



Changes to clinically suspected melanoma excision items to include indexation

Last updated: 7 February 2023

- On 1 November 2022, seven new Medicare Benefits Schedule (MBS) items (31377 to 31383) were created for the initial excision of clinically suspected melanoma and amendments were made to the item descriptors for the existing definitive excision items (31371 to 31376) to resolve confusion around the claiming of melanoma excision services.
- Information on these changes can be found in the '[Changes to melanoma excision services](#)' Factsheet on MBS Online.
- Following implementation of these changes on 1 November 2022 it was noted that indexation had not been applied correctly to the seven new items for clinically suspected melanoma (31377 to 31383). This has now been corrected and the updated MBS fees, as noted in this Factsheet, will take effect from 1 March 2023.

What are the changes?

Indexation will be applied to items 31377 to 31383, with the updated MBS fees to take effect from 1 March 2023.

These changes do not affect existing arrangements for the definitive excision of malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin, or merkel cell carcinoma of skin which can continue to be claimed under items 31371 to 31376.

Why are the changes being made?

Applying indexation to the seven new items (31377 to 31383) for clinically suspected melanoma ensures alignment with the fees for existing benign skin excision items.

For private health insurance purposes, items 31377 to 31383 continue to be listed under the following clinical category and procedure type:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

What does this mean for providers/referrers/other stakeholders?

All changes as of 1 November 2022 remain in effect. As of 1 March 2023, the MBS fees for items 31377 to 31383 will be indexed.

How will these changes affect patients?

Patients may receive a slightly increased benefit as a result of applying indexation to the MBS fees for items 31377 to 31383.

Who was consulted on the changes?

These items were developed by the Department of Health and Aged Care in collaboration with the Dermatology and Skin Services Advisory Group (DASAG), containing representatives from the Australian Medical Association (AMA), Australasian College of Dermatologists (ACD) and Australian Society of Plastic Surgeons (ASPS).

How will the changes be monitored and reviewed?

MBS items for melanoma excision services will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.

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.

New clinically suspected melanoma items introduced 1 November 2022 – updated fees

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 1 - General

31377

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and

(b) the necessary excision diameter is less than 6 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$115.95 Benefit: 75% = \$87.00 85% = \$98.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31378

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and

(b) the necessary excision diameter is 6 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$177.65 Benefit: 75% = \$133.25 85% = \$151.05

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31379

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is less than 14 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$141.60 Benefit: 75% = \$106.20 85% = \$120.40

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31380

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is 14 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$177.65 Benefit: 75% = \$133.25 85% = \$151.05

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31381

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and

(b) the necessary excision diameter is less than 15 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$100.95 Benefit: 75% = \$75.75 85% = \$85.85

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31382

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 and 31380; and

(b) the necessary excision diameter is at least 15 mm but not more than 30mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$132.70 Benefit: 75% = \$99.55 85% = \$112.80

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31383

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 and 31380; and

(b) the necessary excision diameter is more than 30 mm; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$151.80 Benefit: 75% = \$113.85 85% = \$129.05

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

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.