



Otolaryngology, head and neck surgery – summary of changes

Last updated: 3 January 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 relevant to otolaryngologists, neurologists, audiologists, general practitioners, private hospitals, private health insurers and consumers using these services.
- From 1 March 2023 billing practices will need to be adjusted to reflect these changes.

What are the changes?

Effective 1 March 2023, there will be amendments to a range of items for a broad range of otolaryngology, head and neck services. These changes are explained in detail in individual fact sheets on the following topics:

- Audiology
- Otology, head and neck surgery (this fact sheet includes information on a new MBS subgroup for myringoplasty and tympanomastoid procedures)
- Rhinology (this fact sheet includes information on new MBS subgroups for functional sinus surgery, sinus procedures and airway procedures)
- Laryngology

Why are the changes being made?

The MBS Review Taskforce found that changes to Otolaryngology, Head and Neck 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 surgery
- Delete obsolete services

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Otolaryngology Head and Neck Surgery Clinical Committee Recommendation and discussion with key stakeholders. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health and Aged Care website ([Department of Health and Aged Care website](#)).

A full copy of Otolaryngology 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?

Both consumers and clinicians are expected to benefit from the Taskforce's recommendations as they address concerns regarding consumer safety and quality of care and take steps to simplify and modernise the MBS to make it easier to use and understand.

The Taskforce considered 174 item numbers during Phase Two of the Review. The proposed recommendations aim to adjust item descriptors, so they reflect complete medical services and contemporary clinical practice, introduce co-claiming restrictions to minimise potentially inappropriate claims, and to create new groupings of items within the schedule to facilitate achieving these priorities

The proposal for new groupings of otolaryngology, head and neck surgery items represents significant work from the Working Groups. The new schedule has attempted to address the issues above, providing a logical MBS claiming system that better describes otorhinolaryngology surgeons' practice. Greater clarity and usability will increase consistency in how items are claimed by providers, reducing any potential differences in Medicare benefits provided to patients for the same surgery.

Providers will need to familiarise themselves with the descriptor changes set out below, 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?

These changes are expected to benefit consumers by reducing the overall number of MBS items, thereby making the MBS simpler as the procedure costs will now be easier to understand and, for providers, more user-friendly. It also ensures that item numbers are

removed for procedures that are no longer considered best practice, or where another item number better describes that service as part of a complete medical service.

Who was consulted on the changes?

The Otolaryngology, Head and Neck 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.

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 Otolaryngology Implementation Liaison Group (ILG) was held in November 2020, which included representatives from the Australian Medical Association, Australasian Society of Otolaryngology, Head and Neck Surgery, Laryngology Society of Australia, Audiology Australia, Independent Audiologists Australia and Private Healthcare Australia.

How will the changes be monitored and reviewed?

Service use of amended otolaryngology, head and neck surgery items will be monitored and reviewed post implementation.

All otolaryngology, head and neck 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](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.

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.