



Amendment to MBS item 51071 for spinal surgery

Last updated: 1 December 2021

- From 1 January 2022, Medicare Benefits Schedule (MBS) item 51071 will be amended to allow for the removal of a primary extradural tumour or lesion where the pathology is confirmed by histology.
- This change is relevant for spinal surgeons and neurosurgeons.
- Providers will benefit from a change that expands the indications covered by the item, providing a complete medical service, supporting appropriate claiming.

What are the changes?

From 1 January 2022, the descriptor for MBS item 51071 will be amended to allow for removal of a primary extradural tumour or lesion where pathology is confirmed by histology. The amended item descriptor is on page two of this fact sheet.

Why are the changes being made?

This change is in response to a 12 month post-implementation assessment of the MBS Review Taskforce recommended amendments to the spinal surgery schedule. During this assessment, it was agreed the descriptor for MBS item 51071 should be expanded to support removal of primary extradural tumours or lesions. This amendment addresses a patient service gap and supports appropriate claiming of this item.

What does this mean for providers?

Providers will benefit from an item descriptor that clarifies clinical intent, improving useability and supporting appropriate claiming.

How will these changes affect patients?

Eligible patients will continue to benefit from Medicare rebates for clinically relevant services.

Who was consulted on the changes?

This change was developed in consultation with the spinal surgery and neurosurgery profession during the post-implementation assessment process.

How will the changes be monitored and reviewed?

MBS item 51071 will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.



Item Descriptor

51071	<p>Removal of intradural lesion, or primary extradural tumour or lesion, where the pathology is confirmed by histology. Not including removal of synovial or juxtafacet cyst and not being a service associated with a service to which item 51072 or 51073 applies (Anaes.) (Assist.)</p> <p>Fee: \$2,601.30 Benefit: 75% = \$1,951.00</p>
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Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [Medicare Benefits Schedule Online](#). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be made available on 17 December 2021 and can be accessed via the MBS Online website under the [Downloads](#) page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.