Changes to MBS items for intensive care services factsheet

Last updated: 3 February 2020

- From 1 March 2020, Medicare Benefits Schedule (MBS) items for intensive care services will be changing to reflect contemporary clinical practice. These changes are a result of the MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- These changes are relevant for all specialists involved in the provision of intensive care services, consumers claiming these services, private hospitals, and private health insurers.
- Billing practices from 1 March 2020 will need to be adjusted to reflect these changes.

What are the changes?

From 1 March 2020, there will be a revised structure for items for intensive care services. The new structure includes:

- 6 new items (13832, 13834, 13835, 13837,13838 and 13840) for extracorporeal life support services which include:
  - 1 new item (13832) for peripheral cannulation for veno-arterial cardiopulmonary extracorporeal life support, to include the use of ultrasound guidance to assist with the procedure
  - 2 new items (13834 and 13835) for veno-arterial cardiopulmonary extracorporeal life support on the first and subsequent days
  - 2 new items (13837 and 13838) for veno-venous pulmonary extracorporeal life support on the first and subsequent days
  - 1 new item (13840) for peripheral cannulation for veno-venous pulmonary extracorporeal life support, to include the use of ultrasound guidance to assist with the procedure
- 1 amended item (13815) for central vein catheterisation to include ultrasound guidance where clinically appropriate
- 1 amended item (13842) for intra-arterial cannulation to include ultrasound guidance where clinically appropriate
- Consolidation of items (13847 and 13848) to remove the distinction between management of counterpulsation by intraaortic balloon services performed on the first day and services performed on subsequent days
  - Item 13847 for management on the first day has been deleted
  - Item 13848 has been amended to apply to management of counterpulsation by intraaortic balloon on any day, including the first
- 2 amended items (13851 and 13854) to clarify the intended service of managing ventricular assist devices
- 1 new item (13899) for the provision of goals of care for gravely ill patients outside an intensive care unit
- 1 deleted item (14200) for the gastric lavage procedure which is considered obsolete and no longer best practice
- Amendments to three explanatory notes (TN.1.9, TN.1.10 and TN.1.11) to amend definitions, reference item amendments, add new item numbers and remove the deleted item numbers.

To learn more about the changes to intensive care services, please see the quick reference guide and frequently asked questions.

Why are the changes being made?

The MBS Review Taskforce found that changes to intensive care services were required to clarify existing MBS items, encourage best practice, support patient care and safety, and ensure MBS services provide value to the patient and the healthcare system.

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Intensive Care and Emergency Medicine (ICEM) Clinical Committee and extensive discussion with key stakeholders. More information about the Taskforce and associated Committees is available in Medicare Benefits Schedule Review in the consumer section of the Department of Health website (www.health.gov.au).

For information about the changes to emergency medicine items arising from the MBS Review, please refer to the Changes to Emergency Medicine Services Factsheet on the MBS Online website under the Factsheets page.

What does this mean for providers?

Providers will need to familiarise themselves with the changes in the intensive care schedule, 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 rebates for intensive care services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The ICEM Clinical Committee was established in June 2016 by the MBS Review Taskforce to provide broad clinician and consumer expertise.

The MBS Review included a public consultation process on the recommendations outlining the proposed changes. Feedback was received from a range of stakeholders and was considered by the ICEM Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the College of Intensive Care Medicine of Australia and New Zealand, the Australian and New Zealand Intensive Care Society, and the Australian Medical Association.

How will the changes be monitored and reviewed?

Service use of the MBS intensive care items will be monitored and reviewed post implementation.

Intensive care 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 forecast 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 1973* 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 Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors 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.