Australian Government
Department of Health and Aged Care

Plastic and reconstructive surgery – summary of changes

Last updated: 10 May 2023

- From 1 July 2023 there will be changes to approximately 360 Medical Benefits Schedule (MBS) items for plastic and reconstructive surgery services. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are relevant to plastic and reconstructive surgeons, breast surgeons, oral and maxillofacial surgeons, dental surgeons and general practitioners, as well as private hospitals, private health insurers and consumers using these services.
- From 1 July 2023 billing practices will need to be adjusted to reflect these changes.

What are the changes?

Effective 1 July 2023, there will be amendments to MBS items for a broad range of plastic and reconstructive surgery services. These changes are explained in detail in individual fact sheets on the following topics:

- General/skin procedures
- Breast cancer surgery and reconstruction
- Burns procedures
- Cranio-maxillofacial /oral and maxillofacial surgery
- Paediatric procedures
- Brachial plexus procedures

Why are the changes being made?

The MBS Review Taskforce found that changes to plastic and reconstructive surgery items were required to:

- Reflect complete medical services and contemporary clinical practice
- Introduce co-claiming restrictions to minimise potentially inappropriate claims
- Provide greater clarity to increase consistency in how items are claimed by providers, to reduce differences in Medicare benefits provided to patients for the same procedure
- Further safeguard the MBS against inappropriate claiming for cosmetic purposes
- Consolidate a range of existing items to simplify item claiming

- Delete obsolete services

These changes are a result of a review by the MBS Review Taskforce, which was informed by recommendations of the Plastic and Reconstructive Surgery Clinical Committee and consultation with key stakeholders. More information about the Taskforce and associated Committees is available at Medicare Benefits Schedule Review in the 'Our work' section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

A full copy of the Plastic and Reconstructive Surgery Clinical Committee's final report can be found in the Clinical Committee section of the Department of Health and Aged Care website, and a full copy of the final MBS Review Taskforce report is available in the Taskforce final reports section of the Department of Health and Aged Care website.

In some instances, item descriptors may differ from the descriptors proposed by the Taskforce. This is a result of recommendations made by the Implementation Liaison Group (ILG). The ILG provided advice on the implementation of the item changes, including identifying potential service gaps and preventing unintended consequences arising as an outcome of the review.

What does this mean for providers?

Taskforce recommendations to tighten, clarify and update item descriptors and to delete and consolidate items will benefit providers by simplifying and modernising the MBS, thereby making it easier to use.

The changes will also result in increased remuneration for high value services, such as skin cancer surgery and skin grafting, as well as cleft lip and palate repair, to better reflect the complexity of these services.

Providers will need to familiarise themselves with the plastic and reconstructive surgery item descriptor changes, 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?

By guiding best practice and addressing concerns regarding consumer safety and quality of care, these changes promote patient access to modern procedures that are proven to generate good patient outcomes.

In addition, these changes will simplify the MBS, thereby improving billing transparency and making it easier for consumers to understand the costs associated with procedures. In particular, the introductions of specific items for breast reconstruction will enable much greater predictability of costs for patients.

Who was consulted on the changes?

The Plastic and Reconstructive Surgery Clinical Committee was established in 2018 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise. In addition, the Breast Cancer Surgery and Reconstruction Working Group reviewed all items relevant to breast cancer and breast reconstruction surgery and made recommendations to the Taskforce.

The recommendations from the clinical committees were released for stakeholder consultation. The clinical committees considered feedback from stakeholders then provided recommendations to the Taskforce in a review report. The Taskforce considered the review reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

The Plastic and Reconstructive Surgery Implementation Liaison Group (ILG) was established to consult on the changes, which included (but was not limited to) representatives from the Australian Medical Association, Australian Society of Plastic Surgeons, Breast Surgeons of Australia & New Zealand, Breast Cancer Network Australia, Australian Private Hospitals Association and Private Healthcare Australia.

How will the changes be monitored and reviewed?

Service use of amended plastic and reconstructive surgery items will be monitored and reviewed post-implementation.

All plastic and reconstructive surgery 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 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 and Aged Care 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.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the Department’s website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is

available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@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 when available can be accessed via 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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.