
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Paediatric Surgery Advisory Group

Report

This document outlines the Medicare Benefits Schedule (MBS) Review Taskforce's recommendations in response to the report from the Paediatric Surgery Advisory Group (PSAG).

The Taskforce endorsed all 7 recommendations from the Final Report from the PSAG, pending minor change to a fee increase, and submitted them to the Minister for Health for Government consideration.

Number of items reviewed	90
Number of recommendations made	7

The recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system. This will be achieved by encouraging research by key stakeholders, amending item descriptors to reflect best practice and contemporary terminology; reduce misuse of existing MBS items and improve transparency for patients by creating items, and providing clinical guidance for appropriate analgesia use through item descriptions.

List of Taskforce Recommendations

Recommendations:

Recommendation 1

Update the terminology in the descriptors of item numbers 37845, 37848 and 37851 to reflect contemporary terminology.

The proposed descriptors are:

- Item 37845 - Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with or without endoscopy (Anaes.) (Assist.).
- Item 37848 - Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty (Anaes.) (Assist.).
- Item 37851 - Congenital disorder of sexual differentiation, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.).

The MBS item descriptor has not been updated since the items were introduced in November 1994, and no longer reflect contemporary community attitudes.

Recommendation 2

Recommend that relevant peak organisations, craft groups, professional bodies and societies (the sector) survey members to seek information about their knowledge and experience of circumcision and circumcision revision procedures.

There is a need to improve the visibility and understanding of circumcision and circumcision revision in Australia, this includes the number of procedures. Survey results will provide an evidence-base to better understand the drivers of circumcision revision, known to include bleeding, infection, removal of too much or too little skin and, rarely, partial or full loss of glans or penis.

Recommendation 3

Introduce two new MBS item numbers to be used for circumcision revision procedures, one item for a simple surgical repair and one item for more complex repairs, particularly where they involve a flap.

Amend item descriptors for current items that are used for circumcision revision to restrict their use for that procedure.

The creation of new item numbers for circumcision revision is necessary to achieve the MBS Review Taskforce's objective to modernise the MBS and ensure that individual items and their descriptors are consistent with contemporary best practice.

The creation of two new MBS item numbers for circumcision revision will reduce current misuse of existing MBS items, improve transparency for patients and will provide some evidence of incidence in private sector settings.

Recommendation 4

The Advisory Group supports recommendation 5.5.2 of the Urology Clinical Committee (UCC) that the descriptor for item 30654 be amended to mandate the use of analgesia for this procedure as follows:

- *Circumcision of the penis (other than a service to which item 30658 applies), with topical or local analgesia*

At present, item 30654 allows circumcision to be performed without pain relief. This recommendation aligns the MBS with The RACP's stance that *'infant circumcision without analgesia is unacceptable practice...'*

Recommendation 5

Align the fee for inguinal hernia at age less than 12 months items 44108, 44111 and 44114 to be consistent with the fee for inguinal hernia surgery for children under 10 years of age (item 43841).

These procedures are specifically provided to patients less than 12 months of age, who are often premature with a birth weight under 3kg and anaemic, making them more complex to similar surgeries in older patients.

Recommendation 6

Remove the 85 per cent benefit for item 44111 to ensure that obstructed or strangulated inguinal hernia repair can only receive an MBS rebate when performed in a hospital setting.

This is complex surgery and should only be performed in a hospital setting where the relevant standards for quality control and other accreditation requirements are met. This will align item 44111 with similar items such as 44108 and 44114.

Recommendation 7

Remove the 85 per cent benefit for item 43882 to ensure that procedures to address cloacal exstrophy can only receive an MBS rebate when performed in a hospital setting.

This is a complex surgery for a rare and severe birth defect where some, or all, of the abdomen is exposed. The procedure should only be performed in a hospital setting where the relevant standards for quality control and other accreditation requirements are met.