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**Medicare Benefits Schedule Review  
Taskforce**

**Report from the Spinal Surgery  
Clinical Committee**

**June 2017**

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## Important note

The views and recommendations in this review report from the clinical committee have been released for the purpose of seeking the views of stakeholders.

This report does not constitute the final position on these items which is subject to:

△ Stakeholder feedback;

Then

△ Consideration by the MBS Review Taskforce;

Then *if endorsed*

△ Consideration by the Minister for Health; and

△ Government.

Stakeholders should provide comment on the recommendations via the online consultation tool.

### Confidentiality of comments:

If you want your feedback to remain confidential please mark it as such. It is important to be aware that confidential feedback may still be subject to access under freedom of information law.

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## 1. Executive Summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improves 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 The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.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 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 Taskforce has asked the Clinical Committees to undertake the following tasks:

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

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

Although the Spinal Surgery Clinical Committee (the Committee) was established in July 2016, the MBS Review of Spinal Surgery commenced before the Taskforce's establishment with a Spinal Surgery Review Working Group (the Working Group) leading the review since January 2015. When the MBS Review of Spinal Surgery came under the Taskforce's program of work, the Committee was established to provide broad clinician and consumer expertise.

### 1.1 Areas of responsibility of the Spinal Surgery Clinical Committee

The following 74 MBS items were identified for review by the Committee. A full list of items and descriptions are listed in Appendix A.

- △ Therapeutic procedures: Neurological – Spinal Disorders
  - 40300 to 40351 (24 items)
- △ Therapeutic procedures: Orthopaedic – Spine

- 48600 to 48694 (36 items)
- △ Therapeutic procedures: Orthopaedic – Treatment of Fractures
  - 47681 to 47717 (14 items)
- △ Paediatric spinal items are not included (items 50600 to 50644).
  - Based on advice from the Working Group, these 12 items were determined to be better suited to the general review of paediatric services.

## 1.2 Key recommendations

### 1.2.1 *New schedule of MBS items for spinal surgery*

The Committee recommends a new schedule of items for spinal surgery. In practice, the 74 existing items for spinal surgery will be replaced by 59 new items. The complete new schedule of items with its specific structure and guidelines can be found at Section 5.

Data investigation has revealed issues pertinent to spinal surgery, including multiple item claiming and variation in claiming amongst providers. It is hypothesized 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 individual item descriptors are poorly written and can be ambiguous.

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

### 1.2.2 *New rules to underpin the new schedule of MBS items for spinal surgery*

The Committee recommends that the proposed schedule of items for spinal surgery is accompanied by two rules that will underpin the operation of the schedule, as well as a third rule specific to combined anterior and posterior surgery. The three rules are described in Section 6.1.

The rules support the intention that the proposal operates as a system of integrity, preventing inappropriate claiming of multiple items in a single episode of care.

### 1.2.3 *Obsolete items*

The Committee has identified three obsolete items. The Committee recommends these items be removed from the MBS, that is, the items will not be covered by the new spinal surgery schedule. Further detail is provided in Section 7.

## 1.3 Consumer engagement

The Committee's membership includes a consumer representative. The Committee recommendations have been summarised for consumers in Appendix B. The summary describes the

medical service, the recommendation of the clinical experts and why the recommendation has been made for all major changes and proposed new items.

Importantly however, the Committee believes it is important to find out from consumers if they will be helped or disadvantaged by the recommendations – and how, and why. Following the public consultation the Committee will assess the advice from consumers and decide whether any changes are needed to the recommendations. The Committee will then send the recommendations to the MBS Taskforce. The Taskforce will consider the recommendations as well as the information provided by consumers in order to make sure that all the important concerns are addressed. The Taskforce will then provide the recommendation to government.

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

### 2.1 Medicare and the MBS

#### What is Medicare?

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

Introduced in 1984, Medicare has three components:

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

#### What is the MBS?

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

### 2.2 What is the MBS Review Taskforce?

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

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

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on each of these four 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, where possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- △ **Value for the individual patient**—another core objective of the Review is to have a MBS that supports the delivery of services that are appropriate to the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.



- △ **Value for the health system**—achieving the above elements of the vision will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services.

### 2.3 The Taskforce's approach

The Taskforce is reviewing the 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 advise on all aspects which would contribute to a modern, transparent and responsive system. This includes not only making recommendations about new items or services being added to the MBS, but also about a MBS structure that could better accommodate changing health service models.

The Taskforce has made a conscious decision to be ambitious in its approach and seize this unique opportunity to recommend changes to modernise the MBS on 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 the ongoing review of the MBS once the current Review is concluded.

As the Review is to be clinician-led, the Taskforce has decided that the detailed review of MBS items should be done by Clinical Committees. The Committees are broad based in their membership and members have been appointed in their individual capacity, not as representatives of any organisation. This draft report details the work done by the specific Clinical Committee and describes the Committee's recommendations and their rationale.

This report does not represent the final position of the Committee. A consultation process will inform recommendations of the Committee and assist it in finalising its report to the MBS Review Taskforce.

Following consultation, the Committee will provide its final advice to the MBS Review Taskforce. The Taskforce will consider the Review Report from Clinical Committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

### 3. About the Spinal Surgery Clinical Committee

The Spinal Surgery Clinical Committee (the Committee) was established in July 2016.

The origins of the MBS Review of Spinal Surgery stem back to 2014, before the establishment of the MBS Review Taskforce. At this time, spinal fusion/discectomy for back pain was identified as appropriate for MBS review at a Safety, Quality and Sustainability (SQS) Forum meeting (the SQS Forum assisted the Department to identify services for review). At the same time as, the issue of claiming multiple surgical item numbers for a single episode of care was found pertinent to spinal surgery practice when compared to other surgical areas. This prompted the Department's proposal that all spinal surgery items (excluding paediatric items) be included in a review, to assess whether they represent contemporary clinical practice, and whether some items needed to be consolidated or re-worded to remove ambiguity and clarify 'complete' medical services.

The proposal to review the MBS items for spinal surgery was ultimately agreed to by the specialist medical profession in February 2015, when the Department met with the spinal surgery Review Working Group (the Working Group). Membership of the Working Group includes representatives from the Australian Orthopaedic Association (AOA), the Neurosurgical Society of Australasia (NSA), Spine Society of Australia (SSA), Australian Society of Orthopaedic Surgeons (ASOS), Royal Australasian College of Surgeons (RACS) and Australian Medical Association (AMA).

Since February 2015, the review has remained clinician led, with the Working Group meeting independently to develop a new schedule of items for spinal surgery (further discussed in Section 5).

Regarding any review of evidence, the 2015 Department policy decision for the spinal surgery review not to focus on a review of effectiveness should be noted. This decision was informed by an independent high-level literature overview completed at the time. The Working Group were advised that the most appropriate pathway for new services, not currently claimed under current spinal surgery items, is an application to the Medical Services Advisory Committee (MSAC).

Following the establishment of the MBS Review Taskforce it was decided that to fulfil the requirements of the broader program of work being complete across the entire MBS, additional steps were required for the MBS Review of Spinal Surgery including:

1. Review and input by a clinical committee comprising broad clinical and consumer membership; and
2. Public consultation.

### 3.1 Committee members

**Table A: Spinal Surgery Clinical Committee Members**

<b>Name</b>	<b>Position/Organisation</b>	<b>Declared conflict of interest</b>
Dr Michael Johnson (Chair)	Orthopaedic Spinal Surgeon, Epworth Hospital, Melbourne; Chair of Professional Development and Standards, Australian Orthopaedic Association; Executive member, Spine Society of Australia	Provider of MBS services
Dr Mark Davies	Head of Department, Neurosurgery, St George Hospital; Chairman, Surgical Education and Training Board in Neurosurgery, Royal Australasian College of Surgeons/Neurosurgical Society of Australasia	Provider of MBS services
Dr Lawrie Malisano	Orthopaedic Surgeon	Provider of MBS services
A/Prof Richard O'Brien	Rheumatologist	Provider of MBS services
A/Prof Geoff Askin	Orthopaedic Spinal Surgeon, Mater Private Hospital & Lady Cilento Children's Hospital, Brisbane.	Provider of MBS services
Dr Janet Wale	MBS Review Representative Consumer; Previous Chair HTAi Patient and Citizen Involvement Interest Groups; Cochrane Consumer Network	Nil

## 3.2 Working Group members

**Table B: Spinal Surgery Review Working Group Members**

<b>Name</b>	<b>Organisation</b>
Dr Michael Johnson (Chair)	Australian Orthopaedic Association
Dr Mark Davies	Neurosurgical Society of Australasia
Dr Peter Wilde	Australian Society of Orthopaedic Surgeons
Dr Graeme Brazenor	Royal Australian College of Surgeons
Dr Rob Kuru	Australian Medical Association
Dr Peter Woodland	Spine Society of Australia
Dr William Sears	Spine Society of Australia
Dr Andrew Kam	Neurosurgical Society of Australasia
Dr Matthew McDonald	Neurosurgical Society of Australasia
Dr Peter Turner	Australian Orthopaedic Association

All Working Group members listed in Table B are spinal surgeons and participated in the review as a representative of the listed organisations.

## 3.3 Conflicts of interest

All members of the Taskforce, Clinical Committees and Working Groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declaration periodically.

## 4. Areas of responsibility of the Committee

The following 74 MBS items were identified for review by the Clinical Committee. A full list of items and descriptions is provided in Appendix A.

- △ Therapeutic procedures: Neurological – Spinal Disorders
  - 40300 to 40351 (24 items)
- △ Therapeutic procedures: Orthopaedic – Spine
  - 48600 to 48694 (36 items)
- △ Therapeutic procedures: Orthopaedic – Treatment of Fractures
  - 47681 to 47717 (14 items)
- △ Paediatric spinal items are not included (50600 to 50644).
  - Based on advice from the Working Group, these 12 items were determined to be better suited to the general review of paediatric services.

## 5. Proposed new MBS schedule of items for spinal surgery

### 5.1 Current MBS items for spinal surgery

#### 5.1.1 Issues

Data investigation of the current items for spinal surgery revealed the practice of surgeons claiming multiple spinal surgery items per episode of care, and there are variations in how combinations of items are claimed amongst providers. Section 5.1.2 provides further detail.

For the purposes of this report an episode of care includes services provided to a single patient on the same day, by the same provider. The issues of multiple item claiming and variation together suggest patients undergoing spinal surgery might receive different levels of Medicare benefits depending on the billing practice of their surgeon.

The Working Group identified many issues with the current schedule of spinal surgery items, including that:

- △ The current schedule of items is antiquated and does not reflect current spinal surgery practice.
- △ The current schedule mostly divides items by technique, anatomical site and pathology, leading to considerable variation in item utilisation.
- △ Current item descriptors are poorly written and can be ambiguous.
- △ Some current items represent inappropriate relative value.
- △ There is a lack of fit-for-purpose item numbers for procedures.

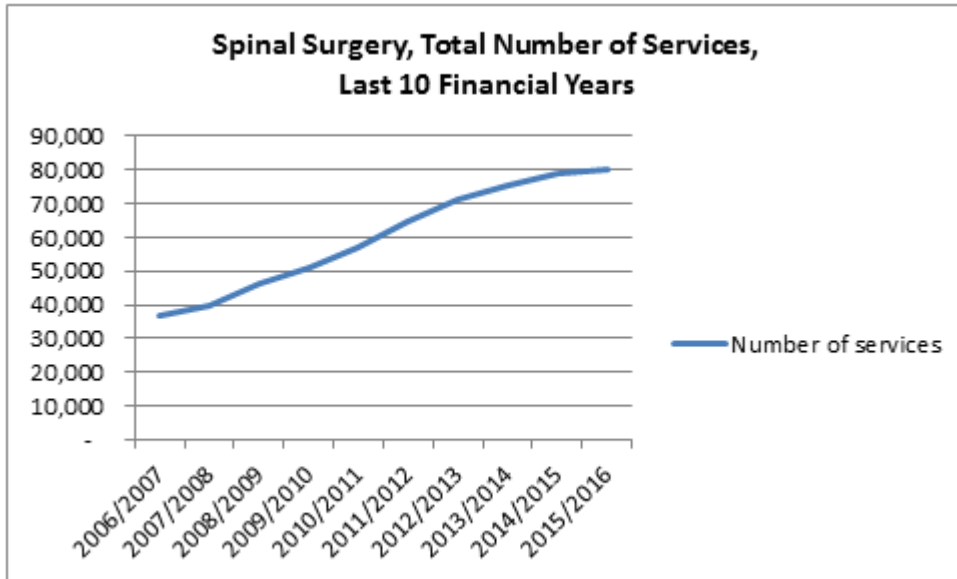
It is hypothesized that these issues have led to an inadequate system where the practice of claiming multiple items, as well as item claiming variation amongst providers, can prevail.

### 5.1.2 MBS data

Figure 1, Figure 2, Figure 3 and Table C provide analysis of data for the MBS items for spinal surgery (items 40300 to 40351; 47681 to 47717; and 48600 to 48694).

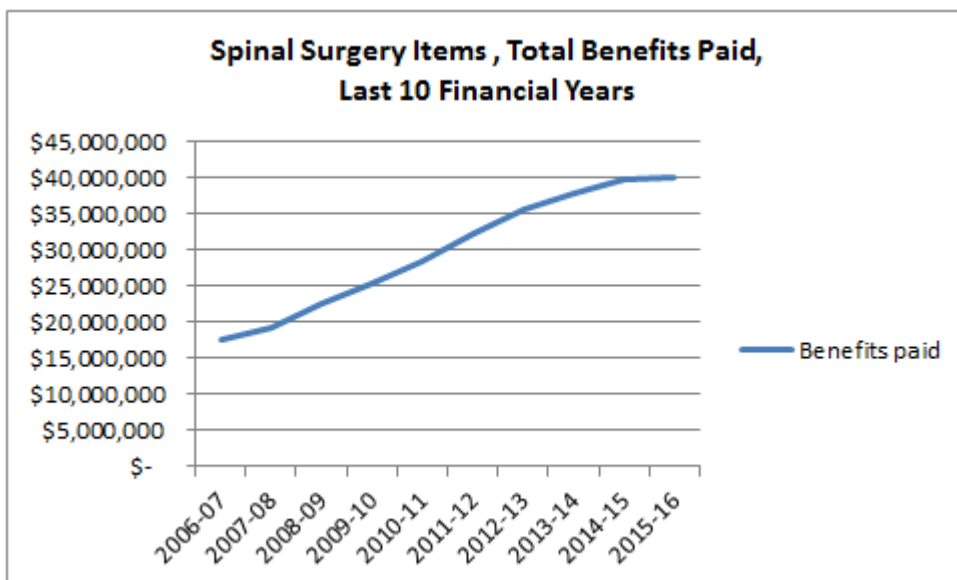
Figure 1 and Figure 2 show the total number of services and total benefits paid (i.e. total Medicare expenditure) for the 74 spinal surgery items considered by the Committee. In the 2015-16 financial year, the 74 spinal items accounted for 79,934 services at a cost of \$39.986 million to the MBS.

**Figure 1: MBS Items for Spinal Surgery, Total number of services, by financial year (2006-07 to 2015-16).**



Source: Department of Health, unpublished data, date of processing, accessed on 10 October 2016

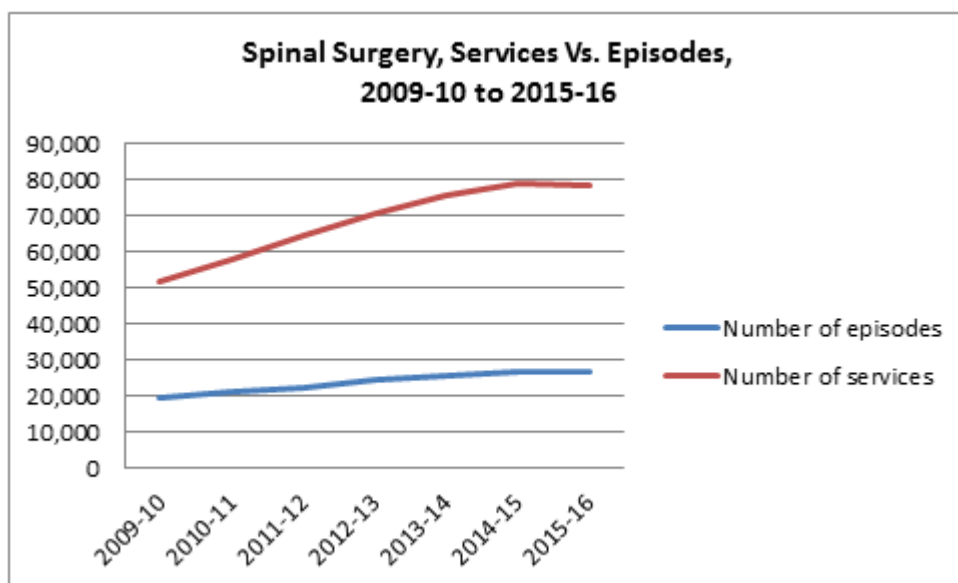
**Figure 2: MBS Items for Spinal Surgery, Total benefits paid, by financial year (2006-07 to 2015-16).**



Source: Department of Health, unpublished data, date of processing, accessed on 10 October 2016

Figure 3 shows that for each financial year between 2009-10 and 2015-16, there were nearly three times as many services compared to episodes, where an episode is defined as spinal surgery services provided to the same patient, on the same day by the same provider. The ratio of services to episodes has increased from 2.64 in 2009-10 to 2.95 in 2015-16.

**Figure 3: MBS Items for Spinal Surgery, Total number of services and Total number of episodes, by financial year (2009-10 to 2015-16).**



Source: Department of Health, unpublished data, based on date of service using data processed up to 30 September 2016

Table C lists the top 10 combinations of items for spinal surgery, as the most common groupings/ways the items are claimed together. The combinations are limited to spinal surgery items. Table C shows that the top 10 item combination strings accounted for 52.6% of episodes in 2015-16. Of note, however, is that there were 1,581 different item combination strings that accounted for the remaining 47.4% of episodes.

**Table C: MBS Items for Spinal Surgery, Top 10 item combinations, 2015-16.**

Item combination	Number of episodes
40306,40330	2,926
40301,40330	2,518
40303,40330	2,225
40301,40303,40330	1,922
40300,40301,40330	1,262
40301,40306,40330	1,172
40301,40330,48660,48684	717
40300,40330	565
40306,40330,48648,48684	396
40301,40330,48669,48684	333

Source: Department of Health, unpublished data, based on date of service using data processed up to 30 September 2016



## 5.2 Recommended new MBS schedule of items for spinal surgery

The Committee endorsed the Working Groups proposal to replace the existing 74 items for spinal surgery with a new schedule of 59 items. The Committee also endorsed new rules to underpin the new schedule of items, further discussed at Section 6.1.

### Recommendation 1

The Committee recommends that the current 74 items for spinal surgery (listed in Appendix A) are replaced by a new schedule of 59 items for spinal surgery, as outlined on pages 16 to 24.

Section 5.1 outlines the issues with the current 74 items for spinal surgery, which are the basis of the recommendation to replace the 74 existing items available with a new system of item claiming for spinal surgeons.

Together with meeting the goals of the Taskforce, the recommended new schedule of 59 items for spinal surgery seeks to:

- △ Accurately describe current spinal surgery practice.
- △ Increase uniformity of item utilisation for single procedures (e.g. discectomy).
- △ Reduce the total number of items.
- △ Improve relative value.

## **Proposed Schedule of Items for Adult Spinal Surgery**

- △ These item numbers are used for all adult spinal pathologies including degenerative disease, infection, deformity (scoliosis and kyphosis), trauma, inflammatory conditions, primary and secondary vertebral column neoplasia.
- △ Paediatric deformity surgery and spinal implants for pain relief are covered by the existing schedule.

### ***Guidelines***

- △ For decompression procedures only one item is selected (from Table 1).
- △ For posterolateral spinal fusion without instrumentation, if a decompression is combined with the fusion, two item numbers are selected (with one number each from Tables 1 and 3).
- △ For posterolateral spinal fusion with instrumentation, two item numbers are selected (with one number each from Tables 2 and 3). If decompression is also performed, three items are selected (from each of Tables 1,2 and 3).
- △ For instrumented spinal fusion with interbody and posterolateral bone graft (with or without cages) and decompression, four item numbers are selected (with one number each from Tables 1, 2, 3 and 4).
- △ Combined anterior and posterior surgeries completed under one anaesthetic are billed using Table 6.
- △ Operations at two separate anatomical locations of the spine completed under one anaesthetic are billed as one operation.

### ***Rules (Discussed further at recommendation 2).***

- △ One item can be selected from each table, except for special items in Table 8. If the item description is not completed in full, the item number should not be used. It is not appropriate to use an item which is a “best guess” or approximate to what was done.
- △ Item numbers from the Spinal Section of the MBS cannot be combined with item numbers from other sections of the MBS.
- △ If an item is selected from Table 6, items from Tables 2, 3 or 4 cannot be combined with it. Table 6 assumes that a front and back combined procedure includes anterior and posterior bone grafting and instrumentation.

**Table 1 Spinal Decompression (cervical, thoracic and lumbar)**

Includes discectomy, decompression of central spinal canal by laminectomy or partial corpectomy (vertebral spurs and osteophytes; less than 50% of the vertebral body), and decompression of the subfacetal recess, the exit foramen and far lateral (intertransverse) space. If more than 50% of a vertebral body is resected (piecemeal vertebrectomy) an item number from Table 5 can also be selected.

**A motion segment** includes all anatomical structures (including traversing and exiting nerve roots) between and including the pedicles of two adjacent vertebrae.

**Table 1: Only one item number can be selected**

<b>Item</b>	<b>Item descriptor</b>
101	Spinal decompression via partial or total laminectomy or partial vertebrectomy, 1 motion segment (Anaes.) (Assist.)
102	Spinal decompression via partial or total laminectomy or partial vertebrectomy, 2 motion segments (Anaes.) (Assist.)
103	Spinal decompression via partial or total laminectomy or partial vertebrectomy, 3 motion segments (Anaes.) (Assist.)
104	Spinal decompression via partial or total laminectomy or partial vertebrectomy, 4 motion segments (Anaes.) (Assist.)
105	Spinal decompression via partial or total laminectomy or partial vertebrectomy, more than 4 motion segments (Anaes.) (Assist.)

## Table 2 Spinal instrumentation (cervical, thoracic and lumbar)

Includes anterior and/or posterior instrumentation.

A motion segment includes all anatomical structures between and including the pedicles of two adjacent vertebrae. For example, a L4/5 instrumented fusion represents a fusion of a single motion segment.

**Table 2: Only one item number can be selected**

Item	Item descriptor
200	Simple fixation of part of one vertebra (not motion segment) including pars interarticularis, spinous process or pedicle or simple interspinous wiring between two adjacent vertebral levels (Anaes.) (Assist.)
201	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 1 motion segment (Anaes.) (Assist.)
202	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 2 motion segments (Anaes.) (Assist.)
203	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 3 or 4 motion segments (Anaes.) (Assist.)
204	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 5 or 6 motion segments (Anaes.) (Assist.)
205	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, 7 to 12 motion segments (Anaes.) (Assist.)
206	Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than 12 motion segments (Anaes.) (Assist.)

**Table 3 Posterior and/or Posterolateral (intertransverse or facet joint) bone graft (cervical, thoracic and lumbar)**

Includes local morcellized, artificial or harvested bone graft with or without BMP (bone morphogenic protein).

A motion segment includes all anatomical structures between and including the pedicles of two adjacent vertebrae.

**Table 3: Only one item number can be selected**

<b>Item</b>	<b>Item descriptor</b>
301	SPINE, bone graft to, 1 motion segment (Anaes.) (Assist.)
302	SPINE, bone graft to, 2 motion segments (Anaes.) (Assist.)
303	SPINE, bone graft to, 3 motion segments (Anaes.) (Assist.)
304	SPINE, bone graft to, 4 to 7 motion segments (Anaes.) (Assist.)
305	SPINE, bone graft to, 8 to 11 motion segments (Anaes.) (Assist.)
306	SPINE, bone graft to, 12 or more motion segments (Anaes.) (Assist.)

**Table 4 Anterior column fusion, with or without implant, or limited vertebrectomy (less than 50%) and anterior fusion, (cervical, thoracic and lumbar), via any approach.**

Includes placement of local morcellized, artificial, harvested bone graft, BMP (bone morphogenic protein) and prosthetic devices into the intervertebral space.

A motion segment includes all anatomical structures between and including the pedicles of two adjacent vertebrae.

Numbers from this table are selected irrespective of surgical approach (anterior, direct lateral or posterior via open or minimally invasive techniques).

**Table 4: Only one item number can be selected**

Item	Item descriptor
401	SPINAL FUSION (anterior, direct lateral or posterior interbody) 1 motion segment (Anaes.) (Assist.)
402	SPINAL FUSION (anterior, direct lateral or posterior interbody) 2 motion segments (Anaes.) (Assist.)
403	SPINAL FUSION (anterior, direct lateral or posterior interbody) 3 motion segments (Anaes.) (Assist.)
404	SPINAL FUSION (anterior, direct lateral or posterior interbody) 4 motion segments (Anaes.) (Assist.)
405	SPINAL FUSION (anterior, direct lateral or posterior interbody) 5 or more motion segments (Anaes.) (Assist.)

### Table 5 Spinal Osteotomy (cervical, thoracic and lumbar)

Major resection of sacral and pelvic tumours (malignant and benign) is covered by the existing schedule under subheading 'Orthopaedic Malignant Disease' (item numbers 50221 and 50224) or by using item numbers from the above five tables. A surgeon must not combine items from this section of 'Adult Spinal Surgery' with items from 'Orthopaedic Malignant Disease'.

**Table 5: Only one item number can be selected**

Item	Item descriptor
501	Pedicle Subtraction Osteotomy, 1 motion segment  (not to be used with item numbers from Table 4 at the same motion segment) (Anaes.) (Assist.)
502	Pedicle Subtraction Osteotomy, 2 motion segments  (not to be used with item numbers from Table 4 at the same motion segment) (Anaes.) (Assist.)
503	Vertebral Column Resection Osteotomy performed through single posterior approach, 1 motion segment  (not to be used with item numbers from Table 4 at the same motion segment) (Anaes.) (Assist.)
504	VERTEBRAL BODY, piece meal <sup>1</sup> or subtotal excision of, 1 vertebra (not to be combined with item number from Table 1) (Anaes.) (Assist.)
505	VERTEBRAL BODY, piece meal <sup>1</sup> or subtotal excision of, 2 vertebrae (not to be combined with item number from Table 1) (Anaes.) (Assist.)
506	VERTEBRAL BODY, piece meal <sup>1</sup> or subtotal excision of, 3 or more vertebrae (not to be combined with item number from Table 1) (Anaes.) (Assist.)
507	VERTEBRAL BODY, en bloc excision of (complete spondylectomy), 1 vertebra (not to be combined with item number from Table 1) (Anaes.) (Assist.)
508	VERTEBRAL BODY, en bloc excision of (complete spondylectomy), 2 vertebrae (not to be combined with item number from Table 1) (Anaes.) (Assist.)
509	VERTEBRAL BODY, en bloc excision of (complete spondylectomy), 3 or more vertebrae (not to be combined with item number from Table 1) (Anaes.) (Assist.)

<sup>1</sup> piecemeal vertebrectomy is defined as removal of more than 50% of the vertebral body. If less than 50% of the vertebral body is removed an appropriate number from Table 4 should be used.

## **Table 6 Anterior and Posterior (Combined) Spinal Fusion under One Anaesthetic via Separate Incisions**

If Table 6 is used, items numbers from Table 2, 3 or 4 cannot be combined. Table 6 assumes that a front and back combined procedure includes anterior and posterior bone grafting and instrumentation.

The numbers in this table don't assume a laminectomy or spinal osteotomy are necessarily performed.

From now, if canal decompression is performed (from either a front or back approach) a single number from Table 1 is added.

Similarly, if a spinal osteotomy is performed as part of the combined front and back procedure, a single number from Table 5 is added.

**Table 6: Only one item number can be selected**

<b>Item</b>	<b>Item descriptor</b>
601	SPINE FUSION, anterior and posterior, 1 motion segment (Anaes.) (Assist.)
602	SPINE FUSION, anterior and posterior, 2 motion segments (Anaes.) (Assist.)
603	SPINE FUSION, anterior and posterior, 3 motion segments (Anaes.) (Assist.)
604	SPINE FUSION, anterior and posterior, 4 to 7 motion segments (Anaes.) (Assist.)
605	SPINE FUSION, anterior and posterior, 8 to 11 motion segments (Anaes.) (Assist.)
606	SPINE FUSION, anterior and posterior, 12 or more motion segments (Anaes.) (Assist.)

**Note:** The number of levels chosen is based on the extent of posterior bone grafting and fusion. For example, a 4 level anterior release and bone graft with T3-12 posterior instrumentation and posterolateral bone graft is billed as an 8 level procedure, namely Item 605.

If a laminectomy is included in the procedure, an Item from Table 1 is added depending on the number of levels that were decompressed.

Similarly, if a spinal osteotomy is undertaken as part of the front and back combined procedure then a number from Table 5 is added.



**Table 7 Intradural Procedures****Table 7: Only one item number can be selected**

Item	Item descriptor
701	Removal of INTRADURAL LESION (Anaes.) (Assist.)
702	CRANIOCERVICAL JUNCTION LESION, transoral approach for (Anaes.) (Assist.)
703	Removal of INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION (Anaes.) (Assist.)

**Table 8 Miscellaneous Spinal Procedures (cervical, thoracic and lumbar)****Table 8: One or more item number(s) can be selected**

Item	Item descriptor
802	THORACOPLASTY in combination with thoracic scoliosis correction - 3 or more ribs (Anaes.) (Assist.)
803	ODONTOID screw fixation (Anaes.) (Assist.)  (Not to be used with other item numbers)
810	SPINE, treatment of fracture, dislocation or fracture-dislocation, with immobilisation by calipers or halo (Anaes.)
811	SKULL CALIPERS or HALO, insertion of, as an independent procedure (Anaes.)
812	PLASTER JACKET, application of, as an independent procedure (Anaes.)
813	HALO, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)
814	HALO-THORACIC Orthosis - application of both halo and thoracic jacket (Anaes.)
815	HALO-FEMORAL TRACTION, as an independent procedure (Anaes.)
820	BONE GRAFT, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion (Anaes.)
830	Lumbar artificial intervertebral total disc replacement, at 1 motion segment only, including removal of disc and marginal osteophytes, for a patient who:  (a) has not had prior spinal fusion surgery at the same lumbar level; and

Item	Item descriptor
	(b) does not have vertebral osteoporosis; and (c) has failed conservative therapy (Anaes.) (Assist.)
831	Cervical artificial intervertebral total disc replacement, at 1 motion segment only, including removal of disc and marginal osteophytes, for a patient who:  (a) has not had prior spinal surgery at the same cervical level; and  (b) is skeletally mature; and  (c) has symptomatic degenerative disc disease with radiculopathy; and  (d) does not have vertebral osteoporosis; and  (e) has failed conservative therapy (Anaes.) (Assist.)
840	Previous Spinal Fusion, re-exploration for, involving adjustment or removal of instrumentation up to 4 vertebral levels
841	Previous Spinal Fusion, re-exploration for, involving adjustment or removal of instrumentation more than 4 vertebral levels
845	Wound debridement or excision for post-operative infection or haematoma following spinal surgery
850	Coccyx, excision of
860	Anterior exposure of thoracic or lumbar spine <sup>2</sup>
870	Syringomyelia or Hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local Cerebrospinal Fluid Shunt
871	Syringomyelia or Hydromyelia, treatment by direct Cerebrospinal Fluid Shunt e.g. Syringosubarachnoid shunt, Syringopleural shunt, Syringoperitoneal shunt

<sup>2</sup> If the spine surgeon performs his or her own exposure to the thoracic or lumbar spine then this item number is added to the item numbers used for the overall surgery. If an exposure surgeon is used at any time during the procedure, then this number is used in isolation by the exposure surgeon. If the exposure surgeon needs to perform complex non spinal surgery, they may use a more appropriate number but not in combination with 860. If an exposure surgeon claims a number from any section of the MBS Schedule, the spinal surgeon cannot claim number 860.

## 6. Recommendation impact statement

The recommendations to replace current spinal surgery items with a new schedule of 59 items and add three rules to the health regulations will benefit:

- △ Providers, as they will have a system that offers greater clarity and usability, with items that better describe the surgery they undertake.
- △ Patients, as there will be reduced variation in Medicare benefits provided for the same surgery.

### 6.1 Recommended rules to underpin the new MBS schedule of items for spinal surgery

#### Recommendation 2

The Committee recommends that the proposed schedule of items for spinal surgery (see Section 5.2) is accompanied by two rules that will underpin the operation of the schedule, as well as a third rule specific to combined anterior and posterior surgery.

The rules are as follows:

- △ **An item from Tables 1 to 7 cannot be claimed with another item from the same table.**
  - In practice, if item 101 is claimed from Table 1, items 102, 103, 104 and 105 will be ineligible for Medicare benefits.
  - Table 8 is excluded from this rule, i.e. one or more items can be claimed from Table 8.
- △ **Items from the spinal surgery schedule cannot be claimed with any other item in the MBS outside the spinal surgery schedule.**
  - In practice, if a surgeon claims a spinal surgery item, for example item 101, all other items in the MBS, for example other neurosurgery items, will be ineligible for Medicare benefits.
  - Paediatric spine surgery items are excluded from this rule (MBS items 50600 to 50644).
- △ **An item from Table 6 cannot be claimed with another item from Tables 2, 3 or 4.**
  - In practice, a surgeon undertaking anterior and posterior (combined) spinal fusion under a single anaesthetic should claim the appropriate item in Table 6. Additional items from Tables 2, 3 and 4 will be ineligible for Medicare benefits.
  - Table 6 assumes that an anterior and posterior combined procedure includes anterior and posterior bone grafting and instrumentation.

The rules support the intention that the proposal operates as a system of integrity, improving uniformity in claiming and preventing misuse of the MBS by inappropriate claiming of multiple items in a single episode of care.

## 7. Obsolete Items

After a review of the items and the associated MBS data, three MBS items were identified as obsolete. They are not covered by the new spinal surgery schedule.

### Recommendation 3

The Committee recommends that items 40336, 48600 and 48603 listed below are removed from the MBS as they are obsolete.

**Table D: Item descriptor, schedule fee and services for spinal surgery items identified as obsolete**

Item	Item descriptor	Schedule fee (\$)	Services (2015-16)
<b>40336</b>	INTRADISCAL INJECTION OF CHYMOPAPAIN (DISCASE) - 1 disc (Anaes.) (Assist.)	315.90	0
<b>48600</b>	SPINE, MANIPULATION OF, performed in the operating theatre of a hospital (Anaes.)	94.00	75
<b>48603</b>	SPINE, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital, not being a service associated with a service to which item 48600 or 50115 applies (Anaes.)	141.25	11

Source: Department of Human Services, date of processing

## 8. Glossary

<b>Term</b>	<b>Description</b>
<b>Department, The</b>	Australian Government Department of Health
<b>DHS</b>	Australian Government Department of Human Services
<b>MBS item</b>	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, comprising an item number, service descriptor and supporting information, Schedule fee and Medicare benefits.
<b>MBS service</b>	The actual medical consultation, procedure, test to which the relevant MBS item refers.
<b>MSAC</b>	Medical Services Advisory Committee
<b>Multiple operation rule</b>	<p>A rule governing the amount of Medicare benefit payable for multiple operations performed on a patient on the one occasion. In general, the fees for two or more operations are calculated by the following rule:</p> <ul style="list-style-type: none"><li>- 100% for the item with the greatest Schedule fee</li><li>- plus 50% for the item with the next greatest Schedule fee</li><li>- plus 25% for each other item.</li></ul>
<b>Obsolete services</b>	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.

## Appendix A      **MBS Items considered by the Spinal Surgery Clinical Committee**

**Table A1:** MBS items considered by the committee – group T8 – Surgical Operations

<b>Item</b>	<b>Item descriptor</b>
40300	INTERVERTEBRAL DISC OR DISCS, partial or total laminectomy for removal of (Anaes.) (Assist.) <b>Fee:</b> \$955.00 <b>Benefit:</b> 75% = \$716.25
40301	INTERVERTEBRAL DISC OR DISCS, microsurgical partial or total discectomy of (Anaes.) (Assist.) <b>Fee:</b> \$958.00 <b>Benefit:</b> 75% = \$718.50
40303	RECURRENT DISC LESION OR SPINAL STENOSIS, or both, partial or total laminectomy for - 1 level (Anaes.) (Assist.) <b>Fee:</b> \$1,090.35 <b>Benefit:</b> 75% = \$817.80
40306	SPINAL STENOSIS, partial or total laminectomy for, involving more than 1 vertebral interspace (disc level) (Anaes.) (Assist.) <b>Fee:</b> \$1,436.30 <b>Benefit:</b> 75% = \$1,077.25
40309	EEXTRADURAL TUMOUR OR ABSCESS, partial or total laminectomy for (Anaes.) (Assist.) <b>Fee:</b> \$1,090.35 <b>Benefit:</b> 75% = \$817.80
40312	INTRADURAL LESION, partial or total laminectomy for, not being a service to which another item in this Group applies (Anaes.) (Assist.) <b>Fee:</b> \$1,466.30 <b>Benefit:</b> 75% = \$1,099.75
40315	CRANIOCERVICAL JUNCTION LESION, transoral approach for (Anaes.) (Assist.) <b>Fee:</b> \$1,586.75 <b>Benefit:</b> 75% = \$1,190.10

Item	Item descriptor
40316	ODONTOID screw fixation (Anaes.) (Assist.) <b>Fee:</b> \$2,079.75 <b>Benefit:</b> 75% = \$1,559.85
40318	INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION, partial or total laminectomy and radical excision of (Anaes.) (Assist.) <b>Fee:</b> \$1,985.30 <b>Benefit:</b> 75% = \$1,489.00
40321	POSTERIOR SPINAL FUSION, not being a service to which items 40324 and 40327 apply (Anaes.) (Assist.) Fee: \$1,090.35    Benefit: 75% = \$817.80
40324	PARTIAL OR TOTAL LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, performed by neurosurgeon and orthopaedic surgeon operating together – laminectomy, including aftercare (Anaes.) (Assist.) Fee: \$639.20    Benefit: 75% = \$479.40
40327	PARTIAL OR TOTAL LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, performed by neurosurgeon and orthopaedic surgeon operating together – posterior fusion, including aftercare (Assist.) Fee: \$639.20    Benefit: 75% = \$479.40
40330	SPINAL RHIZOLYSIS involving exposure of spinal nerve roots – for lateral recess, exit foraminal stenosis, adhesive radiculopathy or extensive epidural fibrosis, at 1 or more levels – with or without partial or total laminectomy (Anaes.) (Assist.) Fee: \$955.00    Benefit: 75% = \$716.25

Item	Item descriptor
40331	<p>CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, without fusion, 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)</p> <p>Fee: \$955.00    Benefit: 75% = \$716.25</p>
40332	<p>CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, including anterior fusion, 1 level, not being a service to which item 40330 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,558.30    Benefit: 75% = \$1,168.75</p>
40333	<p>CERVICAL PARTIAL OR TOTAL DISCECTOMY (ANTERIOR), without fusion (Anaes.) (Assist.)</p> <p>Fee: \$797.10    Benefit: 75% = \$597.85</p>
40334	<p>CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, without fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,053.90    Benefit: 75% = \$790.45</p>
40335	<p>CERVICAL DECOMPRESSION of spinal cord with or without involvement of nerve roots, including anterior fusion, more than 1 level, by any approach, not being a service to which item 40330 applies (Anaes.) (Assist.)</p> <p>Fee: \$1,935.60    Benefit: 75% = \$1,451.70</p>
40336	<p>INTRADISCAL INJECTION OF CHYMOPAPAIN (DISCASE) - 1 disc (Anaes.) (Assist.)</p> <p>(See para T8.72 of explanatory notes to this Category)</p> <p>Fee: \$315.90    Benefit: 75% = \$236.95</p>



Item	Item descriptor
40339	HYDROMYELIA, plugging of obex for, with or without duroplasty (Anaes.) (Assist.) Fee: \$1,586.75 Benefit: 75% = \$1,190.10
40342	HYDROMYELIA, craniotomy and partial or total laminectomy for, with cavity packing and CSF shunt (Anaes.) (Assist.) Fee: \$1,466.30 Benefit: 75% = \$1,099.75
40345	THORACIC DECOMPRESSION of spinal cord with or without involvement of nerve roots, via pedicle or costotransversectomy (Anaes.) (Assist.) Fee: \$1,365.00 Benefit: 75% = \$1,023.75
40348	THORACIC DECOMPRESSION of spinal cord via thoracotomy with vertebrectomy, not including stabilisation procedure (Anaes.) (Assist.) Fee: \$1,733.10 Benefit: 75% = \$1,299.85
40351	THORACO-LUMBAR or high lumbar anterior decompression of spinal cord, not including stabilisation procedure (Anaes.) (Assist.) Fee: \$1,733.10 Benefit: 75% = \$1,299.85
47681	SPINE (excluding sacrum), treatment of fracture of transverse process, vertebral body, or posterior elements - each attendance Fee: \$43.00 Benefit: 75% = \$32.25 85% = \$36.55
47684	SPINE, treatment of fracture, dislocation or fracture-dislocation, without spinal cord involvement, with immobilisation by calipers or halo (Anaes.) (Assist.)

Item	Item descriptor
	Fee: \$753.25    Benefit: 75% = \$564.95    85% = \$673.75
47687	<p>SPINE, treatment of fracture, dislocation or fracture-dislocation, with spinal cord involvement, with immobilisation by calipers or halo, and including up to 14 days post-operative care (Assist.)</p> <p>Fee: \$1,317.80    Benefit: 75% = \$988.35</p>
47690	<p>SPINE, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, with immobilisation by calipers or halo, requiring reduction by closed manipulation (Anaes.) (Assist.)</p> <p>Fee: \$1,035.55    Benefit: 75% = \$776.70</p>
47693	<p>SPINE, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, with immobilisation by calipers or halo, requiring reduction by closed manipulation, including up to 14 days post-operative care (Assist.)</p> <p>Fee: \$1,317.80    Benefit: 75% = \$988.35</p>
47696	<p>SPINE, reduction of fracture or dislocation of, without cord involvement, undertaken in the operating theatre of a hospital (Anaes.) (Assist.)</p> <p>Fee: \$376.55    Benefit: 75% = \$282.45</p>
47699	<p>SPINE, treatment of fracture, dislocation or fracture-dislocation, without cord involvement, requiring open reduction with or without internal fixation (Anaes.) (Assist.)</p> <p>Fee: \$1,506.45    Benefit: 75% = \$1,129.85</p>

Item	Item descriptor
47702	SPINE, treatment of fracture, dislocation or fracture-dislocation, with cord involvement, requiring open reduction with or without internal fixation, including up to 14 days post-operative care (Anaes.) (Assist.)  Fee: \$1,882.95 Benefit: 75% = \$1,412.25
47703	SKULL, treatment of fracture of, each attendance  Fee: \$43.00 Benefit: 75% = \$32.25 85% = \$36.55
47705	SKULL CALIPERS, insertion of, as an independent procedure (Anaes.) (Assist.)  Fee: \$282.35 Benefit: 75% = \$211.80
47708	PLASTER JACKET, application of, as an independent procedure (Anaes.)  Fee: \$216.50 Benefit: 75% = \$162.40 85% = \$184.05
47711	HALO, application of, as an independent procedure (Anaes.) (Assist.)  Fee: \$320.15 Benefit: 75% = \$240.15
47714	HALO, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)  Fee: \$240.05 Benefit: 75% = \$180.05
47717	HALO-THORACIC TRACTION - application of both halo and thoracic jacket (Anaes.) (Assist.)  Fee: \$423.75 Benefit: 75% = \$317.85
48600	SPINE, MANIPULATION OF, performed in the operating theatre of a hospital (Anaes.)

Item	Item descriptor
	Fee: \$94.00    Benefit: 75% = \$70.50
48603	<p>SPINE, manipulation of, under epidural anaesthesia, with or without steroid injection, where the manipulation and the administration of the epidural anaesthetic are performed by the same medical practitioner in the operating theatre of a hospital, not being a service associated with a service to which item 48600 or 50115 applies (Anaes.)</p> <p>Fee: \$141.25    Benefit: 75% = \$105.95</p>
48606	<p>SCOLIOSIS or KYPHOSIS, spinal fusion for (without instrumentation) (Anaes.) (Assist.)</p> <p>Fee: \$1,317.80    Benefit: 75% = \$988.35</p>
48612	<p>SCOLIOSIS, spinal fusion for, using segmental instrumentation (C D, Zielke, Luque, or similar) (Anaes.) (Assist.)</p> <p>Fee: \$2,447.85    Benefit: 75% = \$1,835.90</p>
48613	<p>SCOLIOSIS OR KYPHOSIS, spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches (Anaes.) (Assist.)</p> <p>Fee: \$3,481.80    Benefit: 75% = \$2,611.35</p>
48615	<p>SCOLIOSIS, re-exploration for, involving adjustment or removal of instrumentation or simple bone grafting procedure (Anaes.) (Assist.)</p> <p>Fee: \$442.45    Benefit: 75% = \$331.85</p>
48618	<p>SCOLIOSIS, revision of failed scoliosis surgery, involving more than 1 of multiple osteotomy, fusion or instrumentation (Anaes.) (Assist.)</p>

Item	Item descriptor
	Fee: \$2,447.85 Benefit: 75% = \$1,835.90
48621	SCOLIOSIS, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke, or similar) - not more than 4 levels (Anaes.) (Assist.)  Fee: \$1,600.65 Benefit: 75% = \$1,200.50
48624	SCOLIOSIS, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels (Anaes.) (Assist.)  Fee: \$1,977.20 Benefit: 75% = \$1,482.90
48627	SCOLIOSIS, spinal fusion for, combined with segmental instrumentation (C D, Zielke or similar) down to and including pelvis (Anaes.) (Assist.)  Fee: \$2,541.85 Benefit: 75% = \$1,906.40
48630	SCOLIOSIS, requiring anterior decompression of spinal cord with resection of vertebrae including bone graft and instrumentation in the presence of spinal cord involvement (Anaes.) (Assist.)  Fee: \$2,824.35 Benefit: 75% = \$2,118.30
48632	SCOLIOSIS, congenital, vertebral resection and fusion for (Anaes.) (Assist.)  Fee: \$1,561.30 Benefit: 75% = \$1,171.00
48636	PERCUTANEOUS LUMBAR PARTIAL OR TOTAL DISCECTOMY, 1 or more levels, not being a service associated with intradiscal electrothermal annuloplasty (Anaes.) (Assist.)  (See para T8.115 of explanatory notes to this Category)

Item	Item descriptor
	Fee: \$809.55 Benefit: 75% = \$607.20 85% = \$730.05
48639	VERTEBRAL BODY, total or subtotal excision of, including bone grafting or other form of fixation (Anaes.) (Assist.) Fee: \$1,365.00 Benefit: 75% = \$1,023.75
48640	VERTEBRAL BODY, disease of, excision and spinal fusion for, using segmental instrumentation, reconstruction utilising separate anterior and posterior approaches (Anaes.) (Assist.) Fee: \$3,481.80 Benefit: 75% = \$2,611.35
48642	SPINE, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - 1 or 2 levels (Anaes.) (Assist.) Fee: \$800.20 Benefit: 75% = \$600.15
48645	SPINE, posterior, bone graft to, not being a service to which item 48648 or 48651 applies - more than 2 levels (Anaes.) (Assist.) Fee: \$1,082.70 Benefit: 75% = \$812.05
48648	SPINE, bone graft to, (postero-lateral fusion) - 1 or 2 levels (Anaes.) (Assist.) Fee: \$1,082.70 Benefit: 75% = \$812.05
48651	SPINE, bone graft to, (postero-lateral fusion) - more than 2 levels (Anaes.) (Assist.) Fee: \$1,506.45 Benefit: 75% = \$1,129.85
48654	SPINAL FUSION (posterior interbody), with partial or total laminectomy, 1 level (Anaes.) (Assist.) Fee: \$1,082.70 Benefit: 75% = \$812.05

Item	Item descriptor
48657	SPINAL FUSION (posterior interbody), with partial or total laminectomy, more than 1 level (Anaes.) (Assist.) Fee: \$1,506.45 Benefit: 75% = \$1,129.85
48660	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - 1 level (Anaes.) (Assist.) (See para T8.2 and T8.116 of explanatory notes to this Category) Fee: \$1,082.70 Benefit: 75% = \$812.05
48663	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - 1 level - principal surgeon (Anaes.) (See para T8.2 and T8.116 of explanatory notes to this Category) Fee: \$809.55 Benefit: 75% = \$607.20
48666	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - 1 level - assisting surgeon (See para T8.2 and T8.116 of explanatory notes to this Category) Fee: \$489.55 Benefit: 75% = \$367.20
48669	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level (Anaes.) (Assist.) (See para T8.2 and T8.116 of explanatory notes to this Category) Fee: \$1,459.20 Benefit: 75% = \$1,094.40
48672	SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level - principal surgeon (Anaes.) (Assist.)

Item	Item descriptor
	<p>(See para T8.2 and T8.116 of explanatory notes to this Category)</p> <p>Fee: \$1,092.25    Benefit: 75% = \$819.20</p>
48675	<p>SPINAL FUSION (anterior interbody) to cervical, thoracic or lumbar regions - more than 1 level - assisting surgeon</p> <p>(See para T8.2 and T8.116 of explanatory notes to this Category)</p> <p>Fee: \$659.15    Benefit: 75% = \$494.40</p>
48678	<p>SPINE, simple internal fixation of, involving 1 or more of facet screw, wire loop or similar, being a service associated with a service to which items 48642 to 48675 apply (Anaes.) (Assist.)</p> <p>(See para T8.117 of explanatory notes to this Category)</p> <p>Fee: \$565.45    Benefit: 75% = \$424.10</p>
48681	<p>SPINE, non-segmental internal fixation of (Harrington or similar), other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies (Anaes.) (Assist.)</p> <p>(See para T8.117 of explanatory notes to this Category)</p> <p>Fee: \$941.45    Benefit: 75% = \$706.10</p>
48684	<p>SPINE, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which any one of items 48642 to 48675 applies - 1 or 2 levels (Anaes.) (Assist.)</p> <p>(See para T8.2 and T8.117 of explanatory notes to this Category)</p> <p>Fee: \$941.45    Benefit: 75% = \$706.10</p>



Item	Item descriptor
48687	<p>SPINE, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - 3 or 4 levels (Anaes.) (Assist.)</p> <p>(See para T8.117 of explanatory notes to this Category)</p> <p>Fee: \$1,317.80 Benefit: 75% = \$988.35</p>
48690	<p>SPINE, segmental internal fixation of, other than for scoliosis, being a service associated with a service to which items 48642 to 48675 apply - more than 4 levels (Anaes.) (Assist.)</p> <p>(See para T8.117 of explanatory notes to this Category)</p> <p>Fee: \$1,506.45 Benefit: 75% = \$1,129.85</p>
48691	<p>Lumbar artificial intervertebral total disc replacement, at one level only, including removal of disc, for a patient who:</p> <p>(a) has not had prior spinal fusion surgery at the same lumbar level; and</p> <p>(b) does not have vertebral osteoporosis; and</p> <p>(c) has failed conservative therapy;</p> <p>other than a service associated with item 40300 or 40301 (Anaes.) (Assist.)</p> <p>(See para T8.2 of explanatory notes to this Category)</p> <p>Fee: \$1,793.65 Benefit: 75% = \$1,345.25</p>
48692	<p>Lumbar artificial intervertebral total disc replacement, at one level only, including removal of disc, for a patient who:</p>

Item	Item descriptor
	<p>(a) has not had prior spinal fusion surgery at the same lumbar level; and</p> <p>(b) does not have vertebral osteoporosis; and</p> <p>(c) has failed conservative therapy;</p> <p>other than a service associated with item 40300 or 40301—principal surgeon (Anaes.) (Assist.)</p> <p>(See para T8.2 of explanatory notes to this Category)</p> <p>Fee: \$1,208.95 Benefit: 75% = \$906.75</p>
48693	<p>Lumbar artificial intervertebral total disc replacement, at one level only, including removal of disc, for a patient who:</p> <p>(a) has not had prior spinal fusion surgery at the same lumbar level; and</p> <p>(b) does not have vertebral osteoporosis; and</p> <p>(c) has failed conservative therapy;</p> <p>other than a service associated with item 40300 or 40301—assisting surgeon (Anaes.) (Assist.)</p> <p>(See para T8.2 of explanatory notes to this Category)</p> <p>Fee: \$584.70 Benefit: 75% = \$438.55</p>
48694	<p>Cervical artificial intervertebral total disc replacement, at one level only, including removal of disc, for a patient who:</p> <p>(a) has not had prior spinal surgery at the same cervical level; and</p> <p>(b) is skeletally mature; and</p>

Item	Item descriptor
	<p>(c) has symptomatic degenerative disc disease with radiculopathy; and</p> <p>(d) does not have vertebral osteoporosis; and</p> <p>(e) has failed conservative therapy;</p> <p>other than a service associated with item 40300 or 40301 (Anaes.) (Assist.)</p> <p>Fee: \$1,082.70 Benefit: 75% = \$812.05</p>

Source: [The July 2016 Medicare Benefits Schedule](#), downloaded 10 October 2016.

## Appendix B Consumer Summary Table

This section includes tables which describe the medical service, the recommendation(s) of the clinical experts and why the recommendation(s) has been made.

### *Recommendation 1: A new schedule of MBS items for spinal surgery*

Items	What they do	Committee recommendation	What would be different	Why
The 74 current items for spinal surgery are 40300 to 40351; 48600 to 48694; and 47681 to 47717.	The 74 items cover a range of services for spinal surgery.	The Committee recommends a new schedule of items for spinal surgery. In practice, the 74 existing items for spinal surgery will be replaced by 59 new items.	The new schedule of spinal surgery items provides a logical MBS claiming system that better describes current spinal surgery practice. The new item descriptors are less ambiguous/open to interpretation than the current schedule of items. It will be easier for consumers to understand how the MBS items necessary relate to their surgery.	Greater clarity and usability of MBS items for spinal surgery will increase consistency in how items are claimed by surgeons. This will remove potential differences in Medicare benefits provided to patients for the same surgery.

### *Recommendation 2: New rules to underpin the new schedule of MBS items for spinal surgery*

#### **Committee recommendation**

The Committee recommends that the proposed schedule of items for spinal surgery is accompanied by new rules that will be specific to the operation of the spinal surgery schedule. The intention of adding the rules is to reduce any inappropriate claiming of multiple MBS items for spinal surgery. Greater clarity and usability of MBS items for spinal surgery will increase consistency in how items are claimed by surgeons. This will reduce potential differences in Medicare benefits provided to patients for the same surgery.

***Recommendation 3: Obsolete items***

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**Committee recommendation**

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The Committee recommends that three obsolete items are removed from the MBS. The services will not be covered by the new schedule of items for spinal surgery.

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