



Changes to melanoma excision services

Last updated: 5 September 2022

- From 1 November 2022, seven new Medicare Benefits Schedule (MBS) items (31377 to 31383) will be created for the initial excision of clinically suspected melanoma and amendments will be made to the item descriptors for the existing definitive excision items (31371 to 31376) to resolve confusion around the claiming of melanoma excision services.
- These changes are relevant for dermatologists, plastic and reconstructive surgeons, general surgeons and general practitioners.
- These new items will benefit providers by resolving confusion around the claiming of melanoma excision services and benefit eligible patients by providing Medicare rebates for clinically relevant services.
- These changes do not affect existing arrangements for the definitive excision of malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin, or merkel cell carcinoma of skin which can continue to be claimed under items 31371 to 31376.

What are the changes?

Effective 1 November 2022, there will be a revised structure for items for melanoma excision services. The new structure includes:

- 7 new items (31377 to 31383) for the initial excision of clinically suspected melanoma; and
- Amendments to the existing definitive excision items (31371 to 31376).

For private health insurance purposes, items 31371 to 31376 and 31377 to 31383 (new items) will be listed under the following clinical category and procedure type:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

Why are the changes being made?

The changes are being made to resolve confusion around the claiming of melanoma excision services.

What does this mean for providers?

Medical practitioners who suspect a lesion to be melanoma may perform a local excision of the lesion and then claim one of the 7 new MBS items for the initial excision of clinically suspected melanoma (31377 to 31383). These items require that the specimen be sent for histopathology but can be appropriately claimed regardless of the histopathological findings.

Practitioners should document the reasoning for their clinical suspicion that led to such an excision as this may be subject to professional review.

Once melanoma, or melanoma in situ, is proven by histopathology the practitioner can then perform a definitive wide excision of the lesion, including excision of the primary tumour bed and claim the relevant definitive excision item (31371 to 31376).

If this intended definitive excision is then demonstrated on histopathology to be incomplete a further definitive wide excision may be performed and claimed under the relevant definitive excision item (31371 to 31376).

How will these changes affect patients?

These changes will provide greater access for patients, leading to improved health outcomes, while Medicare rebates for services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

These items have been developed by the Department of Health and Aged Care in collaboration with the Dermatology and Skin Services Advisory Group (DASAG), containing representatives from the Australian Medical Association (AMA), Australasian College of Dermatologists (ACD) and Australian Society of Plastic Surgeons (ASPS).

How will the changes be monitored and reviewed?

MBS items for melanoma excision services will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.

Amended item descriptors (to take effect 1 November 2022)

Category 3 – THERAPEUTIC PROCEDURES

T8 – Surgical Operations

31371

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

- (a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and
- (b) the necessary excision diameter is 6 mm or more; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy

(Anaes.)

Fee: \$377.40 **Benefit:** 75% = \$283.05 85% = \$320.80

31372

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is less than 14 mm; and

(c) the excised specimen is sent for histological examination; and

(d) malignancy is confirmed from the excised specimen or previous biopsy;

not in association with **a service to which** item 45201 **applies**

(Anaes.)

Fee: \$326.35 **Benefit:** 75% = \$244.80 85% = \$277.40

31373

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

(a) the tumour is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is 14 mm or more; and

(c) the excised specimen is sent for histological examination; and

(d) malignancy is confirmed from the excised specimen or previous biopsy

(Anaes.)

Fee: \$377.20 **Benefit:** 75% = \$282.90 85% = \$320.65

31374

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

(a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and

(b) the necessary excision diameter is less than 15 mm; and

(c) the excised specimen is sent for histological examination; and

(d) malignancy is confirmed from the excised specimen or previous biopsy;

not in association with **a service to which** item 45201 **applies**

(Anaes.)

Fee: \$298.00 **Benefit:** 75% = \$223.50 85% = \$253.30

31375

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

(a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and

(b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and

(c) the excised specimen is sent for histological examination; and

(d) malignancy is confirmed from the excised specimen or previous biopsy;

not in association with **a service to which** item 45201 **applies**

(Anaes.)

Fee: \$320.70 **Benefit:** 75% = \$240.55 85% = \$272.60

31376

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision (other than by shave excision) and repair of, **including excision of the primary tumour bed**, if:

- (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and
- (b) the necessary excision diameter is more than 30 mm; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy

(Anaes.)

Fee: \$371.70 **Benefit:** 75% = \$278.80 85% = \$315.95

New item descriptors (to take effect 1 November 2022)

31377

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

- (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and
- (b) the necessary excision diameter is less than 6 mm; and
- (c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$114.10 **Benefit:** 75% = \$85.60 85% = \$97.00

31378

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and

(b) the necessary excision diameter is 6 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$174.85 **Benefit:** 75% = \$131.15 85% = \$148.60

31379

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is less than 14 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$139.35 **Benefit:** 75% = \$104.50 85% = \$118.45

31380

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and

(b) the necessary excision diameter is 14 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$174.85 **Benefit:** 75% = \$131.15 85% = \$148.60

31381

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and

(b) the necessary excision diameter is less than 15 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$99.35 **Benefit:** 75% = \$74.50 85% = \$84.45

31382

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 and 31380; and

(b) the necessary excision diameter is at least 15 mm but not more than 30mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

Fee: \$130.60 **Benefit:** 75% = \$97.95 85% = \$111.00

31383

Clinically suspected melanoma, surgical excision (other than by shave excision) and repair of, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 and 31380; and

(b) the necessary excision diameter is more than 30 mm; and

(c) the excised specimen is sent for histological examination

(Anaes.)

Fee: \$149.40 **Benefit:** 75% = \$112.05 85% = \$127.00

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 at www.mbsonline.gov.au. 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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, please 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 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.

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.