Department of Health

Information Release #4
MBS Chemotherapeutic Procedures
Frequently Asked Questions

On 26 September 2020, the Department of Health presented a webinar on the changes that are to take effect on 1 November 2020 for chemotherapeutic procedures listed on the Medicare Benefits Schedule (MBS). Following the webinar, a broad range of stakeholders posed a variety of questions. The following explanatory statements are provided in response.

Parenteral Administration

Parenteral administration refers to the delivery of a therapeutic agent via injection, as opposed to administration via the alimentary tract or topically (e.g. application of creams or ointments).

Examples of suitable parenteral routes for the administration of cytotoxic chemotherapy and/or monoclonal antibody therapy include:

- intravascular;
- intramuscular;
- subcutaneous;
- intrathecal; or
- intracavitary.

Item 13950 provides for each attendance at which one or more antineoplastic agents are administered and can be claimed for each day where the service is provided in the course of treatment. The item covers the administration of one or more antineoplastic agents on the same occasion and it is not be expected that there would be multiple claims for item 13950 on one day.

Accessing long-term implanted delivery devices

From 1 November 2020, a new item - 13950 - will provide Medicare benefits for patients who undergo parenteral administration of antineoplastic agents (cytotoxic chemotherapy or monoclonal antibody therapy). Accessing a long-term implanted device, such as a peripherally inserted central catheter (PICC) line, for the purpose of administering the antineoplastic agent and at the time of administering the antineoplastic agent, is considered an integral component of this service, and therefore should not receive a separate MBS benefit. Item 14221 cannot be claimed in these circumstances.

Providers should note that the fee for item 13950 includes a component for accessing a long-term implanted drug delivery device when administering antineoplastic agents, and should be mindful of this when billing patients for services not specifically listed on the MBS. Note that billing against item 14221, for any reason (e.g. flushing or taking of bloods), is not permitted when the device is accessed during the attendance associated with 13950.

However, it is recognised that the clinical need for access to an implanted device exists beyond the administration of antineoplastic therapy, for example, flushing a long-term intravascular access device in order to maintain patency during prolonged periods of disuse or giving antibiotic therapy or transfusing blood products or taking a blood sample. Billing against item 14221, in these situations is considered clinically relevant and appropriate, so long as these services are not associated with an attendance for the administration of antineoplastic therapy under item 13950.

Where item 14221 is claimed on the same day as item 13950 for a separate and distinct clinically relevant service, the account for item 14221 must be annotated with 'separate attendance' or 'separate service' to enable the claim to be appropriately assessed. It would be expected that the account would be annotated with time of the attendances to demonstrate that separate services were provided to the patient.

Remote and Off-Site Supervision

The descriptor for item 13950 does not preclude remote or off-site administration of antineoplastic therapy. Billing of item 13950, where the administration of the antineoplastic agent or agents occurs at a location other than where the consultant physician or specialist is attending, is appropriate, so long as the claiming consultant physician or specialist is satisfied that the administration of the antineoplastic therapy is being performed with the level of supervision which is generally accepted by the profession as necessary for the appropriate treatment of the patient.

The specialist or consultant physician, who is undertaking or supervising the procedure, will bill the service using the provider number associated with the service location

Note that in order for a service to be claimed under item 13950 there must be an attendance on the patient by the specialist or consultant physician or the health professional providing the service on their behalf. Item 13950 cannot be claimed where the patient is receiving the infusion at home via

a pre-loaded pump or ambulatory delivery device and there has not been an attendance on the patient.

Pump and other devices

From 1 November 2020, the loading of pumps, reservoirs or ambulatory drug delivery devices can be billed under item 13950 (so long as the conditions described in the item descriptor are met). Item 13950, in these circumstances, can be billed once per attendance where the device is loaded with the antineoplastic agent or agents. Where appropriate, and where the item requirements have been met in full, including that there has been administration of an antineoplastic agent on that day, item 13950 may be claimed on the day where the pump or device is disconnected by the specialist or consultant physician or health professional providing the service on their behalf.

Therapies

Item 13950 covers the administration of antineoplastic agents for cytotoxic chemotherapy or monoclonal antibody therapy for the treatment of cancer. Other types of therapies, such as anti-resorptive bone therapy and hormonal therapy are not covered under item 13950. The supervision of these therapies is reimbursed on a consultation basis. Additionally, monoclonal antibody therapy for inflammatory conditions and multiple sclerosis are not covered by item 13950.

Administration of oral chemotherapy is not currently funded under the MBS. However, a recommendation of the MBS Review Taskforce is for the introduction of an MBS item to cover the administration of oral chemotherapy. This recommendation will be the subject of a Medical Services Advisory Committee (MSAC) application. Further information regarding the MSAC process can be found at www.msac.gov.au.

Private Health Insurance

From 1 November 2020, the private health insurance categorisation and classification for item 13950 will be:

- Procedure Type B Band 1 (same day accommodation); and
- Clinical category - Chemotherapy, radiotherapy and immunotherapy for cancer.

Under subsection 72-1(2) of the *Private Health Insurance Act 2007*, the minimum benefits an insurer must pay for covered hospital treatment, includes at least 25% of the MBS item Schedule

fee and the accommodation benefit as set out in the *Private Health Insurance (Benefit Requirements) Rules 2018*. Minimum benefits for private health insurance payments apply to the entirety of an MBS item, as written, including the full descriptor (i.e. there is no provision to pick and choose aspects of an item for any of the minimum benefits).

Use of Pharmaceuticals

From 1 November 2020, the parenteral administration of antineoplastic agents, including cytotoxic chemotherapy and monoclonal antibody therapy, can be claimed under item 13950.

Item 13950 cannot be used for claims related to the administration of pharmaceuticals used as part of hormonal therapy nor for the administration of colony-stimulating factors (such as filgrastim, pegfilgrastim, and plerixafor). Also, the administration of anti-resorptive bone therapy is not covered under item 13950.

The administration of pharmaceuticals given as part of a treatment regimen for a non-malignant disease cannot be claimed under item 13950. For example, item 13950 cannot be used for claims related to the treatment of multiple sclerosis (such as Natalizumab and Ocrelizumab) or for the treatment of arthritis (such as Rituximab or Tocilizumab).

Further information regarding the 1 November 2020 changes to the chemotherapeutic procedures listed on the MBS can be found at: www.mbsonline.gov.au.