



Quick Reference Guide: Anaesthesia item changes

Date of change: 1 March 2022

Legislation: [Health Insurance Legislation Amendment \(2021 Measures No. 2\) Regulations 2021](#)

New items: **21215**

Amended items: **23010-24136** **20402** **20403** **20745** **21214**

Revised structure

- From 1 March 2022, there will be changes to the Medicare Benefits Schedule (MBS) for anaesthesia services to align with contemporary clinical practice and support high-value care. These changes are a result of the MBS Review Taskforce recommendations and consultation with stakeholders.
- These changes are relevant to all specialists involved in the claiming of and performance in association with anaesthesia services, consumers claiming these services, private health insurers and private hospitals.
- Billing practices from 1 March 2022 will need to be adjusted to reflect these changes.

Patient impacts

- The changes support high value care and ensure patient safety. Patient access will not be impacted. They will continue to have access to Medicare rebates under these items.

Restrictions or requirements

Providers will need to familiarise themselves with the changes to anaesthesia MBS items and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet eligibility requirements outlined in the legislation.

All items (23010 - 24136)

- This amendment will see a new regulatory note incorporated into existing explanatory note TN.10.3 which mandates the recording in writing of start and end times for all procedures billed under the relative value guide for all items in the range 23010 – 24136. These times should be recorded in patient notes, not as a part of the claim record.



Explanatory note TN.10.26

- 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.
- This change will not result in any variation of use or claiming patterns, nor will it impact patient access.



T10 - Relative Value Guide For Anaesthesia

Amended items 23010-24136 – Anaesthesia/Perfusion Time Units

Overview: This amendment mandates the recording of start and end times for all procedures billed under the relative value guide. A new regulatory note has been incorporated into existing explanatory note TN.10.3 and applies to all items 23010-24136. This is reflected in clause 5.9.5 of Schedule 1 of the General Medical Services Table (GMST).

Regulatory note: Items 23010 to 24136 apply to a service provided to a patient under anaesthesia, but only if the anaesthesia start and end times are recorded in writing. These times should be recorded in patient notes, not as a part of the claim record.

MBS Fee: No change

Private Health Insurance Classifications: Unchanged

Clinical Category: Support List

Procedure Type: Unlisted

Amended item 20402 – Thorax

Overview: Item descriptor amended to add “including implant reconstruction and exchange” to better describe and distinguish anaesthesia for breast surgery and to adequately reflect the varying complexities of the anaesthesia required.

Item Descriptor:

Initiation of the management of anaesthesia for reconstructive procedures on breast including implant reconstruction and exchange.

MBS Fee: No change

Private Health Insurance Classifications: Unchanged

Clinical Category: Support List

Procedure Type: Unlisted



Amended item 20403 – Thorax

Overview: Item descriptor amended to delete the words “removal of breast lump for breast segmentectomy, if axillary node dissection is performed” from the item descriptor, and specify that the item is for “axillary dissection or sentinel node biopsy”.

Item Descriptor:

Initiation of management of anaesthesia for axillary dissection or sentinel node biopsy.

MBS Fee: No change

Private Health Insurance Classifications: Unchanged

Clinical Category: Support List

Procedure Type: Unlisted

Amended item 20745 – Upper Abdomen

Overview: Item descriptor amended to recognise the greater complexity of certain upper gastrointestinal endoscopic procedures and name these specific procedures to reduce ambiguity and potential interpretation issues.

Item Descriptor:

Initiation of the management of anaesthesia for any of the following:

- (a) upper gastrointestinal endoscopic procedures in association with acute gastrointestinal haemorrhage;
- (b) endoscopic retrograde cholangiopancreatography;
- (c) upper gastrointestinal endoscopic ultrasound;
- (d) percutaneous endoscopic gastrostomy;
- (e) upper gastrointestinal endoscopic mucosal resection of tumour

MBS Fee: No change

Private Health Insurance Classifications: Unchanged

Clinical Category: Support List

Procedure Type: Unlisted



Amended item 21214 – Upper Leg (Except Knee)

Overview: Item descriptor amended to divide the item into two separate items to more accurately reflect the differing levels of complexity involved in anaesthesia for primary and revision procedures for hip replacement. Revision hip replacement will be covered by new item 21215.

Item Descriptor:

Initiation of management of anaesthesia for primary total hip replacement.

MBS Fee: No change

Private Health Insurance Classifications: Unchanged

Clinical Category: Support List

Procedure Type: Unlisted

New item 21215 – Upper Leg (Except Knee)

Overview: New item created as a result of splitting revision hip replacement into its own item (from item 21214) for the initiation of management of anaesthesia in association with hip revision surgery.

Item Descriptor: Initiation of management of anaesthesia for revision total hip replacement.

MBS fee: \$309.00

Benefit: 85% = \$262.65 75% = \$231.75

Private Health Insurance Classifications: New

Clinical Category: Support List

Procedure Type: Unlisted



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.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

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.