

Criteria for Type C Banding Certification

A GUIDE FOR MEDICAL PRACTITIONERS

In accordance with the *Private Health Insurance Act 2007* and *Private Health Insurance (Benefit Requirements) Rules 2011*, Type C procedures do not normally require hospital treatment. However, under certain situations minimum private health insurance benefits are payable for patients admitted to hospital to receive a certified Type C procedure. For benefits to be payable, the medical practitioner providing the procedure must certify in writing that it would be contrary to accepted medical practice to provide the procedure unless the patient is given hospital treatment because of: a) the patient's medical condition; or b) other special circumstances.

To assist medical practitioners to complete Type C Banding Certification for private health insurance claims, the following criteria for Type C Banding Certification Form (the Form) have been developed and endorsed by the Australian Society of Plastic Surgeons, the Australasian College of Dermatologists, General Surgeons Australia and the Australian Medical Association.

In completing the Certification, medical practitioners can in short-hand refer to criteria from the general (i.e. 1a) or specific (i.e. 2a; 3a; 4a) categories as listed in the Form. If Certification is otherwise correctly completed and signed, the Private Health Insurer is expected to accept the Certification.

Criteria for Type C Banding Certification

1. General category

- a) Tertiary referrals from dermatologist to surgeon
- b) Any chronic medical condition requiring specialist or physician supervision including but not limited to: hypertension; morbid obesity; renal failure; liver failure; diabetes; asthma / emphysema; peripheral vascular disease; epilepsy; coronary artery disease; anaemia; metastatic malignancy; myaesthesia gravis; dementia; movement disorders; or bleeding diathesis
- c) Patients with high fall risk or physical / mobility impairment requiring specialised handling or transfer equipment
- d) History of anaphylaxis or allergy to latex or local anaesthetic
- e) Infected lesions
- f) Bleeding risk as a result of a documented coagulopathy or as a consequence of blood thinning agents that cannot be safely stopped prior to surgery
- g) Referred rural and remote patients (greater than 100 km travel for patient)
- h) Referred rural and remote occasions of service (greater than 100 km travel for specialist)
- i) Patients under 16 years and over 75 years or not mentally competent to give consent
- j) Needle phobic patients
- k) Patients with a history of vasovagal faints
- l) Multiple lesions (3 or more) to be treated at the same episode

Specific Medicare Benefit Schedule (MBS) items

2. MBS Item 31365

Malignant skin lesion (other than a malignant skin lesion covered by item 31369, 31370, 31371, 31372 or 31373), surgical excision (other than by shave excision) and repair of, if:

- a) the lesion is excised from any part of the body not covered by item 31356, 31358, 31359, 31361 or 31363; and*
- b) the necessary excision diameter is less than 15 mm; and*
- c) the excised specimen is sent for histological examination; and*
- d) malignancy is confirmed from the excised specimen or previous biopsy; not in association with item 45201*

- a) Malignancy greater than 5 mm diameter
- b) Recurrent malignancy
- c) Invasive malignancy (i.e. not intraepithelial carcinoma or superficial basal cell carcinoma [BCC] less than 5 mm)
- d) Gorlins syndrome; familial keratoacanthomas; xeroderma pigmentosum; albinism; Fanconi's anaemia

3. MBS Item 31362

Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:

- a) the lesion is excised from face, neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid); and*
- b) the necessary excision diameter is less than 14 mm; and*
- c) the excised specimen is sent for histological examination; not in association with item 45201*

- a) Dysplastic naevus syndrome or past history of melanoma or first degree relative with melanoma where reasonable suspicion of malignancy exists
- b) Dysplastic naevus with severe atypia on histology
- c) Scalp lesions (bleeding risk)
- d) Keloid or hypertrophic scar risk (where there is a personal past history of true keloid or a first degree relative with true keloid formation)
- e) Disfiguring lesion (photo)
- f) Past history of this particular cyst being infected
- g) Varicose veins or peripheral vascular disease when the lesion is at the knee or below
- h) Trichoepithelioma greater than 5 mm (can be impossible to distinguish from BCC)

4. MBS Item 31357

Non-malignant skin lesion (other than viral verrucae (common warts) and seborrheic keratoses), including a cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), surgical excision (other than by shave excision) and repair of, if:

- a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and*
- b) the necessary excision diameter is less than 6 mm; and*
- c) the excised specimen is sent for histological examination; not in association with item 45201*

- a) Trichoepithelioma or similar lesion where malignancy is suspected
- b) Nasal tip lesions