

National Centre for Classification in  
Health



PROFESSIONAL RELATIVITIES STUDY

**RESOURCE MATERIAL N**

**MBS items: issues and recommendations for revisions**

*List of problems, issues and recommendations detailed by clinicians during the Clinician Consultant, Consensus Group and Between Group Alignment Processes of the PRS. Clinicians asked that their comments be referred to the MSRB.*

*prepared for*

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Medicare Schedule Review Board  
December 2000

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
110	Item 110 disadvantages providers of long complex consultants. Many initial consultants involving the family of a child with malignancy extend beyond 90 minutes.	CG	Paediatric Oncology	Letter from Aust And NZ Childrens Cancer Study Group Inc To NCCH 23 Oct 1998
116	Item 116 is used for all subsequent attendance's for five to seven years after referral in paediatric haematology oncology practice. Relapses, complications, explanation of complex results and answering parent questions frequently results in consultation time of 45 minutes or more. A fee of \$56.00 is ridiculous for the time, stress and effort involved.	CG	Paediatric Oncology	Letter from Aust And NZ Childrens Cancer Study Group Inc To NCCH 23 Oct 1998
11000	ECG-The actual test performed by scientist/technician. Doctor comments on clinical significance of result. Equipment and disposables are expensive.	CC	Neurology	
11003	ECG-The actual test performed by scientist/technician. Doctor comments on clinical significance of result. Equipment and disposables are expensive.	CC	Neurology	
11006	ECG-The actual test performed by scientist/technician. Doctor comments on clinical significance of result. Equipment and disposables are expensive.	CC	Neurology	
11012	Neuromuscular electrodiagnosis. Tests often done with assisting scientist. Time estimates based on single handed work by doctor.	CC	Neurology	
11015	Neuromuscular electrodiagnosis. Tests often done with assisting scientist. Time estimates based on single handed work by doctor.	CC	Neurology	
11018	Neuromuscular electrodiagnosis. Tests often done with assisting scientist. Time estimates based on single handed work by doctor.	CC	Neurology	
11021	Neuromuscular electrodiagnosis. Tests often done with assisting scientist. Time estimates based on single handed work by doctor.	CC	Neurology	
11024	CNS evoked response. Rating based on procedure in OT under GA. Nil if no GA.	CC	Paediatric Medicine	
11024	CNS evoked responses. Test involves large amount of scientist time.	CC	Neurology	
11206	Electroretinography or electro- oculography. Never performed.	CC	Neurology	
11209	Electroretinography or electro- oculography. Never performed.	CC	Neurology	
11300	CNS evoked responses. Test involves large amount of scientist time.	CC	Neurology	
11333	Caloric tests and Electronystagmography usually done by ENT surgeons.	CC	Neurology	
11339	Caloric tests and Electronystagmography usually done by ENT surgeons.	CC	Neurology	
11500	Bronchspirometry."Normally done by Thoracic Physician."	CC	Cardiology	
11509	This is a technician item - needs to be considered by the practice costs study. CG: Technician item - needs practice costs study to consider.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
11603	Not General Surgery. Medical Imaging.	CC	Upper GI Surg	
11603	Exam of peripheral vessels at rest. Very limited to Endocrinology.	CC	Endocrinology	
11606	Examination of peripheral vessels at rest. All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
11606	2 examinations of Peripheral vessels at rest. Irrelevant items, not done by Consultant.	CC	General Medicine	
11606	Exam of peripheral vessels at rest. > 2 . ? Relevance to endocrinology.	CC	Endocrinology	
11700	12 lead ECG-Inappropriate for Nephrologists to do and report own tracings	CC	Renal Medicine	
11701	Twelve lead ECG. Ranking on basis of reports.	CC	Endocrinology	
11800	Oesophageal Motility Test. Not an operative procedure. CMBS fee includes capital and staff. Rating considers only physician component CG: Mostly done by technician.	CC / CG	Gastroenterology	
11810	Gastro-oesph. Reflux Disease. Not operative procedure. CMBS fee includes capital and staff. Rating considers only physician component.	CC	Gastroenterology	

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
12012	Epicutaneous patch testing. Main time is in pre service consultation, taking detailed history and investigating the makeup of various preparations, to determine allergins to test for. Pre service time: includes research into which products contain which allergins.	CC	Dermatology	
12015	Epicutaneous patch testing. Main time is in pre service consultation, taking detailed history and investigating the makeup of various preparations, to determine allergins to test for. Pre service time: includes research into which products contain which allergins.	CC	Dermatology	
12018	Epicutaneous patch testing. Main time is in pre service consultation, taking detailed history and investigating the makeup of various preparations, to determine allergins to test for. Pre service time: includes research into which products contain which allergins.	CC	Dermatology	
12021	Epicutaneous patch testing. Main time is in pre service consultation, taking detailed history and investigating the makeup of various preparations, to determine allergins to test for. Pre service time: includes research into which products contain which allergins.	CC	Dermatology	
12203	Post time does not include staging by technicians but does include detailed review of the study and reporting.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
12207	Post time does not include staging by technicians but does include detailed review of the study and reporting.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
12306	Bone Densitometry - All of these items are not performed by Physician, usually by nurse.	CC	Geriatric Medicine	
12306	Bone densitometry. Irrelevant items, not done by Consultant.	CC	General Medicine	
12306	Bone densitometry. Done by Radiologists/Nuclear Medicine. Endocrinologists interpret report.	CC	Endocrinology	
12312	Bone Densitometry - All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
12312	Bone densitometry. Irrelevant items, not done by Consultant.	CC	General Medicine	
12312	Bone densitometry. Done by Radiologists/Nuclear Medicine. Endocrinologists interpret report.	CC	Endocrinology	
12315	Bone densitometry. Irrelevant items, not done by Consultant.	CC	General Medicine	
12315	Bone densitometry. Done by Radiologists/Nuclear Medicine. Endocrinologists interpret report.	CC	Endocrinology	
12321	Bone densitometry. Done by Radiologists/Nuclear Medicine. Endocrinologists interpret report.	CC	Endocrinology	
12521	Should be in diagnostic imaging.	CG	General Med	
12533	Carbon labelled urea breath test. Not operative procedure. Rating for physician component. C-13 capital costing not adequately addressed in CMBS. NCCH Note: 2 mins intra time given for Nuclear Medicine and remote providers.	CC / BGAP-CG	Gastroenterology / Thor & Paed Med / General Med	
13103	Haemodialysis supervision. When Physician is needed to be in attendance, the case is complicated and patient is demanding of time and skill.	CC	Renal Medicine	
13103	Supervision in hospital by a medical specialist of - haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis- This item should also include supervision of satellite haemodialysis. NB: This time has been estimated on the basis that the item will only be charged once a month by Nephrologists.	CC / CG	Cardiology / Renal Med / ICU	Letter from Aust & NZ society of Nephrology
13106	Dec clotting of an arteriovenous shunt. No longer clinically relevant.	CC	Renal Medicine	Letter from Aust & NZ society of Nephrology
13106	Dec clotting arteriovenous shunt. Item rarely done.	CC	Renal Medicine	
13203	Ovulation monitoring. Difficult to estimate time.	CC	Obstetrics and gynaecology	

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
13300	This descriptor needs review as procedure varies according to the vein used.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
13312	Collection of blood for pathology by femoral or external jugular vein puncture. "Not recommended practice."	CC	Paediatric Medicine	
13500	Gastric hypothermia. Procedure of no clinical value. Only 4 procedures done 1996/7.	CC	Gastroenterology	
13503	Gastric hypothermia. Not recommended for rating. Only 1 procedure done 1996/7.	CC	Gastroenterology	
13506	Gastro-oesophageal balloon intubation. Anaesthesia usually required. Mostly cared for in ICU. Does not include pre-procedure consultation.	CC	Gastroenterology	
13703	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure. The cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13706	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure, the cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13709	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure, the cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13839	Need an additional item for peripheral arterial cannulation.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
13915	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13915	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure. The cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13918	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13918	Intravenous infusion of Chemotherapy. All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
13918	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure. The cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13921	Items 13915, 13918, 13706 & 13924. Administration of Chemotherapy items - Times provided for PRS are conditional on having full access to professional nurse support.	CG	Medical Oncology / Clinical Haematology	CG Meeting
13921	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13921	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure. The cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
13924	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13924	The time estimates provided for the PRS apply specifically to physician time, but it is conditional that this procedure be recognised to be absolutely dependant on a requirement for nursing assistance to perform the procedure, the cost for which must be compenstated for in the final costing for the item.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
13927	Push or Infusion of Chemotherapy. All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
13930	Chemotherapy administration." Intra-arterial infusion needle usually inserted by radiologist or surgeon."	CC	Medical Oncology	
13933	Chemotherapy administration. "Intra-arterial infusion needle usually inserted by radiologist or surgeon."	CC	Medical Oncology	
13936	Chemotherapy administration. "Intra-arterial infusion needle usually inserted by radiologist or surgeon."	CC	Medical Oncology	
13936	Infusion of Chemotherapy. All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
13939	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13942	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
13945	Chemotherapy administration. "Rated as if doctor inserts IV needle- usually performed by oncology nurse under supervision."	CC	Medical Oncology	
14050	PUVA Therapy. Risk: PUVA burns one of most common reasons for medico legal claims against dermatologists in USA. Significant skin cancer risk with long term therapy.	CC	Dermatology	
14053	PUVA Therapy. Risk: PUVA burns one of most common reasons for medico legal claims against dermatologists in USA. Significant skin cancer risk with long term therapy.	CC	Dermatology	
14100	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14100	Laser photocoagulation. Pre service times for item numbers for vascular laser work are greater for the first 6 treatments, as the first treatment requires detailed explanation to the patient - that extra time has been averaged out over the first 6 treatments. This is not necessary for the 7th & subsequent treatments.	CC	Dermatology	
14103	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the dermatologist.	CC	Dermatology	
14106	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14109	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
14112	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14115	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14118	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14120	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the dermatologist.	CC	Dermatology	
14122	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more \$ ie overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14124	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14126	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14128	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14130	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14132	For all laser items, intraservice times vary considerably depending on the type of laser used-averages have been used. The faster lasers cost more, ie, overlap with practice costs. All are assumed to be done under local anaesthesia, except 14115, 14130 & 14132, performed by the Dermatologist.	CC	Dermatology	
14206	Hormone or living tissue implantation. All of these items are not performed by physician, usually by nurse.	CC	Geriatric Medicine	
15000	Superficial radiotherapy. Several medico legal suits recently in Australia.	CC	Dermatology	
15003	Superficial radiotherapy. Several medico legal suits recently in Australia.	CC	Dermatology	
15203	Need new item for replanning - need to review items for treatment checks.	CG	Radiation Oncology	CG Meeting

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
15500	Planning - grounds for 4th level. MBS does not address clinical aspects of planning in pre and post time.	CG	Radiation Oncology	CG Meeting
15506	More accurate to split into level 3 and 4 for re rating (level 4 should cover more complex planning).	CG	Radiation Oncology	CG Meeting
15518	Important: For PRS, time for this service is total time and not face to face time with patient	CG	Radiation Oncology	CG Meeting
15521	Important: For PRS, time for this service is total time and not face to face time with patient.	CG	Radiation Oncology	CG Meeting
15524	Important: For PRS, time for this service is total time and not face to face time with patient. Also need 4th level of dosimetry. Should split into two items as wide variation in use of this item for different treatments.	CG	Radiation Oncology	CG Meeting
15527	Important: For PRS, time for this service is total time and not face to face time with patient.	CG	Radiation Oncology	CG Meeting
15530	Important: For PRS, time for this service is total time and not face to face time with patient.	CG	Radiation Oncology	CG Meeting
15533	Important: For PRS, time for this service is total time and not face to face time with patient.	CG	Radiation Oncology	CG Meeting
15600	Dr Haper noted that item 15600 was an anomaly, as it combined consultation, procedure and follow-up, being a whole-day process.	BGAP-CG	Radiation Oncology / Med Onc/Clin Haem	
16519	Need to split item (CGPI feels item is artificial).	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
30000	Operative procedure on tissue, organ etc. Too broad to rate.	CC	Obstetrics and gynaecology	
30014	Extensive burns, dressing. "Extensive not defined. Should be greater than 10%."	CC	Plastic Surg	
30020	Burns excision under GA. Aftercare very variable.	CC	Upper GI Surg	
30023	Soft tissue wound, deep or extensively contaminated, debridement. "Deep or extensively contaminated not defined, but presumably deeper than skin & obviously dirty or caused by contaminated object." Need to split item into big wound (plastic surg) and little wound (orthop surg). NCCH note: ranked and rated on average of big & little wound.	CC / BGAP-CG	Plastic Surg / NeuroSurg/Orthop Surg	
30023	Debridement of soft tissue wound. Time depends on size of wound.	CC	Orthopeadic Surg	
30042	Skin /subcutaneous tissue/mucous membrane, repair of recent wound. "Exploration for damage to deeper structures essential. Should be classed in layers."	CC	Plastic Surg	
30055	Wounds dressing under GA. "Mainly necessary in kids. Parents need explanation and education."	CC	Plastic Surg	
30058	Post op haemorrhage, control under GA. Very variable.	CC	Upper GI Surg	
30087	Dr FirkIn noted that a new description was needed for item 30087, since the times, (which had been agreed to by Group 22), referred to a slightly different procedure which currently had no item number. He stated that he would follow up on this with the AMA.	BGAP-CG	Radiation Oncology / Med Onc/Clin Haem	
30093	Needle biopsy of vertebra. Very difficult procedure.	CC	Orthopeadic Surg	
30096	Scalene node biopsy. Requires complex knowledge of anatomy & risk of damage to major nerves & vessels.	CC	Upper GI Surg	
30099	Sinus, excision of superficial tissue. "Much aftercare if left open. Risk / stress depends on location."	CC	Upper GI Surg	
30107	Ganglion or small bursa, excision. "Always deeper than externally apparent and often closely approximated to nerves."	CC	Upper GI Surg	
30165	Lipectomy. "Explanation of limit of operative result takes time, ie post service."	CC	Plastic Surg	
30168	Lipectomy. "Explanation of limit of operative result takes time, ie post service."	CC	Plastic Surg	
30174	Patients are concerned re: risk, scarring, etc and need time for discussion and questions.	CC	Plastic Surg	
30177	Lipectomy. "Symmetry, position of umbilicus & haemostasis all very important."	CC	Plastic Surg	

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30183	Axillary hyperhidrosis, total excision of sweat bearing gland area. "Determining sweating area & planning extent of excision is important."	CC	Plastic Surg	
30192	Premalignant skin lesions. Risk of scar unacceptable to patient.	CC	Dermatology	
30195	Neoplastic Skin lesions. Knowing which lesion to treat. Risk of leaving pale scars. Potential damage to underlying nerves and vessels.	CC	Dermatology	
30196	Skin cancer. Main skill is knowing which tumours will respond completely to this relatively inexpensive method of treatment.	CC	Dermatology	
30202	Skin cancer. Main skill is knowing which tumours will respond completely to this relatively inexpensive method of treatment.	CC	Dermatology	
30203	Skin cancer. Main skill is knowing which tumours will respond completely to this relatively inexpensive method of treatment.	CC	Dermatology	
30205	Skin cancer. Dr. Salmon and several colleagues feel this item is dubious and that cryotherapy should not be used.	CC	Dermatology	
30207	Skin lesions. Skill in knowing which lesions will treat. Risks of causing atrophy and telangiectasia.	CC	Dermatology	
30213	Starburst vessels, diathermy or sclerosant injection. Risk due to item being cosmetic procedure-medicolegal implications for poor outcomes.	CC	Dermatology	
30214	Starburst vessels, diathermy or sclerosant injection. Risk due to item being cosmetic procedure-medicolegal implications for poor outcomes.	CC	Dermatology	
30229	Muscle excision. "Aftercare extremely variable, according to indication and if wound left open. Aftercare should be excluded from ranking."	CC	Upper GI Surg	
30241	Need to split item - difficult/not so difficult procedures.	CG	Orthopaedic Surg	CG Meeting
30250	Parotid gland, total extirpation. "Particularly stressful procedure."	CC	Upper GI Surg	
30253	Parotid gland, total extirpation. "Particularly stressful procedure."	CC	Upper GI Surg	
30253	Parotid gland, tumour removal, with exposure of facial nerve. "Often time consuming with definite risk of damage."	CC	Plastic Surg	
30255	Submandibular ducts, removal, for surgical control of drooling. "Item should read "reposition of" not removal."	CC	Plastic Surg	
30266	Salivary gland, removal of calculus. "Risk of damage to lingual nerve of concern."	CC	Upper GI Surg	
30313	Thyroglossal cyst, removal of. "This operation is not done by Paediatric Surgeons. The correct operation for any thyroglossal remnant is complete removal of all of the track, covered by Item 30314."	CC / CG	Paediatric Surg	Letter to NCCH, 8 Jan 1998
30314	See comment for 30313.	CC / CG	Paediatric Surg	
30328	Lymph glands of neck, radical excision. "Time taken reflects important structures that must be found and conserved."	CC	Plastic Surg	
30337	Simple mastectomy, with/without frozen section biopsy.(Assist) "should be performed by a fully qualified surgeon, so only one item number and fee should apply."	CC	Upper GI Surg	
30338	Simple mastectomy, with/without frozen section biopsy (assist). "Should only be performed by a fully qualified surgeon."	CC	Upper GI Surg	
30341	Breast cyst excision. "Should only be performed by fully qualified surgeon."	CC	Upper GI Surg	
30342	Breast cyst excision. "Should only be performed by fully qualified surgeon."	CC	Upper GI Surg	
30356	Subcutaneous mastectomy, with or without frozen section biopsy. "With or without" could make 15-20 minutes difference in time. Should be 2 separate items."	CC	Plastic Surg	
30364	Breast exploration & drainage of haematoma, excluding aftercare. "Rating influenced by exclusion of "aftercare" in definition."	CC	Upper GI Surg	



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30369	Accessory breast tissue, excision of. "Taking only breast tissue and not leaving a contour defect can be difficult."	CC	Plastic Surg	
30370	Inverted nipple, surgical eversion of. "Possible result & effect on breastfeeding needs discussion."	CC	Plastic Surg	
30382	Enterocutaneous fistula, radical repair. "Great variation in task complexity."	CC	Colorectal Surg	
30385	Laparotomy for post operative haemorrhage. "Potentially life threatening."	CC	Colorectal Surg	
30403	Separate code required for burst abdomen.	CG	General Surg	CGPI meeting, 7 Nov 1998
30405	Descriptor needs to be modified to include simple and complex hernia and also to add time element. Need a separate code for resection of bowel. This item is not being used for claiming in the current way as described.	CG	General Surg	CGPI meeting, 7 Nov 1998
30408	Peritoneo venous (Leveen) shunt, insertion. "Requires good cognitive skill, clinical judgement and expertise to allow adequate function of shunt."	CC	Upper GI Surg	
30409	Liver Biopsy. Implies Trucut biopsy, more hazardous than biopsy done by Radiologists.	CC	Gastroenterology	
30411	Liver Biopsy, wedge excision in association with other procedure. "Pre Service Time depends on other procedure."	CC	Upper GI Surg	
30412	Liver Biopsy by core needle, with other procedure. "Pre Service Time depends on other procedure."	CC	Upper GI Surg	
30439	Operative cholangiography/pancreatography (includ. 1+ exams.during 1 op.). Pre & post service time as part of other operation.	CC	Upper GI Surg	
30441	Intraoperative ultrasound for staging intra operative tumours. Pre & post service time as for associated procedure.	CC	Upper GI Surg	
30443	Cholecystectomy. "Intensity varies greatly, according to patient."	CC	Upper GI Surg	
30443	Recommendation made to broaden descriptor to include simple/complex also laparoscopy/mini laparoscopy/open procedure.	CG	General Surg	CGPI meeting, 7 Nov 1998
30445	Laparoscopic cholecystectomy. "Requires knowledge of additional techniques compared to 30443." (see comment for 30443).	CC	Upper GI Surg	
30460	Choledochojejunostomy or Roux-en-Y should have a separate item number to Cholecystoduodenostomy and Cholecystoenterostomy.	CG	General Surg	CGPI meeting, 7 Nov 1998
30463	Radical resection of common hepatic duct, right and left ducts for Carcinoma. "Long term success depends on technical skill of Surgeon."	CC	Upper GI Surg	
30473	Oesophagoscopy etc. Presumes separate pre-procedural consultation. Recovery (post service) is time under proceduralists responsibility.	CC	Gastroenterology	
30475	Endoscopy, Oesophagagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation.	CC	Gastroenterology	
30476	Endoscopy, Oesophagagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation.	CC	Gastroenterology	
30478	Endoscopy, Oesophagagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation. This item should be split to accommodate differences in procedures.	CC / BGAP-CG	Gastroenterology / Thor & Paed Med / General Med	
30479	Endoscopy, Oesophagagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation. Includes diagnostic endoscopy.	CC / CG	Gastroenterology	
30481	Endoscopy, Oesophagagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation.	CC	Gastroenterology	

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MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
30482	Endoscopy, Oesophagoscopy, Endoscopic Laser Therapy, Percutaneous Gastrostomy (initial and repeat). Presumes separate pre procedural consultation.	CC	Gastroenterology	
30484	ERCP. Estimates relate to diagnostic ERCP only. There should be an additional MBS number for removal of common duct calculi, particularly when endoscopic lithotripsy is involved.	CC	Upper GI Surg	
30484	ERCP. Presumes separate pre procedural consultation. No separate charge for upper GI endoscopy. Should be able to attract consult fee post service if extra patient care is required following examinations.	CC / CG	Gastroenterology	
30485	Endoscopic Sphincterotomy. Presumes separate pre procedural consultation. With/without ERCP. Includes diagnostic ERCP	CC / BGAP-CG	Gastroenterology	
30487	*Small bowel intubation with biopsy. Presumes non-endoscopic technique eg crosby capsule. *Not common to gastro - may be used for paediatric gastro. Mostly done by technician.	CC / CG	Gastroenterology	
30490	Oesophageal prosthesis. Presumes separate pre procedural consultation. Includes endoscopy and dilation.	CC	Gastroenterology	
30491	*Bile duct endoscopic stenting (ES). Includes ERCP. *Includes diagnostic ERCP. When done with ES also use 30485	CC / CG	Gastroenterology	
30493	Biliary manometry. Not ERCP. Includes diagnostic ERCP	CC / CG	Gastroenterology / General Surg	
30494	Endoscopic biliary dilatation. Includes ERCP. Includes diagnostic ERCP. When done with Endoscopic Stenting (ES) also use 30486	CC CG confirmed data	Gastroenterology	
30496	Vagotomy. "This item should be separate from pyloroplasty or gastroenterostomy."	CC	Upper GI Surg	
30497	Antrectomy. "It is inappropriate to have a fee of \$514.95 for partial gastrectomy(antrectomy), with vagotomy and one of \$725.05 for partial gastrectomy alone.'	CC	Upper GI Surg	
30518	Antrectomy. "It is inappropriate to have a fee of \$514.95 for partial gastrectomy(antrectomy), with vagotomy and one of \$725.05 for partial gastrectomy alone.'	CC	Upper GI Surg	
30568	Intraoperative enterotomy for visualisation of the small intestine by endoscopy. Multiple operation rule should not apply. Should be covered by 30487 and 30375.	CC	Upper GI Surg	
30569	Endoscopic exam small bowel - Presumes separate pre procedural consultation. Post service does not include recovery.	CC	Gastroenterology	
30612	Femoral or inguinal hernia or infantile hydrocele, repair. "There are many different techniques of ranging complexity when the "open" exposure method is used."	CC	Upper GI Surg	
30614	Item should be split. Intra time reflects quicker operations on children	CG	General Surg/ General Pract/ Paediatric Surg	
30653	See comment on CIRCUMCISION.	CG	Paediatric Surg	
30656	See comment on CIRCUMCISION.	CG	Paediatric Surg	
30663	Haemorrhage, arrest, after circumcision, with GA. " May be included under 30058, post op haem. under GA."	CC	Upper GI Surg	
30676	Pilonidal sinus or cyst, excision. "Includes much after care, especially if left open."	CC	Upper GI Surg	
31000	Micrographically controlled Serial Excision of Skin Tumour, horizontal frozen sections. Huge variation in Intraservice Time. Extremely draining to Patient and Surgeon.	CC	Dermatology	

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
31001	Micrographically controlled Serial Excision of Skin Tumour, horizontal frozen sections. Huge variation in Intraservice Time. Extremely draining to Patient and Surgeon.	CC	Dermatology	
31002	Micrographically controlled Serial Excision of Skin Tumour, horizontal frozen sections. Huge variation in Intraservice Time. Extremely draining to Patient and Surgeon.	CC	Dermatology	
31220	Tumours, removal of 4-10 lesions. "Impossible to give a time- 4 is quite different to 10 lesions. Site is very important especially if patient has to be turned."	CC	Plastic Surg	
31225	Tumours, removal of 4-10 lesions. "Impossible to give a time- 4 is quite different to 10 lesions. Site is very important especially if patient has to be turned."	CC	Plastic Surg	
31265	Basal cell carcinoma removal. Single stage local flap repair. Post service time includes following day wound check & suture removal; no item numbers to cover these services.	CC	Dermatology	
31285	Basal cell carcinoma removal. Single stage local flap repair. Post service time includes following day wound check & suture removal; no item numbers to cover these services.	CC	Dermatology	
31295	Basal cell carcinoma, .....removal from head or neck....etc. "Clinical problems so variable that a single item description is not adequate. Times and difficulties more than listed."	CC	Plastic Surg	
31325	Malignant melanoma. All surgical excision items are calculated with dermatologist injecting local anaesthetic, very few work under general anaesthesia.	CC	Dermatology	
31340	Muscle, Bone or Cartilage excision. "Time not possible to quantify - varies according to access to site. Judgement, skill and risk is increased when deeper tissue involved."	CC	Plastic Surg	
31345	Lipoma removal, excision. "Subfascial lipoma is more difficult than subcutaneous lipoma."	CC	Plastic Surg	
32072	Sigmoidoscopic examination, w/w/out biopsy. "An additional service fee should be paid for this procedure when performed in one's rooms or when disposable and other relatively expensive equipment is required."	CC	Upper GI Surg	
32075	Sigmoidoscopic examination, w/w/out biopsy. "An additional service fee should be paid for this procedure when performed in one's rooms or when disposable and other relatively expensive equipment is required."	CC	Upper GI Surg	
32084	Flexible fibreoptic sigmoidoscopy or colonoscopy. Bimodal distribution..a) Flexible sigmoidoscopy w/out sedation. b) Failed colonoscopy. Capital costing for procedure outside day procedure centres not available, inhibiting it's application.	CC	Gastroenterology	Letter to NCCH, 9 Jan 1998
32090	Fibreoptic Colonoscopy. Separate pre procedural consultation. High skill base, long training.	CC	Gastroenterology	
32093	Fibreoptic Colonoscopy. Separate pre procedural consultation. High skill base, long training.	CC	Gastroenterology	
32132	Haemorrhoids or rectal prolapse, sclerotherapy. "Should include a service fee when performed in rooms."	CC	Upper GI Surg	
32162	Anal fistula, excision, upper half. "Risk of incontinence."	CC	Colorectal Surg	
32736	CG: Possibly obsolete item	CG	Vascular Surg	
33106	Obsolete item which the vascular surgeons did not want to include in the PRS.	CG	Vascular Surg	CG Meeting 26.2.99
33500	Should be called carotid endarterectomy.	CG	Vascular Surg	CG Meeting 26.2.99
33518	Different operation when abdominal approach. Should also be separated by common iliac or external iliac.	CG	Vascular Surg	CG Meeting 26.2.99
34118	Possible obsolete item - see also comment for 34127 (covered by 33833 or 33836 or 33839)	CG	Vascular Surg	
34127	Possible obsolete item - see also comment for 34118 (covered by 33833 or 33836 or 33839)	CG	Vascular Surg	
34500	Obsolete item which the vascular surgeons did not want to include in the PRS.	CG	Vascular Surg	CG Meeting 26.2.99
34506	Obsolete item which the vascular surgeons did not want to include in the PRS.	CG	Vascular Surg	CG Meeting 26.2.99

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
34800	Possibly obsolete as now different apparatus used	CG	Vascular Surg	
34824	No scientific evidence to perform procedure.	CG	Vascular Surg	CG Meeting 26.2.99
34827	No scientific evidence to perform procedure.	CG	Vascular Surg	CG Meeting 26.2.99
34830	No scientific evidence to perform procedure.	CG	Vascular Surg	CG Meeting 26.2.99
34833	No scientific evidence to perform procedure.	CG	Vascular Surg	CG Meeting 26.2.99
34833	No scientific evidence to perform procedure	CG	Vascular Surg	
35330	Percutaneous operation takes a lot less time - suggest item should be split. An open operation is significantly different.	CG	Vascular Surg	CG Meeting 26.2.99
35617	Cervix, cone biopsy, amputation or repair. These items are not performed by physician, usually by nurse or GP.	CC	Geriatric Medicine / General Medicine / Obstetrics and gynaecology	
35640	Spinal or epidural anaesthesia would attract greater pre and intra service times	CG	General Pract	
36561	Renal biopsy (closed). Query whether more properly remunerated as 30094 - percutaneous biopsy of deep organ.	CC	Renal Medicine	Letter from Aust & NZ society of Nephrology
36561	Kidney biopsy. A difficult, stressful and highly skilled procedure done "blind" or by feel and much undervalued.	CC	Renal Medicine	
36618	* Reduction ureteroplasty. "This operation in the paediatric population covers two quite different procedures. One is a rarely-performed operation to re-fashion the whole of the ureter such as is necessary in association with posterior urethral valves. It is an operation which takes about three hours and is difficult, particularly because the blood supply of the ureter must be carefully preserved. The other operation that this item number covers is in addition to ureteric re-implantation in which the lower end of the ureter is reduced in diameter. This is a much smaller procedure, adding about thirty minutes to the re-implantation procedure with only a moderately high intensity rating (approximately 7)." * Mostly done in conjunction with 36588 but has been R&R as standalone.	CC / CG	Paediatric Surg	Letter to NCCH, 8 Jan 1998
37023	Items with large variations due to paed/adult differences - should consider separate items.	BGAP-CG	Urology	
37354	See comment on CIRCUMCISION..	CG	Paediatric Surg	
37824	Large differentiation between intra time and OTE (from theatre times database). Proximal is a more difficult operation, however, data probably is for distal operations.	CG	Paediatric Surg	
38200	38200&13818 are the same item and should be combined in the MBS.	CG	Cardiology / Renal Med / ICU	
38203	Item number needs new descriptor - ranking in on basis of trans arterial catheterisation.	CG	Cardiology / Renal Med / ICU	
38458	Pectus excavatum, repair. "Haemostasis important and time consuming."	CC	Plastic Surg	
39000	Lumbar puncture. "Anaesthetic time variable."	CC	Paediatric Medicine	
39000	Intrathecal chemotherapy is "a very common procedure in paediatric practice but not listed in the MBS. We currently use MBS item number 39000 but the administration of chemotherapy does not attract the benefit."	CG	Medical Oncology / Clinical Hematology PAEDIATRIC	
39327	Need to split item; neurectomy/ neurotomy is one item and removal of tumor as a separate item.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
39333	Underpriced item as high risk	BGAP-CG	Plastic Surg	
39703	Very broad descriptor which needs division into several components	CG	NeuroSurg	CG Meeting
39815	Obsolete Item.	CC / CG	NeuroSurg	
40300	Need to split by number of discs.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
40330	This has been ranked and rated alone for PRS but mostly is a non-standalone item usually coupled with 40300 or 40303 or 40306.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
40801	New item required with microelectrode recording added to this item.	CG	NeuroSurg	CG Meeting
41605	Item obsolete - not used	CG	Otolaryngology Head and Neck Surg	CG Meeting
41626	CG:Post time includes recovery visit etc.	CG	Otolaryngology Head and Neck Surg	
41819	Oesophageal & anastomosis stricture. Separate pre procedural consultation, with/without upper GI endoscopy.	CC	Gastroenterology	
41828	This procedure should not be performed	CG	Gastroenterology	
41831	Endoscopic pneumatic dilatation of Oesophagus. Refers to pneumatic dilation of achalasia, > 2cm balloon.	CC	Gastroenterology	
41832	Baloon dilation of oesophagus. Not recommended by gastroenterologists. Infrequently performed by gastroenterologists.	CC CG confirmed data	Gastroenterology	
41883	CG:This ranking refers to current item 41880.	CG	Cardiology / Renal Med / ICU	
41901	Need an item for bronchoscopy with brachytherapy.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
42808	Recommend delete item from PRS due to zero frequency in 1996/97	CG	Ophthalmology	
43825	Neonatal Alimentary Obstruction. "This item should be re-worded 'Neonatal laparotomy, not being a service to which any other item applies.' The present wording is a little too restrictive as neonates may require laparotomy for matters other than obstruction which are not currently covered in the schedule. It is unlikely to make any significant financial impact but since the abolition of Section 11, which will make this item more generally applicable.	CC / CG	Paediatric Surg	Letter to NCCH, 8 Jan 1998
43876	While the small teratomas will take two to three hours and the present item number is a reasonable recompense, some teratomas are enormous in size and are a significant proportion of the patient's body weight, their excision taking five to six hours. There is no solution to this problem at present. The group suggests that a new item number be created for giant scaro-coccygeal teretomas, the definition of which will be that the teretoma weights more than 20% of the total body weight of the patient.	CC	Paediatric Surg	Letter to NCCH dated 20 Mar 1998
43879	While the small teratomas will take two to three hours and the present item number is a reasonable recompense, some teratomas are enormous in size and are a significant proportion of the patient's body weight, their excision taking five to six hours. There is no solution to this problem at present. The group suggests that a new item number be created for giant scaro-coccygeal teretomas, the definition of which will be that the teretoma weights more than 20% of the total body weight of the patient.	CC	Paediatric Surg	Letter to NCCH dated 20 Mar 1998
43960	Anorectal Malformation, perineal anoplasty of. "The term 'perineal anoplasty' applies to two rather different procedures. One is a superficial procedure for such conditions as covered 'anus' and the operating time is about thirty minutes. There is a relatively low intensity rating and in comparison to the current scale of fees would attract a fee of approximately \$190 to \$200. The other operation which it covers is for higher lesions such as 'anteriorly placed anus.' This operation requires mobilisation of the anus and is much more time consuming than the above , but a lesser procedure than posterior sagittal ano-rectoplasty, Item 43963. It should therefore attract a fee lower than Item 43963 but significantly higher than the present fee for this item number and in the present scale of fees would have a reimbursement of apprximately \$700. The number of these procedures being done each year is not likely to be large."	CC / CG	Paediatric Surg	Letter to NCCH, 8 Jan 1998

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
43987	Neuroblastoma, radical excision of. "This also is a heterogeneous group, the members of which fall into two approximate categories. The first is a localised neuroblastoma operation which is only a little more difficult than for nephroblastoma (Item 43984)., and this is reflected in the current fee schedule. However, there are a proportion of patients who have infiltrating tumours requiring very extensive dissection in the retroperitoneal tissues with skeletalisation of the great vessels and their major branches or tributaries. This is a much more difficult and hazardous operation. The normal time taken for this sort of procedure is four to six hours although it can be longer. By comparison, this procedure is much more difficult than excision of an adrenal tumour, Item 30324, the current schedule fee for which is only 5% less than item 43987. Once again, abolition of Section 11 makes it impossible for the surgeon to get a reasonable reimbursement for these extraordinarily difficult procedures.	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
44108	Hernia Operation. "The differential between the young baby and the older patient is currently at three months post-natal age. However, premature babies may be three months ex- utero but still very small and difficult to operate on. We suggest that the distinction between the fee for the small baby requiring herniotomy and the older patients be based on conceptual age and that the cut-off point be fifty weeks post-conception."	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
44111	Hernia Operation. "The differential between the young baby and the older patient is currently at three months post-natal age. However, premature babies may be three months ex- utero but still very small and difficult to operate on. We suggest that the distinction between the fee for the small baby requiring herniotomy and the older patients be based on conceptual age and that the cut-off point be fifty weeks post-conception."	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
44114	Hernia Operation. "The differential between the young baby and the older patient is currently at three months post-natal age. However, premature babies may be three months ex- utero but still very small and difficult to operate on. We suggest that the distinction between the fee for the small baby requiring herniotomy and the older patients be based on conceptual age and that the cut-off point be fifty weeks post-conception."	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
44338	Need specific item for removing digit including the ray.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
45003	Flap Repair, simple and small. "No definition of simple and small. What if the flap is simple and large or difficult and small? "	CC	Plastic Surg	
45009	Flap Repair, simple and small. "No definition of simple and small. What if the flap is simple and large or difficult and small. "	CC	Plastic Surg	
45018	Potential non-standalone item. Performed differently by Neurosurgeons & Plastic Surgeons. NCCH note: During BGAP-CG process item was considered by both representatives to be in fact describing two different procedures, with significantly different times needed for the different specialities.	BGAP-CG	Plastic Surg / NeuroSurg	
45021	Abrasive therapy. Significant risk from poor outcomes for both patient and dermatologist.	CC	Dermatology	
45025	CO2 laser resurfacing of face, neck for scarring. Pre-Service: local & regional anaesthesia administered by dermatologist, rarely general anaesthesia. Significant medico legal implications for poor outcomes.	CC	Dermatology	
45026	CO2 laser resurfacing of face, neck for scarring. Pre-Service: local & regional anaesthesia administered by dermatologist, rarely general anaesthesia. Significant medico legal implications for poor outcomes.	CC	Dermatology	
45036	Estimates on basis of excision of deep angioma.	CG	Paediatric Surg	
45203	Questionable non-standalone item.	CG	General Surg	

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
45206	Basal cell carcinoma removal. Single stage local flap repair. Post service time includes following day wound check & suture removal; no item numbers to cover these services.	CC	Dermatology	
45406	See comment on BURNS	CG	Paediatric Surg	
45439	*Free grafting, small. "What is small?" *Questionable non-standalone item.	CC / CG	Plastic Surg / General Surg	
45442	Free grafting, extensive. "What is extensive?"	CC	Plastic Surg	
45451	Questionable non-standalone item.	CG	General Surg	
45502	Microvascular Anastomosis: Average time for free flap is 7 hours. Anastomosis time 30-45 min, donor/recipient preparation time is prolonged.	CC	Hand Surg	
45503	Operation involves harvesting grafts and 2 micro anastomoses, usually difficult especially if venous.	CC	Plastic Surg	
45503	Micro arterial/venous graft. Can be used instead of 45502, but used for replant/ revascularisation.	CC	Hand Surg	
45524	Mammoplasty etc.This item is incorrectly worded or the schedule fee should be increased by 50%.	CC	Plastic Surg	
45528	Mammoplasty etc.This item is incorrectly worded or the schedule fee should be increased by 50%.	CC	Plastic Surg	
45588	Meloplasty. The fee for this item is incorrect when compared with Item 45587. Item 45588 should be increased by 50% for the 2nd side of the face.	CC	Plastic Surg	
45590	Orbital cavity, reconstruction. Any item using the words "with or without" should be replaced by 2 items.	CC	Plastic Surg	
45590	Orbital cavity reconstruction. "Any item using the words "with or without" should be replaced with /by 2 items."	CC	Plastic Surg	
45597	Total resection of maxillae. Very rarely undertaken.	CC	Plastic Surg	
45599	Total resection of mandible. Usual operation is sub total.	CC	Plastic Surg	
45671	Suggest that lips and eyelids should be separate item numbers	BGAP-CG	Plastic Surg / Ophthalmology	
45674	Suggest that lips and eyelids should be separate item numbers	BGAP-CG	Plastic Surg / Ophthalmology	
45753	Pre times changed to exclude modelling - but this should be a separate item	BGAP-CG	Oral & Maxillofacial Surg	
45767	Need a new item for percutaneous fixation of fractures (eg Colles, metacarpal, supracondular humerus) - this is currently covered by closed reduction items but more time and expense is involved in the percut fixation.	CG	Orthopeadic Surg	CG Meeting
46372	Dupuytren's contracture. Damage to digital nerves and necrosis of the skin are risks.	CC	Plastic Surg	
46387	Dupuytren's contracture. Scar which makes dissection more difficult and nerves more likely to be damaged.	CC	Plastic Surg	
46390	Dupuytren's contracture. Scar which makes dissection more difficult and nerves more likely to be damaged.	CC	Plastic Surg	
46393	Dupuytren's contracture. Scar which makes dissection more difficult and nerves more likely to be damaged.	CC	Plastic Surg	
46492	The CG requested clarification of item descriptor. CG: Need description clarification. NCCH: report to MSRB	CG	Orthopeadic Surg	CG Meetings (30.1.99 & 16.3.99)
47003	Times and intensities estimated for AC joint. Dr S:ranked too low. TT:opt=15, opt2=20, oat=22, oat2=23	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47024	Times and intensities estimated for as a proximal procedure and deferred estimates for a distal procedure.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
47048	Need a separate item number for neuroleptic anaesthesia and digital ring block. Need separate aftercare. Dr S:ranked too high. TT:opt=14, opt2=16, oat=21, oat2=27	CG	General Practice/Emergency Medicine	CGPI teleconference 11.02.99
47048	CG recommends a separate item number for neuroleptic anaesthesia and digital ring block. Need separate aftercare. Times and intensities estimated as reduction of prosthetic hip.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47060	Recommend to scrub this item from MBS.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47333	Should split item to involve PIP joint and MCP joint as separate items. CG: Should split item to involve PIP joint and MCP joint as separate items. NCCH: report to MSRB	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47339	Dr S:should be ranked with 47636. TT:opt=30, opt2=31, oat=34, oat2=48	CG	General Pract	
47408	Separate items required for treatment of fracture of radius by excision and treatment of fracture by internal fixation. CG: Separate items for treatment of fracture of radius by excision and treatment of fracture by internal fixation. NCCH: report to MSRB	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47417	Dr S:does not interleave well with like procs. TT:opt=15, opt2=15, oat=33, oat2=20	CG	General Pract	
47466	CG recommends that these items be deleted from the schedule. The treatment of the fracture should be considered as part of the attendance item and indexed in the MBS with an asterisk.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47471	CG recommends that these items be deleted from the schedule. The treatment of the fracture should be considered as part of the attendance item and indexed in the MBS with an asterisk.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47474	This is non-operative - should be covered by new consultation items except in multi-trauma cases. CG 16.3.99: This is non-operative - should be covered by consultation items except in multi-trauma cases.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47474	CG recommends that these items be deleted from the schedule. The treatment of the fracture should be considered as part of the attendance item and indexed in the MBS with an asterisk.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47477	This is non-operative - should be covered by new consultation items except in multi-trauma cases.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47525	New item needed for bilateral procedure.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47567	Need a new item for percutaneous fixation of fractures (eg Colles, metacarpal, supracondular humerus) - this is currently covered by closed reduction items but more time and expense is involved in the percutaneous fixation procedure.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47570	Recommend to combine this item with 47565.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47609	Need separate items for calcaneum and talus.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47612	Need separate items for calcaneum and talus.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47615	Need separate items for calcaneum and talus.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47618	Need separate items for calcaneum and talus.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47681	Should this be covered by the new consultation items?	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47696	Query the application (use) of this item and its relation to \$value.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47699	Recommend combining items 47699 and 47702.	CG	Orthopaedic Surg	CG Meeting
47702	Recommend combining items 47699 and 47702.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47703	CG recommends that these items be deleted from the schedule. The treatment of the fracture should be considered as part of the attendance item structure.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999



## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
47705	Recommend combining items 47705, 47711 and 47714.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47711	Recommend combining items 47705, 47711 and 47714.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47714	Recommend combining items 47705, 47711 and 47714.	CG / BGAP-CG	NeuroSurg/Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
47735	CG recommends that these items be deleted from the schedule. The treatment of the fracture should be considered as part of the attendance item structure.	CG	General Practice/Emergency Medicine	CG Meetings and teleconferences Nov 1998 - May 1999
47978	Recommend revision of descriptor by deleting the component that reads "requiring excision of muscle and deep tissue".	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48221	Radius/ulna bone graft. Time depends on whether one or both bones involved.	CC	Orthopaedic Surg	
48239	Bone graft. Time depends on size of bone.	CC	Orthopaedic Surg	
48242	Bone graft. Time depends on size of bone.	CC	Orthopaedic Surg	
48427	Recommend separate items for osteotomy and osteectomy.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48663	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48666	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48669	Recommend split item across three spinal levels.	CG	NeuroSurg/ Orthopaedic Surg	CG Meeting
48672	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48675	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48678	Questionable non standalone item	CG	NeuroSurg/Orthopaedic Surg	
48681	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48684	Questionable non standalone item	CG	NeuroSurg/Orthopaedic Surg	
48687	Questionable non standalone item	BGAP-CG	NeuroSurg/Orthopaedic Surg	
48690	Questionable non standalone item	CG	NeuroSurg/Orthopaedic Surg	
48942	Obsolete items that should be removed from schedule.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
48942	This is an obsolete item that should be removed from schedule.	CG	Orthopaedic Surg	CG Meeting
49336	Hip, treatment of a fracture of femur etc. "If treatment of a periprosthetic fracture, it is grossly underpaid."	CC	Orthopaedic Surg	
49345	CG 16.3.99: Re ASSIST items, members asked NCCH to report to the MSRB that payment be made to all assisting surgeons.	CG	Orthopaedic Surg	
49351	Non operative item, consultation only. Times and ratings estimated for the PRS are based on the assumption that the item IS NOT associated with 49354.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
49357	These times and ratings are based on the assumption that the item IS NOT associated with 49354.	CG	Orthopaedic Surg	CG Meeting
49360	Recommend merge of items 49360 and 49366.	CG	Orthopaedic Surg	CG Meeting
49366	Recommend merge of items 49360 and 49366.	CG	Orthopaedic Surg	CG Meetings (30.1.99 & 16.3.99)
49509	Need separate items for synovectomy and arthrodesis.	CG	Orthopaedic Surg	
49562	Descriptor needs to be modified by taking out 'carbon fibre implant'. This item may then be combined with 49561 (would need to add multiple drilling to 49561 if 49562 is deleted).	CG	Orthopaedic Surg	CG Meeting
49848	*Description needs clarification - procedure is covered by other items. *These times and ratings are based on the assumption that the item IS NOT associated with 49354.	CG	Orthopaedic Surg	CG Meeting
49863	This items should be deleted and the multiple rule applied to 49860 for 2 or more joints.	CG	Orthopaedic Surg	CG Meeting
50102	More specificity is needed in the description of this item.	CG	Orthopaedic Surg	CG Meeting
50104	More specificity is needed in the description of this item.	CG	Orthopaedic Surg	CG Meeting
50106	More specificity is needed in the description of this item.	CG	Orthopaedic Surg	CG Meeting

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
50124	Aspiration/injection, synovial/joint cavity. Cost should consider equipment and anaesthetic.	CC	Rheumatology	
50125	Aspiration/injection, synovial/joint cavity. Cost should consider equipment and anaesthetic.	CC	Rheumatology	
50127	This item is not specific enough. It should be deleted; the \$ is high and might encourage use of this non-specific item.	CG	Orthopaedic Surg	CG Meeting
50300	Need to modify descriptor by deleting "12 month period" because of differences in cases. Rated in PRS as including 12 month period.	CG	Orthopaedic Surg	CG Meeting
50327	Need a new item for BILATERAL "Talipes equinovarus, combined postero-medial release of, revision procedure". Ratings for 50327 is not loaded for bilateral procedure.	CG	Orthopaedic Surg	CG Meeting
50336	Need a new item for bilateral procedure.	CG	Orthopaedic Surg	CG Meeting
51303	Assistance at any operation in group T8, with word "Assist." "Varies considerably, according to operation, and should be funded as such. Depends very much on duration and complexity of the principle procedure."	CC	Upper GI Surg	
51700	Delete from PRS - covered by new consult items.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
51703	Delete from PRS - covered by new consult items.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
52120	52120 & 52126 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
52132	Tracheostomy. "A difficult number to place! Can be high risk procedure in certain conditions."	CC	Facio-maxillary	
52141	This item is generally not performed alone	CG	Oral & Maxillofacial Surg	
52339	52339 & 52336 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
52342	52345 & 52342 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
52357	52357 & 52354 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
52382	52382 & 52380 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
52396	52369, 52372 & 52366 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
53000	53000 & 53003 are equivalent in terms of time, intensity and rank.	CG	Oral & Maxillofacial Surg	
53018	Questionable non-standalone item. Item performed with maxillary osteotomies (all) - combine with those items.	CG	Thoracic Medicine/Paediatric Medicine / Oral & Maxillofacial Surg	CG Meeting
53406	53409 & 53406 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
53415	53416 & 53415 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
53422	53422, 53423, 53418 & 53419 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
53424	53424 & 53427 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
53427	Items 53400 through to 53460 are more commonly done in conjunction with other items - multiple item rule applies to these items. However, panfacial # (can be performed alone) - Multiplicity rule reduces fee substantially in these cases.	CG	Oral & Maxillofacial Surg	
53429	53429 & 53425 are equivalent in terms of time, intensity and rank	CG	Oral & Maxillofacial Surg	
90720	*Should distinguish between new and existing on 10 & 15 minute items *Relevant to existing only	CG	Otolaryngology Head and Neck Surg / Paed & Thor Med	
90730	*Should be separate item(s) for work-up and modelling for OMS. *Relevant to existing only	CG	Thoracic Medicine/Paediatric Medicine / Oral & Maxillofacial Surg	CG Meeting
90740	Parameters of intensity within a consultation core group lacking.	CG	Oral & Maxillofacial Surg	
90752	Weighted the post service time for when jaw work up is necessary, but suggest that separate item is created for orthognathic surgery consultation and workup. OMS do not necessarily want special item numbers.	CG	Thoracic Medicine/Paediatric Medicine / Oral & Maxillofacial Surg	CG Meeting

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
90761	Neurology need more post, less pre. But this is the opposite for psychiatry. Agreed to average.	BGAP-CG	Neurology/Psychiatry	
90771	Descriptor should read for major new problem involving discussion with family & patient	CG	General Surg	
91061	Home visit should be floor time - geriatric medicine	CG	General Med	
13700, 13750, 13755 and 13760	The items 13760, 13700, 13750 and 13755 are very complex and time consuming procedures which require considerable expertise. The reimbursement for the cost of performing items 13750 and 13755 currently is inappropriately low. The person who provided a breakdown of costs and time requirements during the recent deliberations which led to the creation of items 13760, 13700, 13750 and 13755 was Dr John Bashford. It is recommended that he be directly contacted for specific details in further stages of the project.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
17503-17810	17503-17810 Not appropriate for ranking, as they are non specific in value.	CC	Anaesthesia	
30084 30087	Haematologists commented that current practice was to employ one or two of the three means of biopsy in any combination. Hence need to either modify descriptions of 30084 and 30087, or more likely introduce two new items as follows: NEW 1: any one means of biopsy of bone marrow: by trephine using a percutaneous approach with a Jamshidi needle or similar device, or by aspiration of synovial membrane or by punch biopsy of synovial membrane (10 15 10 5 7 5)  NEW 2: any two means of biopsy of bone marrow: trephine using a percutaneous approach with a Jamshidi needle or similar device, aspiration of synovial membrane or punch biopsy of synovial membrane (10 20 12 5 7 5).	CG	Clinical Haematology / Medical Oncology	Mtg 1.10.99
53400 - 53460	Items 53400 through to 53460 are more commonly done in conjunction with other items - multiple item rule applies to these items. However, panfacial fracture (can be performed alone) - Multiplicity rule reduces fee substantially in these cases.	CG	Thoracic Medicine/Paediatric Medicine	CG Meeting
AI (Fractures)	Some items such as fractured ribs should not exist above a consultation fee as their management is now part of the consultation as no specific treatment except analgesia is used now.	CC	General Practice	
AI (Referred/Non-referred)	Add 0.5 to stress for REFERRED CIs for complexity and medicolegal risk	CG	General Pract	
General - Burns	Burns. "Burns are more prevalent in the paediatric population than the adult population. In general terms, remuneration for burn procedures is peculiarly low. The preparation time, anaesthetic time and dressing time for burn procedures are longer than most others. Apart from very small burns, each burn operation requires individual planning to obtain adequate access to the burn site as well as the potential donor sites so that the surgeon in charge has to exercise considerable cognitive skill prior to the operation itself. The position of the patient, the area to be prepared, and the method of draping can never be routine. Larger burns have a complexity and a stress which increases in a manner which is greater than linear fashion with larger burns. Paediatric burns are in general more stressful due to the longer life span of the patient and the need for a better cosmetic result as the patient has yet to establish self-identity and self-esteem, and yet to pass through the sensitive phases of their development."	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
General - Circumcision	Circumcision. "The current policy to artificially lower the benefit for this operation so as to discourage unnecessary performance of it is understood and accepted. However, the operation is more difficult and has a much higher degree of risk than the current remuneration suggests. if the above policy is to remain, other purely paediatric operations should be correspondingly weighted to compensate for the large number of circumcisions which are required medically and by parental demand (see recent Australian College of Paediatrics updated statement on circumcision.).	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
General - Emergency Medicine	See formal Submission made by Australian College for Emergency Medicine to MSRTF (Letter and Submission 22 July, 1998)	CG	Emergency Medicine	Letter and Submission July 22, 1998
General - Hernia Operation	Hernia Operation. "The differential between the young baby and the older patient is currently at three months post-natal age. However, premature babies may be three months ex- utero but still very small and difficult to operate on. We suggest that the distinction between the fee for the small baby requiring herniotomy and the older patients be based on conceptual age and that the cut-off point be fifty weeks post-conception."	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
General - IM & SC chemotherapy	Intramuscular chemotherapy and Subcutaneous chemotherapy in paediatric patients are not covered by any MBS item	CG	Medical Oncology / Clinical Heamatology PAEDIATRIC	
General - Infectious Diseases	GENERAL COMMENT: Items of little relevance to Infectious Diseases. Major deficiency with MBS is appropriate items for administering intravenous antibiotics in outpatient setting. Items relating to administration of chemotherapy are not applicable to antimicrobial chemotherapy (13915-13945).	CC	Infectious diseases	
General - IVF	The global items includes for IVF and artificial insemination reflect a multitude of services. These include imaging, pathology, consultations by doctors, associated professionals and extensive laboratory services. Grouping together a multitude of relatively lower level services, all of which have separate complexities. But when grouped, will eventually lead to a moderate level of remuneration based on the number of services involved in the grouping rather than the complexity. It is a difficult exercise in the context of procedures.	CG	General Surg	Letter to NCCH 28 Oct 1998
General - Neonatal Surgery	Neonatal Surgery. In the rankings supplied, neonatal surgery is scattered through the upper half of the ranking. In general terms, neonatal surgery is more stressful and more difficult than other procedures. The delicacy of the tissues as well as the delicacy of their physiology is such that preparation times are longer. Because their whole life is ahead of them, the degree of stress involved in ensuring a good result is greater. Finally, parents are usually in a particularly vulnerable state at this time, and their management requires considerable skill and time. Neonatal procedures, therefore, should be correspondingly weighted in recognition of these difficulties.	CC	Paediatric Surg	Letter to NCCH, 8 Jan 1998
General - PRS CC process	1. Time for Study: recommend 2-3 months for CC input for study of this magnitude. Recommends new MBS item numbers as per ACCC project be used in PRS. 2. Allocation of relative values would be simplified by excluding aftercare. 3. Rankings may be compressed to be 1-20, not 1-250. 4. There is no rank No 1. This leaves scope for more complex procedures to be added. 5. There is no item number for some frequently performed procedures eg. endoscopic biliary stone removal =/- lithotripsy, and Extracorporeal shock wave lithotripsy for large common duct calculi.	CC	Upper GI Surg	

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
General - PRS ranking & rating process	GENERAL COMMENTS: Pre service time is time taken to change upon arrival in theatre and between cases. Short cases: 5-10 mins; long cases: 15 mins. Intraservice time varies according to experience of surgeon and complications. Dr Pepperell has chosen a mid time factor. Post service time, generally short for day cases. 10 mins for hospital stays. Intensity activity takes place at early visits eg Items 104/105.	CC	Obstetrics and gynaecology	
General - PRS ranking & rating process	GENERAL COMMENT: The meaning of the term "Total Work Value" is not immediately apparent. Perhaps the assessment should include "the value of the test in terms of treating or diagnosing disease."	CC	Neurology	
General - PRS ranking & rating process	Some irrelevant items. Variations in difficulty within items.	CC	Endocrinology	
General - Radiation Oncology maps to CPT	The US relative value study utilised CPT4 item descriptors. The mapping of CMBS items to CPT4 can only be achieved in a small number of CBMS radiation oncology items with any ease. It must also be noted that CPT4 item descriptors reflect the practice of modern radiation therapy better than the current CMBS item descriptors. This is because the CPT4 item descriptors do take account of variations in complexity for more aspects of radiotherapy. Hence, it may be more appropriate to do the rating and ranking exercise directly with CPT4 and then work backward to CMBS. This would expose the areas of the current CMBS that require updating or re-defining but may still allow the establishment of valid relative work values. The scientific and or statistical validity of this approach would need to be examined critically. Once exposed, it should follow that a process for revision of deficient areas of the radiation oncology part of the schedule be developed and implemented in consultation with the RACR as soon as possible.	CG	Radiation Oncology	Letter from Royal Australasian College of Radiologists
General - Radiotherapy/brachytherapy	Orthovoltage radiotherapy was the mainstay of radiation treatment in the early years and thus the MBS, which is - of course - much older than the CPT, reflects this historical situation. New items have been added to the MBS over the years to reflect advances in technology, but it has proven difficult to remove obsolescent items, which still have a low rate of utilisation.  The reasons of the later problem derive from the methods of payment for radiotherapy services in Australia. Block grant funding is given to the States for public radiotherapy facilities, and directly to private radiotherapy practices, to cover the cost of capital equipment. Professional services are reimbursed via the MBS. By contrast, the CPT subsidises both capital equipment and services. The megavoltage items are split in the CPT to distinguish between relatively simple radiotherapy treatments and more complex ones, which require a greater commitment of professional skill (from a variety of technical experts) and more complex (and thus more costly) equipment.  Similar comments apply to the issues relating to brachytherapy.	CG	Radiation Oncology	Letter from HFS Health Benefits Division to NCCH dated 25 May 1998
General -ASSIST items	Re ASSIST items, members asked NCCH to report to the MSRB that payment be made to all assisting practitioners.	CG	Orthopaedic Surg	CG Meeting
General -ASSIST items	GENERAL COMMENT: Where an item exists for the GP doing a procedure and an assist item exists, then the assist item is 50-80% greater, which is ridiculous in the relativity, especially as there is no after care, and limited medico-legal responsibility.	CC	General Practice	

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
General Comment - Paediatric patients	It was noted that time needed to allay the anxiety of a paediatric patient who has not been anaesthetised requires an increase in the pre-service time for this item. Proposed actions were to either: provide a loading for paediatric medical oncology/haematology in the form of a new primary item, (precursor item to be done in combination with 13948 ??) or a new item included in paediatric section.	CG	Clinical Heamatology / Medical Oncology	Mtg 1.10.99
New descriptor (breast surgery)	Total mastectomy (male)	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Subcutaneous mastectomy in the femle (for treatment of prophylaxis of breast malignancy).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Subcutaneous mastectomy in the male (for gynaecomastia or other benign condition).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, microdochotomy for benign or malignant condition.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, evacuation of simple cyst by fine needle aspriation with or without cytological examination of cyst contents.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Accessory breast tissue, excision of.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Total mastectomy (female)	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Accessory-nipple, excision of.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Inverted nipple, surgical eversion of.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, exploration and drainage of haematoma, seroma or inflammatory condition including abscess, granulomatous mastitis etc. (excluding aftercare).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, fine needle aspiration of solid tumor or tissue for cytological exmaniation (without ultrasound or mammographic guidance).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, core biopsy of solid tumor or tissue using mechancial biopsy device for histological examination.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, excision of central ducts for benign condition.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Serial sampling of an ultrasound of mammographically detected breast lesion with a suction-assisted biopsy device (not including imaging).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Complete dissection of axillary lymph nodes for metastatic disease to a level above pectoralis minor.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, excision or open biopsy of benign lesion including simple cyst, fibroadenoma or fibrocystic disease, (with or without frozen section histology).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, excision of large fibroadenoma or benign phylloides tumor more than 5cm in size.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, excision or biospy of malignant tumour (with or without frozen section histology).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, complete excision of malignant tumour (with or without frozen section histology).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Complete dissection of axillary nodes to the level of the axillary vein	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
New descriptor (breast surgery)	Excision of sentinel lymph node(s) using a radio-nuclide tracer and intra-operative radiation probe.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Re-excision of tumour site following biopsy or incomplete excision of a malignant tumour as an independent procedure.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Excision of a mammographically detected lesion using an automated stereotactic excision device with surgical incision and wound closure, (not including imaging).	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Limited dissection (sampling) of axillary nodes.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New descriptor (breast surgery)	Breast, excision biopsy of abnormality detected by mammography or ultrasound where guidewire or other localisation procedure is employed.	CG	General Surg	Letter from Royal Australasian College of Surgeons to NCCH, 5 Nov 1998
New Item required	Contracture, post-burn and split skin graft.	CC	Paediatric Surg	Letter to NCCH dated 8 Jan 1998
New Item required	Laparoscopically assisted orchiopexy for impalpable testis, with or without ligation of testicular vessels.	CC	Paediatric Surg	Letter to NCCH dated 8 Jan 1998
New Item required	Laparoscopy, diagnostic, for impalpable testis in patients less than ten years of age. The increasing use of laparoscopy in this clinical situation is not reflected by the schedule.	CC	Paediatric Surg	Letter to NCCH dated 8 Jan 1998
New Item required	Laparoscopic correction of varicocele.	CC	Paediatric Surg	Letter to NCCH dated 8 Jan 1998
New Item required	Revision Fundoplication. Revision Fundoplication is a considerably more difficult operation than fundoplication done the first time in either mentally normal or mentally handicapped patients. The very high rate of failure of fundoplication in mentally handicapped patients is recognised worldwide and so there are a significant number of patients requiring this operation.	CC	Paediatric Surg	Letter to NCCH dated 8 Jan 1998
New Item required	Subcutaneous chemotherapy injections require the same pre and post-service effort, although the intra service time is less. However, both Asparaginase and other IM/C injections require post service times because of nausea, vomiting and other problems either before the patients goes home or because of telephone contact later that day. At present, these procedures are not covered by any medical benefit schedule.	CG	Paediatric Oncology	Letter from Aust And NZ Children's Cancer Study Group Inc To NCCH 23 Oct 1998
New Item required	Intramuscular chemotherapy injections, particularly Asparaginase, require as much effort as a one hour chemotherapy infusion because of the pharmacy/ordering, paper-work and checking, drug checking, positioning of the paediatric patient, followed by a mandatory period of 40 minutes to monitor and treat allergic reactions.	CG	Paediatric Oncology	Letter from Aust And NZ Children's Cancer Study Group Inc To NCCH 23 Oct 1998
New Item required	Intrathecal chemotherapy. This is very common procedure in paediatric practice but not listed in the MBS. We currently use MBS item number 39000 but the administration of chemotherapy does not attract the benefit. (Please advise if MBS number 13948 is meant to be used for this). The stress, effort, expertise pre and intra service aspects of IT therapy in an infant or child are substantial. Particularly as the procedure is almost universally performed under full anaesthetic or nitrous oxide related analgesia.	CG	Paediatric Oncology	Letter from Aust And NZ Children's Cancer Study Group Inc To NCCH 23 Oct 1998
New Item required	Adult circumcision (PRS times would be 25, 40, 40; Intensities 4, 4, 4)	CG	General Surg	Letter to NCCH dated 21.1.99
New Item required	Strangulated hernia including bowel resection (PRS times would be 40, 135, 90; Intensities 7, 7, 7)	CG	General Surg	Letter to NCCH dated 21.1.99
New Item required	Pilonidal sinus with advancement flap (PRS times would be 25, 50, 70; Intensities 4, 5, 3)	CG	General Surg	Letter to NCCH dated 21.1.99
New Item required	Laparoscopic antireflux operation (PRS times would be 40, 150, 70; Intensities 8, 9, 8)	CG	General Surg	Letter to NCCH dated 21.1.99

## MBS Items - Issues and recommendations raised by clinicians during the CC, CG and BGAP-CG stages of the PRS

MBS Item	Clinician Comment	STAGE	Specialty	Source/Date
New Item required	Laparoscopic splenectomy (PRS times would be 45, 150, 80; Intensities 7, 8, 8)	CG	General Surg	Letter to NCCH dated 21.1.99
New Item required	Need separate item for recurrent inguinal hernia.	CG	General Surg	CGPI meeting, 7 Nov 1998
New Item required	Need separate item for omentoplasty.	CG	General Surg	CGPI meeting, 7 Nov 1998
New Item required	Bone marrow as aspiration biopsy at the same time as trephine biopsy of bone marrow.	CG	Clinical haematology	Letter to NCCH dated 22.2.99
With/Without	Any item using the words "with or without" should be replaced by 2 items.	CC	Plastic Surg	