



# Cryoablation for biopsy-confirmed renal cell carcinoma - New MBS item

Last updated: 29 September 2022

- From **1 November 2022**, there will be a new Medicare Benefits Schedule (MBS) item for using cryoablation to treat renal cell carcinoma – a type of kidney cancer - for patients who are not suitable for partial nephrectomy.
- This change is relevant for specialists involved in treating renal cell carcinoma including urologists, nephrologists and interventional radiologists and patients.
- The new item will benefit patients by enabling access to cryoablation where the alternative treatment would be active surveillance/delayed therapy and laparoscopic radical nephrectomy.

## What are the changes?

Effective **1 November 2022** there will be a new MBS item (36530) for cryoablation for biopsy confirmed renal cell carcinoma, where the carcinoma is not more than 4 cm in diameter and the patient is not suitable for partial nephrectomy (including any associated imaging services). The new item descriptor is on page 2-3 of this factsheet.

## Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in July 2021 as a result of MSAC application 1597.

Further details about MSAC applications can be found under MSAC Applications on the MSAC website: [www.msac.gov.au](http://www.msac.gov.au).

## What does this mean for providers?

Providers will benefit from having access to a new MBS item for treating patients with renal cell carcinoma who would otherwise be treated via active surveillance/delayed therapy or laparoscopic radical nephrectomy.

## How will these changes affect patients?

This new item will benefit patients who have kidney cancer, where their tumour measures 4 cm or less and they would not benefit from surgery to remove the affected area (partial

nephrectomy). Previously treatment options were limited active surveillance/delayed therapy or removing the kidney (radical nephrectomy).

This change will provide greater access for patients, leading to improved health outcomes.

## Who was consulted on the changes?

Consultation has been undertaken with key stakeholders, clinical experts and providers, and consumer health representatives as part of the MSAC process. Targeted consultation on the MSAC recommendation included Urological Society of Australia and New Zealand (USANZ), the Royal Australian and New Zealand College of Radiologists (RANZCR), Interventional Radiology Society of Australasia (IRSA), Australian and New Zealand Society of Nephrology, Kidney Health Australia Private Healthcare Australia and Australian Private Hospital Association.

## 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.

## Item descriptor (to take effect 1 November 2022)

Group T8 – Surgical Operations	
Subgroup 5 – Urological	
Item	Descriptor
36530	<p>Renal cell carcinoma, not more than 4 cm in diameter, destruction of, by percutaneous, laparoscopic or open cryoablation (including any associated imaging services), if:</p> <ul style="list-style-type: none"><li>(a) malignancy has previously been confirmed by histopathological examination; and</li><li>(b) a multi-disciplinary team has reviewed treatment options for the patient and assessed that partial nephrectomy is not suitable; and</li><li>(c) the service is not a service associated with a service to which item 36522 or 36525 applies (H) (Anaes.)</li></ul> <p><i>Multiple Operation Rule</i></p> <p><b>MBS Schedule Fee: \$856.10</b></p> <p><b>75% Benefit: \$642.10</b></p>

	<p>Private Health Insurance Classification</p> <p>Proposed Procedure Type: Type A Surgical</p> <p>Proposed Clinical Category: Kidney and Bladder</p>
<b>36530</b>	<p>Explanatory note: TN.8.250 Multi-disciplinary team for cryoablation for renal cell carcinoma</p> <p>For the purpose of item 36530, a multi-disciplinary team typically includes a urologist, interventional radiologist and oncologist. Patients eligible for Medicare-funded cryoablation need to be considered by the multi-disciplinary team as not suitable for partial nephrectomy and typically have one or more of the following characteristics:</p> <ul style="list-style-type: none"> <li>• Elderly and/or frailty;</li> <li>• High surgical risk;</li> <li>• Poor renal function;</li> <li>• Solitary kidney;</li> <li>• Bilateral kidney tumours.</li> </ul> <p>Explanatory note: TN.8.251 Interventional radiologist for renal cell carcinoma cryoablation</p> <p>For the purpose of item 36530, the procedure is to be performed by an interventional radiologist specially trained for the procedure. Percutaneous cryoablation should be the preferred approach unless the percutaneous approach is considered not suitable for the individual patient by the multi-disciplinary team.</p>

## 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](http://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](mailto: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.*