



Changes to MBS items 37207 and 37208 factsheet

Last updated: 20 February 2020

- From 1 May 2020, Medicare Benefits Schedule (MBS) items for urology services for visual laser ablation of the prostate (VLAP) are changing to align the schedule fees with transurethral resection of the prostate (TURP) procedures.
- The change was recommended by the Medical Services Advisory Committee (MSAC) after consideration of the clinical evidence, cost-effectiveness and safety of the procedures.
- These changes will result in an increase to the schedule fees for MBS items 37207 and 37208 to align with TURP procedures.
- These changes are relevant for all specialists involved in the performance, claiming of, and performance in association with eligible VLAP services; consumers claiming these services; private health insurers; and private hospitals.

What are the changes?

From 1 May 2020, the schedule fees for MBS items 32707 and 37208 for VLAP will be increased to:

- a) MBS item 37207 from \$880.30 to \$1,058.80; and
- b) MBS item 37208 from \$422.70 to \$567.05.

Why are the changes being made?

The change is a result of an MSAC recommendation after the assessment of Application 1518. The change will align the fees with TURP procedures, due to the similar complexity and technique used. The Government supports the changes as VLAP is clinically non-inferior to TURP and involves a shorter length of hospital stay.

These changes are a result of a review by the Taskforce, which was informed by the Urology Clinical Committee (UCC) and extensive discussion with key stakeholders. More information about the MSAC consideration can be found at: [MSAC Application 1518](#)

What does this mean for providers/referrers/other stakeholders?

There will be no identified impact to providers. However, providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

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



Who was consulted on the changes?

The Department of Health has discussed the changes with relevant stakeholders, including the Urological Society of Australia and New Zealand (USANZ), who are supportive of the fee increase.

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.

MBS urology items will be reviewed approximately 24 months post-implementation of the MBS Review changes being implemented on 1 July 2020.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. 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 Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on [date] 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.