



Changes to MBS anaesthesia services factsheet

Last updated: 1 March 2022

What are the changes?

- From 1 March 2022, there will be changes to the Medicare Benefits Schedule (MBS) anaesthesia items to align with contemporary clinical practice.
- These are the final phase two Taskforce recommendations endorsed and progressed by the Implementation Liaison Group (ILG).
- The amendments to these items include the following:
 - Anaesthesia time items (23010-24136) will be amended to mandate the recording of start and end times for procedures billed under the relative value guide. These times should be recorded in patient notes, not as a part of the claim record.
 - Four anaesthesia items (20402, 20403, 20745 and 21214) will be amended to clarify the included requirements of the services.
 - Explanatory note TN.10.26 relating to item 21936 will be removed as RVG items can only be claimed where the anaesthesia service has been provided in association with an eligible service which is clearly indicated by inclusion of “*Anaes*” in the item descriptor.
 - A new anaesthesia item (21215) will be created to be used in conjunction with the revision of a total hip replacement.

Why are the changes being made?

The Australian Government is making changes to modernise Medicare-funded anaesthesia services to ensure they align with contemporary clinical practice and support high-value care.

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Anaesthesia Clinical Committee.

These changes will be subject to 12 and 24 month post-implementation review to determine they have had their intended outcome.

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).

What does this mean for providers?

The changes clarify claiming requirements for providers. 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?

The changes support high value care and ensure patient safety by encouraging best practice. Patients will not be negatively impacted by the item changes. They will continue to have access to Medicare rebates under these items.

Who was consulted on the changes?

The proposed changes for phase two have undergone consultation with the sector through the ILG. The ILG was formed between March 2019 to February 2020 to look at remaining phase one recommendations and met five times to provide advice and determine what recommendations would be implemented for phase two.

The ILG consisted of a range of stakeholders including the Australian Medical Association, the Australian Society of Anaesthesia, Australian and New Zealand College of Anaesthetists, Australasian Society of Medical Perfusion, Private Healthcare Australia, Australian College of Rural and Remote Medicine, Australian Private Hospitals Association and a consumer representative and independent anaesthetists.

How will the changes be monitored and reviewed?

In addition to post implementation reviews, all anaesthesia 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 will be available on 1 March 2022 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](#)' 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 is available 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.