



# Medicare Benefits Schedule Review Taskforce

## Report from the Otolaryngology, Head and Neck Surgery Clinical Committee

2020

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# 1. Executive summary

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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 The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.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 Otolaryngology, Head and Neck 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 recommends adjusting item descriptors that reflect complete medical services and contemporary clinical practice, co-claiming restrictions to minimise potentially inappropriate claims, and the creation of new groupings of items within the schedule to facilitate achieving these priorities.

Data investigation has revealed issues pertinent to otolaryngology, head and neck surgery, including multiple item claiming and variation in claiming amongst providers. It is hypothesised this variation in MBS billing practices is due to several factors, including that the schedule is antiquated and does not reflect current practice, and that some individual item descriptors are poorly written or can be ambiguous.

The proposal for new groupings of otolaryngology, head and neck surgery items represents significant work from the Working Groups. The new schedule has attempted to address the issues above, thereby providing a logical MBS claiming system that better





describes otorhinolaryngology surgeons' practice. Greater clarity and usability will increase consistency in how items are claimed by providers, reducing any potential differences in Medicare benefits provided to patients for the same surgery.

## 1.2 Consumer impact

The Committee's membership includes a consumer representative. 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 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.



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

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### 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. More than 5,700 MBS items 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 re-directed 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 (1). The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.



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

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

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<sup>1</sup> The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

<sup>2</sup> The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.



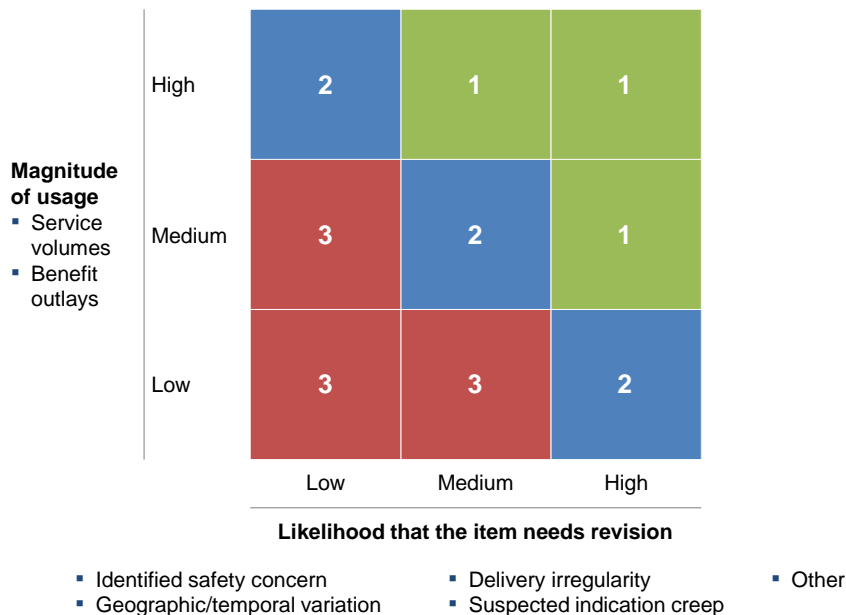
often less transparency and greater inter-provider variability in benefits claimed for the same services, greater out-of-pocket expenditure for patients, and increased MBS expenditure that does not necessarily result in improved patient care.

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 Otolaryngology, Head and Neck Clinical Committee

The Committee is part of the final 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 Otolaryngology, Head and Neck Surgery Clinical Committee members

The Committee consists of 13 members, whose names, positions/organisations and declared conflicts of interest are listed in Table 1.

**Table 1: Otolaryngology, Head and Neck Surgery Clinical Committee members**

Name	Position/organisation	Declared conflict of interest
Mr Patrick Guiney (Chair)	Ear Nose Throat Surgeon, NorthWest Specialist Centre;	User of MBS services; Minority interest in an Audiology company; Chair, Fees Sub-Committee, Australian Society of Otolaryngology Head and Neck Surgery
Professor Michael Besser	Emeritus Consultant Neurosurgeon, Sydney; Lecturer in Neuroanatomy, University of Sydney; Ex Officio, MBS Review Taskforce	User of MBS services; Chair, Brain Cancer Biobanking Australia Network
Mr Matthew Campbell	Director, Ear, Nose and Throat (ENT) Head and Neck Surgical Unit, Austin Health; Member, Convenor of Medical Panels; Senior Lecturer, University of Melbourne	User of MBS services
Dr Chris Dalton	National Medical Director, Bupa ANZ; Councillor, Medical Benevolent Association of NSW; Member, Prosthesis List Advisory Committee	User of MBS services; Employee of Private Health Insurance company
Dr Dan Ewald	General Practitioner and Public Health Physician; Adjunct Associate Professor, Sydney University; Member, NSW Health Agency for Clinical Innovation GP Advisory Group; Lead Clinical Advisor, North Coast NSW Primary Health Network	User of MBS services; Health Systems Research, Private practice and Aboriginal Medical Service practice
Professor Peter Friedland	Associate Professor Faculty of Medical and Health Sciences, University Western Australia; Professor and Discipline Leader ENT, School Medicine, Notre Dame University; Member, Australian National Panel Of Clinical Experts, Department of Health; Regional Training Scheme Otorhinolaryngology, Head and Neck Surgery; Consultant ENT surgeon, Sir Charles Gairdner Hospital, Joondalup Health Campus and Osborne Park Hospital	User of MBS services; Founding board member, Laryngology Society of Australia; Chair, Royal Australian College of Surgeons WA; National Board Member, Australian Society of Otorhinolaryngology, Head & Neck Surgery;
Associate Professor Roger Grigg	School of Medicine University of Queensland; Director of Otolaryngology Head and Neck Surgery, Darling Downs Hospital Health Service;	User of MBS services; Member, Australasian Society of Otolaryngology Head and Neck Surgery Board; Minority interest in Audiology company



Name	Position/organisation	Declared conflict of interest
Professor Richard Harvey	Program Head and Professor, Rhinology and Skull Base Research Group, University of New South Wales & Macquarie University; Consultant Surgeon St Vincent's Hospitals, Sydney	User of MBS services; President-elect, Australian and New Zealand Rhinologic Society; Research Grants
Ms Tracey Nicholls	Nurse practitioner, SA Hospital	User of MBS services; Immediate Past President, Otorhinolaryngology Head & Neck Nurses Group; Past Board Member, Australian College Perioperative Nurses; Vice Chair, Coalition Of National Nursing & Midwifery Organisation; Committee member, SA Branch Australian College of Nurse Practitioners
Dr Debbie Phyland	Clinical Research Director, ENT Head and Neck Department Monash Health; Adjunct Associate Professor, Monash University; Fellow of Speech Pathology Association of Australia;	User of MBS services; Immediate Past President, Laryngology Society of Australasia; Board Member, Australian Voice Association; Chair of Voice Committee, International Association of Logopaedics and Phoniatrics
Ms Nina Quinn	Chief Executive Officer, Neurosensory. Audiologist. Non-executive Director, Hearing Health; Non-executive Director, Range Hearing; Non-Executive Director, Independent Hearing Centres	User of MBS services; minority interest in an Audiology company; Past Federal Executive Councillor, Audiology Australia; Member, Hearing Care Industry of Australia; Member, Community of Practice for Hearing and NDIS; Past member of Minister's Hearing Roadmap Taskforce
Mrs Geraldine Robertson	Consumer Representative for Breast Cancer Network Australia and the Consumer Health Forum of Australia	User of MBS services; Past Consumer Representative on previous MBS Review Clinical Committees
Dr Elizabeth Rose	Department of Otolaryngology, University of Melbourne; Royal Victorian Eye and Ear Hospital, Melbourne	User of MBS services

### 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 periodically reminded to update their declarations. 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

There are 200 ear nose and throat MBS items. Of these, 22 items were reviewed in [Phase One](#) under the Ear, Nose and Throat Surgery Clinical Committee and did not require additional review during this process. In 2016, a number of items were removed from the MBS as a result of the Principles and Rules Committee's (PARC) recommendations regarding certain procedural services. These services previously had





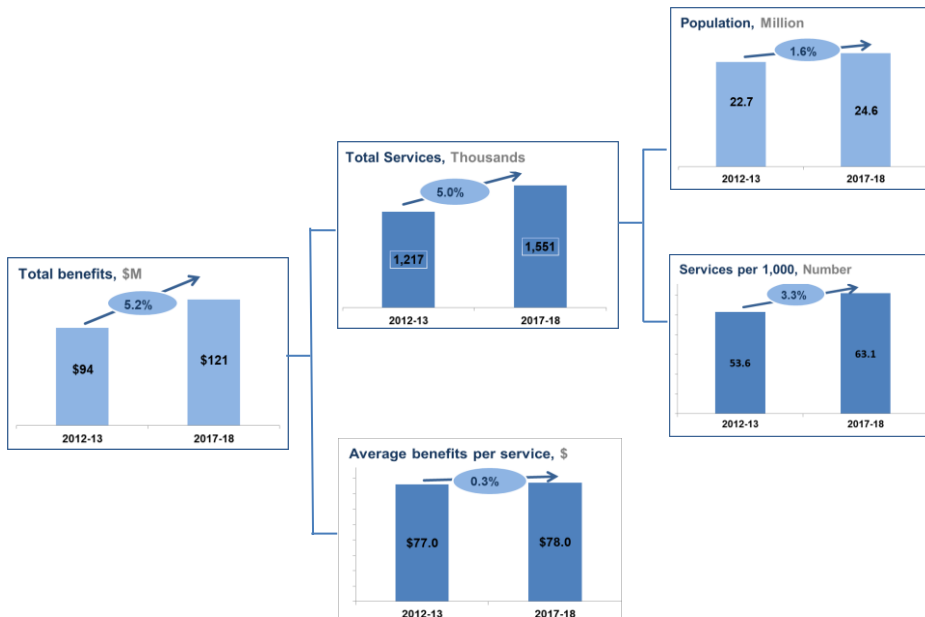
different fees for General Practitioners (GP) and specialists. This was depicted by ‘G’ (GP) and ‘S’ (specialist) items, whereby a lower fee was set for a procedural service performed by a GP than for the same service performed by a specialist. The fees for these items were amended to allow both GPs and specialists to claim the same fee for these services, set at the specialist rate. The remaining 174 items reviewed by the Committee include:

**Table 2: Item numbers reviewed by classification**

Classification	No.	Item Numbers
Otolaryngology Diagnostic Procedures and Investigations	15	11300-11339
Diagnostic Audiology Services	9	82300-82332
General Surgical Operations	27	30244-30294, 31400-31412
Ear, Nose and Throat Surgical Operations	122	41500-41587, 41593-41611, 41617, 41620-41629, 41635-41672, 41677-41776, 41782-41787, 41804-41825, 41834-41843, 41855-41886, 41904, 41907, 41910
Plastics and Reconstructive Surgical Operations	1	45675

In FY2017/18, these items accounted for approximately \$1.5 million services and \$121 million in benefits. From FY2012/13 to FY2017/18, service volumes for these items grew at 5 per cent per year, and the average cost of benefits increased by 0.3 per cent per year. This growth is largely explained by an increase in the number of services per capita (Figure 2).

**Figure 2: Drivers of Growth**



Source: MBS data, MBS050 Database and www.abs.gov.au, Australian Demographic Statistics, 2018



### 3.4 Summary of the Committee's review approach

The Committee completed a review of its 174 items across four committee meetings: two face-to-face and two via teleconference, and through four 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 (2) the appropriate use criteria and the 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.

### 3.5 No change

The Committee's review identified that a number of items had no concerns regarding safety, access, value or contemporary best practice and therefore required no change.

In addition, the Committee determined that there was continuing best practice use for rare conditions even if usage was identified as low.

The 70 items identified by the Committee as subject to no change are listed at Appendix B.



## 4. Recommendations from the Committee

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The Committee reviewed 174 assigned items in Phase Two and made recommendations based on evidence and clinical expertise, in consultation with relevant stakeholders. 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 otolaryngology, head and neck items include the following sub-specialties: Audiology, Head and Neck Surgery, Otology, Rhinology, and Laryngology.

### 4.1 Audiology

The Committee reviewed 24 items, including 15 items relating to audiology diagnostic procedures which are performed by or on behalf of a medical practitioner, and 9 mirrored items which are performed by audiologists on referral from an Ear Nose and Throat (ENT) Surgeon or Neurologist. Audiology is a branch of medicine that studies hearing, balance and related disorders.

Following this review, the Committee recommends that 2 item numbers have no change, as listed in Appendix B. The Committee's recommendations for improving the remaining 22 items is provided and summarised as follows:

1. Improving access to audiology services by reducing referral restrictions.
2. Providing paediatric loading to applicable services, to recognise the additional skills and resources required in performing these services.
3. Managing auditory implants.
4. Simplifying impedance audiometry claiming.
5. Extending clinical criteria for Oto-Acoustic Emissions.
6. Restructuring vestibular assessment items.
7. Improving access to audiology services by availing telehealth.

The committee's recommendations ensure application is consistent with best practice, enable access and optimise value to be realised from the health system.



#### 4.1.1 Audiology – Improving access to audiology services by reducing referral restrictions:

**Table 3: Item introduction table for items 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327 and 82332.**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
82300	<p>Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11300 applies has not been performed on the person on the same day.</p>	\$153.95	4,020	84.70%	82.22%
82306	<p>Audiology health service, consisting of non-determinate audiometry performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p>	\$17.50	361	51.66%	43.00%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	(g) a service to which item 11306 applies has not been performed on the person on the same day.				
82309	<p>Audiology health service, consisting of an air conduction audiogram performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11309 applies has not been performed on the person on the same day.</p>	\$21.05	733	31.14%	31.64%
82312	<p>Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those</p>	\$29.70	2,807	28.06%	27.31%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	<p>results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11312 applies has not been performed on the person on the same day.</p>				
82315	<p>Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11315 applies has not been performed on the person on the same day.</p>	\$39.35	5,710	42.73%	42.90%
82318	<p>Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital;</p> <p>(e) the service is performed on the person individually and in person; and</p>	\$48.60	2,264	44.21%	43.61%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and g) a service to which item 11318 applies has not been performed on the person on the same day.				
82324	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11324 applies has not been performed on the person on the same day.	\$26.30	309	61.64%	56.05%
82327	Audiology health service, consisting of an IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or	\$15.80	10,723	39.69%	40.15%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	<p>(ii) a specialist or consultant physician in the specialty of neurology; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11327 applies has not been performed on the person on the same day.</p>				
82332	<p>Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by an eligible audiologist on an infant or child in circumstances in which:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner who is:</p> <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> <p>(b) the infant or child is at risk due to 1 or more of the following factors:</p> <ul style="list-style-type: none"> <li>(i) admission to a neonatal intensive care unit;</li> <li>(ii) family history of hearing impairment;</li> <li>(iii) intra-uterine or perinatal infection (either suspected or confirmed);</li> <li>(iv) birthweight less than 1.5kg;</li> <li>(v) craniofacial deformity;</li> <li>(vi) birth asphyxia;</li> <li>(vii) chromosomal abnormality, including down syndrome;</li> <li>(viii) exchange transfusion;</li> </ul> <p>(c) middle ear pathology has been excluded by specialist opinion; and</p> <p>(d) the infant or child is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the infant or child individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11332 applies has not been performed on the infant or child on the same day.</p>	\$46.85	61	38.43%	35.44%



**Recommendation 1: Reduce referral restrictions for audiology item numbers performed by an Audiologist.**

- **Items 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327 and 82332**
  - Amend the item descriptors for items 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327 and 82332 to remove the requirement that referrals must be issued by a specialist in otolaryngology, head and neck surgery, or a specialist in neurology. Therefore, it is recommended that dot point (a) be amended for each item descriptor to reflect that a service is performed pursuant to a written request by a 'medical practitioner' and to remove reference to 'assist the medical practitioner' and to include 'same' and update person to 'patient' at dot point 'f'. There are no other changes recommended to the item descriptors.
  - There is no change recommended to the items' fee.

**The proposed item descriptors are:****Item 82300**

Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11300 applies has not been performed on the same patient on the same day.

**Item 82306**

Audiology health service, consisting of non-determinate audiometry performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and



- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11306 applies has not been performed on the same patient on the same day.

**Item 82309**

Audiology health service, consisting of an air conduction audiogram performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11309 applies has not been performed on the same patient on the same day.

**Item 82312**

Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11312 applies has not been performed on the same patient on the same day.

**Item 82315**

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and



- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11315 applies has not been performed on the same patient on the same day.

#### **Item 82318**

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a person by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11318 applies has not been performed on the same patient on the same day.

#### **Item 82324**

Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11324 applies has not been performed on the same patient on the same day.

#### **Item 82327**

Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if:



- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11327 applies has not been performed on the same patient on the same day.

### **Item 82332**

Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by an eligible audiologist on an infant or child in circumstances in which:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the infant or child is at risk due to 1 or more of the following factors:
  - (i) admission to a neonatal intensive care unit;
  - (ii) family history of hearing impairment;
  - (iii) intra-uterine or perinatal infection (either suspected or confirmed);
  - (iv) birthweight less than 1.5kg;
  - (v) craniofacial deformity;
  - (vi) birth asphyxia;
  - (vii) chromosomal abnormality, including down syndrome;
  - (viii) exchange transfusion;
- (c) middle ear pathology has been excluded by specialist opinion; and
- (d) the infant or child is not an admitted patient of a hospital; and
- (e) the service is performed on the infant or child individually and in person; and
- (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (g) a service to which item 11332 applies has not been performed on the infant or child on the same day.

### **Rationale for Recommendation 1:**

This recommendation focuses on improving access to these diagnostic audiology Medicare items. Currently access to these services is limited to referrals from ENT surgeons and Neurologists. The Committee considered this restriction constricts access to audiology services for consumers, especially in rural and regional areas. Further, the current restriction does not reflect the value audiology has in patient case management in a wider variety of clinical pathways, including but not limited to, paediatrics, general



medicine, geriatrics, and oncology. Therefore, the Committee recommends that access to audiology items be expanded to include any medical practitioner referral.

#### 4.1.2 Audiology – Providing paediatric loading to applicable services, to recognise the additional skills and resources required in performing these services:

- **Items: 11300, 11306, 11309, 11312, 11315, 11318, 82300, 82306, 82309, 82312, 82315 and 82318.**

**Table 4: Recommended paediatric loading for items 11300, 11306, 11309, 11312, 11315, 11318, 82300, 82306, 82309, 82312, 82315, and 82318**

Service	Age 4 to <8 years - Loading 15%	Age < 4 years - Loading 30%
11300 – Brainstem Evoked Response Audiometry (including D.N. 1.9)	11300A	11300B
11306 - Nondeterminate AUDIOMETRY	11306A	11306B
11309 - AUDIOGRAM, air conduction	11309A	11309B
11312 - AUDIOGRAM, air and bone conduction or air conduction and speech discrimination	11312A	11312B
11315 - AUDIOGRAM, air and bone conduction and speech	11315A	11315B
11318 - AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests	11318A	11318B
82300 - Brainstem Evoked Response Audiometry (including M.N. 15.1)	82300A	82300B
82306 - Audiology health service, consisting of non-determinate audiometry performed on a person by an eligible audiologist	82306A	82306B
82309 - Audiology health service, consisting of an air conduction audiogram	82309A	82309B
82312 - Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram	82312A	82312B
82315 - Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person by an eligible audiologist	82315A	82315B
82318 - Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM WITH OTHER COCHLEAR TESTS performed on a person by an eligible audiologist	82318A	82318B

#### **Recommendation 2: Providing paediatric loading to applicable services, to recognise the additional skills and resources required in performing these services.**

- The Committee recommends introducing a paediatric loading to items 11300, 11306, 11309, 11312, 11315, 11318, 82300, 82306, 82309, 82312, 82315, and 82318 to recognise the difficulty and additional specialised personnel and equipment required to perform assessments on children.

**Proposed Item Descriptors:**

The proposed descriptors and schedule fees for items 11306A, 11306B, 11309A, 11309B, 11312A, 11312B, 11315A, 11315B, 11318A, and 11318B are as follows:

- **11306A:** Nondeterminate AUDIOMETRY for patients aged between 4 years and under 8 years old. Performed in person. Cannot be claimed in conjunction with 11306 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11306 with a loading of 15%.
- **11306B:** Nondeterminate AUDIOMETRY for patients aged under 4 years old. Performed in person. Cannot be claimed in conjunction with 11306 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11306 with a loading of 30%.
- **11309A:** AUDIOGRAM, air conduction for patients aged between 4 years and under 8 years old. Performed in person. Cannot be claimed in conjunction with 11309 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11309A with a loading of 15%.
- **11309B:** AUDIOGRAM, air conduction for patients aged under 4 years old. Performed in person. Cannot be claimed in conjunction with 11309 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11309 with a loading of 30%.
- **11312A:** AUDIOGRAM, air and bone conduction or air conduction and speech discrimination for patients aged between 4 years and under 8 years old. Performed in person. Cannot be claimed in conjunction with 11312 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11312 with a loading of 15%.
- **11312B:** AUDIOGRAM, air and bone conduction or air conduction and speech discrimination for patients aged under 4 years old. Performed in person. Cannot be claimed in conjunction with 11312 on the same patient on the same day.
  - The proposed fee for this item will mirror item 11312 with a loading of 30%.



- **11315A:** AUDIOGRAM, air and bone conduction and speech for patients aged between 4 years and under 8 years old. Performed in person. Cannot be claimed in conjunction with 11315 on the same patient on the same day.
    - The proposed fee for this item will mirror item 11315 with a loading of 15%.
  - **11315B:** AUDIOGRAM, air and bone conduction and speech for patients aged under 4 years old. Performed in person. Cannot be claimed in conjunction with 11315 on the same patient on the same day.
    - The proposed fee for this item will mirror item 11315 with a loading of 30%.
  - **11318A:** AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests for patients aged between 4 years and under 8 years old. Performed in person. Cannot be claimed in conjunction with 11318 on the same patient on the same day.
    - The proposed fee for this item will mirror item 11318 with a loading of 15%.
  - **11318B:** AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests for patients aged under 4 years old. Performed in person. Cannot be claimed in conjunction with 11318 on the same patient on the same day.
    - The proposed fee for this item will mirror item 11318 with a loading of 30%.
- Incorporating Recommendation 1 and Recommendation 2, the item descriptors recommended for 82306, 82306A, 82306B, 82309, 82309A, 82309B, 82312, 82312A, 82312B, 82315, 82315A, 82315B, 82318, 82318A and 82318B and schedule fees are as follows:
- **82306:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person, in person, by an eligible audiologist if:
    - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
    - (b) the service is not performed for the purpose of a hearing screening; and
    - (c) the person is not an admitted patient of a hospital; and
    - (d) the service is performed on the person individually and in person; and
    - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and



(f) a service to which item 11306, 11306A, 11306B, 82306A or 82306B applies has not been performed on the same patient on the same day.

- The proposed fee for this item is unchanged.
- **82306A:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person, in person, by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged between 4 years and under 8 years old; and
  - (g) a service to which item 11306, 11306A or 82306 applies has not been performed on the same patient on the same day.
- The proposed fee for this item will mirror item 82306 with a loading of 15%.
- **82306B:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person, in person, by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged under 4 years old; and
  - (g) a service to which item 11306, 11306B or 82306 applies has not been performed on the same patient on the same day.

The proposed fee for this item will mirror item 82306 with a loading of 30%.





- **82309:** Audiology health service, consisting of an AIR CONDUCTION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11309, 11309A, 11309B, 82309A or 82309B applies has not been performed on the same patient on the same day.

- The proposed fee for this item is unchanged.

- **82309A:** Audiology health service, consisting of an AIR CONDUCTION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) the patient is aged between 4 years and under 8 years old; and
- (g) a service to which item 11309, 11309A or 82309 applies has not been performed on the same patient on the same day.

- The proposed fee for this item will mirror item 82309 with a loading of 15%.

- **82309B:** Audiology health service, consisting of an AIR CONDUCTION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and



- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) the patient is aged under 4 years old; and
- (g) a service to which item 11309, 11309B or 82309 applies has not been performed on the same patient on the same day.

- The proposed fee for this item will mirror item 82309 with a loading of 30%.

- **82312:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AUDIOGRAM OR AIR CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11312, 11312A, 11312B, 82312A or 82312B applies has not been performed on the same patient on the same day.

- The proposed fee for this item is unchanged.

- **82312A:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AUDIOGRAM OR AIR CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) the patient is aged between 4 years and under 8 years old; and



(g) a service to which item 11312, 11312A or 82132 applies has not been performed on the same patient on the same day.

The proposed fee for this item will mirror item 82312 with a loading of 15%.

- **82312B:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AUDIOGRAM OR AIR CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

(a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and

(b) the service is not performed for the purpose of a hearing screening; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is performed on the person individually and in person; and

(e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and

(f) the patient is aged under 4 years of age; and

(g) a service to which item 11312, 11312B or 82312 applies has not been performed on the same patient on the same day.

- The proposed fee for this item will mirror item 82312 with a loading of 30%.

- **82315:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:

(a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and

(b) the service is not performed for the purpose of a hearing screening; and

(c) the person is not an admitted patient of a hospital; and

(d) the service is performed on the person individually and in person; and

(e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and

(f) a service to which item 11315, 11315A, 11315B, 82315A or 82315B applies has not been performed on the same patient on the same day.

- The proposed fee for this item is unchanged.



- **82315A:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged between 4 years and under 8 years old.
  - (g) a service to which item 11315, 11315A or 82315 applies has not been performed on the same patient on the same day.
- The proposed fee for this item will mirror item 82315 with a loading of 15%.

- **82315B:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM performed on a person, in person, by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged under 4 years old; and
  - (g) a service to which item 11315, 11315B or 82315 applies has not been performed on the same patient on the same day.

The proposed fee for this item will mirror item 82315 with a loading of 30%.

- **82318:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM WITH OTHER COCHLEAR TESTS performed on a person, in person, by an eligible audiologist if:



- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) a service to which item 11318, 11318A, 11318B, 82318A or 82318B applies has not been performed on the same patient on the same day.

- The proposed fee for this item is unchanged.

- **82318A:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM WITH OTHER COCHLEAR TESTS performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and
- (c) the person is not an admitted patient of a hospital; and
- (d) the service is performed on the person individually and in person; and
- (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
- (f) the patient is aged between 4 years and under 8 years old.
- (g) a service to which item 11318, 11318A or 82318 applies has not been performed on the same patient on the same day.

- The proposed fee for this item will mirror item 82318 with a loading of 15%.

- **82318B:** Audiology health service, consisting of an AIR AND BONE CONDUCTION AND SPEECH DISCRIMINATION AUDIOGRAM WITH OTHER COCHLEAR TESTS performed on a person, in person, by an eligible audiologist if:

- (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
- (b) the service is not performed for the purpose of a hearing screening; and



- (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged under 4 years old.
  - (g) a service to which item 11318, 11318B or 82318 applies has not been performed on the same patient on the same day.
- The proposed fee for this item will mirror item 82318 with a loading of 30%.
- Further the committee recommends amending the explanatory note associated with 11309-11318 and 82309-82318 to be as follows:
    - A medical service specified in Items of benefits if, and only if, it is rendered:
      - a) in conditions that allow the establishment of determinate thresholds, including better ear threshold in free field testing;
      - b) in a sound attenuated environment with background noise conditions that comply with Australian Standard AS/NZS 1269.3-2005; and
      - c) using calibrated equipment that complies with Australian Standard AS IEC 60645.1-22002, AS IEC 60645.2-2002 and AS IEC 60645.3-2002.

Please note that recommended item descriptors for 11300, 11300A, 11300B, 82300, 82300A and 82300B are provided in Recommendation 3.

### **Rationale for Recommendation 2:**

The Committee considered audiology testing in the paediatric population and determined which tests require specialised personnel and/or additional staff and/or specialised equipment to achieve the test result in a paediatric population.

When performing audiometry (items 11306, 11309, 11312, 11315, 11318, 82306, 82309, 82312, 82315, 82318) on a patient aged <4 years this testing procedure requires the use of a visual reinforcement to condition a response to sound. The method employed in Australia, and internationally, makes use of a second clinician in order to provide a “puppet show” or visual reinforcement of response. The second clinician also acts as a blinded adjudicator of whether a response is real or chance, as the second clinician is outside of the room and is not aware of when the sound is being presented.

When performing audiometry (items as listed in previous paragraph) on a patient aged between 4 years to under 8 years old, “play audiometry” is used to assess hearing,



which requires a greater level of training and skill to be able to yield workable results on this population.

Brainstem Evoked Response Audiometry (BERA) (items 11300 and 82300) on a patient aged <4 years requires sedation. This procedure utilizes additional specialized personnel to ensure safe delivery of sedation. Further, performing BERA on 4-8 year olds requires additional level of skill to initially achieve the result in a paediatric population, but also to interpret results in an accurate manner.

When performing implant programming or implant processor programming (items 11300 D.N 1.9 and 82300 M.N. 15.1) similar skills and personnel are required as to performing audiometry items on paediatric populations.

The Committee did also consider recommended a loading for patients with developmental delay, as the need for specialised equipment and staff is very similar, but the committee agreed that the paediatric population accounted for the majority of tests requiring additional resources.

The update explanatory note for items 11309-11318 and 82309 – 82318 is to avoid some confusion around claiming for these items for free field measures. To further avoid confusion with the new telehealth items at Recommendation 7, the item descriptors for this Recommendation (2) have been amended to include 'Performed in person' or 'in person'.



### 4.1.3 Audiology – Managing Auditory Implants:

- **Items: 11300 and 82300**

**Table 5: Item introduction table for items 11300 and 82300**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
11300	Brain stem evoked response audiometry (Anaes.)	\$192.45	49,405	9.21%	9.16%
82300	<p>Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11300 applies has not been performed on the person on the same day.</p>	\$153.95	4,020	84.70%	82.22%

#### Background:

Currently 11300, and its mirrored audiology item, 82300 are used for dual purposes, as follows:

- Brainstem Evoked Response Audiometry (BERA); and
- Programming a cochlear implant or the processor of a cochlear implant (D.N. 1.9, and M.N.15.1).

The Committee reviewed these purposes and concluded that:

- Brainstem Evoked Response Audiometry (BERA) provides a useful and objective assessment of the functioning of the eighth cranial nerve or the hearing nerve.





The advantages of this procedure is its ability to assess infants and any other patient cohort in whom conventional audiometry may not be useful. While BERA provides required information, regarding auditory function and integrity, it should not be considered as a substitute for other methods of audiological investigations (3). However, BERA continues to be a useful clinical tool and therefore remains a valid item number.

- Cochlear implants, the programming of cochlear implants, or its speech processor, is an integral procedure for assisting deaf and hearing impaired Australians to access this life changing technology. The committee recognises the ongoing benefit of this item number, however the Committee also recognises the technology developments with the advent of auditory implants to overcome hearing impairment, which extend past the cochlear (that is middle ear implants or bone anchored implants). Therefore the Committee recommends broadening the application of this item number to include all implantable hearing devices, reflecting the emergence of improved technology.

**Recommendation 3: Split the Item numbers 11300 and 82300 to reflect the two different clinical uses and delete associated explanatory notes.**

- Given that the item number is used for two clinical purposes (BERA and implant processor programming), it is recommended that this item be split to enable the measurement and monitoring of the two different clinical uses. There is no proposed change to the schedule fee for these items.

The recommended item descriptors, also incorporating Recommendations 1 and 2 (access to services and paediatric loading) are as follows:

- **11300:** Brain stem evoked response audiometry. Cannot be claimed in conjunction with 11300A and 11300B (Anaes.)
  - Delete the current explanatory note (DN.1.9) associated with 11300.
  - The recommended schedule fee for this item is unchanged.
- **11300A:** Brain stem evoked response audiometry (Anaes.) where the patient is aged between 4 years and under 8 years old. Cannot be claimed in conjunction with 11300.
  - No explanatory note.
  - Recommended schedule fee for this item mirrors 11300 with 15% loading.
- **11300B:** Brain stem evoked response audiometry (Anaes.) where the patient is aged under 4 years old. Cannot be claimed in conjunction with 11300.
  - No explanatory note.
  - Recommended schedule fee for this item mirrors 11300 with 30% loading.



- **11300C:** Programming an auditory implant or the sound processor of an auditory implant, unilateral. Cannot be claimed in conjunction with 11300D and 11300E.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300.
  
- **11300D:** Programming an auditory implant or the sound processor of an auditory implant, unilateral, where the patient is aged between 4 years and under 8 years old. Cannot be claimed in conjunction with 11300C.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300 with 15% loading.
  
- **11300E:** Programming an auditory implant or the sound processor of an auditory implant, unilateral, where the patient is aged under 4 years old. Cannot be claimed in conjunction with 11300C.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300 with 30% loading.
  
- **82300:** Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:
  - a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - b) the service is not performed for the purpose of a hearing screening; and
  - c) the person is not an admitted patient of a hospital; and
  - d) the service is performed on the person individually and in person; and
  - e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - f) a service to which item 11300, 11300A, 11300B, 82300A or 82300B applies has not been performed on the same patient on the same day.
  - Delete the current explanatory note (MN.15.1) associated with 82300.
  - The schedule fee for this item is unchanged.
  
- **82300A:** Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:



- a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - b) the service is not performed for the purpose of a hearing screening; and
  - c) the person is not an admitted patient of a hospital; and
  - d) the service is performed on the person individually and in person; and
  - e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - f) the patient is aged between 4 years and under 8 years of age; and
  - g) a service to which item 11300, 11300A or 82300 applies has not been performed on the same patient on the same day.
- No explanatory note
  - The schedule fee for this item mirrors 82300 with 15% loading.
- **82300B:** Audiology health service, consisting of brain stem evoked response audiometry, performed on a person by an eligible audiologist if:
    - a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
    - b) the service is not performed for the purpose of a hearing screening; and
    - c) the person is not an admitted patient of a hospital; and
    - d) the service is performed on the person individually and in person; and
    - e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
    - f) the patient is aged under 4 years of age; and
    - g) a service to which item 11300, 11300B or 82300 applies has not been performed on the same patient on the same day.
  - No explanatory note
  - The schedule fee for this item mirrors 82300 with 30% loading.
- **82300C:** Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:



- a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - b) the person is not an admitted patient of a hospital; and
  - c) the service is performed on the person individually and in person; and
  - d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - e) a service to which item 11300C, 11300D, 11300E, 82300D or 82300E applies has not been performed on the same patient on the same day.
- No explanatory note.
  - Recommended fee is the same as 82300.
- **82300D:** Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:
    - a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
    - b) the person is not an admitted patient of a hospital; and
    - c) the service is performed on the person individually and in person; and
    - d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
    - e) the patient is aged between 4 years and under 8 years old; and
    - f) a service to which item 11300C, 11300D, or 82300C applies has not been performed on the same patient on the same day.
  - No explanatory note.
  - Recommended fee is the same as 82300 with a 15% loading.
- **82300E:** Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:
    - a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
    - b) the person is not an admitted patient of a hospital; and
    - c) the service is performed on the person individually and in person; and



- d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - e) the patient is aged under 4 years old; and
  - f) a service to which item 11300C, 11300E, or 82300C applies has not been performed on the same patient on the same day.
- No explanatory note.
  - Recommended fee is the same as 82300 with a 30% loading.

### **Rationale for Recommendation 3:**

This recommendation focuses on two improvements, as follows:

- The splitting of the items to reflect the different clinical uses to enable accurate monitoring and measurement;
- Broadening the application to include all implantable hearing devices, reflecting the emergence of improved technology.

Currently the item 11300 and its mirrored item 82300 (for claiming by audiologists) is used for dual purposes. Firstly, the provision of BERA, and secondly for the programming of implant processor devices. The Committee recommended that items be created for each clinical purpose to allow for monitoring and to provide data on each clinical service.

Auditory implant technology has evolved. Specifically, the broadening of this technology group enables other types of hearing losses to be managed. Cochlear implants manage sensorineural hearing losses. Whereas, middle ear implants and bone anchored implants are widely used and regulated in Australia for the management of conductive and mixed hearing losses. Therefore it is the Committee's recommendation to broaden the application of this item number to include all auditory implants rather than just cochlear implants.

The proposed item descriptors incorporate Recommendations 1 (improving access) and 2 (paediatric loading) as previously explained.



#### 4.1.4 Audiology – Impedance Audiogram:

- **Items 11324, 11327, and 11330**

**Table 6: Item introduction table for items 11324, 11327, 11330, 82324 and 82327**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
11324	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, if the patient is referred by a medical practitioner — not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$32.85	33,183	5.49%	5.42%
11327	Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, if the patient is referred by a medical practitioner — being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$19.75	155,643	1.77%	1.36%
11330	Impedance audiogram if the patient is not referred by a medical practitioner — 1 examination in any 4 week period	\$7.90	44,954	0.55%	0.65%
82324	Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: <ul style="list-style-type: none"> <li>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</li> <li>(b) the eligible practitioner is: <ul style="list-style-type: none"> <li>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</li> <li>(ii) a specialist or consultant physician in the specialty of neurology; and</li> </ul> </li> <li>(c) the service is not performed for the purpose of a hearing screening; and</li> <li>(d) the person is not an admitted patient of a hospital; and</li> <li>(e) the service is performed on the person individually and in person; and</li> <li>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</li> <li>(g) a service to which item 11324 applies has not been performed on the person on the same day.</li> </ul>	\$26.30	309	61.64%	56.05%
82327	Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance	\$15.80	10,723	39.69%	40.15%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	<p>and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if:</p> <p>(a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and</p> <p>(b) the eligible practitioner is:</p> <p>(i) a specialist in the specialty of otolaryngology head and neck surgery; or</p> <p>(ii) a specialist or consultant physician in the specialty of neurology; and</p> <p>(c) the service is not performed for the purpose of a hearing screening; and</p> <p>(d) the person is not an admitted patient of a hospital; and</p> <p>(e) the service is performed on the person individually and in person; and</p> <p>(f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and</p> <p>(g) a service to which item 11327 applies has not been performed on the person on the same day.</p>				

**Recommendation 4:**

- Consolidate items 11324, 11327 and 11330 into a single service under item 11324, and amend descriptor to remove the co-claiming restriction. The proposed item descriptor for item 11324 is as follows:
  - Impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed by or on behalf of a medical practitioner.
- The Committee recommends the fee be adjusted to reflect a weighted average of the three services to achieve cost neutrality.
- **Items 82324 and 82327**
  - Consolidate items 82324 and 82327 into a single service under item 82324, and amend item 82324 descriptor to remove the specific referral requirements (Recommendation 1) and co-claiming restriction. The proposed descriptor for item 82324 is as follows:



- Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist if:
  - a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - b) the service is not performed for the purpose of a hearing screening; and
  - c) the person is not an admitted patient of a hospital; and
  - d) the service is performed on the person individually and in person; and
  - e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
  - f) a service to which item 11324 applies has not been performed on the same patient on the same day.
- The Committee recommends the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.
- Recommended updated schedule item fee (based on claims in 2017/2018) is as follows:
  - 11324 = \$19.35
  - 82324 = \$16.10

#### **Rationale for Recommendation 4:**

The Committee agreed that items 11324, 11327, and 11330 all reflect the delivery of the same test, impedance audiogram, in the same testing conditions, with the same requirements for interpretation and reporting. What differs amongst these item numbers is what other tests are being performed in conjunction with an impedance audiogram. The Committee agrees that by consolidating the items, there is greater certainty for consumers with regard to rebates received for an impedance audiogram, and efficiency gains for providers and the processing of payments, as unintended errors may be reduced. The proposal of a weighted average makes this consolidation cost neutral.

Items 82324 and 82327 also reflect the same test, impedance audiogram, and therefore by consolidating these items, and using a weighted average over the two items, there will be comparable items listed for the consolidation of items 11324, 11327 and 11330. The updated item descriptor incorporates Recommendation 1 (enabling greater access to impedance audiograms, reflecting the broader range of clinical pathways and care this test is of use to).





### 4.1.5 Audiology – Oto-acoustic Emission Audiometry:

- **Item 11332**

**Table 7: Item introduction table for items 11332 and 82332**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
11332	Oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, on an infant or child who is at risk due to 1 or more of the following factors: (a) admission to a neonatal intensive care unit; (b) family history of hearing impairment; (c) intra-uterine or perinatal infection (either suspected or confirmed); (d) birthweight less than 1.5 kg; (e) craniofacial deformity; (f) birth asphyxia; (g) chromosomal abnormality, including Down's Syndrome; (h) exchange transfusion; if: (i) the patient is referred by another medical practitioner; and (j) middle ear pathology has been excluded by specialist opinion	\$58.55	2,646	16.13%	16.04%
82332	Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of permanent congenital hearing impairment, performed by an eligible audiologist on an infant or child in circumstances in which: (a) the service is performed pursuant to a written request made by an eligible practitioner who is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (b) the infant or child is at risk due to 1 or more of the following factors: (i) admission to a neonatal intensive care unit; (ii) family history of hearing impairment; (iii) intra-uterine or perinatal infection (either suspected or confirmed); (iv) birthweight less than 1.5kg; (v) craniofacial deformity; (vi) birth asphyxia; (vii) chromosomal abnormality, including down syndrome; (viii) exchange transfusion; (c) middle ear pathology has been excluded by specialist opinion; and (d) the infant or child is not an admitted patient of a hospital; and (e) the service is performed on the infant or child individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant	\$46.85	61	38.43%	35.44%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
	comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11332 applies has not been performed on the infant or child on the same day.				

**Recommendation 5:**

- Amend the item descriptor to include the assessment of outer hair cell function in the cochlear.

The proposed item descriptor is as follows:

- Oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, on an individual who is at risk due to 1 or more of the following factors:
  - a) any infant or child who is at risk of permanent hearing impairment; and
  - b) any individual who is at risk of oto-toxicity due to medications and/or medical intervention; and
  - c) any individual at risk of noise induced hearing loss; and
  - d) for assisting in the diagnosis of auditory neuropathy; and
  - e) a service to which item 82332 applies has not been performed on the same patient on the same day.

- No change to the schedule fee is recommended.

- **Item 82332**

- Amend the item descriptor to remove the specialist referral requirement (Recommendation 1) and include the assessment of outer hair cell function in the cochlear.

The proposed item descriptor is as follows:

- Audiology health service, consisting of oto-acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by an eligible audiologist on an individual in circumstances in which:
  - a) The service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - b) any infant or child who is at risk of permanent hearing impairment; and



- c) any individual who is at risk of oto-toxicity due to medications and/or medical intervention; and
  - d) any individual at risk of noise induced hearing loss; and
  - e) for assisting in the diagnosis of auditory neuropathy; and
  - f) where middle ear been pathology has been excluded; and
  - g) the individual is not an admitted patient of a hospital; and
  - h) the service is performed individually and in person; and
  - i) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the medical practitioner who requested the service; and
  - j) a service to which item 11332 applies has not been performed on the same patient on the same day.
- No change to the schedule fee is recommended.

#### **Rationale for Recommendation 5:**

The Committee agreed items 11332 and 82332 are great examples of how the application of oto-acoustic emission audiometry in the clinical setting has evolved.

Oto-acoustic audiometry can repeatedly and robustly measure changes to cochlear outer hair cell functioning prior to changes being able to be detected by routine audiogram testing. Further, this test is objective and does not require the individual to respond, enabling its use on a range of populations. Therefore, oto-acoustic audiometry is now routinely applied to assist in the clinical care of the following populations:

- Oto-toxicity monitoring (due to chemotherapy and other medications), which can enable medication dosages to be adjusted to reduce the negative impact on hearing.
- Noise induced hearing loss, which can assist in modifying the individual's environment to reduce the negative impact on hearing.
- Part of the differential diagnostic test battery for acoustic neuropathy, as oto-acoustic audiometry is a valuable test to differentiate hearing loss being cochlear or retro-cochlear in origin. This differential diagnosis has major impacts for the effective intervention and management of hearing loss

It is widely recognised that permanent hearing loss in infants and children is not limited to those at risk of hearing loss due to birth factors. The Committee agreed that the application of this diagnostic test should be broadened to include all paediatrics at risk of permanent hearing loss, not just infants with congenital or birth risk factors.



#### 4.1.6 Audiology – Vestibular assessments:

- **Items: 11333, 11336 and 11339**

**Table 8: Item introduction table for items 11333, 11336 and 11339**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
11333	Caloric test of labyrinth or labyrinths	\$44.60	7,435	-5.52%	-5.72%
11336	Simultaneous bithermal caloric test of labyrinths	\$44.60	195	32.36%	30.86%
11339	Electronystagmography	\$44.60	15,802	6.45%	5.99%

#### **Recommendation 6:**

**Remove current 11333, 11336 and 11339 items and replace with three new items, 113XXA, 113XXB, 113XXC.**

- Remove items 11333, 11336 and 11339 from the MBS.

#### **Background**

Currently, there are a range of items used for completing vestibular assessment, comprising of audiology, neurology and ophthalmology related MBS items. The Committee considered the current available items, the (historical) reasons for the use of non-audiology items for vestibular assessments, and the evolution of clinical procedures for vestibular assessment.

Following this review, the Committee concluded that:

- The current vestibular assessment items are not reflective of current vestibular assessment practice.
  - Vestibular clinical practice has evolved to encompass greater use of diagnostic technology for assessment of vestibular end organ function, and this field continues to evolve.
  - Vestibular items needs to restructured to reflect current practice and to future proof for evolving clinical practice.
- Create a new consolidated approach to vestibular assessment through three new items. The proposed item descriptors are as follows:

**New item 113XXA:** The investigation of the vestibular function whereby:

- Performed by a medical practitioner, or on behalf of a medical practitioner, to assist in the diagnosis and/or treatment and/or management of vestibular or a related disorder in the person; and
- 1 or 2 clinically recognised tests of vestibular function which are performed as indicated by standard clinical practice to assess;



- The organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); and/or
  - Muscular or eye movement responses elicited by a vestibular stimulus; and/or
  - Static signs of vestibular dysfunction; and/or
  - The central ocular-motor function.
- c) And the tests performed provide a quantifiable measure.

The proposed schedule fee is \$186.10

**New item 113XXB:** The investigation of the vestibular function whereby:

- a) Performed by a medical practitioner, or on behalf of a medical practitioner, to assist in the diagnosis and/or treatment and/or management of vestibular or a related disorder in the person; and
- b) 3 or 4 clinically recognised tests of vestibular function which are performed as indicated by standard clinical practice to assess;
- The organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); and/or
  - Muscular or eye movement responses elicited by vestibular stimulation; and/or
  - Static signs of vestibular dysfunction; and/or
  - The central ocular-motor function.
- c) And the tests performed provide a quantifiable measure.

The proposed schedule fee is \$373.20

**New item 113XXC:** The investigation of the vestibular function whereby:

- a) Performed by a medical practitioner, or on behalf of a medical practitioner, to assist in the diagnosis and/or treatment and/or management of vestibular or a related disorder in the person; and
- b) 5 or more clinically recognised tests of vestibular function which are performed as indicated by standard clinical practice to assess;
- The organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); and/or
  - Muscular or eye movement responses elicited by vestibular stimulation; and/or
  - Static signs of vestibular dysfunction; and/or
  - The central ocular-motor function.
- c) And the tests performed provide a quantifiable measure.

The proposed schedule fee: \$558.30

- The Committee endorses the proposed schedule fees and asserts that these fees reflect the complexity, skill, equipment cost and time required to perform the procedures and are comparable to similar items.



- The Committee recommends adding the explanatory note accompanying the new item numbers to clarify the intention of these item numbers.

The proposed explanatory note which will apply to the three new items (113XXA, 113XXB, 113XXC) is as follows:

A single test is defined as one of the following tests:

- vHIT (up to all planes tested and +/- Suppression HIT);
- O VEMP +/- threshold testing (air and/or bone conduction and/or skull-tap);
- C VEMP +/- threshold testing (air and/or bone conduction and/or skull-tap);
- Videonystagmography (VNG) or Electronystagmography(ENG) to measure ocular-motor responses including spontaneous/gaze evoked nystagmus, optokinetic, saccade or smooth pursuit function;
- Videonystagmography (VNG) or Electronystagmography(ENG) to measure eye movement in response to positional testing +/- Dix-Hallpike +/- mechanical positioning;
- Videonystagmography (VNG) or Electronystagmography(ENG) to measure eye movement responses to stimuli such as pressure and sound (Tullio and/or Fistula testing), and/or hyperventilation and/or head shaking;
- Calorics;
- Rotational testing including rotational chair;
- Subjective visual vertical/horizontal;
- Static posturography or Computerised Dynamic Posturography (CDP).

#### **Rationale for Recommendation 6:**

Currently, there are a range of items used for completing vestibular assessment, comprising of audiology, neurology and ophthalmology related MBS items. The Committee considered the (historical) reasons for the use of non-audiology items for vestibular assessments, being that audiological clinical practice has evolved to encompass greater use of diagnostic technology for assessment of vestibular end organ function, and the exclusion of central pathology. Therefore, in the absence of suitable audiology items, these non-audiology MBS items are the most suitable options available for clinicians to utilise in vestibular assessment, reflecting either what is measured or how it is measured.

Consequently, the Committee agreed that this recommendation better reflects modern clinical practice, but also enables future proofing against likely improvement and evolution of assessment techniques, whilst providing clear guidelines.

With regard to fees, the following factors have been considered:

- Current rebates experienced by consumers.
- Equipment required and this capital expenditure.



- Expertise required for performing and interpreting the tests.
- Time required performing the tests.
- Comparable item numbers in other disciplines.

The recommended fees are derived by averaging the current rebates of the grouped items and considering the most likely test battery configurations. The Committee noted that by capping the rebate on the overall number of different vestibular assessments that can be performed, this approach aims to reduce the unlikely scenario of over testing.

The Committee considered the following tests, associated items and fees as comparators for the vestibular items. The Committee assessed that these following items are comparable to the vestibular items in time required to perform the test, skill and complexity in assessing and interpreting the results, and the equipment required to complete the test. Therefore, the Committee believes that the recommended vestibular assessment fees are consistent with the broader audiology MBS fees.

**Table 9: Vestibular assessment items, fees and average service times**

Item Number	Test	MBS Fee	Average Time
11300	Brainstem Evoked Response Audiometry	\$192	45mins.
11303	Electrocochleography (extra tympanic method)	\$192	45mins.
11012-11021	Neuromuscular studies/ nerve conduction	\$112-\$223	30mins-90mins
11000-11009	Electroencephalography	\$123-\$325	30mins-120mins

#### 4.1.7 Improving access to services by availing telehealth:

- **Items: 11300C, 11300D, 11300E, 82300C, 82300D, 82300E, 11306, 11306A, 11306B, 82306, 82306A and 82306B.**

#### Recommendation 7:

- Enable telehealth delivery for items 11306, 11306A, 11306B, 82306, 82306A, 82306B, by creating new item, 11306C, 11306D, 11306E, 82306C, 82306D, 82306E.

To facilitate the use of telehealth technology to service remote and rural communities, and vulnerable persons, it is recommended that non determinate audiometry can occur via telehealth. There is no change recommended to the schedule fee for these items. The Committee notes that this recommendation may require MSAC consideration.

- Enable telehealth delivery for items 11300C, 11300D, 11300E, 82300C, 82300D and 82300E, by creating new items 11300F, 11300G, 11300H, 82300F, 82300G, 82300H.



To facilitate the use of telehealth technology to service remote and rural communities, and vulnerable persons, it is recommended that programming an auditory implant or the sound processor of an auditory implant can occur via telehealth. There is no change recommended to the schedule fee for these items. The Committee notes that this recommendation may require MSAC consideration.

Recommended item descriptors as follows:

- **11306C:** Non-determinate AUDIOMETRY. Performed via telehealth. Cannot be claimed in conjunction with item 11306, 11306A, 11306B, 11306D, 11306E, 82306, 82306A, 82306B, 82306C, 82306D or 82306E on the same patient on the same day.
  - The proposed fee for this item is unchanged from 11306.
- **11306D:** Non-determinate AUDIOMETRY for patients aged between 4 years and under 8 years old. Performed via telehealth. Cannot be claimed in conjunction with items 11306, 11306A, 11306C, 82306, 82306A, 82306C or 82306D on the same patient on the same day.
  - The proposed fee for this item will mirror item 11306 with a loading of 15%.
- **11306E:** Non-determinate AUDIOMETRY for patients aged under 4 years old. Performed via telehealth. Cannot be claimed in conjunction with items 11306, 11306B, 11306C, 82306, 82306B, 82306C or 82306E on the same patient on the same day.
  - The proposed fee for this item will mirror item 11306 a loading of 30%.
- **82306C:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed via telehealth; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) a service to which items 11306, 11306A, 11306B, 11306C, 11306D, 11306E, 82306A, 82306B, 82306D or 82306E applies has not been performed on the same patient on the same day.

The proposed fee for this item is unchanged from 82306.





- **82306D:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed via telehealth; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged between 4 years and under 8 years old; and
  - (g) a service to which items 11306, 11306A, 11306C, 11306D, 82306, 82306A or 82306C applies has not been performed on the same patient on the same day.

The proposed fee for this item will mirror item 82306 with a loading of 15%.

- **82306E:** Audiology health service, consisting of NON-DETERMINATE AUDIOMETRY performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the service is not performed for the purpose of a hearing screening; and
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed via telehealth; and
  - (e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (f) the patient is aged under 4 years old; and
  - (g) a service to which items 11306, 11306B, 11306C, 11306E, 82306, 82306B or 82306C applies has not been performed on the same patient on the same day.

The proposed fee for this item will mirror item 82306 with a loading of 30%.

- **11300C:** Programming an auditory implant or the sound processor of an auditory implant, unilateral. Performed via telehealth. Cannot be claimed in conjunction with items 11300D, 11300E, 82300C, 82300D or 82300E.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300.



- **11300D:** Programming an auditory implant or the sound processor of an auditory implant, unilateral, where the patient is aged between 4 years and under 8 years old. Performed via telehealth. Cannot be claimed in conjunction with items 11300C, 82300C or 82300D.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300 with 15% loading.
- **11300E:** Programming an auditory implant or the sound processor of an auditory implant, unilateral, where the patient is aged under 4 years old. Performed via telehealth. Cannot be claimed in conjunction with items 11300C, 82300C or 82300E.
  - No explanatory note.
  - Recommended schedule fee is the same as 11300 with 30% loading.
- **82300C:** Audiology health service, consisting or programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the person is not an admitted patient of a hospital; and
  - (c) the service is performed on the person via telehealth; and
  - (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (e) a service to which items 11300C, 11300D, 11300E, 82300D or 82300E applies has not been performed on the same patient on the same day.
  - No explanatory note.
  - Recommended fee is the same as 82300.
- **82300D:** Audiology health service, consisting or programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the person is not an admitted patient of a hospital; and
  - (c) the service is performed on the person via telehealth; and
  - (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (e) the patient is aged between 4 years and under 8 years old; and
  - (f) a service to which item 11300C, 11300D, or 82300C applies has not been performed on the same patient on the same day.
  - No explanatory note.
  - Recommended fee is the same as 82300 with a 15% loading.



- **82300E:** Audiology health service, consisting or programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a person by an eligible audiologist if:
  - (a) the service is performed pursuant to a written request made by a medical practitioner to assist in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and
  - (b) the person is not an admitted patient of a hospital; and
  - (c) the service is performed on the person via telehealth; and
  - (d) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and
  - (e) the patient is aged under 4 years old; and
  - (f) a service to which item 11300C, 11300E, or 82300C applies has not been performed on the same patient on the same day.
  - No explanatory note.
  - Recommended fee is the same as 82300 with a 30% loading.

#### **Rationale for Recommendation 7:**

Non determinate audiology item numbers enable a practitioner to determine range of elements regarding the auditory status of a patient. Telehealth could include a range of assessments, including but not limited to, hearing threshold testing which is available through a range of mobile applications, speech testing and / or clinical case history. These clinical telehealth techniques are well established.

The remote mapping or programming of an auditory implant is routinely used to assist implanted persons in providing them with services. The adoption of telehealth as a means of claiming items 11300C, 11300D, 11300E, 82300C, 82300D and 82300E recognizes the clinical efficacy of this remote technology and facilitate greater access and convenience for patients.

As this recommendation involves proposed new telehealth items, this committee understands that this recommendation may require MSAC consideration.



## 4.2 Head and Neck Surgery

The Committee reviewed 27 items relating to head and neck surgical procedures. Head and Neck surgeons practice a branch of medicine that studies the diseases of the base of the skull, and the surgical management of cancers and benign tumours of the head and neck.

The Committee identified that many of the services relating to head and neck surgery were in accordance with contemporary best practice. The recommendations below aligned parotid surgeries with current complete medical services and restricted the potential for inappropriate co-claiming.

### 4.2.1 Head and Neck – Parotid gland surgery:

**Table 10: Item introduction table for items 30247, 30250, 30251 and 30253**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
30247	Parotid gland, total extirpation of (Anaes.) (Assist.)	\$739.35	31	-4.97%	-2.23%
30250	Parotid gland, total extirpation of with preservation of facial nerve (Anaes.) (Assist.)	\$1,251.10	450	2.69%	2.01%
30251	Recurrent parotid tumour, excision of, with preservation of facial nerve (Anaes.) (Assist.)	\$1,921.75	80	4.24%	4.26%
30253	Parotid gland, superficial lobectomy of, with exposure of facial nerve (Anaes.) (Assist.)	\$834.05	976	2.52%	2.45%

### Recommendation 8:

- **Items 30247, 30250, 30251 and 30253**
  - The Committee recommends amending the item descriptor for items 30247, 30250, 30251 and 30253 to include:
    - a) removal of tumour; and
    - b) exposure or mobilisation of facial nerve
  - The recommendation stipulates that items 30247, 30250, 30251 and 30253 should not be in association with a service to which the same provider performs items 39321, 39324, 39327, and 39330.

Example descriptor:

- **Item 30250** - Parotid gland, total extirpation of, with preservation of facial nerve, including:
  - a) removal of tumour; and
  - b) exposure or mobilization of facial nerve



Not in association with a service to which items 39321, 39324, 39327, and 39330 are performed by the same provider (Anaes.) (Assist.)

- Add an explanatory note to clarify the intention of item number 39321. Proposed explanatory note is:
  - Exposure of the facial nerve and the great auricular nerve with or without mobilisation are considered integral parts of parotid gland surgery and hence part of the complete procedure. As such, co-claiming of items 39321, 39324, 39327, 39330 is not appropriate.

#### Rationale for Recommendation 8:

The Committee recommends amending of the item descriptors related to parotid gland surgery to clarify that both exposure and mobilisation of the facial nerve and removal of tumour, are an integral part of the procedure and do not warrant further item numbers.

#### 4.2.2 Head and Neck – Submandibular gland:

Table 11: Item introduction table for item 30256

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
30256	Submandibular gland, extirpation of (Anaes.) (Assist.)	\$445.40	537	0.76%	-0.10%

#### Recommendation 9:

- **Item 30256**
  - Amend the item descriptor for 30256 to restrict co-claiming with neck lymph node dissection items ranging from 31423 to 31438. The amended descriptor is as follows:
    - Submandibular gland, extirpation of. Not in association with a service to which items 31423 to 31438 on the same side apply. (Anaes.) (Assist.)

#### Rationale for Recommendation 9:

The Committee considered that removal of submandibular gland is an integral part of neck dissections involving Level 1 and as such, removal of submandibular gland should not be co-claimed with neck lymph node dissection items. Level 1 has been defined as being bound by the body of the mandible superiorly, the stylohyoid muscle posteriorly, and the anterior belly of the digastric muscle on the contralateral side anteriorly. However, the 2008 classification revision proposed that, as an alternative to the stylohyoid muscle, the vertical plane marked by the posterior edge of the submandibular gland be used as a boundary between levels 1 and 2 (4).



### 4.2.3 Head and Neck – Sialendoscopy:

#### Recommendation 10:

- The Committee recommends the creation of a new item to retrieve stones from salivary gland drainage ducts or alleviate narrowing of these ducts. The proposed descriptor is as follows:
  - **New Item 302XX:** Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.)

The proposed Schedule Fee: \$500.00

#### Rationale for Recommendation 10:

Sialendoscopy has been used in Australia by appropriately trained surgeons for 10 years or more without there being appropriate MBS numbers to reimburse the procedure. Most surgeons claim an item number which does not reflect the complexity of the procedure, the time required or the cost of the equipment or the disposables used. The item number most commonly used are those for transoral removal of calculus and duct marsupialisation, item 30266.

The Committee noted the traditional surgical techniques were limited to removal of stones only from the very distal portion of these ducts. These traditional techniques do not provide any capability to treat narrowing of these ducts, and can in fact cause narrowing. The limitations of traditional techniques have in the past left open surgical procedures involving complete removal of salivary glands as the only alternative treatment. These operations, particularly in the case of parotid gland surgery, are significant procedures requiring stays in hospital typically of one to three nights, and entailing significant risks. In the case of parotid surgery, in particular there is well-recognised risk of partial or complete facial paralysis.

Sialendoscopy in selected patients can retrieve stones or alleviate narrowing, avoiding the need to proceed to open surgery. It is a minimally invasive procedure with quicker recovery and reduced hospital stay, and can be done under local anaesthetic as an office-based procedure. The Committee considered it had reduced risk of complications compared to open gland removals, especially related to Facial, Lingual and Hypoglossal nerve function. The Committee agreed an additional benefit was the preservation of salivary function. With sialendoscopy, salivary gland function is preserved unlike with parotidectomy and submandibular gland excision. This is particularly important as some patients can have bilateral pathology (5).

Sialendoscopy procedures are performed as day procedures with external or internal incisions. Sialendoscopy is a subspecialty technique requiring special training. It requires specialised equipment and is more time consuming than standard procedures on salivary



gland ducts. An 85% fee may be appropriate, as although these procedures are performed as in hospital procedures under general anaesthetic, it is conceivable that development of techniques may allow outpatient management with significant attendant cost savings.

In deriving a fee, the Committee agreed the obvious comparators are: items 30256, 30250, 30253 and 30266. It should be noted that in regards to parotid calculi and sialadenitis, traditional open techniques can require complete removal of the gland rather than just superficial lobectomy.

The approximate time requirements for traditional open procedures versus sialendoscopy are:

Item Number	Procedure	Average Time
30266	Duct meatotomy/marsupialisation	20-30 minutes
30256	Submandibular gland excision	45-60 minutes
30253	Superficial parotidectomy, with nerve preservation	90-120 minutes
30250	Total parotidectomy, with nerve preservation	120-180 minutes
302XX	Sialendoscopy	45-90 minutes

Sialendoscopy is significantly more demanding than simple meatotomy or marsupialisation (30266) in terms of skill requirements and necessary training.

The skill level of sialendoscopy is perhaps comparable to submandibular gland excision, although generally more time consuming. Sub-specialised training is required to undertake sialendoscopy.

Superficial parotidectomy and total parotidectomy are technically more difficult than sialendoscopy and more time consuming. Sialendoscopy is, however, performed as a day case whereas 30250 and 30256 will generally require one to three nights in hospital. Successful use of sialendoscopy will reduce the requirements for parotid or submandibular gland item usage (30250, 30253, 30256).

#### 4.2.4 Head and Neck – Radical excision of intraoral tumour:

Table 12: Item introduction table for item 30275

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
30275	Radical excision of intraoral tumour involving resection of mandible and lymph glands of neck (commandotype operation) (Anaes.) (Assist.)	\$1,762.75	50	6.21%	3.82%

#### Recommendation 11:

- **Item 30275**



- Amend the item descriptor for 30275 to remove “commandotype operation” and restrict co-claiming with neck lymph node dissection items ranging from 31423 to 31438. The amended descriptor is as follows:
  - Radical excision of intraoral tumour, with or without resection of mandible, including dissection of lymph glands of neck, unilateral. Not in association with a service to which items 31423 to 31438 on the same side apply. (Anaes.) (Assist.)

#### Rationale for Recommendation 11:

The Committee recommend amending the item descriptor to recognise that equivalent resections can be performed via transoral root, often without the need to resect mandible. Although resections via external approach may on occasion still be necessary, this does create significant morbidity in terms of cosmetic defects, loss of function and reconstructive requirements. The Committee agreed that equivalent tumour resections can be performed by transoral techniques without the need to sacrifice the mandible, improving function and cosmesis and reducing reconstructive requirements.

As with the existing item, the amended descriptor will include lymph node dissection on the same side. There may be occasions where a contralateral neck dissection is required, whether or not the primary surgery is performed as an open or transoral procedure, and as such, claiming of a neck dissection item for the contralateral neck would be appropriate.

#### 4.2.5 Head and Neck – Tongue-tie procedure:

**Table 13: Item introduction table for items 30278 and 30281**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
30278	Tongue tie, repair of, not being a service to which another item in this Group applies (Anaes.)	\$46.50	9,714	13.46%	13.70%
30281	Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia (Anaes.)	\$119.50	985	7.57%	3.39%

#### Recommendation 12:

- **Items 30278 and 30281**
  - The Committee supported a referral from the Plastics and Reconstructive Surgery Clinical Committee (PRSCC) to restrict these services with item 45009 for single stage local muscle flap repair to one defect.
  - The Committee recommends a co-claim restriction on items 30278 and 30281 as follows:





**Item 30278** - Tongue tie, repair of, not being a service to which another item in this Group or 45009 applies (Anaes.)

**Item 30281** - Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a person aged 2 years and over, under general anaesthesia. Not in association with a service to which item 45009 applies (Anaes.)

### Rationale for Recommendation 12:

The PRSCC recommended claiming of local flap repair in conjunction with tongue-tie release was unnecessary and OHNSCC agrees that restricting co-claiming is appropriate.

## 4.3 Otolology

The Committee reviewed 51 items related to Otolology. Otolology is a branch of medicine that studies the anatomy of the ear, with a surgical focus on diagnosis and treatment of injury and disease.

The most common issue the Committee identified in MBS utilisation data was potentially inappropriate co-claiming of items. To address this issue, the Committee agreed to recommend the creation of separate MBS Groups, which would facilitate co-claiming restrictions in order to minimise inappropriate billing practices.

### 4.3.1 Otolology - Myringoplasty and tympanomastoid procedures:

**Table 14: Item introduction table for items 41527, 41530, 41533, 41536, 41545, 41551, 41554, 41557, 41560, 41563, 41564, 41566, 41629, 41635 and 41638**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41527	Myringoplasty, transcanal approach (Rosen incision) (Anaes.) (Assist.)	\$587.60	947	2.72%	3.52%
41530	Myringoplasty, postaural or endaural approach with or without mastoid inspection (Anaes.)	\$957.30	908	-2.45%	-2.37%
41533	Atticotomy without reconstruction of the bony defect, with or without myringoplasty (Anaes.) (Assist.)	\$1,144.30	116	-5.99%	-3.13%
41536	Atticotomy with reconstruction of the bony defect with or without myringoplasty (Anaes.) (Assist.)	\$1,281.70	262	14.87%	14.50%
41545	Mastoidectomy (cortical) (Anaes.) (Assist.)	\$521.25	125	4.15%	6.23%
41551	Mastoidectomy, intact wall technique, with myringoplasty (Anaes.) (Assist.)	\$1,593.05	267	-2.94%	-2.74%
41554	Mastoidectomy, intact wall technique, with myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.)	\$1,876.95	165	5.05%	5.74%
41557	Mastoidectomy (radical or modified radical) (Anaes.) (Assist.)	\$1,089.90	21	-11.65%	-11.98%
41560	Mastoidectomy (radical or modified radical) and myringoplasty (Anaes.)	\$1,194.25	78	-5.95%	-5.71%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41563	Mastoidectomy (radical or modified radical), myringoplasty and ossicular chain reconstruction (Anaes.) (Assist.)	\$1,478.40	148	-2.96%	-2.31%
41564	Mastoidectomy (radical or modified radical), obliteration of the mastoid cavity, blind sac closure of external auditory canal and obliteration of eustachian tube (Anaes.) (Assist.)	\$1,911.80	105	10.07%	11.00%
41566	Revision of mastoidectomy (radical, modified radical or intact wall), including myringoplasty (Anaes.) (Assist.)	\$1,089.90	171	1.34%	0.90%
41629	Middle ear, exploration of (Anaes.) (Assist.)	\$521.25	758	7.10%	3.76%
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty (Anaes.) (Assist.)	\$1,144.30	708	6.20%	7.76%
41638	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty with ossicular chain reconstruction (Anaes.) (Assist.)	\$1,428.35	241	12.46%	14.30%

### Recommendation 13:

- **Create new MBS Group for myringoplasty and tympanomastoid items 41527, 41530, 41533, 41536, 41545, 41551, 41554, 41557, 41560, 41563, 41564, 41566, 41629, 41635 and 41638**
  - The Committee recommends re-categorising the items above into a separate MBS Group, which would facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
  - Items in this Group will not be permitted to be co-claimed with each other or with other specified Otolaryngology items during one procedure.

### Rationale for Recommendation 13:

The Committee believes the item descriptors for otology procedures are in general still reflective of current practice and in most cases reflect a complete medical service. There were, however some concerns regarding patterns of co-claiming amongst otology services that need addressing.

It was noted that items in this new Group were at times co-claimed with each other despite the fact that each represents a complete procedure. As such, changes to the schedule have been created to prevent this co-claiming.



### 4.3.2 Otology – Myringoplasty:

Table 15: Item introduction table for item 41635

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41527	Myringoplasty, transcanal approach (Rosen incision) (Anaes.) (Assist.)	\$587.60	947	2.72%	3.52%

#### Recommendation 14:

- **Item 41527**
  - Amend item descriptor for 41527 to remove “Rosen incision”. The amended descriptor is as follows:
    - Myringoplasty, by transcanal approach (Anaes.) (Assist.)

#### Rationale for Recommendation 14:

The Committee believes with regard to item 41527, the term “Rosen Incision” is no longer appropriate. Techniques exist to allow performance of myringoplasty by a transcanal approach without the use of a Rosen incision.

### 4.3.3 Otology – Middle ear clearance:

Table 16: Item introduction table for item 41635

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41635	Clearance of middle ear for granuloma, cholesteatoma and polyp, 1 or more, with or without myringoplasty (Anaes.) (Assist.)	\$1,144.30	708	6.20%	7.76%

#### Recommendation 15:

- **Item 41635**
  - Remove the out-of-hospital 85% benefit from item 41635, as contemporary best practice currently consists of in-hospital only services.

#### Rationale for Recommendation 15:

The Committee believes the 85% out-of-hospital benefit is inappropriate for this item and recommends it be removed. It is difficult to conceive that procedures meeting the intent of this item could be performed in the clinic setting.



#### 4.3.4 Otology – Removal of foreign body from ear:

Table 17: Item introduction table for item 41503

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41503	Ear, removal of foreign body in, involving incision of external auditory canal (Anaes.)	\$238.80	115	-3.72%	-2.54%

#### Recommendation 16:

- **Item 41503**
  - Amend the item descriptor for 41503 and include a restriction of co-claiming with otology items in this Group of the MBS. The amended descriptor is as follows:
    - Ear, foreign body in (other than ventilating tube), removal of, involving incision of external auditory canal. Not in association with a service to which another item in this Group applies (Anaes.)

#### Rationale for Recommendation 16:

The Committee does not consider that removal of a grommet from the external auditory canal would require incision of the canal or meets the intent of this item.

#### 4.3.5 Otology - Surgical removal of keratosis obturans:

Table 18: Item introduction table for item 41509

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41509	External auditory meatus, surgical removal of keratosis obturans from, not being a service to which another item in this Group applies (Anaes.)	\$162.95	5,916	4.12%	3.94%

#### Recommendation 17:

- **Item 41509**
  - Amend the item descriptor for 41509 to reflect that the procedure should be performed under general anaesthesia. The amended descriptor is as follows:
    - External auditory meatus, surgical removal of keratosis obturans from, performed under general anaesthesia. Not being a service to which another item in this Group applies (Anaes.)



### Rationale for Recommendation 17:

The Committee notes a large geographic variation in claims for item 41509. The frequency of claims in some regions also appears well beyond what would be expected given that this is a somewhat uncommon condition. However, the Committee does appreciate the difficulties faced when performing this treatment and hence believes that a need for an item remains. The Committee recommends that the item be modified to restrict claims to those requiring general anaesthesia. The Committee notes that item 41647 should remain available for those instances when the canal can be toileted without resort to general anaesthesia.

#### 4.3.6 Otology – Correction of auditory canal stenosis:

Table 19: Item introduction table for item 41521

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting (Anaes.) (Assist.)	\$988.85	428	-1.35%	-1.59%

### Recommendation 18:

- **Item 41521**
  - Amend the item descriptor for 41521 to include a restriction from being co-claimed with any items in the newly proposed Myringoplasty and Tympanomastoid Procedures Group for Otology items. The amended descriptor is as follows:
    - Correction of auditory canal stenosis, including meatoplasty, with or without grafting. Not in association with a service to which the Tympanomastoid Procedures Group applies (Anaes.) (Assist.)

### Rationale for Recommendation 18:

The Committee notes a large geographic variation in the claiming of this item. Item 41521 is often claimed with middle ear and mastoid procedures, where 41515 would be more appropriate. The Committee recommends restriction of claiming to prevent claiming with items in the newly created Myringoplasty and Tympanomastoid Procedures Group (see [Recommendation 13](#)).



### 4.3.7 Otology – Reconstruction of external auditory canal:

**Table 20: Item introduction table for item 41524**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41524	Reconstruction of external auditory canal, being a service associated with a service to which items 41557, 41560 and 41563 apply (Anaes.) (Assist.)	\$285.70	46	8.92%	3.73%

#### Recommendation 19:

- **Item 41524**
  - Amend the item descriptor for 41524 to remove outdated reference to applicability of the Multiple Operations Rule items 41557, 41560 and 41563. The amended descriptor is as follows:
    - Reconstruction of external auditory canal (Anaes.) (Assist.)

#### Rationale for Recommendation 19:

Whilst item 41524 commenced on 1 December 1991, this was when the five digit MBS item codes commenced. The service was item 5074 prior to 1 December 1991, which commenced as a service on the MBS from 1 August 1986. The item descriptor for item 5074 then was 'Reconstruction of external auditory canal in association with items 5095, 5098, 5100'. The wording of the item descriptor was intended to clarify that the Multiple Operations Rule applied if it was performed with those items.

The wording 'being a service associated' was never intended to limit the performance of item 41524. It was merely intended to clarify if the Multiple Operations Rule applied if item 41524 was performed with items 41557, 41560 and 41563. The Committee has recommended amending the item descriptor to simplify and clarify for users of the MBS.

### 4.3.8 Otology – Decompression of mastoid portion facial nerve:

**Table 21: Item introduction table for item 41569**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41569	Decompression of facial nerve in its mastoid portion (Anaes.) (Assist.)	\$1,194.25	88	2.71%	0.63%

#### Recommendation 20:

- **Item 41569**



- Amend the item descriptor for 41569 to include a restriction from being co-claimed with item 41617 for cochlear implantation. The amended descriptor is as follows:
  - Decompression of facial nerve in its mastoid portion. Not in association with a service to which item 41617 applies (Anaes.) (Assist.)

#### Rationale for Recommendation 20:

The Committee notes that this item is often co-claimed with cochlear implant. The Committee considers that exposure or identification of the facial nerve is an integral part of the procedure for cochlear implantation, and as such, item 41569 should be restricted from co-claiming.

#### 4.3.9 Otolaryngology – Osseointegration procedures:

**Table 22: Item introduction table for items 41603 and 41604**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41603	Osseointegration procedure implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients: <ul style="list-style-type: none"> <li>- With a permanent or long term hearing loss; and</li> <li>- Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and</li> <li>- With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted.</li> </ul> Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)	\$503.85	243	7.03%	3.37%
41604	Osseointegration procedure fixation of transcutaneous abutment implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients: <ul style="list-style-type: none"> <li>- With a permanent or long term hearing loss; and</li> <li>- Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and</li> <li>- With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted.</li> </ul> Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.)	\$186.50	176	1.18%	0.29%

#### Recommendation 21:

- **Items 41603 and 41604**
  - Consolidate items 41603 and 41604 into a single service under item 41603, with an amended descriptor that better describes contemporary practice. The proposed item descriptor is as follows:



- Osseo-integration procedure, single stage implantation of bone conduction hearing system device, in patients:
  - a) With a permanent or long-term hearing loss; and
  - b) Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and
  - c) With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted.

Not being a service associated with a service to which items 41554, 45794 or 45797 (Anaes.).

- The Committee recommends the fee be increased to reflect the proposed changes and derive the new fee using the Multiple Operations Rule.

### Rationale for Recommendation 21:

The Committee recommends items 41603 and 41604 be consolidated into a single item with a fee derived using the Multiple Operations Rule.

The Committee agreed items 41603 and 41604 were developed in the early period of implantable bone conduction hearing devices. At that time, a two-stage procedure was generally required. In recent years, although the technique for implantation is largely similar, a single-stage procedure has become the accepted common practice. All steps are incorporated into a single procedure. The claiming of both items concurrently using the Multiple Operations Rule is also the accepted practice.

### 4.3.10 Otology – Stapes mobilisation:

Table 23: Item introduction table for item 41611

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41611	Stapes mobilisation (Anaes.) (Assist.)	\$701.30	23	7.53%	5.08%

### Recommendation 22:

- **Item 41611**
  - Amend the item descriptor for 41611 to include a co-claiming restriction with items 41539, 41542 and any items in the newly proposed Myringoplasty and Tympanomastoid Procedures Group. The amended descriptor is as follows:
    - Stapes mobilisation. Not in association with a service to which items 41539, 41542 or Myringoplasty and Tympanomastoid Procedures Group applies (Anaes.) (Assist.)





### Rationale for Recommendation 22:

Stapes mobilisation remains a valid option in patients with otosclerosis and/or stapes fixation. It is an uncommon option but may be of use where stapedectomy or stapedotomy is not technically viable.

Mobilisation of the stapes in conjunction with ossicular chain reconstruction or mastoid/middle ear surgery would be considered incidental to those procedures and as such part of the complete medical procedure.

#### 4.3.11 Otology – Insertion of cochlear implant:

**Table 24: Item introduction table for item 41617**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41617	Cochlear implant, insertion of, including mastoidectomy (Anaes.) (Assist.)	\$1,895.20	935	6.61%	6.71%

### Recommendation 23:

- **Item 41617**
  - Amend the item descriptor for 41617 to include a co-claiming restriction with items 41614 and 41569. The amended descriptor is as follows:
    - Cochlear implant, insertion of, including mastoidectomy, cochleotomy and exposure of facial nerve where required. Not in association with a service to which items 41614 and 41569 apply (Anaes.) (Assist.)

### Rationale for Recommendation 23:

The Committee noted a significant geographical variation in co-claiming patterns for this item. There were numerous instances of co-claiming of 41569 (decompression of the facial nerve) and 41614 (Round window surgery). The technique of cochlear implantation requires access via a posterior tympanotomy with skeletonisation of the facial nerve, along with exposure and opening of the round window. The Committee considers that these are integral components of the complete procedure and therefore claiming of items 41614 and 41569 is not appropriate. The Committee noted that the vast majority of claims for cochlear implantation do not involve claiming of 41614 or 41569, providing a clear picture of accepted practice. The Committee therefore recommends altering the item descriptor to clarify that facial nerve exposure and round window procedures are an integral part of the complete procedure. Further co-claiming of 41614 and 41569 will be specifically prevented.



### 4.3.12 Otolaryngology – Injection into middle ear:

**Table 25: Item introduction table for item 41626**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41626	Abscess or inflammation of middle ear, operation for (excluding aftercare) (Anaes.)	\$144.00	2,647	-2.21%	-1.17%

#### Recommendation 24:

- **Item 41626**
  - Amend the item descriptor for 41626 to encompass injection of therapeutic agents into the middle ear. The amended descriptor is as follows:
    - Incision of tympanic membrane, or installation of therapeutic agent, to the middle ear through an intact drum, not including local anaesthetic. Excludes aftercare. Not in association with a service to which item 41632 applies (Anaes.)

#### Rationale for Recommendation 24:

Since the late 1990's, the use of gentamicin installation into the middle ear for management of Meniere's disease has become a standard treatment for patients not responsive to conservative medical treatment (6) (7) (8). In more recent years, the use of steroid injections has also been demonstrated as effective in Meniere's disease unresponsive to conservative medical therapy.

The effectiveness of gentamicin has been demonstrated in numerous reports, including double-blinded placebo-controlled trials. Although gentamicin therapy initially impacts dark cells of the vestibule and the vestibular neuroepithelium, hair cells of the organ of Corti may also be impacted. This creates some risk of hearing loss from this therapy. The risk of hearing loss is related largely to dosage, number of applications and time between applications, which is not always predictable. Corticosteroids on the other hand are not ototoxic and as such do not carry the same risk of hearing loss. They have also been demonstrated to be effective in placebo-controlled trials.

Conventional surgical procedures such as Endolymphatic sac decompression, labyrinthectomy and vestibular nerve section also carry risk of hearing loss, which in the case of labyrinthectomy is absolute. These operations carry numerous other risks including death, cerebrospinal fluid leakage, meningitis and facial paralysis. Conventional surgery incurs substantially greater cost with inpatient stays ranging from one night to several nights.



The use of Gentamicin and/or corticosteroids, such as dexamethasone, have dramatically reduced the need for complex surgeries such as Endolymphatic sac decompression and vestibular nerve section. Medicare data reveals that:

- (i) Claims for endolymphatic sac surgery (item 41590) have declined from 522 claims in the period 1998 - 2008 to 181 claims for the period 2008 – 2018, with only 7 claims in the last complete year.
- (ii) Claims for vestibular nerve sections (41596 and 41593) have decreased from 131 claims in the period 1998 - 2008 to 71 claims for the period 2008 – 2018.

Although some surgeons instil medication by means of a previously inserted ventilation tube, for which item 41632 would apply, many inject directly through the drum. No specific item exists to allow reimbursement for these patients. Item 41626 is a current item that closely reflects the skill and time required for intratympanic injections.

The Committee recommends that item 41626 be amended to encompass injection of therapeutic agents into the middle ear.

#### 4.3.13 Otology – Ear toilet:

**Table 26: Item introduction table for item 41647**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41647	Ear toilet requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia (Anaes.)	\$109.90	370,430	11.53%	11.07%

#### Recommendation 25:

- **Item 41647**
  - Amend the item descriptor for 41647 to address inappropriate use for the removal of uncomplicated wax and debris. The amended descriptor is as follows:
    - Micro-inspection of tympanic membrane and auditory canal, requiring use of operating microscope or endoscope, including any removal of wax, with or without general anaesthesia (Anaes.)
  - Add an explanatory note to item 41647 to state that the item is not for the removal of uncomplicated wax or debris if it can be achieved using a simpler method, such as topical eardrops or syringing. The proposed explanatory note is as follows:
 

*“Item 41647 applies where examination by conventional means (hand-held or spectacle-mounted auroscope) does not provide sufficient detail. Use of item 41647 for removal of uncomplicated wax in the absence of other disorders does not meet the intention of the item.”*



### Rationale for Recommendation 25:

The Committee aims to clarify the appropriate clinical indications for use of item 41647, which does not include the removal of uncomplicated wax or debris.

The current descriptor refers to clearance of wax and micro-inspection of the tympanic membrane. The traditional understanding of this item was that the removal of wax was to enable inspection of the eardrum.

The recommended change emphasises that the primary intended use of this item is microscopic or endoscopic inspection of suspected or known disease or disorders of the tympanic membrane or middle ear. The item applies where examination by conventional means (hand-held or spectacle-mounted auroscope) does not provide sufficient detail. Use of the item for removal of uncomplicated wax in the absence of other disorders does not meet the intention of the item.

## 4.4 Rhinology

The Committee reviewed 35 items related to rhinology. Rhinology is a branch of medicine that studies the anatomy of the nose and nasal cavity, with a focus on the treatment of sinus disease including allergy, infection, inflammatory conditions and tumours.

The most common issue the Committee identified in MBS utilisation data was the high variability in provider co-claiming for the same procedure and potential inappropriate co-claiming of items. To address this issue, the Committee agreed to recommend the creation of separate MBS Groups, which would facilitate co-claiming restrictions in order to minimise inappropriate billing practices.

### 4.4.1 Rhinology – Functional sinus surgery:

#### Recommendation 26:

- **Create new Functional Sinus Surgery Group for new items 417X1, 417X2 and 417X3**
  - The Committee recommends creating three new items to describe complete medical services relating to functional sinus surgery procedures. These items would eliminate the high variability in provider co-claiming for the same procedure and better describe current contemporary practice. The proposed item descriptors are as follows:
    - **Item 417X1** - Functional sinus surgery of the ostiomeatal unit, including ethmoid, unilateral. Not in association with a service to which 41716 applies (Anaes.) (Assist.)

The proposed Schedule Fee: \$682.40



- **Item 417X2** - Functional sinus surgery, complete dissection of all 5 sinuses and creation of single sinus cavity, unilateral. Not in association with a service to which Functional Sinus Surgery Group applies (Anaes.) (Assist.)

The proposed Schedule Fee: \$1,008.85

- **Item 417X3** - Functional sinus surgery, complete dissection of all 5 sinuses to create a single sinus cavity, with extended drilling of frontal sinuses, unilateral. Not in association with a service to which Functional Sinus Surgery Group applies (Anaes.) (Assist.)

The proposed Schedule Fee: \$1,641.45

- The items above will be categorised into a Functional Sinus Surgery MBS Group, which would facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
- Items in this new Functional Sinus Surgery Group will not be permitted to be co-claimed with each other or with other specified Rhinology items during the same procedure.
- The Department should undertake a method of communicating the change and educating the profession on the intention and use of the new Group.
- Suggested fees based on anatomical reflections of services, current co-claimed item fees and subsequent reductions due to the Multiple Operations Rule.

#### **Rationale for Recommendation 26:**

Modern or contemporary sinus surgery aims to combine functional anatomical spaces to overcome anatomical obstructions, improve ventilation, improve drainage and provide a neo-sinus cavity that is more easily treated with topical therapies. Single anatomical sinuses are rarely operated on and the current schedule was created at a time when the clinical understanding of sinus disease and function was poor. Modern functional sinus surgery follows the anatomical functional cavity modifications as defined in the proposed new items. This allows for the tenants of an item describing a ‘complete medical service’ when sinus surgery is to be applied. Current combinations of items anatomically represent these new items, such as:

The new 417X1 is anatomically represented by current items 41737, 41716, 41764 and 41662. This procedure would likely include intranasal operation on the ethmoidal sinus, intranasal operation on antrum, sinuscopy or fiberoptic examination, and removal of any nasal polyp.

The new 417X2 is anatomically represented by current items 41710, two instances of 41737, 41752, 41764, and 41662. This procedure would include antrostomy, intranasal operation on the frontal, ethmoid and sphenoid sinuses, sinuscopy, and removal of any nasal polyp.



The new 417X3 is anatomically represented by current items 41734, 41710, two instances of 41737, 41752, 41764 and 41662. This procedure would include endoscopic Lothrop or radical frontal sinusotomy with antrostomy, intranasal operation on the ethmoid and sphenoid sinuses, sinuscopy, and removal of any nasal polyp.



#### 4.4.2 Rhinology – Sinus procedures:

**Table 27: Item introduction table for items 41710, 41716, 41734, 41737 and 41752**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41710	Antrostomy (radical) (Anaes.) (Assist.)	\$521.25	4,721	18.29%	18.35%
41716	Antrum, intranasal operation on or removal of foreign body from (Anaes.) (Assist.)	\$295.70	21,014	-3.72%	-3.63%
41734	Radical frontoethmoidectomy with osteoplastic flap (Anaes.) (Assist.)	\$1,014.05	376	8.77%	11.87%
41737	Frontal sinus, or ethmoidal sinuses on the one side, intranasal operation on (Anaes.) (Assist.)	\$483.25	36,214	0.10%	-1.70%
41752	Sphenoidal sinus, intranasal operation on (Anaes.) (Assist.)	\$295.70	11,630	1.59%	2.41%

#### Recommendation 27:

- **Create new Sinus Procedure Group for items 41710, 41716, 41734, 41737 and 41752**
  - The Committee recommends re-categorising these items into an MBS Group for sinus procedures, which would eliminate the high variability in provider co-claiming for the same procedure and facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
  - Items in this Group will not be permitted to be co-claimed with other specified items in the new Functional Sinus Surgery Group during the same procedure.
  - The Department should undertake a method of communicating the change and educating the profession on the intention and use of the new Group.
- **Item 41710 and 41716**
  - Consolidate item 41710 and 41716 into one service, with an amended item descriptor and weighted average fee. The amended descriptor is as follows:
    - Antrostomy, by any approach (Anaes.) (Assist.)
- **Item 41734**
  - Amend the item descriptor for item 41734 to the following:
    - Endoscopic lothrop procedure or radical external frontal sinusotomy with osteoplastic flap, unilateral (Anaes.) (Assist.)
- **Item 41737**
  - Amend the item descriptor for item 41737 to the following:



- Frontal sinus, unilateral, intranasal operation on, including complete dissection of frontal recess and exposure of frontal sinus ostium (excludes simple probing, dilatation or irrigation of frontal sinus) (Anaes.) (Assist.)

- **Item 41752**

- Amend the item descriptor for item 41752 to the following:
  - Sphenoid sinus, unilateral, intranasal operation on (Anaes.) (Assist.)

#### **Rationale for Recommendation 27:**

This new rhinology table allows procedures to be performed on the frontal sinus or sphenoid sinus in isolation but also in conjunction with 417X1. This allows for some flexibility or sinus surgery combinations that may be atypical.

The new item for antrostomy removes the ambiguity of the procedures on the maxillary sinus, currently items 41710 and 41716. MBS utilisation data showed that items 41716 and 41710 were variably claimed for maxillary sinus procedures, both by endoscopic and external approach. The Committee recommends a new maxillary sinus item be created to cover maxillary sinus procedures by any approach with a fee derived by volume averaging of items 41716 and 41710.

Existing item 41737 describes either frontal or ethmoid sinus procedures. This has created issues regarding transparency, as within itemised data it is unclear which procedure is being performed. The proposed new functional sinus surgery group items cover the expected instances where claims for ethmoid procedures will be made, and the Committee see no need for co-claiming of additional ethmoid procedures alongside those items in the new functional sinus surgery table. However, the Committee foresee the possible need for isolated claims for frontal sinus procedures. The Committee therefore recommends that the descriptor for item 41737 be amended as above, removing the reference to ethmoid sinus procedures and retaining the item for frontal sinus procedures.

#### **4.4.3 Rhinology – Airway procedures:**

**Table 28: Item introduction table for items 41671, 41672, 41689, 41692 and new item**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41671	Nasal septum, septoplasty, submucous resection or closure of septal perforation (Anaes.)	\$483.25	15,423	-1.07%	-1.41%
41672	Nasal septum, reconstruction of (Anaes.) (Assist.)	\$602.85	6,750	3.77%	3.67%
41689	Turbinectomy or turbinectomies, partial or total, unilateral (Anaes.)	\$136.50	7,383	-7.98%	-7.32%
41692	Turbinates, submucous resection of, unilateral (Anaes.)	\$178.05	40,874	4.06%	4.69%



**Recommendation 28:**

- **Create new Airway Procedures Group for items 41671, 41689, 41692 and new item 416XX**
  - The Committee recommends re-categorising these items into a separate table or MBS Group, which would eliminate the high variability in provider co-claiming for the same procedure and facilitate co-claiming restrictions in order to minimise inappropriate billing practices.
  - Items in this Group will not be permitted to be co-claimed with each other or with other specified Rhinology items during one procedure.
  - The Department should undertake a method of communicating the change and educating the profession on the intention and use of the new Group.
- **Item 41671 and 41672**
  - Consolidate item 41671 and 41672 into one service under item 41671, with an amended item descriptor and weighted average fee. The amended descriptor is as follows:
    - Septal surgery including septoplasty, septal reconstruction, septectomy, closure of septal perforation or other modifications of the septum, not including cauterisation, by any approach (Anaes.)
- **Item 416XX**
  - Create new item with the following item descriptor:
    - Septal surgery with submucous resection of turbinates, unilateral or bilateral (Anaes.)
- **Item 41689**
  - Amend the item descriptor for item 41689 to the following:
    - Turbinectomies, partial or total, unilateral or bilateral (Anaes.)
  - Include the out-of-hospital 85% benefit, as contemporary best practice currently consists of a range of limited turbinate reduction procedures that can be performed under local anesthesia.
  - Suggest amending fee to \$204.75 due to expanding the service to cover bilateral procedures.
- **Item 41692**
  - Amend the item descriptor for item 41692 to the following:
    - Turbinates, submucous resection of, unilateral or bilateral (Anaes.)



- Suggest amending fee to \$267.05 due to expanding the service to cover bilateral procedures.

#### Rationale for Recommendation 28:

The current MBS includes two items, item 41671 and 41672, for septal procedures. The Committee agrees that there is a lack of clarity as to what sort of procedures each item applies to. The Committee recommends consolidation of items 41671 and 41672 with a weighted averaged schedule fee to provide a single item for any form of septal surgery.

The new 416XX is anatomically represented by current items 41672, 41764 and two instances of 41692. 416XX represents a new item created for the most common combination of nasal airway procedures. The fee has been derived from combining similar anatomical procedures and using the multiple operations rule.

For items 41689 and 41692, the Committee have recommended they describe a service for unilateral or bilateral turbinate procedures, as it is rare for these items to be claimed unilaterally and the items should describe a discreet service. Once again, the new fee has been derived from combining similar anatomical procedures and using the Multiple Operations Rule. The 85% allowance for 41689 allows for techniques to modify the turbinates to be performed under local anaesthesia, with modern endoscopic equipment, in a clinic or outpatient setting with a reduced cost to patient and the healthcare system.

#### 4.4.4 Rhinology – Nasal polyp:

Table 29: Item introduction table for item 41668

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41668	Nasal polyp or polypi, removal of (Anaes.)	\$219.95	647	-3.74%	-3.99%

#### Recommendation 29:

- **Item 41668**
  - Include the out-of-hospital 85% benefit
  - Subsequent amendment to the explanatory note TN.8.75, removing “*Services performed under item 41668 require admission to hospital*” from the note.

#### Rationale for Recommendation 29:

Contemporary practice often allows for nasal polyp removal procedures to be performed under local anaesthesia, with modern endoscopic equipment, in a clinic or outpatient setting with a reduced cost to patient and the healthcare system.



#### 4.4.5 Rhinology – Maxillary antrum:

**Table 30: Item introduction table for item 41698**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41698	Maxillary antrum, proof puncture and lavage of (Anaes.)	\$32.55	986	-7.76%	-10.84%

#### Recommendation 30:

- **Item 41698**
  - Amend item descriptor to include co-claiming restriction with items in new rhinology Groups for functional sinus surgery and sinus procedures. The proposed item descriptor is as follows:
    - Maxillary antrum, proof puncture and lavage of. Not in association with a service to which items in Functional Sinus Surgery Group and Sinus Procedures Group apply (Anaes.)

#### Rationale for Recommendation 30:

The Committee believes that the items re-categorised in the new rhinology Groups for functional sinus surgery and sinus procedures represent complete medical services for the sinuses described, and any antral lavage is considered a part of the procedure.

#### 4.4.6 Rhinology – Ligation of maxillary or ethmoidal artery:

**Table 31: Item introduction table for items 41707 and 41725**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41707	Maxillary artery, transantral ligation of (Anaes.) (Assist.)	\$448.55	265	7.22%	8.24%
41725	Ethmoidal artery or arteries, transorbital ligation of (unilateral) (Anaes.) (Assist.)	\$448.55	34	9.10%	1.10%

#### Recommendation 31:

- **Item 41707**
  - Amend item descriptor to the following:
    - Maxillary or sphenoplatine artery, ligation of (Anaes.) (Assist.)
- **Item 41725**
  - Amend item descriptor to the following:



- Ligation of ethmoidal artery or arteries, anterior, posterior or both, by any approach (unilateral) (Anaes.) (Assist.)

- **Item 41707 and 41725**

- Add explanatory note to amended item 41707 and 41725. The proposed note is as follows:

*“It is not expected that this item would be claimed with routine endoscopic sinus surgery procedures. It may be legitimately claimed in some advanced sinonasal or tumour procedures.”*

**Rationale for Recommendation 31:**

The Committee recommends the item descriptors for 41707 and 41725 be amended to include both external and endoscopic approaches. The inclusion of endoscopic approaches aligns with current surgical techniques and contemporary best practice. The proposed explanatory note is to provide guidance regarding the appropriate use of these items.

**4.4.7 Rhinology – Vidian Canal:**

**Table 32: Item introduction table for item 41713**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41713	Antrostomy (radical) with transantral ethmoidectomy or transantral vidian neurectomy (Anaes.) (Assist.)	\$606.50	84	8.84%	7.52%

**Recommendation 32:**

- **Item 41713**

- Amend item descriptor to the following:
  - Vidian neurectomy or exposure of vidian canal (Anaes.) (Assist.)

**Rationale for Recommendation 32:**

The Committee recommends amending the item descriptor to recognise that vidian neurectomy and extended drilling of the sphenoid sinus is now performed via transnasal endoscopic techniques rather than external transantral approaches. Vidian neurectomy is an uncommon procedure in isolation, but the vidian nerve is often decompressed or drilled out during extensive sphenoid surgeries to discover carotid artery anatomy, or in tumour surgery. The Committee agreed its inclusion in the item descriptor is appropriate and aligns the service with modern and contemporary practice.



#### 4.4.8 Rhinology - Antrum:

**Table 33: Item introduction table for item 41719**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41719	Antrum, drainage of, through tooth socket (Anaes.)	\$117.55	52	19.88%	18.41%

#### Recommendation 33:

- **Item 41719**
  - Amend the item descriptor to reflect an independent procedure. The proposed amended item descriptor is as follows:
    - Antrum, drainage of, through tooth socket. Not in association with a service to which Functional Sinus Surgery Group applies (Anaes.)

#### Rationale for Recommendation 33:

The Committee recommends restricting this item as an independent procedure. MBS utilisation data showed the service is often co-claimed with item 41722 for plastic closure of oroantral fistula and local flap procedures. The Committee believes these co-claiming combinations appear inappropriate.

#### 4.4.9 Rhinology – Oroantral fistula:

**Table 34: Item introduction table for item 41722**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41722	Oroantral fistula, plastic closure of (Anaes.) (Assist.)	\$587.60	1,537	-0.82%	-1.16%

#### Recommendation 34:

- **Item 41772**
  - Amend the item descriptor to restrict item 41772 services with item 45009 for single stage local muscle flap repair to one defect. The proposed item descriptor is as follows:
    - Oroantral fistula, plastic closure of. Not in association with a service to which item 45009 applies (Anaes.) (Assist.)

#### Rationale for Recommendation 34:

The Committee considered the item descriptor is in fact for a plastic closure, and as such should include the local flap procedure as part of a complete medical service. The



Plastics and Reconstructive Surgery Clinical Committee (PRSCC) supported this recommendation.

#### 4.4.10 Rhinology - Lateral rhinotomy:

**Table 35: Item introduction table for item 41728**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41728	Lateral rhinotomy with removal of tumour (Anaes.) (Assist.)	\$897.30	66	7.96%	7.57%

#### Recommendation 35:

- **Item 41728**
  - Amend item descriptor to the following:
    - Removal of sinonasal or nasopharyngeal tumour, excluding inflammatory nasal polyps, by any approach (Anaes.) (Assist.)

#### Rationale for Recommendation 35:

The Committee recommends modernising item 41728 so that it reflects contemporary clinical practice by amending the descriptor to recognise its application to multiple pathologies and the possibility of tumour removal by either traditional open approach, such as lateral rhinotomy or midface degloving, or by modern endoscopic techniques. The amended item descriptor describes the complexity of tumour removal regardless of approach or pathology.

#### 4.4.11 Rhinology – Frontal sinus procedure:

**Table 36: Item introduction table for item 41746**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41746	Frontal sinus, radical obliteration of (Anaes.) (Assist.)	\$777.10	63	12.47%	19.15%

#### Recommendation 36:

- **Item 41746**
  - Amend item descriptor to the following:
    - Paranasal sinus, radical obliteration of, including any graft harvest (Anaes.) (Assist.)

#### Rationale for Recommendation 36:

The Committee recognises that on occasion there will remain instances where obliteration of a single sinus is indicated. This could apply to either frontal, sphenoid or



maxillary sinuses. The Committee recommends the descriptor be amended to be applicable to any of these sinuses, and that the complete medical service include fat harvest.

#### 4.4.12 Rhinology – Paranasal sinus surgery:

**Table 37: Item introduction table for item 41749**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41749	Ethmoidal sinuses, external operation on (Anaes.) (Assist.)	\$606.50	113	-2.31%	-2.83%

#### Recommendation 37:

- **Item 41749**
  - Amend item descriptor to the following:
    - Paranasal sinus, external operation on, unilateral. Not in association with a service to which items 41743, 41740, and items in Functional Sinus Surgery Group apply (Anaes.) (Assist.)

#### Rationale for Recommendation 37:

The Committee recognises that clinical situations remain where either purely external sinus operations, or combined external and endoscopic approaches to the sinuses, are required. The Committee agrees this recommendation allows a single item to be used in the acute settings, such as hematoma or abscess formation, where acute surgery to decompress the sinus is required but frontal sinus trephine procedures, aspiration procedures or new functional sinus surgery items may not apply.

#### 4.4.13 Rhinology - Examination of nasopharynx and larynx:

**Table 38: Item introduction table for item 41764**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41764	Nasendoscopy or sinoscopy or fiberoptic examination of nasopharynx and larynx, one or more of these procedures, unilateral or bilateral examination (Anaes.)	\$122.85	343,361	5.39%	5.78%

#### Recommendation 38:

- **Item 41764**
  - Amend item descriptor to include co-claiming restriction and change provider eligibility to include non-medical practitioners (eligible speech pathologists) to



provide services for or on behalf of another practitioner. The proposed amended item descriptor is as follows:

- Nasendoscopy or sinuscopy or fiberoptic examination of nasopharynx and larynx, one or more of these procedures, unilateral or bilateral examination. Can be performed on a person by an eligible speech pathologist on behalf of an eligible practitioner if:
  - (a) the service is performed pursuant to
    - i) written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of a laryngeal condition or related disorder in the person; and
    - ii) in a medical facility
  - (b) the eligible practitioner is:
    - i) a specialist in the specialty of otolaryngology head and neck surgery;
  - (c) the person is not an admitted patient of a hospital; and
  - (d) the service is performed on the person individually and in person; and
  - (e) after the service, the eligible speech pathologist provides recorded dynamic images and copy of the results of the service performed, together with relevant comments in writing that the eligible speech pathologists has on those results, to the eligible practitioner who requested the service; and
  - (f) a service to which item 41764 applies has not been performed on the person on the same day.

Not in association with a service to which Functional Sinus Surgery, Sinus Procedures and Airway Procedures Groups apply (Anaes.)

### **Rationale for Recommendation 38:**

The newly re-categorised items for functional sinus surgery, sinus procedures and airway procedures in the relevant MBS Groups have allowed for nasendoscopy, sinuscopy or fiberoptic examination in the complete medical services. As such, the Committee considers any further claiming of 41764 would no longer be appropriate.

The Committee agreed to improve patient access to the procedure by expanding the service to be provided by speech pathologists on behalf of a referring practitioner. The Committee consider this to be in line with contemporary multi-disciplinary assessment and management practices.

The Committee felt that in the public health system, in both inpatient and outpatient contexts, nasendoscopy is routinely performed by speech pathologists for the purpose of swallow evaluation known as Flexible Endoscopic Evaluation of Swallow (FEES). In these contexts, speech pathologists have undergone training or credentialing and have institutional approval to perform flexible endoscopy. In the UK and USA, speech pathologists routinely perform the procedure as an office procedure. At present in Australia, under the MBS, these procedures cannot be charged to the item number by speech pathologists nor by medical practitioners if not conducted by the latter. In the private multi-disciplinary system, therefore the FEES examinations are conducted by ENT





Specialists along with the speech pathologist. The patient will invariably incur a fee both for the ENT assessment or review (items 104 or 107, and 41764) and for the speech pathology consultation. The Committee agreed this potentially reduces patient access to adequate quality assessment and is time ineffective.

#### 4.4.14 Rhinology – Obsolete services:

**Table 39: Item introduction table for items 41653, 41729, 41731 and 41767**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41653	Examination of nasal cavity or postnasal space or nasal cavity and postnasal space, under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$71.95	573	52.27%	64.71%
41729	Dermoid of nose, excision of, with intranasal extension (Anaes.) (Assist.)	\$568.65	14	1.49%	0.32%
41731	Frontonasal ethmoidectomy by external approach with or without sphenoidectomy (Anaes.) (Assist.)	\$777.10	29	-9.59%	-9.73%
41767	Nasopharyngeal angiofibroma, removal of (Anaes.) (Assist.)	\$737.00	8	-14.97%	-7.27%

#### Recommendation 39:

- **Items 41653, 41729, 41731 and 41767**
  - Delete from MBS

#### Rationale for Recommendation 39:

The Committee recommends deleting items 41653, 41729, 41731 and 41767 from the MBS, as they consider them obsolete. The Committee noted that item 41764 was comprehensive enough to cover services for the examination of the nose and nasopharynx.

The Committee identified that items 41729 and 41767 were pathology specific services and considered them outdated with contemporary clinical practice. MBS utilisation data supported this by indicating very low or negative growth in both service and benefit change.

The Committee considered the recommendations made in relation to the new Frontal Sinus Surgery Group, Sinus Procedure Group, and item 41749 meant that item 41731 was no longer required as a separate service.

#### Recommendation 40:

- **New items 41XX1 and 41XX2 for skull-base procedures when performed by an otolaryngologist or as part of collaborative or conjoint surgery**



- The Committee recommends a new item 41XX1 to be created to reflect the service of an otolaryngology surgeon during joint skull-base surgery. The proposed item descriptor is as follows:
  - **New item 41XX1:** Anterior or middle cranial fossa or cavernous sinus, tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty, as part of conjoint surgery (Anaes.) (Assist.)
- The schedule fee be commensurate with 39640X as per the Neurosurgery and Neurology Clinical Committee (NNCC) Report.
- A new item 41XX2 to be created to reflect the service of an otolaryngology surgeon during conjoint skull-base surgery. The proposed item descriptor is as follows:
  - **New Item 41XX2:** Petro-clival, clival or foramen magnum tumour or vascular lesion, removal or radical excision of, including stereotaxy and cranioplasty as part of conjoint surgery (Anaes.) (Assist.)
- The schedule fee be commensurate with item 39653 as per the NNCC Report.

#### **Rationale for Recommendation 40:**

The treatment of skull-base tumour is a multidisciplinary effort. The surgical management is divided between otolaryngologists, neurosurgeons, and head and neck surgeons. The Committee recommends that new items be added to describe the complete medical service provided by an otolaryngology surgeon working with a neurosurgeon to provide the complete surgical care of a patient with skull-base neoplasm. Two surgeons working together throughout the entire case perform these procedures. The conjoint fee and item reflect pre and post-surgical care required by these patients.

#### **Recommendation 41:**

- **New item 41XX3 for endoscopic pituitary surgery (as per 39715)**
  - The Committee recommends a new item 41XX3 be created to reflect the service of an otolaryngology surgeon during joint pituitary surgery. The proposed item descriptor is as follows:
    - **New item 41XX3:** Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, as part of conjoint surgery. Not being a service associated with a service to which item 40600 applies. (Anaes.) (Assist.)
  - The schedule fee be commensurate with item 39715 as per the NNCC report.

**Rationale for Recommendation 41:**

As per the NNCC report, harvesting and grafting of a dermofat or fascial graft (item 45018) should be added to the new item —along with stereotaxy (item 40803)— because transphenoidal surgery frequently results in an intracranial fluid leakage. This must be repaired in multiple layers, and often requires the harvesting and grafting of dermofat/fascia to prevent further leakage or infection. This new item would describe the complete medical service provided by an otolaryngology surgeon working with a neurosurgeon to provide the complete surgical care of a patient with a pituitary neoplasm. The existing schedule does not provide an item for the otolaryngology contribution to these procedures. Two surgeons working together throughout the entire case perform this surgery. The conjoint fee and code reflects pre and post-surgical care required by these patients.

**Recommendation 42:**

- **New item 41XX4 for fractured skull repair**
  - The Committee recommends a new item 41XX4 to be created to reflect the service of an otolaryngology surgeon to repair a cerebrospinal fluid leak from a fractured skull either from trauma or from spontaneous causes (which is the larger proportion of procedures). The proposed item descriptor is as follows:
    - **New item 41XX4:** Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (Anaes.) (Assist.)
  - The schedule fee be commensurate with item 39615 as per the NNCC report.

**Rationale for Recommendation 42:**

Skull-base defects are most commonly secondary to fractures and or spontaneous, with or without a relationship to benign intracranial hypertension. The Committee agrees an item needs to be created as the majority of cerebrospinal fluid leaks are from the ventral skull-base and treated by otolaryngologists. The post-surgical related repairs have been dealt with in the NNCC report.

**Recommendation 43:**

- **New item 41XX5 for endonasal orbital decompression**
  - The Committee recommends a new item 41XX5 to be created to reflect the service of an otolaryngology surgeon to decompression of the orbit endoscopically. The proposed item descriptor is as follows:
    - **New item 41XX5:** Orbit, decompression of, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye by endonasal approach (Anaes.) (Assist.)
  - The schedule fee be commensurate with item 42545 as per the current ophthalmology schedule

**Rationale for Recommendation 43:**

Decompression of the orbit performed endoscopically is a separate procedure to lateral decompression. The setup and procedure is complete and separate to an external or lateral wall decompression, and commonly performed by otolaryngology surgeons. No current item exists to describe this procedure, and a new item is required to encompass this surgery.

## 4.5 Laryngology

The Committee reviewed 34 items related to Laryngology. Laryngology is a branch of medicine that studies the disorders, diseases and injuries of the vocal apparatus, especially the larynx.

The key recommendations consolidated all like-procedures, amended items to make the clinical approach to the procedure agnostic and modernised item descriptors as to describe contemporary clinical practice. The rationale provided by the Committee indicates that different clinical approaches required specific skills and have equal risk factors. Some surgeons can perform a number of approaches, and some prefer to use one or another. By broadening to more agnostic language, surgeons would be able to choose their approach based on their level of skill, preference or most appropriate technique for the procedure.

The Committee discussed that in recent years there has been significant confusion and variation regarding appropriate items to claim for a variety of laryngeal procedures. In general, this has related to various accepted techniques such as:

- vocal cord medialisation by injection;
- use of injections of fillers to correct laryngeal deficiencies;
- injection of therapeutic agents such as steroids, cidofovir, avastin, mitomycin; and
- supraglottoplasty.



#### 4.5.1 Laryngology – Pharyngeal pouch procedures:

**Table 40: Item introduction table for items 41773 and 41776**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41773	Pharyngeal pouch, endoscopic resection of (Dohlman's operation) (Anaes.) (Assist.)	\$587.60	88	-3.29%	-4.02%
41776	Cricopharyngeal myotomy with or without inversion of pharyngeal pouch (Anaes.) (Assist.)	\$585.90	66	2.98%	-0.02%

#### Recommendation 44:

- **Items 41773 and 41776**
  - Remove item 41773 and consolidate all services under an amended item 41776.
  - Amend item 41776 descriptor to the following:
    - Cricopharyngeal myotomy, including open inversion of pharyngeal pouch or endoscopic repair of pharyngeal pouch, by any approach (Anaes.) (Assist.)
  - The Committee recommends the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

#### Rationale for Recommendation 44:

The Committee agrees items 41773 and 41776 both relate to a division of the cricopharyngeal muscle by alternate approaches. As they describe similar procedures with similar schedule fees, the Committee believes consolidation into a single item is appropriate and reasonable.

#### 4.5.2 Laryngology – Pharyngectomy:

**Table 41: Item introduction table for items 41782 and 41785**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41782	Partial pharyngectomy via pharyngotomy (Anaes.) (Assist.)	\$952.10	27	-5.59%	-5.15%
41785	Partial pharyngectomy via pharyngotomy with partial or total glossectomy (Anaes.) (Assist.)	\$1,181.15	144	19.14%	22.52%

#### Recommendation 45:

- **Items 41782 and 41785**
  - Remove item 41782 and consolidate all services under an amended item 41785.
  - Amend item 41785 descriptor to the following:
    - Partial pharyngectomy, by any approach, with or without partial glossectomy (Anaes.) (Assist.)



- The Committee recommends the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

#### Rationale for Recommendation 45:

The Committee recommends modification of this item descriptor to reflect that modern techniques allow for glossectomy to be performed by transoral routes, as well as traditional open surgery.

Further, the Committee recognises that the technical skills, time requirement and postoperative care are essentially similar for partial pharyngectomy, whether or not the tongue base is resected. The Committee noted this service would primarily be done for tumour removal but also for some non-neoplastic pathologies (e.g. cyst removal).

#### 4.5.3 Laryngology - Uvulectomy and partial palatectomy:

**Table 42: Item introduction table for item 41787**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41787	Uvulectomy and partial palatectomy with laser incision of the palate, with or without tonsillectomy, 1 or more stages, including any revision procedures within 12 months (Anaes.) (Assist.)	\$568.65	29	6.67%	5.10%

#### Recommendation 46:

- **Item 41787**

- Members recommended this item be deleted from the MBS, as the service is adequately provided under item 41786 for Uvulopalatopharyngoplasty.

#### Rationale for Recommendation 46:

The Committee considered the utility of this item. The Committee agreed it appears to have been developed to allow for the usage of “laser” techniques. The Committee agreed that specifying a particular technique or device to perform a procedure was no longer a preferred approach. Further, the Committee noted very low usage of this item, particularly in comparison to item 41786 for Uvulopalatopharyngoplasty (UPPP). The Committee could see little to differentiate item 41787 from 41786, other than to specify the use of a laser, which could just as easily be used in standard UPPP.

The Committee recommends deletion of this item as obsolete.



#### 4.5.4 Laryngology – Lingual tonsil removal:

**Table 43: Item introduction table for item 41804**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41804	Lingual tonsil or lateral pharyngeal bands, removal of (Anaes.)	\$90.00	75	5.28%	1.91%

#### Recommendation 47:

- **Item 41804**
  - Amend item descriptor to the following:
    - Removal of lingual tonsil (Anaes.)

#### Rationale for Recommendation 47:

The Committee was of the opinion that lingual tonsillectomy remains a relevant procedure, for example in the management of obstructive sleep apnoea and diagnosis of base of tongue malignancies, but removal of lateral pharyngeal bands is clearly obsolete. No member of the Committee could recall having performed the procedure or recall any indication for such a procedure.

#### 4.5.5 Laryngology - Oesophagoscopy:

**Table 44: Item introduction table for items 41816 and 41822**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41816	Oesophagoscopy (with rigid oesophagoscope) (Anaes.)	\$185.60	1,279	-0.39%	-1.89%
41822	Oesophagoscopy (with rigid oesophagoscope) with biopsy (Anaes.)	\$238.80	234	0.70%	0.24%

#### Recommendation 48:

- **Items 41816 and 41822**
  - Remove item 41816 and consolidate all services under an amended item 41822.
  - Amend item 41822 descriptor to the following:
    - Oesophagoscopy, with rigid oesophagoscope, with or without biopsy (Anaes.)
  - The Committee recommends the fee be adjusted and reflect a weighted average of the two services to achieve cost neutrality.

#### Rationale for Recommendation 48:

The Committee agreed that there was limited technical difference in performing rigid oesophagoscopy with biopsy compared to performance without biopsy. The Committee



considered that the majority of services are done without biopsy and combining these items would serve to simplify the MBS. However, considering service utilisation volumes, the Committee noted the fee for the amended item should reflect a weighted average of the two consolidated items. The Committee agreed leaving the reference to rigid oesophagoscopy in the descriptor, as items for flexible oesophagoscopy exist elsewhere in the MBS and there is a significant difference in techniques.

#### 4.5.6 Laryngology – Oesophagoscopy with removal of foreign body:

**Table 45: Item introduction table for item 41825**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41825	Oesophagoscopy (with rigid oesophagoscope) with removal of foreign body (Anaes.) (Assist.)	\$356.35	75	-2.47%	-2.21%

#### Recommendation 49:

- **Item 41825**
  - Amend item descriptor to the following:
    - Removal of a foreign body from the pharynx, larynx or oesophagus, by any means (Anaes.) (Assist.)

#### Rationale for Recommendation 49:

The Committee recommends amending the item descriptor to reflect that foreign bodies may present in the larynx, pharynx or oesophagus (9) (10). The Committee recognises that a variety of techniques exist for removal of these foreign bodies. Amending the item descriptor would clarify that laryngoscopy and oesophagoscopy are appropriate but separate procedures, and only one procedure may be required to remove a foreign body. The change would allow any method of removal of a foreign body. This change is not expected to result in any change in service volume and would not impact upon patients.





#### 4.5.7 Laryngology – Total laryngectomy:

**Table 46: Item introduction table for item 41834**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41834	Laryngectomy (total) (Anaes.) (Assist.)	\$1,289.15	34	3.23%	1.17%

#### Recommendation 50:

- **Item 41834**
  - Amend item descriptor to the following:
    - Total laryngectomy, including cricopharyngeal myotomy and tracheo-oesophageal puncture (Anaes.) (Assist.)

#### Rationale for Recommendation 50:

In most clinical situations, a total laryngectomy is combined with cricopharyngeal myotomy. The Committee recommends increasing the schedule fee with a fee derived from a combination of 41834 and 41776 but in accordance with the Multiple Operation Rule. Given that laryngectomy is often combined with other procedures, this rationalisation of item numbers will serve to simplify the MBS through the provision of a complete medical service.

Tracheo-oesophageal puncture should remain a separate item provided under item 41835, as this service may be required independent of a laryngectomy. Cricopharyngeal myotomy should also be retained as a separate service under item 41776.

#### 4.5.8 Laryngology – Vertical hemilaryngectomy:

**Table 47: Item introduction table for item 41837**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41837	Vertical hemilaryngectomy including tracheostomy (Anaes.) (Assist.)	\$1,236.05	32	1.30%	1.64%

#### Recommendation 51:

- **Item 41837**
  - Amend item descriptor to the following:
    - Complete vertical hemilaryngectomy, involving removal of true and false vocal cords, including tracheostomy. Applicable not more than once per provider, per patient in a lifetime (Anaes.) (Assist.)



- Add an explanatory note for items 41837 and 41840 to specify the scenarios where the practitioner would be able to claim the item number more than once per lifetime.

Proposed explanatory note is:

*- Items 41837 and 41840 may be claimed for both open procedures and endoscopic equivalents. In the case of endoscopic procedures, it is required that the extent of the resection be anatomically equivalent to open procedures excepting resection of thyroid cartilage. This item can only be claimed once per provider, per patient per lifetime.”*

**Rationale for Recommendation 51:**

The Committee recommends amending the item descriptor in order to clarify that in the case of transoral procedures, this item may only be claimed for procedures with an equivalent anatomical extent to traditional open vertical hemilaryngectomy. Item 41837 should not be claimed for procedures where item 41861 would be more appropriate. The change would allow any surgical approach to be used.

**4.5.9 Laryngology - Total supraglottic laryngectomy:**

**Table 48: Item introduction table for item 41840**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41840	Supraglottic laryngectomy including tracheostomy (Anaes.) (Assist.)	\$1,519.80	56	14.87%	15.01%

**Recommendation 52:**

- **Item 41840**

- Amend item descriptor to the following:
  - Total supraglottic laryngectomy, involving removal of ventricular folds, epiglottis and aryepiglottic folds including tracheostomy. Applicable not more than once per provider, per patient in a lifetime (Anaes.) (Assist.)
- Add an explanatory note for items 41837 and 41840 to specify the scenarios where the practitioner would be able to claim the item number more than once per lifetime. Proposed explanatory note is:
  - *Items 41837 and 41840 may be claimed for both open procedures and endoscopic equivalents. In the case of endoscopic procedures, it is required that the extent of the resection be anatomically equivalent to open procedures excepting resection of thyroid cartilage. This item can only be claimed once per provider, per patient per lifetime.”*

**Rationale for Recommendation 52:**

The Committee suggests amending the item descriptor in order to clarify that in the case of transoral procedures, this item may only be claimed for procedures with an equivalent



anatomical extent to traditional open supraglottic laryngectomy. It should not be claimed for procedures where item 41861 would be more appropriate.

#### 4.5.10 Laryngology - Microlaryngoscopy:

**Table 49: Item introduction table for item 41855**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41855	Microlaryngoscopy (Anaes.) (Assist.)	\$288.20	2,584	13.04%	10.92%

#### Recommendation 53:

- **Item 41855**

- Amend item descriptor to the following:
  - Microlaryngoscopy, by any approach, with or without biopsy (Anaes.) (Assist.)

#### Rationale for Recommendation 53:

The Committee considered that item 41855 required amendment to clarify that the service could be performed with or without biopsy. By making the approach agnostic, the service may be done by camera endoscopy and other methods. The Committee agreed co-claiming this item with bronchoscopy, if the lower airway is also examined, would be appropriate. The service should only be performed in-hospital. The Committee agreed that procedures not covered by items 41867, 41870, 41879 should be claimed under this amended item 41855.

#### 4.5.11 Laryngology – Microlaryngoscopy with tumour removal:

**Table 50: Item introduction table for items 41858, 41861 and 41864**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41858	Microlaryngoscopy with removal of juvenile papillomata (Anaes.) (Assist.)	\$494.15	62	-3.74%	-2.98%
41861	Microlaryngoscopy with removal of benign lesions of the larynx by laser surgery (Anaes.) (Assist.)	\$604.30	622	7.22%	7.23%
41864	Microlaryngoscopy with removal of tumour (Anaes.) (Assist.)	\$407.50	1,435	0.10%	-0.38%
41868	Laryngeal web, division of, using microlaryngoscopic techniques (Anaes.)	\$388.70	52	16.72%	15.88%

#### Recommendation 54:

- **Items 41858, 41861, 41864 and 41868**



- Delete items 41858, 41864 and 41868 as the Committee viewed them as outdated practice.
- Amend item 41861 descriptor to encompass both benign and malignant tumours and place a co-claim restriction with item 41870. The amended item descriptor is as follows:
  - Microlaryngoscopy with complete removal of benign or malignant lesion of the larynx, including papillomata, by any approach or technique. Not in association with a service to which item 41870 applies (Anaes.) (Assist.)
- Subsequent change to explanatory note TN.8.77 to remove “Item 41861 refers to the removal by laser surgery” from the note

**Rationale for Recommendation 54:**

The Committee recommends deleting items 41858 and 41864, and amending item 41861 so that it encompasses benign and malignant tumour removal procedures. The service for item 41868 should also be removed, as the setup for the procedure is the same as item 41861, and therefore it is not necessary to have a separate item for this purpose. The Committee considered that the limitation of item 41861 to benign lesions was unusual, as removal of malignant lesions may be just as complex, if not more so.

The Committee agreed that an amended item 41861 that allows for surgery by any means, best reflects the time and skill required for modern laryngoscopic techniques for lesion removal, whether laser is used or not. Removing the reference to laser surgery recognizes that other surgical techniques are as technically demanding (if not more so) than laser procedures. The inclusion of the reference to laser creates a perverse incentive to use a laser in situations where other techniques may be equally or more appropriate. The Committee agrees that the removal of the reference to laser also considers the possibility that laser techniques may be superseded in the future.

The Committee recommends that the schedule fee for item 41861 not be altered. Modern techniques involve a variety of techniques that require significantly greater training, time and skill to perform and provide improved voice outcomes. Item 41861 is a contemporary service and the current fee is more reflective of the appropriate rebate for these techniques. A co-claiming restriction with 41870 is recommended, as injections that occur in conjunction with removal of a lesion would be considered part of that procedure.



#### 4.5.12 Laryngology – Microlaryngoscopy with arytenoidectomy:

Table 51: Item introduction table for item 41867

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41867	Microlaryngoscopy with arytenoidectomy (Anaes.) (Assist.)	\$613.40	60	9.57%	8.18%

#### Recommendation 55:

- **Item 41867**
  - Amend item descriptor to the following:
    - Microlaryngoscopy, with partial or complete arytenoidectomy or arytenoid repositioning (Anaes.) (Assist.)

#### Rationale for Recommendation 55:

The Committee recommends amending the item descriptor to recognise changes in phonosurgical techniques (adjustment, reduction and repositioning of arytenoid cartilages rather than simple removal) and for supraglottoplasty techniques involving reduction of arytenoids and aryepiglottic fold, for example children with significant laryngomalacia involving shortened aryepiglottic folds (11) (12) (13) (14). Supraglottoplasty techniques involving reduction of arytenoids and aryepiglottic folds have been shown to have high success rates and low rates of complication (15) (16) (17) (18). The Committee agreed that procedures not covered by items 41867, 41870, 41879 should be claimed under the amended item 41855.

#### 4.5.13 Laryngology – Injection of vocal cord:

Table 52: Item introduction table for item 41870

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41870	Injection of vocal cord by teflon, fat, collagen or gelfoam (Anaes.) (Assist.)	\$454.85	520	9.00%	9.67%

**Recommendation 56:****• Item 41870**

- Amend item descriptor to the following:
  - Laryngeal augmentation or modification by injection techniques. Not in association with a service to which item 41861 applies (Anaes.) (Assist.)
- Include the out-of-hospital 85% benefit

**Rationale for Recommendation 56:**

The Committee suggests amending the item descriptor to reflect that new injectable materials exist for vocal cord augmentation with improved biomechanical and viscoelastic properties and that some of the previously listed materials are no longer appropriate (i.e, Teflon).

The Committee considered injection augmentation is regularly performed for the treatment of vocal fold paralysis, paresis, scar and presbyphonia. Where indicated, performing the procedure under local anaesthetic is a safe and often preferable option to a general anaesthetic due to patient-factors (19).

The Committee agreed that the larynx can be modified by injection of other therapeutic agents, for conditions including:

- laryngeal clefts (20) (21) (22),
- laryngeal papillomatosis (23) (24) (25) (26),
- laryngeal stenosis (27) (28), and
- benign vocal fold lesions (29) (30) (31) (32).

The treatment of laryngeal disorders by way of intralesional drug delivery where indicated allows the delivery of excellent patient outcomes with reduced requirements for formal operative surgery. This includes:

- Delivery of drugs into the superficial layer of the lamina propria (e.g. steroid for scar tissue, autoimmune deposits and benign vocal fold lesions as an alternative to/supplementary to surgery),
- Delivery of Bevacizumab and other chemotherapeutic drugs with antiviral effects for the treatment of recurrent respiratory papillomatosis, and
- Treatment of laryngeal stenosis, especially supraglottic and subglottic, by way of serial steroid injections and emerging agents to modulate healing and reduce scar tissue formation after operating room-based surgery, or as an alternative to surgery in order to improve the airway.

The new descriptor intends to allow for future emerging technologies. A co-claiming restriction with 41861 is recommended, as injections that occur in conjunction with removal of a lesion would be considered part of that procedure.



The Committee also recommends including an 85% benefit under local anaesthetic. The Committee agreed office-based treatment of such appropriate conditions is safe, feasible, often preferred by the patient and thus reduces burden on hospital and health system resources. The resources required are greater than a standard nasal endoscopy and include an assistant, distal chip endoscopes for visualisation and recording, use of channelled endoscopes and an appropriate cleaning system and specialised disposable laryngeal injection needles. The value to patients is therefore that they:

- Avoid a general anaesthetic
- Avoid the costs associated with a hospital or day procedure centre admission
- Return to work on the same day
- Avoid waiting on a lengthy public hospital list
- Improve work productivity by being able to use their voice again more quickly.

#### 4.5.14 Laryngology – Fractured larynx procedure:

**Table 53: Item introduction table for item 41873**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41873	Larynx, fractured, operation for (Anaes.) (Assist.)	\$587.60	1	-12.94%	-45.99%

#### Recommendation 57:

- **Item 41873**
  - Remove the out-of-hospital 85% benefit from item 41873, as contemporary best practice currently consists of in-hospital only services.

#### Rationale for Recommendation 57:

The Committee agreed that MBS utilisation data and current clinical practice identified this service no longer requires an 85% out-of-hospital benefit, as it would not be performed in the clinic setting.

#### 4.5.15 Laryngology - Laryngoplasty or tracheoplasty:

**Table 54: Item introduction table for item 41879**

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41879	Laryngoplasty or tracheoplasty, including tracheostomy (Anaes.) (Assist.)	\$952.10	424	18.69%	18.53%



### Recommendation 58:

- **Item 41879**

- Amend item descriptor to the following:
  - Tracheoplasty, laryngoplasty or thyroplasty, not by injection techniques, including tracheostomy. Not in association with a service to which item 41870 applies (Anaes.) (Assist.)

### Rationale for Recommendation 58:

The Committee has recommended the amendment of the descriptor for item 41879, to include a co-claim restriction with item 41870. The restriction would exclude item 41879 for use for injection techniques. The Committee agrees that item 41870 is the appropriate item for laryngeal modification by injection techniques.

#### 4.5.16 Laryngology – Tracheostomy by percutaneous technique:

Table 55: Item introduction table for item 41880

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41880	Tracheostomy by a percutaneous technique using sequential dilatation or partial splitting method to allow insertion of a cuffed tracheostomy tube (Anaes.)	\$254.15	211	-3.57%	-3.64%

### Recommendation 59:

- **Item 41880**

- Amend item descriptor to the following:
  - Tracheostomy by a percutaneous technique (Anaes.)

### Rationale for Recommendation 59:

The Committee suggests a simplified item descriptor to allow for treatment by techniques other than sequential dilatation or partial splitting method. Allowing procedures to be agnostic to approach is consistent with other surgical committees. This recommendation focuses on modernising and simplifying the MBS to ensure it aligns with contemporary clinical practice, and high-value services are rebated.





#### 4.5.17 Laryngology – Tracheostomy by open exposure:

Table 56: Item introduction table for item 41881

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41881	Tracheostomy by open exposure of the trachea, including separation of the strap muscles or division of the thyroid isthmus, where performed (Anaes.) (Assist.)	\$401.75	334	-0.82%	-2.31%

#### Recommendation 60:

- **Item 41881**

- Amend item descriptor to the following:
  - Tracheostomy by open exposure of the trachea (Anaes.) (Assist.)

#### Rationale for Recommendation 60:

The Committee suggests a simplified item descriptor to allow for treatment by techniques other than separation of the strap muscles or division of the thyroid isthmus. Allowing procedures to be agnostic to approach is consistent with other surgical committees. This recommendation focuses on modernising and simplifying the MBS to ensure it aligns with contemporary clinical practice, and high-value services are rebated.

#### 4.5.18 Laryngology - Cricothyrostomy:

Table 57: Item introduction table for item 41884

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41884	Cricothyrostomy by direct stab or Seldinger technique, using mini tracheostomy device (Anaes.)	\$91.05	21	10.07%	10.42%

#### Recommendation 61:

- **Item 41884**

- Amend item descriptor to the following:
  - Cricothyrostomy (Anaes.)

#### Rationale for Recommendation 61:

The Committee suggests a simplified item descriptor to allow for variations in technique. Allowing procedures to be agnostic to approach is consistent with other surgical committees. This recommendation focuses on modernising and simplifying the MBS to ensure it aligns with contemporary clinical practice, and high-value services are rebated.



### 4.5.19 Laryngology - Bronchoscopy management of tracheal stricture:

Table 58: Item introduction table for item 41904

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41904	Bronchoscopy with dilatation of tracheal stricture (Anaes.)	\$246.50	266	10.84%	8.23%

#### Recommendation 62:

- **Item 41904**
  - Amend item descriptor to the following:
    - Bronchoscopy with treatment of tracheal stricture (Anaes.)

#### Rationale for Recommendation 62:

The Committee suggests amending the item descriptor to allow for treatment of stricture by techniques other than dilatation. The Committee also feels an agnostic item descriptor provides flexibility to incorporate any newly developed techniques under this item.

This recommendation focuses on modernising and simplifying the MBS to ensure it aligns with contemporary clinical practice, and high-value services are rebated.

## 4.6 Additional Considerations and Recommendations

The Committee noted the specific involvement of Allied Health in acute peri-surgical and short-term outpatient care (33) and associated extra patient costs were not adequately considered in the MBS Taskforce Allied Health Reference Group report, but is an important consideration in Australian healthcare and reduction of patient burden. As recognised in the report, a total of five allied health sessions per year is inadequate if multiple healthcare professions are involved and/or if more than five sessions are required from any one allied healthcare provider. The Committee considered this as problematic for many patients undergoing a variety of different types of surgery that involve allied health services as part of their perioperative care, as many will exceed the five sessions funded by the MBS with one surgery alone.

The Committee felt there is currently no recognition or specific Medicare remuneration of the inherent additional allied health costs associated with specific ENT surgical procedures. In particular, there is strong evidence for improved patient outcomes with Allied Health (AH) post-surgical care for many head and neck and laryngology procedures.



- For certain procedures such as the removal of vocal fold lesions (41861), peri-operative speech pathology management is considered best practice for the achievement of optimised outcomes (34) (35) (36) (37) (38) (39).
- For other items such as laryngectomy (41834), allied health involvement is critical to perioperative care and recovery. The requisite swallowing and communication rehabilitation implications are significant-for example, generally a minimum of ten speech therapy sessions are required to establish adequate alaryngeal communication (40) (41) (42) (43). This therapy is commonly required when the patient has been discharged from hospital and can continue over several months.
- Other ENT surgical items that have inherent speech pathology costings for post-surgical swallowing and/or communication rehabilitation include but are not confined to: tracheostomy (41880, 41879), pharyngeal pouch (41773, 41776), partial pharyngectomy or hemi/supraglottic laryngectomy (41782, 41785, 41837, 41840), arytenoidectomy (41867) and tracheoesophageal fistula (41885) (44) (45) (46) (47).
- Post-surgical AH outpatient services are provided in the public hospital system but patients who undergo such procedures privately are significantly disadvantaged. The Committee noted the patient is unable to claim allied health services through Medicare unless deemed eligible and referred by their GP for an Enhanced Primary Care Plan, and they do not require five sessions of allied health services for any other procedure or condition per year.

The Committee recommends that due consideration be given to the 'real' patient costs associated with ENT surgical procedures and that the MBS increase funding of the number of allied health sessions available for peri-surgical care.

- This could be stratified according to surgical procedure base.
- The number of sessions should be distinct for each AH profession rather than a total for all AH, so one area of care is not prioritised over another.

The Committee acknowledged the importance of emerging telehealth in audiology and recommended splitting the current item 11300 into two separate item numbers for implantation devices, separating the face-to-face consultation vs remote consultations (telehealth). The rationale is below:

Currently the item 11300 and its mirrored item 82300 (for claiming by Audiologists) is used for dual purposes. Firstly, the provision of BERA, and secondly for the programming of cochlear implant devices. It was decided to create two item numbers so each purpose could be monitored and measured. Further the use of telehealth to administer implant programming is a widely accepted clinical tool which improves access for patients particularly in rural and regional settings. In another recommendation it was determined to relieve the referral restrictions associated with item number 82300. Thus, this action



combines all of the recommendations and provides the new item numbers, and explanatory notes.



## 5. Impact statement

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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 concerning 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 otolaryngology, head and neck surgery services that incorporate clinically indicated, high-quality surgical procedures, and techniques that reflect modern best practice.

The Committee considered 174 item numbers during Phase Two of the Review. The proposed recommendations aim to adjust item descriptors so they reflect complete medical services and contemporary clinical practice, introduce co-claiming restrictions to minimise potentially inappropriate claims, and to create new groupings of items within the schedule to facilitate achieving these priorities.

Data investigation has revealed issues pertinent to otolaryngology, head and neck surgery including multiple item claiming and variation in claiming amongst providers. It is hypothesised this variation in MBS billing practices is due to several factors, including that the schedule is antiquated and does not reflect current practice and that some individual item descriptors are poorly written or can be ambiguous.

The proposal for new groupings of otolaryngology, head and neck surgery items represents significant work from the Working Groups. The new schedule has attempted to address the issues above, providing a logical MBS claiming system that better describes otorhinolaryngology surgeons' practice. Greater clarity and usability will increase consistency in how items are claimed by providers, reducing any potential differences in Medicare benefits provided to patients for the same surgery.

These changes are expected to benefit consumers by reducing the overall number of 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.



## 6. References

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## 7. Glossary

Term	Description
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: <ul style="list-style-type: none"> <li>(i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes;</li> <li>(ii) the consolidation of item numbers; and</li> <li>(iii) (iii) splitting item numbers (for example, splitting the current services provided across two or more items).</li> </ul>
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.
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 2017/18, in utilisation of services. Also known as the compound annual growth rate (CAGR).
The Committee	The Otolaryngology, Head and Neck Surgery Clinical Committee of the MBS Review
The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid in 2017/18 unless otherwise specified.



## 8. 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
82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327, 82332	Reduces referral restrictions for audiology item numbers performed by an audiologist.	<a href="#">Recommendation 1</a>	Remove the requirement that a referral to an audiologist must be from an ENT and/or neurologist.	Increase patient access to audiology services, particularly for patients in rural and remote areas.
11300, 11306, 11309, 11312, 11315, 11318, 82300, 82306, 82309, 82312,	Various items in the audiology schedule.	<a href="#">Recommendation 2</a>	Create new items which mirror the existing items for paediatric age groups.  An explanatory note will clarify the intention of the items and ensure consistent claiming.	To acknowledge the extra skill, time and equipment required to do the tests on children. To ensure that the items can be easily understood.



Item	What it does	Committee recommendation	What would be different	Why
82315, 82318				
11300	Brain stem Evoked Response Audiometry (BERA) measures ongoing electrical activity in the brain and recorded via electrodes placed on the scalp.	<a href="#">Recommendation 3</a>	This item will be split into different items for BERA, programming the implant.	Previously only selected implants received a Medicare benefit. The change reflects the different clinical uses of the items.
11324, 11327, 11330	The primary purpose of impedance audiometry is to determine the status of the tympanic membrane (TM) and middle ear via tympanometry. Tympanometry is an examination used to test the condition of the middle ear and mobility of the eardrum and the conduction bones by creating variations of air pressure in the ear canal — not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	<a href="#">Recommendation 4</a>	Amend item descriptor so any medical practitioner can perform the service. Adjust the fee to reflect the consolidation of other services under this item number. Delete items 11327 and 11330 from MBS due to consolidation of service under item 11324.	By consolidating the items, there is greater certainty for consumers with regard to rebates received for an impedance audiogram, and efficiency gains for providers and the processing of payments, as unintended errors may be reduced.
11332	An oto-acoustic emission is a sound generated from within the inner ear. Oto-acoustic emission audiometry is for the detection of permanent congenital hearing impairment, primarily in infants.	<a href="#">Recommendation 5</a>	Amend the item descriptor to include the assessment of outer hair cell function and remove clinical eligibility requirements.	Previously only available for testing hearing impairment in infants.
11333, 11336, 11339, NEW 113XXA, 113XXB, 113XXC	Vestibular function testing of end organ is to determine the health of the vestibular portion of the inner ear.	<a href="#">Recommendation 6</a>	Replace various items with a new suite of testing currently performed and claimed under multiple items. A new explanatory note will clarify the intention of the new items.	Simplify the MBS for doctors and patients.



Item	What it does	Committee recommendation	What would be different	Why
11300, 82300, 11306, 82306	Enables telehealth to procedures that do not necessarily require a face to face consultation	<a href="#">Recommendation 7</a>	Patients will be able to access some audiology services via telehealth.	Increase patient access to audiology services, particularly for patients in rural and remote areas. Make use of latest clinical technologies already available and in use in some countries.
30247, 30250, 30251, 30253	The parotid gland is a major salivary gland. In humans, the two parotid glands are present on either side of the mouth and in front of both ears. They are the largest of the salivary glands. These items cover the various parotid gland surgeries.	<a href="#">Recommendation 8</a>	Amend the item descriptors to include the removal of tumour/s and the exposure or mobilisation of the facial nerve. Introduce a co-claiming restriction with items that describe neurosurgery items with tumour removal and nerve positioning. An explanatory note will clarify the intention of item 39321.	To reflect current clinical best practice and ensure appropriate claims and to assist with claiming.
30256	Removal of the submandibular gland. The paired submandibular glands (historically known as submaxillary glands) are major salivary glands located beneath the floor of the mouth.	<a href="#">Recommendation 9</a>	Amend the item descriptor to restrict co-claiming with neck lymph node dissection items.	To reflect current clinical best practice and ensure appropriate claims.
30275	Removal of intraoral tumour involving cutting of mandible and lymph glands of neck.	<a href="#">Recommendation 11</a>	Introduce a co-claiming restriction with items for neck lymph node operations.	To reflect current clinical best practice and ensure appropriate claims.
30278, 30281	Ankyloglossia, also known as tongue-tie, is a congenital oral anomaly that may decrease mobility of the tongue tip and is caused by an unusually short, thick membrane connecting the underside of the tongue to the floor of the mouth. These services cover the repair of tongue-tie.	<a href="#">Recommendation 12</a>	Support another clinical committee's recommendation to amend the item descriptor in order to restrict co-claiming with the service for single stage local muscle flap repair.	To reflect current clinical best practice and ensure appropriate claims.



Item	What it does	Committee recommendation	What would be different	Why
41503	Removal of foreign body in the ear, involving incision of external auditory canal.	<a href="#">Recommendation 16</a>	Restrict co-claiming with items in the otology group of services on the MBS.	To reflect current clinical best practice and ensure appropriate claims.
41509	Keratosis obturans is a rare External Auditory Canal (EAC) disease characterised by abnormal accumulation and expansion of the bony portion of the EAC by a plug of fibrous protein. Not to be used with another item in the Ear, Nose and Throat Group.	<a href="#">Recommendation 17</a>	Add a requirement that the service must be performed under general anaesthesia.	To reflect current clinical best practice and patient safety.
41521	Correction of auditory canal stenosis, including meatoplasty, with or without grafting (Anaes.) (Assist.) Stenosis is narrowing of the canal and a meatoplasty is the surgical enlargement of the opening of the ear canal and the widening of ear.	<a href="#">Recommendation 18</a>	Add a restriction for co-claiming with items in new myringoplasty and typanomastoid procedures section (see Recommendation 12).	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41524	Reconstruction of external auditory canal.	<a href="#">Recommendation 19</a>	Remove wording from original regarding old Multiple Operations Rule.	To simplify the MBS for practitioners and patients.
41527	Myringoplasty by transcanal technique. This item is to repair a hole in the eardrum by a particular surgical technique.	<a href="#">Recommendation 14</a>	Remove the "Rosen incision" from the descriptor.	Rosen incision is no longer an appropriate description of the technique. This change should not impact patients negatively.
41527, 41530, 41533, 41536, 41545,	The items describe the various myringoplasty and typanomastoid procedures. A myringoplasty is an operation to repair a hole (perforation) in the eardrum. A perforation is usually	<a href="#">Recommendation 13</a>	Re-categorise into new section for the specific otology items and restrict co-claiming. Allow different techniques to be used.	Simplify the MBS for doctors and patients. It will reflect current clinical best practice and ensure appropriate claims. Patients should not be impacted negatively.



Item	What it does	Committee recommendation	What would be different	Why
41551, 41554, 41557, 41560, 41563, 41564, 41566, 41629, 41635, 41638	caused by an infection in the middle ear that bursts through the eardrum.			
41569	Decompression of facial nerve in its mastoid portion. The mastoid is the portion of the temporal bone of the skull that is behind the ear that contains open, air-containing spaces.	<a href="#">Recommendation 20</a>	Amend the item descriptor to restrict co-claiming with cochlear implantation item 41617.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41603, 41604	Osseo-integration procedure is an implantation for use with bone conduction hearing devices, in patients – traditionally done in two-stages.	<a href="#">Recommendation 21</a>	Amend to reflect change in current practice and single-stage operations.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41611	Stapes mobilisation procedure. This procedure is to relieve conductive hearing impairment caused by its immobilisation through otosclerosis or middle ear disease.	<a href="#">Recommendation 22</a>	Amend the item descriptor to restrict co-claiming with item 41539, 41542 and items in new myringoplasty and typanomastoid procedures section (see Recommendation 12).	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41617	Insertion of cochlear implant, including mastoidectomy. A mastoidectomy is a procedure performed to remove the mastoid air cells.	<a href="#">Recommendation 23</a>	Amend the item descriptor to restrict co-claiming with items 41614 and 41569.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.





Item	What it does	Committee recommendation	What would be different	Why
41626	Operation on abscess or inflammation of the middle ear. Does not include aftercare.	<a href="#">Recommendation 24</a>	Amend the descriptor to cover injection of therapeutic substances into the middle ear.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41635	Clearance of the middle ear for various symptoms, with or without myringoplasty.	<a href="#">Recommendation 15</a>	Remove the 85% benefit due to the service being only performed in-hospital.	This change should not impact patients negatively, as no procedures are performed in the outpatient setting.
41647	Ear toilet involves the cleaning of the ear under the microscope, usually with a small sucker to remove wax and debris. This allows a clearer view of the eardrum and aids in diagnosis.	<a href="#">Recommendation 25</a>	Amend item descriptor to exclude uncomplicated wax and debris removal that could be treated by other methods, such as drops or syringing.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41653, 41729, 41731, 41767	An item for examination of nasal cavity or postnasal space and various obsolete procedures.	<a href="#">Recommendation 39</a>	This change should not impact patients negatively as the services will be covered by other items.	Delete from MBS due to being obsolete procedures or rendered obsolete due to the proposed changes.
41668	Removal of nasal polyp or polypi. A polyp is a growth of tissue.	<a href="#">Recommendation 29</a>	Amend to include 85% out-of-hospital rebate.	This change will increase the rebate and access for patients.
41671, 41762, 41689, 41692	These airway procedure items can be performed in isolation, but also in conjunction with sinus surgery procedures.	<a href="#">Recommendation 28</a>	Re-categorise into new section on the MBS and restrict co-claiming. Amend item 41672 descriptor so it better describes current practice. Delete from MBS due to consolidation of service under item 41672. Create new item 416XX for septal surgery. Amend item 41689 descriptor to better describe current practice, make applicable to two sides and adjust fee.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively and stop the high variability in billing.



Item	What it does	Committee recommendation	What would be different	Why
			Amend item 41992 descriptor to better describe current practice, make applicable to two sides and adjust fee.	
41698	Procedure on the maxillary sinus, the largest of the paranasal sinuses, which drains into the middle of the nose.	<a href="#">Recommendation 30</a>	Amend the item descriptor to restrict co-claiming with items in new functional sinus surgery section (see Recommendation 25) and sinus procedure section (see Recommendation 26).	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively and stop the high variability in billing.
41707, 41725	Surgical procedures of tying a ligature tightly around a blood vessel in maxillary and ethmoidal sinuses.	<a href="#">Recommendation 31</a>	Amend item descriptor to better describe current practice and add new explanatory note.	To reflect new techniques and modernise the MBS.
41710, 41716, 41734, 41737, 41752	These sinus procedure items can be performed in isolation, but also in conjunction with new functional sinus item 417X1.	<a href="#">Recommendation 27</a>	Re-categorise into a new section on the MBS and restrict co-claiming. Amend item descriptor 41716 to apply to antrostomy by any technique and adjust fee. Delete 41710 from MBS due to consolidation of service under item 41716. Amend item 41734 descriptor to include alternative technique/procedure. Amend item 41737 descriptor to remove ethmoidal sinus and clarify scope of service. Amend item 41752 descriptor to make it applicable to one side.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively and stop the high variability in billing.



Item	What it does	Committee recommendation	What would be different	Why
41713	Radical antrostomy is an operation to remove irreversibly damaged mucosa of the maxillary sinus.	<a href="#">Recommendation 32</a>	Amend item descriptor to better describe current practice and endoscopic techniques.	To reflect new techniques and modernise the MBS.
41719	Drainage of antrum through tooth socket. The antrum is an airspace or chamber in bone.	<a href="#">Recommendation 33</a>	Amend item descriptor to restrict co-claiming with items in the new Functional Sinus Surgery section (see Recommendation 25).	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41722	Oroantral fistula, plastic closure of (Anaes.) (Assist.) This procedure closes an abnormal connection between a passage in the nose (sinus) and the mouth.	<a href="#">Recommendation 34</a>	Amend item descriptor to restrict co-claiming with local flap closure items.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41728	Lateral rhinotomy with removal of tumour. The lateral rhinotomy approach is for access for tumours involving the ethmoid sinus or anterior skull base. This allows exposure of the entire nasal cavity.	<a href="#">Recommendation 35</a>	Amend item descriptor to better describe current practice and techniques.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41746	Treatment for severe infection of frontal sinus.	<a href="#">Recommendation 36</a>	Amend item descriptor to better describe current practice and now cover all sinuses.	To reflect current clinical best practice and patient safety. This change should not impact patients negatively.
41749	Operation on the ethmoidal sinuses. These are situated in the upper part of the nasal cavity and the orbit.	<a href="#">Recommendation 37</a>	Amend item descriptor to better describe current practice and restrict with items 41743, 41740 and new functional sinus surgery section.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.
41764	Examination of nasopharynx and larynx.	<a href="#">Recommendation 38</a>	Amend item descriptor to restrict co-claiming with items in the new rhinology groups for functional sinus surgery, sinus procedures and airways procedures. This item would now also	To reflect current clinical best practice and ensure appropriate claims. This service should be part of a complete medical service provided during the relevant surgery. The change should not impact patients negatively.



Item	What it does	Committee recommendation	What would be different	Why
			be able to be done by qualified Speech Pathologists.	
41773, 41776	A pharyngeal pouch may cause difficulty in swallowing or coughing, and sometimes causes respiratory problems because of aspiration of the pouch contents. The standard treatment is cricopharyngeal myotomy which is open surgery to the cricopharyngeal muscle.	<a href="#">Recommendation 44</a>	Amend item 41776 descriptor to better describe current practice and make applicable to any technique. Delete from item 41773 MBS due to consolidation of service under item 41776.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41782, 41785	A pharyngectomy is the removal of part of the pharynx. If required, part of the tongue is also removed.	<a href="#">Recommendation 45</a>	Amend item 41785 descriptor to better describe current practice and make applicable to any technique. Delete item 41782 from MBS due to consolidation of service under item 41785.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41787	A uvulectomy is a surgical procedure in which all or part of the uvula is removed. The uvula is a bell-shaped organ that hangs from the top of the throat. The service includes any revision procedures within 12 months.	<a href="#">Recommendation 46</a>	Delete from MBS. Services will be covered under item 41786.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
417X1, 417X2, 417X3	Three new items to describe the different levels of functional sinus surgery as complete medical services. Modern techniques that combine functional anatomical spaces to overcome obstructions, improve ventilation, improve drainage, and create a new sinus cavity that is more easily treated.	<a href="#">Recommendation 26</a>	Create three new items and categorise into a new section of the MBS. These items would have co-claiming restrictions on them and cover complete procedures.	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively and stop the high variability in billing.



Item	What it does	Committee recommendation	What would be different	Why
41804	Removal of the lingual tonsil or lateral pharyngeal bands. Lingual tonsils are two small mounds of lymphatic tissue located at the back of the base of the tongue, one on either side that functions to assist the immune system in the production of antibodies.	<a href="#">Recommendation 47</a>	Remove “lateral pharyngeal bands” from the descriptor to better describe current practice. That component of the procedure was deemed obsolete.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41816, 41882	An oesophagoscopy is a procedure used to check for physical abnormalities in the oesophagus.	<a href="#">Recommendation 48</a>	Amend item 41822 descriptor to better describe current practice, make it applicable to any technique and with or without biopsy. Delete item 41816 from MBS due to consolidation of service under item 41822.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41825	Oesophagoscopy with removal of foreign body.	<a href="#">Recommendation 49</a>	Amend item descriptor to better describe current practice and make applicable to laryngoscopy and oesophagoscopy.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41834	Laryngectomy is the removal of the larynx and separation of the airway from the mouth, nose and esophagus. In a total laryngectomy, the entire larynx is removed.	<a href="#">Recommendation 50</a>	Amend item descriptor to better describe current practice.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41837	Hemilaryngectomy is an operation to remove the anterior soft parts of the larynx in continuity with the underlying thyroid cartilage. Vertical hemilaryngectomy is a larger resection.	<a href="#">Recommendation 51</a>	Amend item descriptor to better describe current best practice and restrict to once per patient, per provider, per lifetime. An explanatory note will clarify the intention of the item.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.



Item	What it does	Committee recommendation	What would be different	Why
41840	Supraglottic laryngectomy is an operation to remove the supraglottis, which is part of the larynx (voice box) above the vocal cords.	<a href="#">Recommendation 52</a>	Amend item descriptor to better describe current practice and restrict to once per patient, per provider, per lifetime. An explanatory note will clarify the intention of the item.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41855	Microlaryngoscopy means a surgical examination of the larynx (voice box) under general anaesthetic.	<a href="#">Recommendation 53</a>	Amend item descriptor to better describe current practice and different techniques. Now includes biopsy.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41858, 41861, 41864, 41868	Microlaryngoscopy with removal of lesions, tumour, or papillomata.	<a href="#">Recommendation 54</a>	Amend item 41861 descriptor to better describe current practice and make applicable to any technique. Restrict co-claiming of 41861 with 41870. Delete item 41858, 41864 and 41868 from MBS due to being outdated practice.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41867	Microlaryngoscopy with arytenoidectomy. Arytenoidectomy is when the laryngeal inlet is widened, providing a larger airway for respiration.	<a href="#">Recommendation 55</a>	Amend item descriptor to better describe current practice and make applicable to any technique.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41870	Injection into vocal cord for treatment of vocal cord paralysis.	<a href="#">Recommendation 56</a>	Amend item descriptor to better describe current practice, introduce the 85% benefit and restrict co-claiming with 41861.	To reflect emerging technologies and modernise the MBS. This change should not impact patients negatively.
41873	Operation for fractured larynx.	<a href="#">Recommendation 57</a>	Remove the 85% out-of-hospital rebate to ensure it is always done in-hospital.	To ensure patient safety. This change should not impact patients negatively.
41879	Laryngoplasty or tracheoplasty, including tracheostomy is a surgery done to rebuild the vocal cords.	<a href="#">Recommendation 58</a>	Amend item descriptor to better describe current practice, make	To reflect current clinical best practice and ensure appropriate claims. This change should not impact patients negatively.



Item	What it does	Committee recommendation	What would be different	Why
			applicable to any technique and restrict co-claiming with 41870.	
41880	Tracheostomy by a percutaneous technique. Tracheostomy is done to relieve an obstruction to breathing.	<a href="#">Recommendation 59</a>	Amend item descriptor to better describe current practice and make applicable to any technique.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41881	Tracheostomy by open exposure of the trachea (windpipe).	<a href="#">Recommendation 60</a>	Amend item descriptor to better describe current practice and make applicable to any technique.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41884	Cricothyrostomy is an incision made through the skin and cricothyroid membrane to establish a patent airway during certain life-threatening situations	<a href="#">Recommendation 61</a>	Amend item descriptor to better describe current practice and make applicable to any technique.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
41904	Bronchoscopy by management of tracheal stricture. Bronchoscopy is an endoscopic technique of visualising the inside of the airways for diagnostic purposes.	<a href="#">Recommendation 62</a>	Amend item descriptor to better describe current practice and make applicable to any technique.	To reflect current clinical best practice and modernise the MBS. This change should not impact patients negatively.
82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327, 82332	Similar to 11306, 11309, 11312, 11315, and 11318, these items cover audiometry services but performed by an eligible audiologist without supervision.	<a href="#">Recommendation 1</a>	These services would no longer require specialist referral.	Currently a rebate is payable only when these services are referred by a specialist. Now, a rebate is payable for any trained medical practitioner referring these services.
82300	Similar to 11300, this item covers brain stem evoked response audiometry, but	<a href="#">Recommendation 3</a>	The service is now applicable to all ear implants. The referral restrictions have been removed and the service will be	Previously only selected implants received a Medicare benefit. This change will improve patient access, especially in rural and regional



Item	What it does	Committee recommendation	What would be different	Why
	performed by an eligible audiologist without supervision.		split into new items for BERA, programming the implant and providing the programming via telehealth. New items with higher Medicare rebates will be created for providing the service to children and infants.	areas. The change also reflects the different clinical uses of the items and the introduction of a telehealth item acknowledges the emergence of improved technology. Higher Medicare rebates have been introduced to recognise the additional resources, skills and equipment required to achieve test results for infants and children.
82324, 82327	Similar to item 11324, 11327 and 11330, an impedance audiogram but performed by an eligible audiologist without supervision (not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies).	<a href="#">Recommendation 4</a>	These items will be consolidated into a single service under item 82324, and the descriptor will be amended to remove the co-claiming restriction.	By consolidating the items, there is greater certainty for consumers with regard to rebates received for an impedance audiogram, and efficiency gains for providers and the processing of payments, as unintended errors may be reduced.
82332	Similar to item 11332, an oto-acoustic emission audiometry but performed by an eligible audiologist without supervision.	<a href="#">Recommendation 4</a>	Amend the item descriptor to include the assessment of outer hair cell function. Increase the schedule fee.	Currently a rebate is payable only when the service is referred by a specialist. Now, a rebate is payable for any trained medical practitioner referring these services. The increase in fee accounts for the difficulty of providing the service to children and infants.
N/A	Allied health services, such as speech rehabilitation after surgery, to be better provisioned on the MBS.	<a href="#">General Recommendation</a>	Increase access and number of eligible allied health sessions for postoperative treatment.	These services are performed but not currently rebated under the MBS.
NEW 11300C, 11300D, 11300E, 82300C, 82300D,	Audiology items	<a href="#">Recommendation 7</a>	Enable telehealth delivery for these items. New items will be created to facilitate this.	To increase access to these services for people who live in rural and remote communities.





Item	What it does	Committee recommendation	What would be different	Why
82300E, 11306, 11306A, 11306B, 82306, 82306A and 82306B				
NEW 302XX	Sialendoscopy is a procedure that examines the ducts of the salivary glands. A miniature telescope, known as a micro-endoscope, is inserted into the natural opening of the salivary gland duct as it enters the mouth.	<a href="#">Recommendation 10</a>	Introduce Medicare coverage and rebates for a new procedure.	Create a rebate for a clinically suitable service.
NEW 41XX1, 41XX2, 41XX3, 41XX4, 41XX5	New items for the otolaryngologist component of various skull based surgeries, usually performed with a neurosurgeon.	<a href="#">Recommendation 40</a> <a href="#">Recommendation 41</a> <a href="#">Recommendation 42</a> <a href="#">Recommendation 43</a>	A response to the changes to items in the Neurology and Neurosurgery Clinical Committee report. The new items describe current practice of two surgeons working together.	This change ensures the otolaryngologists component of the collaborative surgery is rebated.



## Appendix B. MBS items requiring no change

Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
11303	Electrocochleography, extratympanic method, 1 or both ears	\$192.45	2,872	-6.04%	-5.94%
11304	Electrocochleography, transtympanic membrane insertion technique, 1 or both ears	\$316.95	133	9.63%	8.87%
30244	Styloid process of temporal bone, removal of (Anaes.) (Assist.)	\$356.35	28	22.87%	22.65%
30246	Parotid duct, repair of, using micro-surgical techniques (Anaes.) (Assist.)	\$689.80	23	30.83%	28.92%
30255	Submandibular ducts, relocation of, for surgical control of drooling (Anaes.) (Assist.)	\$1,110.65	22	29.67%	34.17%
30259	Sublingual gland, extirpation of (Anaes.)	\$198.50	93	2.55%	-0.03%
30262	Salivary gland, dilatation or diathermy of duct (Anaes.)	\$58.80	62	10.88%	1.29%
30266	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such procedures (Anaes.)	\$149.75	418	-1.64%	-2.15%
30269	Salivary gland, repair of cutaneous fistula of (Anaes.)	\$149.75	9	17.61%	17.01%
30272	Tongue, partial excision of (Anaes.) (Assist.)	\$295.70	632	4.51%	5.12%
30283	Ranula or mucous cyst of mouth, removal of (Anaes.)	\$204.70	552	-2.04%	-1.98%
30286	Branchial cyst, on a person 10 years of age or over. Removal of, (Anaes.) (Assist.)	\$397.85	125	-6.40%	-7.55%
30287	Branchial cyst, on a person under 10 years of age. Removal of, (Anaes.) (Assist.)	\$517.20	27		
30289	Branchial fistula, on a person 10 years of age or over. Removal of, (Anaes.) (Assist.)	\$502.25	17	-17.32%	-18.55%
30293	Cervical oesophagostomy; or closure of cervical oesophagostomy with or without plastic repair (Anaes.) (Assist.)	\$445.40	33	-7.22%	-9.91%
30294	Cervical oesophagectomy with tracheostomy and oesophagostomy, with or without plastic reconstruction; or laryngopharyngectomy with tracheostomy and plastic reconstruction (Anaes.) (Assist.)	\$1,762.75	8	21.67%	20.92%
31400	Malignant upper aerodigestive tract tumour up to and including 20mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	\$261.05	41	0.00%	-4.13%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
31403	Malignant upper aerodigestive tract tumour more than and including 20mm and up to 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	\$301.35	47	9.39%	12.33%
31406	Malignant upper aerodigestive tract tumour more than 40mm in diameter (excluding tumour of the lip), excision of, where histological confirmation of malignancy has been obtained (Anaes.) (Assist.)	\$502.15	45	6.40%	6.12%
31409	Parapharyngeal tumour, excision of, by cervical approach (Anaes.) (Assist.)	\$1,560.15	79	3.04%	3.30%
31412	Recurrent or persistent parapharyngeal tumour, excision of, by cervical approach (Anaes.) (Assist.)	\$1,921.75	18	-3.04%	-0.85%
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes.)	\$82.50	15,479	4.45%	4.15%
41506	Aural polyp, removal of (Anaes.)	\$144.00	458	0.85%	1.07%
41512	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, not being a service to which item 41515 applies (Anaes.) (Assist.)	\$585.90	575	6.08%	4.22%
41515	Meatoplasty involving removal of cartilage or bone or both cartilage and bone, being a service associated with a service to which item 41530, 41548, 41560 or 41563 applies (Anaes.) (Assist.)	\$384.55	455	1.00%	1.51%
41518	External auditory meatus, removal of exostoses in (Anaes.) (Assist.)	\$928.75	870	0.58%	1.34%
41539	Ossicular chain reconstruction (Anaes.) (Assist.)	\$1,089.90	164	-2.59%	-2.76%
41542	Ossicular chain reconstruction and myringoplasty (Anaes.) (Assist.)	\$1,194.25	87	0.47%	0.17%
41548	Obliteration of the mastoid cavity (Anaes.) (Assist.)	\$691.75	173	3.31%	4.53%
41572	Labyrinthotomy or destruction of labyrinth (Anaes.) (Assist.)	\$1,033.20	38	-2.44%	-6.71%
41575	Cerebellopontine angle tumour, removal of by 2 surgeons operating conjointly, by transmastoid, translabyrinthine or retromastoid approach transmastoid, translabyrinthine or retromastoid procedure (including aftercare) (Anaes.) (Assist.)	\$2,435.70	190	-0.10%	0.20%
41576	Cerebellopontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach - intracranial procedure (including aftercare) not being a service to which item 41578 or 41579 applies (Anaes.) (Assist.)	\$3,653.60	117	4.25%	4.63%
41578	Cerebellopontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, principal surgeon (Anaes.) (Assist.)	\$2,435.70	26	-8.25%	-7.97%
41579	Cerebellopontine angle tumour, removal of, by transmastoid, translabyrinthine or retromastoid approach, (intracranial procedure) - conjoint surgery, co-surgeon (Assist.)	\$1,826.75	20	-8.97%	-9.10%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41581	Tumour involving infra-temporal fossa, removal of, involving craniotomy and radical excision of (Anaes.) (Assist.)	\$2,801.55	39	13.18%	13.44%
41584	Partial temporal bone resection for removal of tumour involving mastoidectomy with or without decompression of facial nerve (Anaes.) (Assist.)	\$1,922.65	74	5.73%	6.01%
41587	Total temporal bone resection for removal of tumour (Anaes.) (Assist.)	\$2,618.60	6	-3.04%	0.04%
41593	Translabyrinthine vestibular nerve section (Anaes.) (Assist.)	\$1,556.50	-	-100.00%	-100.00%
41596	Retrolabyrinthine vestibular nerve section or cochlear nerve section, or both (Anaes.) (Assist.)	\$1,739.50	-	-100.00%	-100.00%
41599	Internal auditory meatus, exploration by middle cranial fossa approach with cranial nerve decompression (Anaes.) (Assist.)	\$1,739.50	3	-9.71%	-13.82%
41608	Stapedectomy (Anaes.) (Assist.)	\$1,089.90	578	-2.35%	-2.40%
41620	Glomus tumour, transtympanic removal of (Anaes.) (Assist.)	\$824.55	6	0.00%	-6.34%
41623	Glomus tumour, transmastoid removal of, including mastoidectomy (Anaes.) (Assist.)	\$1,194.25	5	-14.59%	-10.49%
41641	Perforation of tympanum, cauterisation or diathermy of (Anaes.)	\$47.45	27	-10.87%	-9.85%
41644	Excision of rim of eardrum perforation, not being a service associated with myringoplasty (Anaes.)	\$142.80	1,092	4.92%	4.09%
41650	Tympanic membrane, microinspection of 1 or both ears under general anaesthesia, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$109.90	119	-16.83%	-16.92%
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding aftercare) (Anaes.)	\$122.85	314	-1.23%	-1.26%
41659	Nose, removal of foreign body in, other than by simple probing (Anaes.)	\$77.55	1,324	-0.17%	-1.03%
41662	Nasal polyp or polypi (simple), removal of	\$82.50	3,775	-1.56%	-3.45%
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both (Anaes.)	\$90.00	11,761	2.81%	1.63%
41683	Division of nasal adhesions, with or without stenting not being a service associated with any other operation on the nose and not performed during the postoperative period of a nasal operation (Anaes.)	\$117.20	170	2.81%	1.63%
41686	Dislocation of turbinate or turbinates, 1 or both sides, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$71.95	58	-4.50%	-6.41%
41701	Maxillary antrum, proof puncture and lavage of under general anaesthesia (requiring admission to hospital), not being a service associated with a service to which another item in this Group applies (Anaes.)	\$91.90	43	-5.15%	-3.61%



Item	Descriptor	Schedule fee	Services FY 2017/18	5 Year service change % (CAGR)	5 Year benefit change % (CAGR)
41704	Maxillary antrum, lavage of each attendance at which the procedure is performed, including any associated consultation (Anaes.)	\$36.30	209	-0.93%	-4.08%
41740	Frontal sinus, catheterisation of (Anaes.)	\$58.80	28	-18.32%	-25.16%
41743	Frontal sinus, trephine of (Anaes.) (Assist.)	\$337.45	478	-8.57%	-9.12%
41755	Eustachian tube, catheterisation of (Anaes.)	\$46.50	141	25.11%	14.37%
41770	Pharyngeal pouch, removal of, with or without cricopharyngeal myotomy (Anaes.) (Assist.)	\$701.30	64	3.46%	3.44%
41786	Uvulopalatopharyngoplasty, with or without tonsillectomy, by any means (Anaes.) (Assist.)	\$737.00	1,263	-0.73%	-0.61%
41807	Peritonsillar abscess (quinsy), incision of (Anaes.)	\$70.10	146	-4.21%	-5.43%
41810	Uvulotomy or uvulectomy (Anaes.)	\$35.60	145	-3.69%	-1.56%
41813	Vallecular or pharyngeal cysts, removal of (Anaes.) (Assist.)	\$356.35	133	1.09%	-1.16%
41843	Laryngopharyngectomy or primary restoration of alimentary continuity after laryngopharyngectomy using stomach or bowel (Anaes.) (Assist.)	\$1,336.45	6	0.00%	3.31%
41876	Larynx, external operation on, or laryngofissure, with or without cordectomy (Anaes.) (Assist.)	\$587.60	183	27.65%	31.44%
41885	Trache-oesophageal fistula, formation of, as a secondary procedure following laryngectomy, including associated endoscopic procedures (Anaes.) (Assist.)	\$287.90	20	7.39%	13.20%
41886	Trachea, removal of foreign body in (Anaes.)	\$178.05	28	16.59%	12.38%
41907	Nasal septum button, insertion of (Anaes.)	\$122.85	25	5.64%	5.76%
41910	Duct of major salivary gland, transposition of (Anaes.) (Assist.)	\$390.25	39	24.57%	22.45%
45675	Macrocheilia or macroglossia, operation for (Anaes.) (Assist.)	\$483.25	587	6.57%	3.89%