



Transrectal prostate biopsy factsheet

Last updated: 09 October 2020

What are the changes?

From 1 November 2020, a new item number (Item 37216) will be available for transrectal prostate biopsies under ultrasound guidance on the Medicare Benefits Schedule (MBS).

Patients should be aware of the serious risks of infection when transrectal procedures are performed. The explanatory note for item 37216 aims to ensure the following:

- Patients are informed of the potential risks or complications before a transrectal procedure and;
- Referring GPs are informed of the biopsy results as soon as possible to better support the patient.

The fee for this service is \$144.85

Why are the changes being made?

The Urology Clinical Committee (UCC) recommended creating separate item numbers for transrectal (item 37216) and transperineal procedures (item 37219), with different levels of remuneration, to recognise the difference in the value of care and complexity of the two procedures. The changes are designed to encourage transperineal prostate biopsy as the standard of care. The addition of explanatory notes will help to ensure prostate cancer patients are informed of the risks and alternative methods to transrectal biopsy that are available.

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

What does this mean for providers?

Specialists and consultant physicians can provide transrectal prostate biopsies under ultrasound guidance to patients who require a prostate biopsy. When accessing item 37216, providers must familiarise themselves with the item descriptor and explanatory note to maintain contemporary best practice and clinical informed consent.

Providers should inform patients of the risks associated with transrectal procedures (e.g. sepsis) and alternative biopsy methods. As best practice, results of the biopsy should be provided to referring GPs as soon as possible (optimally 2-4 weeks) to ensure GPs will be informed early after diagnosis of prostate cancer, and will be in a better position to support the patient after diagnosis.



How will these changes affect patients?

This changes will allow access to Medicare rebates for transrectal biopsy under ultrasound guidance. The requirement that providers inform patients of the risks and alternative treatment pathways, such as transperineal biopsy or transrectal under MRI guidance, will mean patients are appropriately informed and can make a suitable 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 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, Amended item and Explanatory Note

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

<p>37216 item descriptor</p>	<p>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.)</p> <p>Fee: \$144.85 Benefit: 75% = \$108.65 85% = \$123.15</p>
<p>37219 item descriptor</p>	<p>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.)</p> <p>Fee: \$347.60 Benefit: 75% = \$260.70 85% = \$295.45</p>
<p>37216 and 37219 Explanatory note TN.8.160</p>	<p>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.</p>