



Changes to urology MBS services factsheet

Last updated: 09 October 2020

- From 1 November 2020, Medicare Benefits Schedule (MBS) items for urology services are changing to reflect contemporary practice. These changes are a result of the MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- These changes are relevant for all specialists involved in the performance, claiming of, and performance in association with eligible urology services; consumers claiming these services; private health insurers; and private hospitals.
- From 1 November 2020, billing practices will need to be adjusted to reflect these changes.

What are the changes?

MBS services pertaining to general urology, urological oncology (including treatment for benign prostatic hyperplasia), endo-urology and renal stone disease, paediatric genitourinary and reconstructive urology, incontinence and urogynaecology will be changed. The revised structure includes:

- 20 new items (item numbers 30629, 30630, 35552, 36610, 36611, 36822, 36823, 37015, 37016, 37018, 37019, 37021, 37039, 37046, 37048, 37213, 37214, 37216, 37344, and 37388)
- 96 amended items (item numbers 11919, 30450, 30635, 30642, 30643, 30644, 30654, 30658, 35551, 35599, 36516, 36519, 36522, 36525, 36528, 36529, 36531, 36532, 36533, 36543, 36549, 36561, 36564, 36567, 36570, 36576, 36579, 36604, 36607, 36608, 36609, 36615, 36624, 36627, 36633, 36636, 36639, 36649, 36650, 36803, 36806, 36809, 36811, 36812, 36818, 36821, 36824, 36827, 36833, 36840, 36842, 36845, 36863, 37008, 37011, 37040, 37042, 37043, 37044, 37200, 37203, 37206, 37210, 37211, 37215, 37217, 37218, 37219, 37220, 37221, 37224, 37230, 37233, 37245, 37318, 37324, 37338, 37339, 37340, 37341, 37372, 37415, 37417, 37418, 37423, 37438, 37604, 37607, 37610, 37833, 37834, 37842, 37845, 37848, 37851, and 37854) These services required change in order to better reflect contemporary best practice.
- 13 deleted items (item numbers 36526, 36527, 36540, 36605, 36630, 36642, 36648, 36825, 36857, 37212, 37315, 37420 and 37444) These services are now obsolete or consolidated under amended item descriptors.
- There are also amendments made to private health insurance classifications, existing explanatory notes, and a number of new explanatory notes will be introduced to better guide practitioners and patients.



Why are the changes being made?

The Taskforce found that some urology items did not reflect current clinical practice or required clarification to address inappropriate co-claiming behaviour. The changes to urology services have been made to encourage best practice, improve patient outcomes and reduce low value care.

These changes are a result of a review by the Taskforce, which was informed by the Urology Clinical Committee (UCC) and extensive discussion with key stakeholders. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health website](#). A full copy of the Taskforce's final report can be found at: [Taskforce report on Urology MBS items](#)

What does this mean for providers/referrers/other stakeholders?

Providers will need to familiarise themselves with the changes to the urology MBS items, 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 will receive Medicare rebates for urology services that are clinically appropriate and reflect modern clinical practice. Additionally, patients should no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers. In some cases, the changes will help doctors refer patients for the most suitable test/procedure for them.

Who was consulted on the changes?

The UCC was established in January 2018 by the Taskforce to provide broad clinician and consumer expertise. Feedback from stakeholders including peak bodies, colleges, individual health professionals, and consumers, was considered by the UCC prior to making its final recommendations to the Taskforce.

The Taskforce undertook public consultation during the review of urology services. Once approved by Government, the Department of Health held an Implementation Liaison Group meeting with relevant stakeholders including the Urological Society of Australia and New Zealand (USANZ); Royal Australian College of Surgeons (RACS); Royal Australian and New Zealand College of Radiologists (RANZCR); Royal Australian College of General Practitioners (RACGP); Australian Medical Association (AMA); and the private hospital and private health insurance sectors to discuss any unintended consequences arising from the proposed changes.

The changes to urology services are a result of the Taskforce endorsed recommendations and consultation with stakeholders.



How will the changes be monitored and reviewed?

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

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

The new and amended MBS urology items will be reviewed approximately 24 months post-implementation.

Where can I find more information?

The current 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 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is available and can be accessed via the MBS Online website under 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.