



**Australian Government**  
**Department of Health**

Mr Philip Truskett AM  
President  
Royal Australasian College of Surgeons  
College of Surgeons' Gardens, 250-290 Spring St  
East Melbourne VIC 3002

Dear Mr Truskett AM

**New and amended Medicare Benefits Schedule (MBS) listings to commence 1 May and 1 November 2017**

I am writing to inform you of the changes that will take effect to a range of MBS listings of 1 May 2017 and 1 November 2017, subject to the passage of the relevant regulations for these services. These include services for transcatheter aortic valve implantation (TAVI), ovarian transposition, middle ear implant, radical orchidectomy, ophthalmology, mohs surgery claimed with item 31340 for excision of muscle, bone or cartilage and sacral nerve stimulation. The Government announced the implementation of these changes as part of the mid-year economic and fiscal outlook (MYEFO) 2016-17. All changes have been supported by the Medical Services Advisory Committee (MSAC) and/or peak professional bodies. Proposed item descriptors, excluding for TAVI which is in the process of being finalised, are at [Attachment A](#). The amendments are:

*Transcatheter aortic valve implantation*

From 1 November 2017, there will be a new listing on the MBS for a TAVI service for use in patients who are symptomatic, with severe aortic stenosis, who are deemed to be at high risk for surgical aortic valve replacement or 'non-operable'. The listing includes two new case conferencing items for the provision of a multidisciplinary heart team who will be responsible for patient selection and approval, and one separate procedural item for the TAVI service itself.

The department is working with the Cardiac Society of Australia and New Zealand, and the Australian and New Zealand Society of Cardiac and Thoracic Surgeons to address a number of restrictions and requirements associated with the service including the establishment of a conjoint committee for TAVI provider accreditation, requirements for the multidisciplinary heart team, appropriate TAVI facility requirements, and mandatory outcomes data collection.

Further information on the arrangements for listing of TAVI, and the MBS item descriptors, will be communicated once finalised.

### *Ovarian transposition*

From 1 May 2017, the MBS will list a new item for ovarian transposition for patients requiring abdominal/pelvic radiotherapy and at risk of infertility from complications of treatment. These patients cannot access existing MBS item for ovarian transposition, 35729, which can be used only in conjunction with radical hysterectomy.

### *Middle ear implants*

From 1 May 2017, the MBS will list a new item for partially implantable active middle ear implants for patients with mild to severe sensorineural hearing loss (SNHL). The service will be restricted to patients who cannot wear conventional hearing aids for a range of medical reasons and have no alternative treatment. These patients are ineligible for a Cochlear implant (indicated for patients with severe to profound SNHL) or a bone conduction implant (indicated for patients with unilateral SNHL).

### *Radical orchidectomy*

From 1 May 2017, the MBS will list an item for radical orchidectomy. Currently, there are no procedural items for the service although there are corresponding anaesthesia items which are currently claimed with a range of urological and surgical items, most of them clinically inappropriate.

### *Ophthalmology item amendments (42725, 42734, 42758, 42788-92)*

From 1 May 2017, a number of ophthalmology items will be amended to clarify their intent and/or prevent inappropriate claiming.

- Amendment of items 42725 for laser vitreolysis and 42734 for capsulotomy to reflect that capsulotomy should be included as part of the service of item 42725 and that there is no need for these items to be co-claimed together.
- Amendment of item 42758 for goniotomy to better reflect its policy intent for treatment of primary congenital glaucoma. There has been some use of the service for insertion of implants for glaucoma. The insertion of these implants represents a new service that will need to be considered by the MSAC before it can be claimed on the MBS.
- Amendment of items 42788 and 42789 for laser capsulotomy to prevent them from being inappropriately co-claimed with a lens extraction (item 42702).
- Amendment of items 42791 and 42792 for laser vitreolysis or corticolysis to prevent the claiming of these items when a new treatment is performed using laser technology to treat vitreous 'floaters' or detachments. This new service would need to be considered by MSAC before it could be claimed on the MBS.

### *Mohs surgery and item 31340 for excision of muscle, bone or cartilage*

From 1 May 2017, practitioners will be able to claim the items for mohs surgery (31000-31002) with item 31340 for the excision of muscle, bone or cartilage. This change recognises that surgeons performing mohs surgery may also on occasion need to excise muscle, bone or cartilage.

### *Sacral nerve stimulation*

From 1 May 2017, the age restriction for the items for sacral nerve stimulation (items 32213-32218 for faecal incontinence and items 36663-36668 for urinary incontinence) will be removed. As such, patients under the age of eighteen will now be eligible to receive the service if the clinician considers it clinically appropriate.

*Interferon Gamma Release Assay (IGRA)*

From 1 May 2017, an amendment will be made to item 69471 that currently provides testing of cell-mediated immunity in blood for the detection of latent tuberculosis (TB) in an immunosuppressed or immunocompromised patient, using the IGRA method. This amendment will expand the eligible patient population to also include other patients at risk of TB (patients exposed to active TB; patients prior to treatment with anti-TNF therapy; patients with silicosis; and certain patients receiving renal dialysis).

*Genetic Testing for Breast and/or Ovarian Cancer*

From 1 November 2017, two new items will be available for genetic testing for hereditary mutations predisposing to breast and/or ovarian cancer. The first item is a test of up to eight genes, including BRCA1 and BRCA2, in women who already have breast or ovarian cancer. This will provide information to inform prognosis and risk of future primary cancers, as well as, in the case of a mutation-positive result, identifying family members who may also be at risk. The second item will enable the first patient's family members, as identified through testing performed under the first item, to access testing to determine whether they also carry that same mutation that predisposes them to breast and/or ovarian cancer. This testing will help determine whether a patient requires increased surveillance or prophylaxis, or whether the patient can revert to population screening.

*MBS items in the Private Health Insurance (Benefit Requirements) Rules 2011*

When changes or additions of new MBS items are made under the relevant regulations, consideration must also be given to appropriate classification of the items listed in the *Private Health Insurance (Benefit Requirements) Rules 2011* (known as the 'Rules') as many of the MBS items are listed in Schedules 1 and 3 of the Rules.

The Rules set out the minimum accommodation benefits that private health insurers must pay to a public hospital when a patient is admitted to the hospital as a private patient and placed in a shared ward. Amendments to the Rules generally occur when the relevant regulations are updated.

Should you have any queries regarding the above changes, please do not hesitate to contact Mary Warner, Director of Medical Specialist Services Section on (02) 6289 7315 or at [mary.warner@health.gov.au](mailto:mary.warner@health.gov.au).

Yours sincerely,



Michael Ryan  
A/g Assistant Secretary  
Medical Specialist Services Branch  
Medical Benefits Division

19 December 2016

## Proposed item descriptor amendments

### Ovarian transposition

<i>CATEGORY 3 – THERAPEUTIC PROCEDURES</i>
MBS [New item number]
Ovarian repositioning for one or both ovaries to preserve ovarian function, prior to gonadotoxic radiotherapy when the treatment volume and dose of radiation have a high probability of causing infertility (H) (Anaes.)
<b>Fee:</b> \$217.80 <b>Benefit:</b> 75%= \$163.35

### Middle ear implants

<i>CATEGORY 3 – THERAPEUTIC PROCEDURES</i>
MBS [New item number]
MIDDLE EAR IMPLANT, partially implantable, insertion of, via mastoidectomy, for patients with stable sensorineural hearing loss with outer ear pathology that prevents the use of a conventional hearing aid and with: <ul style="list-style-type: none"><li>- a PTA<sub>4</sub> &lt;80 dBHL.</li><li>- bilateral, symmetrical hearing loss with PTA thresholds in both ears within 20 dBHL<sub>0.5-4kHz</sub> of each other; and</li><li>- speech perception discrimination <math>\geq</math>65% correct for word lists with appropriately amplified sound; and</li><li>- a normal middle ear; and</li><li>- normal tympanometry;</li><li>- on audiometry, the air-bone gap is &lt;10 dBHL<sub>0.5-4kHz</sub> across all frequencies; and</li><li>- no other inner ear disorders.</li></ul>
(Anaes.) (Assist.)
<b>Fee:</b> \$1,876.95 <b>Benefit:</b> 75% = \$1,407.75

### Radical orchidectomy

<i>CATEGORY 3 – THERAPEUTIC PROCEDURES</i>
MBS [New item number]
ORCHIDECTOMY, radical, unilateral, with or without insertion of testicular prosthesis
<a href="#"><u>Multiple Services Rule</u></a> (Anaes.) (Assist.)
<b>Fee:</b> \$521.25 <b>Benefit:</b> 75% = \$390.95

### Ophthalmology amendments

Note: Amendments are in red

#### **MBS item 42725**

VITRECTOMY via pars plana sclerotomies including the removal of vitreous, division of bands or removal of epiretinal membranes, *and including capsulotomy if performed.*

[Multiple Services Rule](#)

(Anaes.) (Assist.)

Fee: \$1,338.45 Benefit: 75% = \$1,003.85

#### **MBS item 42734**

CAPSULOTOMY, other than by laser, *not being an item associated with items 42725 or 42731.*

[Multiple Services Rule](#) (Anaes.) (Assist.)

**MBS Fee:** \$300.75 **Benefit:** 75% = \$225.60 85% = \$255.65

#### **MBS item 42758**

GONIOTOMY *for the treatment of primary congenital glaucoma, excluding the minimally invasive implantation of glaucoma drainage devices (H).*

(Anaes.) (Assist.)

**Fee:** \$699.45 **Benefit:** 75% = \$524.60

#### **MBS item 42788**

LASER CAPSULOTOMY - each treatment episode to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period, *not being an item associated with item 42702* (Anaes.) (Assist.)  
(See para T8.87 of explanatory notes to this Category)

**Fee:** \$353.35 **Benefit:** 75% = \$265.05 85% = \$300.35

#### **MBS item 42789**

LASER CAPSULOTOMY - each treatment episode to one eye—if it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42788 applies) is indicated in a 2 year period, *not being an item associated with item 42702* (Anaes.) (Assist.)  
(See para T8.87 of explanatory notes to this Category)

**Fee:** \$353.35 **Benefit:** 75% = \$265.05 85% = \$300.35

**MBS item 42791**

LASER VITREOLYSIS OR CORTICOLYSIS OF LENS MATERIAL OR FIBRINOLYSIS, *excluding vitreolysis in the posterior vitreous cavity* -each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2 year period

Multiple Services Rule (Anaes.) (Assist.)

**MBS Fee:** \$353.35 **Benefit:** 75% = \$265.05 85% = \$300.35

(See para T8.88 of explanatory notes to this Category)

**MBS item 42792**

LASER VITREOLYSIS OR CORTICOLYSIS OF LENS MATERIAL OR FIBRINOLYSIS, *excluding vitreolysis in the posterior vitreous cavity* —each treatment to one eye—if it can be demonstrated that a third or subsequent treatment to that eye (including any treatments to which item 42791 applies) is indicated in a 2 year period (Anaes.) (Assist.)

Multiple Services Rule

**MBS Fee:** \$353.35 **Benefit:** 75% = \$265.05 85% = \$300.35

(See para T8.88 of explanatory notes to this Category)

**Amendment to item 31340**

**MBS item 31340**

**NOTE:** *Multiple Operation and Multiple Anaesthetic rules apply to this item.*

MUSCLE, BONE OR CARTILAGE, excision of one or more of, where clinically indicated, where the specimen excised is sent for histological confirmation, performed in association with excision of malignant tumour of skin covered by item **31000, 31001, 31002, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375 or 31376** (Anaes.)

*(See para T8.22 of explanatory notes to this Category)*

**Derived Fee:** 75% of the fee for excision of malignant tumour

### Sacral nerve stimulation

#### MBS item 32213

SACRAL NERVE LEAD(S), placement of, percutaneous using fluoroscopic guidance, or open, and intraoperative test stimulation, for the management of faecal incontinence in a patient who has an anatomically intact but functionally deficient anal sphincter with faecal incontinence refractory to at least 12 months of conservative non-surgical treatment. Contraindicated in **patients who:**

**(a) — patients under 18 years of age; and**

**(b) patients 18 years of age or older who:**

- (a) are medically unfit for surgery; or
- (b) are pregnant or planning pregnancy; or
- (c) have irritable bowel syndrome; or
- (d) have congenital anorectal malformations; or
- (e) have active anal abscesses or fistulas; or
- (f) have anorectal organic bowel disease, including cancer; or
- (g) have functional effects of previous pelvic irradiation; or
- (h) have congenital or acquired malformations of the sacrum; or
- (i) have had rectal or anal surgery within the previous 12 months.

Multiple Services Rule

(Anaes.)

Fee: \$660.95 Benefit: 75% = \$495.75

#### MBS item 32214

NEUROSTIMULATOR or RECEIVER, subcutaneous placement of, and placement and connection of extension wire(s) to sacral nerve electrode(s), for the management of faecal incontinence in a patient who has an anatomically intact but functionally deficient anal sphincter with faecal incontinence refractory to at least 12 months of conservative non-surgical treatment, using fluoroscopic guidance. Contraindicated in **patients who:**

**(a) — patients under 18 years of age; and**

**(b) patients 18 years of age or older who:**

- (a) are medically unfit for surgery; or
- (b) are pregnant or planning pregnancy; or
- (c) have irritable bowel syndrome; or
- (d) have congenital anorectal malformations; or
- (e) have active anal abscesses or fistulas; or
- (f) have anorectal organic bowel disease, including cancer; or
- (g) have functional effects of previous pelvic irradiation; or
- (h) have congenital or acquired malformations of the sacrum; or
- (i) have had rectal or anal surgery within the previous 12 months.

Multiple Services Rule

(Anaes.) (Assist.)

Fee: \$334.00 Benefit: 75% = \$250.50

**MBS item 32215**

SACRAL NERVE ELECTRODE(S), management, adjustment, and electronic programming of neurostimulator by a medical practitioner, for the management of faecal incontinence - each day. Contraindicated in patients who:

~~(a) patients under 18 years of age; and~~

~~(b) patients 18 years of age or older who:~~

- ~~(a) are medically unfit for surgery; or~~
- ~~(b) are pregnant or planning pregnancy; or~~
- ~~(c) have irritable bowel syndrome; or~~
- ~~(d) have congenital anorectal malformations; or~~
- ~~(e) have active anal abscesses or fistulas; or~~
- ~~(f) have anorectal organic bowel disease, including cancer; or~~
- ~~(g) have functional effects of previous pelvic irradiation; or~~
- ~~(h) have congenital or acquired malformations of the sacrum; or~~
- ~~(i) have had rectal or anal surgery within the previous 12 months.~~

Multiple Services Rule

Fee: \$125.40 Benefit: 75% = \$94.05 85% = \$106.60

**MBS item 32216**

SACRAL NERVE LEAD(S), inserted for the management of faecal incontinence in a patient who had an anatomically intact but functionally deficient anal sphincter with faecal incontinence refractory to at least 12 months of conservative non-surgical treatment, surgical repositioning of, percutaneous using fluoroscopic guidance, or open, to correct displacement or unsatisfactory positioning, and intraoperative test simulation, not being a service to which item 32213 applies. Contraindicated in patients who:

~~(a) — patients under 18 years of age; and~~

~~(b) patients 18 years of age or older who:~~

- ~~(a) are medically unfit for surgery; or~~
- ~~(b) are pregnant or planning pregnancy; or~~
- ~~(c) have irritable bowel syndrome; or~~
- ~~(d) have congenital anorectal malformations; or~~
- ~~(e) have active anal abscesses or fistulas; or~~
- ~~(f) have anorectal organic bowel disease, including cancer; or~~
- ~~(g) have functional effects of previous pelvic irradiation; or~~
- ~~(h) have congenital or acquired malformations of the sacrum; or~~
- ~~(i) have had rectal or anal surgery within the previous 12 months.~~

Multiple Services Rule

(Anaes.)

Fee: \$593.55 Benefit: 75% = \$445.20



**MBS item 32217**

NEUROSTIMULATOR or RECEIVER, inserted for the management of faecal incontinence in a patient who had an anatomically intact but functionally deficient anal sphincter with faecal incontinence refractory to at least 12 months of conservative non-surgical treatment, removal of. Contraindicated in patients who:

~~(a) patients under 18 years of age; and~~

~~(b) patients 18 years of age or older who:~~

- (a) are medically unfit for surgery; or
- (b) are pregnant or planning pregnancy; or
- (c) have irritable bowel syndrome; or
- (d) have congenital anorectal malformations; or
- (e) have active anal abscesses or fistulas; or
- (f) have anorectal organic bowel disease, including cancer; or
- (g) have functional effects of previous pelvic irradiation; or
- (h) have congenital or acquired malformations of the sacrum; or
- (i) have had rectal or anal surgery within the previous 12 months.

Multiple Services Rule

(Anaes.)

Fee: \$156.30 Benefit: 75% = \$117.25

**MBS item 32218**

SACRAL NERVE LEAD(S), inserted for the management of faecal incontinence in a patient who had an anatomically intact but functionally deficient anal sphincter with faecal incontinence refractory to at least 12 months of conservative non-surgical treatment, removal of. Contraindicated in patients who:

~~(a) patients under 18 years of age; and~~

~~(b) patients 18 years of age or older who:~~

- (a) are medically unfit for surgery; or
- (b) are pregnant or planning pregnancy; or
- (c) have irritable bowel syndrome; or
- (d) have congenital anorectal malformations; or
- (e) have active anal abscesses or fistulas; or
- (f) have anorectal organic bowel disease, including cancer; or
- (g) have functional effects of previous pelvic irradiation; or
- (h) have congenital or acquired malformations of the sacrum; or
- (i) have had rectal or anal surgery within the previous 12 months.

Multiple Services Rule

(Anaes.)

Fee: \$156.30 Benefit: 75% = \$117.25

Attachment A

**MBS item 36663**

Sacral nerve lead(s), percutaneous placement using fluoroscopic guidance (or open placement) and intraoperative test stimulation, to manage:

- a) detrusor overactivity; or
- b) non obstructive urinary retention

that has been refractory to at least 12 months medical and conservative treatment ~~18 years of age or older~~.

Multiple Services Rule  
(Anaes.)

Fee: \$660.95 Benefit: 75% = \$495.75

**MBS item 36664**

Sacral nerve lead(s), percutaneous surgical repositioning of, using fluoroscopic guidance (or open surgical repositioning) and intraoperative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of:

- a) detrusor overactivity; or
- b) non obstructive urinary retention

that has been refractory to at least 12 months medical and conservative treatment ~~18 years of age or older~~, not being a service to which item 36663 applies

Multiple Services Rule  
(Anaes.)

Fee: \$593.55 Benefit: 75% = \$445.20

**MBS item 36666**

Pulse generator, subcutaneous placement of, and placement and connection of extension wire(s) to sacral nerve electrode(s), for the management of

- a) detrusor overactivity; or
- b) non obstructive urinary retention

that has been refractory to at least 12 months medical and conservative treatment ~~18 years of age or older~~.

Multiple Services Rule  
(Anaes.)

Fee: \$334.00 Benefit: 75% = \$250.50

Attachment A

**MBS item 36667**

Sacral nerve lead(s), removal of, if the lead was inserted to manage:

- a) detrusor overactivity; or
- b) non obstructive urinary retention

that has been refractory to at least 12 months medical and conservative treatment ~~18 years of age or older.~~

Multiple Services Rule  
(Anaes.)

Fee: \$156.30 Benefit: 75% = \$117.25

**MBS item 36668**

Pulse generator, removal of, if the pulse generator was inserted to manage:

- a) detrusor overactivity; or
- b) non obstructive urinary retention

that has been refractory to at least 12 months medical and conservative treatment ~~18 years of age or older.~~

Multiple Services Rule  
(Anaes.)

Fee: \$156.30 Benefit: 75% = \$117.25

**Interferon Gamma Release Assay (IGRA)**

**MBS item 69471**

Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) for the following groups:

- a) A person exposed to a confirmed case of active tuberculosis
- b) Persons who are infected with human immunodeficiency virus
- c) Persons prior to the commencement of tumour necrosis factor (TNF) inhibitor therapy
- d) Persons who are, or are about to become, immunosuppressed due to disease or medical treatment not otherwise specified
- e) Persons with silicosis
- f) Persons prior to, or after commencement of renal dialysis

**Fee:** \$34.90 **Benefit:** 75% = \$26.20 85% = \$29.70

## Genetic Testing for Breast and/or Ovarian Cancer

**Table 1** Proposed MBS item descriptor for diagnostic genetic testing of affected individuals

<i>CATEGORY 6 - PATHOLOGY</i>
<b>MBS item number XXX1</b> Characterisation of germline gene variants in one or more of the following genes [BRCA1, BRCA2, STK11, PTEN, CDH1, PALB2 and TP53], in a patient with [breast or ovarian cancer] for whom clinical and family history criteria, as assessed by a treating specialist using a quantitative algorithm, place the patient at [>10%] risk of having a clinically actionable pathogenic mutation identified. Fee: \$1725.00

Abbreviations: MBS, Medicare Benefits Schedule

**Table 2** Proposed MBS item descriptor for predictive genetic testing of family members

<i>CATEGORY 6 - PATHOLOGY</i>
<b>MBS item number XXX2</b> Request by a clinical geneticist, or a medical specialist providing professional genetic counselling services, for the detection of a clinically actionable pathogenic mutation previously identified in a gene listed in Item XXX2 in a relative. Fee: \$402.50

Abbreviations: MBS, Medicare Benefits Schedule