeon to choose the appropriate approach for the patient based on experience, benefits and risks to the patient, patient choice and the patient's pathology.
Lymph node items				
30075	Biopsy of a lymph gland, muscle or other deep tissue or organ. The specimen is sent for testing to help with diagnosis.	Leave these eight items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30078	Drill biopsy of a lymph gland, muscle or other deep tissue or organ. The specimen is sent for testing to help with diagnosis.			
30329	Limited removal of lymph glands in the groin.			
30330	Radical removal of lymph glands in the groin.			
31423	Dissection of lymph node in the neck (1 to 2 levels). This procedure involves removing soft tissue and lymph nodes from one side of the neck.			



Item	What it does	Committee recommendation	What would be different	Why
31426	Dissection of lymph node in the neck (3 levels). This procedure involves removing soft tissue and lymph nodes from one side of the neck.			
31429	Selective dissection of lymph nodes of the neck (4 levels), on one side of the neck with preservation of surrounding structures.			
31432	Bilateral selective dissection of lymph nodes of the neck (levels 1, 2 and 3).			
31435	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck (Anaes.) (Assist.)	Leave these two items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
31438	Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of: internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve (Anaes.) (Assist.)			
30096	Open operation scalene node biopsy, for diagnosis. A specimen is sent for testing.	Combine these two items.	The reference to scalene node would be removed from the descriptor.	The proposed descriptor provides the surgeon with flexibility of approach to performing a biopsy.
31420	Biopsy of lymph nodes in the neck.			
Wound items				
30026	Repair of a superficial wound on the body that is less than 7 centimetres in length.	Leave these seven items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30038	Repair of a superficial wound on the body that is longer than 7 centimetres.			
30064	Removal of a foreign body from under the skin where a cut may be required to allow exploration of the area. Includes closure of the wound.			



Item	What it does	Committee recommendation	What would be different	Why
30068	Removal of a foreign body from a muscle, tendon or other deep tissue.			
30223	Drainage of a large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring hospitalisation.			
30224	Drainage of a deep abscess using interventional imaging techniques.			
30225	Exchange of a drainage tube using interventional imaging techniques.			
30058	Control of post-operative internal bleeding under general anaesthesia.	Change the descriptor for this item.	The proposed descriptor provides for alternative sedation techniques as appropriate to the case.	The current descriptor requires that the control of bleeding is performed under general anaesthesia. The proposed descriptor allows the surgeon to choose the best sedation option for the patient.
Aspiration/ drainage items				
30216	Aspiration of a haematoma.	Combine these two items.	The patient would not need to be hospitalised for a drainage procedure of these smaller lesions.	These procedures are currently performed in general practices.
30219	Drainage of a haematoma, furuncle, small abscess or similar lesion in hospital.			
Wounds of the body items				
30024	Debridement of a heavily infected post-surgical incision or Fournier's Gangrene under general anaesthesia or regional or field nerve block. The item includes suturing.	Combine these two items.	The proposed item would provide for necrotising infections (infections that cause the death of tissue).	The change in descriptor better reflects current best practice and provides an item for a highly complex and life threatening condition.
30229	Removal of a large amount of muscle.			



Item	What it does	Committee recommendation	What would be different	Why
30023	Debridement of a deep or heavily infected traumatic wound of the soft tissue. The procedure is performed under general anaesthesia or a regional or field nerve block. This item also covers suturing.	Change the descriptor for this item.	The proposed descriptor better defines deep and heavily contaminated.	There has previously not been an associated definition of deep or heavily (extensively) contaminated. Including this in the descriptor will ensure clarity.
30029	Repair of a deep wound on the body that is not more than seven centimetres in length.	Change the descriptors for these two items.	The proposed descriptors better define deep.	There has previously not been an associated definition of deep. Including this in the descriptors will ensure clarity.
30042	Repair of a deep wound on the body that is longer than seven centimetres.			

Wounds of the face and neck items				
30032	Repair of a superficial wound on the face or neck that is less than seven centimetres in length.	Change the descriptors for these items.	The length of seven centimetres would be reduced to four centimetres.	A wound of seven centimetres on the face is substantial. Three centimetres more accurately reflects the size of the majority of facial wounds and there was general, cross-Committee agreement for reducing the size.
30035	Repair of a deep wound on the face or neck that is less than seven centimetres in length.			
30045	Repair of a superficial wound on the face or neck that is longer than seven centimetres.			
30049	Repair of a deep wound on the face or neck that is longer than seven centimetres.			



Item	What it does	Committee recommendation	What would be different	Why
30YYY	Exploration of deep neck wounds to look for major injury.	Add a new item to the descriptor.	The new item would provide for exploration of deep neck wounds which are more complex and encompassing that that provided by 30035 or 30049.	Trauma surgeons currently use multiple items to explore and manage deeper, more structural injuries to the neck. This item will support the simplification of the MBS and the complete medical service principle.
Excision items				
30099	Removal of a sinus and superficial tissue only.	Leave these four items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
30103	Removal of a sinus involving the sinus muscle and deep tissue.			
30104	Removal of a sinus near the ear (pre-auricular sinus).			
30107	Removal of a collection of fluid on a joint or tendon (ganglion) or small a fluid-filled sac or sac-like cavity (bursa).			
30187	Removal of noncancerous skin growths, caused by a viral infection in the top layer of the skin (palmar or plantar warts) by laser. Requires admission to a hospital if the procedure is not performed by a specialist in their practice.			
30189	Removal of one or more small skin growths caused by viral infections (warts) or a skin infection caused by the virus molluscum contagiosum (molluscum contagiosum) by any method (other than by chemical means), in an operating theatre of a hospital.			
30226	Removal of muscle or the cutting of the fascia to relieve tension or pressure.			
30232	Limited repair of a ruptured muscle.			
30235	Extensive repair of a ruptured muscle.			



Item	What it does	Committee recommendation	What would be different	Why
30238	Repair of the deep fascia for herniated muscle.	Leave these seven items unchanged.	No changes would occur for these items.	These items clearly and accurately describe procedures that are considered to be current best surgical practice. They are well used and do not require change.
31345	Removal of a lipoma by excision or liposuction. Lipoma must be 50 millimetres or more in diameter or is sub-fascial. A specimen is sent for testing to support a diagnosis.			
31350	Removal of benign tumours excluding lipomas from soft tissue and a specimen is sent for testing.			
30679	Injection of fluid into a pilonidal sinus under general anaesthesia.	Delete this item from the MBS.	This item would no longer be available on the MBS.	This service is provided under item 59739. The deletion supports the simplification of the MBS.
30676	Removal of a small hole or tunnel in the skin at the top of the buttocks (pilonidal or sacral sinus cyst).	Change the descriptor for this item.	The proposed descriptor includes reference to 'definitive excision' which better describes the procedure.	This will support the complete medical service principle and better describes the procedure.
30055	Wound dressing under general anaesthesia. Can include the removal of sutures.	Change the descriptor for this item.	The proposed descriptor provides for alternative sedation techniques other than general anaesthesia.	This will allow the surgeon to choose the most appropriate sedation based on the patient's needs and medical issues.