



Australian Government

Medicare Australia

Relative Value Guide for Anaesthesia

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RVG Structure

The RVG structure is based on a unit system which reflects the difficulty of the service and the time the service took. Under the RVG structure, the Medicare Benefits Schedule (MBS) fee for an anaesthetic service in connection with a procedure comprises up to four unit components, represented by one or more MBS items:

- A basic unit value representing the degree of difficulty of the procedure (Initiation of Management of Anaesthesia); and
- A time unit value based on the total time of the anaesthetic; and
- Modifying unit/s recognising certain added complexities; and
- Associated Therapeutic and Diagnostic Services.

Billing Guidelines

Medicare Australia recommends the following billing guidelines:

Charges:

When two or more charges are amalgamated to appear as a single charge on an account (rather than appearing as separate charges being billed against each item) Medicare Australia will 'unbundle' the provider's amalgamation and arbitrarily apportion an individual charge against each item in the claim.

NB: The Medicare Australia apportioned charge will never be less than the Medicare Schedule Fee for the item; however, the difference between the Schedule Fee and the charge may vary greatly.

Please refer to the following examples:

Example 1 – This shows how Medicare Australia may arbitrarily apportion charges when one amalgamated charge appears on an account to collectively cover all items being billed, including the pre-anaesthesia examination.

Item	Amalgamated Charge	HIC Apportioned Charge	Scheduled Fee
17603	\$ 750.00	\$ 130.00	\$ 36.40
21482		\$ 270.00	\$ 84.25
23043		\$ 180.00	\$ 67.40
22030		\$ 100.00	\$ 33.70
22035		\$ 70.00	\$ 33.70

Example 2 – This is how Medicare Australia may apportion charges where the account indicates a separate charge for the pre-anaesthesia examination and an amalgamated charge for the remaining items.

Item	Charge	HIC Apportioned Charge	Schedule Fee
17603	\$ 100.00	\$ 70.00	\$ 36.40
21482	\$ 650.00	\$ 270.00	\$ 84.25
23043		\$ 210.00	\$ 67.40
22030		\$ 115.00	\$ 33.70
22035		\$ 85.00	\$ 33.70

Therefore, Medicare Australia recommends: -

- A separate charge for the pre-anaesthesia examination (MBS item 17603)
- Separate charges for the item/s representing each unit component of the anaesthetic service
- Separate charge/s for any separate attendance/s
- Separate charge/s for any Group T7 regional or field nerve block/s not associated with the episode of anaesthesia

Example 3 – The account indicates separate charges for the pre-anaesthesia examination and for each other item.

Item	Charges	Charge on Statement	Schedule Fee
17603	\$ 100.00	\$ 100.00	\$ 36.40
21482	\$ 250.00	\$ 250.00	\$ 84.25
23043	\$ 200.00	\$ 200.00	\$ 67.40
22030	\$ 100.00	\$ 100.00	\$ 33.70
22035	\$ 100.00	\$ 100.00	\$ 33.70

Supporting Information:

Mandatory

- In addition to all the normal account requirements listed in chapter 7, paragraph 7.1 in the General Explanatory Notes of the MBS book, the anaesthetist's account must show the name/s of the medical practitioner/s who performed the associated procedure/s.
- The start time, end time and total time are not required on accounts for episodes of anaesthesia that do not include an After

Hours Emergency or Perfusion item (25025 or 25050). However, the appropriate time item must be indicated.

- When claiming an After Hours Emergency Anaesthesia or Perfusion item (25025 or 25050), the start time, end time and the total time for which the anaesthetist provided professional attention to the patient during the anaesthetic, must appear on the account/direct bill form or be transmitted.
- When claiming for Assistance in the Administration of Anaesthesia (items 25200 or 25205), the account must show:
 - the name of the principal anaesthetist and proceduralist; and
 - the start time, end time and the total time that the assistant anaesthetist provided professional attention to the patient during the anaesthetic.
- Clinical details must be lodged with claims for MBS item 21965 (initiation of management of anaesthesia as a therapeutic procedure where it can be demonstrated that there is a clinical need for anaesthesia)
- Clinical details must be lodged with claims for MBS item 21997 (initiation of management of anaesthesia in connection with a procedure covered by an item which has not been identified as attracting an anaesthetic rebate, not being a service to which item 21992 applies where it can be demonstrated that there is a clinical need for anaesthesia).
- Cosmetic surgery and associated services do not attract Medicare benefits. Accounts for anaesthetic services associated with cosmetic surgery should be clearly identified as such.

Supporting

- When claiming an attendance/s item other than the pre-anaesthesia examination, that took place on the same date as the anaesthetic, the account should include either the time of the attendance/s or advice that the attendance took place on a separate occasion.
- Similarly, when claiming other services performed pre or post-operatively that are not associated with the episode of anaesthesia, eg ECG, infusion of a therapeutic substance to maintain regional anaesthesia (18222), etc, the account should include advice that the service took place on a separate occasion.
- Resubmitted and/or amended claims should be clearly identified (refer also to the notes for "Re-submission of Claims").

Direct Bill Assignment of Benefits

Where details of a patient's RVG episode requires completion of more than one DB2 Assignment of Benefit form, the "Practitioner Use" box located at the bottom right hand side of the form should indicate which DB2 form it is, eg form 1 of 3.

Order of services

Medicare benefits can only be paid for a basic unit (Initiation of Management of Anaesthesia 20100 – 21997, 22900, 22905 and 22060) when a time unit (23010 – 24136) accompanies it. It is recommended that all components of the RVG episode appear together on the account or direct bill assignment form, or be transmitted together on the same claim in the following order:

1. Basic Unit Value/s (where more than one appears on an account, they should all be listed above the time value unit – Medicare benefit will only be payable for one Basic Unit Value)
2. One Time Unit Value
3. Physical Status Modifier – where applicable
4. Age Modifier – where applicable
5. 'In Hours' Emergency Modifier – where applicable
6. Therapeutic/Diagnostic Service/s – where applicable
7. Emergency After Hours Modifier – where applicable

Perfusion items 22055 to 22075, with the exception of 22060 can be claimed individually or within an RVG episode.

Re-submission of Claims

When:

- Medicare benefits have been paid for an episode of anaesthesia but an incorrect item has been paid, or
- when an item, other than a Therapeutic/Diagnostic item, has been missed (ie, it appeared on the account but was missed when processed), or
- when an item should have appeared on the account but was missed when the account was written/transmitted, or
- when Medicare rejects an entire claim in the first instance due to conflicting information, for example more than one time value unit was used or more than one physical status modifier,

then regardless the circumstances, all components of the episode of anaesthesia (including any items that have been paid) should be

included when the claim is re-submitted, together with the reason why the claim has been re-submitted.

Only Therapeutic/Diagnostic Services, with the exception of item 22060, missed from the original claim may be claimed separately without resubmission of the other components of the episode of anaesthesia.

Specific Billing Guidelines:

Principle Anaesthetist – Single or multiple anaesthesia: -

- Basic Unit Value/s (20100 – 21997, 22900 – 22905)
- Time Unit Value (23010 – 24136)
- Physical Status Modifier – where applicable (25000 – 25010)
- Age Modifier – where applicable (25015)
- Emergency Modifier – where applicable (25020 – note this item can not be claimed with the After Hours Emergency Modifier 25025)
- Therapeutic/Diagnostic Service/s – where applicable (22001 – 22055, 22065 – 22075)
- Emergency After Hours Modifier (25025 – note: this item cannot be claimed with the Emergency Modifier 25020)

Principle Anaesthetist – Dental anaesthesia: -

- Basic Unit Value/s (22900 – 22905)
- Time Unit Value (23010 – 24136)
- Physical Status Modifier – where applicable (25000 – 25005)
- Age Modifier – where applicable (25015)
- Therapeutic/Diagnostic Service/s – where applicable (22001 – 22055, 22065 – 22075)
- Emergency After Hours Modifier - where applicable (25025, note – this item cannot be claimed with item 22905 Initiation of Management of Anaesthesia for Restorative Dental Work)

Assistant Anaesthetist (Medical): -

- Assistant Anaesthetic Item (25200 or 25205)
- Time Unit Value (23010 – 24136)
- Physical Status Modifier – where applicable (25000 – 25010)
- Age Modifier – where applicable (25015)

- Emergency Modifier – where applicable (25020 – note this item can not be claimed with the After Hours Emergency Modifier 25030)
- Emergency After Hours Modifier (25030 – note, this item cannot be claimed with the Emergency Modifier 25020)

Assistant Anaesthetist (Dental): -

- Assistant Anaesthetic Item (25200 or 25205)
- Time Unit Value (23010 – 24136)
- Physical Status Modifier – where applicable (25000 – 25010)
- Age Modifier – where applicable (25015)

Assistant Anaesthetist (Dental – After Hours Emergency): -

- Dental Anaesthetic (25200)
- Time Unit Value (23010 – 24136)
- Physical Status Modifier – where applicable (25000 – 25010)
- Age Modifier – where applicable (25015)
- Assistant After Hours Emergency Modifier Item (25030)

Perfusionist: -

- Whole body perfusion claim:
 - Whole body perfusion item (22060)
 - Time Unit Value (23010 – 24136)
 - Physical Status Modifier – where applicable (25000 – 25010)
 - Age Modifier – where applicable (25015)
 - Emergency Modifier – where applicable (25020 – note this item can not be claimed with the After Hours Emergency Modifier 25050)
 - Therapeutic/Diagnostic Service/s – where applicable (22001 – 22055, 22065 – 22075)
 - Emergency After Hours Modifier (25050 – note, this item cannot be claimed with the Emergency Modifier 25020)
- Perfusion claim other than whole body:
 - Perfusion item (22055)
 - Therapeutic/Diagnostic Service/s – where applicable (22001 – 22055 and 22065 – 22075)

Example Accounts and Medicare Statements of Benefit

Example Account – Principle Anaesthetist – Single Anaesthetic

TAX INVOICE

Dr J Smith
MBBS FANZCA
Prov No: 123456A
ABN: 11 111 111 111

Smith & Jones Anaesthetic Practice
1 Bond Street
Sydney NSW 2000
Telephone: 02 9456 7891
Facsimile: 02 9456 7899

Account Ref: 222/222

Date: 10 June 2005

Mr Joe Bloggs
100 Home Road
Bondi NSW 2026

Memorandum of fees

Date	Item	Description	Amount	+ GST
01/06/05	17603*	Pre-anaesthetic exam	100.00	
	21482*	Anaesthesia for radical resection of the bone	250.00	
	23300*	Anaesthesia time 6:11 to 6:20 hours	1500.00	
	25005*	Physical status indicator 4	100.00	
	25015*	Age modifier	50.00	
	22030*	Introduction of a narcotic	100.00	
	22035*	Introduction of local anaesthetic	100.00	
	18222*	Infusion of a therapeutic substance to maintain (Separate attendance)	100.00	
		Charges	\$2300.00	
		Total GST	\$ 0.00	
		Account Total	\$2300.00	
		Payments	\$ 0.00	
		Amount Due	\$2300.00	

Proceduralist: Dr F Wall

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Joe	123456A	010605	17603	100.00	36.40	25.50	+
		010605	21482	250.00	84.25	63.20	+
		010605	23300	1550.00	505.50	379.15	+
		010605	25005	50.00	33.70	25.30	+
		010605	25015	100.00	17.15	12.65	+
		010605	22030	100.00	33.70	25.30	+
		010605	22035	100.00	33.70	25.30	+
		010605	18222	100.00	31.90	23.95	+

Example Account – Principle Anaesthetist – Multiple Anaesthetic and
Emergency After Hours

<u>TAX INVOICE</u>				
Dr A Jones MBBS FANZCA Prov No: 234567A ABN: 12 121 121 121		Smith & Jones Anaesthetic Practice 1 Bond Street Sydney NSW 2000 Telephone: 02 9456 7891 Facsimile: 02 9456 7899		
Account Ref: 333/333		Date: 21 May 2005		
Mrs Anne Smith 80 St Mary Avenue Randwick NSW 2031				
Memorandum of fees				
Date	Item	Description	Amount	+ GST
10/05/05	17603*	Pre-anaesthetic exam	100.00	
	20806*	Anaesthesia for laparoscopic procedure in the lower	350.00	
	20846*	Anaesthesia for radical hysterectomy	500.00	
	23270*	Anaesthesia time 5:41 to 5:50 hours	1350.00	
	22030*	Introduction of a narcotic	100.00	
	22035*	Introduction of local anaesthetic	100.00	
	25025*	Emergency after hours Anaesthesia	560.00	
		Charges	\$1250.00	
		Total GST	\$ 0.00	
		Account Total	\$2750.00	
		Payments	\$ 0.00	
		Amount Due	\$2750.00	
Proceduralist: Dr G Owen				
Start time: 16:30 End time: 22:45 Total time: 6:15				

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Anne	234567A	100505	17603	100.00	36.40	27.30	+
		100505	20806	350.00			+ 560
		100505	20846	500.00	168.50	126.40	+
		100505	23270	1350.00	454.95	341.25	+
		100505	22030	100.00	33.70	25.30	+
		100505	22035	100.00	33.70	25.30	+
		100505	25025	1250.00	328.55	246.45	+

Example – Principle Anaesthetist – Dental Anaesthesia

DR TANYA IRVING, MB BS, FANZCA

ANAESTHETIST
Provider no 0654321X

TAX INVOICE

Date of account: 25/03/05
Invoice number: 65714

Suite 2, 118 Hall Street
Melbourne, Vic 3000
Telephone: 03 9656 7825
Facsimile: 03 9656 7855

Master Alan Cartwright
266 Pentridge Road
Bayswater Vic 3153

ACCOUNT FOR PROFESSIONAL SERVICES

Date	Item	Description	Fee	+ GST
15/03/05	17603*	Pre-anaesthetic exam	100.00	
	22900*	Anaesthesia for extraction of tooth or teeth	250.00	
	23043*	Anaesthesia time 0:56 mins to 1:00 hour	200.00	
	25025*	Emergency anaesthesia	225.00	
		Charges	\$775.00	
		Total GST	\$ 0.00	
		Account Total	\$775.00	
		Payments	\$ 0.00	
		Amount Due	\$775.00	

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Alan	0654321X	150305	17603	100.00	36.40	27.30	+
		150305	22900	250.00	84.25	63.20	+
		150305	23043	200.00	67.40	50.55	+
		150305	25025	225.00	75.80	56.85	+

Example Account – Assistant Anaesthetist and After Hours
Emergency

TAX INVOICE FOR ANAESTHETIC SERVICES

Dr R Grissen
MBBS FANZCA
Prov No: 0076543Y
ABN: 31 131 131 131

Dickson Anaesthetic Practice
Suite 10, 150 Cowper Street
Dickson ACT 2602
Telephone: 02 9456 7891
Facsimile: 02 9456 7899

Account Ref: SH:12675

Date: 22 February 2005

Miss Sarah Halliday
24 Gillam Crescent
Chifley ACT 2606

MEMORANDUM OF FEES

Date	Item	Description	Amount	+ GST
12/02/05	25200*	Assistance at anaesthesia	\$250.00	
12/02/05	23300*	Anaesthesia time 6:11 to 6:20 hours	1500.00	
12/02/05	25010*	Physical status indicator 5	150.00	
12/02/05	25015*	Age modifier	50.00	
12/02/05	22012*	Blood pressure monitoring central venous	150.00	
12/02/05	22012*	Blood pressure monitoring pulmonary arterial	150.00	
12/02/05	22012*	Blood pressure monitoring systemic arterial	150.00	
12/02/05	22012*	Blood pressure monitoring cardiac intracavity	50.00	
12/02/05	25030*	Assistance at after hours emergency anaesthesia	1225.00	
		Charges	\$2225.00	
		Total GST	<u>\$ 0.00</u>	
		Account Total	\$3675.00	
		Payments	\$ 0.00	
		Amount Due	\$3675.00	

Principle Anaesthetist: Dr J Hanson
Proceduralist: Dr T Farling

Start time: 16:30 End time: 22:45 Total time: 6:15

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp		
Sarah	076543Y	120205	25200	250.00	657.15	492.90	+ 554		
		120205	23300	1500.00			+ 555		
		120205	25010	150.00			+ 555		
		120205	25015	50.00			+ 555		
		120205	22012	150.00			50.55	37.95	+
		120205	22012	150.00			50.55	37.95	+
		120205	22012	150.00			50.55	37.95	+
		120205	22012	150.00			50.55	37.95	+
		120205	25030	1225.00			429.65	303.30	+

Example Account – Assistant Anaesthetist – Dental Anaesthetic

Dr Tony English, MB BS, FANZCA				
ANAESTHETIST Provider no 0563412W				
TAX INVOICE				
Date of account: 20/6/05		Suite 2, 118 Hall Street		
Invoice number: 46754		Melbourne, Vic 3000		
		Telephone: 03 9656 7825		
		Facsimile: 03 9656 7855		
Master Alan Cartwright 266 Pentridge Road Bayswater Vic 3153				
ACCOUNT FOR PROFESSIONAL SERVICES				
Date	Item	Description	Fee	+ GST
10/06/05	25200*	Assistance at anaesthesia	250.00	
	23043*	Anaesthesia time 0:56 mins to 1:00 hour	200.00	
		Charges	\$450.00	
		Total GST	\$ 0.00	
		Account Total	\$450.00	
		Payments	\$ 0.00	
		Amount Due	\$450.00	

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Alan	0563412W	100605	25200	250.00	151.65	113.75	+ 554
		100605	23043	200.00			+ 555

Example Account – Perfusionist – Isolated Limb Perfusion

DR BARRY FRENCH		
MB BS. FFARACS. FANZCA. SPECIALIST ANAESTHETIST. PROV # 034068L		
1 Hanson Street, Brisbane QLD 4000. Phone: 7465 3849 Fax: 7465 3844		
ABN: 46 957 825 634		
----- TAX INVOICE FOR PROFESSIONAL ANAESTHETIC SERVICES -----		
Mr Malcolm Fisher 28 Holbrook Street Loganlea QLD 4131	Date of Service: Invoice Date: Account Ref: Surgeon: Hospital:	14/06/2005 20/06/2005 315214 Dr F Murchland Holy Spirit

Anaesthetic Item No & Description	\$ Charge	
-----	-----	
22055 Leg Perfusion	600.00	
INPATIENT	GST: \$0.00	AMOUNT TOTAL: \$ 600.00

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Malcolm	034068L	140605	22055	600.00	20220	151.65	+

Example Account – Perfusionist – Whole Body Perfusion and After Hours Emergency

DR BARRY FRENCH	
MB BS. FFARACS. FANZCA. SPECIALIST ANAESTHETIST. PROV # 034068L	
1 Hanson Street, Brisbane QLD 4000. Phone: 7465 3849 Fax: 7465 3844	
ABN: 46 957 825 634	

TAX INVOICE FOR PROFESSIONAL ANAESTHETIC SERVICES	

Miss Jennifer Giles 5/27 Hodges Road Brookfield QLD 4069	Date of Service: 06/06/2005 Invoice Date: 14/06/2005 Account Ref: 315003 Surgeon: Dr R Sangster Hospital: Holy Spirit

Anaesthetic Item No & Description	\$ Charge

22060 Whole Body Perfusion	1000.00
23390 Time Units	1950.00
25000 Physical Modifier	50.00
22070 Cardioplegia	500.00
25050 After Hours Emergency	1750.00
INPATIENT	GST: \$0.00 AMOUNT TOTAL: \$5250.00
Start Time: 13:50 End Time: 21:35	

Example of the Medicare Statement of Benefit

Patient	Prov No	Date	Item	Charge	Sch Fee	Benefit	Exp
Jennifer	034068L	061101	22060	1000.00	337.00	252.75	+
		061101	23390	1950.00	657.15	492.90	+
		061101	25000	50.00	16.85	12.65	+
		061101	22070	500.00	168.50	126.40	+
		061101	25050	1750.00	589.75	442.35	+

Explanation of Reason Codes

Reason Code	Explanation
554	Total Benefit for Anaesthetic Service
555	Benefit Paid on Main RVG Anaesthetic Item
556	RVG Anaesthetic Time Item Not Claimed
557	Associated RVG Anaesthetic Service Not Claimed
558	RVG Anaesthetic Item Not Claimed
559	Patient Outside Age Range For Item 25015 – Please Verify Age
560	RVG Item Restriction
561	Benefit Paid on RVG Item Claimed
562	Benefit Paid on Associated RVG Item
563	Associated RVG Service Already Paid

Enquiries

Written enquiries concerning matters of interpretation should be directed to Claims Interpretations, Medicare Australia, GPO Box 9822 in your capital city. Telephone enquiries should be directed to the national enquiry number 132 150, or to the State/Territory Medicare Australia offices:

NSW - 132 150
VIC - 03 9605 7964
QLD - 07 3004 5280
SA - 08 8274 9788
NT - 08 8274 9788
WA - 132 150
TAS - 03 6215 5740
ACT - 02 6124 6362

Web Sites/Links

Medicare Australia

www.medicareaustralia.gov.au

Professional
Practice Managers

Department of Health and Aged Care

www.health.gov.au