



Changes to MBS Items for Spinal Surgery Services - Frequently Asked Questions

Last updated: 09/10/2018

Effective from 1 November 2018

Frequently Asked Questions

Why is the Government making these changes?

The Government's changes to the Medicare Benefits Schedule (MBS) items for spinal surgery were announced in the 2018-19 Budget.

The revised spinal surgery listings were recommended by the independent MBS Review Taskforce, following a comprehensive review of the MBS items by clinicians, health system experts and consumers.

The previous spinal surgery schedule was outdated and ambiguous. The revised spinal surgery listings better describe the procedures being performed by spinal surgeons, reflecting the contemporary practice of spinal surgery.

The changes will also help to ensure the ongoing sustainability of the MBS by preventing inappropriate claiming of multiple MBS items.

The complete list of new spinal surgery items is available in the [Quick Reference Guide](#).

When will the changes to Spinal Surgery items come into effect?

The changes to spinal surgery items will commence on 1 November 2018.

How will the changes to MBS Spinal Surgery items affect patients?

Patients will receive Medicare rebates for spinal surgery services that are clinically appropriate and reflect modern clinical practice. Patients should also no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers.

How will the new requirements be monitored?

Spinal Surgery 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.

Who was consulted on the changes to the spinal surgery schedule?

The Spinal Surgery Working Group was established in 2015 to review the existing schedule and assist in the creation of the revised schedule. The Spinal Surgery Clinical Committee was established in 2016 to provide broad clinician and consumer expertise.



The recommendations from the Clinical Committee were released for stakeholder consultation in 2017. The Clinical Committee considered the feedback received from stakeholders before providing recommendations to the MBS Review Taskforce.

How do I know what item to claim on the new schedule?

All new spinal surgery items are located within sub-group 17 (spinal surgery) of group T8 (surgical operations) on the MBS (Items 51011 to 51171). These services cannot be billed with any other service from group T8 (surgical operations) when performed for the purpose of spinal surgery.

The item descriptor outlines the service requirements which must be met before the item can be claimed. To provide more guidance, certain items include additional information in the form of explanatory notes. Explanatory notes explain the service requirements in more detail and outline the range of treatments and/or assessments you need to provide to meet the requirements for billing the service.

To assist you in navigating the new schedule, the [Quick Reference Guide](#) outlines the new items and relevant explanatory notes. If you are using a downloaded PDF version of the MBS, an index of services is provided within each category to assist you in locating the appropriate item number for the service provided.

Some case examples of MBS claiming can be found in the [Case Example Guide](#).

Why is there a new explanatory note regarding spinal fusion?

In the 2018-19 Budget, the Government announced changes to the MBS items for spinal surgery. The Government also announced that the MBS items for spinal fusion be clarified, so that spinal fusion items are not claimed for the treatment of 'uncomplicated axial chronic lower back pain'. This change is in accordance with the recommendation in the February 2018 Choosing Wisely Australia report that lumbar spinal fusion is not recommended for the treatment of this condition.

The Department of Health conducted a consultation process following this announcement, and incorporated the feedback received into the final wording of this explanatory note (see below).

Interpretation of Spinal Fusion

Lumbar spinal fusion may not be claimed for chronic low back pain for which a diagnosis has not been made.

What happened to item 40330, spinal rhizolysis?

Item 40330 was found to almost always be claimed in association with other spinal surgery procedures. In-line with the principle of a 'complete medical service', item 40330 (and its value) was consolidated into the new spinal decompression items (new items 51011 to 51015).