



# Changes to Medicare Benefits Schedule skin excision items to include healing by secondary intention

Last updated: 24 October 2025

- From 1 November 2025, there will be amendments to 18 MBS skin excision items including 31356, 31357, 31358, 31360, 31363, 31364, 31369, 31370, 31371, 31373, 31376, 31377, 31378, 31379, 31380, 31381, 31382, 31383 to include healing by secondary intention.
- Healing by secondary intention means that the wound is left open to heal naturally, instead of repairing the wound by suture, skin flap or skin graft.
- These changes are relevant for dermatologists, plastic surgeons, general surgeons and general practitioners.
- When a wound is left open to heal naturally (i.e. by secondary intention), only the relevant skin excision item should be claimed by a provider.

## What are the changes?

Effective from 1 November 2025, there will be amendments to 18 MBS items for skin excision (31356, 31357, 31358, 31360, 31363, 31364, 31369, 31370, 31371, 31373, 31376, 31377, 31378, 31379, 31380, 31381, 31382, 31383) to allow for healing by secondary intention. These changes will allow for another treatment service for patients where a wound is left open to heal naturally, instead of repairing the wound by suture, skin flap or skin graft.

These amendments are outlined on pages 3 to 11 of this factsheet.

## Why are the changes being made?

The changes are the outcome of government agreement to recommendations from the Dermatology and Skin Services Advisory Group (DASAG) to allow the option of healing by secondary intention. The changes recognise the additional care required in the aftercare period for wounds which are actively managed for healing by secondary intention. Healing by secondary intention has particular application on the forehead and scalp, the periocular and nasal bone regions and below the knee and the wrist. The MBS items being amended align with these areas.

It is important to note that these changes do not apply to shave excisions, curette and cautery or simple small excisions.

## What does this mean for providers?

Providers will need to familiarise themselves with these changes and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

## How will these changes affect patients?

Patients will receive Medicare benefits for services that are clinically appropriate and reflect modern clinical practice.

## Who was consulted on the changes?

Changes are in response to recommendations by DASAG, which includes representatives from the Australian Medical Association, Australasian College of Dermatologists, the Australian Society of Plastic Surgeons and the Royal College of General Practitioners and developed in collaboration with the Department of Health, Disability and Ageing (the department).

DASAG was initially formed in December 2019 to consider changes to dermatology MBS items resulting from the MBS Review Taskforce of Dermatology Allergy and Immunology Services and the Skin Services Review. From December 2020 to December 2023, the purpose of the group was to consider matters put forward by the department relating to MBS dermatology and skin services policy, providing expert advice. Due to successful collaboration the group was reconvened in December 2023 for a further three years to December 2026.

## How will the changes be monitored and reviewed?

MBS items for skin excision, skin flap and graft will continue to be subject to MBS compliance checks, including random and targeted audits and providers may be required to submit evidence about the services claimed.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements.

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

## Amended item descriptors (to take effect 1 November 2025)

Note: In the item descriptors below bolded words indicate new wording, strikethrough indicates words which have been removed

Category – THERAPEUTIC PROCEDURES
Group T8 – Surgical Operations
Subgroup 1 - General
<p>31356</p> <p>Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), <b>definitive</b> surgical excision <b>of</b> (other than by shave excision) <del>and</del> <b>including</b> repair <del>of</del> <b>(if performed)</b>, if:</p> <ul style="list-style-type: none"> <li>(a) the lesion is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and</li> <li>(b) the necessary excision diameter is less than 6 mm; and</li> <li>(c) the excised specimen is sent for histological examination; and</li> <li>(d) malignancy is confirmed from the excised specimen or previous biopsy;</li> </ul> <p>not in association with item 45201</p> <p>(Anaes.)</p> <p><b>Fee:</b> \$258.20 <b>Benefit:</b> 75% = \$193.65 85% = \$219.50</p> <p>Private Health Insurance Classification:</p>

Medicare Benefits Schedule

**Skin excision items – inclusion of healing by secondary intention**

[MBS Online](#)

Last updated – 24 October 2025

Clinical category: Skin

Procedure type: Type B Non-band specific

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 **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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

(Anaes.)

**Fee:** \$127.90 **Benefit:** 75% = \$95.95 85% = \$108.75

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31358

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), **definitive** surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 6 mm or more; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy

(Anaes.)

**Fee:** \$316.00 **Benefit:** 75% = \$237.00 85% = \$268.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31360

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 **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 6 mm or more; and
  - (c) the excised specimen is sent for histological examination
- (Anaes.)

**Fee:** \$196.00 **Benefit:** 75% = \$147.00 85% = \$166.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31363

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), **definitive** surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 14 mm or more; and
  - (c) the excised specimen is sent for histological examination; and
  - (d) malignancy is confirmed from the excised specimen or previous biopsy
- (Anaes.)

**Fee:** \$284.95 **Benefit:** 75% = \$213.75 85% = \$242.25

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31364

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 **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 14 mm or more; and
- (c) the excised specimen is sent for histological examination (Anaes.)

**Fee:** \$196.00 **Benefit:** 75% = \$147.00 85% = \$166.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31369

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), **definitive** surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 more than 30 mm; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)

**Fee:** \$286.85 **Benefit:** 75% = \$215.15 85% = \$243.85

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31370

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 **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, if:

- (a) the lesion is excised from any part of the body not covered by item 31357, 31360, 31362 or 31364; and
- (b) the necessary excision diameter is more than 30 mm; and
- (c) the excised specimen is sent for histological examination (Anaes.)

**Fee:** \$167.55 **Benefit:** 75% = \$125.70 85% = \$142.45

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31371

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, including excision of the primary tumour bed, if:

- (a) the tumour is excised from nose, eyelid, eyebrow, lip, ear, digit or genitalia, or from a contiguous area; and
- (b) the necessary excision diameter is 6 mm or more; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)

**Fee:** \$416.45 **Benefit:** 75% = \$312.35 85% = \$354.00

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31373

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, including excision of the primary tumour bed, if:

- (a) the tumour 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 14 mm or more; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)

**Fee:** \$416.25 **Benefit:** 75% = \$312.20 85% = \$353.85

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31376

Malignant melanoma, appendageal carcinoma, malignant connective tissue tumour of skin or merkel cell carcinoma of skin, definitive surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, including excision of the primary tumour bed, if:

- (a) the tumour is excised from any part of the body not covered by item 31371, 31372 or 31373; and
- (b) the necessary excision diameter is more than 30 mm; and
- (c) the excised specimen is sent for histological examination; and
- (d) malignancy is confirmed from the excised specimen or previous biopsy (Anaes.)

**Fee:** \$410.20 **Benefit:** 75% = \$307.65 85% = \$348.70

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific



31377

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) **and including** repair ~~of~~ **(if performed)**, 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 a service to which item 45201 applies

(Anaes.)

**Fee:** \$127.90 **Benefit:** 75% = \$95.95 85% = \$108.75

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31378

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) **and including** repair ~~of~~ **(if performed)**, 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 6 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

**Fee:** \$196.00 **Benefit:** 75% = \$147.00 85% = \$166.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31379

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) **and including** repair ~~of~~ **(if performed)**, 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 a service to which item 45201 applies

(Anaes.)

**Fee:** \$156.25 **Benefit:** 75% = \$117.20 85% = \$132.85

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31380

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, 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 14 mm or more; and

(c) the excised specimen is sent for histological examination

(Anaes.)

**Fee:** \$196.00 **Benefit:** 75% = \$147.00 85% = \$166.60

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

### 31381

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) ~~and~~ **including** repair ~~of~~ **(if performed)**, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and

(b) the necessary excision diameter is less than 15 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

**Fee:** \$111.40 **Benefit:** 75% = \$83.55 85% = \$94.70

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31382

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) **and including** repair ~~of~~ **(if performed)**, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and

(b) the necessary excision diameter is at least 15 mm but not more than 30 mm; and

(c) the excised specimen is sent for histological examination;

not in association with a service to which item 45201 applies

(Anaes.)

**Fee:** \$146.50 **Benefit:** 75% = \$109.90 85% = \$124.55

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31383

Clinically suspected melanoma, surgical excision **of** (other than by shave excision) **and including** repair ~~of~~ **(if performed)**, if:

(a) the lesion is excised from any part of the body not covered by item 31377, 31378, 31379 or 31380; and

(b) the necessary excision diameter is more than 30 mm; and

(c) the excised specimen is sent for histological examination

(Anaes.)

**Fee:** \$167.55 **Benefit:** 75% = \$125.70 85% = \$142.45

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.