Australian Government
Department of Health and Aged Care

Plastics and reconstructive surgery changes

Last updated: 23 August 2023

What are the changes?

Subject to the passage of legislation, effective 1 November 2023 there will be amendments to seven items for plastic and reconstructive surgery services. The amendments include:

- Item **45571** will be amended to include reference to items 46080, 46082, 46084, 46086, 46088 and 46090 in the list of services to which this item applies.
- Item **45794** and **45797** will be amended to remove reference to ceased item 41604.
- Item **46108** will be amended to specify that the service excludes aftercare, as intended by the MBS Review Taskforce.
- Item **46116** will be amended to replace “not more than 20% of total body surface” with “less than 20% of total body surface”, to ensure that there is no overlap with the percentage of body service area specified under item 46117.
- Items **46120** and **46122** will be amended to clarify that these items are not intended to be used for contracture release, as intended by the MBS Review Taskforce.

Why are the changes being made?

These changes are minor amendments to the 1 July 2023 changes to plastic and reconstructive surgery services, to ensure that the changes align with the recommendations made by the MBS Review Taskforce, which were informed by advice from the Plastic and Reconstructive Surgery Clinical Committee. More information about the Taskforce and associated Committees is available at Medicare Benefits Schedule Review in the consumer section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

A full copy of the Plastic and Reconstructive Surgery Clinical Committee’s final report can be found in the Clinical Committee section of the Department of Health and Aged Care website, and a full copy of the final MBS Review Taskforce report is available in the Taskforce final reports section of the Department of Health and Aged Care website.

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes set out below, and any associated rules and explanatory notes. 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?

Patients will receive Medicare benefits for plastic and reconstructive surgery services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Plastic and Reconstructive Surgery Clinical Committee was established in 2018 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The recommendations from the clinical committees were released for stakeholder consultation. The clinical committees considered feedback from stakeholders then provided recommendations to the Taskforce in a review report. The Taskforce considered the review reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

The Plastic and Reconstructive Surgery Implementation Liaison Group (ILG) was established to consult on the changes, which included (but was not limited to) representatives from the Australian Medical Association, Australian Society of Plastic Surgeons, Breast Surgeons of Australia & New Zealand, Breast Cancer Network Australia, Australian Private Hospitals Association and Private Healthcare Australia.

Following the MBS Review, ongoing consultation occurred with the Australian Society of Plastic Surgeons.

How will the changes be monitored and reviewed?

Service use of amended plastic and reconstructive surgery items will be monitored and reviewed post-implementation.

All plastic and reconstructive surgery items will continue to 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 and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the Department's website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@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 when available can be accessed via the Downloads page.

Amended item descriptors (to take effect 1 November 2023 subject to the passage of legislation)

Note:

1. All fees listed include indexation which will be applied 1 November 2023.
2. The Private Health Insurance Classifications for the amended items are subject to final delegate approval.

Category 3 – Therapeutic Procedures
Group T8 – Surgical Operations
Subgroup 13 – Plastic and Reconstructive Surgery
45571 Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, to be used following the harvest of an autologous flap, being a service associated with a service to which item 45530, 45531, 45562, 45564, 45565, ~~**or**~~ 45567**, 46080, 46082, 46084, 46086, 46088 or 46090** applies, including repair of the musculoaponeurotic layer of the abdomen (including insertion of prosthetic mesh if used) (H) (Anaes.) (Assist.) Fee: $1,139.20 Benefit: 75% = $854.40 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical
45794 Osseo integration procedure, first stage, implantation of fixture, following congenital

Category 3 – Therapeutic Procedures
absence, tumour or trauma, other than a service associated with a service to which item 41603 ~~**or 41604**~~ applies (Anaes.) Fee: $554.65 Benefit: 75% = $416.00 85% =$471.45 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Surgical
45797 Osseo integration procedure, second stage, fixation of transcutaneous abutment, following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 ~~**or 41604**~~ applies (Anaes.) Fee: $205.30 Benefit: 75% = $154.00 85% =$174.55 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Unlisted
46108 Excision of burnt tissue, if the area of burn excised involves 50% or more but less than 60% of total body surface, **excluding aftercare** (H) (Anaes.) (Assist.) Fee: $2,348.20 Benefit: 75% = $1,761.15 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical
46116 Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 10% but ~~**not more**~~ **less** than 20% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.) Fee: $986.85 Benefit: 75% = $740.15

Category 3 – Therapeutic Procedures
Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical
46120 Excised burn wound closure, if the defect area is 50% or more but less than 60% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision ~~**or contracture release**~~; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.) Fee: $2,348.20 Benefit: 75% = $1,761.15 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical
46122 Excised burn wound closure, if the defect area is 70% or more but less than 80% of total body surface and if the service: (a) is performed at the same time as the procedure for the primary burn wound excision ~~**or contracture release**~~; and (b) involves: (i) autologous skin grafting for definitive closure; or (ii) allogenic skin grafting, or biosynthetic skin substitutes, to temporize the excised wound; excluding aftercare (H) (Anaes.) (Assist.) Fee: $3,063.30 Benefit: 75% = $2,297.50 Private Health Insurance Classification: • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical

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