



Australian Government
Department of Health

MBS REVIEW

APRIL 2021 UPDATE

The MBS Review - Update

Updates to the MBS

The following changes were introduced to the MBS on March 1:

Anaesthesia item

Medical perfusion item 22060 (whole body perfusion – diverting the blood from the heart using a heart and lung machine) was amended to increase the schedule fee. The schedule fee increased by 50 percent (from \$408 to \$612).

Cardiac items

There were a number of cardiac services implemented 1 August 2020 and 15 September 2020. These items were moved permanently into the DIST and the GMST on 1 March 2021.

Diagnostic Imaging Services Table (DIST)

As at 1 March 2021, 24 items (55126, 55127, 55128, 55129, 55132, 55133, 55134, 55137, 55141, 55143, 55145, 55146, 61321, 61324, 61325, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 and 61414) from the Health Insurance (Section 3C Diagnostic Imaging Services – Cardiac Services) Determination will be incorporated into the Diagnostic Imaging Services Table (DIST).

General Medical Services Table (GMST)

In addition, 11 items (11704, 11705, 11707, 11714, 11716, 11717, 11723, 11729, 11730, 11731 and 11735) from the Health Insurance (Section 3C General Medical Services – Cardiac Services) Determination 2020 will be incorporated into the General Medical Services Table (GMST).

There are minor changes to items 11704, 11707, 11714, 11716, 11717, 11723, 11729, 11730 and 11735 to include the restriction that the items are not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies. In addition these items cannot be provided as part of an episode of hospital treatment or as part of hospital-substitute treatment where a benefit is paid from a private health insurer.

Sleep study items 12203, 12204, 12205, 12207 and 12208 have also been amended so that these services cannot be provided in association with cardiac items 11704, 11705, 11707, 11713, 11714, 11716, 11717, 11723 and 11735. This change will align these items with other sleep study and cardiac items.

Colonoscopy items

The descriptors for colonoscopy items 32223, 32224 and 32226 were amended to update clinical terminology and to clarify which items can be claimed by patients with a history of serrated polyps.

The following changes will commence on 1 July 2021:

Cardiac Surgical Services

As part of Budget 2020-21, the Government announced that the remaining recommendations from the Cardiac Services Clinical Committee of the MBS Review Taskforce will be implemented on 1 July 2021. These changes include a range of cardiac surgical services, which will:

- amend item descriptors to reflect current practice;
- combine similar surgical procedures;
- introduce items that represent a complete medical service;
- incentivise advanced techniques;
- remove procedures that no longer represent best practice; and
- reduce low value invasive angiography and align coronary artery stenting with current best practice.

The 1 July 2021 changes to cardiac surgical services cover cardiothoracic surgery, interventional cardiology (angiography and stenting) and electrophysiology related procedures.

These changes build on the cardiac imaging service changes introduced on 1 August 2020, and the 15 September 2020 amendments, which introduced a new ambulatory electrocardiogram monitoring item and created five new Myocardial Perfusion Studies items to ensure timely access to cardiac services in rural and remote areas.

To assist the sector in preparing for the 1 July changes, the Department provided draft mapping documentation to peak bodies in December 2020 and is currently working closely with the AMA in order to update the AMA List of Medical Fees and Services.

General Surgery Services

As part of the Mid-Year Economic and Fiscal Outlook / Budget 2019-20, the [Government announced](#) from 1 July 2021 it will make changes to Medicare-funded general surgery services to support best practice treatment and improve patient outcomes. These changes follow the Government's acceptance of the Taskforce's recommendations informed by the [General Surgery Clinical Committee](#).

The 1 July 2021 general surgery MBS item changes introductory webinar, item map, and factsheets are available on MBS online:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Current>.

Any questions relating to implementation, or to the interpretation of the changes to general surgery MBS items can be sent to the policy team email:

1july2021MBSchanges.generalsurgery@health.gov.au. Questions regarding the proposed PHI classifications should be directed to PHI@health.gov.au.

Orthopaedic Services

As part of the Mid-Year Economic and Fiscal Outlook / Budget 2019-20, the Government announced from 1 July 2021 it will make changes to Medicare-funded orthopaedic surgery services to support best practice treatment and improve patient outcomes. These changes follow the Government's acceptance of the Taskforce's recommendations informed by the Orthopaedic Surgery Clinical Committee.

The 1 July 2021 orthopaedic surgery MBS item changes introductory webinar, item map, and factsheets are available on MBS online:

www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet-ortho-july21

Any questions relating to implementation, or to the interpretation of the changes to orthopaedic MBS items can be sent to the policy team email: 1july2021MBSchanges.orthopaedics@health.gov.au. Questions regarding the proposed PHI classifications should be directed to PHI@health.gov.au.

Critical Dates for 1 July changes

- Release of the MBS XML file is expected late May to early June 2021.
- Items go live 1 July 2021.

For more information on previous and upcoming MBS changes, visit [MBS Online](#).

Stakeholder consultation will continue to be an integral part of the MBS Review process. The Department is currently undertaking consultation around the development and implementation of changes resulting from recommendations that have been endorsed by the Taskforce. Generally, these consultations will include the establishment of Implementation Liaison Groups (ILGs).

Updates from current ILGs:

- **Gynaecology:** The Gynaecology Clinical Committee considered 141 Items and made recommendations to change many of the Items. The Gynaecology Clinical Committee's Final Report was presented at the August 2019 Taskforce before progressing to the Government. The Gynaecology ILG continues to provide valuable input and advice to support the implementation of recommended changes, including on the development of communication materials outlining the MBS changes for key stakeholders. If you have any questions about the work of the Gynaecology Clinical Committee or the ILG, please contact surgicalservices@health.gov.au.
- **OHNC:** The Otolaryngology, Head & Neck Surgery Implementation Liaison Group (OHNSILG) was formed in 2020 and met in November 2020. The OHNSILG continues to provide valuable input and advice to support the implementation of recommended changes, including on the development of communication materials outlining the MBS changes for key stakeholders. You can view the Final Report [here](#).

If you have any questions about the work of the Otolaryngology, Head & Neck Surgery Clinical Committee or the OHNSILG, please contact surgicalservices@health.gov.au.

- **Pain Management:** The Pain Management Clinical Committee's (PMCC) Final Report was endorsed for Government consideration by the Taskforce in December 2019 and is being progressed for Government consideration. A pain management ILG was established and met for the first time in June 2020, with discussions ongoing. The ILG continues to provide valuable input and advice on the development of new and amended MBS items for pain management. If you have any questions about the PMCC final report or the ILG, please contact surgicalservices@health.gov.au.
- **Plastic & Reconstructive Surgery:** The Taskforce-endorsed Plastic and Reconstructive Surgery Clinical Committee Final Report is currently undergoing Government consideration. A Plastic and Reconstructive Surgery ILG was established, and met in March 2020. The ILG has provided valuable input and advice on the development of new and amended MBS Items for future implementation. If you have any questions about the work of the Plastic and

Reconstructive Surgery Clinical Committee or the ILG, please contact surgicalservices@health.gov.au.

- **Thoracic Surgery:** The Thoracic Surgery Clinical Committee's Final Report was endorsed by the Taskforce in December 2019 and was progressed to the Government for consideration. A Thoracic Surgery Implementation Liaison Group (TSILG) was formed in 2020 and met in November 2020. The TSILG continues to provide valuable input and advice to support the implementation of recommended changes, including on the development of communication materials outlining the MBS changes for key stakeholders.
- If you have any questions about the work of the Thoracic Surgery Clinical Committee or the TSILG, please contact surgicalservices@health.gov.au.

Forthcoming ILGs:

- **Psychiatry:** The Psychiatry Clinical Committee's Final Report was published in December 2020. A Psychiatry Implementation Liaison Group is being formed, and will meet in 2021 to discuss the implementation of recommended changes to the Psychiatry MBS items. If you have any questions about the work of the Psychiatry Clinical Committee or the ILG, please contact surgicalservices@health.gov.au.
- **Primary Care:** A number of ILGs will be established in the coming months to support an integrated approach to the implementation of changes to MBS items resulting from the Taskforce's report on Primary Care.

ECG Review

As a result of feedback from the sector regarding the 1 August 2020 changes to electrocardiogram (ECG) services, the Minister has asked the Department to monitor the impact of the changes through a post implementation six month review. The review will consider and provide advice on the impact to patient access to ECG services and subsequent impact to patient health outcomes.

The review commenced in February 2021 with the appointment of committee chair, Prof Sally McCarthy (MBBS, FACEM, MBA, FIFEM), and a public expression of interest invited nominations to participate. The public and other interested stakeholders were invited to provide submissions by 1 April 2021, for the committee's consideration.

Primary Care

The Department acknowledges the ongoing interest that consumers and professionals have in relation to the Taskforce Report on Primary Care which was published on the Department of Health website on 14 December 2020.

The Primary Care Report was one of many reports provided to Government for consideration in 2020 and the Government is currently considering all reports and the significant number of recommendations contained within.

The Department appreciates the anticipation of the primary health care sector in implementing reform and MBS changes. This work is a high priority and consultation and stakeholder engagement has commenced. The information received from these processes will feed into the relevant Implementation Liaison Groups once established.

As detailed in the Report, not all of recommendations can be addressed through MBS changes and the current fee for service model may not be the most appropriate or fastest way to address changes.

Consultation and ongoing discussions with stakeholders will also continue to progress these reform options. We welcome all questions and feedback in relation to the Taskforce recommendations via PrimaryhealthcareLG@Health.gov.au

MBS Review Taskforce Final Report to Government

The MBS Review Taskforce Final Report '*An MBS for the 21st century - Recommendations, Learnings and Ideas for the Future*' was released in December 2020.

This Final Report is the culmination of the Taskforce's five-year review of the more than 5,700 items on the MBS. It offers 21 broader, long-term recommendations aimed at repositioning the MBS for the future. These recommendations centre on six main themes: an MBS that meets the needs of consumers, data and measurement, alternative funding models, GP stewardship, harnessing innovation and improving consistency in MBS surgical procedures.

The Final Report also recommends the establishment of a continuous review mechanism for the MBS, and the Government has taken action in this area by providing funding as part of the 2020-21 Budget to establish such a mechanism.

The Government will consider the Final Report recommendations, along with other recommendations made by the Taskforce. Some of the recommendations will require further investigation, development and discussion. A range of stakeholders have already discussed and shared their views on the Final Report recommendations and further feedback is welcome by emailing the Department of Health at MBSReviews@health.gov.au. The Final Report is available at the Department of Health website [here](#).

Establishment of a Continuous Review Mechanism for the MBS

In October 2020 the Government announced its commitment to establish a continuous review function for the MBS. The Department is currently in the process of establishing this mechanism, including a Governance structure. More information on this mechanism will be provided in future newsletters.

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