



Childhood Access to Anaesthesia Services Factsheet

Last updated: 16 December 2019

What are the changes?

From 1 November 2019, a new item (25012) was introduced on the Medicare Benefits Schedule (MBS) to reflect contemporary anaesthesia practice.

The new item allows paediatric patients, over three years old and under four years old, to claim benefits under an anaesthesia/perfusion age modifying item.

Why are the changes being made?

This change is a result of the MBS Review Taskforce recommendations and extensive consultation with stakeholders. The new item reflects contemporary anaesthesia practice and clarifies the patient age group for which provision of anaesthesia has an increased complexity.

What does this mean for providers and consumers?

For services provided between 1 November 2019 and 15 December 2019

If an eligible patient was aged three years old and under four years old during this time period, a claim under item 25012 will need to be submitted or resubmitted through the usual Medicare claiming channels.

For services provided from 16 December 2019

Eligible patients for this service should submit claims through the usual Medicare claiming channels.

How will these changes affect patients?

Paediatric patients will receive Medicare rebates for anaesthesia services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Australian Medical Association, the Australian Society of Anaesthetists and Private Healthcare Australia were consulted on this change.

How will the changes be monitored and reviewed?

Anaesthesia items are 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.

Where can I find more information?

The full item descriptor 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 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, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

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.