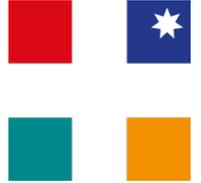


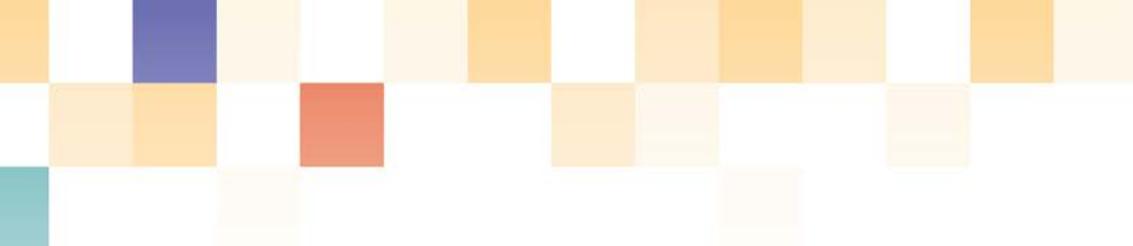
Australian
Private Hospitals
Association



MBS Review: Vascular Working Group recommendations on digital subtraction angiography items

1 November 2019

Australian Private Hospitals Association ABN 82 008 623 809



Introduction

The Australian Private Hospitals Association (APHA) is appreciative of have been identified as a key stakeholder to comment on the Vascular Working Group (VWG) recommendations. In doing so, we will not re-address the other recommendations dealt with in [our submission to the Vascular Clinical Committee](#) in March 2019. Below is our submission on the revised recommendations.

Should any other vascular item recommendations change in future, we request to be part of the consultations for those as well.

The APHA advocates there should be 90 days between full information being provided in the public domain on the proposed MBS fee, item numbers and descriptors and their accompanying classification in the *Private Health Insurance (Benefit Requirements) Rules 2011* and the implementation effective date of any changes to the MBS.

Digital subtraction angiography recommendations

Recommendations 6 and 10: The APHA notes the contrast run items 60000-60078 (total of 27 items) will be deleted from the MBS (recommendation 6) and replaced by one single item for diagnostic purposes (recommendation 10).

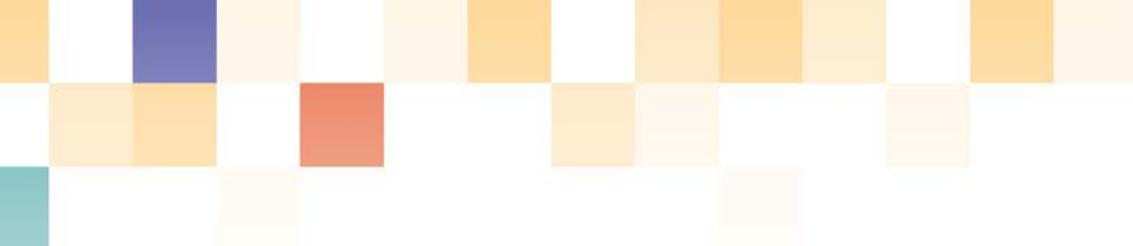
However, in doing so, the VWG also has provided data that in 2016-17, there were a total of close to 70,000 MBS claims for the items, with most of them increasing in number from the previous year.

The MBS fees for the existing items varies significantly: from \$96.10 for item 60075 to \$1,376.30 for 6 of the items. At this stage, recommendation 10 does not provide a provisional MBS fee, and therefore it is not possible for the APHA to fully ascertain the impact the change will have on private hospitals.

The APHA continues to reserve its view on these recommendations.

Recommendation 7: The APHA notes this recommendation bundles the angiographic imaging component into the procedural item and suggests increasing the fee accordingly (conditional on recommendation 6). The APHA underlines these changes, if accepted by Government, will have a significant impact on private hospitals and advocates

- 1) Further consultation on how these are bundled will be essential and must include clinicians from the private sector and hospital representatives
- 2) Sufficient time must be afforded to the processes in the private sector to be completed once all details are made publically available, including any changes to



items currently on the National Procedure Banding Schedule, their proposed MBS fees and descriptors as well as the suggested classification of these items in the *Private Health Insurance (Benefit Requirements) Rules 2011*. Private health insurers and private hospitals may need to renegotiate contracts as a result of the above changes, and the APHA notes these processes would need at least 90 days to complete with full details available. All stakeholders will also required detailed advice from the Department on how old items map to new items.