



Minor changes to thoracic medicine items factsheet

Last updated: 11 December 2020

What are the changes?

From 1 March 2021, there will be minor changes to a number of Medicare Benefits Schedule (MBS) items for thoracic medicine. The changes are:

- **MBS Explanatory Note DN.1.17 (items 12203 and 12250)** – this note will be amended to reduce the recommended scoring criteria for the ‘STOP-BANG’ screening tool from 4 to 3.
- **Items 30696, 30710, 41889, 41892, 41895, 41898, 41901, 41905** – these eight interventional procedural items will be relocated from subgroups 1 and 8 of group T8 to subgroup 6 of group T8 on the MBS. The items will be deleted and replaced by new item numbers 38416, 38417, 38419, 38420, 38422, 38423, 38425 and 38426.

The item descriptors and MBS Explanatory Notes which will come into effect on 1 March 2021 can be viewed on the [Factsheet page on the MBS Online website](#).

Why are the changes being made?

The change to explanatory note DN.1.17 is being made to improve direct referral pathways for overnight diagnostic sleep study items 12203 and 12250. The relocation of the eight interventional procedural items is intended to better reflect the type and nature of these services.

What does this mean for practitioners?

Eligible practitioners can continue to access items 12203 and 12250. While there will be no changes the way the eight relocated interventional procedural items are administered, practitioners should familiarise themselves with the updated item descriptors to ensure they bill the correct item numbers.

How will these changes affect patients?

Changes to items 12203 and 12250 will better ensure patients with suspected moderate to severe obstructive sleep apnoea (OSA) are appropriately identified and referred for testing.

Changes to the eight interventional procedural items are not anticipated to affect patient access to these services. Eligible patients can continue to access rebates for clinically relevant services under the new item numbers.

Who was consulted on the changes?

The changes were based on stakeholder feedback and progressed in consultation with relevant professional groups, including the Thoracic Society of Australia and New Zealand, Australasian Sleep Association and the Australian Society of Otolaryngology, Head and Neck Surgery.



How will the changes be monitored and reviewed?

The Department of Health regularly reviews the usage of new and amended MBS items in consultation with the profession. All MBS items may be subject to 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?

Further information on about item changes which came into effect for sleep studies on 1 November 2018 is available on [the 2018 Factsheet page](#). Further information on additional minor changes implemented on 1 November 2019 is available on [the 2019 Factsheet page](#).

The full item descriptors 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 [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.

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.