



Changes to MBS varicose vein items

Last updated: 1 October 2021

What are the changes?

From 1 November 2021, Medicare Benefits Schedule (MBS) varicose vein items will be amended to align with contemporary clinical practice. The amended items include 32500, 32507, 32508, 32511, 32514, 32517, 32520, 32522, 32523, 32526, 32528 and 32529. The amendments to these items include the following:

- Clarification of clinical indications and terminology to reflect modern practice (all items);
- Introduction of co-claiming restrictions to reduce inappropriate claiming (items 32500, 32507, 32520, 32522, 32523, 32526, 32528 and 32529); and
- Removal of out-of-hospital benefits for item 32507.

Why are the changes being made?

The Australian Government is making changes to modernise Medicare-funded varicose vein services to ensure they reflect best practice, support high-value care, and reduce their use for cosmetic purposes.

These changes are a result of a review by the MBS Review Taskforce which was informed by the Vascular Clinical Committee. The Medical Services Advisory Committee (MSAC) also recommended amending item descriptors for varicose vein services to limit cosmetic use.

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](#). A full copy of the Taskforce final report for vascular services can be found in the [MBS Review - Final Taskforce reports, findings and recommendations](#) section of the [Department of Health website](#).

What does this mean for providers?

The changes clarify clinical indications and support contemporary best practice for providers. Providers can find further detailed information about the changes in the associated 'Quick Reference Guide: Varicose vein item changes'.

How will these changes affect patients?

The changes support high value care and ensure patient safety by encouraging best practice. Patients should not be negatively affected by the amended items and those with a demonstrated clinical need will continue to have access to Medicare rebates under these items.



Who was consulted on the changes?

The Vascular Clinical Committee was established in 2018 by the MBS Review Taskforce to provide broad clinician and consumer expertise. The MBS Review included a 12-week period of targeted stakeholder consultation that was completed in March 2019. Feedback was received from a broad range of stakeholders and considered by the Vascular Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review, consultation occurred with the Australian and New Zealand Society for Vascular Surgery and the Australasian College of Phlebology to inform and support the implementation of the changes.

How will the changes be monitored and reviewed?

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation. Varicose vein items are 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 will be available on 1 November 2021 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'.

For questions relating to implementation, or to the interpretation of the changes to varicose vein MBS items *prior* to 1 November 2021, please email vascularservices@health.gov.au.

For questions regarding the proposed Private Health Insurance classifications, please email PHI@health.gov.au.

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. For questions after implementation on 1 November 2021 and queries relating exclusively to interpretation of the Schedule, please email askMBS@health.gov.au.

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. Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

The data file for software vendors is expected to become available by late September 2021 and can be accessed via the MBS Online website under the [Downloads](#) page.



To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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.