Australian Government
Department of Health and Aged Care

Otolaryngology and diagnostic audiology changes

Last updated: 4 June 2024

What are the changes?

Effective 1 July 2024, there will be amendments to the co-claiming restrictions for four items for diagnostic audiology services, as well as the introduction of two new items for the insertion of bioabsorbable nasal implants. The changes are as follows:

- Item **11300** will be amended to remove co-claiming restrictions with items 11340, 11341 and 11343.
- Items **11340**, **11341** and **11343** will be amended to remove the co-claiming restriction with item 11300.
- New items **41768** and **41769** will be introduced for the unilateral and bilateral insertion of a bioabsorbable implant to treat nasal airway obstruction that has occurred due to lateral wall insufficiency.

Why are the changes being made?

Changes to items 11300, 11340, 11341 and 11343 were recommended by the Otolaryngology Head and Neck Surgery Implementation Liaison Group (ILG), following the 1 March 2023 implementation of new and amended items as part of the MBS Taskforce Review of Otolaryngology, Head and Neck Surgery items. The ILG advised that there are clinically acceptable reasons for brain stem evoked audiometry (item 11300) to be undertaken at the same time as vestibular assessment (items 11340, 11341 or 11343). These changes will allow for these items to be claimed together, where clinically appropriate, under the MBS.

The listing of the services covered under new items 41768 and 41769 was recommended by the Medical Services Advisory Committee (MSAC) in March 2023 (refer MSAC Application 1719). These items will allow for a minimally invasive alternative treatment to rhinoplasty, where clinically appropriate, for patients that experience nasal airway obstruction due to lateral wall insufficiency. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (Medical Services Advisory Committee).

What does this mean for providers?

The removal of co-claiming restriction from items 11340, 11341 and 11343 with item 11300 will allow for providers to co-claim these services, where clinically relevant for a patient's circumstances.

The introduction of items 41768 and 41769, for the unilateral and bilateral insertion of a bioabsorbable implant to treat nasal airway obstruction, will allow for providers to offer an alternative and more minimally invasive treatment compared to rhinoplasty, for some patients.

Providers will need to familiarise themselves with the descriptor 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?

Patients will receive Medicare benefits for otolaryngology and diagnostic audiology services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Otolaryngology, Head and Neck Surgery ILG was established in November 2020, which included representatives from the Australian Medical Association (AMA), Australasian Society of Otolaryngology, Head and Neck Surgery (ASOHNS), Laryngology Society of Australia, Audiology Australia, Independent Audiologists Australia and Private Healthcare Australia.

Following implementation of the MBS Review recommendations, ongoing consultation occurred with members of the ILG, and the changes to MBS items 11300, 11340, 11341 and 11343 responds to a recommendation from members.

For new MBS items 41768 and 41769, consultation was undertaken with peak bodies such as the Royal Australasian College of Surgeons (RACS), AMA, ASOHNS and Australian Society of Plastic Surgeons (ASPS), following the MSAC application process.

How will the changes be monitored and reviewed?

Service use of amended otolaryngology and diagnostic audiology items will be monitored and reviewed post-implementation.

All otolaryngology and diagnostic audiology 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.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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 MBS Online and clicking 'Subscribe'.

The Department of Health and Aged Care 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.

Private health insurance information on the product tier arrangements is available at 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.

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 (effective 1 July 2024)

Note:

1. All fees listed include indexation which will be applied 1 July 2024.
2. The Private Health Insurance Classifications for the amended items are subject to final delegate approval.

Category 2 – Diagnostic Procedures and Investigations
Group D1 – Miscellaneous Diagnostic Procedures and Investigations
Subgroup 3 – Otolaryngology
11300 Brain stem evoked response audiometry, if: (a) the service is not for the purposes of programming either an auditory implant or the sound processor of an auditory implant; and (b) a service to which item 82300 applies has not been performed on the patient on the same day

Category 2 – Diagnostic Procedures and Investigations
~~other than a service associated with a service to which item 11340, 11341 or 11343 applies~~ (Anaes.) Fee: $219.30 Benefit: 75% = $164.50 85% = $186.45 Private Health Insurance Classification: • Clinical category: Ear, Nose and Throat • Procedure type: Type C
11340 Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using up to 2 clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027~~,~~ **or** 11205 ~~**or 11300**~~ applies Fee: $212.05 Benefit: 75% = $159.05 85% = $180.25 Private Health Insurance Classification: • Clinical category: Support List • Procedure type: Type C
11341 Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using 3 or 4 clinically recognised tests;

Category 2 – Diagnostic Procedures and Investigations
other than a service associated with a service to which item 11015, 11021, 11024, 11027~~,~~ **or** 11205 ~~**or 11300**~~ applies Fee: $425.15 Benefit: 75% = $.318.90 85% = $361.40 Private Health Insurance Classification: • Clinical category: Support List • Procedure type: Type C
11343 Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner: (a) to assess one or more of the following: (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve); (ii) muscular or eye movement responses elicited by vestibular stimulation; (iii) static signs of vestibular dysfunction; (iv) the central ocular motor function; and (b) using 5 or more clinically recognised tests; other than a service associated with a service to which item 11015, 11021, 11024, 11027~~,~~ **or** 11205 ~~**or 11300**~~ applies Fee: $636.05 Benefit: 75% = $477.05 85% = $540.65 Private Health Insurance Classification: • Clinical category: Support List • Procedure type: Type C

New item descriptors (effective 1 July 2024)

Note:

1. All fees listed include indexation which will be applied 1 July 2024.
2. The Private Health Insurance Classifications for the amended items are subject to final delegate approval.

Category 3 - Therapeutic Procedures
Group T8 - Surgical Operations
Subgroup 8 - Ear, Nose and Throat
41768 **Unilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if:** **(a) the procedure is provided by a specialist in the practice of the specialist's speciality of otolaryngology or plastic surgery; and** **(b) the patient has a self reported NOSE Scale score of equal to or greater than 55; and** **(c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and** **(d) the patient has not previously received a service to which item 41769 applies** **Applicable once per lifetime per nostril (Anaes.)** **Fee: $205.90 Benefit: 75% = $154.45 85% = $175.05** **Private Health Insurance Classification:** • **Clinical category: Ear, Nose and Throat** • **Procedure type: Type C**
41769 **Bilateral insertion of bioabsorbable implant for nasal airway obstruction due to lateral wall insufficiency confirmed by positive modified Cottle manoeuvre, if:** **(a) the procedure is provided by a specialist in the practice of the specialist's speciality of otolaryngology or plastic surgery; and** **(b) the patient has a self reported NOSE Scale score of equal to or greater than 55; and** **(c) NOSE Scale evidence (with or without photographic evidence demonstrating the clinical need for this service) is documented in the patient notes; and** **(d) the patient has not previously received a service to which item 41768 applies**

Category 3 - Therapeutic Procedures

Applicable once per lifetime (Anaes.)

Fee: $308.90 Benefit: 75% = $231.70 85% = $262.60

Private Health Insurance Classification:

- **Clinical category: Ear, Nose and Throat**
- **Procedure type: Type C**

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.