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Australian Government
Department of Health

Mr John Batten
President
Royal Australasian College of Surgeons
250-290 Spring Street
EAST MELBOURNE VIC 3002

Dear Mr Batten

**New and amended Medicare Benefits Schedule listings commencing 1 November 2017 –
Finalised changes**

As you are aware, the Government announced the new and amended Medicare Benefits Schedule (MBS) listings in the 2017-18 Budget, which included recommendations made by the Medical Services Advisory Committee. The new services comprise:

- the percutaneous insertion of a left atrial appendage closure (LAAC) device to occlude the left atrial appendage in patients with non-valvular atrial fibrillation;
- mechanical thrombectomy for the treatment of acute ischaemic stroke due to a large vessel occlusion, as identified by diagnostic imaging;
- vagus nerve stimulation therapy for medication resistant epilepsy; and
- microwave tissue ablation for unresectable primary liver tumours.

The amended listings are made up of:

- amendment of diagnostic ophthalmology items 11204 (electroretinography) and 11205 (electrooculography) to exclude use by general practitioners;
- expansion of existing nuclear medicine MBS items to allow patients with indolent non-Hodgkin lymphoma to access existing PET items; and
- the deletion of redundant sacral nerve items covering the removal and replacement of leads and pulse generators (items 36658, 36660 and 36662).

I am pleased to provide copies of the finalised changes (Attachments A-G), including new and amended item descriptors. A number of these descriptors have been revised following stakeholder feedback.

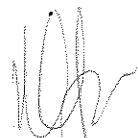
These changes will occur in addition to a number of changes the Government has announced as a result of the work of the MBS Review Taskforce, which we have recently written to you about. Factsheets outlining these changes are available for download on the MBS online website at www.mbsonline.gov.au.

All item changes will be available on the MBS online website from 1 November 2017.

I would like to thank the Royal Australasian College of Surgeons for its ongoing engagement and advice on new and existing MBS services.

If you have any questions regarding the listing of these services, please contact Ms Mary Warner, Director, Medical Specialist Services Section, at mary.warner@health.gov.au or on (02) 6289 7315.

Yours sincerely



Natasha Ryan
Assistant Secretary
MBS Policy and Specialist Services Branch
Medical Benefits Division
October 2017

Encl. (7)

Attachment A

Item descriptor and new explanatory note for the transcatheter occlusion of the left atrial appendage for patients with non-valvular atrial fibrillation, to be listed in Medicare Benefits Schedule Group T8 – Surgical Operations (which is subject to the Multiple Service Rule) from 1 November 2017.

MBS Item 38276

Transcatheter occlusion of left atrial appendage, and cardiac catheterisation performed by the same practitioner, for stroke prevention in a patient who has non valvular atrial fibrillation and a contraindication to life-long oral anticoagulation therapy, and is at increased risk of thromboembolism demonstrated by:

(a) a prior stroke (whether of an ischaemic or unknown type), transient ischaemic attack or non-central nervous system systemic embolism; or

(b) at least 2 of the following risk factors:

(i) an age of 65 years or more;

(ii) hypertension;

(iii) diabetes mellitus;

(iv) heart failure or left ventricular ejection fraction of 35% or less (or both);

(v) vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque)

(Anaes.) (Assist.)

Fee: \$912.30 **Benefit:** 75% = \$684.25

Explanatory Note TN.8.132

A contraindication to lifelong anticoagulation is defined as:

- i) a previous major bleeding complication experienced whilst undergoing treatment with oral anticoagulation therapy,
- ii) a blood dyscrasia, or
- iii) a vascular abnormality predisposing to potentially life threatening haemorrhage

The procedure is performed as a hospital service.

Attachment B

Item descriptor for mechanical thrombectomy for the treatment of acute ischaemic stroke due to a large vessel occlusion, as identified by diagnostic imaging, mechanical thrombectomy service to be listed in Medicare Benefits Schedule Group T8 – Surgical Operations from 1 November 2017.

MBS Item 35414

Mechanical thrombectomy, in a patient with a diagnosis of acute ischaemic stroke caused by occlusion of a large vessel of the anterior cerebral circulation, including intra-operative imaging and aftercare, if:

- (a) the diagnosis is confirmed by an appropriate imaging modality such as computed tomography, magnetic resonance imaging or angiography; and
- (b) the service is performed by a specialist or consultant physician with appropriate training that is recognised by the Conjoint Committee for Recognition of Training in Interventional Neuroradiology; and
- (c) the service is provided in an eligible stroke centre.

For any particular patient - applicable once per presentation by the patient at an eligible stroke centre, regardless of the number of times mechanical thrombectomy is attempted during that presentation

(Anaes.) (Assist.)

Fee: \$3,500.00 **Benefit:** 75% = \$2,625.00

Explanatory note TR.8.1

eligible stroke centre means a facility that:

- (a) has a designated stroke unit;
- (b) is equipped and has staff available or on call so that it is capable of providing the following to a patient on a 24-hour basis:
 - (i) the services of a specialist or consultant physician who has the training required under paragraph (b) of item 35414;
 - (ii) diagnostic imaging services using advanced imaging techniques, which must include computed tomography, computed tomography angiography, digital subtraction angiography, magnetic resonance imaging, and magnetic resonance angiography; and
 - (iii) care from a team of health practitioners which includes a stroke physician, a neurologist, a neurosurgeon, a radiologist, an anaesthetist, an intensive care unit specialist, a medical imaging technologist, and a nurse;
- (c) has dedicated endovascular angiography facilities; and
- (d) has written procedures for assessing and treating patients who have, or may have, experienced a stroke.

Note: A health practitioner may fulfil the role of more than one of the types of health practitioner specified in paragraph (b)(iii). For example, a neurologist may also be a stroke physician.

Attachment C

Item descriptors for six new items for the management of refractory generalised epilepsy or the treatment of refractory focal epilepsy not suitable for resective epilepsy surgery. These will be listed in Medicare Benefits Schedule Group T8 – Surgical Operations from 1 November 2017.

MBS item 40701
Vagus nerve stimulation therapy through stimulation of the left vagus nerve, subcutaneous placement of electrical pulse generator, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)
Fee: \$340.60 Benefit: 75% = \$255.45

MBS Item 40702
Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of electrical pulse generator inserted for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)
Fee: \$159.40 Benefit: 75% = \$119.55

MBS Item 40704
Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical placement of lead, including connection of lead to left vagus nerve and intra-operative test stimulation, for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)
Fee: \$674.15 Benefit: 75% = \$505.65

MBS Item 40705
Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical repositioning or removal of lead attached to left vagus nerve for: (a) management of refractory generalised epilepsy; or (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery (Anaes.) (Assist.)
Fee: \$605.35 Benefit: 75% = \$454.05

MBS Item 40707

Vagus nerve stimulation therapy through stimulation of the left vagus nerve, electrical analysis and programming of vagus nerve stimulation therapy, device using external wand, for:

- (a) management of refractory generalised epilepsy; or
- (b) treatment of refractory focal epilepsy not suitable for resective epilepsy surgery

Fee: \$189.70

Benefit: 75% = \$142.30 85% = \$161.25

MBS Item 40708

Vagus nerve stimulation therapy through stimulation of the left vagus nerve, surgical replacement of battery in electrical pulse generator inserted for:

- (a) management of refractory generalised epilepsy; or
- (b) treating refractory focal epilepsy not suitable for resective epilepsy surgery

(Anaes.) (Assist.)

Fee: \$340.60

Benefit: 75% = \$255.45

Attachment D

Amended descriptors for Medicare Benefits Schedule (MBS) items 50950 and 50952 to include microwave tissue ablation for the treatment of primary liver tumours. The explanatory note for item 50952 has also been updated to align with these amendments, and will be listed in MBS Group T8 – Surgical Operations (which is subject to the Multiple Service Rule) from 1 November 2017.

MBS Item 50950	
Unresectable primary malignant tumour of the liver, destruction of, by percutaneous radio frequency ablation or by percutaneous microwave tissue ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50952 applies.	
(Anaes.)	
Fee: \$817.10	Benefit: 75% = \$612.85 85% = \$735.40

MBS Item 50952	
Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic radio frequency ablation or by open or laparoscopic microwave tissue ablation, including any associated imaging services, where a multidisciplinary team has assessed that percutaneous radio frequency ablation or microwave tissue ablation cannot be performed, or is not practical because of one or more of the following clinical circumstances: —percutaneous access cannot be achieved; or —vital organs/tissues are at risk of damage from the percutaneous MTA procedure; or —resection of one part of the liver is possible, but there is at least one primary liver tumour in an un-resectable region of the liver which is suitable for radio frequency ablation or microwave tissue ablation, including any associated imaging services, not being a service associated with a service to which item 30419 or 50950 applies.	
(Anaes.)	
Fee: \$817.10	Benefit: 75% = \$612.85 85% = \$735.40

Explanatory note TN.8.120

A multi-disciplinary team for the purposes of item 50952 would include a hepatobiliary surgeon, interventional radiologist and a gastroenterologist or oncologist.

Attachment E

Amended descriptors for diagnostic ophthalmology items 11204 (electroretinography) and 11205 (electrooculography) to exclude use by general practitioners. This is because items 11204 and 11205 are highly specialised and should be performed by ophthalmologists in specific conditions, including in shielded rooms.

MBS Item 11204	
Electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	
Fee: \$108.25	Benefit: 75% = \$81.20 85% = \$92.05

MBS Item 11205	
Electrooculography of one or both eyes performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality.	
Fee: \$108.25	Benefit: 75% = \$81.20 85% = \$92.05

Attachment F

Amended descriptors for existing nuclear medicine MBS items to allow patients with indolent non-Hodgkin lymphoma to access existing PET items. These changes will be coming into effect from 1 November 2017. Please note item 61616 is ceasing as the service is covered by item 61620.

MBS Item 61616
Whole body FDG PET study for the initial staging of indolent non-Hodgkin's lymphoma where clinical, pathological and imaging findings indicate that the stage is I or IIA and the proposed management is definitive radiotherapy with curative intent. (R)
Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$871.30

MBS Item 61620
Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma (R) (See para IN.0.19 of explanatory notes to this Category)
Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$871.30

MBS Item 61622
Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma (R) (See para IN.0.19 of explanatory notes to this Category)
Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$871.30

MBS Item 61628
Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma (R) (See para IN.0.19 of explanatory notes to this Category)
Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$871.30

MBS Item 61632
Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma (R) (See para IN.0.19 of explanatory notes to this Category)
Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$871.30

Attachment G

Deletion of redundant sacral nerve items from the Medicare Benefits Schedule from 1 November 2017. These items were originally introduced for the removal and replacement of leads and sacral nerve pulse generators that were implanted prior to 1998 (for patients with urinary dysfunctions). Items 36663 to 36668 relate to the removal and replacement of leads at any time, so items 36658, 36660 and 36662 are no longer required. The explanatory note associated with these items (TN.8.49) will also be removed.

MBS Item 36658
Sacral nerve stimulation for refractory urinary incontinence or urge retention, removal of pulse generator and leads
Fee: \$526.40 Benefit: 75% = 394.80 85% = \$447.45

MBS Item 36660
Sacral nerve stimulation for refractory urinary incontinence or urge retention, removal and replacement of pulse generator
Fee: \$255.45 Benefit: 75% = \$191.60 85% = \$217.15

MBS Item 36662
Sacral nerve stimulation for refractory urinary incontinence or urge retention, removal and replacement of leads
Fee: \$610.30 Benefit: 75% = \$457.75 85% = \$530.10