



Medicare Benefits Schedule Review Taskforce

Final report from the Thoracic Surgery Clinical Committee

2018



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.

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 laws.



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1 Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a programme 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 The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.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 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 Summary of recommendations

The Thoracic Surgery Clinical Committee (the Committee) has made a total of 11 recommendations. The recommendations affect the entire thoracic surgery section of the MBS and centre on improving the structure and sequencing; restricting inappropriate co-claiming and creating new MBS items that reflect current clinical practice.

1.2 Consumer impact

The Committee have considered the consumer impact of the proposed changes in detail and have concluded that the recommendations are likely to be of benefit to patients as 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.

In addition, the Committee's recommendations promote the provision of higher value medical care, which can reduce unnecessary procedures and related out-of-pocket fees for



patients, while supporting improved access to modern procedures and the responsible operation of the healthcare system as a whole.

The consumer representative on the Committee identified a number of key questions in relation to the Committee's recommendations and their impact on consumers and these are discussed in detail in the consumer impact statement in Section 6 of this Report.

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 the rationale behind the recommendations.

The Committee were keen to find out from consumers if they will be helped or disadvantaged by the recommendations—and how and why. The Committee agreed that feedback received from consumers during the consultation period would be considered in order to make sure that all the important concerns are addressed.



2 About the Medicare Benefits Schedule (MBS) Review

2.1 What is Medicare?

Medicare is Australia's universal health scheme. It enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost. Introduced in 1984, Medicare has three components:

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

2.2 What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are more than 5,700 MBS items, which 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 MBS Review is clinician-led, and there are no targets for savings attached to the review.

2.4 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-serviced.
- Best practice health services—one of the core objectives of the MBS 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 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 MBS Review is to support the delivery of services that are appropriate to the patient’s needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- Value for the health system—achieving the above elements of the vision will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services currently.

2.5 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 value¹, are misused², 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.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of the review and its timeframe, 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:

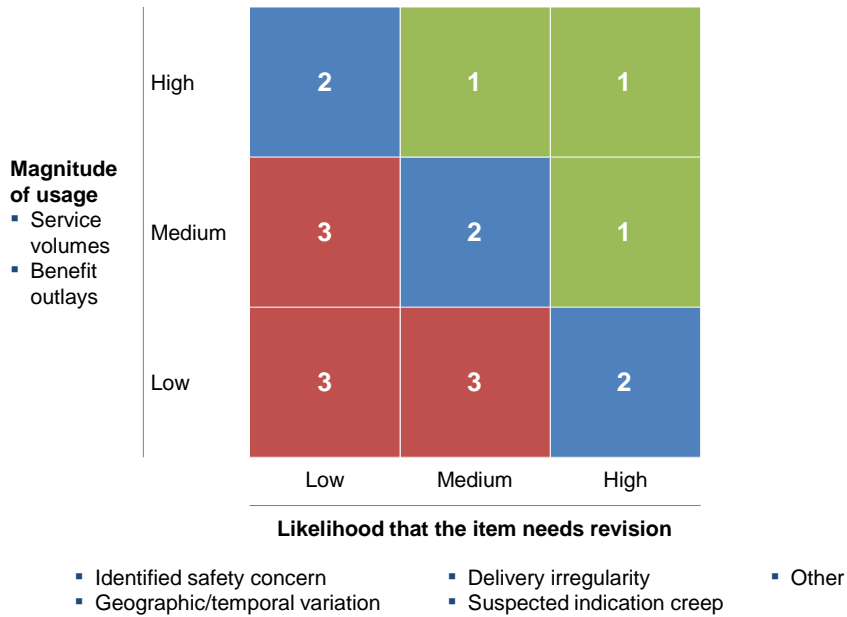
1. Service volume.
2. The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the clinical committee (such as inappropriate co-claiming).

¹ 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.

² 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.



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 Thoracic Surgery Clinical Committee

The Thoracic Surgery Clinical Committee (the Committee) was established in June 2018 to make recommendations to the Taskforce on MBS items within its remit, based on rapid evidence review and clinical expertise.

3.1 Membership

The Committee consists of five members as listed below.

Table 1: Thoracic Surgery Clinical Committee members

Name	Position(s)	Declared conflict of interest
Assoc. Professor Brian McCaughan AM (Chair)	Chair, Agency for Clinical Innovation Chair, Clinical Excellence Commission Boards	Uses in-scope MBS items
Professor Michael Besser	Neurosurgeon, Taskforce surgical <i>ex officio</i> .	No conflict
Dr Chris Cole	Consultant Cardiac & Thoracic Surgeon, Princess Alexandra Hospital	Uses in-scope MBS items
Dr Simon Knight	Head of Thoracic Surgery Unit, Western Health	Uses in-scope MBS items
Ms Yvonne Parnell	Board Member, South Metropolitan Health Service	No conflict

3.2 Conflicts of interest

All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Table 1 above.

It is noted that three 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 of items.



3.3 Areas of responsibility of the Committee

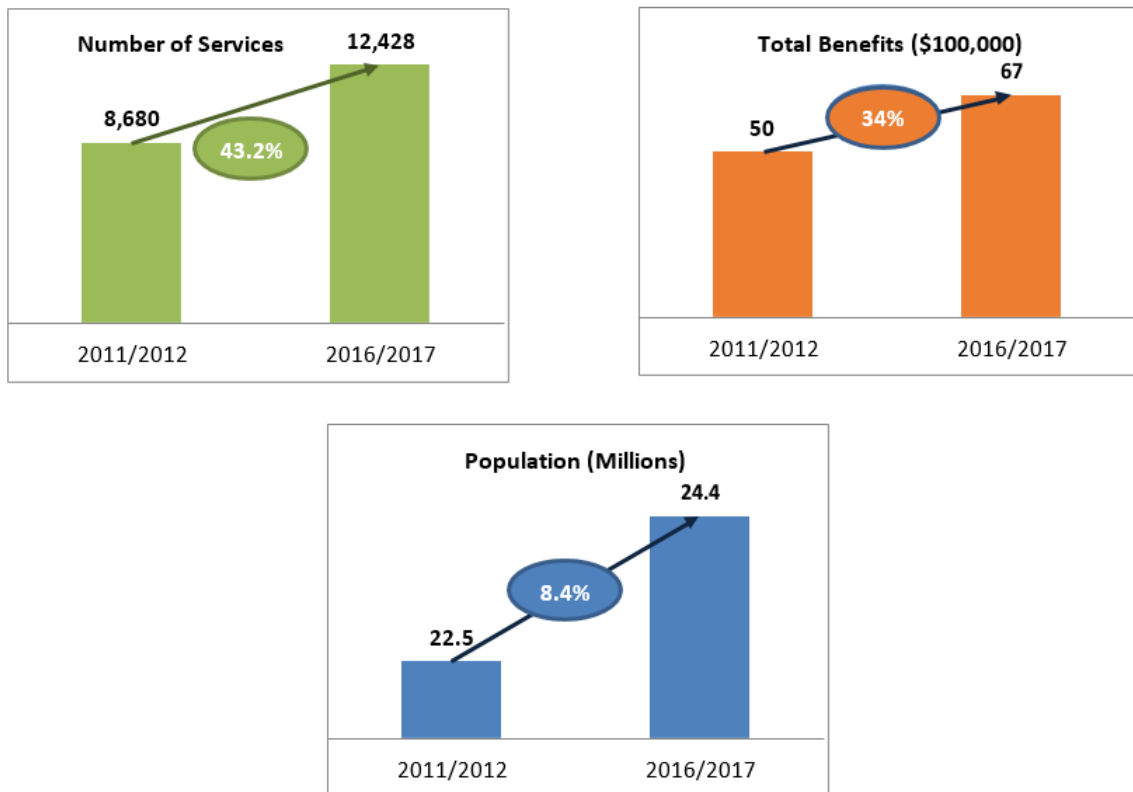
The Committee was asked to review 38 MBS items, listed in the table below.

Table 2: Items reviewed by the Committee

<i>Category 3 – Therapeutic Procedures T8 – Surgical Operations</i>		
Subgroup 6	38415 – 38464 (25 Items)	Thoracic
	38643 – 38656 (4 items)	Miscellaneous cardiothoracic surgical procedures
	38800 – 38812 (5 items)	Miscellaneous procedures on the chest
Subgroup 8	41901 (1 item)	Endoscopic laser resection of endobronchial tumours
Subgroup 16	47466 – 47471 (3 items)	Sternum and rib fractures

In the 2016/17 financial year, the thoracic items accounted for approximately 32,400 services and \$8.2 million in benefits. Over the past five years, service volumes for these items have grown at 7.9 per cent per year, and the cost of benefits has increased by 6.4 per cent per year.

Figure 2: Drivers of thoracic surgery item growth



3.3.1 Referrals to other clinical committees

The Committee referred five items to other clinical committees for their consideration, to ensure the items were reviewed by the appropriate craft group:



- Diagnostic Imaging Clinical Committee (DICC): items 38800, 38803 and 38812 which are diagnostic procedures largely provided by radiologists. The DICC recommended no changes to these items.
- General Practice and Primary Care Clinical Committee (GPPCCC): items 47466 and 47471 which are for treatment of fractures and are largely provided by General Practitioners. The GPPCCC recommended no change to item 47466 and the deletion of item 47471.

3.4 Summary of the Committee's review approach

The Committee completed the review of its items over three meetings. The recommendations contained in this report were developed during those discussions. The review drew on the information provided by the Taskforce and 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 (claiming with specific items over time); and
- additional provider and patient-level data, when required.

The data which informed the Committee's discussions and which is presented in this report is based on date of processing and is sourced from:

- http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp, and
- The Department of Health's Cognos database (May/June 2018).

The review also drew on data presented in the relevant literature and clinical guidelines, all of which are referenced in the report.

The Committee's review was guided by the following principles:

1. Clinical best practice is driven by the relevance of the medical service to the individual patient condition.
2. MBS items should describe the clinical service and rather than the operative approach adopted to perform the procedure.
3. MBS items should support the provision of contemporary clinical practice.
4. Where possible, MBS items should represent complete medical services.

The Committee's recommendations align, where possible, the proposed MBS items with contemporary best practice. The Committee noted the role of compliance activity in identifying and addressing inappropriate use of the MBS.

A review of the appropriateness of the existing MBS structure for thoracic items was conducted as part of the Committee's considerations in relation to complete medical services.



The Committee recommended a revised structure that involves grouping items into eight categories to reflect surgical procedures performed on the same anatomical site and with similar functions.

3.5 Other Issues

3.5.1 Medical Services Advisory Committee

The Medical Services Advisory Committee (MSAC) is an independent non-statutory committee established by the Australian Government to advise the Australian Minister for Health on evidence relating to the safety, effectiveness and cost-effectiveness of new medical technologies and procedures. This advice informs Australian Government decisions about public funding for new, and in some cases existing, medical procedures. MSAC also considers amendments of existing services funded on the MBS.

The Committee noted that advice from the MSAC Executive on whether assessments are required for new items will be required.



4 Key recommendations

The Committee's review examined not only the individual items and their specific interactions with other items across the MBS but also examined the efficiency and effectiveness of the thoracic items as a group of interrelated and interdependent items.

The Committee has made a total of 11 recommendations, three of which are overarching recommendations, affecting the entire thoracic surgery section. The three overarching recommendations include the creation of nine new MBS items, ensuring that clinicians have access to MBS items that adequately describe the service provided. These overarching recommendations are described in Section 4.

The remaining eight recommendations are based on anatomical categories and are outlined in Section 5.

4.1.1 Recommendation 1 – Improving the structure of the thoracic surgery section

The Committee recommends restructuring the thoracic surgery MBS items into anatomical categories and introducing sequential numbering as follows:

1. Thoracoscopy and thoracotomy (new items xx2 to xx8)
2. Lung resection procedures (new items xx10 to xx18)
3. Pleural procedures including empyema (new items xx20 to xx32)
4. Mediastinal and pericardial procedures (new items xx34 to xx44)
5. Sternal procedures (new items xx46 to xx62)
6. Chest wall procedures (new items xx64 to xx68)
7. Airways procedures (new items xx70 to xx74)
8. Miscellaneous procedures (new item xx76)

4.1.2 Rationale 1

This recommendation focuses on improving the efficiency and effectiveness of the thoracic surgery section of the MBS. It is based on the following:

- The Committee agreed that the restructure and resequencing of these MBS items will better support high quality and sustainable services, reflect international best practice, modernise the thoracic section by ensuring it is logical and easy to understand and, where possible, support the concept of a complete medical service.



4.1.3 Recommendation 2 – Ensuring appropriate co-claiming

The Committee recommends the introduction of co-claiming restrictions, restricting the ability to claim a secondary item that is considered, by the profession, to be an integral part of the primary procedure.

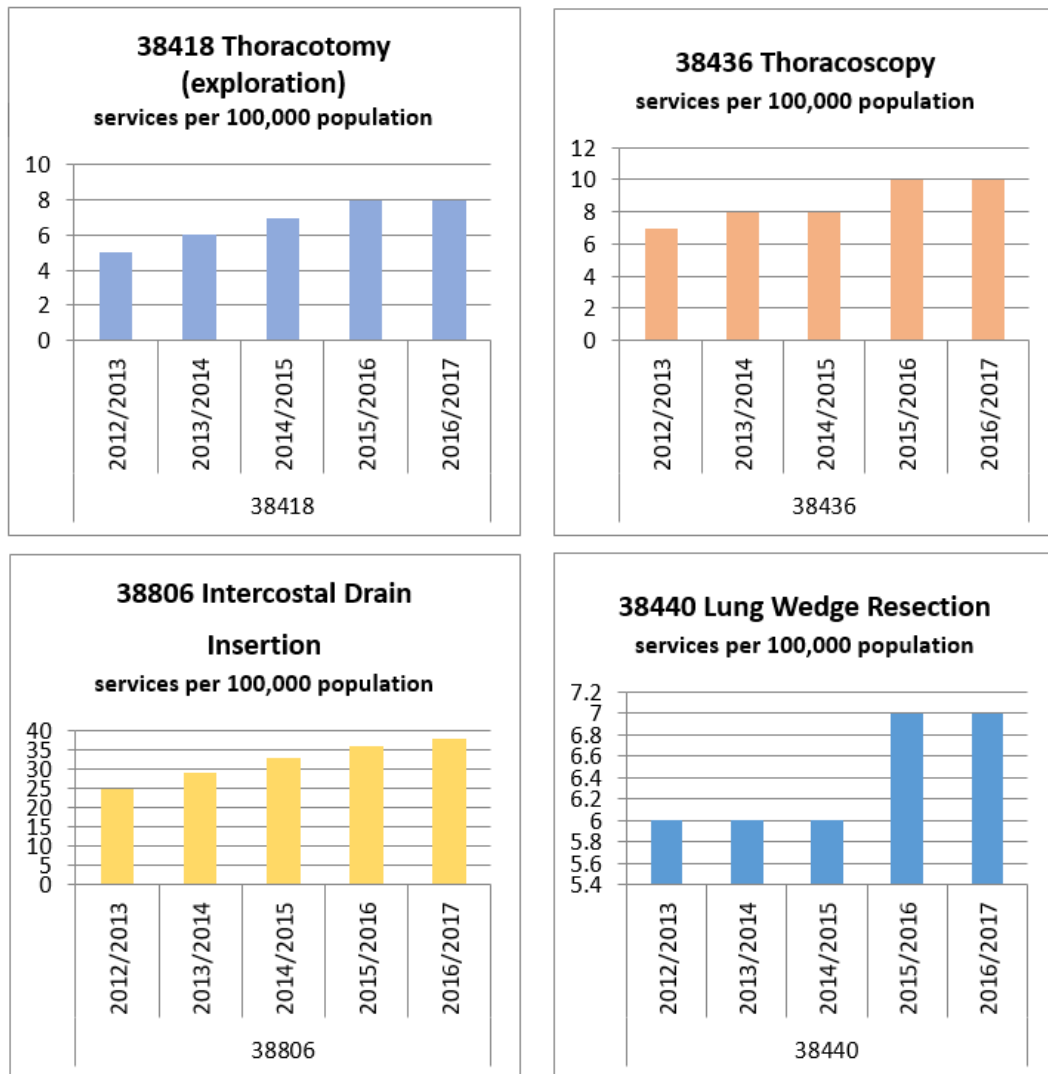
4.1.4 Rationale 2

This recommendation addresses inappropriate co-claiming practice.

- *Growth in utilisation of services of services integral to the primary procedure*

MBS data for the period 2012/13 to 2016/17 indicate that the utilisation of items relating to thoracoscopy, thoracotomy, median sternotomy, intercostal drain insertion, intercostal nerve blocks and lung resection has increased substantially.

Figure 3: Key growth rates 2012–13 to 2016–17





The Committee is concerned that these items, which are integral to, and already included in the schedule fee, are being claimed in addition to the primary procedure. These concerns align with that of the Cardiac Services Clinical Committee which noted similar patterns in the co-claiming of services.

MBS data for 2016/17 identifies the following:

- During a lung resection procedure it is usual to access the lung cavity via a thoracoscopy or a thoracotomy. However, MBS data indicates that for item 38440 for lung resection, 56 per cent of services are co-claimed with item 38436 (thoracoscopy) and 33% are co-claimed with item 38418 (thoracotomy).
- Chest drains are required, and are integral to, a range of primary cardio-thoracic procedures, including thoracotomies. However, MBS data indicates that 30 per cent of thoracotomy services (item 38418) are co-claimed with item 38806 (intercostal drain insertion).
- The Pain Management Clinical Committee referred items for intercostal nerve injection of an anaesthetic agent to the Committee. Items 18258 and 18260 are commonly co-claimed with thoracic surgery items and are integral to these procedures. The Committee has recommended co-claiming restrictions for these items with all primary thoracic surgery items.

MBS data for items that are integral to, but have high co-claiming rates with, a primary procedure is present in Table 3.

Table 3: MBS items (various) – co-claiming 2016–17

MBS Item	Descriptors	Per cent co-claimed
38440T, 38436C	Lung resection (primary) / Thoracoscopy	56% of 38440 services co-claimed with 38436
38440T, 38418C	Lung resection (primary) / Thoracotomy	33% of 38440 services co-claimed with 38418
38418T, 38436C	Thoracotomy (primary) / Thoracoscopy	46% of 38418 services co-claimed with 38436
38418T, 41892C	Thoracotomy (primary) / Bronchoscopy	45% of 38418 services co-claimed with 41892
38418T, 38806C	Thoracotomy (primary) / Intercostal drain	30% of 38418 services co-claimed with 38806.
38418T, 18260C	Thoracotomy (primary) / Nerve block	37% of 38418 services co-claimed with 18260
38436T, 38424C	Thoracoscopy (primary) / Thoracotomy	35% of 38436 services co-claimed with 38424
38441T, 38418C	Radical lobectomy (primary) / Thoracotomy	35% of 38441 services co-claimed with 38418
38441T, 38436C	Radical lobectomy (primary) / Thoracoscopy	42% of 38441 services co-claimed with 38436
38440T, 38424C	Lung resection (primary) / Thoracotomy	30% of 38440 services co-claimed with 38424
38436T, 38421C	Thoracoscopy (primary) / Thoracotomy	50% of 38436 services co-claimed with 38421



The Committee agreed that this practice is inappropriate and have recommended that co-claiming restrictions are put in place.

- *Geographical variation*

MBS data for 2016/17 showed significant geographical variation in the claiming of a chest drain (38806), a thoracoscopy (38436) and lung wedge resection (38440) across Australia (see Figures 4 to 7).

Figure 4: Thoracoscopy item 38436 – state/territory variation

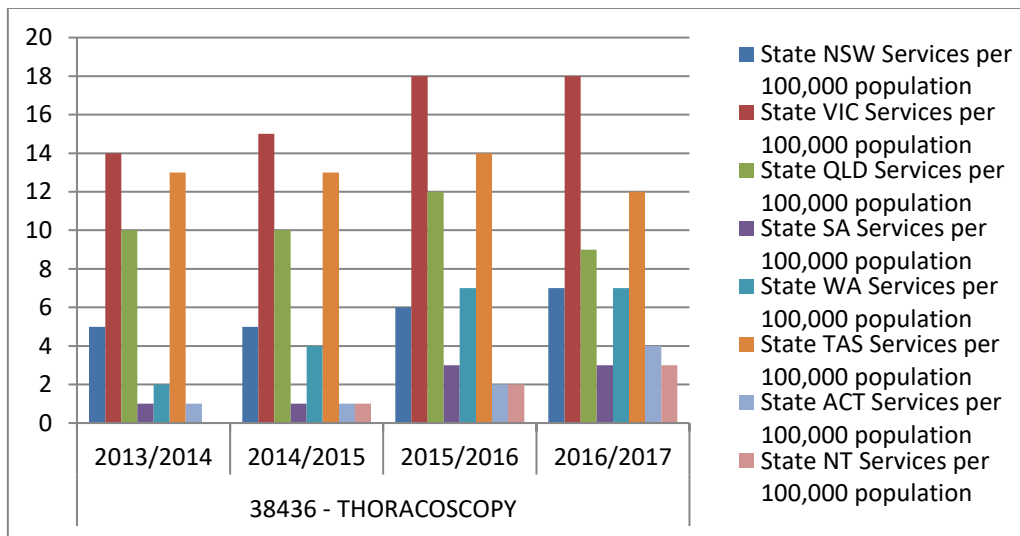


Figure 5: Lung wedge resection item 38440 – state/territory variation

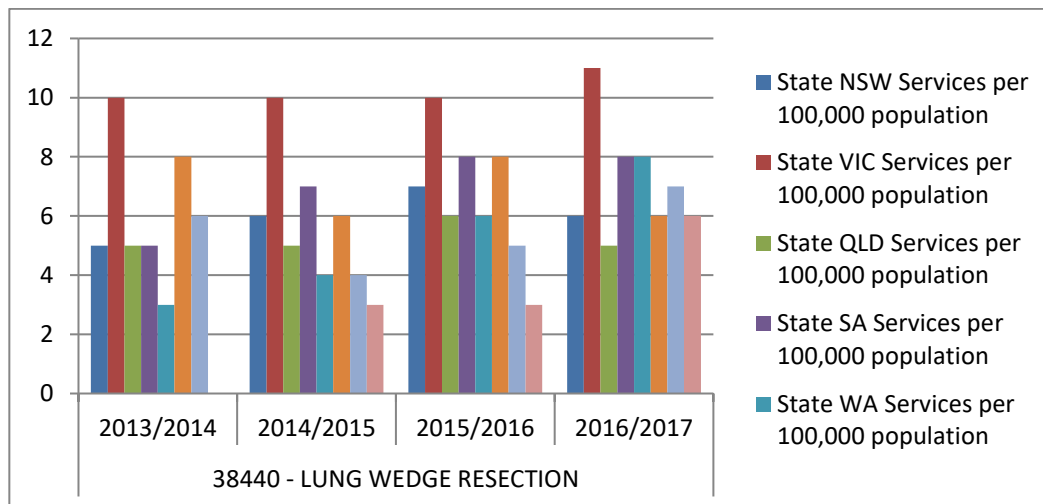




Figure 6: Chest drain item 38806 – state/territory variation

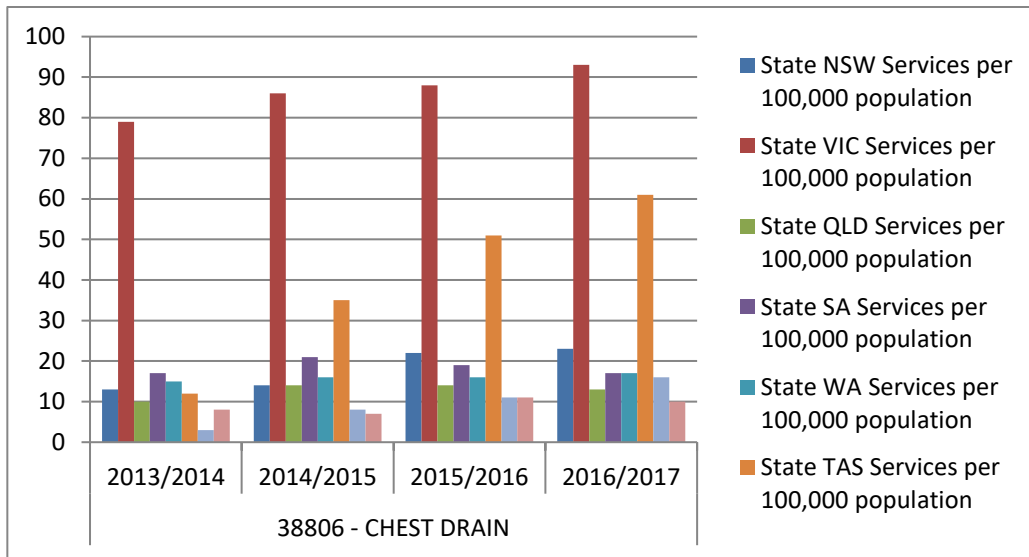
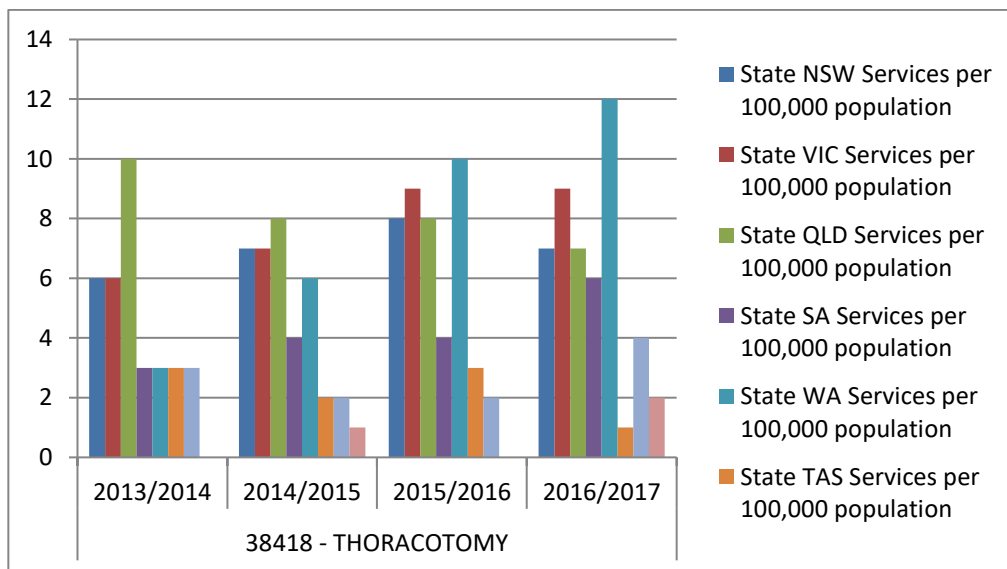


Figure 7: Thoracotomy item 38418 – state/territory variation



The Committee noted that given the similarity in composition of the population, New South Wales would generally be expected to provide the most services per capita, followed by Victoria and Queensland. The Committee could not identify any clinical evidence to support these differences but noted that long standing differences in the approach to claiming MBS items within jurisdictions may explain these variations.



4.1.5 Recommendation 3 – Creating new thoracic surgery MBS items

The Committee has recommended the creation of nine new MBS items for services that are currently being claimed under existing MBS items that do not accurately reflect the procedure performed. A number of such services are currently being claimed under item 38456 (xx76) for ‘intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs.’

Item 38456 (xx76) may be claimed where there is no specific item describing the service performed. At present, 38456 (xx76) cannot be co-claimed with any other item in Group T.8 Surgical Operations.

Table 4: Recommended new MBS items

Subsection	Short description of service	Proposed new item number
Lung resection	Multiple wedge resection of lung for metastatic disease	xx12
	Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection	xx18
Pleural	Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy	xx26
	Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for mesothelioma	xx32
Sternal	Pectus excavatum, repair of, with insertion of a concave bar, by any method	xx52
	Pectus excavatum, removal of a concave bar, by any method	xx54
Chest wall	Chest wall resection, sternum and/or ribs without reconstruction	xx64
	Chest wall resection, sternum and/or ribs with reconstruction	xx66
	Plating of multiple ribs for flail segment	xx68

4.1.6 Rationale 3

This recommendation focuses on ensuring that best practice is reflected in the thoracic section of the MBS. It is based on the following:

- The nine new items are largely services that are currently provided under existing MBS items that the Committee agreed may not be fit for the purpose ascribed under the current item descriptor.
- A number of these services are currently being claimed under item 38456 (xx76) for ‘intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs.’



- Item 38456 (xx76) may be claimed where there is no specific item describing the service performed. The item cannot be co-claimed with any other item in Group T.8 Surgical Operations during the same surgical episode.



5 Specific anatomical category recommendations

5.1 Thoracoscopy and thoracotomy procedures

Table 5: Existing thoracoscopy and thoracotomy items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38418	THORACOTOMY, exploratory, with or without biopsy (Anaes.) (Assist.)	\$958.40	1,869	\$734,734	14%
38436	THORACOSCOPY, with or without division of pleural adhesions, including insertion of intercostal catheter where necessary, with or without biopsy (Anaes.)	\$249.75	2,439	\$172,353	13%
38643	THORACOTOMY OR STERNOTOMY involving division of adhesions where the time taken to divide the adhesions exceeds 45 minutes	1,067.40	1,139	28,948	4.6%
38647	THORACOTOMY OR STERNOTOMY involving division of extensive adhesions where the time taken to divide the adhesions exceeds 2 hours	2,134.50	908	445,376	6.1%
38640	Re-operation via median sternotomy, for any procedure, including any divisions of adhesions where the time taken to divide the adhesions is 45 minutes or less	958.40	79	1,192,768	-7.4%
38656	THORACOTOMY or median sternotomy for post-operative bleeding	958.40	314	204,223	0.3%

5.1.1 Recommendation 4 – Thoracoscopy and thoracotomy procedures³

- Items 38418 (xx4) and 38436 (xx2): Introduce co-claiming restrictions. The proposed descriptors are:
 - **xx2** Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, **not being a service associated with a service to which items xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)

³ All proposed changes are highlighted in bold.



- **xx4** Thoracotomy, exploratory, with or without biopsy, **including insertion of an intercostal catheter where necessary, not being a service associated with a service to which to which items xx2, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Item 38643, 38647 and 38640: Consolidate three existing items into one new item (xx6); include additional surgical approach and introduce co-claiming restrictions. The proposed item descriptor is:
 - **xx6** **Re-operation via thoracotomy, thoracoscopy or sternotomy involving the division of adhesions, where the time taken to divide the adhesions exceeds 30 minutes, may be co-claimed with the item for the primary procedure but not being a service associated with a service to which items xx2, xx4, xx8, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Item 38656 (xx8): Include additional surgical approach and introduce co-claiming restrictions. The proposed item descriptor is:
 - **xx8** **Re-opening via thoracotomy, thoracoscopy or median sternotomy for post-operative bleeding, not being a service associated with a service to which items xx2, xx4, xx6, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)

5.1.2 Rationale 4

This recommendation focuses on providing a clear, best-practice framework for thoracoscopy and thoracotomy items within the thoracic section of the MBS and addresses inappropriate co-claiming.

- Existing items 38643 and 38647 are currently claimed for revision surgery for thoracotomy or thoracoscopy involving division of adhesions. The Committee reviewed these items and recommended consolidating items 38640, 38643 and 38647 into a single item (xx6).
- To align with the principle that MBS items should reflect the procedure rather than the technique, the Committee has recommended the inclusion of thoracoscopy, to ensure item descriptors encompass all surgical approaches.



5.2 Lung resection procedures

Table 6: Existing lung resection items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38438	Pneumonectomy or lobectomy or segmentectomy not being a service associated with a service to which Item 38418 applies (Anaes.) (Assist.)	1,147.20	291	311,098	-1
38440	Lung, wedge resection of (Anaes.) (Assist.)	1,532.00	1,797	1,171,412	9
38441	Radical lobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, or formal mediastinal node dissection (Anaes.) (Assist.)	1,815.20	1,242	1,556,598	11

5.2.1 Recommendation 5 – Lung resection procedures

- Item 38440 (xx10): Introduce co-claiming restrictions. The proposed item descriptor is:
 - **xx10** Lung, wedge resection of, **not being a service associated with a service to which items xx2, xx4, xx12, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Introduce a new item for multiple wedge resection. The proposed item descriptor is:
 - **xx12** Multiple wedge resection of lung for metastatic disease, **not being a service associated with a service to which items xx2, xx4, xx10, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Items 38438 (xx14) and 38441 (xx16): Include additional surgical approaches and introduce co-claiming restrictions. The proposed item descriptors are:
 - **xx14** Pneumonectomy or lobectomy, **bilobectomy** or segmentectomy, not being a service associated with a service to which items **xx2, xx4, xx16, xx18, xx20, 18258 and/or 18260** applies (Anaes.) (Assist.)
 - **xx16** Radical lobectomy, pneumonectomy, **bilobectomy** or segmentectomy or formal mediastinal node dissection **greater than 4 nodes, not being a service associated with a service to which items xx2, xx4, xx14, xx18, xx20, 18258 and/or 18260** applies (Anaes.) (Assist.)



- Introduce a new item (xx18). The proposed item descriptor is:
 - **xx18 Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection, greater than 4 nodes, not being a service associated with a service to which items xx2, xx4, xx14, xx16, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)**

5.2.2 Rationale 5

This recommendation provides practitioners with items that more accurately reflect the operation performed, improving understanding of the items and improving efficiency and effectiveness. It also addresses inappropriate co-claiming. It is based on the following:

- The Committee were concerned that when a clinician performs a multiple wedge resection that they may claim for each wedge resected using the existing item 38440 (xx10), increasing the patient out of pocket costs. The Committee agreed that the creation of the new multiple wedge item (xx12) will provide greater fee transparency and clarity for both patient and practitioner.
- The Committee recommended that item descriptors include all surgical approaches.
- Resection of the chest wall and/or diaphragm and/or pericardium is currently provided under MBS item 38441 (xx16). However, the Committee agreed that a new item should be created (xx18) to better reflect all clinical situations of differing complexity.
- The Committee agreed that the highly complex services provided under items xx16 and xx18 should be reflected in the item fee⁴.

⁴ The Committee notes that a recommendation on the dollar amount of specific MBS schedule fees is beyond the scope of this report.



5.3 Pleural procedures (including empyema)

Table 7: Existing pleural items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38806	INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding aftercare) (Anaes.)	133.55	9,340	471,074	13
38809	INTERCOSTAL DRAIN, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) (Anaes.)	164.55	346	29,085	17
38415	EMPHYEMA, radical operation for, involving resection of rib (Anaes.) (Assist.)	399.35	12	3,295	10
38421	THORACOTOMY, with pulmonary decortication (Anaes.) (Assist.)	1,532.00	663	697,591	7
38424	THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts (Anaes.) (Assist.)	958.40	1,363	618,094	2

5.3.1 Recommendation 6 – Pleural procedures

- Items 38806 (xx20), 38809 (xx22), 38415 (xx24): Introduce co-claiming restrictions with all other items in the pleural procedures sub-section. The proposed item descriptors are:
 - **xx20** Intercostal drain, insertion of, not involving resection of rib (excluding aftercare) **not being a service to which items xx2, xx4, xx22, xx24, xx26, xx28, xx30 and/or xx32 applies** (Anaes.)
 - **xx22** Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) **not being a service to which items xx2, xx4, xx20, xx24, xx26, xx28, xx30 and/or xx32 applies** (Anaes.)
 - **xx24** Empyema, radical operation for, involving resection of rib **not being a service to which items xx20, xx22, xx26, xx28, xx30 and/or xx32 applies** (Anaes.) (Assist.)
- Introduction of a new item (xx26). The proposed item descriptor is:
 - **xx26** Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy, **not being a service to which items xx2, xx4, xx20, xx22, xx24, xx28, xx32, 18258 and/or 18260 applies.** (Anaes.) (Assist.)



- Items 38421 (xx28) and 38424 (xx30): Include additional surgical approach and introduce co-claiming restrictions. The proposed item descriptors are:
 - **xx28 Thoracotomy or thoracoscopy, with pulmonary decortication, not being a service to which items xx2, xx4, xx20, xx22, xx24, xx26, xx32, 18258 and/or 18260 applies (Anaes.) (Assist.)**
 - **xx30 Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis, not being a service to which items xx2, xx4, xx20, xx22, xx24, xx32, 18258 and/or 18260 applies (Anaes.) (Assist.)**
- Introduction of a new item (xx32). The proposed item descriptor is:
 - **xx32 Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for mesothelioma not being a service to which items xx2, xx4, xx20, xx22, xx24, xx26, xx28, xx30, 18258 and/or 18260 applies (Anaes.) (Assist.)**

5.3.2 Rationale 6

This recommendation provides practitioners with items that more accurately reflect the operation performed, improving understanding of the items and improving efficiency and effectiveness. It also addresses inappropriate co-claiming. It is based on the following:

- The service described in new item xx26 is currently provided under existing items 38436 (xx2) and 38418 (xx4). However, these items are not fit for that purpose as they do not reflect the complexity of the procedure outlined in new item xx26.
- Radical surgical treatment of mesothelioma is currently being provided under existing items 38441 (xx16) and 38456 (xx76). The Committee agreed to the creation of a new item but noted that utilisation will be low, as the bulk of services are non-MBS.
- Where appropriate, drainage of paraneumonic effusion and/or pulmonary decortication (items xx26 (new) and xx28 (38421)) may be claimed with xx30 (38424) (thoracotomy or thoracoscopy, with pleurectomy or pleurodesis). This is a clinically relevant service.
- The Committee advises that use of item xx28 (38421) is appropriate for cases where significant decortication is required, to accommodate mobilising of remaining lung and permit expansion.



5.4 Mediastinal and pericardial procedures

Table 8: Existing mediastinal and pericardial items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38446	Thoracotomy or sternotomy, for removal of thymus or mediastinal tumour (Anaes.) (Assist.)	1,183.40	290	208,557	5
38447	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass (Anaes.) (Assist.)	1,532.00	68	70,619	7
38448	Mediastinum, cervical exploration of, with or without biopsy (Anaes.) (Assist.)	363.05	838	128,988	3
38449	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass. (Anaes.) (Assist.)	2,143.20	24	26,772	8
38450	Pericardium, transthoracic open surgical drainage of (Anaes.) (Assist.)	856.65	184	69,020	16
38452	Pericardium, sub-xiphoid drainage of (Anaes.) (Assist.)	573.70	224	88,419	5

5.4.1 Recommendation 7 – Mediastinal and pericardial procedures

- Items 38447 (xx42), 38452 (xx38), 38449 (xx44): Introduce co-claiming restrictions, no change to existing item descriptors.
- 38448 (xx34): Mandate biopsy and introduce co-claiming restrictions. The proposed item descriptor is:
 - Mediastinum, cervical exploration of, with biopsy, **not being a service associated with a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Items 38446 (xx36) and 38450 (xx40): Include additional surgical approaches and introduce co-claiming restrictions. The proposed item descriptors are:
 - **xx36** Thoracotomy or **thoracoscopy** or sternotomy, for removal of thymus or mediastinal tumour, **not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)



- **xx40** Pericardium, transthoracic (**thoracotomy or thoracoscopy**) open surgical drainage of, **not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)

5.4.2 Rationale 7

This recommendation provides practitioners with items that more accurately reflect the operation performed, improving understanding of the items and improving efficiency and effectiveness. It also addresses inappropriate co-claiming. It is based on the following:

- The Committee's recommendation to remove 'or without' from the descriptor for item 38448 (xx34) reflects clinical best practice which indicates that a biopsy should be part of this exploratory procedure.



5.5 Sternal procedures

Table 9: Existing sternal items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38457	Pectus excavatum or pectus carinatum, repair or radical correction of (Anaes.) (Assist.)	1,430.25	133	137,574	11
38458	Pectus excavatum, repair of, with implantation of subcutaneous prosthesis (Anaes.) (Assist.)	762.35	10	5,146	4
38460	Sternal wire or wires, removal of (Anaes.)	275.40	97	16,097	7
38462	Sternotomy wound, debridement of, not involving reopening of the mediastinum (Anaes.)	326.45	58	13,528	23
38464	Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum (Anaes.)	354.80	53	13,438	20
38466	Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring (Anaes.) (Assist.)	958.00	145	94,303	3
38468	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps or greater omentum (Anaes.) (Assist.)	1,476.15	53	53,965	3
38469	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and greater omentum (Anaes.) (Assist.)	1,720.90	3	3,872	60

5.5.1 Recommendation 8 – Sternal procedures

- Items 38460 (xx46), 38462 (xx56), 38464 (xx58), 38466 (xx60): Introduce co-claiming restrictions, no change to existing item descriptors.
- Items: 38457 (xx48) and 38458 (xx50): Make small amendment to Explanatory Note (xx48) and item descriptor (xx50) and introduce co-claiming restrictions. The proposed item descriptors are:
 - **xx48** Pectus excavatum or pectus carinatum, repair or radical correction of, **not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.) **Explanatory Note: Item xx48 may also include insertion of a fixation device**



- **xx50** Pectus excavatum **or pectus carinatum**, repair of, with implantation of subcutaneous prosthesis, **not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Introduce two new items for insertion and removal of a concave bar for pectus excavatum. The proposed item descriptors are:
 - **xx52** Pectus excavatum, repair of, with insertion of a concave bar, by any method, **not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
 - **xx54** Pectus excavatum, removal of a concave bar, by any method, **not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)
- Item 38468 and 38469: Consolidate items and introduce co claiming restrictions. The proposed descriptor is:
 - **xx62** Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, **not being a service associated with a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies** (Anaes.) (Assist.)

5.5.2 Rationale 8

This recommendation provides practitioners with items that more accurately reflect the operation performed, improving understanding of the items and improving efficiency and effectiveness. It also addresses inappropriate co-claiming. It is based on the following:

- The Committee agreed that the services described in existing items 38468 and 38469 remain clinically relevant. However, given the very low utilisation the Committee agreed to combine the items into one (xx62). The rationale for combining the two items is to simplify the MBS.
- The Committee agreed that an explanatory note for item 38457 (xx48) radical repair or correction of pectus is required as the existing descriptor does not recognise that some patients will require the insertion of a device to repair or correct the condition. The recommended explanatory note clarifies that where this occurs, the insertion of the device is included in the procedure.
- The Committee noted that 38456 (xx76) is currently claimed for implantation and removal of a concave bar to correct pectus excavatum. The Committee recommended the creation of two new items (xx52 and xx54), one item to implant a concave bar to and one for the subsequent removal, noting that:
 - removal of the bar may be undertaken by any method, including minimally invasive techniques; and



- removal of the bar is less complex than insertion; and
 - paediatric patients receive the bulk of these services and this recommendation would improve outcomes for these patients as minimally invasive techniques shorten the length of the procedure; and
 - MBS schedule fees for items xx52 and xx54 should reflect the complexity of each procedure⁵.
- This recommendation has been reviewed and is supported by the MBS Review’s Paediatric Surgery Advisory Group.

5.6 Chest wall procedures

Table 10: Existing chest wall items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
38427	Thoracoplasty (complete) - 3 or more ribs (Anaes.) (Assist.)	1,183.40	117	44,031	6
38430	Thoracoplasty (in stages) \ each stage (Anaes.) (Assist.)	609.90	21	5,052	8

5.6.1 Recommendation 9 – Chest wall procedures

- Introduce three new items. The proposed item descriptors are:
 - **xx64 Chest wall resection, sternum and/or ribs without reconstruction, not being a service to which item xx2, xx4, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)**
 - **Xx66 Chest wall resection, sternum and / or ribs with reconstruction, not being a service to which item xx2, xx4, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)**
 - **xx68 Plating of multiple ribs for flail segment, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)**
- Item 38427 and 38430: The Committee noted that the Spinal Surgery Clinical Committee (SSCC) has recommended amending the descriptor for Item 38427 to read:

Thoracoplasty (complete) – 3 or more ribs in combination with thoracic scoliosis (Anaes.)

⁵ The Committee notes that a recommendation on the dollar amount of specific MBS schedule fees is beyond the scope of this report.



(Assist.) (H.).¹ the revised item will be re-numbered (xx802) and moved to the Table 8 of the proposed spinal surgery section of the MBS.

5.6.2 Rationale 9

This recommendation provides practitioners with items that more accurately reflect the operation performed, improving understanding of the items and improving efficiency and effectiveness. It also addresses inappropriate co-claiming. It is based on the following:

- Chest wall resection, sternum and/or ribs (without or with reconstruction) services are currently provided under existing item 38456 (xx76). However, the Committee recommended two new items as item 38456 does not adequately describe and remunerate the procedure performed.
- The new item for plating of flail ribs (xx68) addresses an increased number of patients who are being plated. The Committee notes that utilisation of this item is likely to be low.

5.7 Airways procedures

Table 11: Existing airways items

Item	Descriptor	Schedule fee (\$)	Services 2016/17	Benefits 2016/17 (\$)	Services 5 year annual avg. growth %
41901	Endoscopic laser resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.)	604.30	112	50,194	5
38453	Tracheal excision and repair without cardiopulmonary bypass (Anaes.) (Assist.)	1,720.90	26	29,287	25
38455	Tracheal excision and repair of, with cardiopulmonary bypass (Anaes.) (Assist.)	2,327.70	3	5,237	-15

5.7.1 Recommendation 10 – Airways procedures

- Item 41901 (xx70): Include additional surgical methods and introduce co-claiming restrictions. The proposed item descriptor is:
 - **xx70** Endoscopic resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures, **by any technique**, not being a service to which any other item in Group T8 applies (Anaes.) (Assist.)
- Items 38453 (xx72) and 38455 (xx74): No change to existing item descriptors.



5.7.2 Rationale 10

This recommendation focuses on improving the understanding of the use of item 41901 (xx70) and aligning with best practice. It is based on the following:

- The Committee recommended this amendment to 41901 (xx70) to ensure that the use of any ablative techniques were reflected in the descriptor for this service.
- The Committee noted that, while the utilisation of items 38453 (xx72) and 38455 (xx74) is low, the services remain clinically relevant.

5.8 Miscellaneous procedures

Table 12: Existing miscellaneous items

Item number	Proposed descriptor
38456	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies (Anaes.) (Assist.)

5.8.1 Recommendation 11 – Miscellaneous procedures

Item 38456 (xx76): Introduce co-claiming restrictions, no change to the item descriptor.

5.8.2 Rationale 11

This recommendation focuses on improving the understanding of the use of item 38456 (xx76) and aligning with best practice. It is based on the following:

- The Committee noted that this item may be claimed where there is no specific item describing the service performed and is fit for purpose in that regard.



6 Consumer impact statement

The Committee discussed the impact of the recommendations from a consumer perspective with specific reference to:

- Reflecting contemporary clinical, evidence based practice which will contribute to the optimisation of high quality, safe, sustainable patient care.
- The simplification of the Thoracic section of the MBS by:
 - Restructuring items to provide a more logical structure based on anatomical categories and within each sub-section setting out services from simple to complex.
 - Re-sequencing items to reflect more appropriately the progression of treatment of clinical issues from simple to more complex procedures. This provides practitioners with more scope to identify the correct item to claim for the service provided.
 - Re-sequencing also providing, in some cases, the opportunity to consider a review of MBS schedule fees to reflect the complexity of the procedure.
 - Revising the item descriptors to ensure that they are easy to understand and reflect a complete medical service. The Committee agreed that under the new structure, it will be uncommon for more than 3 items to be co-claimed for any one surgical episode.
 - Introducing co-claiming restrictions for services that are integral to a primary procedure.
- Addressing the clinical needs of some patient groups with special needs such as patients with advanced lung cancer as a result of mesothelioma and paediatric patients requiring repair of pectus excavatum.
- Ensuring there is no increased risk or disadvantage to any particular patient group, both clinical and financial, as a result of the recommendations.

The Committee noted that there are some issues that are beyond the scope of the Review including:

- Issues relating to the provision of public sector services as the MBS relates to private services only.
- Issues relating to availability of workforce which impact on access for patients in regional and rural areas.



7 References

1. *Over 150 potentially low-value health care practices: an Australian study.* **Elshaug, Adam , et al.** 2012, The Medical Journal of Australia, pp. 556-560.
2. [Medicare Benefits Schedule \(MBS\) Review Taskforce Findings Spinal Surgery Clinical Committee Report, p.8](#)



8 Glossary

Term	Description
ACT	Australian Capital Territory.
CAGR	Compound annual growth rate or the average annual growth rate over a specified time period.
Change	When referring to an item, "change" describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
Committee, the	The Thoracic Surgery Clinical Committee of the MBS Review.
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.
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.



Term	Description
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.
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.
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 2016/17, in utilisation of services. Also known as the compound annual growth rate (CAGR).
Taskforce, the	The MBS Review Taskforce.
Total benefits	Total benefits paid in 2016/17 unless otherwise specified.



9 Glossary – Medical terminology

Term	Description
Cardiopulmonary bypass	A procedure where a machine that takes over the function of the heart and lungs during surgery to allow blood and oxygen to circulate.
Debridement	Surgical procedure to remove infected tissue from around the breast bone.
Dehiscence	Complication following surgery in which a wound ruptures along the incision.
Empyema	Pus in the lungs.
Endoscopic laser resection	A rigid and/or flexible telescope with a laser is inserted through the nose or mouth and down the throat to shrink tumours.
Intercostal drain	A tube inserted into the chest to drain fluid from the lungs.
Intrathoracic	Located in the chest.
Lung wedge resection	Removal of a small piece of lung tissue to diagnose lung cancer or remove a tumor.
Mediastinum	Contains the heart and its vessels, the oesophagus, trachea, phrenic and cardiac nerves, the thoracic duct, thymus and lymph nodes of the central chest.
Muscle flap Greater omentum	Types of tissue used to fill a wound where the blood supply is maintained.
Pericardiectomy	Surgical removal of part or most of the sac around the heart to remove damaged tissue.
Pericardium	The sac containing the heart.
Pleurodesis	Sealing the space between the outer lining of the lung and chest wall to prevent fluid or air from building up around the lungs.
Pneumonectomy, lobectomy, segmentectomy	Removal of the left or the right lung, one or part of the lobes of the lungs or part of an organ or gland in the chest.
Sternal wires	Metal wires used to close the breastbone following a surgical procedure.
Trachea	The windpipe.
Thoracoscopy, thoracotomy, sternotomy	Surgical procedures in which a doctor makes an incision to gain access to the chest.



Appendix A List of recommendations

The Committee has recommended the following three overarching recommendations:

Recommendation 1 – Improving the structure of the thoracic surgery section

- A restructure of the thoracic surgery MBS items by anatomical categories with sequential numbering.

Recommendation 2 – Ensuring appropriate co-claiming

- The introduction of co-claiming restrictions, where that service is integral to the performance of the primary procedure.

Recommendation 3 – Creating new thoracic surgery items

- The creation of nine new MBS items for services that are currently being claimed under existing MBS items that do not accurately reflect the procedure performed.

The Committee made a further eight recommendations, based on anatomical categories, as follows:

Table A.1: Recommendation 4 – Thoracoscopy and thoracotomy item descriptors

Item No.	Proposed descriptor
xx2	Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, not being a service associated with a service to which to which items xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx4	Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, not being a service associated with a service to which to which items xx2, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx6	Re-operation via thoracotomy, thoracoscopy or sternotomy involving the division of adhesions, where the time taken to divide the adhesions exceeds 30 minutes, may be co-claimed with the item for the primary procedure, not being a service associated with a service to which items xx2, xx4, xx8, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx8	Re-opening via thoracotomy, thoracoscopy or median sternotomy for post-operative bleeding, not being a service associated with a service to which to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)



Table A.2: Recommendation 5 – Lung resection item descriptors

Item No.	Proposed descriptor
xx10	Lung, wedge resection of, not being a service associated with a service to which to which items xx2, xx4, xx12, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx12	Multiple wedge resection of lung for metastatic disease, not being a service associated with a service to which to which items xx2, xx4, xx10, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx14	Pneumonectomy or lobectomy, bilobectomy or segmentectomy, not being a service associated with a service to which to which items xx2, xx4, xx16, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx16	Radical lobectomy, pneumonectomy, bilobectomy or segmentectomy or formal mediastinal node dissection greater than 4 nodes, not being a service associated with a service to which to which items xx2, xx4, xx14, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx18	Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection, greater than 4 nodes, not being a service associated with a service to which to which items xx2, xx4, xx14, xx16, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)

Table A.3: Recommendation 6 – Pleural item descriptors

Item No.	Proposed descriptor
xx20	Intercostal drain, insertion of, not involving resection of rib (excluding aftercare), not being a service to which items xx2, xx4, xx22, xx24, xx26, xx28, xx30 and/or xx32 applies (Anaes.)
xx22	Intercostal drain, insertion of, with pleurodesis and not involving resection of rib (excluding aftercare) not being a service to which items xx2, xx4, xx20, xx24, xx26, xx28, xx30 and/or xx32 applies (Anaes.)
xx24	Empyema, radical operation for, involving resection of rib, not being a service to which items xx2, xx4, xx20, xx22, xx26, xx28, xx30 and/or xx32 applies (Anaes.) (Assist.)
xx26	Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema, exploratory, with or without biopsy, not being a service to which items xx2, xx4, xx20, xx22, xx24, xx28, xx32, 18258 and/or 18260 applies. (Anaes.) (Assist.)
xx28	Thoracotomy or thoracoscopy , with pulmonary decortication, not being a service to which items xx2, xx4, xx20, xx22, xx24, xx26, xx32, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx30	Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis not being a service to which items xx2, xx4, xx20, xx22, xx24, xx32, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx32	Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for mesothelioma, not being a service to which items



Item No.	Proposed descriptor
	xx2, xx4, xx20, xx22, xx24, xx26, xx28, xx30, 18258 and/or 18260 applies (Anaes.) (Assist.)

Table A.4: Recommendation 7 – Mediastinal and pericardial item descriptors

Item no.	Proposed descriptor
xx34	Mediastinum, cervical exploration of, with biopsy, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
Xx36	Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour, not being a service associated with a service to which Item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx38	Pericardium, sub-xyphoid drainage of, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx40	Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical drainage of, not being a service associated with a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx42	Pericardiectomy via sternotomy or anterolateral thoracotomy without cardiopulmonary bypass, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx44	Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)

Table A.5: Recommendation 8 – Sternal item descriptors

Item no.	Proposed descriptor
xx46	Sternal wire or wires, removal of not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.)
xx48	Pectus excavatum or pectus carinatum, repair or radical correction of, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.) <i>Explanatory Note: item xx48 may also include insertion of a fixation device</i>
xx50	Pectus excavatum or pectus carinatum, repair of, with implantation of subcutaneous prosthesis, not being a service associated with a service to which Items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx52	Pectus excavatum, repair of, with insertion of a concave bar, by any method, not being a service associated with a service to which Items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)



Item no.	Proposed descriptor
xx54	Pectus excavatum, removal of a concave bar, by any method, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx56	Sternotomy wound, debridement of, not involving reopening of the mediastinum, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.)
xx58	Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires but not involving reopening of the mediastinum, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.)
xx60	Sternum, reoperation on, for dehiscence or infection, involving reopening of the mediastinum, with or without rewiring, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx62	Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, not being a service associated with a service to which items xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)

Table A. 6: Recommendation 9 – Chest wall item descriptors

Item No.	Proposed descriptor
xx64	Chest wall resection, sternum and/or ribs without reconstruction not being a service to which item xx2, xx4, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx66	Chest wall resection, sternum and/or ribs with reconstruction, not being a service to which item xx2, xx4, xx18, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)
xx68	Plating of multiple ribs for flail segment, not being a service to which item xx2, xx4, xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)

Table A.7: Recommendation 10 – Airways item descriptors

Item no.	Proposed descriptor
xx70	Endoscopic resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures, by any technique , not being a service to which any other item in Group T8 applies (Anaes.) (Assist.)
xx72	Tracheal excision and repair without cardiopulmonary bypass (Anaes.) (Assist.)
xx74	Tracheal excision and repair of, with cardiopulmonary bypass (Anaes.) (Assist.)

**Table A.8: Recommendation 11 – Miscellaneous item descriptor**

Item no.	Proposed descriptor
xx76	Intrathoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs, not being a service to which another item in this Group applies and not being a service to which items xx20, 18258 and/or 18260 applies (Anaes.) (Assist.)



Appendix B Summary for consumers

This table describes the medical service, the recommendations of the clinical experts and why the recommendations have been made.

Recommendation 1: Improving the structure of the thoracic surgery section

Item	What it does	Committee recommendation	What would be different	Why
38415, 38418, 38421, 38424, 38427, 38430, 38436, 38438, 38440, 38441, 38446, 38447, 38448, 38449, 38450, 38452, 38453, 38455, 38456, 38457, 38458, 38460, 38462, 38464, 38466, 38468, 38469, 38800, 38803, 38806, 38809, 38812, 41901, 47466, 47467, 47471	Thoracic surgery involves the organs of the chest, but extends to the esophagus (tube between mouth and stomach), the trachea (airway) and the chest wall (rib cage and breastbone).	Restructure the thoracic surgery section into anatomical categories and introduce sequential numbering.	MBS items for thoracic services that are performed on the same areas of the chest, or for similar clinical conditions will be grouped together.	<p>The new structure will better support high quality and sustainable services, reflect international best practice, be more logical and easy to understand and, where possible, support the concept of a complete medical service</p> <p>Transparency and equity of care and reimbursement are important values that should be encouraged by the MBS.</p>



Recommendation 2: Ensuring appropriate co-claiming

Item	What it does	Committee recommendation	What would be different	Why
18258, 18260 38346, 38415 38418, 38424 38436, 38438 38440, 38441 38446, 38450 38458, 38806	These items provide services that are interrelated and/or interdependent to the primary procedure	Introduce co-claiming restrictions (where more than one item is claimed for the same episode of care) where the service is integral to the performance of the primary procedure and meets other defined conditions	Practitioners will not be able to claim a separate MBS item for services that must be performed in order to undertake the operation, such as opening the chest in order to remove a lung. No more than three items will need to be claimed for most services.	Some practitioners claim for services that are not a separate part of the procedure. This leads to significant variation in the way patients are billed and reimbursed for the same treatment. The revised items will reduce this variation so that patients are billed in a similar way for the same procedure.

Recommendation 3: Creating new thoracic surgery MBS items

Item	What it does	Committee recommendation	What would be different	Why
New items	n/a	Create nine new thoracic surgery items	These services will have item numbers and descriptors that more precisely describe the procedure being performed.	At present, these services are being performed and claimed for under items that don't adequately describe the procedure and/or reflect the complexity of the service. This change will ensure that the MBS is clear and easy to understand and that best practice procedures are adequately covered.



Recommendation 4: Thoracoscopy and thoracotomy procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of thoracoscopy and thoracotomy procedures	A revised structure for these items	All thoracoscopy and thoracotomy procedures are grouped together.	A more logical and easy to understand structure that supports the concept of a complete medical service.

Recommendation 5: Lung resection procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of lung resection procedures	A revised structure for these items	All lung resection procedures are grouped together with revised item descriptors that better reflects the approach to, and complexity of, the procedure.	A more logical and easy to understand structure that clarifies that, where relevant, the procedure described by an item may be performed using different approaches. This supports the concept of a complete medical service.

Recommendation 6: Pleural procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of pleural procedures	A revised structure for these items	All pleural procedures are grouped together with revised item descriptors that better reflects the approach to, and complexity of, the procedure.	A more logical and easy to understand structure that clarifies that, where relevant, the procedure described by an item may be performed using different approaches. This supports the concept of a complete medical service.



Recommendation 7: Mediastinal and pericardial procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of mediastinal and pericardial procedures	A revised structure for these items.	<p>All mediastinal and pericardial procedures are grouped together.</p> <p>If a procedure is done to explore the chest, a biopsy must be performed.</p>	<p>A more logical and easy to understand structure that supports the concept of a complete medical service.</p> <p>The requirement for a biopsy reflects clinical best practice.</p>

Recommendation 8: Sternal procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of sternal procedures	A revised structure for these items	<p>All sternal procedures are grouped together.</p> <p>Funding may be redistributed between specified items.</p>	<p>A more logical and easy to understand structure that supports the concept of a complete medical service.</p> <p>Some services that are simple to perform are currently being funded at the same, or a higher rate than more complex services.</p>



Recommendation 9: Chest wall procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of chest wall procedures	A revised structure for these items	All chest wall procedures are grouped together. One obsolete item will be deleted.	<p>A more logical and easy to understand structure that supports the concept of a complete medical service.</p> <p>Removal of an item that provides no, or low value care.</p>

Recommendation 10: Airways procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of airways procedures	<p>Amend item for endoscopic resection of endobronchial tumours to relieve an obstruction</p> <p>No changes to two items.</p>	<p>The surgery for endoscopic resection of endobronchial tumours will be able to be performed by any technique.</p> <p>No change to two items for tracheal excision and repair without and with cardiopulmonary bypass.</p>	<p>Inclusion of 'any technique' will enable the surgery to be performed using ablative methods.</p> <p>The items for tracheal repair are clinical appropriate.</p>

Recommendation 11: Miscellaneous procedures

Item	What it does	Committee recommendation	What would be different	Why
	Funding of miscellaneous procedures	A revised structure for these items	No change	This item can be claimed if there is not a more suitable item that describes the service.