# Medicare Benefits Schedule Review

## Dermatology, Allergy and Immunology

**This factsheet outlines the key draft recommendations from the MBS Review Taskforce's Dermatology, Allergy and Immunology Clinical Committee report. For more detailed information on each recommendation, see the summary for consumers or read all recommendations in the full report.**

Number of items **reviewed** **38**

Number of **recommendations** **27**

## Key recommendations

### Improve allergy testing

The Clinical Committee is proposing new restrictions to discourage testing patients for more than 20 allergens at a time. Clinical evidence suggests this practice is rarely necessary and can increase the risk of receiving a false-positive result.

### Encourage best practice allergy testing

The Committee is proposing allergy testing items be restructured, which will encourage more appropriate use, provide greater transparency and address concerns that some of the items are being misused.

### Decrease misuse of malignant (cancerous) skin lesion removal items

Currently there are two MBS items for removing cancerous skin growths using non-surgical methods. Data shows the item for removal of more than 10 lesions is claimed more often than expected; however medical experts have concluded the removal of greater than 10 lesions is not appropriate in most circumstances. To improve patient safety, the Committee is recommending the items be merged to remove any incentives and stop potential misuse.

In 2014/15, over **600,000** phototherapy services were provided.

### Protect patients from unnecessary radiation exposure

Phototherapy, or light treatment, is often used when treating conditions such as psoriasis and vitiligo. Excessive light treatment can be dangerous, so the Committee has recommended that patients be limited to 150 treatments over a 12 month period.

### Protect patients from laser equipment that has not been evaluated by the Therapeutic Goods Administration (TGA)

The Committee has noted inferior low-cost lasers that have not been evaluated by the TGA are becoming increasingly more available, putting patients at risk of being exposed to unsafe equipment. The Committee is recommending that laser equipment be listed by the TGA and providers will be required to provide photographic evidence of compliance. They also are recommending changing the maximum number of sessions from six to four within a 12 month period to ensure the best patient outcomes.

### About MBS Review

The MBS Review Taskforce is considering how more than 5,700 services can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. It is led by a Taskforce of clinicians, health system experts and consumer representatives.