



Changes to MBS items for emergency medicine services factsheet

Last updated: 3 February 2020

- From 1 March 2020, the Medicare Benefits Schedule (MBS) items for emergency medicine services will be restructured to more accurately reflect the professional involvement associated with delivering these services and simplify the MBS. These changes are a result of the MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- These changes are relevant for all emergency medicine specialists and other medical practitioners involved with the provision of emergency medicine services, consumers claiming these services and private hospitals.
- Billing practices from 1 March 2020 will need to be adjusted to reflect these changes.

What are the changes?

From 1 March 2020, there will be a revised structure for items for emergency medicine services provided at recognised emergency medicine departments of private hospitals. The revised structure includes replacing existing emergency medicine attendance items with a new base item structure for emergency medicine specialists. A range of emergency medicine procedure items have been introduced to be claimed in conjunction with the new base items. Mirror items are included to encourage doctors to gain emergency medicine experience. The fee for these items is 75% of the equivalent emergency medicine specialist service. The new structure includes:

- 18 new items in Group A21 (5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 and 5019) for emergency medicine specialists and mirror items (5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 and 5036) for medical practitioners to replace 11 existing emergency medicine attendance items (501, 503, 507, 511, 515, 519, 520, 530, 532, 534 and 536).
- The revised attendance structure more effectively categorises the level of professional involvement a service is likely to require and has been differentiated by:
 - the complexity of the medical decision-making;
 - the age of the patients; and
 - the type of doctor who performs the service (specialist in emergency medicine or medical practitioner).
- 4 new items in Group A21 (5039 and 5041 for emergency medicine specialists and 5042 and 5044 for medical practitioners) for goals of care services to support gravely ill patients to make informed decisions concerning treatment of their medical condition.
- 18 new emergency medicine procedures items (14255, 14256, 14257, 14258, 14259, 14260, 14263, 14264, 14265, 14266, 14270, 14272, 14277, 14278, 14280, 14283, 14285 and 14288) for emergency medicine specialists and medical practitioners. The new subgroup 14 in Group T1 of therapeutic and procedural items cover the most common services performed in emergency medicine and must be performed in conjunction with the base attendance items. These items include resuscitation (for at least 30 minutes), minor procedures, procedures and fracture/dislocation management services, anaesthesia services and emergent intubation/airway management.



- While the new add-on items cover the most common procedural and therapeutic services, they are not intended to cover all possible services performed in emergency medicine. Doctors are not restricted from performing other procedural and therapeutic items on the *Health Insurance (General Medical Services Table) Regulations 2019* for emergency medicine services, where clinically relevant.
- 11 deleted items (501, 503, 507, 511, 515, 519, 520, 530, 532, 534 and 536) which formed the previous emergency medicine attendance structure.
- Amendments to two explanatory notes (AN.0.60 and AN.0.61 for attendance items) and the inclusion of a new explanatory note (TN.1.22 for therapeutic and procedure items) to provide information about the new structure and new item requirements, add new item numbers and remove the deleted item numbers.

Why are the changes being made?

The MBS Review Taskforce found that changes to emergency medicine services were required to reflect the skill, time and risks associated with treating complex patients, encourage best practice, support patient care and safety, simplify the MBS and provide greater billing transparency to ensure MBS services provide value to the patient and the healthcare system.

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Intensive Care and Emergency Medicine (ICEM) Clinical Committee and extensive 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 website (www.health.gov.au).

For information about the changes to intensive care items arising from the MBS Review, please refer to the Changes to Intensive Care Services Factsheet on the [MBS Online](#) website under the [Factsheets](#) page.

What does this mean for providers?

Providers will need to familiarise themselves with the changes in the emergency medicine schedule, 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?

Patients will receive Medicare rebates for emergency medicine services that are clinically appropriate and reflect modern clinical practice. The new emergency medicine item structure will improve billing transparency for patients by ensuring the item billed reflects the nature of the service provided.

Who was consulted on the changes?

The ICEM Clinical Committee was established in June 2016 by the MBS Review Taskforce to provide broad clinician and consumer expertise.

The MBS Review included a public consultation process on the recommendations outlining the proposed changes. Feedback was received from a range of stakeholders and was considered by the ICEM Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the Australasian College for Emergency Medicine and the Australian Medical Association.



How will the changes be monitored and reviewed?

Service use of the MBS emergency medicine items will be monitored and reviewed post implementation.

Emergency medicine items 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 forecast 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 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.

Subscribe to '[News for Health Professionals](#)' on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors 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.