Changes to MBS items 15900 and 31516 factsheet

Last updated: 20 January 2021

- From 1 March 2021, Medicare Benefits Schedule (MBS) items 15900 and 31516 for Targeted Intraoperative Radiotherapy (T-IORT) are changing to include services delivered using the Xoft® Axxent® (California, USA) device.
- The change was recommended by the Medical Services Advisory Committee (MSAC) after consideration of the clinical evidence, cost-effectiveness and safety of the procedures.
- These changes are relevant for all specialists involved in delivery of T-IORT for early stage breast cancer.

What are the changes?

From 1 March 2021, items 15900 and 31516 T-IORT for early stage breast cancer will include services delivered using the Xoft® Axxent® (California, USA) device.

Why are the changes being made?

The change is a result of an MSAC recommendation following the assessment of *Application 1429.1 T-IORT for early stage breast cancer*. The change will amend MBS items 15900 and 31516 to include the Xoft® Axxent® device in addition to Intrabeam® for the delivery of T-IORT for early stage breast cancer.

What does this mean for providers/referrers/other stakeholders?

Providers can use either the Xoft® Axxent® or Intrabeam® device to deliver T-IORT. The purpose of the T-IORT technique is to accurately target the tissues where there is the highest risk of cancer recurrence. T-IORT is a form of partial breast irradiation involving the application of localized radiotherapy to the tissues surrounding a breast cancer in the operating theatre after surgical removal of the tumour (breast-conserving surgery, partial mastectomy or lumpectomy).

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Axxent® and Intrabeam® deliver T-IORT during breast conserving surgery. This means that a device used to deliver radiotherapy is placed inside the body temporarily during surgery, a large single dose of radiation is delivered to the tumour or tumour bed, and the device is removed before the end of the operation. Thus, patients can receive radiotherapy in one day, rather than having daily external beam radiotherapy for approximately 3 weeks.

MSAC considered intraoperative radiotherapy to be a great advantage for patients who live in rural or regional areas, and others who may not be able to access 3 weeks of daily radiotherapy.

Who was consulted on the changes?

The Department of Health has discussed the changes with relevant stakeholders, including the Royal Australian and New Zealand College of Radiologists.

How will the changes be monitored and reviewed?

Radiation Oncology items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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 www.mbsonline.gov.au. 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' 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 is expected to become available on [date] 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.