# Minor update to Extracorporeal Photopheresis (ECP) for Chronic Graft Versus Host Disease (cGVHD)

Last updated: 24 April 2023

* From 1 July 2023, the descriptors for MBS items 13761 (initial ECP treatment) and 13762 (continuing ECP treatment) will be amended.
* This change is relevant for patients requiring these services, physicians specialising in haematology or oncology providing these services, and private health insurers.
* Billing practices from 1 July 2023 will need to be adjusted to reflect this change.

## What are the changes?

The change amends the claiming frequency of the items, from ‘applicable once per treatment cycle’ to ‘applicable once per treatment session’.

## Why are the changes being made?

The current descriptors for MBS items 13761 and 13762 are in error, requiring amendments to reflect the evidence and economic evaluation associated with MSAC Application 1651 – *Extracorporeal Photopheresis for Chronic Graft Versus Host Disease* (approved by MSAC on 30/07/2021). The amendment was confirmed by the MSAC Executive at its meeting in August 2022.

## What does this mean for providers?

Providers will benefit from an item descriptor that clarifies clinical intent, improving useability and supporting appropriate claiming.

## How will these changes affect patients?

## Eligible patients will continue to benefit from Medicare rebates for clinically relevant services.

## Who was consulted on the changes?

The MSAC Executive, key stakeholders of the haematology sector, and the applicant.

## How will the changes be monitored and reviewed?

MBS items 13761 & 13762 were listed on the MBS in March 2022. A review will be conducted after no more than two years after listing. Monitoring of the items will be undertaken in coordination with a Drug Utilisation Sub-Committee review of the adjuvant therapies.

## 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](http://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au/) 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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [Department’s website](https://www.health.gov.au/topics/private-health-insurance/private-health-insurance-reforms). 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](https://www.legislation.gov.au). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.