



Otolaryngology, head and neck surgery changes – otology, head and neck items

Last updated: 20 February 2023

- From 1 March 2023 there will be changes to 138 Medical Benefits Schedule (MBS) items for otolaryngology diagnostic procedures; audiology services; ear, nose and throat operations and head and neck surgery. 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 summarised in the fact sheet titled “Otolaryngology, head and neck surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for otology, head and neck surgery items.

What are the changes?

Effective 1 March 2023, there will be amendments to a range of items for otology, head and neck surgery. This includes the establishment of a new MBS subgrouping specifically for myringoplasty and tympanomastoid procedures.

Head and Neck Surgery

- Items **30247**, **30250**, **30251** and **30253** will be amended to clarify that both exposure and mobilisation of the facial nerve and removal of tumour are an integral part of the procedure and do not warrant claiming of further item numbers such as items 39321, 39324, 39327 or 39330.
- Item **30256** will be amended to restrict co-claiming with neck lymph node dissection items ranging from 31423 to 31438 as removal of the submandibular gland is an integral part of neck dissections involving Level 1. Descriptors for items **31423** to **31438** will also be amended to reflect this co-claiming restriction.
- A new item **30257** is being introduced for the retrieval of stones from salivary drainage ducts or alleviation of the narrowing of these ducts. A new item was required to reflect the complexity of the procedure, the time required or the cost of the equipment or the disposables used during Sialendoscopy.
- Item **30275** will be amended to remove ‘commandotype operation’ from the descriptor in recognition that equivalent resections can be performed via transoral root, often without

the need to resect mandible. Co-claiming restrictions with items 31423 and 31438 are also being introduced. Descriptors for items **31423** to **31438** will also be amended to reflect this co-claiming restriction.

- Items **30278** and **30281** will be amended to include co-claiming restrictions with item 45009 as claiming of local flap repair in conjunction with tongue-tie release is considered unnecessary. Item 45009 will also be amended to reflect this co-claiming restriction.
- A new item **41887** will be created to reflect the service of an otolaryngology surgeon during joint pituitary surgery. This item mirrors the existing item for neurosurgeons in Subgroup 7.
- A new item **41888** will be created to reflect the service of an otolaryngology surgeon to repair a cerebrospinal fluid leak from a fractured skull either from trauma or from spontaneous causes. This item mirrors the existing item for neurosurgeons in Subgroup 7.
- A new item **41890** will be created to reflect the service of an otolaryngology surgeon for decompression of the orbit endoscopically, recognising this is a separate procedure to lateral decompression.
- Certain items include restrictions on co-claiming items “on the same side”. Where a provider is required to perform these services but on different sides of the body, they should include text to this effect with their claim, to ensure that the claim can be processed.

Otology - Myringoplasty and tympanomastoid procedures

- Items **41527, 41530, 41533, 41536, 41545, 41551, 41554, 41557, 41560, 41563, 41564, 41566, 41629, 41635** and **41638** will be re-categorised into a separate MBS Subgroup. Items in this new Subgroup cannot be co-claimed with any other item in the new Myringoplasty and Tympanomastoid Procedures Subgroup.
- In addition, the following changes will be made to items in this Subgroup:
 - Item **41527** will be amended to remove “Rosen incision”, as there are new techniques available.
 - The out-of-hospital 85% benefit will be removed from item **41635**, as contemporary best practice is for this service to be performed in hospital only.

Otology – all other services

- Item **41503** will be amended to specify that it is not to be used for removal of a ventilating tube as removal of a grommet from the external auditory canal does not require incision of the canal. This item has also been amended to include a co-claiming restriction with any other item in the Ear, Nose and Throat Subgroup.
- Item **41509** will be amended to reflect that the procedure should be performed under general anaesthesia and undertaken in hospital. Item 41647 will continue to remain available for instances when the canal can be toileted with the need for a general anaesthesia.

- Item **41521** will be amended to include co-claiming restrictions with items in the new Myringoplasty and Tympanomastoid Procedures Subgroup. For middle ear and mastoid procedures, item 41515 can be used where required.
- Item **41524** will be amended to remove an outdated reference to applicability of the Multiple Operations Rule.
- Item **41569** will be amended to include a restriction from being co-claimed with the insertion of cochlear implants (item 41617) as exposure or identification of the facial nerve is an integral part of the procedure for cochlear implantation.
- Items **41603** and **41604** will be combined into a single service under item 41603. as a single-stage procedure has become the accepted common practice. The fee for item 41603 will be increased to reflect this.
- Item **41611** will be amended to include a co-claiming restriction with items 41539, 41542 and all items in the new Myringoplasty and Tympanomastoid Procedures Subgroup. Mobilisation of the stapes in conjunction with ossicular chain reconstruction or mastoid/middle ear surgery is considered a component of those procedures and, as such, part of the complete medical procedure. Items **41539** and **41542** will also be amended to reflect this co-claiming restriction.
- Item **41617** will be amended to include a co-claiming restriction with items 41614 and 41569 to reflect that facial nerve exposure and round window procedures are an integral part of the procedure for cochlear implantation. Items **41614** and **41569** will also be amended to reflect this co-claiming restriction.
- Item **41626** will be amended to encompass injection of therapeutic agents into the middle ear and introduce a co-claiming restriction with item 41632. Item **41632** will also be amended to reflect this co-claiming restriction.
- Item **41647** will be amended to address inappropriate use. The item will specify that it cannot be used for the removal of uncomplicated wax in the absence of other disorders of the ear.

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](http://www.mbsonline.gov.au) 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](http://www.privatehealth.gov.au). 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.

Quick Reference Table

	Amended
30247	New co-claiming restriction.
30250	New co-claiming restriction.
30251	New co-claiming restriction.
30253	New co-claiming restriction.
30256	New co-claiming restriction.
30275	Amended so as agnostic to technique and co-claiming restrictions added.
30278	New co-claiming restriction.
30281	New co-claiming restriction.
31423 to 31438	New co-claiming restrictions.
41503	Amended to update current practices and co-claiming restrictions added.
41509	Amended to require general anaesthesia.
41521	New co-claiming restriction.
41524	Amended to remove an outdated reference.
41527	Re-categorised into new Subgroup with co-claiming restrictions and amended so as agnostic to technique.

41530	Re-categorised into new Subgroup with co-claiming restrictions.
41533	Re-categorised into new Subgroup with co-claiming restrictions.
41536	Re-categorised into new Subgroup with co-claiming restrictions.
41539	New co-claiming restriction.
41542	New co-claiming restriction.
41545	Re-categorised into new Subgroup with co-claiming restrictions.
41551	Re-categorised into new Subgroup with co-claiming restrictions.
41554	Re-categorised into new Subgroup with co-claiming restrictions.
41557	Re-categorised into new Subgroup with co-claiming restrictions.
41560	Re-categorised into new Subgroup with co-claiming restrictions.
41563	Re-categorised into new Subgroup with co-claiming restrictions.
41564	Re-categorised into new Subgroup with co-claiming restrictions.
41566	Re-categorised into new Subgroup with co-claiming restrictions.
41569	New co-claiming restriction.
41603 and 41604	Combined into single service under 41603.
41611	New co-claiming restriction.
41614	New co-claiming restriction.
41617	New co-claiming restriction.
41626	Amended to broaden scope and co-claiming restrictions added.
41629	Re-categorised into new Subgroup with co-claiming restrictions.
41632	New co-claiming restriction.
41635	Re-categorised into new Subgroup with co-claiming restrictions. Out-of-hospital 85% benefit removed.
41638	Re-categorised into new Subgroup with co-claiming restrictions.

41647	Amended to address inappropriate use.
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New	
30257	Sialendoscopy of submandibular or parotid duct
41887	Removal of pituitary tumour
41888	Repair of fractured skull
41890	Decompression of orbit

Deleted	
41604	

Item descriptors (to take effect 1 March 2023)

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 1 - General

30247 (Amended)

PAROTID GLAND, total extirpation of, **including removal of tumour, other than a service associated with a service to which items 39321, 39324, 39327 or 39330 applies (H)**
(Anaes.)(Assist)

Fee: \$781.60 Benefit: 75% = \$586.20

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

30250 (Amended)

PAROTID GLAND, total extirpation of, with preservation of facial nerve **including:**
a) removal of tumour; and

b) exposure or mobilization of facial nerve

Other than a service associated with a service to which items 39321, 39324, 39327 or 39330 applies (H) (Anaes.)(Assist)

Fee: \$1322.60 Benefit: 75% = \$991.95

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

30251 (Amended)

RECURRENT PAROTID TUMOUR, excision of, with preservation of facial nerve, **including:**

a) removal of tumour; and

b) exposure or mobilization of facial nerve

Other than a service associated with a service to which items 39321, 39324, 39327 or 39330 applies (H) (Anaes.)(Assist)

Fee: \$2031.65 Benefit: 75% = \$1523.75

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

30253 (Amended)

PAROTID GLAND, SUPERFICIAL LOBECTOMY OF, with exposure of facial nerve **including:**

a) removal of tumour; and

b) exposure or mobilization of facial nerve

Other than a service associated with a service to which items 39321, 39324, 39327 or 39330 applies (H) (Anaes.)(Assist.)

Fee: \$881.75 Benefit: 75% = \$661.35

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

30256 (Amended)

Submandibular gland, extirpation of, **other than a service associated with a service to which items 31423, 31426, 31429, 31432, 31435 and 31438 applies on the same side (H) (Anaes.) (Assist.)**

Fee: \$470.90 Benefit: 75% = \$353.20

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

30257 (New)

Sialendoscopy, of submandibular or parotid duct, with or without removal of calculus or treatment of stricture (Anaes.)

Fee: \$528.55 Benefit: 75% = \$396.45 85% = \$449.30

Private Health Insurance Classification:

- Clinical category: **Ear, nose and throat**
- Procedure type: **Type B Non-band specific**

30275 (Amended)

Radical excision of intra-oral tumour, ~~involving with or without~~ resection of mandible, ~~and~~ including dissection of lymph ~~glands nodes~~ of neck, ~~(command type operation)~~ **unilateral, other than service associated with a service to which items 31423, 31426, 31429, 31432 or 31438 applies on the same side (H) (Anaes.) (Assist.)**

Fee: \$1863.50 Benefit: 75% = \$1397.65

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

30278 (Amended)

Tongue tie, repair of, other than:

(a) a service to which another item in this Subgroup applies; or
(b) a service associated with a service to which item 45009 applies
(Anaes.)

Fee: \$49.15 Benefit: 75% = \$36.90 85% = \$41.80

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: **Type C**

30281 (Amended)

Tongue tie, mandibular frenulum or maxillary frenulum, repair of, in a **person patient** aged 2 years and over, under general anaesthesia, **other than service associated with a service to which item 45009 applies** (Anaes)

Fee: \$126.30 Benefit: 75% = \$94.75 85% = \$107.40

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type B Non-band specific

31423 (Amended)

Lymph nodes of neck, selective dissection of one or 2 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, on a patient 10 years of age or over, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (Anaes.) (Assist.)

Fee: \$424.75 Benefit: 75% = \$318.60 85% = \$361.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

31426 (Amended)

Lymph nodes of neck, selective dissection of 3 lymph node levels involving removal of soft tissue and lymph nodes from one side of the neck, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$849.40 Benefit: 75% = \$637.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

31429 (Amended)

Lymph nodes of neck, selective dissection of 4 lymph node levels on one side of the neck with preservation of one or more of internal jugular vein, sternocleido-mastoid muscle or spinal accessory nerve, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$1323.70 Benefit: 75% = \$992.80

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

31432 (Amended)

Lymph nodes of neck, bilateral selective dissection of levels I, II and III (bilateral supraomohyoid dissections, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (Anaes.) (Assist.)

Fee: \$1415.75 Benefit: 75% = \$1061.85

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

31435 (Amended)

Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$1040.60 Benefit: 75% = \$780.45

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

31438 (Amended)

Lymph nodes of neck, comprehensive dissection of all 5 lymph node levels on one side of the neck with preservation of one or more of internal jugular vein, sternocleido-mastoid muscle, or spinal accessory nerve, **other than a service associated with a service to which items 30256 or 30275 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$1649.35 Benefit: 75% = \$1237.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 8 - Ear, Nose and Throat

41503 (Amended)

EAR, foreign body in, **(other than ventilating tube)** removal of, involving incision of external auditory canal, **other than service associated with a service to which item in this Subgroup applies** (Anaes).

Fee: \$252.45 Benefit: 75% = \$189.35 85% = \$214.60

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type B Non-band specific

41509 (Amended)

External auditory meatus, surgical removal of keratosis obturans from, **performed under general anaesthesia**, other than:

(a) a service to which another item in this Subgroup applies; or
(b) a service associated with a service to which item 41647 applies
(Anaes.)(H)

Fee: \$172.25 Benefit: 75% = \$129.20 85% = \$146.45

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type B Non-band specific

41521 (Amended)

Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting, **other than a service associated with a service to which an item in Subgroup 18 applies** (H)(Anaes.)(Assist)

Fee: \$1045.35 Benefit: 75% = \$784.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41524 (Amended)

RECONSTRUCTION OF EXTERNAL AUDITORY CANAL, ~~being a service associated with a service to which items 41557, 41560 and 41563 applies.~~ (H)(Anaes.)(Assist).

Fee: \$302 Benefit: 75% = \$226.50

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41539 (Amended)

Ossicular chain reconstruction, **other than a service associated with a service to which item 41611 applies** (H) (Anaes.) (Assist.)

Fee: \$1152.20 Benefit: 75% = \$864.15

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41542 (Amended)

Ossicular chain reconstruction and myringoplasty, **other than a service associated with a service to which item 41611 applies** (H) (Anaes.) (Assist.)

Fee: \$1262.55 Benefit: 75% = \$946.95

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41569 (Amended)

DECOMPRESSION OF FACIAL NERVE in its mastoid portion, **other than a service associated with a service to which item 41617 applies** (H)(Anaes.)(Assist)

Fee: \$1262.55 Benefit: 75% = \$946.95

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41603 (Amended)

OSSEO-INTEGRATION PROCEDURE - implantation of ~~titanium fixture for use with implantable~~ bone conduction hearing system device, in a patient: a) With a permanent or long term hearing loss; and
b) Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and

c) With bone conduction thresholds that accord with recognised ~~surgical~~ criteria for the implantable bone conduction hearing ~~system~~ devices being inserted.

Other than a service associated with a service to which items **41554, 45794** or **45797** applies (Anaes.)

Fee: \$631.30 Benefit: 75% = \$473.50 85% = \$538.1

Private Health Insurance Classification:

- Clinical category: Implantation of hearing devices
- Procedure type: Type A Surgical

41604 (Delete)

~~**OSSEO-INTEGRATION PROCEDURE – fixation of transcutaneous abutment implantation of titanium fixture for use with implantable bone conduction hearing system device, in patients:**~~

~~—With a permanent or long term hearing loss; and~~

~~—Unable to utilise conventional air or bone conduction hearing aid for medical or audiological reasons; and~~

~~—With bone conduction thresholds that accord to recognised criteria for the implantable bone conduction hearing device being inserted.~~

~~Not being a service associated with a service to which items **41554, 45794** or **45797**~~

41611 (Amended)

Stapes mobilisation, **other than a service associated with a service to which items 41539 or 41542 or an item in Subgroup 18 applies** (H)(Anaes.) (Assist.)

Fee: \$741.40 Benefit: 75% = \$556.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41614 (Amended)

Round window surgery including repair of cochleotomy, **other than a service associated with a service to which item 41617 applies** (Anaes.) (Assist.)

Fee: \$1152.20 Benefit: 75% = \$864.15 85% = \$1059

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41617 (Amended)

Cochlear implant, insertion of, including mastoidectomy, **cochleotomy and exposure of facial nerve where required, other than a service associated with a service to which items 41614 or 41569 applies** (H)(Anaes.) (Assist.)

Fee: \$2003.55 Benefit: 75% = \$1502.70

Private Health Insurance Classification:

- Clinical category: Implantation of hearing devices
- Procedure type: Type A Advanced Surgical

41626 (Amended)

~~ABSCCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding aftercare)~~ Incision of tympanic membrane, or installation of therapeutic agent, to the middle ear through an intact drum:

(a) not including local anaesthetic; and

(b) excluding aftercare; and

(c) other than a service associated with a service to which item 41632 applies

(Anaes.)

Fee: \$152.25 Benefit: 75% = \$114.20 85% = \$129.45

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type B Non-band specific

41632 (Amended)

Middle ear, insertion of tube for drainage of (including myringotomy), **other than a service associated with a service to which item 41626 applies** (Anaes.)

Fee: \$252.45 Benefit: 75% = \$189.35 85% = \$214.60

Private Health Insurance Classification:

- Clinical category: Tonsils, adenoids and grommets
- Procedure type: Type B Non-band specific

41647 (Amended)

~~EAR TOILET requiring use of operating microscope and m~~ Micro inspection of tympanic membrane and auditory canal, requiring use of operating microscope or endoscope, including any removal of wax, with or without general anaesthesia, other than a service

associated with a service to which item 41509 applies. Not applicable for the removal of uncomplicated wax in the absence of other disorders of the ear (Anaes.)

Fee: \$116.15 Benefit: 75% = \$87.15 85% = \$98.75

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type C

41887 (New)

Pituitary tumour, removal of, by transphenoidal approach, including stereotaxy and dermis, dermofat or fascia grafting, as part of conjoint surgery, other than a service associated with a service to which item 40600 applies (H)(Anaes.) (Assist.)

Fee: \$2856.05 Benefit: 75% = \$2142.05

Private Health Insurance Classification:

- Clinical category: **Ear, nose and throat**
- Procedure type: **Type A Advanced Surgical**

41888 (New)

Fractured skull, after trauma only, or spontaneous defects with cerebrospinal fluid rhinorrhoea or otorrhoea, repair of, including stereotaxy and dermofat graft (H)(Anaes.) (Assist.)

Fee: \$2021.35 Benefit: 75% = \$1516.05

Private Health Insurance Classification:

- Clinical category: **Brain and nervous system**
- Procedure type: **Type A Advanced Surgical**

41890 (New)

Orbit, decompression of, by fenestration of 2 or more walls, or by the removal of intraorbital peribulbar and retrobulbar fat from each quadrant of the orbit, 1 eye by endonasal approach (H)(Anaes.) (Assist .)

Fee: \$1351.45 Benefit: 75% = \$1013.60

Private Health Insurance Classification:

- Clinical category: **Eye (Not cataract)**
- Procedure type: **Type A Advanced Surgical**

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

45009 (Amended)

Single stage local muscle flap repair to one defect, simple and small, **other than a service associated with a service to which items 30278, 30281 Or 41722 applies** (H) (Anaes.) (Assist.)

Fee: \$400.70 Benefit: 75% = \$300.55

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 19 – Myringoplasty and Typanomastoid Procedures (New)

Item: 41527 (Moved & Amended)

Description: MYRINGOPLASTY, transcanal approach. ~~(Rosen incision)~~, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.) (Assist.)

Fee: \$621.20 Benefit: 75% - \$465.90

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41530 (Moved & Amended)

MYRINGOPLASTY, postaural or endaural approach with or without mastoid inspection, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$1012.05 Benefit: 75% - \$759.05

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41533 (Moved & Amended)

ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$1209.70 Benefit: 75% - \$907.30

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41536 (Moved & Amended)

ATTICOTOMY with reconstruction of the bony defect, with or without myringoplasty, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$1355 Benefit: 75% - \$1016.25

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41545 (Moved & Amended)

MASTOIDECTOMY (CORTICAL), **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$551.1 Benefit: 75% - \$413.35

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Surgical

41551 (Moved & Amended)

MASTOIDECTOMY, intact wall technique, with myringoplasty, **other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)**

Fee: \$1684.15 Benefit: 75% - \$1236.15

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41554 (Moved & Amended)

MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction, **other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)**

Fee: \$1984.25 Benefit: 75% - \$1488.2

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41557 (Moved & Amended)

MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), **other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)**

Fee: \$1152.2 Benefit: 75% - \$864.15

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41560 (Moved & Amended)

MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY, **other than a service associated with a service to which another item in this Subgroup applies (H) (Anaes.)**

Fee: \$1262.55 Benefit: 75% - \$946.95

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41563 (Moved & Amended)

MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.) (Assist.)

Fee: \$1562.90 Benefit: 75% - \$1172.2

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41564 (Moved & Amended)

MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), OBLITERATION OF THE MASTOID CAVITY, BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL AND OBLITERATION OF EUSTACHIAN TUBE, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.) (Assist.)

Fee: \$2021.15 Benefit: 75% - \$1515.90

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41566 (Moved & Amended)

REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.) (Assist.)

Fee: \$1152.20 Benefit: 75% - \$864.15

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41629 (Moved & Amended)

MIDDLE EAR, EXPLORATION OF, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$551.10 Benefit: 75% - \$413.35

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat

- Procedure type: Type A Surgical

41635 (Moved & Amended)

CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty, **other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.) (Assist.)

Fee: \$1209.70 Benefit: 75% - \$907.30 85% - \$1116.50

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

41638 (Moved & Amended)

CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, 1 or more, with or without myringoplasty with ossicular chain reconstruction, **than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$1510 Benefit: 75% - \$1132.50

Private Health Insurance Classification:

- Clinical category: Ear, nose and throat
- Procedure type: Type A Advanced Surgical

Explanatory Notes

TN.8.255 (Item 41647)

Item 41647 applies where use of an operating microscope or endoscope is clinically necessary, such as examination by conventional means (hand-held or spectacle-mounted auroscope) does not provide sufficient detail.

In addition, item 41647 cannot be claimed for the removal of uncomplicated wax in the absence of other disorders of the ear.

The removal of uncomplicated wax in the absence of other disorders of the ear by operating microscope or endoscope, or the removal of wax by microsuction or syringing using any visualisation method may be claimed as part of an MBS general attendance item provided all other requirements of the item have been met.

Related Items: 41647

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.