



New items for radical prostatectomy factsheet

Last updated: 09 October 2020

What are the changes?

From 1 November 2020, two new radical prostatectomy items (37213 and 37214) will be available on the Medicare Benefits Schedule (MBS).

Item 37213 covers radical prostatectomy without lymphadenectomy, complicated by previous radiation treatment or focal therapy. The schedule fee is \$2,464.65.

Item 37214 covers radical prostatectomy with lymphadenectomy, complicated by previous radiation treatment or focal therapy. The schedule fee is \$2,993.70.

The higher schedule fee for items 37213 and 37214 recognises the increased difficulty and risks associated with the procedure and post-operative care compared to standard radical prostatectomy (items 37210 and 37211).

Prostate cancer patients must have access to sufficient and balanced information in order to make an informed decision about their cancer management and treatment options. The addition of an explanatory note will recognise that patient management for radical prostatectomies should include the following:

- Multi-disciplinary management; including multi-disciplinary team review documented in writing and provided to the patient and referring GP, prior to treatment.
- A long consultation with the operating surgeon within 6 months prior to surgery to discuss and provide written information on guideline-endorsed treatment options prior to deciding treatment.
- Encourage men to see both a urologist and a radiation oncologist to discuss their options prior to undergoing any active treatment for prostate cancer. A record of a patient's decision to not accept a referral to a radiation oncologist (from the urologist or GP) should be clearly documented in the patient's medical record.

Why are the changes being made?

The MBS Review (the Taskforce) recommendations aim to improve patient care and experiences and ensure that the MBS is modern and simplified to align with professional standards. These changes were informed by the Urology Clinical Committee (UCC) and extensive consultation with key stakeholders.

There are currently separate items for radical prostatectomy without lymphadenectomy (item 37210) and prostatectomy with lymphadenectomy (item 37211). The creation of two new items (37213 and 37214) will accurately reflect the complexities of prostatectomies when performed after previous radiation therapy or focal therapy. The



addition of explanatory notes will ensure that diagnosed prostate cancer patients receive the necessary information to make an informed decision on their cancer management and treatment options.

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?

This change offers providers an alternative item to standard radical prostatectomy for patients who require radical prostatectomy that has been complicated by a prior radiation treatment or focal therapy. Providers accessing items 37213 and 37214 should familiarise themselves with the item descriptor and explanatory notes to maintain contemporary best practice and clinical informed consent.

Providers should inform patients of their treatment options so the patient can make an appropriate decision for their circumstances. Urologists should work with a multi-disciplinary team involving radiation oncologists, medical oncologists and other disciplines to achieve the best outcome for patients undergoing active prostate cancer management.

How will these changes affect patients?

The changes will allow access to increased Medicare rebates for radical prostatectomy services made more complex by previous radiation therapy. Patients should be informed of any potential risks or other suitable alternative treatment options so they can make an appropriate decision for their circumstances.

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 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 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.



New item descriptors and Explanatory Note

*Changes are subject to the passage of legislation and may differ to final version.

37213 item descriptor Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):
(a) complicated by:
(i) previous radiation therapy (including brachytherapy) on the prostate; or
(ii) previous ablative procedures on the prostate; and
(b) with bladder neck reconstruction;
other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)

Fee: \$2,464.65 **Benefit:** 75% = \$1,848.50

37214 item descriptor Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):
(a) complicated by:
(i) previous radiation therapy (including brachytherapy) on the prostate; or
(ii) previous ablative procedures on the prostate; and
(b) with bladder neck reconstruction and pelvic lymphadenectomy;
other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)

Fee: \$2,993.70 **Benefit:** 75% = \$2,245.30

Explanatory note TN.8.161

Best practice prior to claiming for a 37210, 37211, 37213 and 37214 would be for the operating surgeon to have a long consult with the patient within 6 months prior to surgery to discuss and provide patients with written information about all guideline-endorsed treatment options for their condition. A thorough consult discussing all available treatment modalities, is required to ensure patients make well-informed decision about their treatment.

Multi-disciplinary management constitutes clinical best practice in patients with intermediate risk or advanced prostate cancer. As such, patients should ideally be reviewed by a multi-disciplinary team before a treatment decision is made. Multi-disciplinary teams involve radiation oncologists (for alternate radical treatments), medical oncologists (for adjuvant or therapeutic approaches) and other disciplines (e.g. urology nurses, exercise physiotherapists, exercise physiologists, physiotherapists, psychologists, pathologists, radiologists). Recommendations from multi-disciplinary reviews should be documented in writing and provided to the patient and referring GP.

Men in whom curative treatment for prostate cancer is recommended, should be offered and encouraged to discuss treatment options with an urologist and a radiation oncologist prior to any treatment, as part of fully informed decision making. A record of a patient's decision not to accept a referral to a radiation oncologist (from the urologist or general practitioner) should be clearly documented in the patient's medical record.