

Medicare Benefits Schedule (MBS) Review

OBSOLETE MBS ITEMS – TRANCHE #1

DECEMBER 2015

IMPORTANT NOTE

NOTE THAT THESE ARE THE RECOMMENDATIONS FROM THE CLINICAL COMMITTEE WHICH HAVE BEEN RELEASED FOR THE PURPOSE OF SEEKING THE VIEWS OF STAKEHOLDERS.

NOTE THAT THIS REPORT DOES NOT CONSTITUTE THE FINAL POSITION ON THESE ITEMS WHICH IS SUBJECT TO:

- STAKEHOLDER FEEDBACK;***
- CONSIDERATION BY THE RELEVANT CLINICAL COMMITTEE; THEN***
- CONSIDERATION BY THE MBS REVIEW TASKFORCE; THEN IF ENDORSED***
- CONSIDERATION BY THE MINISTER FOR HEALTH AND THE GOVERNMENT.***

STAKEHOLDERS SHOULD PROVIDE COMMENT ON THE RECOMMENDATIONS VIA THE [ONLINE CONSULTATION TOOL](#).

Introduction

On 22 April 2015, the Minister for Health, the Hon Sussan Ley MP, announced the formation of the [Medicare Benefits Schedule Review Taskforce](#) (the Taskforce) and the Primary Health Care Advisory Group (PHCAG), as part of the Government's [Healthier Medicare initiative](#).

The Taskforce will review the Medicare Benefits Schedule (MBS) in its entirety, considering individual items as well as the rules and legislation governing their application.

The Taskforce

The clinician-led Taskforce is chaired by Professor Bruce Robinson, Dean of the Sydney Medical School at the University of Sydney. Membership includes doctors working in both the public and private sectors with expertise in general practice, surgery, pathology, radiology, public health and medical administration. There is also a consumer representative, as well as members who have academic expertise in health technology assessment.

Vision

The Taskforce proposes that the vision for the MBS be:

The Medicare Benefits Schedule provides affordable universal access to best practice health services that represent value for the individual patient and the health system.

Terms of Reference

According to the Taskforce's [terms of reference](#):

An expert, clinician-led Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) will be established to lead an accelerated programme of MBS reviews to align MBS funded services with contemporary clinical evidence and improve health outcomes for patients.

The Taskforce will appoint chairs and members of Working Groups to progress this work, including clinicians, researchers, health technology assessment experts and consumers, as appropriate to the issue.

Clinical Committees & Obsolete Items

This document provides recommendations about obsolete MBS items following their review by five of the Clinical Committees:

- Diagnostic Imaging
 - 58706, 58924, 59503, 59715, 59736, 59760, 61465
- Ear, Nose, and Throat Surgery
 - 11321, 18246, 41680, 41695, 41758, 41761, 41846, 41849, 41852
- Gastroenterology
 - 13500, 13503, 30493, 32078, 32081
- Obstetrics
 - 16504
- Thoracic Medicine
 - 11500

Obsolete items are items or services which have no clinical purpose in contemporary practice, the services identified are better covered under other items, or the items are no longer used for the purpose for which they were introduced.

The Clinical Committees will recommend to the Taskforce that these items be removed from the MBS, and accordingly the Taskforce is seeking stakeholders' views.

Invitation to provide feedback on recommendations

Stakeholders are invited to provide feedback using the [online consultation tool](#). An outline of the questions and issues asked in the tool are provided in this document. The tool includes the option of uploading a submission. Short submissions are encouraged.

This consultation period is open from **Friday 18 December 2015 until Monday 8 February 2016**.

Specifically, the Taskforce is interested in:

- whether or not you agree with the recommendation(s) of the Clinical Committee(s);
- whether you are aware of evidence which may not have been considered by the Clinical Committee(s) and which would be relevant to determining whether the item(s) are obsolete;
- what the impact of the recommendations may be on particular types of providers or consumers; and
- what the regulatory burden or cost impact may be upon providers and consumers.

The complete list of survey questions is available at the end of this document.

All comments and submissions received by the closing deadline will be reviewed and provided to the relevant Clinical Committee and the Taskforce. Submissions may be made public and shared with relevant Commonwealth, State and Territory Government agencies to inform consideration of any proposed changes. If you wish for your survey response or submission to remain confidential please mark the submission as such. It is also important to be aware that confidential responses may still be subject to access under Freedom of Information legislation.

Contact the [MBS Review Team](#) if you have questions about the obsolete items, the Review, or a request for an extension. Please be aware that although extensions will be considered, late responses may not receive the same level of attention due to the Taskforce's timeframes.

DIAGNOSTIC IMAGING CLINICAL COMMITTEE

Items/item range considered by the Clinical Committee

12306-12323 – *Health Insurance (Bone Densitometry) Determination*

55005-64991 – *Health Insurance (Diagnostic Imaging Services Table) Regulations*

Obsolete items

The Clinical Committee has identified the following items as obsolete and therefore recommend they should be removed from the MBS:

- 58706
- 58924
- 59503
- 59715
- 59736
- 59760
- 61465

Table: Obsolete item numbers and item descriptors

Item number	Item descriptor
58706	Intravenous Pyelography, with or without preliminary plain films and with or without tomography - (R)
58924	Graham's Test (cholecystography), with preliminary plain films and with or without tomography - (R)
59503	Pelvimetry, not being a service associated with a service to which item 57201 applies (R)
59715	Bronchography, 1 side, with or without preliminary plain films and with preparation and contrast injection - (R)
59736	Vasoepididymography, 1 side
59760	Peritoneogram (herniography) with or without contrast medium including preparation - performed on a person over 14 years of age (R)
61465	Venography (r)

NOTE:

These are the (K) and (R) versions of these items, which refers to the [capital sensitivity measure](#) and requested services respectively. There may also be (NK) and (NR) versions of these items which would also be obsolete. For example:

- 58706 (K) / 58708 (NK)
- 58924 (K) / 58926 (NK)
- 59503 (K) / 59504 (NK)
- 59715 (K) / 59716 (NK)
- 59736 (K) / 59737 (NK)
- 59760 (K) / 59761 (NK)
- 61465 (K) / 61711 (NK)

For simplicity, data is not provided for these items.

The Clinical Committee is of the view that these services are no longer part of contemporary clinical practice, on the basis of its expert opinion.

However, the Clinical Committee recommends MBS item 59715 is retained for paediatric only use, as it remained part of contemporary clinical practice for this patient population.

Table: Key Statistics

Item Number	Schedule Fee	Benefits paid	Number of services	Number of services 2009-10 to 2014-15
58706	\$ 157.90	\$47,703	331	7,802
58924	\$84.05	\$1,165	17	73
59503	\$89.40	\$1,109	13	185
59715	\$ 143.55	\$,446	14	116
59736	\$62.00	\$ -	-	7
59760	\$ 115.15	\$2,499	26	323
61465	\$ 265.50	\$425	2	29

Additional information for item 58706

Of the 331 Intravenous Pyelography services provided:

- 306 were out of hospital services
- 259 were performed in a major city
- 143 services were performed in NSW with 105 of those services performed in Greater Sydney
- 82 services were performed in VIC with 63 of those services performed in Greater Melbourne
- 26 services were performed in the ACT

The Clinical Committee could not identify circumstances in which MBS item 58706 would be clinically appropriate, and so are interested in feedback about the circumstances in which Intravenous Pyelography is provided and also whether there are any circumstances when there is no other appropriate test which could be substituted.

Regulation impact

Removal of these items from the MBS is not expected to have an impact on providers or patients. Removing obsolete items from the MBS will benefit providers as it will minimise confusion regarding which item should be claimed for services and will benefit patients as there will be no Medicare benefit for outdated services, thereby incentivising current clinical practice.

Targeted Consultation

The following medical colleges, craft groups, peak bodies, and consumer groups have been identified for targeted consultation:

- Australasian Association of Nuclear Medicine Specialists
- Australasian College of Physical Scientists and Engineers in Medicine
- Australian Diagnostic Imaging Association
- Australian College of Rural and Remote Medicine
- Australian Institute of Radiography
- Australian and New Zealand Society for Vascular Surgery
- Australian Medical Association
- Australian Radiation Protection and Nuclear Safety Agency
- Australian Society for Ultrasound in Medicine
- Australian Sonographers Association
- Consumer Health Forum of Australia
- Diagnostic Imaging and Monitoring Association
- Royal Australian and New Zealand College of Radiologists
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia
- The Thoracic Society of Australia and New Zealand

Further work

The Clinical Committee is continuing to consider the other items, including establishing the following working groups:

- Bone Densitometry
- Imaging of the Knee
- Imaging for pulmonary embolism and deep vein thrombosis

Further consultation will occur when the Clinical Committee has undertaken further considerations and there are further recommendations.

Meeting Dates

The Clinical Committee met on the following dates:

- 23 October 2015
- 20 November 2015

Membership

The members of the Clinical Committee are listed below.

Table: Clinical Committee Members

Name	Position/Organisation
Professor Ken Thomson (Chair)	Program Director, Radiology and Nuclear Medicine, Alfred Hospital
Associate Professor Stacy Goergen	Director of Research, Monash Imaging Clinical Adjunct Professor, Southern Clinical School, Monash University
Professor Alexander Pitman	Director of Nuclear Medicine and PET, Lake Imaging Adjunct Professor, Medical Imaging, University of Notre Dame
Dr William Macdonald	Executive Director, Imaging West Head, Nuclear Medicine, Fiona Stanley Hospital President, Australasian Association of Nuclear Medicine Specialists
Dr Richard Ussher	Director of Training, Radiology, Ballarat Health Services Director, Grampians BreastScreen
Dr Walid Jammal	Clinical Lecturer, Faculty of Medicine, University of Sydney Conjoint Senior Lecturer, School of Medicine, University of Western Sydney Private practice
Dr Evan Ackermann	University Medical Centre, Southern Cross University General Practitioner, Private practice
Associate Professor Duncan Mortimer	Centre for Health Economics, Monash University
Dr James Christie	Radiologist, PRP Diagnostic Imaging Managing Partner, North Shore Private Hospital
Associate Professor Rachael Moorin	Associate Professor, Health Policy & Management, School of Public Health, Curtin University Principal Researcher, Health Centre of Excellence, Silver Chain Group Adjunct Associate Professor, University of Western Australia

EAR, NOSE, AND THROAT SURGERY

CLINICAL COMMITTEE

Items/item range considered by the Clinical Committee

Health Insurance (General Medical Services Table) Regulations

Otolaryngology and Audiology Diagnostic Procedures

11300-11339 (16 items)

General Surgery Items

30244 – 30259 - procedures on the styloid process, parotid gland and associated structures, submandibular gland and associated structures (9 items)

30265 - 30294 – procedures on the salivary glands, tongue, intraoral tumours, branchial cysts and cervical oesophagotomy (12 items)

31400 – 31412 (5 items) –removal of tumours of the upper aerodigestive tract

Ear Nose and Throat Procedures

41500- 41816, 41822, 41825, 41834- 41886, 41904, 41907, 41910 (145 items)

Audiology

82300-82332 (9 items) - services by audiologists on request from ENT specialists

Obsolete items

The Clinical Committee has identified the following items as obsolete and therefore recommend they should be removed from the MBS:

- 11321
- 18246
- 41680
- 41695
- 41758
- 41761
- 41846
- 41849
- 41852

Table: Obsolete item numbers and item descriptors

11321	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's tests) (See para D1.12 of explanatory notes to this Category) Fee: \$115.35 Benefit: 75% = \$86.55 85% = \$98.05
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. There is a low volume of services for this item, which suggested that the test has been superseded by other electronic vestibular function tests.

Table: Obsolete item numbers and item descriptors

18246	GLOSSOPHARYNGEAL NERVE, injection of an anaesthetic agent (See para T7.5 of explanatory notes to this Category) Fee: \$100.80 Benefit: 75% = \$75.60 85% = \$85.70
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. This item is almost exclusively performed by ENT specialists and is always claimed as an adjunct to other ENT procedural items, mainly tonsillectomy and uvulopalatopharyngoplasty (UPPP).

The Clinical Committee reviewed literature on the use of glossopharyngeal nerve blocks performed for anaesthetic purposes during these procedures which indicated safety issues including serious upper airway obstruction and diminished gag reflex. The Clinical Committee is of the opinion that the item should be removed from the MBS on the basis of these safety concerns and that the data did not indicate that the item is being used for any other purpose such as for the management of neuralgic pain. Where a practitioner performs infiltration of local anaesthetic in association with tonsillectomy or UPPP, this service should be considered as part of the service.

Table: Obsolete item numbers and item descriptors

41680	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage (Anaes.) Fee: \$162.95 Benefit: 75% = \$122.25 85% = \$138.55
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. The Clinical Committee noted that this procedure could be claimed under item 41677 (arrest of nasal haemorrhage).

Table: Obsolete item numbers and item descriptors

41695	TURBINATES, cryotherapy to (Anaes.) Fee: \$100.00 Benefit: 75% = \$75.00 85% = \$85.00
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice.

Table: Obsolete item numbers and item descriptors

41758	DIVISION OF PHARYNGEAL ADHESIONS (Anaes.) Fee: \$117.55 Benefit: 75% = \$88.20 85% = \$99.95
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. It is noted that there were very few services in 2014-15 (3 services). There are other MBS items that could be claimed for this service.

Table: Obsolete item numbers and item descriptors

41761	POSTNASAL SPACE, direct examination of, with or without biopsy (Anaes.) Fee: \$122.85 Benefit: 75% = \$92.15 85% = \$104.45
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. This service has been superseded with the use of endoscopes and appears to be used as an adjunct to other ENT procedures. Where the postnasal space is examined as part of a procedure, the Clinical Committee is of the opinion that this constitutes part of performing the procedure and a separate item should not be claimed for inspection of the operative site.

Table: Obsolete item numbers and item descriptors

41846	LARYNX, direct examination of the supraglottic, glottic and subglottic regions, not being a service associated with any other procedure on the larynx or with the administration of a general anaesthetic (Anaes.) <i>(See para T8.77 of explanatory notes to this Category)</i> Fee: \$185.60 Benefit: 75% = \$139.20 85% = \$157.80
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. More than 95 per cent of services claimed under this item were for out-of-hospital services, and five per cent of services were provided in-hospital. Use of this item is concentrated among a minority of providers in certain geographic areas. More than 73 per cent of services were claimed in NSW in 2014-15. Where direct laryngoscopy is performed under general anaesthetic as an in-hospital service, the Clinical Committee is of the opinion that this service (41846) has been superseded by microlaryngoscopy procedures (covered under items 41855 to 41867). Where standard fibre optic examination of the larynx is performed in the office setting, the view of the Clinical Committee is that the appropriate item number to claim is MBS item 41764. The Clinical Committee noted that some members were aware of practitioners claiming this item for providing stroboscopy. The Clinical Committee is of the view that the service of stroboscopy would be best provided for under a new item and will request that the Department commission an evidence review of the service with a view to collecting evidence to enable consideration of a new MBS item specifically for this service.

Table: Obsolete item numbers and item descriptors

41849	LARYNX, direct examination of, with biopsy (Anaes.) (Assist.) Fee: \$272.90 Benefit: 75% = \$204.70
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. This service has been superseded by the use of endoscopes. Where the service is performed using a scope, the appropriate microlaryngoscopy or endoscopic examination item may be claimed.

Table: Obsolete item numbers and item descriptors

41852	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR (Anaes.) (Assist.) Fee: \$295.70 Benefit: 75% = \$221.80
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The Clinical Committee is of the view that this procedure is no longer part of contemporary clinical practice. This service has been superseded by the use of endoscopes. Where the service is performed using a scope, the appropriate microlaryngoscopy or endoscopic examination item may be claimed.

Table: Key statistics

Item Number	Item descriptor	Group	Schedule Fee	2014-15		Change in services from 2009-10 to 2014-15	
				Benefits paid (\$)	Number of services	Number of services	change (%)
11321	Glycerol induced cochlear function changes, assessment by Klockoff's test	D1	115.35	849	9	-17	-65.4%
18246	Glossopharyngeal nerve, injection of an anaesthetic agent	T7	100.80	480,707	6,360	5,608	745.7%
41680	Cryotherapy to nose in the treatment of nasal haemorrhage	T8	162.95	95,292	695	-152	-17.9%
41695	Cryotherapy to nasal turbinates	T8	100.00	5,117	120	10	9.1%
41758	Division of pharyngeal adhesions	T8	117.55	166	3	1	50.0%
41761	Direct examination of post nasal space with or without biopsy	T8	122.85	487,148	7,341	4,319	142.9%
41846	Direct examination of the supraglottic, glottic and subglottic regions of larynx	T8	185.60	5,552,713	36,176	22,074	156.5%
41849	Direct examination of larynx with biopsy	T8	272.90	76,248	472	99	26.5%
41852	Direct examination of larynx with removal of tumour	T8	295.70	6,478	36	12	50.0%

* All MBS items were renumbered in 1991.

items listed in 1974, ^ item listed in 1976, % item listed in 1984, + item listed in 1989

Table: Services by State and Territory 2014-15

Item Number	State								Total
	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	
	Services	Services	Services	Services	Services	Services	Services	Services	Services
11321	5	3	1	0	0	0	0	0	9
18246	1,501	917	378	25	3,499	6	24	10	6,360
41680	92	284	53	30	231	2	3	0	695
41695	51	6	60	1	1	1	0	0	120
41758	0	0	2	0	1	0	0	0	3
41761	2,932	2,242	1,234	608	63	200	34	28	7,341
41846	27,729	1,587	4,836	996	311	105	477	135	36,176
41849	160	63	156	8	76	5	3	1	472
41852	11	16	3	1	2	1	1	1	36

Table: Services by financial year

Services by financial year	Item number								
	11321	18246	41680	41695	41758	41761	41846	41849	41852
2004/2005	34	10	684	137	4	1,225	7,731	347	43
2005/2006	25	9	804	116	5	1,097	8,308	326	29
2006/2007	28	12	736	37	2	1,264	8,914	373	22
2007/2008	38	13	759	36	3	1,663	8,945	377	26
2008/2009	30	134	682	59	5	2,446	11,662	395	19
2009/2010	26	752	847	110	2	3,022	14,102	373	24
2010/2011	41	1,338	803	78	5	2,981	17,594	413	31
2011/2012	45	2,164	834	196	5	3,004	21,418	498	34
2012/2013	22	2,999	693	147	4	3,629	28,479	473	33
2013/2014	11	4,993	715	95	7	5,497	33,148	494	36
2014/2015	9	6,360	695	120	3	7,341	36,176	472	36

Regulation impact

Removal of these items from the MBS is not expected to have an impact on providers or patients. Removing obsolete items from the MBS will benefit providers as it will minimise confusion regarding which item should be claimed for services and will benefit patients as there will be no Medicare benefit for outdated services, thereby incentivising current clinical practice.

Where patients are currently receiving a genuine service claimed through one of the items identified as obsolete, the Clinical Committee is of the view that the service could be claimed under another MBS item. For example, services currently claimed using item 41852 (direct examination of larynx with removal of tumour) may be claimed under item 41864 (microlaryngoscopy with removal of tumour) where performed using a scope.

Targeted Consultation

The following medical colleges, craft groups, peak bodies, and consumer groups have been identified for targeted consultation:

- Audiology Australia
- Australian College of Audiology
- Australian College of Rural and Remote Medicine
- Australian Medical Association
- Australian Society of Otolaryngology Head & Neck Surgery
- Consumer Health Forum of Australia
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia

Further work

The Clinical Committee is continuing to consider the other items, including undertaking a detailed review of all MBS items relating to Ear, Nose and Throat Surgery, including the first reviews of the items for tonsillectomy, adenoidectomy and insertion of grommets. Further consultation will occur when the Committee has undertaken further considerations and there are further recommendations.

Meeting Dates

The Clinical Committee met on the following dates:

- 24 September 2015
- 26 October 2015
- 8 December 2015

Membership

The members of the Clinical Committee are listed below.

Table: Clinical Committee Members

Name	Position/Organisation
Mr Patrick Guiney (Chair)	Ear Nose Throat Surgeon, NorthWest Specialist Centre Chair, Fees Sub-Committee, Australian Society of Otolaryngology Head and Neck Surgery
Dr Margaret-Anne Harris	Senior Medical Officer, Department of Respiratory and Sleep Medicine, Children's Health Queensland Hospital and Health Service, Lady Cilento Children's Hospital
Dr John Curotta	Director, Department of Ear Nose and Throat Surgery, The Children's Hospital at Westmead, NSW
Dr David Wabnitz	Ear Nose Throat Surgeon, Private practice
Dr Carmel Nelson	Director, Clinical Services, Institute for Urban Indigenous Health
Dr Chris Dalton	National Medical Director, Bupa Australia and New Zealand Ear, Nose and Throat surgeon, private practice

GASTROENTEROLOGY CLINICAL COMMITTEE

Items/item range considered by the Clinical Committee

Health Insurance (General Medical Services Table) Regulations

11800-11830 (6 items)
 13500, 13506, 30473-30495 (21 items)
 30680-30694 (9 items)
 31456, 31458, 32023, 32072-32095 (13 items)
 41819, 41820, 41831, 41828, 41832 (5 items)

Obsolete items

The Clinical Committee has identified the following items as obsolete and therefore recommend they should be removed from the MBS:

- 13500
- 13503
- 30493
- 32078
- 32081

It was noted there have been no changes to any of the item descriptors since 1992. The gastric hypothermia items are identical to the schedule in 1974.

Table: Obsolete item numbers and item descriptors

13500	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE Fee: \$180.30 Benefit: 75% = \$135.25 85% = \$153.30
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The Clinical Committee noted the low level of services for item 13500 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete.

Table: Services and benefits 2014-15

Number of services	9
Benefits	\$1,263

Table: Services by State and Territory 2014-15

NSW	2
VIC	2
QLD	4
SA	0
WA	3
TAS	0
ACT	0
NT	0

Table: Services by financial year

2004-05	8
2005-06	6
2006-07	15
2007-08	21
2008-09	11
2009-10	6
2010-11	13
2011-12	15
2012-13	7
2013-14	4
2014-15	9

Table: Obsolete item numbers and item descriptors

13503	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE Fee: \$360.70 Benefit: 75% = \$270.55 85% = \$306.60
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The Clinical Committee noted the low level of services for item 13503 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete.

Table: Services and benefits 2014-15

Number of services	0
Benefits	0

Table: Services by financial year

2004-05	1
2005-06	0
2006-07	0
2007-08	0
2008-09	1
2009-10	1
2010-11	0
2011-12	0
2012-13	1
2013-14	4
2014-15	0

Table: Obsolete item numbers and item descriptors

30493	BILIARY MANOMETRY (Anaes.) (See para T8.17 of explanatory notes to this Category) Fee: \$333.20 Benefit: 75% = \$249.90 85% = \$283.25
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The Clinical Committee noted the low level of services for item 30493 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete.

Table: Services and benefits 2014-15

Number of services	17
Benefits	\$2,853

Table: Services by State and Territory 2014-15

NSW	11
VIC	3
QLD	1
SA	1
WA	1
TAS	0
ACT	0
NT	0

Table: Services by financial year

2004-05	27
2005-06	25
2006-07	37
2007-08	32
2008-09	32
2009-10	20
2010-11	25
2011-12	34
2012-13	25
2013-14	18
2014-15	17

Table: Obsolete item numbers and item descriptors

32078	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of 1 or more polyps where the time taken is less than or equal to 45 minutes (Anaes.) Fee: \$168.55 Benefit: 75% = \$126.45 85% = \$143.30
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The Clinical Committee noted the low level of services for item 32078 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete. Alternative items for sigmoidoscopy are available.

Table: Services by State and Territory 2014-15

Number of services	151
Benefits	\$16,263

NSW	45
VIC	31
QLD	30
SA	6
WA	33
TAS	2
ACT	0
NT	4

Table: Services by financial year

2004-05	182
2005-06	183
2006-07	171
2007-08	206
2008-09	205
2009-10	168
2010-11	171
2011-12	152
2012-13	141
2013-14	153
2014-15	151

Table: Obsolete item numbers and item descriptors

32081	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of 1 or more polyps where the time taken is greater than 45 minutes (Anaes.) Fee: \$231.45 Benefit: 75% = \$173.60 85% = \$196.75
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The Clinical Committee noted the low level of services for item 32081 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete.

Table: Services and benefits 2014-15

Number of services	27
Benefits	\$4,383

Table: Services by State and Territory 2014-15

NSW	9
VIC	9
QLD	4
SA	0
WA	0
TAS	0
ACT	1
NT	0

Table: Services by financial year

2004-05	18
2005-06	40
2006-07	37
2007-08	40
2008-09	35
2009-10	23
2010-11	46
2011-12	39
2012-13	37
2013-14	36
2014-15	27

Regulation impact

Removal of these items from the MBS is not expected to have an impact on providers or patients. Removing obsolete items from the MBS will benefit providers as it will minimise confusion regarding which item should be claimed for services and will benefit patients as there will be no Medicare benefit for outdated services, thereby incentivising current clinical practice.

Targeted Consultation

The following medical colleges, craft groups, peak bodies, and consumer groups have been identified for targeted consultation:

- Australian College of Rural and Remote Medicine
- Australian Diagnostic Imaging Association
- Australian Medical Association
- Colorectal Surgical Society of Australia and New Zealand
- Consumer Health Forum of Australia
- Gastroenterological Society of Australia
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Radiologists
- Rural Doctors Association of Australia

Further work

The Clinical Committee is continuing to consider the other items. Further consultation will occur when the Committee has undertaken further considerations and there are further recommendations.

Meeting Dates

The Clinical Committee met on the following dates:

- 24 September 2015
- 9 November 2015
- 7 December 2015

Membership

The members of the Clinical Committee are listed below.

Table: Clinical Committee Members

Name	Position/Organisation
Associate Professor Anne Duggan (Chair)	Gastroenterologist, John Hunter Hospital Newcastle Senior Clinical Advisor, Australian Commission on Safety and Quality in Health Care
Dr Katherine Ellard	Specialist, Mater Hospital, North Sydney Gastroenterologist, Private practice
Mr James Keck	Clinical Director, Colorectal Surgery, Eastern Health Melbourne Director, Pelvic Floor Physiology, St Vincent's Hospital Melbourne Vice-President, Colorectal Surgical Society of Australia and New Zealand
Professor Finlay Macrae	Professor, Department of Medicine, Melbourne University Head, Colorectal Medicine and Genetics, The Royal Melbourne Hospital
Ms Di Jones	Assistant Director of Nursing, Endoscopy Services, Logan Bayside Health Network President, Society of International Gastroenterology Nurses and Endoscopy Associates
Professor Jon Emery	Professor of General Practice, University of Western Australia Professor of Primary Care Cancer Research, University of Melbourne Director, Primary Care Collaborative Cancer Clinical Trials Group
Dr Peter Radford	General Practitioner, Private practice
Dr Lee Gruner	General President, Royal Australasian College of Medical Administrators

OBSTETRICS CLINICAL COMMITTEE

Items/item range considered by the Clinical Committee

Health Insurance (General Medical Services Table) Regulations

Therapeutic Procedures: Obstetrics
16399 to 16636 (42 items)

Therapeutic Procedures: Gynaecology
35674 to 35678 (4 items)

Assistance at caesarean
51306, 51309, 51312 (3 items)

Midwifery services
82100 to 82512 (12 items)

Diagnostic Imaging Services: Obstetric Ultrasound
55700 to 55775 (50 items)

Diagnostic Imaging Services: Radiographic examination in connection with pregnancy
58503 to 59504 (2 items)

Pathology Services specifically related to pregnancy
Not listed as the Pathology Clinical Committee will have primary responsibility for these items

Therapeutic Procedures: Assisted Reproductive Services
13200 to 13292 (14 items)

Obsolete items

The Clinical Committee has identified the following items as obsolete and therefore recommended they should be removed from the MBS:

- 16504

Table: Obsolete item numbers and item descriptors

16504	<i>TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones each injection up to a maximum of 12 injections, where the injection is not administered during a routine antenatal attendance.</i> <i>Fee: \$47.15 Benefit: 75% = \$35.40 85% = \$40.10</i> <i>Extended Medicare Safety Net Cap: \$22.00</i>
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The Clinical Committee noted the low level of services for item 16504 and based on expert opinion recommends that this item is no longer part of contemporary clinical practice and is obsolete.

Table: Key Statistics

<i>Item number</i>	<i>Schedule fee</i>	<i>Item start date</i>	<i>Benefits paid 2014- 15</i>	<i>Number of services 2014- 15</i>	<i>Services from 2009- 10 to 2014- 15</i>
16504	47.15	1995	1,319	30	566

NSW	6
VIC	5
QLD	5
SA	10
WA	1
TAS	2
ACT	0
NT	1

Table: Services by age 2014-15

15-19	1
20- 24	1
25- 29	5
30- 34	8
35- 39	14
40-44	1
45- 49	0
50- 54	0

Regulation impact

Removal of this item from the MBS is not expected to have an impact on providers or patients. Removing obsolete items from the MBS will benefit providers as it will minimise confusion regarding which item should be claimed for services and will benefit patients as there will be no Medicare benefit for outdated services, thereby incentivising current clinical practice.

Targeted Consultation

The following medical colleges, craft groups, peak bodies, and consumer groups have been identified for targeted consultation:

- Access Australia
- Australian College of Rural and Remote Medicine
- Australian Medical Association
- Consumer Health Forum of Australia
- Maternity Choices Australia
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia
- The Fertility Society of Australia

- The IVF Directors Group
- The National Association of Specialist Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Further work

The Clinical Committee is continuing to consider the other items. Further consultation will occur when the Committee has undertaken further considerations and there are further recommendations.

Meeting Dates

The Clinical Committee met on the following dates:

- 24 September 2015
- 2 November 2015
- 7 December 2015

Membership

The members of the Clinical Committee are listed below.

Table: Clinical Committee Members

Name	Position/Organisation
Professor Michael Permezel (Chair)	Consultant Obstetrician, Mercy Hospital for Women Professor of Obstetrics and Gynaecology, University of Melbourne President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Dr Vijay Roach	Consultant Obstetrician & Gynaecologist, Royal North Shore Hospital Obstetrician, private practice Vice-President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Associate Professor Stephen Robson	Consultant Obstetrician & Gynaecologist, Canberra Hospital. Obstetrician, private practice Vice-President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Associate Professor, Australian National University President-Elect, Australian Medical Association ACT
Dr. Louise Sterling	GP Obstetrician, private practice
Professor Lucie Walters	Professor, Rural Medical Education, Flinders University Obstetrician, private practice (rural) President, Australian College of Rural and Remote Medicine
Professor Jonathan Morris	Director, Kolling Institute for Medical Research, University of Sydney

Ms Elizabeth Wilkes	Chief Executive Officer, Midwifery and Maternity Provider Organisation Australia Midwife, private practice
Dr Christine Thevathasan	Consultant Obstetrician & Gynaecologist, Sandringham Hospital Secretary, National Association of Specialist Obstetricians and Gynaecologists Obstetrician, private practice
Professor Elizabeth Sullivan	Associate Dean (Research), Faculty of Health, University of Technology Sydney
Ms Julie Hamblin	Lawyer, HWL Ebsworth Consumer Representative
Dr Debbie Nisbet	Consultant Obstetric & Gynaecological Ultrasonologist, Royal Women's Hospital Melbourne Chair, Certification in Obstetric and Gynaecological Ultrasound Committee, Royal Australian and New Zealand College of Obstetricians and Gynaecologists

THORACIC MEDICINE CLINICAL COMMITTEE

Items/item range considered by the Clinical Committee

11500, 11503, 11506, 11509, 11512, 12203, 12207, 12210, 12213, 12215, 12217, 12250, 30696, 30710, 41889, 41892, 41895, 41898, 41905

Obsolete items

The Clinical Committee has identified the following items as obsolete and therefore recommend they should be removed from the MBS:

- 11500

Table: Obsolete item numbers and item descriptors

11500	BRONCHOSPIROMETRY, including gas analysis Fee: \$167.00 Benefit: 75% = \$125.25 85% = \$141.95
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The Clinical Committee is of the view that with the changes in technology, there are more appropriate tests available for measuring lung function covered under other MBS items. Hence, this item is obsolete. It is also noted that the MBS data shows a low volume of use for the item.

Table: Key Statistics

Number of services 2014-15	1,026
Benefits 2014-15	\$138,808
% out of hospital (OOH) 2014-15	55.7%

In 2014-15 approximately:

- 63% of 11500 services were provided to people aged 55 years and over.
- 60% of 11500 services were provided by Respiratory and Sleep Medicine specialists and 32% were provided by Anaesthetics specialists.

Table: Top 10 items claimed in association with item 11500 (same day, same provider) in 2014-15

Item combination	Number of Episodes	Number of services	% of total episodes	Description of episodes
11500	386	387	19%	Bronchspirometry only
17610, 11500	184	368	18%	Bronchspirometry and brief anaesthetic consultation
11500, 110	154	308	15%	Bronchspirometry and initial consultant physician consultation
20806, 17610, 11500	76	228	11%	Bronchspirometry, brief anaesthetic consultation & initiation of anaesthetic for laparoscopic procedure of lower abdomen
11500, 00116	98	196	10%	Bronchspirometry and subsequent consultant physician consultation
11700, 11500, 00132	31	93	5%	Bronchspirometry, consultant physician treatment and management plan & 12 lead ECG
41892, 11500, 00116	29	87	4%	Bronchspirometry, bronchoscopy and subsequent consultant physician consultation
11700, 11500, 00133	26	78	4%	Bronchspirometry, consultant physician review of treatment and management plan & 12 lead ECG
20840, 17610, 11500	18	54	3%	Bronchspirometry, brief anaesthetic consultation & initiation of anaesthetic for for all procedures within the peritoneal cavity in lower abdomen including appendectomy
20320, 11500	23	46	2%	Bronchspirometry, & initiation of anaesthetic for procedures on oesophagus, thyroid, larynx, trachea, lymphatic system, muscles, nerves or other deep tissues of the neck

The table shows:

- 19 per cent of the time, bronchspirometry is the only item claimed
- In four of the top 10 item combinations (a total of 34 per cent of the time), item 11500 is claimed in association with an anaesthetic service.
- Five of the top 10 item combinations involve claiming the item in association with a specialist or consultant physician consultation (37 per cent of episodes).

Regulation impact

Removal of these items from the MBS is not expected to have an impact on providers or patients. Removing obsolete items from the MBS will benefit providers as it will minimise confusion regarding which item should be claimed for services and will benefit patients as there will be no Medicare benefit for outdated services, thereby incentivising current clinical practice.

Targeted Consultation

The following medical colleges, craft groups, peak bodies, and consumer groups have been identified for targeted consultation:

- Asthma Australia
- Australian and New Zealand College of Anaesthetists
- Australian College of Rural and Remote Medicine
- Australian Medical Association
- Consumer Health Forum of Australia
- Lung Foundation Australia
- NPS
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia
- The Australian and New Zealand Society of Cardiac and Thoracic Surgeons
- The Thoracic Society of Australia and New Zealand

Further work

The Clinical Committee is continuing to consider the other items, including undertaking a detailed review of MBS items 11503 and 11506. Further consultation will occur when the Committee has undertaken further considerations and there are further recommendations.

Meeting Dates

The Clinical Committee met on the following dates:

- 24 September 2015
- 9 November 2015
- 10 December 2015

Membership

The members of the Clinical Committee are listed below.

Table: Clinical Committee Members

Name	Position/Organisation
Professor Christine Jenkins (Chair)	Senior Staff Specialist, Thoracic Medicine, Concord Hospital Head of Respiratory Trials, The George Institute Clinical Professor & Head of Respiratory Discipline, University of Sydney
Professor Matthew Peters	Head of Respiratory Medicine, Concord Hospital Professor of Respiratory Medicine, Faculty of Medicine and Health Sciences, Macquarie University Past President, Thoracic Society of Australia and New Zealand
Dr Phillip Antippa	Director, Lung Cancer Services, Royal Melbourne Hospital
Dr Ronald Tomlins	Adjunct Associate Professor, Discipline of General Practice, University of Sydney General Practitioner, Private Practice President, International Primary Care Respiratory Group
Dr Kerry Hancock	General Practitioner, private practice Executive Member, Coordinating Committee COPD National Programme, Lung Foundation Australia Member, GP Asthma Group, National Asthma Council Board Member, Asthma Foundation SA
Associate Professor Hiran Selvadurai	Head, Department of Respiratory Medicine, The Children's Hospital, Westmead, Sydney Children's Hospital Network
Ms Debra Kay	Consumer Representative
<i>Sleep Studies</i>	
Associate Professor Nick Antic	Clinical Director, Adelaide Institute for Sleep Health Staff Specialist, Sleep and Respiratory Medicine, Repatriation General Hospital and Flinders Medical Centre Centre President, Australasian Sleep Association
Dr Maree Barnes	Institute for Breathing and Sleep, Austin Hospital Incoming President, Australasian Sleep Association
Dr Craig Hukins	Director, Department of Respiratory and Sleep Medicine, Princess Alexandra Hospital
Associate Professor Garun Hamilton	Respiratory and Sleep Medicine Physician, Monash Health Adjunct Professor, School of Clinical Sciences, Monash University
Dr Chris Dalton	National Medical Director, Bupa Australia and New Zealand Ear, Nose and Throat Surgeon, Private practice

Outline of Citizen Space online consultation tool survey questions

Respondents must provide demographic information

- Name
- Email Address
- Are you representing an organisation?
 - If relevant, organisation name
- State/Territory
- MBS interaction: health professional; consumer; other
 - If relevant, specialty for type of health professional or further information about other

Respondents may provide feedback on one or all Clinical Committee recommendations.

- Have you claimed this item in the last 12 months?
- If applicable, have you requested this item in the last 12 months (ie. GP requesting a specialist provide the service for this item)?
- Do you agree this item is obsolete?
 - If relevant, outline why you consider this item is not obsolete. In particular, for which patient populations and indications it may be relevant.
- Will there be a significant impact upon patient access to relevant treatments if this item is no longer on the MBS?
 - If relevant, outline the patient access issues
- If you are aware of any evidence about whether the item is or is not obsolete, please indicate the sources of this evidence (ie. journal article).
- What will the regulatory burden or cost impact on patients or health professionals of the removal of this item from the MBS?
- Do you wish for your responses to remain confidential?
- You may upload a submission