



# Clarifying the clinical intent of partial rhinoplasty (MBS item 45632)

Last updated: 22 September 2021

- From 1 November 2021, Medicare Benefits Schedule (MBS) item 45632 will be amended to clarify the clinical intent of the service.
- This change is relevant for general surgeons, ear, nose and throat surgeons, and plastic and reconstructive surgeons.
- Patients will retain access to MBS rebates for this service.

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## What are the changes?

From 1 November 2021, the descriptor for partial rhinoplasty item 45632 will be amended to clarify that the procedure involves correction of one or both lateral cartilages, or one or both alar cartilages or, one or both lateral cartilages and alar cartilages. The amended item descriptor is on page two of this fact sheet.

## Why are the changes being made?

There has been some confusion among providers as to which cartilages are covered by the previous iteration of the item descriptor. In response, the descriptor is being amended to better convey the clinical intent of the item, which is the correction of one or both lateral cartilages or of one or both alar cartilages or some combination of these procedures.

## What does this mean for providers?

Providers will retain access to item 45632 when operating on patients requiring corrective partial rhinoplasty surgery for:

- one or both lateral cartilages;
- one or both alar cartilages; or
- one or both lateral cartilages and alar cartilages

## How will these changes affect patients?

Patients will have continued access to clinically relevant services.

## Who was consulted on the changes?

This change was developed in consultation with departmental medical advice.

## How will the changes be monitored and reviewed?

MBS item 45632 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.



## Item Descriptor

<b>45632</b>	<p>Rhinoplasty, partial, involving correction of <b>one or both</b> lateral cartilages, <b>or one or both</b> alar cartilages <b>or, one or both lateral cartilages and alar cartilages</b>, if:</p> <p>(a) the indication for surgery is:</p> <ul style="list-style-type: none"><li>(i) airway obstruction and the patient has a self reported NOSE Scale score of greater than 45; or</li><li>(ii) significant acquired, congenital or developmental deformity; and</li></ul> <p>(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes</p> <p>(Anaes.)</p> <p><b>Fee:</b> \$532.70 <b>Benefit:</b> 75% = \$399.55 85% = \$452.80</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 [www.mbsonline.gov.au](http://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](mailto: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 was made available on 22 September 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.*