



Medicare Benefits Schedule (MBS) item 30630 factsheet

Last updated: 03 February 2021

What are the changes?

From 1 March 2021, a change to MBS item 30630, insertion of a testicular prosthesis, where the prosthesis is inserted at least six months after an orchidectomy will see an increase in the MBS schedule fee to \$488.55.

Why are the changes being made?

The change is being made following item 30630 commencing on 1 November 2020 with the incorrect fee listed. The service provided under item 30630 is intended to replace the service from being claimed under item 45051, which is for the contour reconstruction for open repair of contour defects, due to deformity, where the insertion of a non-biological implant is required. The fee for item 45051 is \$488.55

What does this mean for providers?

Providers can continue to access Medicare for item 30630. The scheduled fee has been increased and will provide parity with the fee for item 45051, ensuring that the fee accurately reflects the cost of the provision of this service.

How will these changes affect patients?

Patients will continue to receive Medicare rebates for the service, the rebate will be at an increased amount.

Who was consulted on the changes?

The change in the fee associated with MBS item 30630 is as a result of the MBS Review Taskforce endorsed recommendations and consultation with stakeholders.

How will the changes be monitored and reviewed?

MBS item 30630 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 amended MBS item will be reviewed approximately 24 months post-implementation.

Where can I find more information?



The current item descriptors 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 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.



Amended item descriptor details

30630 item descriptor

Insertion of testicular prosthesis, at least 6 months following orchidectomy

Multiple Operation Rule

(Anaes.) (Assist.)

Fee: \$488.55 **Benefit:** 75% = \$366.45
