



# Changes to MBS benefit for eyelid reconstruction item 45614 from 1 November 2024

Last updated: 2 October 2024

## What are the changes?

From 1 November 2024 there will be a minor amendment to Medicare Benefits Schedule (MBS) item **45614** for eyelid reconstruction, to reinstate the 85% benefit that was removed on 1 March 2024.

## Why are the changes being made?

On 1 March 2024, 14 MBS items for plastic and reconstructive surgery services were amended to remove their 85% out of hospital benefit, including item 45614, following advice from the Plastic and Reconstructive Surgery Implementation Liaison Group. Following these amendments, the Royal Australian and New Zealand College of Ophthalmologists advised the Department of Health and Aged Care (the Department) that it may be appropriate for item 45614 to be performed outside the hospital setting in a well-equipped room without compromising patient safety. Subsequently, this was discussed at the March 2024 meeting of the Continuous Improvement Committee for Plastic and Reconstructive Surgery, where members agreed that the 85% benefit could be reinstated for item 45614.

## What does this mean for providers?

From 1 November 2024 Medicare benefits will be payable for professional services performed by a provider for out of hospital treatment for item 45614. Providers will need to familiarise themselves with the 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?

From 1 November 2024 Medicare benefits will be payable for professional services rendered to a patient for out of hospital treatment for item 45614. Patients will receive Medicare benefits for plastic and reconstructive surgery services that are clinically appropriate and reflect modern clinical practice.

## Who was consulted on the changes?

As part of the MBS Review, the Plastic and Reconstructive Surgery Clinical Committee was established to make recommendations to the MBS Review Taskforce on MBS items in its area of responsibility. Following the release of the recommendations of the Taskforce and Clinical Committee, the Department convened the Plastic and Reconstructive Surgery Implementation Liaison Group (ILG), to support the implementation of the changes, ensuring that the changes achieved the outcomes intended by the Taskforce and to reduce unintended consequence. The ILG included (but was not limited to) representatives from the Australian Medical Association, Australian Society of Plastic Surgeons, Private Healthcare Australia and the Australian Private Hospitals Association.

Following the MBS Review, further consultation was undertaken with the Australian Medical Association, the Australian Society of Plastic Surgery, and the Royal Australian and New Zealand College of Ophthalmologists.

## How will the changes be monitored and reviewed?

Service use for item 45614 will be monitored and reviewed post-implementation of the change.

All plastic and reconstructive 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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

The Department 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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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.

## Amended item descriptors (to take effect 1 November 2024)

### Category 3 – Therapeutic Procedures

#### Group T8 – Surgical Operations

#### Subgroup

45614

Eyelid, reconstruction of a defect (greater than one quarter of the length of the lid) involving all 3 layers of the eyelid, if unable to be closed by direct suture or wedge excision, including all flaps and grafts that may be required **(H)** (Anaes.) (Assist.)

Fee: \$950.20 Benefit: 75% = \$712.65 **85% = \$807.70**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

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.