



## Medicare Benefits Schedule (MBS) item 42739 factsheet

Last updated: 1 May 2021

### What are the changes?

From 1 July 2021, a change to MBS item 42739 for paracentesis of anterior chamber or vitreous cavity, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes will specify that the item is for a patient requiring the administration of anaesthetic by an anaesthetist. This supercedes a change to the item on 1 March 2021 to specify that the item was for a patient requiring administration of anaesthetic by a specialist anaesthetist.

This amendment is supported by changes made to Explanatory Note TN.8.121 on 1 March 2021 to clarify that administration of oral sedation is not sufficient justification for the use of item 42739, and item 42738 is applicable in those circumstances. The intent of item 42739 is that it should be claimed for patients requiring the administration of anaesthetic by an anaesthetist, for example in a patient under the age of 18 years or if cognitive impairment precludes safe intravitreal injection without sedation.

### Why are the changes being made?

On 1 March 2021 changes were made to item 42739 because a small number of providers had been using the item under circumstances where only oral sedation, or minimal amounts of intravenous sedation, were used - with or without an anaesthetist being present. The Department of Health and the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) considered this to be inappropriate. Accordingly, item 42739 was amended to specify that the item was for a patient requiring administration of anaesthetic by a specialist anaesthetist. This change unintentionally excluded GP anaesthetists from appropriately providing anaesthetic services associated with item 42739. The change on 1 July 2021 resolves this unintentional exclusion whilst retaining the original intent of clarifying appropriate anaesthetic services.

### What does this mean for providers?

Providers may use item 42739 only for a patient requiring the administration of anaesthetic by an anaesthetist. If administration of anaesthetic by an anaesthetist is not required, then providers should claim the equivalent item without provision of anaesthetic (item 42738). Item 42738 and 42739 have an equivalent fee.

### How will these changes affect patients?

There is no change for patients. Patients will continue to receive Medicare rebates for clinically appropriate services of items 42738 and 42739. Item 42738 and 42739 have an equivalent fee.



## Who was consulted on the changes?

A change to item 42739 to specify it is for a patient requiring the administration of anaesthetic by an anaesthetist was developed in consultation with RANZCO who considered it necessary to prevent inappropriate use of the item.

## How will the changes be monitored and reviewed?

MBS item 42739 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.

The amended MBS item will be reviewed approximately 24 months post-implementation.

## Where can I find more information?

The current item descriptors 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors 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.*



## Amended item descriptor details

### 42739 item descriptor

PARACENTESIS OF ANTERIOR CHAMBER OR VITREOUS CAVITY, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, 1 or more of, as an independent procedure, for a patient requiring the administration of anaesthetic by an anaesthetist.

Multiple Operation Rule

(Anaes.)

**Fee:** \$312.95 **Benefit:** 75% = \$234.75 85% = \$266.05

(See para TN.8.121 of explanatory notes to this Category)

### TN.8.121 note descriptor

Item 42739 should be claimed for patients requiring the administration of anaesthetic by an anaesthetist for the procedure. The administration of oral sedation is not sufficient justification for the use of item 42739, and item 42738 is applicable in those circumstances. Advice from the Royal Australian and New Zealand College of Ophthalmologists is that independent injections require only topical anaesthesia, with or without subconjunctival anaesthesia, except in specific circumstances as outlined below where the administration of anaesthetic by an anaesthetist may be indicated:

- nystagmus or eye movement disorder;
- cognitive impairment precluding safe intravitreal injection without sedation;
- a patient under the age of 18 years;
- a patient unable to tolerate intravitreal injection under local anaesthetic without sedation; or
- endophthalmitis or other inflammation requiring more extensive anaesthesia (eg peribulbar).

GP anaesthetists are expected to meet the Joint Consultative Committee on Anaesthesia (JCCA) Continuing Professional Development (CPD) Standard which defines the minimum recommended requirements for all general practitioners providing anaesthesia services.

Practitioners billing item 42739 must keep clinical notes outlining the basis of the requirement for the administration of anaesthetic by an anaesthetist.



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Item 42740 provides for intravitreal injection of therapeutic substances and/or the removal of vitreous for diagnostic purposes when performed in conjunction with other intraocular surgery including with a service to which Item 42809 (retinal photocoagulation) applies.