Medicare Benefits Schedule Review Taskforce

# Dermatology, Allergy and Immunology Clinical Committee

2017

## Important note

The views and recommendations in this Review report from the Clinical Committee have been released for the purpose of seeking the views of stakeholders.

This report does not constitute the final position on these items which is subject to:

- Stakeholder feedback;

Then

- Consideration by the MBS Review Taskforce;

Then *if endorsed*

- Consideration by the Minister for Health; and
- Government.

Stakeholders should provide comment on the recommendations via the online consultation tool.

All information and data contained in this report is true and correct at the time of the committee's deliberations and writing of this report. Changes to data sources after this time may impact on the accuracy of the data.

## Confidentiality of comments:

If you want your feedback to remain confidential, please mark it as such. It is important to be aware that confidential feedback may still be subject to access under freedom of information law.

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# 1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improves health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access.
- Best-practice health services.
- Value for the individual patient.
- Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by Clinical Committees and Working Groups. The Taskforce has asked the Clinical Committees to undertake the following tasks:

1. Consider whether there are MBS items that are obsolete and should be removed from the MBS.
2. Consider identified priority reviews of selected MBS services.
3. Develop a program of work to consider the balance of MBS services within its remit and items assigned to the Committee.
4. Advise the Taskforce on relevant general MBS issues identified by the Committee in the course of its deliberations.

The recommendations from the Clinical Committees are released for stakeholder consultation. The Clinical Committees will consider feedback from stakeholders and then provide recommendations to the Taskforce in a Review Report. The Taskforce will consider the Review Report from Clinical Committees and stakeholder feedback before making recommendations to the Minister for Health, for consideration by Government.

The Dermatology, Allergy and Immunology Clinical Committee (the Committee) was established in 2016 to make recommendations to the MBS Review Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise. The Taskforce asked the Committee to review prenatal pathology testing as a priority review. The Committee did not consider items that had previously been addressed in the skin services review, nor did it consider skin patch-testing items, which are expected to be amended in November 2016.

## 1.1 Areas of responsibility of the Dermatology, Allergy and Immunology Clinical Committee

The Committee reviewed 38 MBS items, and all recommendations relating to these items are included in this report. A full list of items and descriptions are listed in Appendix A. A broad set of stakeholders is now engaged in consultation on these recommendations. Following this period of consultation, the recommendations will be presented to the Taskforce. The Taskforce will consider the report and stakeholder feedback before making recommendations to the Minister for Health for consideration by the Government.

It should be noted that recommendations that are eventually made for consideration by the Government will not necessarily reflect the final recommendations made to the Taskforce by the Committee after consultation. As stated, the Taskforce will consider these recommendations, and it may alter recommendations to bring items in line with broader changes that are being made. Additionally, the wording or structuring of item descriptors and explanatory notes may be changed to ensure consistency with the language and structure of the MBS. It should also be noted that the recommendations focus on the services provided by the items. Specific item numbers may be altered during implementation of the eventual recommendations proposed by the Minister for Health. For example, where the Committee has requested that services for item A be consolidated under item B, the actual item number for item B may be changed in some circumstances.

## 1.2 Key recommendations

The Committee has highlighted its key recommendations below. The complete recommendations and the accompanying rationales for all items can be found below. A complete list of items can be found in Appendix A, along with a brief description of the nature of the recommendation.

The Committee's recommendations for stakeholder consultation are that seven items should be deleted (and their services no longer provided under the MBS); 28 items should be changed; and three items should remain unchanged. The changes focus on encouraging best practice, improving patient care and safety, and ensuring that MBS services provide value for the patient and the healthcare system. Some of this can be achieved by:

- Deleting items that are obsolete, or that provide questionable clinical value or low-value care;
- Consolidating or splitting items to address potential misuse;
- Modernising item descriptors to reflect best practice; and
- Providing clinical guidance for appropriate use through explanatory notes.

The most important recommendations are summarised below.

- **Item for treating benign neoplasms of skin (other than common warts).** Address safety concerns that malignant neoplasms may be missed or misdiagnosed, as well as suspected inappropriate cosmetic use, by deleting item 30195. Neoplasms suspected of malignancy would instead be sent for pathology using biopsy item 30071. Any cosmetic treatment—which the MBS does not fund—would need to be provided privately.
- **Allergy testing items.** Improve quality of care and address concerns about potential misuse by encouraging best-practice allergy testing. This involves:
  - Removing the specific item for testing more than 20 allergens, as there are relatively few circumstances in which this is required, and the presence of the item may be encouraging misuse.
  - Restructuring item 12000—which would now cover testing for more than and less than 20 allergens—into three new items that cover testing for three distinct groups of allergens and their required scope of practice: (a) aeroallergens, (b) food and latex allergens, and (c) medication (antibiotics and non-general anaesthetic agents) and venom allergens.
  - Moving the anaesthetic allergy-testing item (21981) to the same section of the MBS as the above items, and changing the item descriptor to permit testing of all agents in the perioperative period.
  - Adding explanatory notes for the items to guide doctors and patients regarding the appropriate providers of the different items.

- **Wart removal items.** Improve quality of care and modernise the MBS by deleting items 30185–6. These items provide sub-optimal treatment compared to other modern treatment methods (such as cryotherapy).
- **Items for removing more than 10 malignant neoplasms using curettage, laser or cryotherapy.** Improve patient safety and address potential misuse by consolidating items for removing more than 10 malignant neoplasms (items 30197 and 30203) under the equivalent items for removing 1 or more malignant neoplasms (items 30196 and 30202). Furthermore, proof of malignancy under item 30196 will require histopathology – a procedure that already requires taking skin tissue, while either histopathology or AMC recognised dermatologist opinion will be required for item 30202.
- **Phototherapy (PUVA/UVB) items** (often used when treating conditions such as psoriasis and vitiligo). Address safety concerns about excess treatment leading to higher risks of skin cancer, and simplify the MBS. This involves (i) combining items 14050 and 14053 into one item number, (ii) setting an upper treatment limit of 150 treatments per patient over a 12-month period, and (iii) requiring initiation and ongoing involvement by a specialist dermatologist.
- **Laser photocoagulation items** (often used to treat vascular abnormalities or malformations). Address safety concerns and modernise and simplify the MBS to improve ease of use and encourage best practice. This involves (i) mandating Therapeutic Goods Administration (TGA) listing for laser equipment; (ii) updating descriptor terminology to reflect modern medical language; (iii) including intense pulsed light (IPL) treatment within item 14100; and (iv) consolidating item numbers 14106, 14109, 14112, 14115 and 14118 into three item numbers, using more intuitive treatment area specifications.
- **Mohs surgery items** (Micrographically controlled serial excision of skin tumours)**.** Address concerns about potentially inappropriate use, which may occur when under-qualified doctors use items 31000–2, or when mohs surgery is performed on inappropriate areas of the body. This involves (i) restricting use of the items to appropriately qualified providers, in cooperation with the Australasian College of Dermatologists; and (ii) changing item descriptors to include specific areas of the body (for example, item 3100-A for head, neck, genitalia, hand, digits, leg (below knee) and foot, and item 3100-B for all other areas) to enable data collection for monitoring purposes. These recommendations also include updating the item descriptor to recognise the term “mohs surgery”, which replaces the previous words “micrographically controlled serial excision”.

## 1.3 Consumer engagement

Consumers rarely engage directly with MBS item numbers unless they are following up on out of pocket expenses. However, the descriptions of and restrictions on item numbers can have a major impact on consumer health experiences. This section summarises the report’s key recommendations from a consumer perspective. It aims to make it easier for health consumers and members of the general public to understand and comment on the report’s recommendations. Additional information for consumers can be found in 0Summary for consumers and 0Appendix C - Glossary.

The Committee considered 38 MBS item numbers relating to dermatology, allergy and immunology. The majority of these items cover the treatment of potential skin cancers and associated conditions. A small group of allergy testing items were also included. In recommending changes, the Committee focused on encouraging best practice treatment, improving consumer care and safety; and ensuring

MBS services provide value for consumers and the healthcare system. The Committee's membership included specialists, GPs and a consumer representative.

The Committee considered that no changes were required to three items, which provide current and medically appropriate treatment.

A further seven items have been recommended for deletion. In particular, this includes deleting several outdated items covering the removal of warts, skin cancers and other lesions by cutting, which are no longer considered best practice. Alternative treatment options, such as freezing, are already covered in the MBS. In many cases, these items are no longer used, with no or almost no claims made against them in recent years.

The Committee recommended changes to 28 items. Generally, these changes include updating the item descriptions to reflect best practice medical treatment, and providing more detailed guidance for medical practitioners on appropriate use of the items. In some cases, this included providing more stringent safety guidelines, such as requiring specialist medical opinion prior to treatment, or limiting the number of times an item can be claimed for safety reasons (such as limiting potential radiation exposure for patients). One particular area where changes are recommended to reflect best practice treatment include modernising and updating laser-based treatments for skin cancers and other lesions to include additional types of lasers, and to ensure that laser equipment is appropriately certified.

Some items were also recommended for removal and/or consolidation with existing items because they were considered to be potentially misused or to provide low value care. This included bulk treatment items (covering procedures such as the removal of more than 10 malignant lesions, or the conduct of more than 20 allergy tests at one time), where evidence suggested that these items were being used more often than expected. The Committee was concerned that these items were potentially being used because they allow treatment providers to claim larger rebates, and has recommended that these bulk treatments be merged with existing non-bulk item numbers.

Finally the Committee also recommended that certain items should be split to better reflect the true scope of practice. An example of this are the proposed changes to the allergy items. They would now specify different types of allergy testing that can be conducted, and provide guidance around the qualifications and experience that medical practitioners need to be able to provide the more technical, complex and potentially risky allergy testing items.

# 2. About the Medicare Benefits Schedule (MBS) Review

## 2.1 Medicare and the MBS

### What is Medicare?

Medicare is Australia's universal health scheme which enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- Free public hospital services for public patients;
- Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS); and
- Subsidised health professional services listed on the MBS.

### What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian government. There are over 5,700 MBS items, which provide benefits to patients for a comprehensive range of services including consultations, diagnostic tests and operations.

## 2.2 What is the MBS Review Taskforce?

The Government established the MBS Review Taskforce (the Taskforce) as an advisory body to review all of the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The Review is clinician-led, and there are no targets for savings attached to the Review.

### What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access – the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic with some rural patients being particularly under-serviced.
- Best-practice health services – one of the core objectives of the Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base, where possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- Value for the individual patient – another core objective of the Review is to maintain an MBS that supports the delivery of services that are appropriate to the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- Value for the health system – achieving the above elements will go a long way towards achieving improved value for the health system overall. Reducing the volume of services

that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefits but are underused, particularly for patients who cannot readily access those services.

## 2.3 The Taskforce's approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce's brief, there is considerable scope to review and advise on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models. The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the MBS Review is to be clinician-led, the Taskforce decided that Clinical Committees should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in their individual capacity, rather than as representatives of any organisation.

The Taskforce asked all committees in the second tranche of the Review process to review MBS items using a framework based on Professor Adam Elshaug's appropriate use criteria.[1] The framework used by the committees consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, provide questionable clinical value or low-value care, are potentially misused and/or pose a risk to patient safety. This step includes prioritising items as "priority 1," "priority 2" or "priority 3," using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing Working Groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the Committee, Working Groups, and relevant colleagues or colleges. (For complex cases, full appropriate use criteria were developed for the item's descriptor and/or explanatory notes.)
5. Review provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the Review report, which provides recommendations for the Taskforce.

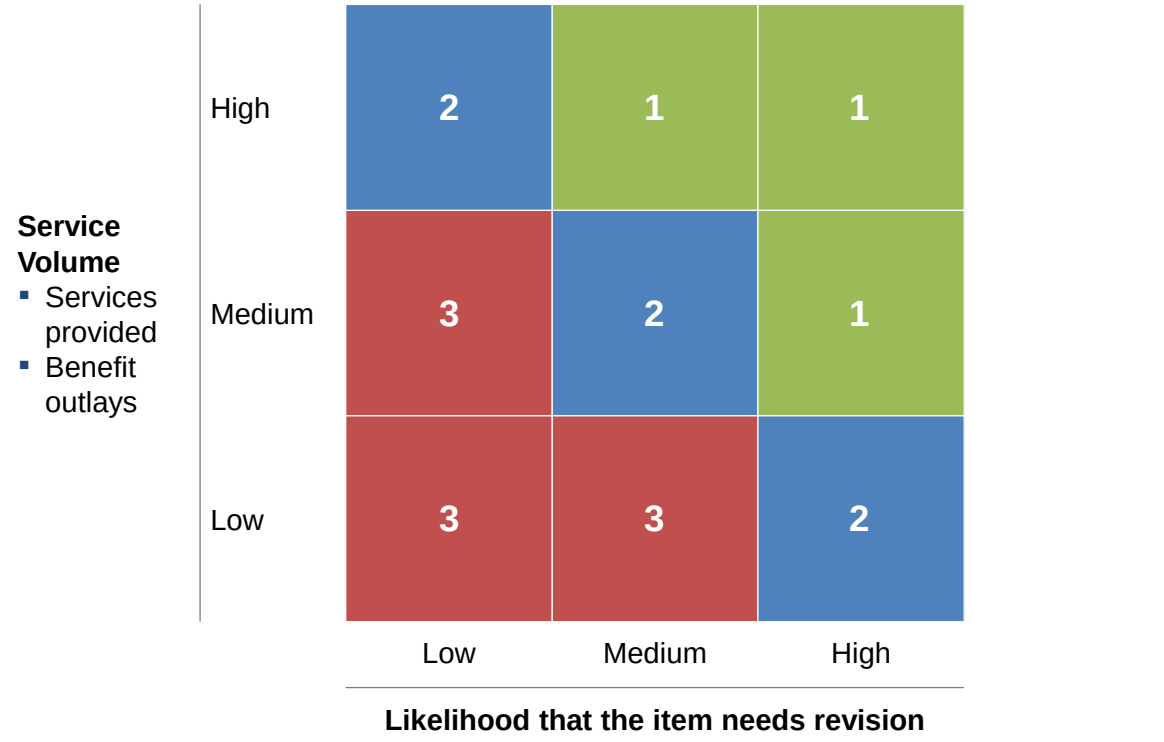
All MBS items were reviewed during the course of the MBS Review. However, given the breadth of and timeframe for the Review, each Clinical Committee had to develop a work plan and assign priorities, keeping in mind the objectives of the Review (this may not have been required for committees assigned a small number of items to review). Committees used a robust prioritisation methodology to focus their attention and resources on the most important items requiring review.

This was determined based on a combination of two standard metrics, derived from the appropriate use criteria:[1]

- Service volume.
- The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the Committee (such as inappropriate co-claiming).

For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 1). The Committee used this priority ranking to organise its review of item numbers and apportion the amount of time spent on each item.

Figure 1: Prioritisation matrix



# 3. About the Dermatology, Allergy and Immunology Clinical Committee

The Dermatology, Allergy and Immunology Clinical Committee is part of the second tranche of Clinical Committees.

The Dermatology, Allergy and Immunology Clinical Committee (the Committee) was established in April 2016 to make recommendations to the MBS Review Taskforce on MBS items within its remit, based on rapid evidence review and clinical expertise. The Taskforce asked the Committee to review nominated dermatology, allergy and immunology-related MBS items.

The Committee consists of eight members, as well as two additional Working Group members, whose names, positions/organisations and declared conflicts of interest are listed in Sections 3.1 and 3.2. All members of the Taskforce, Clinical Committees and Working Groups are asked to declare any conflicts of interest at the start of their involvement and are reminded to update their declarations periodically.

## 3.1 Committee members

Table 1. Members of the Committee

| Name | Position/Organisation | Declared conflict of interest |
|---|---|---|
| Associate Professor Stephen Shumack (Chair) | Consultant Dermatologist, Royal North Shore Hospital, Sydney Medical School, Northern, Royal North Shore Hospital, University of Sydney; Medical Director, The Skin Hospital Darlinghurst, NSW | Uses the items |
| Dr Elizabeth Willsteed | Consultant Dermatologist, The Skin Hospital, Darlinghurst, NSW<br>Dermatologist, Private Practice, Central Coast Dermatology, North Gosford | Uses the items |
| Dr Phillip Bekhor | Dermatologist, Laser Dermatology<br>Director, Laser Unit, Department of Dermatology, Royal Children's Hospital | Uses the items |
| Associate Professor Morton Rawlin | GP, Vice President & Chair, Victorian Faculty, Royal Australian College of General Practitioners<br>Adjunct Associate Professor, University of Sydney – Sydney Medical School | Use the items |
| Dr Joanne Smart | Head, Department of Allergy & Immunology, Royal Children's Hospital Melbourne | Uses the items |
| Dr Charles Cope | Plastic & Cosmetic Surgeon, North Shore Cosmetic Surgery Private Practice | Uses the items |
| Mr Adam Friederich | Immune Deficiencies Foundation Australia,<br>Consumer representative | None |
| Professor Connie Katelaris | Professor of Immunology & Allergy, University of Western Sydney, and Head of Department and Senior Staff Specialist at Campbelltown Hospital | Uses the items |

## 3.2 Working Group members

**Table** 2. Members of the Laser Photocoagulation and Mohs Surgery Working Group

| Name | Position/Organisation | Declared conflict of interest |
|---|---|---|
| Dr Phillip Bekhor (Chair) | Dermatologist, Laser Dermatology<br>Director, Laser Unit, Department of Dermatology, Royal Children's Hospital | Uses the items |
| Professor Morton Rawlin | GP, Vice President & Chair, Victorian Faculty, Royal Australian College of General Practitioners<br>Adjunct Associate Professor, University of Sydney – Sydney Medical School | Uses the items |
| Dr Charles Cope | Plastic & Cosmetic Surgeon, North Shore Cosmetic Surgery Private Practice | Uses the items |
| Dr Douglas Grose | DJG Cosmetic and Face Only<br>President Cosmetic Physicians College of Australasia<br>President Cosmetic Physicians Society of Australasia | Has used items in the past and is still able to use them |
| Dr Shawn Richards | Head of Laser Services, The Skin Hospital, Co-Director of the Mohs Programme and Director of the Laser and Photorejuvenation Unit for the Foundation at Westmead | Uses the items |

## 3.3 Conflicts of interest

All members of the Taskforce, Clinical Committees and Working Groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declaration periodically.

# 4. Areas of responsibility of the Committee

The following 38 MBS items were identified for review, and a complete list of these items can be found in Appendix A.

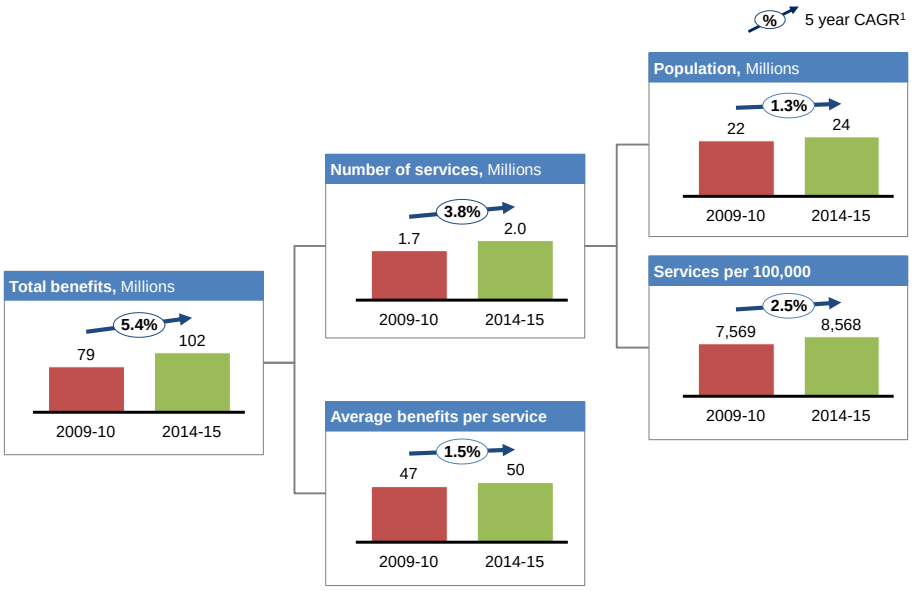
- Phototherapy: Items 14050 and 14053 (2 items)
- Treatment of benign and malignant neoplasms: Items 30195–7 (3 items)
- Allergy: Items 12003, 12000, 21981 and 53600 (4 items)
- Treating malignant lesions by liquid nitrogen cryotherapy using repeat freeze-thaw cycles: Items 30202, 30203 and 30205 (3 items)
- Definitive removal of palmar or plantar warts: Items 30185 and 30186 (2 items)
- Laser photocoagulation: Items 14100, 14106, 14109, 14112, 14115, 14118 and 14124 (7 items)
- Mohs: Items 31000–31002 (3 items)
- Telangiectases or starburst vessels: Items 30213 and 30214 (2 items)
- Treatment of pre-malignant skin lesions: Item 30192 ( 1 item)
- Skin lesions, multiple injections of hydrocortisone or similar preparations: Items 30207 and 30210 (2 items)
- Superficial radiotherapy: Item 15000 (1 item)
- Administration of immunomodulating agent: Item 14245 (1 item)
- Bone or cartilage excision: Item 31340 (1 item)
- Laser excision of face or neck tumours: Item 30190 (1 item)
- Laser resurfacing for face or neck: Items 45025 and 45026 (2 items)
- Vermilionectomy using laser: Item 45669 (1 item)
- Treatment of rhinophyma using laser: Item 45652 (1 item)
- Full-face chemical peel: Item 45019 (1 item)

At its first meeting, the Committee noted the outcomes from the recently completed skin services review and the announced amendments to the skin patch-testing items (items 12012–21). The Committee agreed that as these changes have the support of stakeholders and are expected to occur on 1 November 2016, the items did not need to be reviewed again. Further information on the skin services review and proposed changes to the skin patch-testing items is available on the MBS Online website.

The 38 items largely consist of a range of treatment items for removing malignant or severely disfiguring lesions or tumours, along with several allergy-testing items. In the 2014/15 financial year (FY), these items accounted for approximately 2,038,664 services and $102,464 million in benefits. Over the past five years, service volumes for these items have grown at 3.8 per cent per year, and the cost of benefits has increased by 5.4 per cent per year.[2] This growth is largely explained by an increase in the number of services per capita (

Figure 2).[3] Two items—the ablation of pre-malignant lesions (item 30192) and Phototherapy (PUVA/UVB) for the whole body (item 14050)— account for approximately 62 per cent of total services (Figure 3).[2]

Figure 2: Dermatology, allergy and immunology items drivers of growth




1 Compound annual growth rate, or the average annual growth rate over a specified time period.

SOURCE: MBS data, ABS data 3101.0 - Australian Demographic Statistics, Jun 2010 and Jun 2015

Figure 3: Dermatology, allergy and immunology top ten 10 items by service volume

Total number of services (FY2014/15); Thousands

| | | | Percent of total services (2014–15) | Services 5 yr. CAGR (2009/10-20014/15) | Benefits (FY2014/15) $ Millions |
|---|---|---|---|---|---|
| 30192 | Ablation of premalignant skin lesions (>10) | 691 | 33.9% | 3.2% | 21.4 |
| 14050 | Phototherapy (body) | 565 | 27.7% | 3.7% | 25.4 |
| 30195 | Treatment of benign neoplasm, other than viral verrucae (1 or more lesions) | 197 | 9.7% | 3.2% | 10.9 |
| 30196 | Removal of malignant neoplasm by laser or serial curettage | 174 | 8.5% | 6.0% | 14.8 |
| 12000 | Skin sensitivity testing, 1–20 allergens | 65 | 3.2% | 4.4% | 2.3 |
| 30202 | Removal of malignant neoplasm using cryotherapy | 62 | 3.0% | 3.4% | 2.0 |
| 12003 | Skin sensitivity testing, >20 allergens | 50 | 2.5% | -0.9% | 2.6 |
| 14053 | Phototherapy (hand/foot) | 47 | 2.3% | 8.5% | 2.1 |
| 30207 | Multiple hydrocortisone injections for skin lesions | 37 | 1.8% | 6.0% | 1.6 |
| 30186 | Removal of <10 palmar/plantar warts | 35 | 1.7% | -0.4% | 1.4 |

SOURCE: MBS data and analysis

# 5. Recommendations

The Committee reviewed 38 dermatology, allergy and immunology-related MBS items and made recommendations based on evidence and clinical expertise, in consultation with relevant stakeholders. The item-level recommendations can be found below. A brief summary item recommendation table can be found in Appendix A and the summary for consumers in Appendix B.

The Committee's recommendations (prior to public consultation) are that seven items should be deleted (and their services no longer provided under the MBS); 28 items should be changed; and three items should remain unchanged. The changes focus on encouraging best practice, improving patient care and safety, and ensuring that MBS services provide value for the patient and the healthcare system. Some of this can be achieved by:

- Deleting items that are obsolete, or that provide questionable clinical value or low-value care;
- Consolidating or splitting items to address potential misuse;
- Modernising item descriptors to reflect best practice; and
- Providing clinical guidance for appropriate use through explanatory notes.

The recommendations are presented in item groups below, with higher priority groups presented first.

## 5.1 Phototherapy: Items 14050 and 14053

Table 3: Item introduction table for items 14050 and 14053

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 14050 | PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation. [1991] | $52.75 | 564,939 | $25,420,269 | 3.70% |
| 14053 | PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation. [1991] | $52.75 | 47,211 | $2,120,443 | 8.50% |

### Recommendations

- Consolidate the two items into one item number that includes therapy administered in a whole body cabinet or hand and foot cabinet.
- Change the descriptor for this item to include a specified upper limit of 150 treatments per patient over a 12-month period, as well as a requirement that initiation and supervision of treatment involves a dermatologist. The proposed item descriptor is as follows:

– UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet including associated consultations other than the initial consultation. A maximum of 150 services in a 12 month period to be claimable per patient. Treatment to be initiated and supervised by an AMC recognised Dermatologist.

- Amend the explanatory notes for item 14050 to include appropriate use guidelines. The proposed explanatory notes are outlined below, and they should also include the National Institute of Health and Care Excellence (NICE) Guidelines'[4] online link for phototherapy treatment for psoriasis and palmoplantar pustulosis.

- Phototherapy should only be used when:
  - Topical therapy has failed or is inappropriate.
  - The severity of the condition as assessed by specialist opinion (including symptoms, extent of involvement and quality of life impairment) warrants its use.
- Narrow band UVB should be the preferred option for phototherapy unless there is documented evidence of superior efficacy of UVA phototherapy for the condition being treated.
- Phototherapy treatment for psoriasis and palmoplantar pustulosis should consider the National Institute of Health and Care Excellence's (NICE) Guidelines[4]
- Involvement by an AMC recognised dermatologist at a minimum requires: a letter including the diagnosis, need for phototherapy, estimated time of treatment and review date.

### Rationale

The recommendations focus on improving patient safety and are based on the following observations.

- The Committee agreed that there is no clinical requirement for two different item numbers, and that consolidating the items would have no cost impact on patients as both items have the same schedule fee.
- UV treatment may cause skin cancer, and there is currently insufficient evidence to determine maximum lifetime safe exposure levels with complete certainty.[4]–[6] However, these treatments are becoming more common, and it appears that some individuals are receiving a large number of treatments each year. Over the last five years, for example, service volume has grown by an annual average of 4 per cent[2] (compared to population growth of 1.3 per cent).[3] In FY 2014/15, there were 27 treatments per patient, on average.[2] Approximately 55 patients who received a treatment in 2014 had more than 150 treatments within a 12-month period.[7]
- Drawing on international guidelines and the clinical judgement of its members, the Committee agreed that limiting UV exposure by restricting use to a maximum of 150 treatments per patient over a 12-month period (with appropriate use guidelines included in the explanatory notes) would improve patient safety, particularly as there is currently no cap on a patient's UV exposure under these items. This restriction aligns with the literature and a number of guidelines for treating different conditions, such as those outlined below.

- The British Association of Dermatologists' guidelines for the diagnosis and management of vitiligo state: "patients treated with PUVA or UVB should have their treatment closely supervised by a consultant dermatologist and the treatment regimen for patients with skin types I–III should not exceed 200 treatments for NB-UVB and 150 treatments for PUVA (lifetime)."[5]
- The NICE Guidelines[4] highlight a number of practices to avoid or consider for patients with plaque or guttate-pattern psoriasis or palmoplantar pustulosis, including the following:
  - "Do not use PUVA when other appropriate treatments are available in: people with a personal history of skin cancer, people who have already received 150 PUVA treatments or children and young people."

- "Do not routinely use phototherapy (narrowband UVB, broadband UVB or psoralen plus ultraviolet A [PUVA]) as maintenance therapy."
- "Do not use PUVA in people with psoriasis of any type and a genetic predisposition to skin cancer, for example xeroderma pigmentosum or familial melanoma."
- "Ensure that a permanent record of a person's cumulative number of UV treatments is kept."

– Olsen et al. (2016) state that certain rare patients, such as those seeking treatment for cutaneous T-cell lymphoma, may require treatment three times per week for an extended period of time,[8] which would result in approximately 150 treatments within a 12-month period.

Δ The Committee also noted that combination phototherapy treatment is likely to be ineffective in the long term. For example, an Australia study of 150 potential low-value care practices found that "combination treatment for Vitiligo using UVB to enhance re-pigmentation produces better results but no evidence of long term sustained benefit."[9]

## 5.2 Treatment of benign and malignant neoplasms: Items 30195–7

Table 4: Item introduction table for items 30195–7

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30195 | Benign neoplasm of skin, other than viral verrucae (common warts) seborrheic keratoses, cysts and skin tags, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies (1 or more lesions). (Anaes.) [2005] | $63.50 | 197,287 | $10,877,938 | 3.20% |
| 30196 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy, not being a service to which item 30197 applies. (Anaes.) [2003] | $126.3 | 173,979 | $14,770,498 | 6.00% |
| 30197 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy or diathermy (10 or more lesions). [2003] | $440.05 | 3,352 | $1,207,089 | 7.80% |

### *5.2.1 Item 30195*

#### Recommendation

Δ Delete this item from the MBS. Appropriate services should instead be claimed under biopsy item 30071 and sent to pathology for definitive diagnosis. In rare circumstances, appropriate services could be claimed under the proposed new item 3019X [Note: this item is to be created, please see recommendations for 30190] for less than 10 lesions.

#### Rationale

The recommendation focuses on improving patient safety and value for the healthcare system. It is based on the following observations:

- Use of this item is unexpectedly high, with service growth exceeding population growth. In FY2014/15, for example, 197,000 services were provided, and services have been growing at an average of 3.2 per cent per year over the last five years[2] (compared to population growth of 1.3 per cent).[3] It is unclear what this item is being used for, as there are few instances in which treatment of benign lesions is not purely cosmetic (such as treating benign naevi and keratosis). Cosmetic services are not funded in the MBS, and cosmetic treatment should not be billed under item 30195. Instead, it should occur as part of a consultation or be billed privately. There is high variation in use across providers, which suggests that a small number of providers may be misusing the item. In FY2014/15, approximately 10 per cent of doctors who billed the item accounted for 80 per cent of services for item 30195.[10]
- There is a safety concern that malignant neoplasms are being missed or mis-diagnosed, as relatively few are being sent to pathology or confirmed by specialist opinion (as required under item numbers 30196 and 30197). In FY2014/15, histopathology or the biopsy item 30071 was used within the period 30 days before or after service delivery on only 45 per cent of occasions: General Practitioners (GPs) used it on 44 per cent of occasions, and specialists used it on 54 per cent of occasions.[11] GPs who billed the item accounted for 87 per cent of total services.[12] Furthermore, melanoma excisions were claimed within 30 days of item 30195[13] on 1,205 occasions, potentially indicating that a number of melanomas may be missed due to use of item number 30195, where tissue is not sent for pathological examination.
- The Committee felt that it was reasonable to delete this item, given that item 30071 can be used if there is uncertainty about whether a lesion is benign or malignant. This recommendation will also ensure that lesions are sent to pathology.
- The Committee pointed out that a small number of severely disfiguring tumours—such as xanthelasma, pyogenic granuloma and epidermal naevi—were previously (and appropriately) treated under this item. The Committee recommended that these should now be billed under the proposed new item number 3019X [Note: this item is to be created, please see recommendations for 30190] for less than 10 lesions.

### *5.2.2 Item 30196*

#### Recommendations

- Change the item descriptor to mandate histopathology by removing “confirmation of malignancy by specialist opinion” from the item descriptor.
- Advise the Department of Health (the Department) to monitor and conduct audits (where appropriate) of high-volume providers to ensure that providers are requesting the appropriate pathology tests. This item should also be reviewed after 12 months to assess the effect of deleting item 30197, and to determine whether providers are billing for many more than 10 lesions.
- The Committee calls on relevant colleges to encourage best-practice use of pathology post-treatment.

#### Rationale

The recommendations focus on increasing patient safety and encouraging best practice. They are based on the following observations.

- The position of the Committee is that item 30196 provides the most appropriate service for the treatment of malignant neoplasms within this group of items.
- However, it identified that some lesions are not being sent for histopathology, which represents a safety concern and does not reflect best practice. In FY2014/15, histopathology or the biopsy item 30071 was used in the period 30 days before or after service delivery on 89 per cent of occasions: GPs used it on 90 per cent of occasions, and specialists used it on 87 per cent of occasions.[11] GPs who billed this item accounted for 55 per cent of total services.[12] Within the same year, 844 melanoma excisions were claimed within 30 days of item 30196[13], potentially indicating that a number of melanomas may be missed due to use of item number 30196, where tissue is not sent for pathological examination.
- The Committee was also concerned to learn from the Department that certain GPs who specialise in skin are classifying themselves as specialists and are not performing histopathology.
- The Committee was also concerned to learn that certain GPs who specialise in skin lesions are classifying themselves as specialists and MBS data reflects that the data shows providers that are listed as GPs who are not performing histopathology.
- In light of the safety concerns and the proposed removal of item 30197 (a large number of lesions under this item were not sent for histopathology, and its services will now fall under item 30196), the Committee recommends: (i) mandating histopathology by removing confirmation "by specialist opinion"; (ii) encouraging colleges to promote best-practice use of histopathology amongst their members; (iii) monitoring high-volume users of the item (performed by the Department); and (iv) a further review in 12 months' time of providers that bill multiple lesions in a single day under item 30196. The Committee does not anticipate this procedure volume to be high, as discussed in Section 5.2.3 (item 30197).

### *5.2.3 Item 30197*

#### Recommendation

- Consolidate this item under item 30196.

#### Rationale

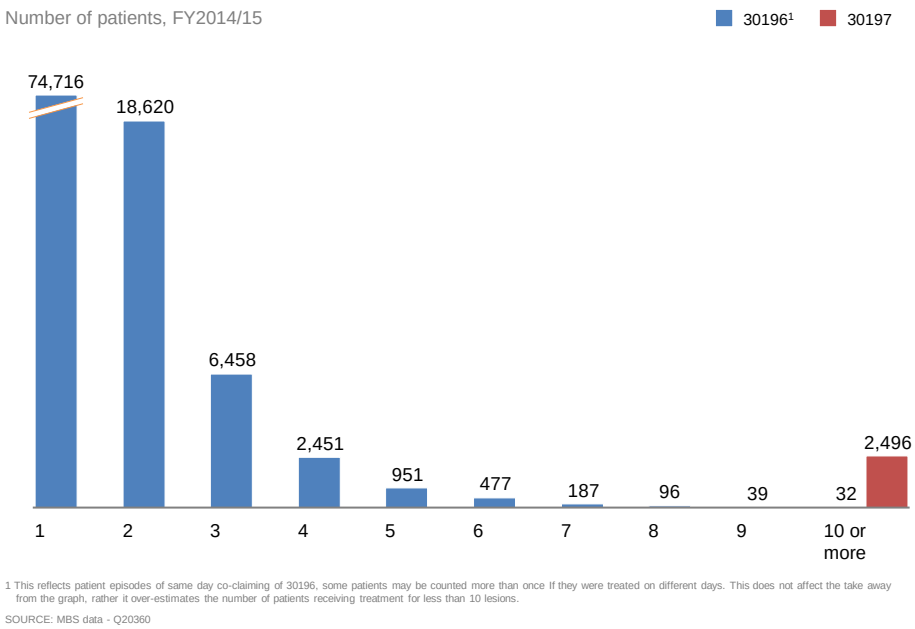
The recommendation focuses on improving patient care and addressing potential incentives for misuse. It is based on the following observations.

- The Committee felt that there are few circumstances in which the removal of 10 or more lesions is required. However, the item is becoming more commonly used. In FY2014/15, for example, 3,352 services were provided, and service volume has grown by 7.8 per cent per year over the last five years.[2] Furthermore, 527 patients (21 per cent) received two or more services under item 30197 in FY2014/15,[12] which is not commonly likely to be necessary. It is likely that a perverse incentive exists for claiming the higher schedule fee for item 30197, instead of using item 30196. This can be seen in an analysis of the frequency of claims for different numbers of lesions: 10 or more lesions are claimed three times as often as six to nine lesions, and marginally more often than four lesions (Figure 4).[14]
- There is also a safety concern that lesions are not consistently sent to pathology, and there is a limited audit trail because providers are not required to disclose treatment sites for this item. In FY2014/15, histopathology or the biopsy item 30071 was used in

the period 30 days before or after service delivery on 65 per cent of occasions: GPs used it on 73 per cent of occasions, and specialists used it on 51 per cent of occasions.[11] GPs who billed this item accounted for 61 per cent of total services.[12]

- Δ In light of the safety concerns and apparent miscoding, the Committee felt that deleting the item was an appropriate measure. Removal of multiple lesions can still be billed under item 30196. This would require each lesion to be individually sent for pathological examination and treatment areas to be specified, in line with best practice.

Figure 4: Count of patients by the number of lesions removed on the same day under items 30196-30197




## 5.3 Allergy: Items 12003, 12000, 21981 and 53600

Table 5: Item introduction table for items 12003, 12000, 21981 and 53600

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 12003 | Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies. [1995] | $58.85 | 50,241 | $2,632,167 | -0.90% |
| 12000 | Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies. [1995] | $38.95 | 64,630 | $2,275,306 | 4.40% |
| 21981 | Anaesthetic agent allergy testing, using skin sensitivity methods in a patient with a history of prior anaphylactic or anaphylactoid reaction or cardiovascular collapse associated with the management of anaesthesia agents (4 basic units). [2011] | $79.20 | 63 | $9,500 | 14.50% |
| 53600 | Skin sensitivity testing for allergens to anaesthetics and materials used in OMS surgery, using 1 to 20 allergens. [2000] | $38.95 | 0 | $0 | N/A |

### 5.3.1 Item 12003

**Recommendation**

- Δ Remove the specific item for testing more than 20 allergens, and consolidate under item 12000 as part of the proposed changes to this item.

**Rationale**

The recommendation focuses on improving patient care and encouraging best practice. It is based on the following observations.

- Δ A relatively high number of tests are performed for 20 or more allergens. In FY2014/15, for example, tests for 20 or more allergens accounted for 44 per cent of total general allergy tests (12000 and 12003 services), and approximately 2,340 patients were tested for 20 or more allergens more than once. Two patients were tested more than seven times (at least 140 allergens tested each). The Committee noted that there are few circumstances in which a patient requires a test for 20 or more allergens, and even fewer circumstances in which this would be required more than once a year. This is true for both food and environmental allergens, at all ages:

– The clinical need for Immunoglobulin E (IgE) food allergy skin prick testing (SPT) generally focuses on a limited number of food allergens, as 98 per cent of IgE-mediated food allergies are due to nine food groups: eggs, milk, wheat, soy, fish, shellfish, peanuts, tree nuts and seeds.[15] This applies to both children and adults. Most egg, milk, wheat and soy allergens resolve with time, and most food allergies present in infancy and early childhood. Even then, it would be rare to require more than 20 food allergens to be tested at one time.[15]

– It is not necessary to test for more than 20 environmental (aeroallergens) allergens for allergic rhinitis (AR), asthma or atopic dermatitis (AD), as for these conditions, SPT is limited to common environmental allergens, such as house dust mites, furred animals (for example, cats, dogs), grass pollens, weed pollen and tree pollen.

– When testing for both food and environmental allergies it is also unlikely that testing for more than 20 allergies at one time would be necessary.

- Δ Testing for many allergens is likely to lead to clinically irrelevant positives. Indeed, relevant literature from HealthNuts publications[16] highlights that SPTs have the potential to over-diagnose food allergies, especially when multiple tests are conducted at the same time. For instance, only 3 per cent of children have proven peanut allergies, despite an SPT positive rate of 8.9 per cent. Similarly, although 16.5 per cent of SPTs are positive for egg, only 8.9 per cent have challenge-proven raw egg allergy (dropping to 1.8 per cent for cooked eggs).

- Δ Drawing on its clinical experience, the Committee also noted that testing for many allergens is unpleasant for patients, particularly small children. This can harm consumers' experience of receiving healthcare services. In FY2014/15, 5,000 tests for more than 20 allergens were performed on infants aged 0–4 (10 per cent of total tests).

### 5.3.2 Item 12000 and 21981

**Recommendations**

- Δ Split item 12000 and change item 21981 to four MBS items that:

– Accurately describe the allergens tested and the scope of practice required for each.

- Remove the specification of 1–20 tests, making it clear that all allergens tested under the relevant item number on the same day are included, thereby prohibiting co-claiming with itself. (These items cover billing for more than 20 allergens, on the rare occasions when this is necessary.)
- Shift MBS item 21981 to the allergy and immunology section of the MBS as 1200-D and amend the descriptor to bring in line with 1200-A to C.
- Prohibit billing of repeat testing in a 12-month period for item 1200-A.
- Prohibit co-claiming between items 1200-A, 1200-B and 1200-D.
    - The proposed item descriptors are as follows:
- 1200-A: Skin prick testing for aeroallergens, including all allergens tested on the same day, not being a service associated with a service to which item 1200-B, 1200-D, 12012, 12015, 12018 or 12021 applies. Item only claimable once per 12 month period.
- 1200-B: Skin prick testing for food and latex allergens, including all allergens tested on the same day, not being a service associated with a service to which item 1200-A, 1200-D, 12012, 12015, 12018 or 12021 applies.
- 1200-C: Skin testing for medication allergens (antibiotics, non-general anaesthetics agents) and venoms including prick testing and intradermal testing with a number of dilutions, including all allergens tested on the same day, not being a service associated with a service to which item 1200-D, 12012, 12015, 12018 or 12021 applies.
- 1200-D: Skin testing for agents used in the perioperative period including prick testing and intradermal testing with a number of dilutions, to investigate anaphylaxis in a patient with a history of prior anaphylactic reaction or cardiovascular collapse associated with the administration of an anaesthetic. Including all allergens tested on the same day, not being a service associated with a service to which item 1200-A, 1200-B, 1200-C, 12012, 12015, 12018 or 12021 applies.
    - Add explanatory notes for item 1200-B (testing for food allergens) to guide appropriate provider use. The proposed explanatory notes are as follows:
- Item 1200-B should only be used by appropriately trained doctors such as allergist immunologists or equivalently trained medical practitioners. An alternative to Skin Prick Testing (SPT) is serum specific IgE food allergen testing. Serum specific IgE (ssIgE) allergy blood testing to food panels is not recommended.
    - Add explanatory notes for items 1200-C and 1200-D to guide appropriate provider use. The proposed explanatory notes are as follows:
- Item 1200-C should only be used by appropriately trained doctors such as allergist immunologists or equivalently trained medical practitioners.
- Item 1200-D should only be used by appropriately trained doctors such as allergist immunologists, anaesthetists or equivalently trained medical practitioners.
    - The Committee advises that utilisation of these items should be monitored and reviewed again in 12 months to check whether the restructured items are being used appropriately.
    - The Committee suggests revising the schedule fee for these items to reflect the complexity and expense of testing, which scale from 1200-A (least complex) to 1200-D (most complex).

- The Committee calls on the Australasian Society of Clinical Immunology and Allergy (ASCIA) to create a scope-of-practice document.

### Rationale

The recommendations focus on improving patient care and encouraging best practice. They are based on the following observations.

- The Committee noted that inappropriate testing patterns could be contributing to relatively high service volumes. For instance, item 12000 was used 64,630 times in FY2014/15, and service volume has been growing by an average of 4.4 per cent per year over the last five years[2] (compared to population growth of 1.3 per cent)[3]. This can also be attributed to increased servicing of the population (services per 100,000 has grown by 3.1 per cent)[2] and the increasing prevalence of food allergy and atopic disease.
- The Committee expressed concern about the high volume of use and noted that the current allergy items do not capture the true scope of practice required to test for different allergies. There was particular concern that food allergy may be over-tested leading to over-diagnosis, which potentially leads to clinically irrelevant positives, unnecessary dietary restriction and patient concern.
- The Committee reviewed the clinically accepted allergy groups, the scope of practice and complexity required to test for different allergies and recommended splitting the items accordingly (as seen above).
- The restructuring of the allergy items is intended to encourage best-practice use and provide a means of monitoring the types of providers testing for food allergies in particular, as well as latex and medication (antibiotics and non-general anaesthetics) and venom allergies. Food and latex were grouped together because they have a similar scope of practice and level of complexity in testing, and because the volume for latex allergy testing will most likely be too small to justify a specific item number. Similarly medication (antibiotics and non-general anaesthetics) and venom were grouped together, and in this case venom allergy testing is unlikely to have a large enough volume to justify a specific item number.
- The Committee considered placing a provider restriction in the item descriptor for items 1200-B, C and D. However, it ultimately decided against this due to (i) the challenges associated with appropriately restricting providers, (ii) the lack of appropriate restriction mechanisms that acknowledge the skills of non-allergist immunologists, and (iii) the potential impact of an immediate restriction on patient access. Nonetheless, the Committee agreed that data showing which providers are performing allergen testing should be gathered over a 12-month period, after which a further review should be conducted to determine whether a restriction is necessary. The Committee also recommended including appropriate provider guidelines in the explanatory notes to encourage appropriate provider use of the items.
- The provider guidelines in the proposed explanatory notes align with the clinical literature, which indicates that SPT is appropriate for evaluating the following conditions:

  - IgE food allergy:
    - The performance and interpretation of SPT to food allergens requires specialised training and should be restricted to specialists or equivalently trained medical practitioners.[17], [18]

- Although rare, SPT for food allergies can lead to immediate allergic reactions, including anaphylaxis. Practitioners performing SPT must be able to identify and manage allergic reactions and anaphylaxis.[17]
- Using SPT to screen for food allergy is not recommended and should be discouraged. Allergy testing for foods is indicated to confirm suspected food allergy where there has been a clinical reaction following known exposure. It is not an appropriate tool for screening for possible food allergies as there can be high rates of clinically irrelevant low-level SPT positivity.[16] Screening SPTs can lead to over-diagnosis of food allergy and unnecessary dietary restriction/delayed introduction of allergenic foods,[15], [18] which recent evidence suggests may be contributing to rising rates of food allergies.[19]

– Allergy to aeroallergens associated with AR, asthma and AD:
  - This is generally confined to common environmental allergens. It is not unreasonable for a non-specialist to perform aeroallergens allergy tests, but performance and interpretation of SPT does require training.[18]

– Latex allergy:
  - Performance and interpretation of SPT requires specialised training and should be restricted to specialists or equivalently trained medical practitioners.[18]

– Medication allergy:
  - Performance and interpretation of SPT requires specialised training and should be restricted to specialists or equivalently trained medical practitioners.[18]
    - The Committee proposed a new item for medication allergy testing (antibiotics, non-general anaesthetics) and venom allergy testing, which have previously not had a specific item number on the MBS. This item was added to reflect the true scope of practice required to adequately test patients. (On the limited occasions when tests for these allergies were conducted in the past, it is likely that they were performed under items 12000 and 12003.) Conducting these tests will help patients to better understand what they are allergic to, and could lead to more rational medication allergy labelling for patients. The Committee acknowledged that medication allergy testing is time-consuming, reagents are expensive and test interpretation is complex. It therefore anticipates that this item will be rarely used, and only by appropriately trained specialists or medical practitioners.
    - Testing for anaesthetics under item 21981 is currently listed in a different section of the MBS due to its item number. The Committee's proposed change is designed to simplify the MBS and encourage the appropriate use of items by grouping the four types of allergen testing together. The proposed wording adjustment to the descriptor is intended to improve quality of testing by allowing for agents used in the perioperative period that sometimes go beyond anaesthetics.
    - The Committee decided to restrict co-claiming between item numbers 1200-A, B and D to prevent the proposed changes resulting in higher costs for the patient. (Under the previous item numbers, these were billed together.) These tests can still be performed together, but a patient will not be billed for all of the tests, and the fees should be adjusted to reflect this. The Committee decided not to restrict co-claiming with item 1200-C as this will be required on certain occasions, and the associated schedule fee is unlikely to reimburse the costs involved.
    - The Committee also agreed that testing for aeroallergens more than once in a 12 month period would be unnecessary and billing for this should not be permitted.

### 5.3.3 Item 53600

#### Recommendation

- Delete this item from the MBS.

#### Rationale

The recommendation focuses on encouraging best practice and modernising the MBS. It is based on the following observations.

- The Committee concluded that this item is obsolete and no longer reflects best practice. MBS data indicates that the item has only been billed twice in the last decade.[2]
- There are already large restrictions placed on this item, which prohibit use. The term "OMS surgery" in the item descriptor restricts the use of this item to dental practitioners who were approved by the then Minister for Health prior to 1 November 2004 for the provision of oral and maxillofacial surgery services and relevant attendances.

## 5.4 Treating malignant lesions by liquid nitrogen cryotherapy using repeat freeze-thaw cycles: Items 30202, 30203 and 30205

Table 6: Item introduction table for items 30202–3 and 30205

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30202 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies. [2003] | $48.35 | 61,776 | $2,004,167 | 3.40% |
| 30203 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions). [2003] | $170.25 | 12,383 | $1,751,331 | 5.50% |
| 30205 | Malignant neoplasm of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles where the malignant neoplasm extends into cartilage. (Anaes.) [2003] | $126.30 | 180 | $15,608 | -0.90% |

### 5.4.1 Item 30202

#### Recommendations

- Change the wording of the item descriptor by replacing "specialist" with "AMC recognised dermatologist."
- Advise the Department to monitor high-volume providers to ensure that providers are requesting the appropriate pathology tests. This item should also be reviewed after 12 months to assess the effect of deleting item 30197, and to determine whether providers are billing for many more than 10 lesions.
- The Committee calls on relevant colleges to encourage best-practice use of pathology post-treatment.

### Rationale

The recommendations focus on increasing patient safety and encouraging best practice. They are based on the following observations.

- The position of the Committee is that item 30202 provides the most appropriate service for the treatment of malignant neoplasms within this group of items.
- However, the surprisingly low number of lesions sent to pathology represents a large safety concern and does not reflect best practice. In FY2014/15, for example, histopathology or the biopsy item 30071 was used in the period 30 days before or after service delivery on only 42 per cent of occasions: GPs used it on 55 per cent of occasions, and specialists used it on 25 per cent of occasions.[11] GPs who billed this item accounted for 58 per cent of total services.[12] Auditing provider practice and encouraging best practice (via the relevant colleges) may contribute to improving practice patterns.
- As mentioned above, the Committee was also concerned to learn that certain GPs who specialise in skin lesions are classifying themselves as specialists and MBS data reflects that the data shows providers that are listed as GPs who are not performing histopathology.
- In light of safety concerns and the consolidation of item 30203 under item 30202, the Committee recommends: (i) changing the word "specialist" to "AMC recognised dermatologist"; (ii) encouraging colleges to promote best-practice use of histopathology amongst their members; (iii) monitoring high-volume users of the item (conducted by the Department); and (iv) conducting a further review in 12 months' time of providers that bill multiple lesions in a single day under item 30202. The Committee does not anticipate this procedure volume to be high, as discussed in Section 5.4.2 (item 30203). The Committee notes that the recommendation regarding the word "specialist" in the item descriptor is slightly different from the wording change recommended for item 30196. This decision was made because the procedure under 30202 is different, and dermatologists often try to avoid removing tissue where possible to avoid scarring.

## *5.4.2 Item 30203*

### Recommendation

- Consolidate this item under item 30202.

### Rationale

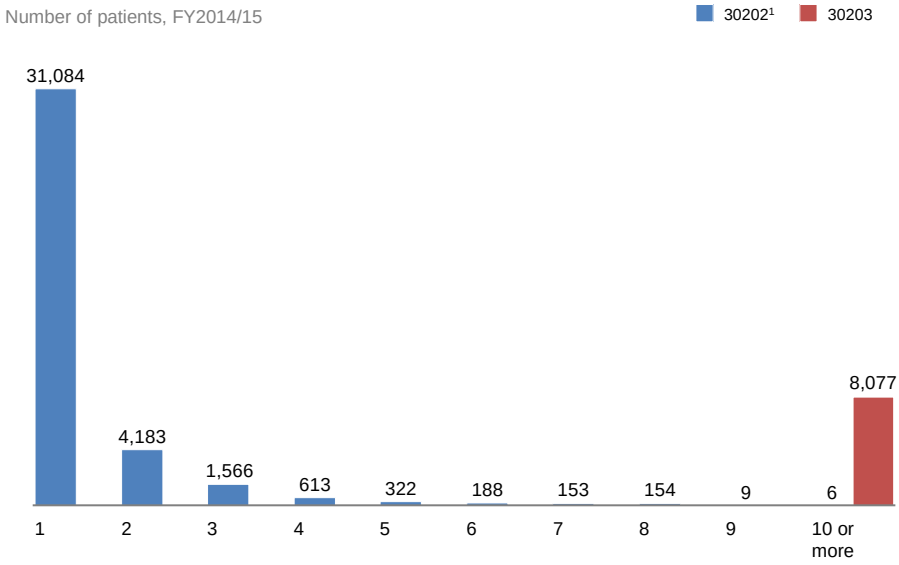
The recommendation focuses on improving patient care and addressing incentives for misuse. It is based on the following observations.

- The Committee's position is that there are few circumstances in which the removal of 10 or more malignant lesions by liquid nitrogen cryotherapy with repeat freeze-thaw cycles is appropriate, particularly as it causes significant pain and damage to the skin. Despite this, 12,383 services were provided in FY2014/15, and services have been growing at an average of 5.5 per cent year per over the last five years[2] (compared to population growth of 1.3 per cent)[3]. Furthermore, a substantial number of patients undergo over 20 lesion removals in a year: in FY2014/15, for example, 26 per cent of patients received two or more services under item 30203.[10] This may be because the higher schedule fee for item 30203 has created a perverse incentive to bill this item, rather than billing multiple times under item 30202 (Figure 5)[14]. The Committee

noted with surprise that the number of patients undergoing at least 10 lesion removals is double the number of patients undergoing two lesion removals on the same day.

- There is a safety concern that lesions are not consistently sent to pathology, and there is a limited audit trail because providers are not required to disclose treatment sites for this item. In FY2014/15, histopathology or the biopsy item 30071 was used in the period 30 days before or after service delivery on only 43 per cent of occasions: GPs used it on 47 per cent of occasions, and specialists used it on 29 per cent of occasions.[11] GPs who billed this item accounted for 78 per cent of total services.[12]
- In light of the safety concerns and apparent mis-coding, the Committee felt that deleting the item was a reasonable action. Under item 30202, each lesion would need to be individually sent for pathological examination and treatment areas would need to be specified, in line with best practice.

**Figure 5: Count of patients by the number of lesions removed on the same day under items 30202-30203**




1 This reflects patient episodes of same day co-claiming of 30202, some patients may be counted more than once if they were treated on different days. This does not affect the take away from the graph, rather it over-estimates the number of patients receiving treatment for less than 10 lesions.

SOURCE: MBS data - Q20360

### *5.4.3 Item 30205*

#### Recommendation

- Delete this item from the MBS, and instead use item 30202.

#### Rationale

The recommendation focuses on encouraging best practice and patient safety. It is based on the following observations.

- The position of the Committee is that this treatment no longer reflects best practice, given that freezing cartilage results in longer recovery times for patients, definitive treatment cannot be assured, and there are better alternative treatments available such as surgical excision. MBS data also suggests a general trend away from using the item. In FY2014/15, for example, the item was only used 180 times, and use has been decreasing by an average of 0.9 per cent per year over the last five years[2] (compared to population growth of 1.3 per cent)[3].

- The Committee agreed that deleting this item would not cause any access issues for patients as item 30202 is provided far more often and has a lower schedule fee.

## 5.5 Definitive removal of palmar or plantar warts: Items 30185 and 30186

Table 7: Item introduction table for items 30185–6

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30185 | Palmar or plantar warts (10 or more), definitive removal of, excluding ablative methods alone, not being a service to which item 30186 or 30187 applies. (Anaes.) [2003] | $182.50 | 1,068 | $163,974 | 0.30% |
| 30186 | Palmar or plantar warts (less than 10), definitive removal of, excluding ablative methods alone, not being a service to which item 30185 or 30187 applies. (Anaes.) [2003] | $47.45 | 35,149 | $1,378,442 | -0.40% |

### Recommendation

- Delete both items from the MBS. Treatment should be provided using other therapies (such as cryotherapy) within a normal consultation.

### Rationale

The recommendation focuses on improving patient care and promoting best practice. It is based on the following observations.

- The Committee identified these items as obsolete, noting that they no longer reflect best practice. Item 30185 is cause for particular concern, given that it covers treatment of more than 10 warts. MBS data also suggests a general trend away from using these items. Over the last five years, for example, the service volumes for these items have fallen by an average of 0.4 per cent per year[2] (compared to population growth of 1.3 per cent)[3].

- The Committee's clinical judgment is that treatment modalities such as cryotherapy reflect best practice, as outlined in international consensus clinical guidelines. For instance, Lipke (2006) notes: "Surgical excision and cautery of warts is not recommended as a standard therapy because it can be painful and cause scars that are difficult to treat. Like any destructive therapy, there is no assurance that the wart will not recur. Recurrence rates can be as high as 30%."[20] The British Association of Dermatology's recommendations for treating plantar warts[21] identify cryotherapy and other treatments as the best forms of treatment, including: "Salicylic acid (15–40%) topical paints or ointments."
- "Cryotherapy, fortnightly for 3–4 months."
- "Salicylic acid and/or cryotherapy used with more aggressive regimens is probably more effective than standard regimens, but care is needed with worse side-effects. Combination treatments can be undertaken."
- "Other treatments: dithranol, 5-FU, formaldehyde, glutaraldehyde, hyperthermia, laser, PDT, podophyllotoxin, topical immunotherapy."
- The recommendations also note: "Cure rates are lower at this site probably due to a thicker cornified layer and subsequent poorer penetration of treatments to the lower epidermis. Paring, if used to remove excess skin from warts before treatment, should avoid damaging surrounding skin because of the risk of spreading infection."

- Furthermore, a 2012 Cochrane Review found that "surgical excision and curettage with cautery have certainly been recognised treatments for common warts in the past, but fewer dermatologists advocate these treatments now due to the morbidity of the procedure, particularly scarring, and the anecdotal experience of high rates of recurrence. We did not identify any controlled trials or RCTs [randomised controlled trials] that evaluated these treatments."[22]
- The Committee agreed that other treatment options are available to patients (such as cryotherapy), and these should be conducted as part of a normal consultation.
- The Committee agreed that deleting this item would create greater value for patients as it would encourage best-practice treatment and allow funds to be re-allocated to higher value care for patients.

## 5.6 Laser photocoagulation: Items 14100, 14106, 14109, 14112, 14115, 14118 and 14124

Table 8: Item introduction table for items 14100, 14106, 14109, 14112, 14115, 14118 and 14124

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 14100 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of vascular lesions of the head or neck where abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period. (Anaes.) [2004] | $152.5 | 23,881 | $3,507,367 | 6.00% |
| 14106 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), where the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment up to 50cm2. (Anaes.) [2005] | $152.50 | 2,991 | $470,789 | -1.20% |
| 14109 | "area of treatment more than 50cm 2 and up to 100cm 2" [2004] | $187.35 | 331 | $74,485 | -7.00% |
| 14112 | "area of treatment more than 100cm 2 and up to 150cm 2" [2004] | $221.75 | 146 | $38,195 | -6.20% |
| 14115 | "area of treatment more than 150cm 2 and up to 250cm 2" [2004] | $256.50 | 148 | $48,166 | -14.10% |
| 14118 | "area of treatment more than 250cm 2" [2004] | $325.75 | 148 | $67,543 | -1.20% |
| 14124 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of haemangiomas of infancy, including any associated consultation – where a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period. [2014] | $152.50 | 54 | $7,345 | -2.10% |

**Some descriptors have been shortened; see Appendix A for complete descriptors.**

### *5.6.1 Item 14100*

#### Recommendations

- Change the item descriptor wording for item 14100, replacing "vascular lesion" with "vascular abnormalities."
- Change the maximum number of sessions from six to four within a 12-month period.
- Include a requirement for all laser equipment to be listed by the Therapeutic Goods Administration (TGA).
- Include use of IPL within the item descriptor, recognising that this recommendation may need to be evaluated by the MSAC.
- Include a requirement for photo evidence to be captured during treatment to assist providers with documenting compliance with the item descriptor.

#### Rationale

The recommendations focus on encouraging best practice and optimal patient care. They are based on the following observations.

- "Vascular abnormalities" is a clearer description of the required indications for this item. For example, "vascular abnormality" better reflects the fact that rosacea produces telangiectasia and erythema.
- Drawing on the clinical judgement of its members, the Committee determined that no more than three sessions with modern lasers are required to achieve maximum reasonable improvement. Allowing four sessions provides patients with an opportunity to receive a maintenance session within the same 12-month period.
- All laser equipment should be TGA-listed. Inferior low-cost lasers are increasingly available, which may lead to poor patient outcomes.
- The Committee agreed that IPL should be included in the item descriptor, based on clinical judgement and the relevant literature, which confirms that it provides equivalent patient care.[23]–[35]
- The Department informed the Committee that providers must produce evidence that they are compliant with the item descriptor, and that it is unlikely that this is occurring at the moment. The Committee recommended a simple solution: require providers to capture photographic evidence, as cameras are available and are used by most providers (especially to highlight to patients the impact of their treatment).

### *5.6.2 Items 14106, 14109, 14112, 14115 and 14118*

#### Recommendations

- Change the item descriptor wording for all items to include International Society for the Study of Vascular Anomalies (ISSVA) terminology. Specifically, use the term "vascular malformations," which in ISSVA terminology encompasses:

  – Capillary malformation (CM; previously "port wine stain").
  – Venous malformation (VM; previously "cavernous haemangioma").
  – Arterio-venous malformation (AVM).

- Change the item descriptor wording, replacing “haemangiomas of infancy” with “infantile haemangiomas,” and replacing “laser light within wave length of 510–1064nm” with “laser radiation.”
- Consolidate item numbers into three items:

– Area of treatment less than 150 $cm^2$.

– Area of treatment 150 to 300 $cm^2$.

– Area of treatment greater than 300 $cm^2$.

- Include a requirement for all laser equipment to be TGA-listed.
- Include a requirement for photo evidence to be captured during treatment to assist providers with documenting compliance with the item descriptor.

**Rationale**

The recommendations focus on modernising and simplifying the MBS and are based on the following observations.

- The wording of the item descriptors should be changed to reflect modern medical terminology.
- Consolidating item numbers and making areas of treatment more intuitive (150 $cm^2$ is the approximate average area of a hand) will increase ease of use for providers. It will also decrease unintentional mis-coding of more complex procedures and encourage appropriate billing of patients.
- Removing the wavelength requirement will allow $CO_2$ lasers to be used, which are important for effectively treating a small number of conditions. The Committee felt that this change would not open the item number to intended or un-intended misuse.
- The Department informed the Committee that providers must produce evidence that they are compliant with the item descriptor, and that it is unlikely that this is occurring at the moment. The Committee recommended a simple solution: require providers to capture photographic evidence, as cameras are available and used by most providers (especially to highlight to patients the impact of their treatment).

### *5.6.3 Item 14124*

**Recommendations**

- Change the wording in the item descriptor, replacing “haemangiomas of infancy” with “infantile haemangiomas.”
- Monitor non-specialist providers to ensure that the item is being used properly.
- Include a requirement for all laser equipment to be TGA-listed.
- Include a requirement for photo evidence to be captured during treatment to assist providers with documenting compliance with the item descriptor.

**Rationale**

The recommendations focus on patient care and modernising the MBS. They are based on the following observations.

- The wording of the item descriptors should be changed to reflect modern medical terminology.

- The Committee noted that paediatric dermatologists should be the primary users of this item, but that GPs who bill this item currently account for 69 per cent of usage volumes.[12]
- The Department informed the Committee that providers must produce evidence that they are compliant with the item descriptor, and that it is unlikely that this is occurring at the moment. The Committee recommended a simple solution: require providers to capture photographic evidence, as cameras are available and used by most providers (especially to highlight to patients the impact of their treatment).

## 5.7 Mohs: Items 31000–31002

Table 9: Item introduction table for items 31000–2

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 31000 | Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure – 6 or fewer sections. [1995] | 580.90 | 9,076 | $3,872,553 | 8.00% |
| 31001 | 7 to 12 sections (inclusive). [1995] | 726.05 | 3,110 | $1,716,609 | 8.90% |
| 31002 | 13 or more sections. [1995] | 871.30 | 452 | $306,793 | 5.20% |

**Some descriptors have been shortened; see Appendix A for complete descriptors.**

### Recommendations

- Change the item descriptor to recognise the term “Mohs surgery.” This term would replace “Micrographically controlled serial excision” and would appear at the beginning of the item descriptor.
- Change the item descriptor to include provider restrictions. Providers must be certified under the Australasian College of Dermatologists (ACD) or have an equivalent qualification accepted by the college.
- Split each Mohs item into two separate items:

– Area A: Head, neck, genitalia, hand, digits, leg (below knee) and foot.

– Area B: All other areas (e.g., areas not included in Area A).

- Add the following explanatory notes: “Services under Area A items should make up at least 90% of a Mohs surgeon’s caseload of category A and B items annually.” (Explanatory notes are not currently provided for these items.)
- Monitor providers who bill a relatively high number of services within Area B.

### Rationale

The recommendations focus on ensuring patient safety and appropriate use of the items. They are based on the following observations.

- Mohs surgery is complex, and providers require a sufficient level of training and certification to ensure patient safety and procedural quality. However, there is no current requirement for this in the MBS. Furthermore, an increasing number of short and insufficient training courses are available, and although certified doctors currently provide the majority of services (99 per cent of providers are dermatologists), this may

change in the near future. The ACD has a register of certified Mohs surgeons who have undergone specific ACD-approved training, or whose skills have been recognised by the ACD. A process to certify doctors currently performing or intending to perform Mohs could be used as a means to assure service quality. It is recognised that equivalently qualified doctors from overseas should also be allowed to perform Mohs. Equivalent qualifications could be assessed and recognised by the ACD.

- Clinical experience and guidelines[36] indicate that the majority of Mohs surgery (approximately 90 per cent) should be conducted on Area A. Creating two separate item numbers will encourage more appropriate use of these items and facilitate monitoring and potential auditing of providers who bill relatively high amounts of services under Area B.
- The term "Mohs surgery" reflects the most up-to-date medical terminology and removes any potential misinterpretation of what procedure is included under these items.

## 5.8 Telangiectases or starburst vessels: Items 30213 and 30214

Table 10: Item introduction table for items 30213–4

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30213 | Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation – limited to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – for a session of at least 20 minutes duration. [1996] | $109.80 | 3,888 | $517,478 | -3.60% |
| 30214 | Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation – session of at least 20 minutes duration – where it can be demonstrated that a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period. [1997] | $109.8 | 0 | $0 | N/A |

### Recommendation

- Delete both items from the MBS.

### Rationale

The recommendation focuses on encouraging best practice and optimal patient care. It is based on the following observations.

- The position of the Committee is that these items are obsolete, do not reflect best practice and should be removed from the MBS. Necessary treatment can be provided under laser item 14100. MBS data demonstrates that services are not being provided under item 30214, which has only ever been billed once.[2]
- The Committee's only reservation about deleting item 30213 was the potential impact on patient access. However, MBS data revealed that there are limited rural access concerns: less than six services were provided in remote and very remote areas of

Australia in FY2014/15, and laser treatment is sufficiently available as an alternative for rural patients.[12]

## 5.9 Treatment of pre-malignant skin lesions: Item 30192

Table 11: Item introduction table for item 30192

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30192 | Premalignant skin lesions (including solar keratoses), treatment of, by ablative technique (10 or more lesions). [2003] | $39.55 | 690,879 | $21,388,250 | 3.20% |

### Recommendation

- Leave this item unchanged.

### Rationale

- The position of the Committee is that this treatment is still required, and that the significant service volume is likely to be appropriate given the incidence of skin cancer in Australia.[37]
- The Committee considered recommending topical and field therapies in the explanatory notes as they are increasingly becoming available and often provide better treatment.[38] However they noted that such therapies are not currently listed on the PBS and require a submission that is approved through the Pharmaceutical Benefits Advisory Committee (PBAC) process. Furthermore a large education campaign would be required to inform doctors of these new treatments. Therefore they decided not to include such explanatory notes.

## 5.10 Skin lesions, multiple injections of hydrocortisone or similar preparations: Items 30207 and 30210

Table 12: Item introduction table for items 30207 and 30210

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30207 | Skin lesions, multiple injections with hydrocortisone or similar preparations. [1991] | $44.60 | 36,620 | $1,602,971 | 6.00% |
| 30210 | Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital. (Anaes.) [1991] | $162.95 | 740 | $70,127 | -3.30% |

### Recommendations

- Change the item descriptor for item 30210 to restrict use to patients of less than 16 years of age. Older patients can be treated using item 30207.
- Change the wording in both item descriptors, replacing “hydrocortisone or similar preparations” with “glucocorticoid preparations.”

### Rationale

The recommendations focus on ensuring optimal patient care and are based on the following observations.

- Although these are painful procedures, the Committee believes that it is not necessary to conduct these injections on adults or older teenagers in an operating theatre, as per item 30210. There are circumstances in which patients under the age of 16 may find the injections into keloids too painful to be conducted without general anaesthetic delivered in an operating theatre, but MBS data indicates that the majority of patients who receive these injections in an operating theatre are adults or older teenagers. In FY2014/15, for example, 91 per cent of patients treated under item 30210 were aged 15 or over.[10] It therefore seems reasonable to restrict use of item 30210 to patients for whom it is most appropriate. All other patients should be treated under item 30207.
- The wording in the item descriptors should be changed to remove any ambiguity regarding similar preparations for hydrocortisone injections and ensure appropriate use of the item. Hydrocortisone will now be captured in the term "glucocorticoid."

## 5.11 Superficial radiotherapy: Item 15000

While reviewing this item number, the Committee was contacted by the Radiation Oncology Working Group of the Oncology Clinical Committee to discuss whether it would be appropriate to consolidate the orthovoltage radiotherapy items (items 15100–15115) into the superficial radiotherapy items (items 15000–15009). Comments regarding this are presented in the recommendation below.

Table 13: Item introduction table for item 15000

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 15000 | (Benefits for administration of general anaesthetic for radiotherapy are payable under Group T10) Radiotherapy, superficial (including treatment with xrays, radium rays or other radioactive substances), not being a service to which another item in this Group applies each attendance at which fractionated treatment is given – 1 field. [1991] | $42.55 | 22,738 | $892,102 | 9.80% |

### Recommendation

- Consolidate orthovoltage radiotherapy items (items 15100–15115) into the superficial radiotherapy items (items 15000–15009), as recommended by the Radiation Oncology Working Group. This recommendation is not yet final, and the complete recommendation will be finalised and presented for consultation by the Oncology Clinical Committee.

### Rationale

- The position of the Committee is that this is still a required and clinically relevant treatment. However, in principle, the Committee has no issues with consolidating the items to simplify the MBS. The Committee assumes that this change will be cost neutral for consumers, ensuring no adverse impact on patient access.

## 5.12 Administration of immunomodulating agent: Item 14245

Table 14: Item introduction table for item 14245

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 14245 | Immunomodulating agent, administration of, by intravenous infusion for at least 2 hours duration – | $97.95 | 17,397 | $1,389,263 | 19.90% |

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| | payable once only on the same day and where the agent is provided under section 100 of the Pharmaceutical Benefits Scheme. [2007] | | | | |

### Recommendation

- Leave this item unchanged.

### Rationale

- The position of the Committee is that this is a required and clinically relevant treatment and no change is necessary.
- The Committee initially identified two potential issues of concern: high growth in use (approximately 20 per cent per year, on average, over the last five years)[2]; and inter-state variation in use (for example, Tasmania provided 300 more services per capita (per 100,000) than the average).[12] However, it ultimately agreed that these are not substantial issues and do not warrant any change, particularly as they are likely to be driven by recent changes to the PBS (this item is largely driven by PBS utilisation) and different billing practices across states.

## 5.13 Bone or cartilage excision: Item 31340

Table 15: Item introduction table for item 31340

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 31340 | Note: Multiple Operation and Multiple Anaesthetic rules apply to this item.<br><br>Muscle, bone or cartilage, excision of one or more of, where clinically indicated, where the specimen excised is sent for histological confirmation, performed in association with excision of malignant tumour of skin covered by item 31255, 31256, 31257, 31258, 31260, 31261, 31262, 31263, 31265, 31266, 31267, 31268, 31270, 31271, 31272, 31273, 31275, 31276, 31277, 31278, 31280, 31281, 31282, 31283, 31285, 31286, 31287, 31288, 31290, 31291, 31292, 31293, 31295, 31300, 31305, 31310, 31315, 31320, 31325, 31330 or 31335. (Anaes.) [2005] | 75% of fee for excision of malignant tumour | 8,511 | $541,837 | 6.30% |

### Recommendation

- Leave this item unchanged.

### Rationale

- The position of the Committee is that this is a required and clinically relevant treatment. No further changes need to be made beyond those already planned, which are outside the scope of the Committee.

## 5.14 Laser excision of face or neck tumours: Item 30190

Table 16: Item introduction table for item 30190

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 30190 | Angiofibromas, trichoepitheliomas or other severely disfiguring tumours suitable for laser excision as confirmed by specialist opinion, of the face or neck, removal of, by carbon dioxide laser or erbium laser excision-ablation including associated resurfacing (10 or more tumours). [2001] | $397.75 | 617 | $237,181 | -5.30% |

### Recommendation

- Change the item descriptor to exclude common lesions that are not severely disfiguring tumours, including melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts. The proposed item descriptor is as follows:

– Angiofibromas, trichoepitheliomas or other severely disfiguring tumours excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts, suitable for laser ablation as confirmed by AMC recognised dermatologist opinion, of the face or neck, removal of, by carbon dioxide laser or erbium laser ablation including associated resurfacing (10 or more tumours).

- Add an item number (e.g., 3019-X) for removing less than 10 tumours, including lesions that were previously (and appropriately) billed under item 30195, which is recommended for deletion. These include: epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours. Change the treatment methodology, adding: "other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only)." The proposed item descriptor for item 3019-X is as follows:

– Angiofibromas, trichoepithelioma, epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours, excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts. Confirmed by AMC recognised dermatologist opinion and treated with carbon dioxide/erbium, other appropriate laser (or curettage and fine point diathermy for pyogenic granuloma only). One or more lesions.

- Change the wording "confirmed by specialist opinion" to "confirmed by AMC recognised dermatologist opinion."

- Although pricing was not within the scope of the Committee, it advises that treatment under item 3019-X would have a similar scope of practice as item 14100, yet also acknowledges that these lesions were most likely treated under item 30195 in the past, and both of these schedule fees could be used as reference to determine the price.

### Rationale

The recommendations focus on ensuring adequate patient access to treatment for rare conditions, as well as safeguarding against inappropriate leakage from the recommended deletion of other item numbers. They are based on the following observations.

- Although the volume of services has been declining by an average of 5.3 per cent per year for the last five years,[2] the Committee agreed that this is still a required and clinically relevant treatment. It is likely that the reduction in volume is explained by the introduction of new topical drugs, which the Committee agreed are not appropriate for a small group of patients.
- The Committee acknowledged that the recommended deletion of item 30195 could shift inappropriate billing of common lesions to item 30190. Although the Committee does not believe that there will be a large volume shift to item 30190, it amended the item descriptor to address this risk, specifically excluding melanocytic naevi, sebaceous hyperplasia, dermatosis papulosa nigra, Campbell De Morgan angiomas and seborrheic or viral warts.
- The recommended deletion of item 30195 could result in access problems for patients who require the removal of a small number of rare conditions. These conditions were previously (and appropriately) billed under item 30195 and include: epidermal naevi, xanthelasma, pyogenic granuloma, genital angiokeratomas, hereditary haemorrhagic telangiectasia and other severely disfiguring or recurrently bleeding tumours. The Committee felt that the best course of action was to create a new item (e.g., 3019-X) that will allow for appropriate treatment of these conditions. Again, the Committee does not anticipate a large volume shift to this item, but it applied the exclusions listed for item 30190 to safeguard against this. This item will also permit several additional treatment methods to reflect modern treatment of these conditions.
- The Committee was also concerned to learn that certain GPs who specialise in skin lesions are classifying themselves as specialists. The Committee decided to address this issue by changing this wording to "AMC recognised dermatologist."

## 5.15 Laser resurfacing for face or neck: Items 45025 and 45026

Table 17: Item introduction table for items 45025–6

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 45025 | Carbon dioxide laser or erbium laser (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne – limited to 1 aesthetic area. (Anaes.) [2007] | $177.35 | 1,242 | $197,064 | 29.0% |
| 45026 | Carbon dioxide laser or erbium laser (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne – more than 1 aesthetic area. (Anaes.) [2007] | $398.55 | 1,656 | $655,439 | 16.0% |

### Recommendations

- Add the use of fractional ablative lasers (Erbium and CO2) to the item.
- Add the words "non-ablative" to the bracketed part of the item descriptor. For example, ("excluding non-ablative fractional laser therapy").

### Rationale

The recommendations focus on improving patient care and safety. They are based on the following observation.

- Evidence indicates that equivalent results can be obtained using fractionated lasers, and that using fractionated laser systems may improve the safety of this procedure.[39], [40]

## 5.16 Vermilionectomy using laser: Item 45669

Table 18: Item introduction table for item 45669

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 45669 | Vermilionectomy, using carbon dioxide laser or erbium laser excision-ablation. (Anaes.) [2001] | $326.05 | 508 | $144,386 | 4.3% |

### Recommendation

- Require biopsy proof in the item descriptor. The proposed descriptor is as follows: "Vermilionectomy for biopsy confirmed cellular atypia, using carbon dioxide laser or erbium laser excision-ablation. (Anaes.)"

### Rationale

The recommendation focuses on encouraging best practice and is based on the following observation.

- Adding the biopsy confirmation requirement ensures best-practice use of the item and avoids potential misuse of this procedure in the future.

## 5.17 Treatment of rhinophyma using laser: Item 45652

Table 19: Item introduction table for item 45652

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 45652 | Rhinophyma, carbon dioxide laser or erbium laser excision-ablation of. (Anaes.) [2001] | $356.35 | 259 | $87,293 | 15.5% |

### Recommendation

- Add the phrase "Rhinophyma of a moderate or severe degree" to the descriptor.
- Include a requirement for photo evidence to be captured during treatment to assist providers with documenting compliance with the item descriptor.

### Rationale

The recommendation focuses on encouraging best practice and is based on the following observations.

- Amending the descriptor to specify moderate or severe rhinophyma will ensure that this item is used to treat the appropriate thickening associated with rhinophyma.
- The Department informed the Committee that providers must produce evidence that they are compliant with the item descriptor, and that it is unlikely that this is occurring at the moment. The Committee recommended a simple solution: require providers to capture photographic evidence, as cameras are available and used by most providers (especially to highlight to patients the impact of their treatment).

## 5.18 Full-face chemical peel: Item 45019

Table 20: Item introduction table for item 45019

| Item | Descriptor [date last amended] | Schedule fee | Services FY2014/15 | Benefits FY2014/15 | Services 5-year annual avg. growth |
|---|---|---|---|---|---|
| 45019 | Full face chemical peel for severely sun-damaged skin, where it can be demonstrated that the damage affects 75% of the facial skin surface area involving photodamage (dermatoheliosis) typically consisting of solar keratoses, solar lentigines, freckling, yellowing and leathering of the skin, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital by a specialist in the practice of his or her specialty – 1 session only in a 12 month period. (Anaes.) [1997] | $396.70 | 14 | $4,166 | -7.8% |

### Recommendation

- Add full resurfacing lasers Erbium CO2 and Fractional Thulium 1927 to the item descriptor.
- Change the indication in the item descriptor to read: "Solar Keratoses not responsive to medical therapies, where the solar Keratosis Load exceeds 30 individual lesions."
- Change the word "specialist" to "AMC recognised dermatologist and plastic surgeon."

### Rationale

This recommendation focuses on modernising the MBS to reflect current best-practice standards of care.

- The recommendations modernise the MBS to reflect current best-practice standards of care in treating multiple areas of facial dysplasia (solar keratoses) that have resisted previous therapies. This change will also modify the indication for this procedure to treat cellular dysplasia/precancerous changes.[41]
- The Committee was concerned to learn that certain GPs who specialise in skin are classifying themselves as specialists and data suggests they were utilising the MBS in this manner. The Committee decided to address this issue by changing the word "specialist" to "AMC recognised dermatologist and plastic surgeon."

# 6. Stakeholder impact statement

Both patients and providers are expected to benefit from these recommendations, as they address concerns regarding patient safety and quality of care, and they take steps to simplify the MBS and make it easier to use and understand. Patient access to services was considered for each recommendation.

Where items have been recommended for deletion, alternative items have been suggested that can absorb the appropriate services for a comparable schedule fee. The Committee also considered each recommendation's impact on provider groups to ensure that changes are reasonable and fair.

However, if the Committee identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

# 7. References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[7] M. R. U. Department of Health, 'MBS data - Q20396'.

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# Appendix A - Item recommendations list

| Item | Current descriptor | Explanatory notes | Recommendation |
|---|---|---|---|
| 12000 | Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies. | N/A | Change |
| 12003 | Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to which item 12012, 12015, 12018 or 12021 applies. | N/A | Change |
| 14050 | PUVA therapy or UVB therapy administered in whole body cabinet (not being a service associated with a service to which item 14053 applies) including associated consultations other than an initial consultation. | T1.14<br>PUVA or UVB Therapy – (Items 14050 and 14053)<br>A component for any necessary subsequent consultation has been included in the Schedule fee for these items. However, the initial consultation preceding commencement of a course of therapy would attract benefits.<br>Related Items: 14050 14053. | Change |
| 14053 | PUVA therapy or UVB therapy administered to localised body areas in a hand and foot cabinet (not being a service associated with a service to which item 14050 applies) including associated consultations other than an initial consultation. | T1.14 (above) | Change |
| 14100 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of vascular lesions of the head or neck where abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period. (Anaes.) | N/A | Change |
| 14106 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), where the abnormality is visible from 3 metres, including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment up to 50cm2. (Anaes.) | T1.15<br>Laser Photocoagulation – (Items 14106 to 14124)<br>The Australasian College of Dermatologists has advised that the following ranges (applicable to an average 4 year old child and an adult) should be used as a reference to the treatment areas specified in Items 14106 – 14124:<br>Entire forehead 50 -75 cm2<br>Cheek 55 – 85 cm2<br>Nose 10 – 25 cm2<br>Chin 10 – 30 cm2<br>Unilateral midline anterior – posterior neck 60 – 220 cm2<br>Dorsum of hand 25 – 80 cm2<br>Forearm 100 – 250 cm2<br>Upper arm 105 – 320 cm2<br>Related Items: 14106 14109 14112 14115 14118 14124. | Change |
| 14109 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than | T1.15 (above) | Change |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment more than 50cm2 and up to 100cm2. (Anaes.) | | |
| 14112 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment more than 100cm2 and up to 150cm2. (Anaes.) | T1.15 (above) | Change |
| 14115 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment more than 150cm2 and up to 250cm2. (Anaes.) | T1.15 (above) | Change |
| 14118 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of port wine stains, haemangiomas of infancy, cafe-au-lait macules and naevi of Ota, other than melanocytic naevi (common moles), including any associated consultation, up to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – area of treatment more than 250cm2. (Anaes.) | T1.15 (above) | Change |
| 14124 | Laser photocoagulation using laser light within the wave length of 510–1064nm in the treatment of haemangiomas of infancy, including any associated consultation – where a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period. (Anaes.) | T1.15 (above) | Change |
| 14245 | Immunomodulating agent, administration of, by intravenous infusion for at least 2 hours duration – payable once only on the same day and where the agent is provided under section 100 of the Pharmaceutical Benefits Scheme. | T1.20<br>Immunomodulating Agent – (Item 14245)<br>Item 14245 applies only to a service provided by a medical practitioner who is registered by the Department of Human Services CEO to participate in the arrangements made, under paragraph 100 (1) (b) of the National Health Act 1953, for the purpose of providing an adequate | No change |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | | pharmaceutical service for persons requiring treatment with an immunomodulating agent.<br>These drugs are associated with risk of anaphylaxis which must be treated by a medical practitioner. For this reason a medical practitioner needs to be available at all times during the infusion in case of an emergency.<br>Related Items: 14245. | |
| 15000 | Radiotherapy, superficial (including treatment with xrays, radium rays or other radioactive substances), not being a service to which another item in this Group applies each attendance at which fractionated treatment is given 1 field. | N/A | Change |
| 21981 | Anaesthetic agent allergy testing, using skin sensitivity methods in a patient with a history of prior anaphylactic or anaphylactoid reaction or cardiovascular collapse associated with the management of anaesthesia agents (4 basic units). | N/A | Change |
| 30185 | Palmar or plantar warts (10 or more), definitive removal of, excluding ablative methods alone, not being a service to which item 30186 or 30187 applies. (Anaes.) | T8.9<br>Treatment of Keratoses, Warts etc (Items 30185, 30186, 30187, 30189, 30192 and 36815)<br>Treatment of seborrheic keratoses by any means, attracts benefits on an attendance basis only.<br>Treatment of fewer than 10 solar keratoses by ablative techniques such as cryotherapy attracts benefits on an attendance basis only. Where 10 or more solar keratoses are treated by ablative techniques, benefits are payable under item 30192. Where one or more solar keratoses are treated by electrosurgical destruction, simple curettage or shave excision, benefits are payable under item 30195.<br>Warts and molluscum contagiosum where treated by any means attract benefits on an attendance basis except where:<br>(a) admission for treatment in an operating theatre of an accredited day surgery facility or hospital is required. In this circumstance, benefits are paid under item 30189 where a definitive removal of the wart or molluscum contagiosum is to be undertaken.<br>(b) benefits have been paid under item 30189, and recurrence occurs.<br>(c) definitive removal of palmar or plantar warts is undertaken. In these circumstances, where less than 10 palmar or plantar warts are treated, by methods other than ablative techniques alone, benefits are paid under item 30186, with fees progressively reducing as for multi operations, and where 10 or more palmar or plantar warts are treated, by methods other than ablative techniques alone, benefits are paid as a flat fee under item 30185.<br>(d) palmar and plantar warts are treated by laser and require treatment in an operating theatre of an accredited day surgery facility or hospital. In this circumstance, benefits are paid under item 30187.<br>Ablative techniques include cryotherapy and chemical removal. | Delete |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | | Related Items: 30185 30186 30187 30189 30192 30195 36815. | |
| 30186 | Palmar or plantar warts (less than 10), definitive removal of, excluding ablative methods alone, not being a service to which item 30185 or 30187 applies. (Anaes.) | T8.9 (above) | Delete |
| 30190 | Angiofibromas, trichoepitheliomas or other severely disfiguring tumours suitable for laser excision as confirmed by specialist opinion, of the face or neck, removal of, by carbon dioxide laser or erbium laser excision-ablation including associated resurfacing (10 or more tumours). (Anaes.) (Assist.) | N/A | Change |
| 30192 | Premalignant skin lesions (including solar keratoses), treatment of, by ablative technique (10 or more lesions). (Anaes.) | T8.9 (above) | No change |
| 30195 | Benign neoplasm of skin, other than viral verrucae (common warts) seborrheic keratoses, cysts and skin tags, treatment by electrosurgical destruction, simple curettage or shave excision, or laser photocoagulation, not being a service to which item 30196, 30197, 30202, 30203 or 30205 applies (1 or more lesions). (Anaes.) | T8.9 (above) | Delete |
| 30196 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy, not being a service to which item 30197 applies. (Anaes.) | T8.10<br>Cryotherapy and Serial Curettage Excision – (Items 30196 to 30203)<br>In items 30196 and 30197, serial curettage excision, as opposed to simple curettage, refers to the technique where the margin having been defined, the lesion is carefully excised by a skin curette using a series of dissections and cauterisations so that all extensions and infiltrations of the lesion are removed.<br>For the purposes of Items 30196 to 30203 (inclusive), the requirement for histopathological proof of malignancy is satisfied where multiple lesions are to be removed from the one anatomical region if a single lesion from that region is histologically tested and proven for malignancy.<br>For the purposes of items 30196 to 30203 (inclusive), an anatomical region is defined as: hand, forearm, upper arm, shoulder, upper trunk or chest (anterior and posterior), lower trunk (anterior or posterior) or abdomen (anterior lower trunk), buttock, genital area/perineum, upper leg, lower leg and foot, neck, face (six sections: left/right lower, left/right mid and left/right upper third) and scalp.<br>The Department of Human Services (DHS) has developed a Health Practitioner Guideline to substantiate proof of malignancy where required for MBS items which is located on the DHS website.<br>Related Items: 30196 30197 30202 30203. | Change |
| 30197 | Malignant neoplasm of skin or mucous membrane proven by histopathology or | T8.10 (above) | Change |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | confirmed by specialist opinion, removal of, by serial curettage or carbon dioxide laser excision-ablation, including any associated cryotherapy or diathermy, (10 or more lesions). (Anaes.) | | |
| 30202 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles, not being a service to which item 30203 applies. | T8.10 (above) | Change |
| 30203 | Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles (10 or more lesions). | T8.10 (above) | Change |
| 30205 | Malignant neoplasm of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze-thaw cycles where the malignant neoplasm extends into cartilage. (Anaes.) | N/A | Delete |
| 30207 | Skin lesions, multiple injections with hydrocortisone or similar preparations. (Anaes.) | N/A | Change |
| 30210 | Keloid and other skin lesions, extensive, multiple injections of hydrocortisone or similar preparations where undertaken in the operating theatre of a hospital. (Anaes.) | N/A | Change |
| 30213 | Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation – limited to a maximum of 6 sessions (including any sessions to which items 14100 to 14118 and 30213 apply) in any 12 month period – for a session of at least 20 minutes duration. (Anaes.) | T8.11<br>Telangiectases or Starburst Vessels - (Items 30213 and 30214)<br>These items are restricted to treatment on the head and/or neck. A session of less than 20 minutes duration attracts benefits on an attendance basis.<br>Item 30213 is restricted to a maximum of 6 sessions in a 12 month period. Where additional treatments are indicated in that period, item 30214 should be used.<br>Claims for benefits under item 30214 should be accompanied by full clinical details, including pre-operative colour photographs, to verify the need for additional services. Where digital photographs are supplied, the practitioner must sign each photograph to certify that the digital photograph has not been altered.<br>The claim and the additional information should be lodged with the Department of Human Services for referral to the National Office of the Department of Human Services for assessment by the Medicare Claims Review Panel (MCRP) and must be accompanied by sufficient clinical and/or photographic evidence to enable the Department of Human Services to determine the eligibility of the service for the payment of benefits.<br>Practitioners may also apply to the Department of Human Services for prospective approval for proposed surgery. | Delete |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | | Applications for approval should be addressed in a sealed envelope marked 'Medical-in Confidence' to:<br>The MCRP Officer<br>PO Box 9822<br>SYDNEY NSW 2001<br>Related Items: 30213 30214 | |
| 30214 | Telangiectases or starburst vessels on the head or neck where lesions are visible from 4 metres, diathermy or sclerosant injection of, including associated consultation – session of at least 20 minutes duration – where it can be demonstrated that a 7th or subsequent session (including any sessions to which items 14100 to 14118 and 30213 apply) is indicated in a 12 month period. | T8.11 (above) | Delete |
| 31000 | Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure – 6 or fewer sections. | N/A | Change |
| 31001 | Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure – 7 to 12 sections (inclusive). | N/A | Change |
| 31002 | Micrographically controlled serial excision of skin tumour utilising horizontal frozen sections with mapping of all excised tissue, and histological examination of all excised tissue by the specialist performing the procedure – 13 or more sections. | N/A | Change |
| 31340 | Note: Multiple Operation and Multiple Anaesthetic rules apply to this item.<br><br>Muscle, bone or cartilage, excision of one or more of, where clinically indicated, where the specimen excised is sent for histological confirmation, performed in association with excision of malignant tumour of skin covered by item 31255, 31256, 31257, 31258, 31260, 31261, 31262, 31263, 31265, 31266, 31267, 31268, 31270, 31271, 31272, 31273, 31275, 31276, 31277, 31278, 31280, 31281, 31282, 31283, 31285, 31286, 31287, 31288, 31290, 31291, 31292, 31293, 31295, 31300, 31305, 31310, 31315, 31320, 31325, 31330 or 31335. (Anaes.) | T8.22<br>Removal of Skin Lesions - (Items 30611, 31200 to 31355)<br>The excision of warts and seborrheic keratoses attracts benefits on an attendance basis with the exceptions outlined in T8.13 of the explanatory notes to this category. Excision of pre-malignant lesions including solar keratoses where clinically indicated are covered by items 31200 to 31240. The excision of suspicious pigmented lesions for diagnostic purposes attract benefits under items 31205 to 31240. Only if a further more extensive excision is undertaken should the items covering excision of malignancies be used.<br>Items 31200 and 31245 do not require the specimen to be sent for histological confirmation. Items 31205 to 31240 and 31250 require that the specimen be sent for histological examination. Items 31255 to 31335 require that a specimen has been sent for histological confirmation of malignancy, and any subsequent specimens are sent for histological examination. Confirmation of | No change |

| Item | Current descriptor | Explanatory notes | Recommendation |
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| | | malignancy must be received before itemisation of accounts for Medicare benefits purposes.<br>Where histological results are available at the time of issuing accounts, the histological diagnosis will decide the appropriate itemisation. If the histological report shows the lesion to be benign, items 31205 to 31240 should be used. Malignant tumours are covered by items 31255 to 31355.<br>A practitioner providing the first treatment episode for a primary BCC/SCC must use the appropriate item from the following: 31255; 31260; 31265; 31270; 31275; 31280; 31285; or 31290.<br>Where residual BCC/SCC remains following an initial excision of a primary lesion and the same practitioner is excising that residual BCC/SCC then the appropriate item must be claimed from the following: 31256; 31261; 31266; 31271; 31276; 31281; 31286 or 31291.<br>Where residual BCC/SCC remains following an initial excision of a primary lesion and a practitioner other than the practitioner that performed the previous excision is excising that residual BCC/SCC then the appropriate item must be claimed from the following: 31257; 31262; 31267; 31272; 31277; 31282; 31287 or 31292.<br>Where a BCC/SCC was removed and complete excision of the lesion was confirmed, but a BCC/SCC has recurred at the primary site, then the items providing for recurrent BCC/SCC would usually apply.<br>A practitioner excising a recurrent BCC/SCC of the head or neck and who is a specialist in the practice of his or her specialty or a practitioner other than the practitioner who provided previous treatment (where the lesion was removed by previous surgery, serial cautery and curettage, radiotherapy or two prolonged freeze/thaw cycles of liquid nitrogen therapy) must use item 31295.<br>A practitioner excising a recurrent BCC/SCC from an area other than the head or neck or who otherwise does not meet the criteria as described under item 31295 must use the appropriate item from the following 31258; 31263; 31268; 31273; 31278; 31283; 31288 or 31293.<br>For the purpose of these items, the tumour/lesion size should be determined by the macroscopic measurement of the surface diameter of the tumour/lesion or, for elliptical tumours/lesions, by the average surface diameter. The relevant size of the lesion relates to that measured in situ before excision. Suture of wound following surgical excision also includes closure by tissue adhesive resin, clips or similar.<br>Definitive surgical excision for items 31300 to 31335 is defined as "surgical removal with an adequate margin and, as a result, no further surgery is indicated at that site of excision.<br>It will be necessary for practitioners to retain copies of histological reports.<br>Items 31245 and 31250 do not cover shave excision. | |
| 45019 | Full face chemical peel for severely sun-damaged skin, where it can be | T8.92 | Change |

| Item | Current descriptor | Explanatory notes | Recommendation |
|---|---|---|---|
| | demonstrated that the damage affects 75% of the facial skin surface area involving photodamage (dermatoheliosis) typically consisting of solar keratoses, solar lentigines, freckling, yellowing and leathering of the skin, where at least medium depth peeling agents are used, performed in the operating theatre of a hospital by a specialist in the practice of his or her specialty - 1 session only in a 12 month period (Anaes.) | Full face Chemical Peel - (Items 45019 and 45020.<br>These items relate to full face chemical peel in the circumstances outlined in the item descriptors. Claims for benefits should be accompanied by full clinical details, including pre-operative colour photographs, to confirm that the conditions for payment of benefits have been met. Where digital photographs are supplied, the practitioner must sign each photograph to certify that the digital photograph has not been altered. The claim and the additional information should be lodged with the Department of Human Services for referral to the National Office of the Department of Human Services for assessment by the Medicare Claims Review Panel (MCRP) and must be accompanied by sufficient clinical and/or photographic evidence to enable the Department of Human Services to determine the eligibility of the service for the payment of benefits.<br>Practitioners may also apply to the Department of Human Services for prospective approval for proposed surgery.<br>Applications for approval should be addressed in a sealed envelope marked 'Medical-in Confidence'to:<br>The MCRP Officer<br>PO Box 9822<br>SYDNEY NSW 2001 | |
| 45025 | carbon dioxide laser or erbium laser (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - limited to 1 aesthetic area (Anaes.) | T8.93<br>Abrasive Therapy/Resurfacing - (Items 45021 to 45026)<br><br>For the purposes of the above items, one aesthetic area is any of the following of the whole face (considered to be divided into six segments):- forehead; right cheek; left cheek; nose; upper lip; and chin.<br><br>Items 45021 and 45024 cover abrasive therapy only. For the purposes of these items, abrasive therapy requires the removal of the epidermis and into the deeper papillary dermis. Services performed using a laser are not eligible for benefits under these items.<br><br>Items 45025 and 45026 do not cover the use of fractional (Fraxel®) laser therapy. | Change |
| 45026 | carbon dioxide laser or erbium laser (not including fractional laser therapy) resurfacing of the face or neck for severely disfiguring scarring resulting from trauma, burns or acne - more than 1 aesthetic area (Anaes.) | T8.93 (above) | Change |
| 45652 | Rhinophyma, carbon dioxide laser or erbium laser excision-ablation of (Anaes.) | N/A | Change |
| 45669 | Vermilionectomy, using carbon dioxide laser or erbium laser excision-ablation (Anaes.) | T8.108<br>Item 45669 covers treatment of the entire lip. | Change |

| Item | Current descriptor | Explanatory notes | Recommendation |
|---|---|---|---|
| 53600 | Skin sensitivity testing for allergens to anaesthetics and materials used in OMS surgery, using 1 to 20 allergens. | OM4.11<br>Skin Sensitivity Testing – (Item 53600)<br>The allergens are local anaesthetics and the contents of anaesthetic capsules, acrylic and other polymers and metals.<br>Related Items: 53600. | Delete |

## Appendix B - Summary for consumers

This section includes tables which describe the medical service, the recommendation(s) of the clinical experts and why the recommendation(s) has been made.

Recommendation 1: Whole body cabinet phototherapy

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Replace and modify items 14050, 14053<br><br>New item – single item that includes therapy administered in a whole body cabinet or hand and foot cabinet, limited to 150 treatments per year with Dermatologist involvement | The new item will provide funding for the delivery of UVA or UVB phototherapy administered in a whole body cabinet or hand and foot cabinet, including associated consultations other than the initial consultation.<br>Treatments must be initiated and supervised by a Dermatologist, and limited to 150 treatments per patient per year. Narrow band UVB should be the preferred option except in specific conditions. | Introduce a new MBS item (see full report for detail) | There would be an annual treatment limit and the requirement of a Dermatologist's involvement in the initiation and supervision of the phototherapy.<br><br>There would be no cost impact on patients since the original items received identical reimbursement values. The administration cap would prevent patients from receiving numbers of treatments that are not shown to be beneficial. | This change will improve patient safety by reducing the risk of over-exposure to UV treatment, which may cause skin cancer. There is also no requirement for two different item numbers. |

Recommendation 2: Benign and malignant skin neoplasms

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Remove item 30195 — Treatment of a benign skin neoplasm (with exceptions) by destructive means. | Removing a lesion that is believed to be low-risk, by destroying it using electricity, cutting or laser treatment. | Remove this item from the MBS.<br><br>Use alternative MBS code 30071 that requires a biopsy to taken for pathology screening | This change will protect patient safety and reduce MBS misuse.<br>When removing a suspected benign neoplasm, a doctor would use a different MBS code and send the biopsy for pathology screening.<br>Doctors would be encouraged to consider whether a skin feature is being removed for safety reasons, or purely cosmetic reasons. | Simply destroying a skin feature (without checking it afterwards) can result in missing more serious skin problems such as melanoma, which require more in-depth treatment.<br><br>The very high usage and growth of this item suggests that it is being used for cosmetic procedures as well, which should not be claimed through MBS. |
| Change item 30196 – excision of malignant skin neoplasm. Consolidate with 30197 – excision of >10 malignant skin neoplasms | Removal of a suspected cancerous skin feature by excision | Change to require histopathological testing to be done, rather than being able to rely on specialist opinion alone. | Doctors will have to send samples for histopathological testing to confirm diagnosis, and will have to individually claim for each skin lesion removed | This change and consolidation will improve patient safety by confirming the diagnosis through pathology testing. It will also simplify MBS by consolidating an unnecessary extra item, and prevent misuse. |

Recommendation 3: Allergy testing items

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Remove item 12003 – Skin sensitivity testing for >20 allergens | Skin testing for reactions to >20 allergens in one consultation | Remove this item from the MBS. | No impact on patients. Skin testing can still be done using the proposed MBS items 12000 A-D | Large numbers of these tests are performed even though there are very few situations in which there is clear benefit versus testing fewer, more specifically chosen allergens. |
| Split item 12000, and change item 21981 in to four MBS items | Skin testing for allergic reactions to a variety of allergens, | Create four MBS items (12000 A-D) that more accurately specify the allergens to be tested, and the reasons for doing so | Skin testing for allergens would be split between tests for environmental, food & latex, medication, and anaesthetic-related allergies. | These changes will protect patient safety by addressing the high number of false positive or clinically irrelevant test results obtained when testing for large numbers of allergens simultaneously. These can lead to unnecessary dietary restrictions and concern, as well as the unpleasantness associated with multiple tests (especially in children and infants). |
| Remove item 53600 – Skin sensitivity testing for allergens to anaesthetics and materials used in OMS surgery, using 1 to 20 allergens | Skin testing for reactions to anaesthetics and materials used in oral and maxillofacial surgery (OMS) | Remove this item from the MBS. | No impact on patients. Zero claims were made in 2014-15. | This item is obsolete and no longer reflects best practice. |

Recommendation 4: Treating malignant lesions by liquid nitrogen cryotherapy

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30202 – removal of malignant neoplasm of skin by liquid nitrogen cryotherapy | Removal of a skin lesion via repeated freeze-thaw cycles using liquid nitrogen | Change the wording of the item descriptor by replacing “specialist” with “AMC recognised dermatologist” and monitor high-volume doctors to ensure they are requesting the appropriate pathology tests | Increase patient safety: doctors will more often send the suspicious skin lesion for testing | Over the past year, only approximately 42% of lesions were sent for biopsy following removal |

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30203 - removal of 10 or more malignant neoplasms of skin by liquid nitrogen cryotherapy | Removal of 10 or more skin lesions via repeated freeze-thaw cycles using liquid nitrogen | Consolidate this item into 30202 (above) | Patient would be at less risk of unnecessary removal of harmless skin growths | There are few reasons why a patient would need more than 10 lesions removed by cryotherapy, and it causes significant pain and damage to the skin. Item 30202 will still allow for this procedure if needed, but doctors will now have less financial incentive to remove a large number of skin growths unnecessarily |
| Item 30205 - removal of malignant neoplasms of skin by liquid nitrogen cryotherapy where the neoplasm extends into cartilage | Removal of a skin lesion which extends into cartilage via repeated freeze-thaw cycles using liquid nitrogen | Delete this item from the MBS | Patients will have these lesions removed using a best-practice treatment such as surgical excision | Freezing cartilage is not best-practice as it results in longer recovery times and may not fix the problem in 100% of cases; better alternatives like surgical excision are available |

Recommendation 5: Definitive removal of palmar or plantar warts

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30185 – removal of 10 or more warts on hands and feet<br><br>Item 30186 – removal of less than 10 warts on hands and feet | Removal of warts on hands and feet by surgical excision | Delete these items from the MBS | Warts on hands and feet will be removed by cryotherapy | Over the past year, only approximately 42% of lesions were sent for biopsy following removal |

Recommendation 6: Laser photocoagulation

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Items 14100-14124 | Laser treatment of lesion or other skin disorders (e.g. port-wine stains, café-au-lait macules, moles) | Require all laser equipment to be listed by the TGA and include IPL<br><br>Require photo evidence to be captured during treatment<br><br>Change maximum number of sessions from six to four within 12-month period<br><br>Reword to 'vascular abnormalities' as this is more accurate and up-to-date language | Patients will be at lower risk of being exposed to unsafe equipment and to unnecessary treatments | Inferior low-cost lasers are increasingly available, leading to worse health outcomes<br><br>Photographic evidence is easy to capture and will help ensure doctors are using this item appropriately<br><br>Experts agreed that three sessions with modern lasers are sufficient to achieve maximum reasonable benefit; plus one more optional maintenance session |

Recommendation 7: Micrographically controlled serial excision (Mohs)

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Items 31000-31002 | High-precision surgery for removal of skin tumours | Split each item into two parts: A for Head, neck, genitalia, hand, digits, leg (below knee) and foot, and B for all other parts of the body<br><br>State in an explanatory note that each doctor's procedures on this item should be >90% Type A items, and monitor accordingly<br><br>Require all providers to be certified by the Australasian College of Dermatologists<br><br>Change the descriptor to include the phrase "mohs surgery" | Patients will receive a more appropriate set of procedures, thanks to better oversight of doctors' activity by body part operated upon<br><br>Patients will have lower risk of poor surgical outcomes thanks to tighter restrictions on qualifications of doctors | Clinical guidelines and experience indicate that the majority of Mohs surgery (approximately 90 per cent) should be conducted on Area A.<br><br>An increasing number of short and insufficient training courses are available, and although certified doctors currently provide the majority of services (99 per cent of providers are dermatologists), this may change in the near future.<br><br>The phrase "Mohs surgery" removes any misinterpretation of which procedures are included. |

Recommendation 8: Teliangectases or starburst vessels

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Items 30213-30214 | Injections to treat starburst vessels on the head and/or neck | Delete these items from the MBS | Patients will receive a more effective and up-to-date treatment | These items are obsolete and do not reflect best practice. Necessary treatment can be provided under laser item 14100. |

Recommendation 9: Treatment of pre-malignant skin lesions

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30192: Premalignant skin lesions (including solar keratoses), treatment of, by ablative technique (10 or more lesions | Treatment of 10 or more pre-malignant skin lesions by ablation | Leave this item unchanged | - | This item is still required and there are no major issues that need to be fixed. |

Recommendation 10: Skin lesions, multiple injections of hydrocortisone or similar preparations

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30207: Injections of hydrocortisone<br><br>Item 30210: Injection of hyodrocortisone similar preparations for exensive skin lesions and/or keloids, in the operating theatre of a hospital | Hydrocortisone or similar medications are anti-inflammatory drugs administered before removing skin lesions or keloids | Prevent item 30210 from being claimed for patients aged 16 and over<br><br>Use the term “glucocorticoid” to avoid ambiguity in which medications are included | Adults and older teenagers would not receive this treatment in an operating theatre<br><br>Patients are at less risk of receiving inappropriate medications for this procedure | While children may need general anaesthetic (and hence an operating theatre) for this painful procedure, it is not necessary for adults and older teenagers |

Recommendation 11: Superficial radiotherapy

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 15000: Superficial radiotherapy, including treatment with xrays, radium rays or other radioactive substances | Radiation therapy of the skin | Consolidate these items together with the orthovoltage radiotherapy items (items 15100-15115) if the Oncology Clinical Committee agrees | Billing would be simplified for providers; patients would see little if any change in treatment | The Committee believes this is still a clinically relevant treatment, and sees no concerns with consolidating the items to simplify the MBS. There is no expected impact on cost or access for patients |

Recommendation 12: Administration of immunomodulating agent

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 14245: IV administration of immune-modulating agent for at least 2 hours | Intravenous delivery of a medication for immune-modulation | Leave this item unchanged | - | The Committee is of the view that this is still a clinically relevant treatment |

Recommendation 13: Bone or cartilage excision

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 31340: excision of one or more bone or cartilage specimens | Removal of bone or cartilage, performed together with skin lesion removal | Leave this item unchanged | - | The Committee is of the view that this is still a clinically relevant treatment |

Recommendation 14: Laser excision of face or neck tumours

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 30190: laser removal of 10 or more tumours such as angiofibromas and trichoepitheliomas | Removal by carbon dioxide laser or erbium laser of 10 or more severely disfiguring tumours such as angiofibromas | Exclude common lesions that are not severely disfiguring, such as melanocytic naevi<br><br>Add an item number for removing less than 10 tumours, including lesions which were previously billed under item 30195 (which is recommended for deletion)<br><br>Change the wording "confirmed by specialist opinion" to "confirmed by AMC recognised dermatologist opinion."<br><br>Committee advises that treatment under the new item would have a similar scope of practice as item 14100, and that these lesions were most likely treated under item 30195 in the past; so both of these schedule fees may be used as reference to determine the price | Patients | Prevent doctors from inappropriately billing 30190 instead of 30195 (if deleted)<br><br>Create new item to protect access to this service for patients with rare conditions (e.g., epidermal naevi)<br><br>There is concern that certain GPs who specialise in skin are classifying themselves as specialists. The Committee decided to address this issue by changing this wording to "AMC recognised dermatologist." |

Recommendation 15: Laser resurfacing for face or neck

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Items 45025 and 45026: Laser resurfacing of face or neck for severely disfiguring scarring, excluding fractional laser therapy | Facial treatment by laser for severe scarring from trauma, burns, or acne | Add the use of fractional ablative lasers (Erbium and CO2) to the item<br><br>Exclude non-ablative fractional laser therapy | Patients would have access to fractionated laser therapy | Evidence shows that fractionated laser therapy can have equivalent results to non-fractionated lasers |

Recommendation 16: Laser vermilionectomy

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 45669: Vermilionectomy, using carbon dioxide laser or erbium laser excision-ablation. (Anaes.) | Surgical removal of the 'vermilion border' on the upper lip | Require biopsy proof in the item descriptor | Consumers would be at lower risk of this item being misused in a low-value way, since doctors would have to provide proof that it was treating an appropriate condition | Helps ensure appropriate use of the item |

Recommendation 17: Laser treatment of rhinophyma

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 45652:Carbon dioxide laser or erbium laser excision-ablation of rhinophyma | Laser treatment of rhinophyma (a condition causing a large, bulbous ruddy nose) | Add the phrase "Rhinophyma of a moderate or severe degree" to the descriptor, and require photographic evidence | Consumers will continue to have access to this item where needed, i.e. the condition is appropriately severe | Specifying moderate or severe rhinophyma will ensure that this item is used to treat the appropriate thickening associated with rhinophyma |

Recommendation 18: Full-face chemical peel

| Item | What it does | Committee recommendation | What would be different | Why |
|---|---|---|---|---|
| Item 45019: Full face chemical peel for severely sun-damaged skin where the damage affects 75% of the facial skin surface area | Treatment of severe sun-caused damage to the face (e.g., yellowing and leathering of the skin, solar keratosis) where at least medium-depth peeling agents are used | Add full resurfacing lasers Erbium CO2 and Fractional Thulium 1927 to the item descriptor.<br><br>Specify "Solar Keratoses not responsive to medical therapies, where the solar Keratosis Load exceeds 30 individual lesions."<br><br>Change the word "specialist" to "AMC recognised dermatologist and plastic surgeon." | Consumers are at lower risk of being treated by an inadequately skilled doctor, and are more likely to receive the appropriate treatment (e.g., can now use full resurfacing lasers) | The recommendations modernise the MBS to reflect current best-practice standards of care in treating multiple areas of facial dysplasia<br><br>There is concern that certain GPs who specialise in skin are classifying themselves as specialists. The Committee decided to address this issue by changing this wording to "AMC recognised dermatologist." |

# Appendix C - Glossary

| Term | Description |
|---|---|
| ACD | Australasian College of Dermatologists |
| AD | Atopic dermatitis |
| AMC | Australian Medical Council |
| AR | Allergic rhinitis |
| ASCIA | Australasian Society of Clinical Immunology and Allergy |
| AVM | Arterio-venous malformation |
| Change | Describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes, (ii) the consolidation of item numbers, and (iii) splitting item numbers (e.g., splitting the current services provided across two or more items). |
| CM | Capillary malformation |
| Department, The | Australian Government Department of Health |
| DHS | Australian Government Department of Human Services |
| Delete | Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS. |
| FY | Financial year |
| GP | General Practitioner |
| High-value care | Services of proven efficacy reflecting current best medical practice, or services for which the potential benefit to consumers exceeds the risk and costs. |
| IgE | Immunoglobulin E |
| IPL | Intense pulsed light |
| Inappropriate use / misuse | The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud. |
| ISSVA | International Society for the Study of Vascular Anomalies |
| Low-value care | The use of an intervention that evidence suggests confers no benefit or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits. |
| MBS | Medicare Benefits Schedule |
| MBS item | An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits. |
| MBS service | The actual medical consultation, procedure or test to which the relevant MBS item refers. |
| Misuse (of MBS item) | The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud. |
| MSAC | Medical Services Advisory Committee. |
| Multiple operation rule | A rule governing the amount of Medicare benefit payable for multiple operations performed on a patient on the one occasion. In general, the fees for two or more operations are calculated by the following rule:<br>– 100 per cent for the item with the greatest schedule fee.<br>– Plus 50 per cent for the item with the next greatest schedule fee.<br>– Plus 25 per cent for each other item. |
| New service | Describes when a new service has been recommended, with a new item number. In most circumstances, these will need to go through MSAC. It is worth noting that the implementation of the recommendation may result in more or fewer item numbers than specifically stated. |

| Term | Description |
|---|---|
| NICE | National Institute of Health and Care Excellence |
| No change or unchanged | Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (e.g., references to other items, which may have changed as a result of the MBS Review or prior reviews). |
| Obsolete services / items | Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures. |
| PBS | Pharmaceutical Benefits Scheme |
| PUVA | Psoralen and ultraviolet A radiation |
| SPT | Skin prick testing |
| ssIgE | Serum specific immunoglobulin E |
| The Committee | The Dermatology, Allergy and Immunology Clinical Committee |
| The Taskforce | MBS Review Taskforce |
| TGA | Therapeutic Goods Administration (the authority responsible for regulating medicines, medical devices, blood and tissues) |
| UVB | Ultraviolet B radiation |
| VM | Venous malformation |