

Standard Clinical Definitions

Private health insurers will be required to use the standard clinical definitions to inform customers of treatments and services included in their hospital insurance policies within all product material. All Medicare Benefit Schedule (MBS) items listed under a standard clinical definition must be covered if the treatment category is listed as an inclusion in the insurance policy. *Some MBS items are listed in more than one category. The department understands this is an issue for insurers' current IT systems and will further consult with insurers on this issue.*

¹General note

Where it is not specified, the following procedures are also covered if they are provided to an admitted patient as part of the delivery of an MBS item listed in the same category: consultations, general diagnostic procedures, diagnostic imaging, pathology services, pre-operative assessment, anaesthesia and regional nerve blocks, general surgery items*, attendance at operations, and management of complications related to the principal service.

*General surgery items are services relevant to all surgical procedures, for example MBS item 13815 - *Central vein catheterisation* or MBS item 30058 - *Control of postoperative haemorrhage*.

Feedback summary table

During the development of the standard clinical definitions insurers and other stakeholders provided the Department of Health with feedback on the alignment of procedures in specific categories. A summary of the feedback and the department's response is below for the information of all stakeholders. Feedback relating to specific clinical definitions is included in the standard clinical definitions table.

General issues	Department's response
Insurer's IT systems may be unable to map MBS items to more than one service category. It has been proposed that common procedures such as anaesthetics and diagnostic services should be categorised into stand-alone categories.	The general note above proposes how common surgical procedures should be covered. The creation of new categories for diagnostic and anaesthetic services may be more appropriate for the backend of an insurer's IT system. The department will consult with insurers further on this issue.
Confirmation that all MBS items under a clinical definition must be covered.	All procedures listed under a definition must be covered if the category is listed as an inclusion in the insurance policy.
The inclusion of high-cost treatments in larger general categories could increase premiums for lower rated products e.g. the inclusion of Parkinson's disease in the 'brain and brain-related' category may increase the premium of bronze rated products. Insurers have suggested that high-cost treatments are assigned to stand-alone service categories to minimise premium increases.	Following feedback from industry on the alignment of MBS items, the department will further consider the most appropriate placement of procedures.
How is cancer treated as there is no cancer category	Cancer treatment is categorised according to the biological system. For example removal of tumours in the lung is covered in the lung and lung-related services category which covers lung surgery. The decision to categorise cancer by biological systems is based on clinical advice, to ensure patients are fully covered for procedures that are unforeseen when undergoing surgery.
Ensuring that the clinical definitions are consumer-friendly.	The standard clinical definitions are currently being consumer tested for comprehension and useability. Testing commenced in March 2018 and the department expects to receive a report in late April.

Standard clinical definitions table

Clinical Definition	Description	Feedback summary	Department's response
Pregnancy and birth related conditions and services (neonates are covered under this category for single parent and family policies, terminations and miscarriages are listed separately)	Admission for investigation and/or treatment of conditions associated with pregnancy, child birth and its complications Female reproductive services are listed as a separate category. Assisted reproductive services are listed as a separate category. Miscarriages and termination of pregnancy is listed separately as Miscarriages and termination of pregnancy services. MBS Item Numbers ¹ : 13300-13319; 16399-16627; 35410; 35674-35678; 43801-43882; 55700-55775	-	-
Female reproductive conditions and services	Admission for investigation and/or treatment of the female reproductive system (gynaecology). For example: hysterectomy, hysteroscopy, ovarian surgery, treatment of endometriosis, laparoscopies, cervical surgery, vaginal prolapse, polycystic ovaries, removal of vulvar cysts and warts and female sterilisation. Assisted reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services. Miscarriages and termination of pregnancy is listed separately as Miscarriages and termination of pregnancy services. MBS Item Numbers ¹ : 11900-11921; 14203-14206; 30062; 30384-30400; 35500-35759; 35410; 35500-35673; 35680-35759	It was proposed that the female reproductive category be separated into major female reproductive and minor reproductive services. The separation of gynaecological services would allow young females to purchase more affordable basic cover.	The department's internal clinical advice is to retain this category as a single female reproductive category that covers both major and minor services. The segregation of services may confuse consumers. The department is considering renaming this category 'female gynaecological services' to make it more consumer-friendly.
Miscarriages and termination of pregnancy services	Admission for investigation and/or treatment of miscarriages and termination of pregnancy. For example: evacuation and curettage of the pregnant womb due to a spontaneous miscarriage or termination of pregnancy. MBS Item Numbers ¹ : 35640; 35643	<ul style="list-style-type: none"> i. Stakeholders were uncertain if wilful terminations are included in this category. ii. Some stakeholders preferred that the category be broadened to include minor female reproductive conditions including colposcopy, treatment of warts, hysteroscopy etc. iii. Initially, miscarriages and termination of pregnancy was included in the female reproductive services category. Some stakeholders prefer that the two categories be recombined into the one category. 	<ul style="list-style-type: none"> i. Wilful terminations are included in this category but the department notes that state legislation will determine if a patient is able to access services. ii. The department's internal clinical advice is to not broaden this category to include minor gynaecological services. Minor gynaecological services are included in the female reproductive services category. iii. The alignment of services will be considered following the outcomes of the consumer testing and industry feedback.
Assisted reproductive services	Admission for fertility treatments or procedures. For example: retrieval of eggs, implantation of embryos, IVF and GIFT. Female reproductive services are listed as a separate category. Pregnancy and birth are listed separately under pregnancy and birth related conditions and services. MBS Item Numbers ¹ : 13200-13292	-	-