



Medicare Benefits Schedule (MBS) items 30196 and 30202 factsheet

Last updated: 12 February 2021

What are the changes?

From 1 March 2021, a change to MBS items for the removal of malignant neoplasm of skin or mucous membrane by serial curettage, carbon dioxide laser or erbium laser excision-ablation (item 30196) and by liquid nitrogen cryotherapy (item 30202) will allow specialists in the specialty of plastic surgery to claim the item when using their clinical expertise to confirm a neoplasm to be malignant, provided a specimen has been submitted for histological confirmation. This provision already applies to dermatologists, but currently plastic surgeons can only perform this service on neoplasms that have already been proven by histopathology to be malignant. Explanatory Note TN.8.10 has been updated accordingly.

Why are the changes being made?

The change is being made following consultation with dermatology, plastic surgery and skin services providers who advised that it was appropriate that both dermatologists and plastic surgeons be allowed to claim the item when using their clinical expertise to confirm a neoplasm to be malignant, provided a specimen has been submitted for histological confirmation.

What does this mean for providers?

Plastic surgeons can now determine that a lesion is malignant on the basis of their expert opinion and use items 30196 and 30202 before malignancy has been proven by histopathology. It is still a requirement that a specimen be submitted for histopathological confirmation. There is no change for other providers.

How will these changes affect patients?

Patients attending a plastic surgeon will no longer have to wait for histopathology results before items 30196 and 30202 can be used to remove a neoplasm. This will improve patient access to clinically relevant services.

Who was consulted on the changes?

The change was developed in consultation with the Dermatology and Skin Services Advisory Group, an expert panel of plastic surgeons, dermatologists and skin services providers who advise the Department of Health on MBS dermatology and skin services policy.



How will the changes be monitored and reviewed?

MBS items 30196 and 30202 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 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.

The amended MBS item will be reviewed approximately 24 months post-implementation.

Where can I find more information?

The current item descriptors 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 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 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors and 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.



Amended item descriptor details

30196 item descriptor

Malignant neoplasm of skin or mucous membrane that has been:

(a) proven by histopathology; or

(b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery where a specimen has been submitted for histologic confirmation;

removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy.

Multiple Operation Rule

(Anaes.)

Fee: \$130.20 **Benefit:** 75% = \$97.65 85% = \$110.70

(See para [TN.8.10](#) of explanatory notes to this Category)

30202 item descriptor

Malignant neoplasm of skin or mucous membrane proven by histopathology or confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery - removal of, by liquid nitrogen cryotherapy using repeat freeze thaw cycles.

Multiple Operation Rule

Fee: \$49.85 **Benefit:** 75% = \$37.40 85% = \$42.40

(See para [TN.8.10](#) of explanatory notes to this Category)

TN.8.10 note descriptor

In item 30196, serial curettage excision, as opposed to simple curettage, refers to the technique where the margin having been defined, the lesion is carefully excised by a skin curette using a series of dissections and cauterisations so that all extensions and infiltrations of the lesion are removed.

For the purposes of items 30196 and 30202, the requirement for histopathological proof of malignancy is satisfied where multiple lesions are to be removed from the one anatomical region if a single lesion from that region is histologically tested and proven for malignancy.

For the purposes of items 30196 and 30202, an anatomical region is defined as: hand, forearm, upper arm, shoulder, upper trunk or chest (anterior and posterior), lower trunk (anterior or posterior) or abdomen (anterior lower trunk), buttock, genital area/perineum, upper leg, lower leg and foot, neck, face (six sections: left/right lower, left/right mid and left/right upper third) and scalp.



30196 item descriptor

Malignant neoplasm of skin or mucous membrane that has been:

(a) proven by histopathology; or

(b) confirmed by the opinion of a specialist in the specialty of dermatology or plastic surgery where a specimen has been submitted for histologic confirmation;

removal of, by serial curettage, or carbon dioxide laser or erbium laser excision-ablation, including any associated cryotherapy or diathermy.

Multiple Operation Rule

(Anaes.)

Fee: \$130.20 **Benefit:** 75% = \$97.65 85% = \$110.70

(See para [TN.8.10](#) of explanatory notes to this Category)

For Medicare benefits to be payable for item 30196 and 30202, the provider performing the service must also retain documented evidence that malignancy has either been proven by histopathology or confirmed by opinion of a specialist in the specialty of dermatology or plastic surgery.

Guidelines are available on the Department of Health website for what [health practitioners can do to substantiate proof of malignancy](#) where required for MBS items.