
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Endocrinology Clinical Committee Report

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

The Taskforce considered the recommendations from the Endocrinology Clinical Committee and feedback from the public consultation.

The Taskforce noted the Endocrinology Clinical Committee's recommendations on items related to endocrinology pathology were referred to the Pathology Clinical Committee. The Taskforce endorsed all other recommendations from the Endocrinology Clinical

Number of items reviewed	17
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Number of recommendations made	8
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Committee and submitted them to the Minister for Health for Government consideration.

The changes focus on encouraging best practice and simplifying the MBS to improve patient care by consolidating item numbers; improving the clarity of descriptors; and providing clinical guidance for appropriate use through explanatory notes.

List of Taskforce recommendations

Recommendation 1

- △ To consolidate item 30309 under item 30296 and leave the descriptor for item 30296 unchanged.
- △ To add the following explanatory notes: "Total Thyroidectomy or total hemithyroidectomy are the most appropriate procedures in the majority of circumstances when a thyroidectomy is required. The preferred procedure for thyrotoxicosis is total thyroidectomy (item 30296). Item 303XX (note: item to be created, see recommendations for items 30308 and 30309 below) is to be used only in uncommon circumstances where a subtotal or partial thyroidectomy is indicated and includes a subtotal lobectomy, nodulectomy, or isthmusectomy or equivalent partial thyroidectomy." These explanatory notes are recommended for all thyroidectomy items

other than 30297, please see recommendations for items 30306, 30308 and 30310 for further rationale. (Explanatory notes are not currently provided for these items.)

Recommendation 2

- △ To leave the item descriptor for 30306 unchanged.
- △ To add the following explanatory notes: "Total Thyroidectomy or total hemithyroidectomy are the most appropriate procedures in the majority of circumstances when a thyroidectomy is required. The preferred procedure for thyrotoxicosis is total thyroidectomy (item 30296). Item 303XX (consolidation 30308 and 30310) is to be used only in uncommon circumstances where a subtotal or partial thyroidectomy is indicated and includes a subtotal lobectomy, nodulectomy, or isthmusectomy or equivalent partial thyroidectomy." These explanatory notes are recommended for all thyroidectomy items other than 30297, please see recommendations for items 30296 and 30309, and 30308 and 30310 for further rationale. (Explanatory notes are not currently provided for this item.)

Recommendation 3

- △ To consolidate items 30308 and 30310 into one new item (item 303XX) for the uncommon circumstances when a partial or subtotal thyroidectomy is indicated. The proposed item descriptor is as follows: "Partial or subtotal thyroidectomy (Anaes.) (Assist.)"
- △ To add the following explanatory notes: "Total Thyroidectomy or total hemithyroidectomy are the most appropriate procedures in the majority of circumstances when a thyroidectomy is required. The preferred procedure for thyrotoxicosis is total thyroidectomy (item 30296). Item 303XX [consolidation of 30308 and 30310] is to be used only in uncommon circumstances where a subtotal or partial thyroidectomy is indicated and includes a subtotal lobectomy, nodulectomy, or isthmusectomy or equivalent partial thyroidectomy." These explanatory notes are recommended for all thyroidectomy items other than 30297. (Explanatory notes are not currently provided for these items.)

Recommendation 4

- △ To leave the item descriptor for 30297 unchanged.
- △ To add the following explanatory notes: "This procedure is for re-exploratory thyroid surgery where prior thyroid surgery and associated scar tissue increases the complexity of surgery. For completion hemithyroidectomy on the contralateral side to a previous hemi thyroidectomy for thyroid cancer, item 30306 is the appropriate item." (Explanatory notes are not currently provided for this item.)

Recommendation 5

- △ To amend the descriptors for all four items to promote best practice and improve ease of use. Proposed item descriptors are provided below:
- 30315: Minimally invasive parathyroidectomy. Removal of 1 or more parathyroid adenoma through a small cervical incision for an image localised adenoma including thymectomy, not to be claimed with itself or items 30316, 30317 or 30320. (Anaes.) (Assist.)
 - 30318: Open parathyroidectomy, exploration and removal of 1 or more adenoma or hyperplastic glands via a cervical incision including thymectomy and cervical exploration of the mediastinum when performed. Not to be claimed with itself or items 30315, 30317 or 30320. (Anaes.) (Assist.)
 - 30317: Redo parathyroidectomy. Cervical re-exploration for persistent or recurrent hyperparathyroidism including thymectomy and cervical exploration of the mediastinum, not to be claimed with itself or items 30315, 30316 or 30320. (Anaes.) (Assist.)
 - 30320: Removal of a mediastinal parathyroid adenoma via sternotomy or mediastinal thorascopic approach, not to be claimed with itself or items 30315, 30316 or 30317. (Anaes.) (Assist.)
- △ The Committee advises that the revised item 30316 has a similar scope of practice to item 30315 and should have the same schedule fee.

Recommendation 6

- △ To amend the item descriptor to require a basal cortisol quantitation prior to a Synacthen Stimulation Test. The proposed item descriptor is provided below:
- Personal performance of a Synacthen Stimulation Test, including associated consultation; by a medical practitioner with resuscitation training and access to facilities where life support procedures can be implemented, if serum cortisol at 0830-0930 hours in the preceding month has been measured at greater than 100 nmol/L but less than 400 nmol/L; or in a patient who is acutely unwell where adrenal insufficiency is suspected.
- △ To add explanatory notes to guide best practice. Proposed explanatory notes:
- A 0900h serum cortisol (0830-0930) less than 100 nmol/L indicates adrenal deficiency and a Synacthen Test is not required.
 - A 0900h serum cortisol (0830-0930) greater than 400 nmol/L indicates adrenal sufficiency and a Synacthen Test is not required. An exception to this is when testing women on oral contraception where cortisol levels may be higher due to increases in cortisol-binding globulin and this threshold may not exclude women with adrenal insufficiency.

Recommendation 7

- △ To delete item 30313, and instead use item 30314.
- △ To amend the item descriptor for item 30314 to read: “Sistrunks procedure. Excision of a thyroglossal duct cyst or fistula including removal of the body of the hyoid bone. (Anaes.) (Assist.)”

Recommendation 8

- △ To consolidate item 30321 under item 30323.
- △ To amend the descriptor for item 30323 to read: “Excision of phaeochromocytoma or extra-adrenal paraganglioma via endoscopic or open approach. (Anaes.) (Assist.)”
- △ To consolidate item 36500 under item 30324. (Item 36500 was assigned to the Urology Clinical Committee. This recommendation will be referred to this committee or to the Urological Society of Australia and New Zealand directly.)
- △ To amend the descriptor for item 30324 to read: “Excision of an adrenocortical tumour or hyperplasia via endoscopic or open approach. (Anaes.) (Assist.)”