



Draft APS Ref.: BCM07/09

Date of Effect: 16 December 2010

In relation to item 21965, what is meant by Anaesthesia as a therapeutic procedure?

Clarification

Medicare Benefits Schedule Item 21965 provides benefits for the administration of anaesthesia as a therapeutic procedure, where it can be demonstrated there is a clinical need for anaesthesia, other than for the treatment of headache of any aetiology.

Medicare Australia and the profession concur with the following interpretation:

- under certain rare circumstances anaesthesia may be required for treatment of a medical condition, rather than being required to ensure patient comfort or unconsciousness during a surgical procedure. Such conditions may include, but are not limited to, status epilepticus, status asthmaticus, raised intracranial pressure, tetanus, acute airway disorders such as epiglottitis or severe agitation states or movement disorders
- all claims for Medicare benefits for such a service must undergo assessment by the Medicare Claims Review panel. Claims must be accompanied by sufficient clinical and/or photographic evidence to enable Medicare Australia to determine the eligibility of the service for payment of benefits. (Refer to explanatory note T10.11, in category 3 (Therapeutic Procedures) of the Medicare benefits Schedule).

What was the issue?

There was ambiguity as to when MBS item should or should not be rendered by medical practitioners.

Medicare Australia will assess claims for MBS item 21965 in accordance with the above mentioned interpretation.

There are various clinical situations in which anaesthesia may be required as a therapeutic procedure, without a need for surgery.

Note: this list is not exhaustive.

Examples of when MBS item 21965 may be billed.

1. Anaesthesia to facilitate control of a patient's airway

Anaesthesia is often indicated in upper airway problems, particularly in young children, to facilitate securing of the airway, evaluation of the upper airway or to relieve acute respiratory distress. This can occur in acute infective upper airway conditions such as epiglottitis, laryngotracheobronchitis, and quinsy. Usually there



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will be no surgical procedure undertaken and the anaesthesia is often provided in an Emergency Department or an operating theatre outside of an intensive care unit.

2. Anaesthesia to facilitate control of intracranial pressure

Anaesthesia is a very useful control measure for patients with raised intracranial pressure and again may be instituted without an associated surgical or radiological procedure. This would usually occur in the setting of a patient with an acute neurological condition with elevated intracranial pressure having been precipitated by trauma, haemorrhage or a tumour.

3. Anaesthesia as a primary treatment for other medical conditions

Occasionally anaesthesia can be used as a primary treatment for other medical conditions, often for refractory conditions where standard treatment has failed to produce the desired response. Examples include asthma, tetanus, status epilepticus, and severe agitation states.

What does the item descriptor say?

The Health Insurance (General Medical Services Table) Regulations 2010 as at 10 November 2010 defines item 21965 as follows:

- Item 21965—initiation of management of anaesthesia as a therapeutic procedure if it can be shown that there is a clinical need for anaesthesia, not for headache of any etiology.

What do the Medicare Explanatory Notes Say?

MBS online as at 15 November 2010 provides the following information.

T.10.11. ANAESTHESIA AS A THERAPEUTIC PROCEDURE - (ITEM 21965)

Claims for benefits for this service should be lodged with Medicare Australia for referral to the National Office of Medicare Australia for assessment by the Medicare Claims Review Panel (MCRP) and must be accompanied by sufficient clinical and/or photographic evidence to enable Medicare Australia to determine the eligibility of the service for the payment of benefits.

Practitioners may also apply to Medicare Australia for prospective approval for proposed surgery.

Applications for approval should be addressed to:

The MCRP Officer

PO Box 1001

Tuggeranong ACT 2901

Application of this APS

As a result of the agreement on interpretation of MBS item 21965, an APS is no longer required.