
Medicare Benefits Schedule Review Taskforce

Obstetrics Clinical Committee Report Taskforce Findings

This document outlines the Medicare Benefits Schedule (MBS) Taskforce’s recommendations in response to the Obstetrics Clinical Committee Report.

The Taskforce considered the recommendations from the Obstetrics Clinical Committee and feedback from the public consultation.

The Taskforce noted the Obstetrics Clinical Committee recommendations on prenatal pathology testing and pregnancy ultrasounds were referred to other clinical committees for further consideration.

The Taskforce endorsed all other recommendations from the Obstetrics Clinical Committee and submitted them to the Minister for Health for Government consideration.

Number of items reviewed	99
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Number of recommendations made	14
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The recommendations are intended to reduce unwarranted variation in claiming, reduce inappropriate claiming, and ensure private patients receive mental health assessments at certain points during their pregnancy and the postnatal period. These recommendations will improve patient outcomes and reduce low-value care.

List of Taskforce recommendations

1. Item 16522 – Complex delivery

The Taskforce recommends amending the clinical indications for item 16522 to provide clarity to doctors regarding appropriate use and to reduce unexplained variation in claiming patterns.

2. Item 16590 – Planning and management of a pregnancy for patients that will be admitted privately for the birth

The Taskforce recommends amending item 16590 to:

- △ delay the date for claiming this item to 28 weeks gestation (from the current 20 weeks);

- △ include a requirement that the provider has hospital privileges for intrapartum care to reduce inappropriate claiming of this item;
- △ include a requirement that a mental health assessment is undertaken; and
- △ increase the schedule fee by 25% to reflect that the provider must be continuously available during the pregnancy and the additional requirement to undertake a mental health assessment.

3. Item 16591 – Planning and management of a pregnancy for patients having shared antenatal care

The Taskforce recommends:

- △ delaying the date for claiming item 16591 to 28 weeks gestation (from the current 20 weeks) to reduce inappropriate claiming of this item; and
- △ including a requirement that a mental health assessment is undertaken.

4. Item 16525 – Management of second trimester fetal loss

The Taskforce recommends that item 16525 is split into two, with the management of early pregnancy loss between 14.0 – 15.6 weeks gestation retaining the current fee (\$384.35), and the management of pregnancy loss between 16 and 22.6 weeks gestation attracting a higher fee (\$768.70) to reflect the additional time and complexity associated with management of late second trimester fetal loss, the higher risk of maternal complications and the need for more intensive patient counselling.

5. Items for vaginal birth and caesarean section where the patient is transferred by another medical practitioner

The Taskforce recommends that items 16515 (vaginal delivery) and 16520 (caesarean section) have the same fee and that it is set in the middle of the current fees for item 16515 and 16520, to align with the principal birth item (16519) which does not distinguish between a vaginal and operative delivery.

6. Items for vaginal birth and caesarean section where the patient is transferred by a participating midwife

The Taskforce recommends that items 16527 (vaginal delivery) and 16528 (caesarean section) have the same fee and that it is set in the middle of the current fees for item 16527 and 16528, to align with the principal birth item (16519) which does not distinguish between a vaginal and operative delivery.

7. Attendances for pregnancy complications over 40 minutes – 2 new items (currently funded through the MBS items 16508 and 16509)

The Taskforce notes that the management of conditions covered under items 16508 and 16509 can be complex and prolonged, particularly in non-urban maternity units where there is less hospital support. The Taskforce recommends that the following new items be introduced for consultations over 40 minutes. It is recommended that the usage of these items be reviewed after 12 months.

New items

- △ Attendance over 40 minutes for pregnancy complicated by acute intercurrent infection, fetal growth restriction, threatened premature labour with ruptured membranes or threatened premature labour treated by intravenous therapy, requiring admission to hospital. Payable up to three times per pregnancy.
- △ Attendance over 40 minutes for preeclampsia, eclampsia or antepartum haemorrhage, requiring admission to hospital. Payable up to three times per pregnancy.

8. Postnatal consultation (currently funded through the MBS – item 16404 for obstetrician and GP attendance items for GPs)

The Taskforce recommends that a new item be introduced for a postnatal check of a patient that requires obstetricians or GPs to undertake a mental health assessment. All public and private patients will be eligible for this new item. The suggested fee for this item is \$71.70.

- △ Postnatal consultation by Obstetrician or General Practitioner, between 4 weeks and 8 weeks after birth, which must include a mental health assessment.

9. Postnatal home visit

The Taskforce recommends that a new item for a home visit between 1 and 4 weeks after birth. This item will be available only to patients who were privately admitted for the birth. The suggested fee for this item is \$53.40.

- △ Postnatal consultation at home by obstetrician or general practitioner or registered midwife on behalf of, and under the supervision of a medical practitioner, between 1 and 4 weeks after birth.

10. Services in rural and remote areasⁱ

The Taskforce accepts the Obstetrics Clinical Committee's recommendation that the Taskforce consider how to better support rural service delivery and in particular the role of

financial incentives in supporting the provision of MBS funded health services in rural and remote Australia.

11. Removal of items that reduce MBS benefits for items claimed for multiple pregnancies

The Taskforce recommends that items 16633 and 16636, which currently reduces the MBS benefits payable for procedures (for example amniocentesis) on the second and subsequent fetus, are removed from the Medicare Benefits Schedule (MBS). This change will increase the MBS benefits payable for patients who have procedures for multiple pregnancies.

12. Obsolete items

The Taskforce recommends that three obstetric related items (16504 - Treatment of habitual miscarriage by injection of hormones; 59503 and 59504 - Pelvimetry) are obsolete and should be removed from the MBS.

13. Minor amendments

The Taskforce recommends that a number of minor amendments to simply wording and update terminology ('delivery' to 'birth', 'intrauterine growth retardation' to 'fetal growth restriction', 'foetus' to 'fetus').

14. Removal of item restriction for obstetric consultation when referred by a participating midwife

The Taskforce recommends removing the requirement that item 16406 can only be claimed when the patient is 32-36 weeks gestation so that this item can be claimed any time during the pregnancy where clinically indicated. This will ensure that participating midwives are encouraged to collaborate with the obstetrician or general practitioner obstetrician earlier in the pregnancy if clinically appropriate.

ⁱ This recommendation has been amended to correct an error.