Australian Government
Department of Health and Aged Care

Changes to paediatric surgery MBS items

Last updated: 27 September 2022

- From 1 November 2022, three Medicare Benefits Schedule (MBS) items for the repair of hernias and one MBS item for cloacal exstrophy (a rare birth defect) will be amended, and two new items for circumcision revision will be introduced to align services with contemporary best practice.
- These changes are a result from the MBS Review Taskforce recommendations for paediatric surgery and extensive consultation with stakeholders.

What are the changes?

From 1 November 2022, the changes will amend four paediatric surgery items and introduce two new items for circumcision revision procedures, as follows:

- Amend items (44108, 44114, 44111) for the repair of hernias to clarify that these services provide for a laparoscopic or open procedure and must be performed in hospital.
- Amend item (43882) for cloacal exstrophy to clarify that this service must be performed in hospital.
- Two new items for minor (30661) and complex (30662) circumcision revision services

Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce, which was informed by Paediatric Surgery Advisory Group. More information about the Taskforce and associated Committees is available in Medicare Benefits Schedule Review in the consumer section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

A full copy of the Taskforce's final report on paediatric surgery MBS items is available here: Taskforce final report - Paediatric Surgery MBS items or in the committee section of the Department of Health and Aged Care website (Department of Health and Aged Care website).

What does this mean for providers?

Providers will need to familiarise themselves with the changes to the MBS items relevant to their practice, and any associated rules and/or 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 should not be negatively affected by the amended items and will have continued access to clinically relevant services.

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

Who was consulted on the changes?

The Paediatric Services Advisory Group was established by the MBS Review Taskforce (the 'Taskforce'), to provide broad clinician and consumer expertise. The MBS Review included a targeted consultation process.

Feedback was received from the Urological Society of Australia and New Zealand (USANZ), Australian Society of Plastic Surgeons (ASPS), Royal Australasian College of Physicians (RACP), Royal Australasian College of Surgeons (RACS), Urological Society of Australia and New Zealand (USANZ), Australian Paediatric Society (APS), Australian Medical Association (AMA), and Australian and New Zealand Association of Paediatric Surgeons Inc (ANZAPS) and considered by the Paediatric Services Advisory Group prior to making its final recommendations to the Taskforce and during implementation.

How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department will continue to work with stakeholders following implementation of the changes.

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Amended and new item descriptors (to take effect 1 November 2022)

	Subgroup 11- Paediatric
	Subheading 3 – Abdominal Surgery
Item	**Descriptor (**amendments in **bold** text)
44108	Inguinal hernia, **laparoscopic or open repair of**, at age less than 12 months (H) (Anaes.) (Assist.) *Multiple Operation Rule* **MBS Schedule Fee: $638.35** **75% Benefit: $478.76** Private Health Insurance Classification: (no change)

	Procedure Type: Type A Surgical Clinical Category: Hernia and appendix
44114	Inguinal hernia, **laparoscopic or open repair of,** at age less than 12 months when orchidopexy also required **(H)** (Anaes.) (Assist.) **MBS Schedule Fee: $716.45** **75% Benefit: $537.34** Private Health Insurance Classifications (no change) Procedure Type: Type A Surgical Clinical Category: Hernia and appendix
44111	Obstructed or strangulated inguinal hernia, **laparoscopic or open repair of,** at age less than 12 months, including orchidopexy when performed **(H)** (Anaes.) (Assist.) *Multiple Operation Rule* **MBS Schedule Fee: $716.45** **75% Benefit: $537.34** Private Health Insurance Classifications (no change) Procedure Type: Type A Surgical Clinical Category: Hernia and appendix
43882	**Subheading 1 – Surgery in Neonate or Young Child** Cloacal exstrophy, operation for **(H)** (Anaes.) (Assist.) *Multiple Operation Rule* **MBS Schedule Fee: $1,763.40** **75% Benefit: $1,322.55** Private Health Insurance Classifications (no change) Procedure Type: Type A Advanced Surgical Clinical Category: Plastic and reconstructive surgery (medically necessary)
Item	**Descriptor (new items)**
30661	Group T8 – Surgical Operations Subgroup 1 – General **Minor surgical repair following a complication from the circumcision of a penis, when performed in conjunction with a service to which an item in**

	Group T7 or Group T10 applies, other than a service associated with a service to which item 45206 applies (H) (Anaes.) **Multiple Operation Rule** **MBS Schedule Fee: $405.50** **75% Benefit: $304.13** **Private Health Insurance Classifications:** **Proposed Procedure Type: Type B non-band specific** **Proposed Clinical Category: Male reproductive system**
30662	**Complex surgical repair following a complication from the circumcision of a penis, including single stage local flap, if indicated, to repair one defect, on genitals (other than a service associated with a service to which item 37819, 37822, 45200, 45201, 45202, 45203 or 45206 applies) (H) (Anaes.)** **Multiple Operation Rule** **MBS Schedule Fee: $810.90** **75% Benefit: $608.18** **Private Health Insurance Classifications:** **Proposed Procedure Type: Type A Surgical** **Proposed Clinical Category: Male reproductive system**
30661 **30662**	Explanatory note: TN.8.252 Circumcision Revision items (items 30661 and 30662) Items 30661 and 30662 provide for clinically relevant revision surgery following a circumcision procedure (performed on a previous occasion). A minor repair procedure (item 30661) would apply to the removal of redundant skin, or the correction of minor scarring where there is a clinical need for revision. A major repair (item 30662) applies to the correction of major scarring where there is a deformity, pain, significant loss of tissue or functional disability.

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 at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to 'News for Health Professionals' on the Services Australia website and you will 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 the 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.

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