



Amendment to existing skin excision and skin flap items

Last updated: 17 April 2023

- From 1 July 2023, existing MBS items for skin excision and skin flap will be amended to include co-claiming restrictions with the seven new items for clinically suspected melanoma that were implemented from 1 November 2022.
- These changes are relevant for dermatologists, plastic and reconstructive surgeons, general surgeons and general practitioners.
- Billing practices from 1 July 2023 will need to be adjusted to reflect these changes.

What are the changes?

Effective 1 July 2023, MBS items for skin excision (including 31340, 31356, 31358, 31359, 31361, 31363, 31367, 31369) and skin flap (including 45000, 45003, 45200, 45201, 45203, 45206 and 45207) will be amended to include co-claiming restrictions with the new clinically suspected items for melanoma excision services implemented from 1 November 2022 to reflect appropriate contemporary clinical practice.

These amendments are outlined on pages 3 to 11 of this fact sheet.

For private health insurance purposes, these items will continue to 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?

These items are being amended to prevent inappropriate co-claiming with the new clinically suspected items for melanoma excision services that were implemented from 1 November 2022.

What does this mean for providers/referrers/other stakeholders?

Providers will need to familiarise themselves with these changes 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 rebates for services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The new items for clinically suspected melanoma were developed by the Department of Health and Aged Care in collaboration with the Department's Medical Adviser and the Dermatology and Skin Services Advisory Group (DASAG), containing representatives from the Australian Medical Association (AMA), Australasian College of Dermatologists (ACD), Skin Cancer College Australasia (SCCA) and Australian Society of Plastic Surgeons (ASPS). The changes to be implemented from 1 July 2023 will extend existing co-claiming restrictions for skin services to include the clinically suspected melanoma items that were implemented on 1 November 2022.

How will the changes be monitored and reviewed?

MBS items for skin excision and skin flap 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.

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 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 (to take effect 1 July 2023)

Category – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 1 - General

31340

Muscle, bone or cartilage, excision of one or more of, if clinically indicated, and if:

(a) the specimen excised is sent for histological confirmation; and

(b) a malignant tumour of skin covered by item 31000, 31001, 31002, 31003, 31004, 31005, 31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383** is excised

(Anaes.)

75% of the fee for excision of malignant tumour

Private Health Insurance Classification:

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

31356

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), 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; and

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

not in association with item 45201

(Anaes.)

Fee: \$242.40 Benefit: 75% = \$181.80 85% = \$206.05

Private Health Insurance Classification:

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

31358

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), 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; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy

(Anaes.)

Fee: \$296.65 Benefit: 75% = \$222.50 85% = \$252.20

Private Health Insurance Classification:

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

31359

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), surgical excision (other than by shave excision), if:

- (a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia (the applicable site); and
- (b) the necessary excision area is at least one third of the surface area of the applicable site; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy

(H)

(Anaes.)

Fee: \$361.60 Benefit: 75% = \$271.20

Private Health Insurance Classification:

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

31361

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), surgical excision (other than by shave excision) and repair of, if:

- 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
- the necessary excision diameter is less than 14 mm; and
- the excised specimen is sent for histological examination; and
- malignancy is confirmed from the excised specimen or previous biopsy;

not in association with item 45201

(Anaes.)

Fee: \$204.50 Benefit: 75% = \$153.40 85% = \$173.85

Private Health Insurance Classification:

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

31363

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), surgical excision (other than by shave excision) and repair of, if:

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

(Anaes.)

Fee: \$267.50 Benefit: 75% = \$200.65 85% = \$227.40

Private Health Insurance Classification:

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

31365

Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372, 31373, **31377, 31378 or 31379**), 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 31356, 31358, 31359, 31361 or 31363; 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 item 45201

(Anaes.)

Fee: \$173.35 Benefit: 75% = \$130.05 85% = \$147.35

Private Health Insurance Classification:

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

31367

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), 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 31356, 31358, 31359, 31361 or 31363; 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 item 45201

(Anaes.)

Fee: \$233.95 Benefit: 75% = \$175.50 85% = \$198.90

Private Health Insurance Classification:

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

31369

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, **31377, 31378, 31379, 31380, 31381, 31382 or 31383**), 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 31356, 31358, 31359, 31361 or 31363; 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: \$269.35 Benefit: 75% = \$202.05 85% = \$228.95

Private Health Insurance Classification:

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

Category – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 13 – Plastic And Reconstructive Surgery

45000

Single stage local muscle flap repair, on eyelid, nose, lip, neck, hand, thumb, finger or genitals not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.)

Fee: \$592.85 Benefit: 75% = \$444.65 85% = \$503.95

Private Health Insurance Classification:

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

45003

Single stage local myocutaneous flap repair to one defect, simple and small not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.)

Fee: \$658.95 Benefit: 75% = \$494.25 85% = \$565.75

Extended Medicare Safety Net Cap: \$508.85

Private Health Insurance Classification:

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

45200

Single stage local flap, if indicated to repair one defect, simple and small, excluding flap for male pattern baldness and excluding H-flap or double advancement flap—not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.)

Fee: \$311.45 Benefit: 75% = \$233.60 85% = \$264.75

Extended Medicare Safety Net Cap (if applicable): \$240.55

Private Health Insurance Classification:

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

45201

Muscle, myocutaneous or skin flap, where clinically indicated to repair one surgical excision made in the removal of a malignant or non-malignant skin lesion (only in association with items 31000, 31001, 31002, 31003, 31004, 31005, 31358, 31359, 31360, 31363, 31364, 31369, 31370, 31371, 31373, 31376, **31378, 31380 or 31383**) - may be claimed only once per defect

(Anaes.)

Fee: \$453.35 Benefit: 75% = \$340.05 85% = \$385.35

Extended Medicare Safety Net Cap (if applicable): n/a

Private Health Insurance Classification:

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

45203

Single stage local flap, if indicated to repair one defect, complicated or large, excluding flap for male pattern baldness and excluding H-flap or double advancement flap—not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.) (Assist.)

Fee: \$444.70 Benefit: 75% = \$333.55 85% = \$378.00

Extended Medicare Safety Net Cap (if applicable): \$343.40

Private Health Insurance Classification:

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

45206

Single stage local flap if indicated to repair one defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals and excluding H-flap or double advancement flap—not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.)

Fee: \$420.10 Benefit: 75% = \$315.10 85% = \$357.10

Extended Medicare Safety Net Cap (if applicable): \$324.40

Private Health Insurance Classification:

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

45207

H-flap or double advancement flap if indicated to repair one defect, on eyelid, eyebrow or forehead—not in association with any of items 31356 to ~~31376~~ **31383**

(Anaes.)

Fee: \$420.10 Benefit: 75% = \$315.10 85% = \$357.10

Extended Medicare Safety Net Cap (if applicable): n/a

Private Health Insurance Classification:

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

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.