

MBS Taskforce Review: Changes to Neurosurgery Items

1 November 2020

Changes to the Neurosurgery and Neurology services on the MBS have been implemented from **1 November 2020** as part of the major reforms being undertaken by the MBS Taskforce Review.

The Department of Health have released a series of [Factsheets](#) online, including a **Quick Reference Guide** ([pdf](#), [word doc](#)) outlining these changes in full. ASPS have compiled the most relevant changes for our membership below, including clarification from the Department on the use of PRS-relevant items in cases of combined surgery.

Please ensure you familiarise yourselves with these changes to ensure appropriate billing practices.

Summary of Changes

Under the revised structure there are 14 new item numbers, 30 amended items, and 36 deleted items.

Restrictions

Most new items are the result of consolidating neurosurgical items that are commonly done together into a single item, resulting co-claiming restrictions between new items and constituent standalone items. Other co-claiming restrictions and one provider restrictions have been put in place to support best practice, or where item co-claim is not clinically applicable.

Item 40600 (*Cranioplasty, reconstructive*)

- A co-claiming restriction is in place with items 39113, 39638, 39639, 39641, 39651, 39654, 39656, 39700, 39710, 39712, 39715, 39801, 39803, 39900, 39903, 39906, 40104, 40106, 40112, 40119 and 40703.

Item 45018 (*Dermis, dermofat or fascia graft (other than transfer of fat by injection)*)

- A co-claiming restriction is in place with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171, and with items 39615, 39715, 40106 and 40109.

Co-claiming concerns for plastic surgeons raised to the Department:

The main concern relates to combined cases with neurosurgeons for congenital conditions such as Encephalocoeles and Craniosynostoses, as an example. Some of these numbers specifically exclude using cranioplasty (40600) or dermofat graft (45018) which would traditionally be common procedures for the plastic surgeon to bill/perform in these instances. If a surgeon of a different

specialty (i.e. other than neurosurgeon) is restricted from claiming these items it could make billing in combined cases almost impossible for the plastic surgeon.

Department of Health, Medicare Reviews Unit response:

Thank you for your email regarding co-claiming restrictions that were put in place on 1 November 2020; more specifically, the exclusion of co-claiming between some neurosurgical MBS items and MBS items for cranioplasty (40600) and dermofat graft (45018).

Use of items by second surgeon in combined surgery

To answer your question: yes, a second surgeon of a different specialty (i.e. other than neurosurgeon) can claim these items. The co-claiming restrictions apply to the neurosurgical items of the procedure and do not apply to other specialty items, e.g. plastic surgery items, that may be used in combined procedures. The Taskforce recognised that the stand-alone items e.g. 40600 and 45018 may still be needed for use by other surgeons, including plastic surgeons. The stand-alone items remain on the MBS for this purpose. It is important to note that, for combined procedures, an item should only be claimed by the second surgeon when required: specifically for the different specialty component of the procedure; and in addition to use of the item for the neurosurgical component.

MBS item 40119 for craniostenosis (craniosynostosis)

The MBS Review Taskforce noted that MBS item 40118 (now MBS item 40119) for the operation to treat craniostenosis should be used for surgical corrections that do not involve cranioplasty. It is expected that any correction of craniostenosis that involves a cranioplasty element be claimed by the plastic surgeon.

Reasons for co-claiming restrictions

Co-claiming restrictions have been put in place for some neurosurgical items for one of two reasons: to promote best practice or to prevent 'double dipping'.

- **Promote best practice**

Some co-claiming restrictions were put in place on 1 November 2020 to support best practice, or where item co-claim is not clinically applicable. The co-claiming restriction of cranioplasty item 40600 with MBS item 40119 for craniostenosis (craniosynostosis) is an example of this restriction.

- **Prevent 'double dipping'**

Most new items have been created by consolidating neurosurgical services that are commonly done together into a single Medicare item. Consequently, co-claiming restrictions are now in place between new items and constituent stand-alone items. This prevents items being claimed twice i.e. it prevents 'double dipping'.

As you note, the 1 November 2020 changes included co-claiming restrictions between dermofat graft MBS item 45018 and some neurosurgical items, namely 39615, 39715, 40106 and 40109. This is because dermofat graft was consolidated into these items as part of the 1 November 2020 changes to create single items for complete medical services. This consolidation is reflected in the item descriptors of MBS items 39615, 39715, 40106 and 40109. The increased schedule fee of these items covers the fee for the dermofat graft part of the procedure.

Further information

For full details relating to these changes, please see the [MBS website](#).