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# Medicare Benefits Schedule Review

## Taskforce

### Thoracic Medicine

### Clinical Committee Report

### Taskforce Findings

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This document outlines the Medicare Benefits Schedule (MBS) Taskforce’s recommendations relating to thoracic medicine items.

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

The Taskforce endorsed all but one of the recommendations from the Thoracic Medicine Clinical Committee and submitted these to the Minister for Health for Government consideration.

<b>Number of items reviewed</b>	19
<b>Number of recommendations made</b>	5

The intent of the recommendations is to ensure that patients have access to MBS services that reflect modern clinical practices. They also update the MBS items to capture the current scope of the procedure being performed. The removal of MBS items which are out dated and no longer reflect modern clinical practice will encourage practitioners to provide services that are recognised by the relevant profession as reflecting current clinical practice. Practitioners will also benefit from the consolidation of some services which should minimise confusion when billing MBS items.

## List of Taskforce recommendations

### 1. Amend spirometry services

The Taskforce recommends:

- △ one annual spirometry (reversibility testing) item to confirm diagnosis of asthma, chronic obstructive pulmonary disorder or other causes of airflow limitation, with a schedule fee of \$40 which is double the fee of current item 11506; retain item 11506 for other office based spirometry (reversibility testing but with additional quality requirements as below). The Taskforce did not adopt the Thoracic Medicine Clinical Committee recommendation to revise this item and allow pre OR post bronchodilator spirometry.

- △ subsuming item 11509 (laboratory based spirometry) into current item 11512 (more complex laboratory based spirometry); and
- △ introduce enhanced quality requirements for all spirometry items.

## **2. Changes to other respiratory function tests**

The Taskforce recommends:

- △ a revised list of respiratory function tests that are able to be claimed under item 11503 be included in the item descriptor to remove any discretion about what tests are claimable (as per the list developed by the Thoracic Medicine Clinical Committee);
- △ fractional exhaled nitric oxide testing not be claimable under item 11503;
- △ for laboratory-based spirometry (item 11512) when performed on the same day as a test approved under item 11503, then 11503 should be claimed; when spirometry is the only laboratory test performed then 11512 should be claimed;
- △ a new item be introduced for laboratory-based spirometry with fractional exhaled nitric oxide, with an MBS fee set between the current fee for items 11512 and 11503; and
- △ a new item is introduced for cardio-pulmonary exercise testing in defined clinical circumstances, with a MBS fee of approximately \$300.

## **3. Amend sleep study services**

The Taskforce recommends:

- △ direct GP referral for patients with a high pre-test probability for moderate to severe obstructive sleep apnoea (OSA) and also retains the ability of the respiratory and sleep physicians to refer patients for testing;
- △ that patients should have the most suitable test, noting that patients who have high pre-test probability for moderate to severe OSA are generally suitable for unattended sleep studies;
- △ to delay consideration of implementation of automatic positive airway pressure titration and vigilance testing until the impact of other proposed changes can be assessed (noting that a Medical Services Advisory Committee assessment will be required);
- △ limits for diagnostic and treatment initiation sleep studies;
- △ patients who are diagnosed with a sleep disorder should personally be assessed by a medical professional who can advise on appropriate management; and
- △ that in providing sleep study items, providers comply with the relevant Australian clinical guidelines.

#### **4. Diagnostic and therapeutic procedures – lung, trachea and bronchus**

The Taskforce recommends no changes be made to the following items relating to diagnostic and therapeutic procedures for lung, trachea and bronchus: items 30696, 30710, 41889, 41892, 41893, 41898 and 41905.

#### **5. Obsolete items**

The Taskforce recommends that 11500 as an obsolete item and that spirometry item 11509 be subsumed into item 11512, which also provides for spirometry performed in a respiratory laboratory.

Information and evidence supporting each of these recommendations is included in the Thoracic Medicine Clinical Committee reports.