MBS Online Change – Thoracic medicine

This information is current as of 17 December 2020. Medical professionals and patients should refer to the full item descriptors on the MBS Online website.

Items relocated: 30696, 30710, 41889, 41892, 41895, 41898, 41901, 41905
Explanatory Notes amended: TN.8.21, DN.1.17
Effective date: 1 March 2021
Legend: Additions or amendments are underlined. Deletions are shown with a strike through.

Item descriptors and related explanatory note for eight relocated interventional procedural items

Table 1. Descriptors for relocated items 30696, 30710, 41889, 41892, 41895, 41898, 41901, 41905

~~30696~~ 38416	ENDOSCOPIC ULTRASOUND GUIDED FINE NEEDLE ASPIRATION BIOPSY(S) (endoscopy with ultrasound imaging) to obtain one or more specimens from either: (a) mediastinal mass(es) or (b) locoregional nodes to stage non-small cell lung carcinoma not being a service associated with another item in this subgroup or to which items 30710 and 55054 apply (Anaes.) (See para TN.8.21 of explanatory notes to this Category) **Fee:** $580.90 **Benefit:** 75% = $435.70 85% = $496.20	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~1. General~~ 6. Cardio-thoracic
~~30710~~ 38417	ENDOBRONCHIAL ULTRASOUND GUIDED BIOPSY(S) (bronchoscopy with ultrasound imaging, with or without associated fluoroscopic imaging) to obtain one or more specimens by either: (a) transbronchial biopsy(s) of peripheral lung lesions; or (b) fine needle aspiration(s) of a mediastinal mass(es); or (c) fine needle aspiration(s) of locoregional nodes to stage non-small cell lung carcinoma not being a service associated with another item in this subgroup or to which items 30696, 41892, 41898, and 60500 to 60509 applies (Anaes.) (See para TN.8.21 of explanatory notes to this Category) **Fee:** $580.90 **Benefit:** 75% = $435.70 85% = $496.20	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~1. General~~ 6. Cardio-thoracic
~~41889~~ 38419	BRONCHOSCOPY, as an independent procedure (Anaes.) **Fee:** $183.60 **Benefit:** 75% = $137.70 85% = $156.10	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~ 6. Cardio-thoracic
~~41892~~ 38420	BRONCHOSCOPY with 1 or more endobronchial biopsies or other diagnostic or therapeutic procedures (Anaes.) **Fee:** $242.40 **Benefit:** 75% = $181.80 85% = $206.05	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~ 6. Cardio-thoracic

~~41895~~ 38422	BRONCHUS, removal of foreign body in (Anaes.) (Assist.) **Fee:** $379.25 **Benefit:** 75% = $284.45	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~
~~41898~~ 38423	FIBREOPTIC BRONCHOSCOPY with 1 or more transbronchial lung biopsies, with or without bronchial or bronchoalveolar lavage, with or without the use of interventional imaging (Anaes.) (Assist.) **Fee:** $264.95 **Benefit:** 75% = $198.75 85% = $225.25	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~ 6. Cardio-thoracic
~~41901~~ 38425	ENDOSCOPIC LASER RESECTION OF ENDOBRONCHIAL TUMOURS for relief of obstruction including any associated endoscopic procedures (Anaes.) (Assist.) **Fee:** $623.15 **Benefit:** 75% = $467.40	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~ 6. Cardio-thoracic
~~41905~~ 38426	TRACHEA OR BRONCHUS, dilatation of stricture and endoscopic insertion of stent (Anaes.) (Assist.) **Fee:** $467.50 **Benefit:** 75% = $350.65	Category: 3. THERAPEUTIC PROCEDURES Group: 8. Surgical Operations Subgroup: ~~8. Ear, Nose And Throat~~ 6. Cardio-thoracic

Table 2. Amended explanatory note TN.8.21

TN.8.21 **Amended note**	**Endoscopic or Endobronchial Ultrasound +/- Fine Needle Aspiration - (Items 30688 – ~~30710~~ 30694, 38416 - 38417)** For the purposes of these items the following definitions apply: Biopsy means the removal of solid tissue by core sampling or forceps FNA means aspiration of cellular material from solid tissue via a small gauge needle. The provider should make a record of the findings of the ultrasound imaging in the patient's notes for any service claimed against items 30688 to ~~30710~~ 30694, 38416 - 38417. Endoscopic ultrasound is an appropriate investigation for patients in whom there is a strong clinical suspicion of pancreatic neoplasia with negative imaging (such as CT scanning). Scenarios include, but are not restricted to: - A middle aged or elderly patient with a first attack of otherwise unexplained (eg negative abdominal CT) first episode of acute pancreatitis; or - A patient with biochemical evidence of a neuroendocrine tumour. The procedure is not claimable for periodic surveillance of patients at increased risk of pancreatic cancer, such as chronic pancreatitis. However, EUS would be appropriate for a patient with chronic pancreatitis in whom there was a clinical suspicion of pancreatic cancer (eg: a pancreatic mass occurring on a background of chronic pancreatitis). Item links: 30688, 30690, 30692, 30694, 38416, 38417

Reduction in the recommended scoring criteria for the 'STOP-BANG' screening tool - DN.1.17

Table 3. Amended explanatory note DN.1.17

DN.1.17 **Amended note**	**Investigations for sleep disorders (Items 12203 to 12250)** Items 12203 and 12250 are applicable for patients who require a diagnostic sleep study. They enable direct GP referral to testing without personal assessment by a sleep or respiratory physician, when validated screening questionnaires suggest a high pre-test probability for diagnosis of symptomatic, moderate to severe obstructive sleep apnoea (OSA). The screening questionnaires should be administered by the referring practitioner. Alternatively, the need for testing can be determined by a sleep or respiratory physician following direct clinical assessment (either face-to-face or by video conference). **Screening Questionnaires** For the purpose of items 12203 or 12250, a high probability for symptomatic, moderate to severe OSA would be indicated by one of the following clinical screening tool outcomes: • STOP-Bang score of ~~4~~3 or more AND an Epworth Sleepiness Scale score of 8 or more; OR • OSA50 score of 5 or more AND an Epworth Sleepiness Scale score of 8 or more; OR • high risk score on the Berlin Questionnaire AND an Epworth Sleepiness Scale score of 8 or more. The STOP-Bang, OSA50, Berlin questionnaires and Epworth Sleepiness Scale can be accessed at Douglas et al, Guidelines for sleep studies in adults - a position statement of the Australasian Sleep Association. Sleep Med. 2017 Aug; 36 Suppl 1:S2-S22 (www.sleep.org.au/documents/item/2980) or on the American Thoracic Society website (www.thoracic.org/members/assemblies/assemblies/srn/questionaires/). Evidence of the screening tests being administered to the patient in full, including screening test scores must be recorded in the patient's clinical record as this may be subject to audit. **Out-dated or incomplete referrals (Items 12203 and 12250)** Referrals made prior to 1 November 2018 (or after 1 November 2018 but without the screening questionnaires) remain valid for the purposes of a service performed under items 12203 and 12250 from 1 November 2018 – providing: • The patient is assessed by a qualified sleep medicine practitioner or consultant respiratory physician to determine the necessity for the sleep study; or • The validated screening questionnaires are administered to the patient by the sleep medicine practitioner, sleep technician or other practice staff. If the screening questionnaires indicate a high pre-test probability for the diagnosis of symptomatic, moderate to severe OSA, the patient can proceed to testing. If there remains any uncertainty about the necessity for the study, a qualified sleep medicine practitioner or consultant respiratory physician should assess the patient. **Referrals for attended (Level 1) diagnostic studies**

Where a patient with suspected OSA has been directly referred for a Level 1 sleep study under item 12203, but there is insufficient information to indicate if there are any contraindications for a Level 2 study, the following options are available:

- The patient can be assessed by a qualified sleep medicine practitioner or consultant respiratory physician to determine the most suitable study (i.e. Level 1 or Level 2); or
- The validated screening questionnaires can be administered to the patient by the sleep medicine practitioner, sleep technician or practice staff. If the screening questionnaires indicate a high pre-test probability for the diagnosis of symptomatic, moderate to severe OSA, the sleep provider can either – arrange for the patient to have a Level 2 study (notifying the referring practitioner of this decision); or seek additional information from the referring practitioner on why a Level 1 study is required (e.g. whether the patient has any contraindications for a Level 2 study). If there remains any uncertainty about the type of study which the patient should receive, a qualified sleep medicine practitioner or consultant respiratory physician should assess the patient.

Referrals made without (or incomplete) screening questionnaires (Items 12203 and 12250)

If a patient has been directly referred for testing without the use of the screening questionnaires, they can be administered to the patient by the sleep provider (e.g. by a sleep technician or other practice staff). Where the screening questionnaires have been provided with the referral but they are incomplete, the sleep provider may wish to contact the patient to determine what their responses were to the relevant questions.

Attended versus unattended sleep studies

Determination of the need for testing should conform with Australasian Sleep Association guidelines.

Unattended sleep studies are suitable for many patients with suspected OSA but patients with other sleep disorders should undergo an attended study. Assessment for potential contraindications to an unattended sleep study can be undertaken by either the referring practitioner, qualified adult sleep medicine practitioner or consultant respiratory physician. Standardised referrals should request sufficient information to enable such assessment.

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

(a) intellectual disability or cognitive impairment;

(b) physical disability with inadequate carer attendance;

(c) significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;

(d) suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;

(e) suspected parasomnia or seizure disorder;

(f) suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;

(g) previously failed or inconclusive unattended sleep study;

(h) unsuitable home environment including unsafe environments or where patients are homeless; and

(i) consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.

Patients who have these features may be suitable for either attended (Level 1) or unattended (Level 2) studies.

Treatment options following testing

The results and treatment options following any diagnostic sleep study should be discussed during a professional attendance with a medical practitioner before the initiation of any therapy. If there is uncertainty about the significance of test results or the appropriate management for that individual then referral to a sleep or respiratory medicine specialist is recommended.

Any professional attendance by a qualified sleep medicine practitioner or consultant respiratory physician associated with this service may be undertaken face-to-face or by video conference.

Meaning of 'at least 8 hours'

The requirement 'for at least 8 hours' means the overnight investigation (including patient set-up time and actual period of recording) must be of at least 8 hours duration. Providers must keep evidence of the duration of the overnight investigation (including set-up time and period of recording) as part of their administrative records for MBS sleep studies.

Polygraphic data

Item 11503 is not for the purpose of investigation of sleep disorders. Polygraphic data obtained as part of a sleep study item in the range 12203 to 12250 cannot be used for the purpose of claiming item 11503.

Billing requirements for sleep studies

Items 12203 to 12250 do not support a figurehead billing arrangement. Figurehead or 'headline' billing is where one practitioner's provider number is used to bill patients for the services provided by other practitioners.

While individual components of the sleep study service (e.g. supervision of the investigation and interpretation and preparation of a permanent report) do not need to be performed by the same qualified sleep medicine practitioner, it is an MBS requirement that the qualified sleep medicine practitioner who prepared the report on the results of the investigation bill the relevant item.

Benefits are not payable for items 12203 to 12250 where the interpretation and preparation of a permanent report is provided by a technician or supervised staff rather than by a qualified sleep medicine practitioner.

Where the date of service for a sleep study item is the same as the date of service of any items 11000 to 11005, 11503, 11713 and 12203/12250, for a benefit to be payable, there must be written notification on the account identifying that the service under any of those items was not provided on the same occasion as the sleep study item.

The date of service for the purposes of items 12203 to 12250 is deemed to be the day of the morning the overnight investigation is completed. Billing for the service must only occur once all of the requirements of the item have been fulfilled.

Item links: 12203, 12207, 12210, 12213, 12215, 12217, 12250, 12204, 12205, 12208