



Changes to urology MBS services reference guide

Date of change: 1 November 2020

Amended items: 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, 36600*, 36603*, 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, 37000*, 37008, 37011*, 37014*, 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

New items: 30629, 30630, 35552, 36610, 36611, 36822, 36823, 37015, 37016, 37018, 37019, 37021, 37039, 37046, 37048, 37213*, 37214*, 37216*, 37344, and 37388

Deleted items: 36526, 36527, 36540, 36605, 36630, 36642, 36648, 36825, 36857, 37212, 37315, 37420 and 37444

*Amendment to explanatory note or introduction of new explanatory note.

Revised structure

- 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.
- 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.
- 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.



Patient impacts

Patients will receive Medicare rebates for urology services that are clinically appropriate and reflect modern clinical practice. The changes will provide greater access for patients, leading to improved health outcomes. 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.

Restrictions or requirements

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.

General, endoscopic, and other urology changes

Amended item 30450 – Extraction of calculus of biliary or renal tract

Overview: Consequential amendment due to item deletions (36630 and 36648) to clarify co-claiming restrictions

Item Descriptor: Calculus of biliary or renal tract, extraction of, using interventional imaging techniques—other than a service associated with a service to which item 36627 or 36645 applies (Anaes.) (Assist.)

MBS fee: \$540.80 (no change)

Amended item 30635 – Surgical correction of varicocele

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that microsurgical techniques can be used

Item Descriptor: Varicocele, surgical correction of, including microsurgical techniques, other than a service associated with a service to which items 30390, 30627, 30641, 30642 and 30644 apply - one procedure (Anaes.) (Assist.)

MBS fee: \$300.90 (no change)

Amended item 30642 – Radical unilateral orchidectomy with insertion of testicular prosthesis

Overview: Amended item descriptor to specify that the procedure is used for oncological purposes, adding the words "for tumour, via inguinal approach" and clarify that the item is for radical orchidectomy, including spermatic cord with insertion of testicular prosthesis.

Item Descriptor: Orchidectomy, radical including spermatic cord, unilateral, for tumour, inguinal approach, with insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643, 30644 or 45051 applies (Anaes.) (Assist.)



New MBS fee: \$781.85 Benefit: 75% = \$586.40

Amended item 30643 – Paediatric exploration of spermatic cord

Overview: Amended item descriptor to replace "with or without excision of spermatic cord and testis" with "with or without excision of spermatic cord lesion" and restrict co-claiming with items 30629, 30630, and 30642.

Item Descriptor: Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient under 10 years of age, other than a service associated with a service to which item 30629, 30630, or 30642 applies (Anaes.) (Assist.)

MBS fee: \$698.85 (no change)

Amended item 30644 – Exploration of spermatic cord

Overview: Amended item descriptor to replace "with or without excision of spermatic cord and testis" with "with or without excision of spermatic cord lesion" and restrict co-claiming with items 30629, 30630, and 30642.

Item Descriptor: Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, for a patient at least 10 years of age, other than a service associated with a service to which item 30629, 30630 or 30642 applies (Anaes.) (Assist.)

MBS fee: \$537.55 (no change)

Amended item 30654 – Circumcision of the penis other than item 30658

Overview: Amended item descriptor to mandate the use of analgesia for this procedure.

Item Descriptor: Circumcision of the penis, with topical or local analgesia, other than a service to which item 30658 applies

MBS fee: \$47.95 (no change)

Amended item 30658 – Circumcision of the penis in conjunction with Group T7 or Group T10

Overview: Amended item descriptor to clarify the type of analgesia for this procedure.

Item Descriptor: Circumcision of the penis, when performed under general or regional anaesthesia, and in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)

MBS fee: \$146.40 (no change)

Amended item 36818 – Cystoscopy, with ureteric catheterisation, including fluoroscopic imaging of the upper urinary tract

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure.



Item Descriptor: Cystoscopy, with ureteric catheterisation, unilateral or bilateral, guided by fluoroscopic imaging of the upper urinary tract, other than a service associated with a service to which item 36824 or 36830 applies (Anaes.)

MBS fee: \$285.25 (no change)

Amended item 36821 – Unilateral cystoscopy, with either ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis

Overview: Amended to remove the restriction on co-claiming with items 36830 and 36824.

Item Descriptor: Cystoscopy, unilateral, with one or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis (Anaes.) (Assist.)

MBS fee: \$333.30 (no change)

Amended item 36824 – Cystoscopy with ureteric catheterisation

Overview: Amended to remove the restriction on co-claiming with item 36821.

Item Descriptor: Cystoscopy with ureteric catheterisation, unilateral or bilateral, other than a service associated with a service to which item 36818 applies (Anaes.)

MBS fee: \$219.80 (no change)

Amended item 36827 – Cystoscopy with controlled hydrodilatation of the bladder

Overview: Amended to introduce a restriction on co-claiming with items 37011 and/or 37245.

Item Descriptor: Cystoscopy, with controlled hydrodilatation of the bladder, other than a service associated with a service to which item 37011 or 37245 applies (Anaes.)

MBS fee: \$237.05 (no change)

Amended item 36833 – Cystoscopy with removal of ureteric stent or other foreign body

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure, and specify that it is a unilateral procedure.

Item Descriptor: Cystoscopy with removal of ureteric stent or other foreign body in the lower urinary tract, unilateral (Anaes.)

MBS fee: \$285.25 (no change)

Amended item 36863 – Litholapaxy

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure.

Item Descriptor: Litholapaxy, with or without cystoscopy (Anaes.)



MBS fee: \$480.90 (no change)

Amended item 37008 – Suprapubic cystostomy or cystotomy

Overview: Amended to introduce an assistance component, specify an "open" suprapubic cystostomy and introduce a restriction on co-claiming with item 37245.

Item Descriptor: Open cystostomy or cystotomy, suprapubic, other than:

- (a) a service to which item 37011 applies; or
- (b) a service associated with a service to which item 37245 applies; or
- (c) another open bladder procedure (Anaes.) (Assist.)

MBS fee: \$429.45 (no change)

Amended item 37011* – Suprapubic stab cystotomy

Overview: Amended to remove restriction on co-claiming with items 37200 to 37221, and instead restrict co-claiming with item 36827 only. New explanatory note TN.8.159 applies to this item.

Item Descriptor: Suprapubic stab cystotomy, other than a service associated with a service to which item 36827 applies (Anaes.)

MBS fee: \$96.25 (no change)

Amended item 37221 – Endoscopic drainage of prostatic abscess

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure.

Item Descriptor: Prostatic abscess, endoscopic drainage of (Anaes.)

MBS fee: \$480.90 (no change)

Amended item 37318 – Urethroscopy with either biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure, and specify that it may be performed with or without cystoscopy

Item Descriptor: Urethroscopy, with or without cystoscopy, with any one or more of: biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.)

MBS fee: \$285.25 (no change)

Amended item 37324 – Internal/external urethrotomy or urethrostomy

Overview: Amended to introduce the assistance component, as an external urethrostomy, although not common, can be a challenging open procedure, especially in obese patients with extensive stricture disease.



Item Descriptor: Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)

MBS fee: \$237.05 (no change)

Amended item 37372 – Excision of urethral diverticulum

Overview: Amended to increase the schedule fee for female urethral diverticulum surgery so that it is consistent with the existing schedule fee for item 37029 (vesicovaginal fistula closure by abdominal approach).

Item Descriptor: Urethral diverticulum, excision of (Anaes.) (Assist.)

New MBS fee: \$953.60 Benefit: 75% = \$715.20

Amended item 37415 – Injection of penis

Overview: Amended to update the terminology for 'impotence' by replacing it with 'erectile dysfunction'.

Item Descriptor: Penis, injection of, for the investigation and treatment of erectile dysfunction. Applicable not more than twice in a 36-month period

MBS fee: \$48.05 (no change)

Amended item 37417 – Correction of chordee

Overview: Amended to better reflect contemporary care and best practice.

Item Descriptor: Penis, correction of chordee, by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.)

MBS fee: \$575.55 (no change)

Amended item 37418 – Correction of chordee with mobilisation of the urethra

Overview: Amended to better reflect contemporary care and best practice.

Item Descriptor: Penis, correction of chordee with incision or excision of fibrous plaque or plaques, with or without mobilisation of one or both of the neuro-vascular bundle and urethra (Anaes.) (Assist.)

MBS fee: \$764.65 (no change)

Amended item 37423* – Penis lengthening by translocation of corpora

Overview: Amended to specify that this item is only for procedures performed in conjunction with a partial penectomy, and now includes penile epispadias secondary repair. New explanatory note TN.8.164 applies to this item.

Item Descriptor: Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair, either as primary or secondary procedures (Anaes.) (Assist.)

MBS fee: \$953.60 (no change)



Amended item 37438 – Partial excision of scrotum

Overview: Amended to specify that the item should not be used for cosmetic procedures.

Item Descriptor: Scrotum, partial excision of, for histologically proven malignancy or infection (Anaes.) (Assist)

MBS fee: \$285.25 (no change)

Amended item 37604 – Exploration of scrotal contents

Overview: Amended to cover bilateral procedures, as bilateral orchidopexy for testicular torsion is the standard of care.

Item Descriptor: Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, other than a service associated with sperm harvesting for IVF (Anaes.)

MBS fee: \$285.25 (no change)

Amended item 37607* – Retroperitoneal lymph node dissection

Overview: Amended to replace "unilateral" with "bilateral", specify that the item should only be used for testicular tumours, remove the restriction on co-claiming with item 36528 and instead restrict co-claiming with diagnostic laparoscopy items (30390 and 30627). New explanatory note TN.8.165 applies to this item.

Item Descriptor: Bilateral retroperitoneal lymph node dissection, for testicular tumour, other than a service associated with a service to which items 30390 or 30627 applies (Anaes.) (Assist.)

New MBS fee: \$1,430.40 **Benefit:** 75% = \$1,072.80

Amended item 37610* – Retroperitoneal lymph node dissection following previous retroperitoneal procedure

Overview: Amended to replace "unilateral" with "bilateral", specify that the item should only be used for testicular tumours, replace the word "irradiation" with "radiation therapy", remove the restriction on co-claiming with item 36528 and instead restrict co-claiming with diagnostic laparoscopy items (30390 and 30627). New explanatory note TN.8.165 applies to this item.

Item Descriptor: Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, other than a service associated with a service to which items 30390 or 30627 applies, (Anaes.) (Assist.)

New MBS fee: \$2,151.95 **Benefit:** 75% = \$1,613.95

New item 30629 – Radical orchidectomy without insertion of prosthesis

Overview: This new item is for radical orchidectomy without prosthesis. The creation of this item recognises that there are some instances where patients decide to undergo a radical orchidectomy without prosthesis insertion. These patients may later decide they wish to have a prosthesis inserted, in which case that later operation would be covered by new item 30630.



Item Descriptor: Orchidectomy, radical, including spermatic cord, unilateral, for tumour, inguinal approach, without insertion of testicular prosthesis, other than a service associated with a service to which item 30631, 30635, 30641, 30643 or 30644 applies (Anaes.) (Assist.)

MBS fee: \$537.55 **Benefit:** 75% = \$403.15

New item 30630 – Insertion of testicular prosthesis

Overview: Introducing a new item for insertion of testicular prosthesis, where the prosthesis is inserted at least six months after orchidectomy. The creation of this item recognises that there are some situations where patients have an orchidectomy without the insertion of testicular prosthesis but later decide they wish to have a prosthesis inserted. This procedure can be performed via inguinal or scrotal approach.

Item Descriptor: Insertion of testicular prosthesis, at least 6 months after orchidectomy (Assist.) (Anaes.)

MBS fee: \$244.30 **Benefit:** 75% = \$183.25

New item 36822 – Cystoscopy combination of services (36818 and 36821)

Overview: Introducing a new item that combines existing items 36818 and 36821. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystoscopy, with ureteric catheterisation, unilateral:

- (a) guided by fluoroscopic imaging of the upper urinary tract; and
- (b) including one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis;

other than a service associated with a service to which item 36818, 36821 or 36830 applies (Anaes.) (Assist.)

MBS fee: \$475.95 **Benefit:** 75% = \$356.95 85% = \$404.55

New item 36823 – Cystoscopy combination of services (36833, 36818 and 36821)

Overview: Introducing a new item that combines existing items 36833, 36818 and 36821. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystoscopy, with removal of ureteric stent and ureteric catheterisation, unilateral:

- (a) guided by fluoroscopic imaging of the upper urinary tract; and
- (b) including either or both of the following:
 - (i) ureteric dilatation;
 - (ii) insertion of ureteric stent of ureter or of renal pelvis;

other than a service associated with a service to which item 36818, 36821, 36830 or 36833 applies (Anaes.) (Assist.)

MBS fee: \$547.25 **Benefit:** 75% = \$410.45 85% = \$465.15



New item 37344 – Division or removal of urethral autologous fascial sling (or other biological sling)

Overview: Introducing a new item to allow differentiation between synthetic urethral slings used in females (proposed item 37340) and pubovaginal fascial autologous fascial slings used in females. This recognises a need to differentiate between:

- Female and male stress urinary incontinence surgery using slings.
- Synthetic and non-synthetic stress incontinence surgery using slings.
- Autologous and non-autologous (biological material not originating from the patient) stress urinary incontinence surgery using slings.

This differentiation will help identify patterns of care and complications related to stress incontinence surgery—specifically, potential rates of sling complications.

Item Descriptor: Urethral autologous fascial sling (or other biological sling), division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service to which 37340 or 37341 applies (Anaes.) (Assist.)

MBS fee: \$939.80 **Benefit:** 75% = \$704.85

New item 37388 – Percutaneous adjustment of filling volume of an artificial sphincter

Overview: Introducing a new item for a new item for percutaneous adjustment of filling volume of an artificial sphincter. Current items and descriptors in this section do not allow for artificial urinary sphincters that can be and may need to be, adjusted by the office-based, percutaneous addition or aspiration of filling liquid. Practitioners should no longer inappropriately claim 37390.

Item Descriptor: Artificial urinary sphincter, sterile, percutaneous adjustment of filling volume

MBS fee: \$101.00 **Benefit:** 75% = \$75.75 85% = \$85.85

Deleted item 36825 – Cystoscopy, with endoscopic incision of pelviureteric junction or ureteric stricture, including removal or replacement of ureteric stent, not being a service associated with a service to which item 36818, 36821, 36824, 36830 or 36833 applies (Anaes.) (Assist.)

Deleted item 36857 – Endoscopic manipulation or extraction of ureteric calculus (Anaes.)

Deleted item 37315 – Urethroscopy, as an independent procedure (Anaes.)

Deleted item 37420 – Penis, surgery to inhibit rapid penile drainage causing impotence, by ligation of veins deep to Buck's fascia including 1 or more deep cavernosal veins, with or without pharmacological erection test (Anaes.) (Assist.)



Deleted item 37444 – Ureterolithotomy complicated by previous surgery at the same site of the same ureter (Anaes.) (Assist.)

New explanatory note TN.8.159 – General Urology: Bladder repair and Cystotomy - (Item 37011)

Overview: Introducing a new explanatory note to clarify when it is appropriate to claim this item. The procedure for item 37011 may include cystoscopy, but it should not include both cystoscopy and hydrodistension, which is only intended for treatment of interstitial cystitis and other inflammatory bladder disorders.

Explanatory note descriptor: Co-claiming of this item is reasonable in urgent situations that cannot be resolved with a urethral catheter alone.

New explanatory note TN.8.164 – General Urology: Lengthening of penis - (Item 37423)

Overview: Introducing a new explanatory note to specify that the partial penectomy does not have to be performed at the same time as the penis lengthening.

Explanatory note descriptor: The partial penectomy or penile epispadias secondary repair does not need to occur during the same episode that item 37423 is claimed.

New explanatory note TN.8.165 – General Urology: Lymph Node Dissection - (Item 37607 and 37610)

Overview: Introducing a new explanatory note to specify that retroperitoneal lymph node dissection is based on templates due to patterns of tumour spread, and bilateral retroperitoneal lymph node dissection is the standard of care.

Explanatory note descriptor: Items 37607 and 37610 should be performed using a bilateral template.

Urological Oncology changes (including BPH)

Amended item 36516* – Complete nephrectomy

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which items 30390 or 30627 apply (Anaes.) (Assist.)

MBS fee: \$953.60 (no change)



Amended item 36519* – Complete nephrectomy complicated by previous surgery

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephrectomy, complete, by open, laparoscopic or robot-assisted approach, complicated by previous surgery on the same kidney, other than a service associated with a service to which items 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,331.45 (no change)

Amended item 36522* – Partial nephrectomy

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephrectomy, partial, by open, laparoscopic or robot-assisted approach, other than a service associated with a service to which items 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,142.60 (no change)

Amended item 36525 – Partial nephrectomy (complicated)

Overview: Amended item descriptor to include partial nephrectomies performed after another ablative procedure on the kidney, in patients with a solitary kidney and in patients with an eGFR of less than 60ml/min/1.73m²; restrict co-claiming with diagnostic laparoscopy items (30390 and 30627); and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches.

Item Descriptor: Nephrectomy, partial, by open, laparoscopic or robot-assisted approach:

- (a) if complicated by previous surgery or ablative procedure on the same kidney; or
- (b) for a patient with a solitary functioning kidney; or
- (c) for a patient with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m²;

other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,623.65 (no change)

Amended item 36528* – Radical nephrectomy with en bloc dissection for tumour less than 10cms in diameter

Overview: Amended item descriptor to allow for use 'with or without en bloc dissection of lymph nodes', restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10 cm in diameter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)



MBS fee: \$1,331.45 (no change)

Amended item 36529* – Radical nephrectomy with en bloc dissection for tumour more than 10cms in diameter

Overview: Amended item descriptor to allow for use 'with or without en bloc dissection of lymph nodes', restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephrectomy, radical, by open, laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, with or without adrenalectomy:

(a) for a tumour 10 cm or more in diameter; or

(b) if complicated by previous open or laparoscopic surgery on the same kidney;

other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,643.20 (no change)

Amended item 36531* – Complete nephroureterectomy

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephroureterectomy, complete, by open laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,194.05 (no change)

Amended item 36532* – Nephroureterectomy for tumour with or without en bloc dissection of lymph nodes

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephroureterectomy, for tumour, by open laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, other than a service to which item 36533 applies or a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,713.80 (no change)

Amended item 36533* – Nephroureterectomy for tumour (complicated)



Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Nephroureterectomy, for tumour, by open laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, complicated by previous open or laparoscopic surgery on the same kidney or ureter, other than a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$2,025.55 (no change)

Amended item 36576* – Exposure and exploration of kidney for trauma, including repair or nephrectomy

Overview: Amended item descriptor to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) and specify that this procedure can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.154 applies to this item.

Item Descriptor: Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, by open, laparoscopic or robot assisted approach, other than a service associated with:

- (a) any other procedure performed on the kidney, renal pelvis or renal pedicle; or
- (b) a service to which item 30390 or 30627 applies (Anaes.) (Assist.)

MBS fee: \$1,194.05 (no change)

Amended item 36579 – Complete or partial ureterectomy

Overview: Amended item descriptor to include 'for tumour within ureter, proven by histopathology' to ensure that the item is only claimed where there is a prior cancer diagnosis. The wording ensures that the item is not inappropriately claimed for frozen sections or biopsies of the ureter.

Also, the amendment will remove the restriction of co-claiming with partial excision of bladder item 37000.

Item Descriptor: Ureterectomy complete or partial:

- (a) for a tumour within the ureter, proven by histopathology at the time of surgery; or
- (b) for congenital anomaly;

with or without associated bladder repair (Anaes.) (Assist)

MBS fee: \$764.65 (no change)

Amended item 36609 – Revision of intestinal urinary conduit or ureterostomy

Overview: Amended item descriptor to include revision of intestinal urinary reservoir, as currently no item exists for this specific procedure on the MBS. Practitioners should no longer inappropriately claim 37045.

Item Descriptor: Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.)

MBS fee: \$764.65 (no change)



Amended item 36811 – Cystoscopy with insertion of prosthesis

Overview: Amended item descriptor to include prostatic as well as urethral prosthesis, restrict co-claiming with items 37203, 37207 and 37230 and limit the number of times item 36811 can be claimed per episode.

Item Descriptor: Cystoscopy, with insertion of one or more urethral or prostatic prostheses, other than a service associated with a service to which item 37203, 37207 or 37230 applies (Anaes.)

MBS fee: \$333.50 (no change)

Amended item 36812 – Cystoscopy with urethroscopy

Overview: Amended item descriptor to allow item 36812 to be claimed for standalone urethroscopy procedures, in addition to cystoscopies with urethroscopies and remove restriction related to item 37327.

Item Descriptor: Either or both of cystoscopy and urethroscopy, with or without urethral dilatation, other than a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)

MBS fee: \$171.90 (no change)

Amended item 36840 – Cystoscopy with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder

Overview: Amended item descriptor to specify that the tumour (or other lesion of the bladder) must be in one quadrant of the bladder or a solitary tumour of 2 cm or less.

Item Descriptor: Cystoscopy, with diathermy, resection or visual laser destruction of bladder tumour or other lesion of the bladder, for:

- (a) a tumour or lesion in only one quadrant of the bladder; or
- (b) a solitary tumour of not more than 2 cm in diameter;

other than a service associated with a service to which item 36845 applies (Anaes.)

MBS fee: \$333.30 (no change)

Amended item 36842 – Cystoscopy with lavage of blood clots from bladder

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure. Also amendment to replace the word "diathermy" with "cautery" to allow the use of other energy sources to achieve haemostasis.

Item Descriptor: Cystoscopy, with lavage of blood clots from bladder including any associated cautery of prostate or bladder, other than a service associated with a service to which item 36812, 36827 to 36863, 37203, 37206, 37230 or 37233 applies (Anaes.)

MBS fee: \$335.35 (no change)



Amended item 36845 – Cystoscopy with resection, diathermy or visual laser destruction of multiple tumours of the bladder

Overview: Amended item to complement changes to item 36840.

Item Descriptor: Cystoscopy, with diathermy, resection or visual laser destruction of:

- (a) multiple tumours in 2 or more quadrants of the bladder; or
- (b) a solitary tumour of more than 2 cm in diameter (Anaes.)

MBS fee: \$713.00 (no change)

Amended item 37200* – Open prostatectomy

Overview: Amended item to specify that the item covers laparoscopic or robotic-assisted surgical approaches, in addition to an open approach. Although the procedure traditionally used an open surgical approach, technological development in this area of practice has introduced alternative possible approaches, which should be included in this item. New explanatory note TN.8.162 applies to this item.

However, given the availability of an open approach as an equivalent procedure, and to prevent the unnecessary use of robot-assistance, there will be no schedule fee increase.

Item Descriptor: Prostatectomy, by open, laparoscopic or robotic-assisted approach (Anaes.) (Assist.)

MBS fee: \$1,048.05 (no change)

Amended item 37203 – Endoscopic prostatectomy using diathermy or cold punch

Overview: Amended item to replace the reference to "cold punch" with "transurethral resection using cautery" and align the wording with the item descriptors for other prostate procedures.

Item Descriptor: Prostatectomy, transurethral resection using cautery, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37201, 37202, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)

MBS fee: \$1,074.70 (no change)

Amended item 37206 – Continuation endoscopic prostatectomy using diathermy or cold punch

Overview: Amended item to replace the reference to "cold punch" with "other ablative techniques" and remove the phrase "within 10 days of the procedure described by item 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons" and replace with "within 10 days of initial procedure".

Item Descriptor: Prostatectomy, endoscopic, using diathermy or other ablative techniques:

- (a) with or without cystoscopy and with or without urethroscopy; and
- (b) including services to which one or more of items 36854, 37303, 37321 and 37324 apply;

continuation, within 10 days, of treatment of benign prostatic hyperplasia that had to be discontinued for medical reasons (Anaes.)



MBS fee: \$575.55 (no change)

Amended item 37210* – Radical prostatectomy

Overview: Amended item to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627), clarify that the procedure should include sparing of the nerves around the prostate, where clinically indicated and replace the reference to 'bladder neck reconstruction' with 'with or without bladder neck reconstruction'. New explanatory note TN.8.161 applies to this item.

Item Descriptor: Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) with or without bladder neck reconstruction, other than a service associated with a service to which item 30390, 30627, 35551, 36502, or 37375 applies (Anaes.) (Assist.)

MBS fee: \$1,643.20 (no change)

Amended item 37211* – Radical prostatectomy with pelvic lymphadenectomy

Overview: Amended item to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627), clarify that the procedure should include sparing of the nerves around the prostate, where clinically indicated and replace the reference to 'bladder neck reconstruction' with 'with or without bladder neck reconstruction'. New explanatory note TN.8.161 applies to this item.

Item Descriptor: Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated):

- (a) with or without bladder neck reconstruction; and
- (b) with pelvic lymphadenectomy;

other than a service associated with a service to which item 30390, 30627, 35551, 36502 or 37375 applies (Anaes.) (Assist.)

MBS fee: \$1,995.65 (no change)

Amended item 37215 – Endoscopic biopsy of prostate

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure.

Item Descriptor: Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.)

MBS fee: \$429.45 (no change)

Amended item 37217* – Implantation of radio-opaque fiducial markers into prostate

Overview: Item 37217, an interim MBS item, will be made permanent and amended to specify that the procedure is performed under ultrasound guidance and associated with item 55603 (ultrasound scan of prostate, bladder base and urethra). Amended explanatory note TN.8.54 applies to this item.

Item Descriptor: Prostate, implantation of radio-opaque fiducial markers into the prostate gland or prostate surgical bed, under ultrasound guidance, being an item associated with a service to which item 55603 applies (Anaes.)



MBS fee: \$142.60 (no change)

Amended item 37218 – Needle biopsy of prostate excluding insertion of radioopaque markers

Overview: Amended item to remove the words "needle biopsy of, or" and stipulate the item includes single or multiple injections. Needle biopsy is now covered by item 37219 and the new item 37216 for transrectal prostate biopsy.

Item Descriptor: Prostate, injection into, one or more, excluding insertion of fiduciary markers (Anaes.)

MBS fee: \$142.60 (no change)

Amended item 37219* – Needle biopsy of prostate using prostatic ultrasound techniques and obtaining specimens

Overview: Amended item to specify that the item can also be used for post-prostatectomy patients, that this item can only be used when a transperineal approach is taken and remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure. New explanatory note TN.8.160 applies to this item.

Item Descriptor: Prostate or prostatic bed, needle biopsy of, by the transperineal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55600 or 55603 applies (Anaes.)

New MBS fee: \$347.60 **Benefit:** 75% = \$260.70 85% = \$295.45

Amended item 37220* – Radioactive seed implantation of prostate

Overview: Amended item to associate item 37220 with item 15338, and with fluoroscopy items 60506 and 60509, and reflect the current terminology used with the Gleason score (i.e. the phrase "Grade Group"). Amended explanatory note TN.8.55 applies to this item.

Item Descriptor: Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance:

- (a) for a patient with:
 - (i) localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate); and
 - (ii) a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3); and
 - (iii) a prostate specific antigen (PSA) of not more than 10ng/ml at the time of diagnosis; and
- (b) performed by a urologist at an approved site in association with a radiation oncologist; and
- (c) being a service associated with:
 - (i) services to which items 15338 and 55603 apply; and
 - (ii) a service to which item 60506 or 60509 applies (Anaes.)

MBS fee: \$1,076.80 (no change)



Amended item 37224 – Diathermy or visual laser destruction of lesion of prostate

Overview: Amended item to replace the reference to "visual laser destruction of a lesion" with the term "cauterisation".

Item Descriptor: Prostate, diathermy or cauterisation of, other than a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)

MBS fee: \$333.30 (no change)

Amended item 37230* – Prostatic ablation

Overview: Amended item to describe a more general item for ablative procedures of the prostate. This item should be used to treat benign prostate hyperplasia. New explanatory note TN.8.163 applies to this item.

Item Descriptor: Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy of, with or without cystoscopy and with or without urethroscopy (Anaes.)

MBS fee: \$1,074.70 (no change)

Amended item 37233* – Continuation of prostatic ablation

Overview: Amended item to describe a more general item for ablative procedures of the prostate. This item should be used to treat benign prostate hyperplasia. New explanatory note TN.8.163 applies to this item.

Item Descriptor: Prostate, ablation by electrocautery or high-energy transurethral microwave thermotherapy of, with or without cystoscopy and with or without urethroscopy, continuation of, within 10 days of a urological procedure of the prostate that had to be discontinued for medical reasons (Anaes.)

MBS fee: \$575.55 (no change)

Amended item 37245 – Endoscopic enucleation of prostate

Overview: Amended item to remove the reference to "high powered Holmium: YAG laser and an end-firing, non-contact fibre", include morcellation by mechanical morcellation or by any endoscopic technique, and restrict co-claiming with items 36827 and 37008.

Item Descriptor: Prostate, endoscopic enucleation of, for the treatment of benign prostatic hyperplasia:

- (a) with morcellation, including mechanical morcellation or by an endoscopic technique; and
- (b) with or without cystoscopy;
- (c) with or without urethroscopy; and

other than a service associated with a service to which item 36827, 36854, 37008, 37201, 37202, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.)

MBS fee: \$1,301.60 (no change)



New item 36610 – Formation of intestinal urinary conduit (grouping items 36603 and 30566)

Overview: Introducing a new item that combines existing items 36603 and 30566. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of one or both ureters into reservoir (Anaes.) (Assist.)

MBS fee: \$1,830.50 **Benefit:** 75% = \$1,372.90

New item 36611 – Formation of intestinal urinary reservoir (grouping items 36606 and 30566)

Overview: Introducing a new item that combines existing items 36606 and 30566. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non-return valves and implantation of one or both ureters into reservoir, performed by open, laparoscopic or robot-assisted approaches (Anaes.) (Assist.)

MBS fee: \$2,887.20 **Benefit:** 75% = \$2,165.40

New item 37015 – Total excision of bladder following previous procedure to pelvis

Overview: Introducing a new item for complex total cystectomy following prior surgery, radiation therapy or chemotherapy. Some total cystectomies are now performed after previous radiation therapy or chemotherapy, or after surgery for benign conditions such as interstitial cystitis. These operations are significantly more complex and of longer duration than the primary surgeries, and neo-adjuvant radiation therapy and chemotherapy result in complications that must then be managed by the surgeon.

Item Descriptor: Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)

MBS fee: \$1,319.50 **Benefit:** 75% = \$989.65

New item 37016 – Cystectomy with prostatectomy and pelvic lymph node dissection

Overview: Introducing a new item to reflect combinations of commonly co-claimed items in cystectomy procedures for cystectomy in male oncological cases. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystectomy, including prostatectomy and pelvic lymph node dissection, other than a service associated with a service to which items 37000, 37014, 37015, 37209, 35551 or 36502 applies (Anaes) (Assist)

MBS fee: \$2,057.55 **Benefit:** 75% = \$1,543.15



New item 37018 – Complex cystectomy with prostatectomy and pelvic lymph node dissection following previous procedure to the pelvis

Overview: Introducing a new item to reflect combinations of commonly co-claimed items in cystectomy procedures for complex cystectomy in male oncological cases. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystectomy, including prostatectomy and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, or radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which items 37000, 37014, 37015, 37016, 37209, 35551 or 36502 applies (Anaes.) (Assist.)

MBS fee: \$3,086.35 **Benefit:** 75% = \$2,314.80

New item 37019 – Cystectomy with anterior exenteration and pelvic lymph node dissection

Overview: Introducing a new item to reflect combinations of commonly co-claimed items in cystectomy procedures for cystectomy in female oncological cases. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystectomy, including anterior exenteration and pelvic lymph node dissection, other than a service associated with a service to which any of items 37000, 37014, 37015, 37019, 35551, 36502, and 35653 to 35756 applies (Anaes.) (Assist.)

MBS fee: \$2,055.20 **Benefit:** 75% = \$1,541.40

New item 37021 – Complex cystectomy with anterior exenteration and pelvic lymph node dissection following previous procedure to the pelvis

Overview: Introducing a new item to reflect combinations of commonly co-claimed items in cystectomy procedures for complex cystectomy in female oncological cases. This will reduce the variation of urology procedures being claimed for these operations and describe a complete medical service.

Item Descriptor: Cystectomy, including anterior exenteration and pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery, radiation therapy or chemotherapy to the pelvis, other than a service associated with a service to which any of items 37000, 37014, 37015, 35551, 36502 and 35653 to 35756 applies (Anaes.) (Assist.)

MBS fee: \$3,082.80 **Benefit:** 75% = \$2,312.10

New item 37213* – Complex radical prostatectomy following previous radiation therapy or focal therapy

Overview: Introducing a new item to describe complex radical prostatectomy without pelvic lymphadenectomy, specifically in patients who have previously undergone radiation therapy or focal therapies. This change recognises that complex radical prostatectomies carry substantive risks of rectal injury, incontinence, erectile dysfunction and



urethral strictures, far greater than a standard radical prostatectomy. The procedures are longer in duration than a standard radical prostatectomy and require more difficult post-operative care. New explanatory note TN.8.161 applies to this item.

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.)

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

New item 37214* – Complex radical prostatectomy following previous radiation therapy or focal therapy

Overview: Introducing a new item to describe complex radical prostatectomy with pelvic lymphadenectomy, specifically in patients who have previously undergone radiation therapy or focal therapies. This change recognises that complex radical prostatectomies carry substantive risks of rectal injury, incontinence, erectile dysfunction and urethral strictures, far greater than a standard radical prostatectomy. The procedures are longer in duration than a standard radical prostatectomy and require more difficult post-operative care. New explanatory note TN.8.161 applies to this item.

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.)

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

New item 37216* – Transrectal ultrasound guided needle biopsy of the prostate

Overview: Introducing a new item to describe transrectal prostate biopsies. This change recognises that transperineal biopsies are safer for the patient but more technically challenging and expensive, compared to transrectal biopsies – and should be remunerated accordingly. Given the higher risk of sepsis for transrectal biopsies, and the higher risk of temporary erectile dysfunction with a transperineal approach, patients and carers should be given information about both biopsy options, including potential complications, before undergoing treatment. New explanatory note TN.8.160 applies to this item.



Item Descriptor: Prostate or prostatic bed, needle biopsy of, by the transrectal route, using prostatic ultrasound guidance and obtaining one or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)

MBS fee: \$144.85 **Benefit:** 75% = \$108.65 85% = \$123.15

Deleted item 36526 – Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour less than 10cms in diameter, where performed if malignancy is clinically suspected but not confirmed by histopathological examination (Anaes.) (Assist.)

Deleted item 36527 – Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour 10cms or more in diameter, or complicated by previous open or laparoscopic surgery on the same kidney, where performed if malignancy is clinically suspected but not confirmed by histopathological examination (Anaes.) (Assist.)

Deleted item 37212 – Prostate, open perineal biopsy or open drainage of abscess (Anaes.) (Assist.)

Amended explanatory note TN.8.54 – Fiducial Markers into the Prostate - (Item 37217)

Overview: Amended explanatory note to recognise that any type of fiducial marker can be used, in line with contemporary care. Some fiducial markers are no longer made of gold.

Explanatory note: Item 37217 is for the insertion of fiducial markers into the prostate or prostate surgical bed as markers for radiotherapy. The service cannot be claimed under item 37218 or any other surgical item.

This item was introduced into the Schedule on an interim basis pending the outcome of an evaluation being undertaken by the Medical Services Advisory Committee (MSAC).

Further information on the review of this service is available from the MSAC Secretariat.

Amended explanatory note TN.8.55 – Brachytherapy of the Prostate - (Item 37220)

Overview: Both the descriptor and the explanatory note for item 37220 have been updated to reflect the current terminology used with the Gleason score (i.e. the phrase "Grade Group").

Explanatory note: One of the requirements of item 37220 is that patients have a Gleason score of less than or equal to 7 (Grade Group 1-3). However, where the patient has a score of 7, comprising a primary score of 4 and a secondary score of 3 (i.e. 4+3=7; Grade Group 3), it is recommended that low dose rate brachytherapy form part of a combined modality treatment.



Low dose rate brachytherapy of the prostate should be performed in patients, with favourable anatomy allowing adequate access to the prostate without pubic arch interference, and who have a life expectancy of greater than 10 years.

An 'approved site' for the purposes of this item is one at which radiation oncology services may be performed lawfully under the law of the State or Territory in which the site is located.

New explanatory note TN.8.153 – Urology Oncology: Intestinal Conduit - (Items 36600 and 36603)

Overview: Introducing a new explanatory note to recognise that patients undergoing these procedures should ideally be treated at a facility that is adequately resourced for stomal therapy support.

Explanatory note: Patients undergoing these procedures should ideally be treated at a facility adequately resourced for stomal therapy support, where High Dependency Units or Intensive Care Units, experienced nursing staff, and stomal therapy is available.

New explanatory note TN.8.154 – Urology Oncology: Nephrectomy and Nephroureterectomy - (Items 36516, 36519, 36522, 36528, 36529, 36531, 36532, 36533 and 36576)

Overview: Introducing a new explanatory note to recognise that best practice in treating kidney cancer patients with an estimated glomerular filtration rate (eGFR) of less than 60ml/min/1.73m² involves multi-disciplinary management in collaboration with a nephrologist. In the context of kidney cancer, certain patients may benefit from referral to a nephrologist or multi-disciplinary input from urologists, nephrologists, interventional radiologists, and radiation and medical oncologists. Examples include patients with small renal masses, patients unfit for surgery, and patients with solitary kidneys or impaired renal function. Some small renal tumours suitable for partial nephrectomy may also be suitable for radio-frequency ablation or cryotherapy.

Explanatory note: Best practice in treating kidney cancer patients with an estimated glomerular filtration rate (eGFR) <60ml/min/1.73m² involves multi-disciplinary management in collaboration with a nephrologist.

New explanatory note TN.8.157 – Urology Oncology: Bladder Excision or Transection - (Items 37000 and 37014)

Overview: Introducing a new explanatory note to recognise the role of multi-disciplinary management for cancer patients, which is considered best practice and the standard of care. For example, in the context of managing invasive bladder cancer, there is a role for neoadjuvant chemotherapy prior to surgery and with radiation therapy. As a result, best practice would involve discussion of invasive bladder cancer cases at a multi-disciplinary meeting prior to implementing therapy.

Explanatory note: Best practice in management of invasive bladder cancer is to discuss cases at multi-disciplinary meetings to determine the role of neo-adjuvant chemotherapy prior to surgery or radiation therapy with or without chemotherapy. Information and management decisions on patient care from the multi-disciplinary meeting should be communicated to the referring GP in a timely manner.



New explanatory note TN.8.158 – Urology Oncology: Cystoscopy - (Item 36842)

Overview: Introducing a new explanatory note to clarify that the co-claiming restrictions for item 36842 (with items 36812, 36827 to 36863, 37203 and 37206) prevent the restricted items from being co-claimed as part of the same procedure, but do not prevent the restricted items from being claimed as separate procedures on the same day. This clarification recognises that there are circumstances in which it would be clinically justified to claim item 36842 with the restricted items as different procedures on the same patient on the same day.

Explanatory note: The co-claiming restrictions for 36842 with items 36812, 36827 to 36863, 37203 and 37206, prevent the restricted items from being co-claimed as part of the same procedure, but do not prevent the restricted items from being claimed as separate procedures on the same day.

New explanatory note TN.8.160 – Urology Oncology: Prostate Biopsy using ultrasound guidance - (Items 37216 and 37219)

Overview: Introducing a new explanatory note to clarify that best practice is to ensure patients are informed of the uncommon but serious risks of severe infection from transrectal prostate biopsy, and that alternative biopsy methods (e.g. transperineal) reduce this risk. This explanatory note recognises the importance of informed consent for patients undergoing prostate biopsies. Given the higher risk of sepsis for transrectal biopsies, and the higher risk of temporary erectile dysfunction with a transperineal approach, patients and carers should be given information about both biopsy options, including potential complications, before undergoing treatment.

Explanatory note: Best practice is to ensure patients are informed of the uncommon but serious risk of severe infection when a transrectal needle biopsy is performed, and that alternative methods of biopsy are available that reduces this risk. Practitioners are to ensure that the referring GP is informed of the biopsy result as soon as possible (optimally 2-4 weeks) after the biopsy. This ensures that GPs will be informed early after diagnosis of prostate cancer, and will be in a better position to support the patient after diagnosis.

New explanatory note TN.8.161 – Urology Oncology: Prostatectomy - (Items 37210, 37211, 37213 and 37214)

Overview: Introducing a new explanatory note to recognise it is critically important for all prostate cancer patients, especially those who are newly diagnosed, to have access to sufficient, balanced and personalised information to make an informed choice about their cancer management and treatment options. This is particularly important because two of the major treatment options for intermediate and advanced prostate cancers (surgical prostatectomy and radiation therapy) have different side effect profiles, which affect patients' quality of life differently depending on their age, lifestyle and expectations.

Best practice management of patients who require active treatment for prostate cancer should involve review by a multi-disciplinary team. A robust multi-disciplinary review can be more valuable than two separate consultations, however a patient should be encouraged to discuss treatment options with a urologist and a radiation oncologist, allowing the patient to be fully informed of all treatment options, prior to commencement of any treatment.

Explanatory note: 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 a 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.

New explanatory note TN.8.162 – Prostate: Benign prostatic hyperplasia and prostatectomy - (Item 37200)

Overview: Introducing a new explanatory note to clarify that this item would be appropriate to use regardless of approach. Although these procedures traditionally used an open surgical approach, technological development in this area of practice has introduced alternative possible approaches, which has been reflected in an amended item descriptor.

Explanatory note: The laparoscopic or robotic assisted approaches to prostatectomy may include trans-peritoneal or extra-peritoneal access.

New explanatory note TN.8.163 – Prostate: Benign prostatic hyperplasia by ablation - (Items 37230 and 37233)

Overview: Introducing a new explanatory note to clarify items 37230 and 37233 should only be used to treat benign prostatic hyperplasia, and not prostate cancer. While there is growing interest in the idea of focal therapy to treat prostate cancer, this is still considered experimental.

Explanatory note: Items 37230 and 37233 should be used to treat benign prostate hyperplasia.

Endo-urology and renal stone disease changes

Amended item 36543 – Nephrolithotomy or pyelolithotomy

Overview: Amended item descriptor to reflect the consolidation and incorporation of item 36540.

Item Descriptor: Nephrolithotomy or pyelolithotomy, or both, extended, for one or more renal stones, including one or more of: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.)



MBS fee: \$1,331.45 (no change)

Amended item 36549 – Ureterolithotomy

Overview: Amended item descriptor to specify that the procedure can be via open, laparoscopic or robot-assisted approaches. This recognises that all these techniques are valid options for this procedure.

Item Descriptor: Ureterolithotomy, by open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)

MBS fee: \$859.15 (no change)

Amended item 36604 – Passage of ureteric stent through percutaneous nephrostomy tube

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional radiology techniques but not including imaging (Anaes.)

MBS fee: \$276.05 (no change)

Amended item 36607 – Insertion of ureteric stent with balloon dilatation

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Ureteric stent insertion of, with balloon dilatation of:

- (a) the pelvicalyceal system; or
- (b) ureter; or
- (c) the pelvicalyceal system and ureter;

through a nephrostomy tube using interventional radiology techniques but not including imaging (Anaes.)

MBS fee: \$712.30 (no change)

Amended item 36608 – Exchange of ureteric stent percutaneously through the ileal conduit or bladder

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional radiology techniques but not including imaging, other than a service associated with a service to which any of items 36811 to 36854 apply (Anaes.)



MBS fee: \$276.05 (no change)

Amended item 36624 – Percutaneous nephrostomy

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Nephrostomy, percutaneous, using interventional radiology techniques but not including imaging (Anaes.) (Assist.)

MBS fee: \$575.55 (no change)

Amended item 36627 – Percutaneous nephroscopy with stone extraction, biopsy or diathermy

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.

Item Descriptor: Nephroscopy, percutaneous, with or without any one or more of stone extraction, biopsy or diathermy, other than a service to which item 36639 or 36645 applies (Anaes.)

MBS fee: \$713.00 (no change)

Amended item 36633 – Percutaneous nephroscopy with insertion of ureteric stent

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.

Item Descriptor: Nephroscopy, percutaneous, with incision of any one or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, other than a service associated with a service to which item 36627, 36639, or 36645 applies (Anaes.) (Assist.)

MBS fee: \$764.65 (no change)

Amended item 36636 – Associated percutaneous nephroscopy with insertion of ureteric stent

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.

Item Descriptor: Nephroscopy, percutaneous, with incision of any one or more of renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, being a service associated with a service to which item 36627, 36639, or 36645 applies (Anaes.) (Assist.)

MBS fee: \$412.40 (no change)

Amended item 36639 – Percutaneous nephroscopy with destruction and extraction of stones

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.



Item Descriptor: Nephroscopy, percutaneous, with destruction and extraction of one or two stones using ultrasound or electrohydraulic shock waves or lasers, other than a service to which item 36645 applies (Anaes.)

MBS fee: \$859.15 (no change)

Amended item 36649 – Exchange of nephrostomy drainage tube

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Nephrostomy drainage tube, exchange of, using interventional radiology techniques but not including imaging (Anaes.) (Assist.)

MBS fee: \$276.05 (no change)

Amended item 36650 – Removal of nephrostomy drainage tube

Overview: Amended item descriptor to specify that the procedure should only be performed using interventional radiology techniques, and include the reference 'but not including imaging'. This is to ensure patient safety, and to ensure that both urologists and radiologists are able to perform the procedures.

Item Descriptor: Nephrostomy tube, removal of, using interventional radiology techniques but not including imaging, if the ureter has been stented with a double J ureteric stent and that stent is left in place (Anaes.)

MBS fee: \$154.40 (no change)

Amended item 36803 – Ureteroscopy

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.

Item Descriptor: Ureteroscopy, of one ureter, with or without any one or more of cystoscopy, ureteric meatotomy, or ureteric dilatation, other than a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824 or 36848 applies (Anaes.) (Assist.)

MBS fee: \$480.90 (no change)

Amended item 36806 – Ureteroscopy

Overview: Amendment to specify that the procedure can be performed "with or without endoscopic incision of pelviureteric junction or ureteric stricture".

Item Descriptor: Ureteroscopy, of one ureter:

- (a) with or without one or more of the following:
 - (i) cystoscopy;
 - (ii) endoscopic incision of pelviureteric junction or ureteric stricture;
 - (iii) ureteric meatotomy;
 - (iv) ureteric dilatation; and
- (b) with one or more of the following:



- (i) extraction of stone from the ureter;
 - (ii) biopsy or diathermy of the ureter;
- other than:
- (c) a service associated with a service to which item 36803 or 36812 applies; or
 - (d) a service associated with a service, performed on the same ureter, to which item 36809, 36824 or 36848 applies (Anaes.) (Assist.)

MBS fee: \$670.10 (no change)

Amended item 36809 – Ureteroscopy

Overview: Consequential amendment due to item deletions to clarify co-claiming restrictions.

Item Descriptor: Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus destruction of stone in the ureter with ultrasound, electrohydraulic or kinetic lithotripsy or laser, with or without extraction of fragments, other than a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36806, 36824 or 36848 applies to a procedure performed on the same ureter (Anaes.) (Assist.)

MBS fee: \$859.15 (no change)

Deleted item 36540 – Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones (Anaes.) (Assist.)

Deleted item 36605 – Ureteric stent, insertion of, with removal of calculus from: (a) the pelvicalyceal system; or (b) ureter; or (c) the pelvicalyceal system and ureter; through a nephrostomy tube using interventional imaging techniques (Anaes.)

Deleted item 36630 – Nephroscopy, being a service to which item 36627 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (Anaes.) (Assist.)

Deleted item 36642 – Nephroscopy, being a service to which item 36639 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation due to bleeding (Anaes.) (Assist.)

Deleted item 36648 – Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been performed, it is necessary to discontinue the operation (Anaes.) (Assist.)



Paediatric genitourinary and reconstructive urology changes

Amended item 36561 – Renal biopsy

Overview: Amended item descriptor to specify that the procedure is done under image guidance. Safety considerations infer that a closed biopsy of the kidney should be performed with image guidance. The inference of “closed” is that the procedure is percutaneous. Without image guidance, the procedure would be “blind” and unsafe.

Item Descriptor: Renal biopsy, performed under image guidance (closed) (Anaes.)

MBS fee: \$177.90 (no change)

Amended item 36564 – Pyeloplasty (plastic reconstruction of the pelvi-ureteric junction)

Overview: Amended item descriptor to specify that the procedure can be performed with or without the use of a retroperitoneal approach, and clarify that this operation can be conducted using open, laparoscopic or robot-assisted approaches.

Item Descriptor: Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open, laparoscopic or robot assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)

MBS fee: \$953.60 (no change)

Amended item 36567* – Pyeloplasty in congenitally abnormal kidney

Overview: Amended item descriptor to specify that the procedure can be performed with or without the use of a retroperitoneal approach, and clarify that this operation can be conducted using open, laparoscopic or robot-assisted approaches. New explanatory note TN.8.155 applies to this item.

Item Descriptor: Pyeloplasty in a kidney that is congenitally abnormal in addition to the presence of pelvi-ureteric junction obstruction), or in a solitary kidney, by open, laparoscopic or robot assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)

MBS fee: \$1,048.05 (no change)

Amended item 36570 – Pyeloplasty complicated by previous surgery on the same kidney

Overview: Amended item descriptor to specify that the procedure can be performed with or without the use of a retroperitoneal approach, and clarify that this operation can be conducted using open, laparoscopic or robot-assisted approaches.



Item Descriptor: Pyeloplasty, complicated by previous surgery on the same kidney, by open, laparoscopic or robot assisted approach, with or without the use of a retroperitoneal approach (Anaes.) (Assist.)

MBS fee: \$1,331.45 (no change)

Amended item 36615* – Ureterolysis for obstruction, with or without repositioning of the ureter

Overview: Amended item descriptor to specify the procedure is unilateral, and can only be claimed if there is biopsy-proven fibrosis, endometriosis or cancer in the area of the ureter causing the ureteric obstruction at the time of the operation. New explanatory note TN.8.156 applies to this item.

Item Descriptor: Ureterolysis, unilateral, with or without repositioning of the ureter for obstruction of the ureter, if:

- (a) the obstruction:
 - i. is evident either radiologically or by proximal ureteric dilatation at operation, and
 - ii. is secondary to retroperitoneal fibrosis, and
- (b) there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at the time of surgery (Anaes.) (Assist.)

MBS fee: \$764.65 (no change)

Amended item 37833 – Repair of urethral fistula and hypospadias on a patient 10 years of age or over

Overview: Amended item descriptor to remove reference to 'post-operative' as urethrocutaneous fistula can have a delayed presentation.

Item Descriptor: Hypospadias, repair of urethral fistula on a person 10 years of age or over (Anaes.) (Assist.)

MBS fee: \$340.30 (no change)

Amended item 37834 – Repair of urethral fistula and hypospadias on a patient under 10 years of age

Overview: Amended item descriptor to remove reference to 'post-operative' as urethrocutaneous fistula can have a delayed presentation.

Item Descriptor: Hypospadias, repair of urethral fistula, on a person under 10 years of age (Anaes.) (Assist.)

MBS fee: \$442.35 (no change)

Amended item 37842 – Exstrophy of bladder or epispadias

Overview: Amended item descriptor to allow primary or secondary repair with or without bladder neck tightening.

Item Descriptor: Exstrophy of bladder or epispadias, primary or secondary repair with or without bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)

MBS fee: \$1,576.85 (no change)



Amended item 37845 – External genitoplasty for congenital disorder of sexual differentiation with or without endoscopy

Overview: Amended item descriptor to reflect current terminology and acknowledge it is a highly complex procedure, requiring appropriate training and significant skill to achieve satisfactory functional aesthetic results for long-term patient wellbeing.

Item Descriptor: Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with or without endoscopy (Anaes.) (Assist.)

MBS fee: \$716.70 (no change)

Amended item 37848 – External genitoplasty for congenital disorder of sexual differentiation with endoscopy and vaginoplasty

Overview: Amended item descriptor to reflect current terminology and acknowledge it is a highly complex procedure, requiring appropriate training and significant skill to achieve satisfactory functional aesthetic results for long-term patient wellbeing.

Item Descriptor: Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty, with endoscopy and vaginoplasty (Anaes.) (Assist.)

MBS fee: \$1,290.10 (no change)

Amended item 37851 – Vaginoplasty for congenital disorder of sexual differentiation

Overview: Amended item descriptor to reflect current terminology and acknowledge it is a highly complex procedure, requiring appropriate training and significant skill to achieve satisfactory functional aesthetic results for long-term patient wellbeing.

Item Descriptor: Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)

MBS fee: \$955.75 (no change)

Amended item 37854 – Destruction of urethral valve

Overview: Amended to remove the assistance component, as surgical assistants are not required to assist with this as an independent procedure.

Item Descriptor: Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)

MBS fee: \$377.90 (no change)

New explanatory note TN.8.155 – Paediatric and reconstructive urology: Pyeloplasty - (Item 36567)



Overview: Introducing a new explanatory note to reflect technological advances in the conduct of these procedures. Best practice now includes the option of laparoscopic surgery, with or without the use of robotic assistance, and may include a retroperitoneal approach. The retroperitoneal approach is accepted as equivalent to a laparoscopic approach.

Explanatory note descriptor: Where laparoscopic surgery is used, this should allow for retroperitoneal as well as abdominal approaches.

New explanatory note TN.8.156 – Paediatric and reconstructive urology: Ureterolysis - (Item 36615)

Overview: Introducing a new explanatory note to specify that routine dissection of a ureter as part of another operation is not considered ureterolysis for ureteric obstruction and clarify the circumstances under which the item can be appropriately claimed.

Explanatory note descriptor: Item 36615 should be used only where there is radiological evidence of obstruction or proximal dilatation of the ureter at surgery. Routine dissection of ureter as part of another operation is not considered ureterolysis for ureteric obstruction.

Incontinence and urogynaecology changes

Amended item 11919 – Cystometrography

Overview: Amended item descriptor to associate the item with fluoroscopic screening items (60506, and 60509) and remove the reference "including all imaging associated with cystometrography".

Item Descriptor: Cystometrography in conjunction with contrast micturating cystourethrography, with measurement of any one or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; being a service associated with a service to which items 60506 or 60509 applies; other than a service associated with a service to which items 11012 to 11027, 11900 to 11917, 11921 and 36800 applies (Anaes.)

MBS fee: \$441.75 (no change)

Amended item 35551 – Radical excision of pelvic lymph nodes

Overview: Amended item descriptor to specify the item is unilateral, and include sentinel lymph node dissection and any pre-operative injection. The fee has been increased to acknowledge the changes to the service.

Item Descriptor: Pelvic lymph nodes, radical excision of, unilateral, or sentinel node dissection (including any pre-operative injection) (Anaes.) (Assist.)

New MBS fee: \$953.60 **Benefit:** 75% = \$715.20



Amended item 35599 – Synthetic sling procedure for female stress incontinence

Overview: Amended item descriptor to specify female synthetic slings for stress incontinence (since item 37040 specifies a male synthetic sling procedure), require diagnostic cystoscopy to assess the integrity of the lower urinary tract and restrict item 36812. The fee has been increased to acknowledge the changes to the service.

Item Descriptor: Stress incontinence, procedure using a female synthetic mid-urethral sling with diagnostic cystoscopy to assess the integrity of the lower urinary tract, other than a service associated with a service to which item 30405 or 36812 applies (Anaes.) (Assist.)

New MBS fee: \$781.55 **Benefit:** 75% = \$586.40

Amended item 37040 – Synthetic sling procedure for male bladder stress incontinence

Overview: Amended item descriptor remove the reference to “with or without mesh” and the co-claiming restriction with 35599.

Item Descriptor: Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, other than a service associated with a service to which item 30405 or 37042 applies (Anaes.) (Assist.)

MBS fee: \$939.80 (no change)

Amended item 37042 – Autologous fascial sling procedure for stress urinary incontinence

Overview: Amended item descriptor remove the reference to “with or without mesh”.

Item Descriptor: Bladder stress incontinence, sling procedure for, using autologous fascial sling, including harvesting of sling, not being a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)

MBS fee: \$939.80 (no change)

Amended item 37043 – Stamey or similar procedure for stress urinary incontinence

Overview: Consequential amendment to item descriptor remove the reference to “with or without mesh”. Supported by the Gynaecology Clinical Committee and the Taskforce.

Item Descriptor: Bladder stress incontinence, Stamey or similar type needle colposuspension, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)

MBS fee: \$695.60 (no change)



Amended item 37044 – Suprapubic procedure for stress urinary incontinence

Overview: Consequential amendment to item descriptor remove the reference to “with or without mesh”. Supported by the Gynaecology Clinical Committee and the Taskforce.

Item Descriptor: Bladder stress incontinence, suprapubic procedure for, e.g., Burch colposuspension, other than a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)

MBS fee: \$713.35 (no change)

Amended item 37338 – Division or removal of urethral synthetic male sling system

Overview: Amended item descriptor to include indications for urethral or sling related pain or infection.

Item Descriptor: Urethral synthetic male sling system, division or removal of, for urethral obstruction, sling erosion, pain or infection, following previous surgery for urinary incontinence, other than a service to which item 37340 or 37341 applies (Anaes.) (Assist.)

MBS fee: \$939.80 (no change)

Amended item 37339 – Periurethral or transurethral injection of materials

Overview: Amended item descriptor to specify that this item is for the injection of urethral bulking agents.

Item Descriptor: Periurethral or transurethral injection of urethral bulking agents for the treatment of urinary incontinence, including cystoscopy and urethroscopy, other than a service associated with a service to which item 18375 or 18379 applies (Anaes.)

MBS fee: \$247.35 (no change)

Amended item 37340 – Division or removal of urethral synthetic female sling system

Overview: Amended item descriptor to include indications for urethral or sling related pain or infection, increase fee to equivalent of items 37338 and 37341. PHI classification changed to Type A, advanced surgical patient.

Item Descriptor: Urethral synthetic sling, division or removal of, for urethral obstruction or, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, other than a service associated with a service to which item 37341 or 37344 applies (Anaes.) (Assist.)

New MBS fee: \$939.80 **Benefit:** 75% = \$704.85

Amended item 37341 – Division or removal of urethral synthetic sling system via suprapubic or combined approach



Overview: Amended item descriptor to include indications for urethral or sling related pain or infection, and specify that the procedure also applies to procedures performed with a combined approach. Also, the changes allow the item to be claimed for women and men.

Item Descriptor: Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic, combined suprapubic and vaginal or combined suprapubic and perineal approach, other than a service associated with a service to which item 37340 or 37344 applies (Anaes.) (Assist.)

MBS fee: \$939.80 (no change)

New item 35552 – Unilateral radical excision of pelvic lymph nodes following similar previous intervention

Overview: Introducing a new item to describe complex radical excision of pelvic lymph nodes, specifically in patients who have previously undergone radiation therapy or focal therapies. This change recognises that complex procedures are longer in duration than a standard radical excision of pelvic lymph nodes and require more difficult post-operative care.

Item Descriptor: Pelvic lymph nodes, radical excision of, unilateral, following similar previous dissection, radiation or chemotherapy (Anaes.) (Assist.)

New MBS fee: \$1,434.60 **Benefit:** 75% = \$1,075.95

New item 37039 – Non-autologous biological sling procedure for bladder stress incontinence

Overview: Introducing a new item to describe the use of biological slings (e.g. xenografts) in stress urinary incontinence surgery. As noted in the rationale for item 37040, there is a need to differentiate between - and create different items for - stress urinary incontinence surgery using various types of slings.

Item Descriptor: Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)

New MBS fee: \$695.60 **Benefit:** 75% = \$521.70

New item 37046 – Suprapubic or perineal removal of mesh

Overview: Introducing a new item to acknowledge that while items for transvaginal and transabdominal approaches to mesh removal exist, there is no equivalent item for the suprapubic or perineal approaches that are sometimes required in surgery for male patients.

Item Descriptor: Suprapubic or perineal procedure for excision of graft material, either singly or in multiple pieces, for a symptomatic patient with graft related complications, including graft related pain or discharge and bleeding



related to graft exposure, if not more than one service to which this item applies has been provided to the patient by the same practitioner in the preceding 12 months (Anaes.) (Assist.)

New MBS fee: \$714.05 **Benefit:** 75% = \$535.55

New item 37048 – Bladder neck closure for the management of urinary incontinence

Overview: Introducing a new item to be utilised as a salvage procedure in complicated cases of incontinence where there has been previous surgery, catheter-related complications or a devastated bladder outlet, and for patients with congenital and neurological conditions affecting their continence.

Item Descriptor: Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)

New MBS fee: \$953.60 **Benefit:** 75% = \$715.20

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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.