



Report from the Urology Clinical Committee

2018



Important note

The views and recommendations in this review report from the clinical committee have been released for the purpose of seeking the views of stakeholders.

This report does not constitute the final position on these items, which is subject to:

- Stakeholder feedback;

Then

- Consideration by the MBS Review Taskforce;

Then *if endorsed*

- Consideration by the Minister for Health; and
- Government.

Confidentiality of comments:

If you want your feedback to remain confidential please mark it as such. It is important to be aware that confidential feedback may still be subject to access under freedom of information law.



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1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health (the Minister) that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access.
- Best-practice health services.
- Value for the individual patient.
- Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by clinical committees and working groups.

The Urology Clinical Committee (the Committee) was established in 2018 to make recommendations to the Taskforce on the MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The recommendations from the clinical committees are released for stakeholder consultation. The clinical committees consider feedback from stakeholders then provide recommendations to the Taskforce in a review report. The Taskforce considers the review reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

1.1 Key recommendations

The Committee made a range of recommendations to improve patient care and experience, modernise and simplify the MBS, and ensure that the MBS aligns with professional standards. The recommendations ensure that item descriptors and explanatory notes align with contemporary practice, tighten clinical indicators and restrict inappropriate co-claiming by modifying item descriptors, consolidating item numbers where possible, and deleting obsolete items.

The Committee's key recommendations are summarised below.

- **Guiding best practice and standards of care through the MBS**
 - o The Committee recommended adding a number of explanatory notes to items, or amending existing explanatory notes, to recognise and encourage best practice. The explanatory notes for the cystectomy items (37000 and 37014) and



nephrectomy items (36516, 36519, 36522, 36525, 36528, 36529 and 36576) recognise that multi-disciplinary management constitutes best practice for certain patient cohorts. The explanatory notes for ureter transplantation items (36000 and 36603) recognise that patients undergoing the procedure should ideally be treated at a facility that is adequately resourced for stomal therapy support. The explanatory note for prostatectomy items (37210 and 37211) recognise that best practice is for a patient to have a long consult with the operating surgeon prior to surgery to discuss and provide patients with written information about all guideline-endorsed treatment options for their condition is best practice. Also specific patient cohorts 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.

- o The Committee recommended creating separate items for transrectal and transperineal prostate biopsies, with differing levels of remuneration, to recognise the difference in the value of care, safety and the complexity of the two procedures. This will also encourage best practice as transperineal prostate biopsies become the standard of care. Explanatory notes for both items will be added to note that best practice is to ensure General Practitioners (GPs) are informed of the result of biopsy as soon as possible, which will allow GPs to better support patients after prostate cancer diagnosis.
- o The Committee recommended mandating the use of analgesia for penile circumcisions that are not performed under anaesthesia (item 30654), ensuring patient wellbeing.
- o The Committee recommended mandating that a number of procedures are performed under image guidance to ensure patient safety (for instance, renal biopsy, item 36561).
- o The Committee referred a recommendation to the Specialist and Consultant Physician Consultation Clinical Committee of the MBS Review (SPCCC) regarding the creation of a new long consultation item, which would require clinicians to discuss and provide patients with written information about all guideline-endorsed treatment options for their condition. This recommendation is intended to improve patient care and ensure informed consent as patients make critical decisions about their treatment. It recognises that many situations—both oncological and non-oncological—require a prolonged discussion with the patient to discuss the diagnosis and treatment options, including the risks, side effects and outcomes of each option.
- o The Committee referred a second recommendation to the SPCCC regarding the ways in which the MBS can support the improved uptake and quality of multi-disciplinary case conferences in Australia, given that multi-disciplinary management is considered best practice and the standard of care for cancer patients in Australia and internationally. This is particularly important in regional and rural areas where multi-disciplinary team meetings are challenging to coordinate and often not performed. The Committee also recommended to the SPCCC that the item descriptor for multi-disciplinary case management be amended to specify that outcomes from case conferences must be documented in writing and provided to both the patient and referring GP.



- **Tightening clinical indicators and restricting co-claiming in item descriptors to improve patient care and professional standards**
 - The Committee amended item descriptors for a number of items to restrict the circumstances in which they can be claimed, thereby ensuring appropriate use. For instance, ureterolysis (item 36615) should only be claimed where there is biopsy-proven fibrosis, endometriosis or cancer in the area of the ureter causing the ureteric obstruction at the time of the operation. Similarly, partial ureterectomy (item 36579) should only be claimed for tumours (proven by histopathology) and should not be inappropriately claimed for frozen sections or biopsies of the ureter.
 - The Committee recommended introducing co-claiming restrictions for the diagnostic laparoscopy items (30390 and 30627) where placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of a procedure. In such cases, these items should not be claimed separately. This includes the prostatectomy items (37210 and 37211), retroperitoneal lymph node dissection items (37607 and 37610), varicocele items (30635), nephrectomy items (36516, 36519, 36522, 36525, 36528, 36529 and 36576) and nephroureterectomy items (36531, 36532 and 36533).
 - The Committee recommended clarifying the item descriptors for penis lengthening (item 37423) and scrotum excision (item 37428) to ensure they cannot be claimed for cosmetic purposes.
- **Modernising and simplifying the MBS**
 - The Committee recommended removing the word "Assist" from eight item descriptors (items 37215, 37219, 36842, 36818, 36833, 37318, 37221 and 36863) to denote that these items no longer qualify for the payment of benefits for an assistant at an operation. Developments in technology mean that surgical assistants are no longer required to perform these procedures safely. The Committee recommended adding the word "Assist" to one item (37008) because surgical assistants are often required to perform this procedure safely.
 - The Committee recommended deleting 18 items. Six of these items have been recommended for complete deletion from the MBS (items 36526, 36527, 37420, 37212, 36857, and 36605), and 12 items have been consolidated into other items and then deleted as individual items (items 36825, 37315, 37444, 36540, 36630, 36642, 36648, 37208, 37230, 37233, 37201, 37202). Items were recommended for deletion because they were clinically inappropriate (e.g. items 36526, 36527 and 36605), had low service volumes or were clinically obsolete. Items were recommended for consolidation if they had low service volumes and could be consolidated into other existing items describing similar procedures. For instance, five items 37201, 37202, 37207, 37230, and 37233 describe procedures of similar outcome, complexity, duration and broad technique. Further four of these five items (37201, 37202, 37230 and 37233) have very low service volume (<6 services in FY2016/17). These items have been consolidated into item 37207, which has been reworded to cover general ablative procedures of the prostate.



- o The Committee updated a number of item descriptors (items 36842, 37203, 37206, 37224 and 37245) to ensure that they describe modern, clinically appropriate technology that has been approved by the Medical Services Advisory Committee (MSAC). For instance, the Committee recommended replacing the words "cold punch" in items 37203 and 37206 with more appropriate wording, recognising that cold punch is an obsolete technique for these procedures.
- o The Committee updated 14 item descriptors to clarify the multiple valid approaches for performing the procedures (items 36516, 36519, 36522, 36525, 36528, 36529, 36576, 36531, 36532, 36533, 36549, 36567, 36570 and 37200). For instance, the Committee recommended that the item descriptors for all nephrectomy and nephroureterectomy items specify that these operations can be conducted using open, laparoscopic or robot-assisted approaches.
- o The Committee recommended creating three new items for complex versions of existing procedures: an item for complex radical prostatectomy with pelvic lymphadenectomy, an item for complex radical prostatectomy without lymphadenectomy and an item for complex total cystectomy.
- o The Committee recommended creating eight new items that group commonly claimed and clinically appropriate combinations of existing urological items in the MBS (proposed new items 366AA, 366BB, 370BB, 370CC, 370DD, 370EE, 3682X, 3682Y). This will ensure that urology procedures are consistent with the new Principles and Rules Committee (PARC) rule that caps co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure ("the three-item rule"). For example, new item 3682X groups the most commonly co-claimed urological surgical items: item 36818 (cystoscopy with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract) and item 36821 (cystoscopy with one or more of ureteric dilatation, insertion of ureteric stent, or brush biopsy). These two items were co-claimed in 17,304 episodes in the 2016/17 financial year (FY).
- o The Committee recommended creating new items and amending existing item descriptors to ensure that the MBS differentiates between: (1) female and male stress urinary incontinence surgery using slings, (2) synthetic and non-synthetic stress incontinence surgery using slings and (3) autologous and non-autologous stress urinary surgery using slings. This will help to identify patterns of care and complications related to stress incontinence surgery—specifically, potential rates of sling complications. This is particularly critical given recent controversies regarding the use of synthetic mesh in the management of female vaginal compartment repairs and female stress urinary incontinence with synthetic mid-urethral slings.
- o The Committee recommended that item 37217, an interim MBS item, be made permanent.

1.2 Consumer impact

All recommendations have been summarised for consumers in Appendix A – Summary for consumers. The summary describes the medical service, the recommendation of the clinical



experts and the rationale behind the recommendations. A full consumer impact statement is available in Section 12.

The Committee believes it is important to find out from consumers if they will be helped or disadvantaged by the recommendations—and how and why. Following targeted consultation, the Committee will assess the advice from consumers in order to make sure that all the important concerns are addressed. The Taskforce will then provide the recommendations to Government.

Both patients and clinicians are expected to benefit from these recommendations because they aim to improve patient safety and quality of care, and they take steps to modernise and simplify the MBS and make it easier to use and understand. The Committee's recommendations to the SPCCC to create a new long consultation item and to require outcomes of case conferences to be documented in writing and provided to the patient and referring GP are intended to ensure informed consent as patients make critical decisions about their treatment.

2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

2.1.1 What is Medicare?

Medicare is Australia's universal health scheme. It enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- Free public hospital services for public patients.
- Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS).
- Subsidised health professional services listed on the MBS.

2.2 What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are more than 5,700 MBS items that provide benefits to patients for a comprehensive range of services, including consultations, diagnostic tests and operations.



2.3 What is the MBS Review Taskforce?

The Government established the Taskforce as an advisory body to review all of the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The MBS Review is clinician-led, and there are no targets for savings attached to the review.

2.3.1 What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister that will allow the MBS to deliver on each of these four key goals:

- **Affordable and universal access**—the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic, with some rural patients being particularly under-served.
- **Best-practice health services**—one of the core objectives of the MBS Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base when possible. Although the MSAC plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- **Value for the individual patient**—another core objective of the MBS Review is to have an MBS that supports the delivery of services that are appropriate for the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- **Value for the health system**—achieving the above elements of the vision will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services currently.

2.4 The Taskforce's approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce's brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models.

The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.



As the MBS Review is clinician-led, the Taskforce decided that clinical committees should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked the committees to review MBS items using a framework based on Professor Adam Elshaug's appropriate use criteria (1). The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, are of questionable clinical value,¹ are misused² and/or pose a risk to patient safety. This step includes prioritising items as "priority 1", "priority 2" or "priority 3", using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing working groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the committee, working groups, and relevant colleagues or Colleges. For complex cases, full appropriate use criteria were developed for the item's explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the review report, which provides recommendations for the Taskforce.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of the review, and its timeframe, each clinical committee has to develop a work plan and assign priorities, keeping in mind the objectives of the review. Committees use a robust prioritisation methodology to focus their attention and resources on the most important items requiring review. This is determined based on a combination of two standard metrics, derived from the appropriate use criteria:

- Service volume.
- The likelihood that the item needs to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the

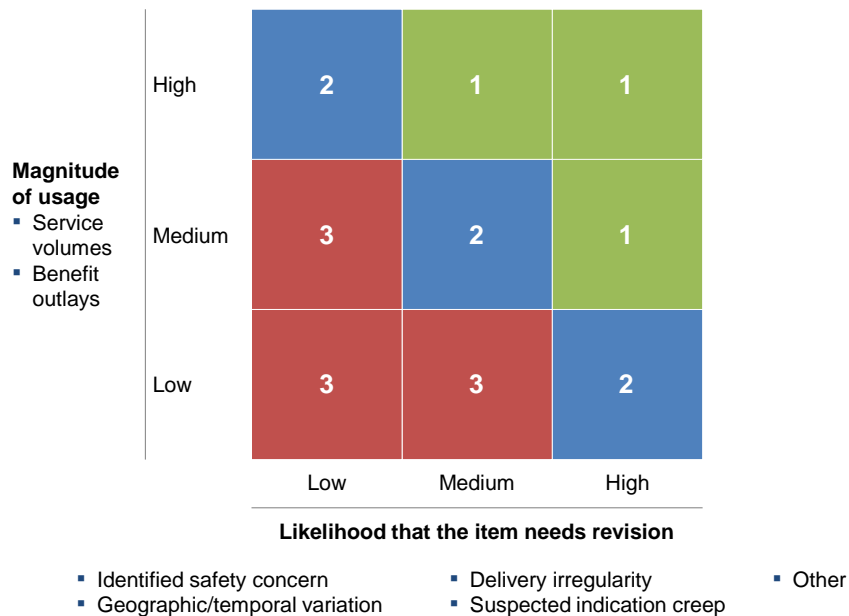
¹ The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

² The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.



potential misuse of indications or other concerns raised by the clinical committee (such as inappropriate co-claiming).

Figure 1: Prioritisation matrix



For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority for review and priority 3 items are the lowest priority), using a prioritisation matrix (Figure 1). Clinical committees use this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.

The Taskforce has recommended that each MBS item in the surgical section (T8) of the MBS represents a complete medical service and highlighted that it is not appropriate to claim additional items in relation to a procedure that are intrinsic to the performance of that procedure.

It is proposed that for surgical procedures, this principle will be implemented through restricting claiming to a maximum of three MBS surgical items for a single procedure or episode of care. For bilateral procedures benefits will be paid for a maximum of six surgical items for an episode of care. The existing multiple operation rule will be applied to these items.

The Taskforce's rationale for making this recommendation is that 94 per cent of MBS benefits paid are for episodes where three or fewer items are claimed. On the occasions when more than three items are claimed in a single procedure or episode of care, there is often less transparency and greater inter-provider variability in benefits claimed for the same services, greater out-of-pocket expenditure for patients, and increased MBS expenditure that does not necessarily result in improved patient care.



Where the same group of three or more items are consistently co-claimed across providers, these represent a complete medical service and should be consolidated. Consolidation will improve consistency and optimise the quality of patient care; reduce unnecessary out-of-pocket costs for patients; and better correlate MBS expenditures with the actual services provided to patients.



3. About the Urology Clinical Committee

The Committee was established in 2018 to make recommendations to the Taskforce on MBS items within its remit, based on rapid evidence review and clinical expertise.

3.1 Urology Clinical Committee members

The Committee consists of 15 members, whose names, positions/organisations and declared conflicts of interest are listed in Table 1.

Table 1: Urology Clinical Committee members

Name	Position/organisation	Declared conflict of interest
Prof. Mark Frydenberg (Chair)	Past President, Urological Society of Australia and New Zealand Past Chair, Department of Urology, Monash Medical Centre Professor, Department of Surgery, Faculty of Medicine, Monash University Clinical Director, Prostate Research Group, Department of Anatomy and Developmental Biology, Monash University Honorary Urologist, Monash Health Urologist at Australian Urology Associates, Melbourne National board member, Prostate Cancer Foundation of Australia	Claims in-scope MBS items
Dr Karen McKertich	Chair, Association of Urological Surgeons of Australia and New Zealand Urologist at Australian Urology Associates, Melbourne Urologist at The Alfred Hospital and Cabrini Medical Centre, Melbourne	Claims in-scope MBS items
Prof. Henry Woo	Director of Uro-Oncology and Professor of Robotic Cancer Surgery at the Chris O'Brien Lifehouse Head, Department of Urology, Sydney Adventist Hospital Professor of Surgery, Sydney Adventist Hospital Clinical School, Faculty of Medicine and Health, University of Sydney	Claims in-scope MBS items



Name	Position/organisation	Declared conflict of interest
Mr Michael Chong	Urologist at Urological Solutions, Adelaide Head of Urology, Flinders Medical Centre, Adelaide Visiting Urologist, Ashford Hospital, Flinders Private Hospital, Mount Gambier Hospital	Claims in-scope MBS items
Dr David Winkle	Past President, Urological Society of Australia and New Zealand Senior Lecturer, Department of Surgery, University of Queensland	Claims in-scope MBS items
Mr John Kourambas	Urologist at Monash Health Chair, Endourology Special Advisory Group, Urological Society of Australia and New Zealand	Claims in-scope MBS items
Assoc. Prof. Tom Sutherland	Radiologist at St Vincent's Hospital, Melbourne	None
Dr Joy Ohazy	GP at Continence Matters	None
Dr Michael Gillman	Men's Health GP	Claims in-scope MBS items
Mr David Sandoe	Former National Chairman, Prostate Cancer Foundation of Australia (and prostate cancer survivor)	None
Prof. Michael Besser	Member of MBS Review Taskforce Consultant Emeritus Neurosurgeon, Sydney Lecturer in Neuroanatomy at the University of Sydney	None
Ms Alison Marcus	Registered Nurse Consumer representative	None
Prof. David Story	Foundation Chair of Anaesthesia at the University of Melbourne and Head of the Anaesthesia, Perioperative and Pain Medicine Unit	None
Dr Robert Carroll	Nephrologist at Royal Adelaide Hospital Clinical Consultant to the Victorian Tissue and Immunogenetics Service	None
Dr Keen Hun Tai	Radiation Oncologist Senior member of the GU-oncology Service, Peter MacCallum Cancer Centre	None



Deputy Director, Department of Radiation
Oncology, Peter MacCallum Cancer Centre
Past Chair, Faculty of Radiation Oncology
Genito-urinary Group, RANZCR

3.2 Conflicts of interest

All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Table 1.

It is noted that the majority of the Committee members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e. Committee members claim the items under review). This conflict is inherent in a clinician-led process, and having been acknowledged by the Committee and the Taskforce, it was agreed that this should not prevent a clinician from participating in the review.

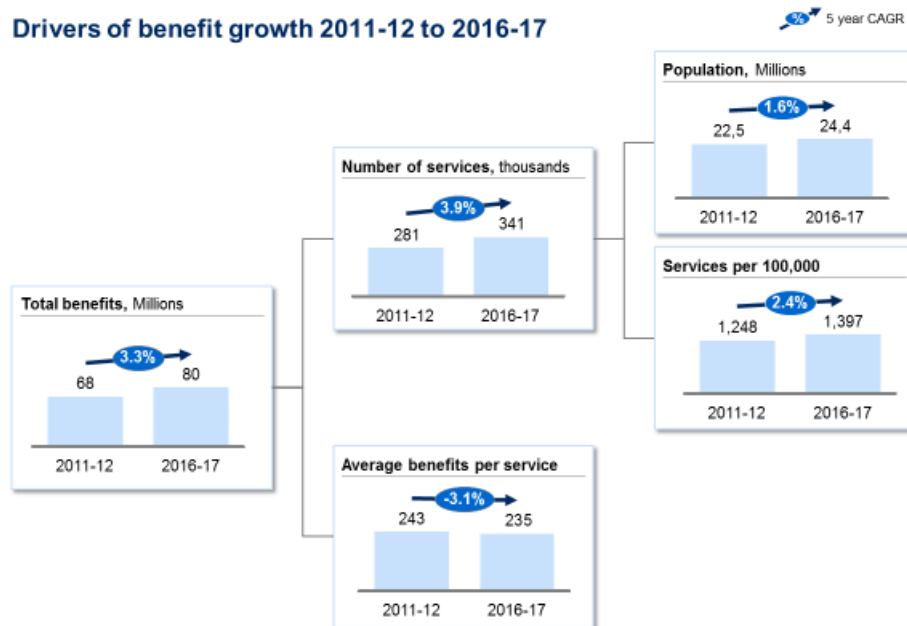
3.3 Areas of responsibility of the Committee

The Committee reviewed 232 MBS items. Its review of these items was divided into seven sub-specialty groups: oncology (34 items); endoscopic and general urology (92 items); endo-urology and renal stone disease (26 items); paediatric and reconstruction (49 items); benign prostatic hyperplasia (11 items); incontinence and urogynaecology (14 items); and radio-frequency ablation and radiation therapy (6 items).

In FY2016/17, these items accounted for approximately 345,616 services and \$82 million in benefits. From FY2011/12 to FY2016/17, service volumes for these items grew at 4.5 per cent per year, and the cost of benefits increased by 3.9 per cent per year. This growth is largely explained by an increase in the number of services per capita (Figure 2).



Figure 2: Drivers of urology item growth, FY2011/12 to FY2016/17



SOURCE: Medicare Data, MBS050 Database; ABS Dec 2016 Australian Demographic Statistics, accessed <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Dec%202016?OpenDocument> 201711109

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3.4 Summary of the Committee's review approach

The Committee completed a review of its items during four full committee meetings (two teleconferences and two in-person meetings), during which it developed the recommendations and rationales contained in this report.

The review drew on various types of MBS data, including data on utilisation of items (services, benefits, patients, clinicians and growth rates); service provision (type of clinician, geography of service provision); patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and additional clinician and patient-level data, when required.

The review also drew on data presented in the relevant literature and clinical guidelines, all of which are referenced in the report. Guidelines and literature were identified through medical journals and other sources, such as professional societies.



4. Oncology recommendations

4.1 Oncology – bladder excision or transection

Table 2: Item introduction table for items 37000 and 37014

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37000	Bladder, partial excision of (Anaes.) (Assist.)	\$741.50	203	\$81,916	5.2%
37014	Bladder, total excision of (Anaes.) (Assist.)	\$1,066.30	418	\$120,325	3.7%

4.1.1 Recommendation 1

- **Items 37000 and 37014**
 - Add an explanatory note to recognise that best practice in management of invasive bladder cancer is to discuss cases at multi-disciplinary meetings in order to determine the role of neo-adjuvant chemotherapy prior to surgery or radiation therapy with or without chemotherapy. The proposed explanatory note is as follows:
 - 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.
- **New item 370AA – complex total cystectomy**
 - Create a new item number for complex total cystectomy following prior surgery, radiation therapy or chemotherapy. The proposed item descriptor is as follows:
 - Bladder, total excision of, following previous open, laparoscopic or robot-assisted surgery or radiation therapy or chemotherapy to the pelvis (Anaes.) (Assist.)
 - The Committee recommends a schedule fee for item 370AA that is 20 per cent higher than the schedule fee for current item 37014.
- **New items 370BB, 370CC, 370DD and 370EE – complete medical procedures including cystectomy**
 - Create four new item numbers to reflect complete medical procedures that include cystectomy:



- Item 370BB – complete medical service for cystectomy in male oncological cases.
 - Item 370CC – complete medical service for complex cystectomy in male oncological cases.
 - Item 370DD – complete medical service for cystectomy in female oncological cases.
 - Item 370EE – complete medical service for complex cystectomy in female oncological cases.
- o Item 370BB
 - The proposed item descriptor is as follows: Cystectomy, including prostatectomy, including pelvic lymph node dissection, not a service associated with a service to which items 37000, 37014, 370AAA, 37209, 35551 or 36502 apply (Anaes) (Assist).
 - The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality (i.e. the schedule fee for the group of items that form a complete medical procedure should be the same as the schedule fee currently paid when claiming the items separately under the Multiple Operations Rule).
 - o Item 370CC
 - The proposed item descriptor is as follows: Cystectomy, including prostatectomy, including pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery or radiation therapy or chemotherapy to the pelvis, not being a service associated with a service to which items 37000, 37014, 370AA, 3700BB, 37209, 35551, 36502 apply (Anaes.) (Assist.)
 - The Committee recommends a schedule fee for this item that is 150 per cent of the schedule fee for its primary surgery equivalent (item 370BB), as recommended above.
 - o Item 370DD
 - The proposed item descriptor is as follows: Cystectomy, including anterior exenteration, including pelvic lymph node dissection, not being a service associated with a service to which items 37000, 37014, 370AA, 370DD, 35551, 36502, or 35653-35756 apply (Anaes.) (Assist.)
 - The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality (i.e. the schedule fee for the group of items that form a complete medical procedure should be the same as the schedule fee currently paid when claiming the items separately under the Multiple Operations Rule).
 - o Item 370EE
 - The proposed item descriptor is as follows: Cystectomy, including anterior exenteration, including pelvic lymph node dissection, following previous open, laparoscopic or robot-assisted surgery or radiation therapy or



chemotherapy to the pelvis, not associated with 37000, 37014, 370AA, 35551, 36502, 35653-35756 (Anaes.) (Assist.)

- The Committee recommends a schedule fee for this item that is 150 per cent of the schedule fee for its primary surgery equivalent (item 370DD), as recommended above.

- **Other recommendations**

- The Committee recommends that the Taskforce provide an exemption from the PARC's three-item rule for cystectomies.

4.1.2 Rationale for Recommendation 1

This recommendation focuses on ensuring that the MBS reflects modern clinical practice, and on simplifying the MBS. It is based on the following.

- **Items 37000 and 37014**

- The explanatory note for these items has been amended to recognise the role of multi-disciplinary management for cancer patients, which is considered best practice and the standard of care (2) (3) (4).
 - For example, in the context of managing invasive bladder cancer, there is a role for neoadjuvant chemotherapy prior to surgery and with radiation therapy. Many published guidelines indicate that neoadjuvant chemotherapy and radical cystectomy is the "gold" standard (5). Literature suggests that overall survival of patients with muscle invasive bladder cancer is similar with either cystectomy (with or without neoadjuvant or adjuvant chemotherapy) or radiation therapy with concurrent chemotherapy (6). As a result, best practice would involve discussion of invasive bladder cancer cases at a multi-disciplinary meeting prior to implementing therapy.

- **New item 370AA – complex total cystectomy**

- The Committee agreed that it was appropriate to create a new item (370AA) for more complex total cystectomies. 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 (7) (8) (9). The Committee estimates that post-operative complication rates in these patients approach 20%, materially increasing the length and complexity of aftercare.
- The Committee considered it appropriate to include post-chemotherapy cases in the definition of a "complex cystectomy" because previous chemotherapy



significantly increases aftercare, which cannot be billed separately to the surgical item (unless otherwise specified).

- o The Committee expects service volumes for item 370AA to be 5 per cent of current total cystectomies claimed under item 37014 in the next financial year, increasing to 50 per cent in five years.
 - In oncological cases, the percentage of total cystectomies performed after radiation therapy, surgery and chemotherapy is currently low (the Committee estimates around 5 per cent). However, as 75 per cent of total cystectomies are used to treat muscle invasive bladder cancer, and neo-adjuvant chemotherapy is becoming the standard of care to treat muscle invasive bladder cancer (5) (6), the Committee expects the percentage of complex cystectomies (defined as including post-chemotherapy cases) to increase significantly in the next five years (from 5 per cent of total cystectomies now to over 50 per cent in the next five years, based on UK data).
- o The Committee recommended a schedule fee for item 370AA that is 20 per cent higher than the schedule fee for current item 37014, on the basis that item 370AA covers a significantly more complex surgery of longer duration. The Committee also noted that the schedule fee for standard total cystectomies (item 37014) should not be reduced, given that it is already a complex and potentially under-remunerated procedure.
- **New items 370BB, 370CC, 370DD, 370EE – complete medical service with cystectomy**
 - o The Taskforce's PARC has implemented a rule limiting the co-claiming of MBS items for Group T8 (Surgical) operations to three items per procedure. However, cystectomy procedures often involve the claiming of four or more MBS items. The Committee discussed how various cystectomy items could be grouped to ensure that most cystectomy procedures comply with the PARC's three-item rule.
 - o The Committee recommended creating four new items to reflect groupings of commonly co-claimed items in cystectomy procedures. This will help to ensure that clinically justified complete medical procedures can be claimed in one episode with three items or less, once the three-item rule becomes strictly enforced.
 - o The four proposed cystectomy items are oncologically appropriate and reflect the standard of care and contemporary oncological practice. Cystectomies in males should be accompanied by a prostatectomy and node dissection, and cystectomies in females should be accompanied by a hysterectomy and node dissection. MBS co-claiming data and the Committee's clinical experience also indicate that these items cover clinically appropriate medical procedures that frequently involve the same combinations of items.
 - o Co-claim restrictions on all four proposed cystectomy items have been added to their component individual procedures (i.e. cystectomy items 37000, 37014 and 370AA; pelvic lymph node dissection items 35551 and 36502; prostatectomy item 37209; and anterior exenteration items 35653–35756).



- o New item 370BB for cystectomy including prostatectomy and lymph node dissection groups current items 37014, 37209 and 36502.
 - The Committee expects 87 services per year to be claimed under item 370BB—22 per cent of the existing service volume for item 37014. Co-claiming analysis of MBS data showed that these three items were co-claimed in 97 episodes in FY2016/17, accounting for 24 per cent of all episodes containing item 37014. Of this 24 per cent, the Committee expects 90 per cent of the volume to shift to item 370BB, and the remaining 10 per cent to shift to item 370CC.
 - The Committee notes that the schedule fee for this item should be set to achieve cost neutrality.
- o New item 370CC for cystectomy including prostatectomy and lymph node dissection, where performed after prior surgery or radiation therapy, groups current items 37014, 37209 and 36502. It is a more complex version of the procedure described in item 370BB.
 - The Committee expects 10 services per year to be claimed under item 370CC—2 per cent of the existing service volume for 37014. Co-claiming analysis of MBS data showed that items 37014, 37209 and 36502 were co-claimed in 97 episodes in FY2016/17, accounting for 24 per cent of all episodes containing item 37014. Of this 24 per cent, the Committee expects 90 per cent of the volume to shift to item 370BB, and the remaining 10 per cent to shift to item 370CC.
- o New item 370DD for cystectomy, including anterior exenteration and lymph node dissection, groups current items 30714, 36502 and 35653.
 - The Committee expects 6 services per year to be claimed under item 37DD. Co-claiming analysis of MBS data showed that these three items were co-claimed in 7 episodes in FY2016/17, accounting for 2 per cent of all episodes containing item 37014. Of this 2 per cent, the Committee expects 90 per cent of the volume to shift to item 370BB, and the remaining 10 per cent to shift to item 370EE.
 - The Committee notes that co-claiming between cystectomies and hysterectomies is much lower compared to cystectomies and prostatectomies. This is because cystectomies are much less common in women than men (MBS data shows that 24% of item 37014 was performed on women in FY2016/17), and many women who get a cystectomy are in an age group where they may have already gotten a hysterectomy.
 - The Committee notes that the schedule fee for this item should be set to achieve cost neutrality.
- o New item 370EE for cystectomy, including anterior exenteration and lymph node dissection, where performed after prior surgery or radiation therapy, groups current items 30714, 36502 and 35653. It is a more complex version of the procedure covered by item 370DD.



- The Committee expects 2 services per year to be claimed under item 37DD. Co-claiming analysis of MBS data showed that these three items were co-claimed in 7 episodes in FY2016/17, accounting for 2 per cent of all episodes containing item 37014. Of this 2 per cent, the Committee expects 90 per cent of the volume to shift to item 370BB, and the remaining 10 per cent to shift to item 370EE.
- The Committee notes that the schedule fee for this item should be set to achieve cost neutrality.
- o The Committee notes that while service volume for proposed items 370BB-370EE is low (particularly for the female cystectomy item groupings), they are nonetheless necessary if the three-item rule is strictly enforced to ensure clinically appropriate and predictable procedures with a cystectomy component, can be claimed in three items.
- o If proposed items 370BB-370EE are not considered appropriate by the Taskforce, and if the Taskforce does not provide an exemption to the three-item rule for cystectomy procedures (see below), the Committee alternatively recommends the Taskforce considers creating a new item that groups item 37014 with item 36502. These 2 items were co-claimed 130 times in FY2016/17, or in 30% of all episodes containing 37014, and are common to both male and female oncological procedures involving a cystectomy. The grouping of these 2 items would ensure most but not all cystectomy cases would be able to be claimed with 3 items or less. For instance, a surgeon would need to claim 4 items to perform the following clinically legitimate procedure: 1) The grouped 37014 and 36502 item 2) A prostatectomy in a male or an abdominal hysterectomy in a female; 3) The new grouped number for resection of small intestine with anastomosis and continent formation of intestinal urinary reservoir (36606 and 30566); and 4) Urethrectomy or nephroureterectomy or partial ureterectomy.
- **Other recommendations**
 - o The Committee strongly recommends that the Taskforce provide an exemption from the three-item rule for cystectomy procedures.
 - o There are many procedures involving a cystectomy where the use of more than three items is clinically reasonable. While some basic, clinically appropriate and predictable item groupings can be made (as the Committee has recommended with new items 370BB-370EE), many cystectomy procedures requiring more than 3 items are not predictable nor common enough to warrant the creation of a separate item. For instance, in very rare instances, a patient may require a cystectomy, reconstruction, urethrectomy and nephroureterectomy.
 - o As it was not practical for the Committee to create new cystectomy items to reflect every possible item combination of cystectomy procedures, the Committee requests an exemption to the three-item rule for cystectomy procedures.



4.2 Oncology – intestinal conduit

Table 3: Item introduction table for items 36600, 36603, 36606 and 36609

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36600	Ureter, transplantation of, into isolated intestinal segment, unilateral (Anaes.) (Assist.)	\$1,107.95	47	\$23,774	3.3%
36603	Ureters, transplantation of, into isolated intestinal segment, bilateral (Anaes.) (Assist.)	\$1,291.10	356	\$295,579	3.5%
36606	Intestinal urinary reservoir, continent, formation of, including formation of non-return valves and implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)	\$2,315.80	68	\$113,109	14.6%
36609	Intestinal urinary conduit or ureterostomy, revision of (Anaes.) (Assist.)	\$741.50	46	\$15,994	2.2%

4.2.1 Recommendation 2

- **Items 36600 and 36603**
 - Add an explanatory note to recognise that patients undergoing this procedure should ideally be treated at a facility that is adequately resourced for stomal therapy support. The proposed explanatory note is as follows:
 - Patients undergoing these procedures should ideally be treated at a facility adequately resourced for stoma therapy support, where High Dependency Units or Intensive Care Units, experienced nursing staff, and stomal therapy is available.
- **Items 36606**
 - No change.
- **Item 36609**
 - Amend the item descriptor to include revision of intestinal urinary reservoir. The proposed item descriptor is as follows:
 - Intestinal urinary conduit, reservoir or ureterostomy, revision of (Anaes.) (Assist.).
- **New item 366AA – grouping of items 36603 and 30566**
 - Consolidate items 36603 and 30566 under a new item number. The proposed item descriptor is as follows:



- Intestinal urinary conduit, incontinent, formation of (including associated small bowel resection and anastomosis), including implantation of ureters (1 or both) into reservoir (Anaes.) (Assist.)
- o The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality.
- **New item 366BB – grouping of items 36606 and 30566**
 - o Consolidate items 36606 and 30566 under a new item number. The proposed item descriptor is as follows:
 - Intestinal urinary reservoir, continent, formation of (including associated small bowel resection and anastomosis), including formation of non-return valves and implantation of ureters (1 or both) into reservoir, performed via open, laparoscopic or robot-assisted approaches (Anaes.) (Assist.)
 - o The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality.

4.2.2 Rationale for Recommendation 2

This recommendation focuses on ensuring that the MBS aligns with modern clinical practice and professional standards. It is based on the following.

- **Items 36600 and 36603**
 - o The proposed explanatory note for these items recognises that these procedures should ideally be completed at a facility adequately resourced for stomal therapy support. Stomal therapy support is complex, requiring specially trained nursing staff and specialised equipment. High-quality stoma care should be initiated as soon as possible to maximise patients' outcomes and quality of life in the longer term.
- **Item 36606**
 - o This item remains appropriate for contemporary care.
- **Item 36609**
 - o The descriptor for this item has been broadened to include "revision of intestinal urinary conduit" because there is currently no item for this specific procedure on the MBS. The Committee noted, with Department advice, that the closest item was 37045.
 - o The Committee does not expect a change in service volume for this item, as the service being incorporated is very rarely performed.
- **New item 366AA – grouping of items 36603 and 30566**



- o The Committee discussed how various items could be grouped to ensure that most urology procedures comply with the PARC's three-item rule, which caps the co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.
 - o A new item has been created to group current items 36603 and 30566, combining resection of the small intestine with anastomosis (item 30566) and bilateral ureter transplant into isolated intestinal segment (item 36603).
 - Items 30566 and 36603 are commonly co-claimed in procedures with more than three items (for instance, as part of a cystectomy for bladder cancer, using the following combination of items: 36603, 30566, 37014, 37209, 36502).
 - Many urologists perform these procedures together as part of a post-cystectomy neo-bladder formation procedure. This is reflected in MBS data, which shows that items 30566 and 36603 were co-claimed 196 times in FY2016/17, accounting for 55 per cent of the 354 episodes in which item 36603 was claimed.
 - o On occasion, items 36603 and 30566 (as part of a cystectomy for bladder cancer) need to be co-claimed with a nephro-ureterectomy or urethrectomy. Grouping the oncological parts of the procedure (proposed items 370BB and 370DD) and the reconstructive items (36603 and 30566) into separate numbers allows the surgeon to meet the three-item cap in cases where a nephro-ureterectomy and urethrectomy are required.
 - o Items 30566 and 36603 also need to be retained as individual items because in certain circumstances both need to be claimed separately and independently of each other. For instance, sometimes a general surgeon will perform the small intestine component of the procedure (item 30566) while a urologist completes the bilateral ureter transplant into the intestinal segment (item 36603). In such a case, the surgeons would claim their respective items separately.
 - o The Committee estimates that the service volume for this new item is likely to be 55 per cent of the current service volume for existing item 36603, based on MBS data. This data indicates that item 36603 is claimed with item 30566 in 55 per cent of episodes containing item 36603.
- **New item 366BB – grouping of items 36606 and 30566**
 - o The Committee discussed how various items could be grouped to ensure that most urology procedures comply with the PARC's three-item rule, which caps co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.
 - o The Committee recommended creating a new item that combines resection of the small intestine with anastomosis (item 30566) and continent formation of intestinal urinary reservoir (item 36606).
 - These items are an important part of a complete medical procedure that is often performed by urologists (post-cystectomy neo-bladder formation).



This is reflected in MBS data, which shows that items 30566 and 36606 were co-claimed 30 times in FY2016/17, accounting for 43 per cent of all episodes containing item 36606.

- o Items 30566 and 36605 have also been retained as individual items because in certain circumstances both need to be claimed separately and independently of each other. For instance, sometimes a general surgeon will perform the small intestine component of the procedure (item 30566) while a urologist completes the continent formation of intestinal urinary reservoir (item 36606). In such a case, the surgeons would claim their respective items separately.
- o The Committee estimates, based on co-claim analysis, that the service volume for this new item is likely to be 43 per cent of the existing service volume for item 36606.

4.3 Oncology – nephrectomy

Table 4: Item introduction table for items 36516, 36519, 36522, 36525–29 and 36576

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36516	Nephrectomy, complete (Anaes.) (Assist.)	\$924.70	141	\$85,396	2.6%
36519	Nephrectomy, complete, complicated by previous surgery on the same kidney (Anaes.) (Assist.)	\$1,291.10	65	\$57,723	-1.7%
36522	Nephrectomy, partial (Anaes.) (Assist.)	\$1,107.95	652	\$528,393	14.4%
36525	Nephrectomy, partial, complicated by previous surgery on the same kidney (Anaes.) (Assist.)	\$1,574.45	48	\$54,878	7.0%
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.)	\$1,291.10	331	\$323,812	0.6%
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.)	\$1,593.40	80	\$92,992	6.2%
36528	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy,	\$1,291.10	537	\$511,453	-2.0%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	for a tumour less than 10 cms in diameter (Anaes.) (Assist.)				
36529	Nephrectomy, radical with en bloc dissection of lymph nodes, with or without adrenalectomy, for a tumour 10 cms or more in diameter, or complicated by previous open or laparoscopic surgery on the same kidney (Anaes.) (Assist.)	\$1,593.40	221	\$260,584	11.3%
36576	Kidney, exposure and exploration of, including repair or nephrectomy, for trauma, not being a service associated with any other procedure performed on the kidney, renal pelvis or renal pedicle (Anaes.) (Assist.)	\$1,157.85	<6	Not for publication (NFP)	NFP

4.3.1 Recommendation 3

- **Items 36516, 36519, 36522, 36528, 36529 and 36576**
 - Amend the item descriptors to:
 - Restrict co-claiming with diagnostic laparoscopy items (30390 and 30627).
 - Specify that these operations can be conducted using open, laparoscopic or robot-assisted approaches.
 - Amend the explanatory note to include a statement recognising 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. The proposed explanatory note is as follows:
 - Best practice in treating kidney cancer patients with eGFR <60ml/min/1.73m² involves multi-disciplinary management in collaboration with a nephrologist.
- **Items 36528 and 36529**
 - Amend the item descriptors to allow the items to be claimed 'with or without en bloc' dissection of lymph nodes.
- **Item 36525**
 - Amend the 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).



- Specify that this operation can be conducted using open, laparoscopic or robot-assisted approaches.
- o The proposed item descriptor is as follows:
 - Nephrectomy, partial, via open, laparoscopic or robot-assisted approaches, complicated by previous surgery or ablative procedure on the same kidney, or in those with solitary functioning kidney, or with eGFR <60ml/min/1.73m², not being a service associated with a service to which items 30390 or 30627 apply (Anaes.) (Assist.)
- o Amend the explanatory note to include a statement recognising that best practice in treating kidney cancer patients with an eGFR of less than 60ml/min/1.73m² involves multi-disciplinary management, in collaboration with a nephrologist. The proposed explanatory note is as follows:
 - Best practice in treating kidney cancer patients with eGFR <60ml/min/1.73m² involves multi-disciplinary management, in collaboration with a nephrologist.
- **Items 36526 and 36527**
 - o Delete item.

4.3.2 Rationale for Recommendation 3

This recommendation focuses on ensuring that the MBS reflects modern clinical practice. It is based on the following.

- **Items 36516, 36519, 36522, 36528, 36529 and 36576**
 - o The proposed item descriptors restrict co-claiming these items with diagnostic laparoscopy items (30390 and 30627) because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of these procedures and should not be claimed separately.
 - o The proposed item descriptors also specify that these operations can be conducted using open, laparoscopic or robot-assisted approaches because all of these techniques are valid options for the surgical removal of the kidney and reflect surgeon preference. As such, they should be reimbursed similarly.
 - o The explanatory note for these items has been amended to reflect that multi-disciplinary management of cancer patients is considered best practice and the standard of care (2) (3) (4).
 - 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. (At present, ablative procedures and



stereotactic radiation therapy are not considered standard of care in renal tumour management.)

- The Committee felt that setting an eGFR threshold of less than 60ml/min/1.73m² created a reasonable safety net to flag difficult cases that may benefit from multi-disciplinary management with input from a nephrologist.

The Committee noted that urological multi-disciplinary teams do not routinely include a nephrologist. Where a multi-disciplinary team does not include a nephrologist, best practice would involve referring a patient with an eGFR of less than 60ml/min 1.73m² to a nephrologist.

- o Based on MBS data, the Committee estimates that the introduction of co-claiming restrictions will cause multiple service volume shifts:
 - 36516 was co-claimed with 30390 34 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 34 services per annum. 36516 was co-claimed with 30627 4 times in FY16/17; on this basis, the Committee estimates that service volume for 30627 will decrease by 4 services per annum
 - 36519 was co-claimed with 30390 2 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 2 services per annum. 36519 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 36522 was co-claimed with 30390 138 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 138 services per annum. 36522 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 36528 was co-claimed with 30390 132 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 132 services per annum. 36528 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 36529 was co-claimed with 30390 42 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 42 services per annum. 36529 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 36576 was co-claimed with 30390 0 times in FY16/17; on this basis the Committee estimates no decrease in 30390 claims. 36576 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.

- **Items 36528 and 36529**

This amendment ensures that contemporary care is reflected in the descriptor.



- **Item 36525**

- Current item 36525 describes partial nephrectomies, complicated by previous surgery on the same kidney. The Committee's recommendation expands the descriptor for item 36525 to include partial nephrectomies performed after another ablative procedure on the kidney, in patients with a solitary kidney or in patients with an eGFR of less than 60ml/min/1.73m². This recognises the complexity of these surgical procedures. Performing a partial nephrectomy after failed ablative therapy is very difficult, and at times impossible. When performing a partial nephrectomy in patients with solitary kidneys or impaired renal function, the surgeon has to preserve as much renal tissue as possible to maintain sufficient renal function to keep the patient off dialysis.
- In broadening the criteria for using item 36525 (complex partial nephrectomy), the Committee expects that 5 per cent of the service volume for existing item 36522 (partial nephrectomy) will shift to item 36525. This will result in a 5 per cent increase in service volume for item 36525, and a corresponding decrease of 5 per cent in service volume for item 36522.
- The proposed item descriptors restrict co-claiming these items with diagnostic laparoscopy items (30390 and 30627) because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of these procedures and should not be claimed separately.
- The proposed item descriptors also specify that these operations can be conducted using open, laparoscopic or robotic approaches because all of these techniques are valid options for the surgical removal of the kidney and reflect surgeon preference. As such, they should be reimbursed similarly.
- The explanatory note for these items has been amended to reflect that multi-disciplinary management of cancer patients is considered best practice and the standard of care (2) (3) (4). For more information, please see the rationale for adding the same explanatory note to items 36516, 36519, 36522, 36528, 36529 and 36576.
- MBS data indicates that 36525 was co-claimed with 30390 8 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 8 services per annum. 36525 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.

- **Items 36526 and 36527**

- Items 36526 and 36527 do not reflect clinical best practice. They describe a nephrectomy performed where malignancy is clinically suspected but not confirmed by histopathological examination. The item should be deleted because cancer should always be confirmed by pathology if it is suspected. It is more appropriate to use items 36528 or 36529 instead of these items.
- Item 36526 was claimed 331 times in FY2016/17. The Committee expects 100 per cent of the service volume for existing item 36526 to shift to item 36528, which represents best practice.



- o Item 36527 was claimed 80 times in FY2016/17. The Committee expects 100 per cent of the service volume for existing item 36527 to shift to item 36528.

4.4 Oncology – nephroureterectomy

Table 5: Item introduction table for items 36531–33

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36531	Nephro-ureterectomy, complete, including associated bladder repair and any associated endoscopic procedure (Anaes.) (Assist.)	\$1,157.85	51	\$42,640	10.2%
36532	Nephro-ureterectomy, for tumour, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures (Anaes.) (Assist.)	\$1,661.85	189	\$234,844	5.2%
36533	Nephro-ureterectomy, for tumour, 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 (Anaes.) (Assist.)	\$1,964.15	51	\$73,328	1.7%

4.4.1 Recommendation 4

- **Items 36531, 36532 and 36533**
 - o Amend the item descriptors to:
 - Restrict co-claiming with diagnostic laparoscopy items (30390 and 30627).
 - Clarify that this operation can be conducted using open, laparoscopic or robot-assisted approaches.
 - o The proposed descriptor for item 36531 is as follows:
 - Nephroureterectomy, complete, via open laparoscopic or robot-assisted approach, including associated bladder repair and any associated endoscopic procedure, not being a service associated with a service to which items 30390 and 30627 apply (Anaes.) (Assist.)
 - o The proposed descriptor for item 36532 is as follows:
 - Nephroureterectomy, for tumour, via open laparoscopic or robot-assisted approach, with or without en bloc dissection of lymph nodes, including associated bladder repair and any associated endoscopic procedures, not being a service associated with a service to which items 30390 and 30627 apply (Anaes.) (Assist.)



- o The proposed descriptor for item 36533 is as follows:
 - Nephroureterectomy, for tumour, via 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, not being a service associated with a service to which items 30390 and 30627 apply (Anaes.) (Assist.)
- o Add an explanatory note to clarify that best practice in treating kidney cancer patients with an eGFR of less than 60ml/min/1.73m² involves multi-disciplinary management in collaboration with a nephrologist. The proposed explanatory note is as follows:
 - Best practice in treating kidney cancer patients with eGFR <60ml/min/1.73m² involves multi-disciplinary management in collaboration with a nephrologist.

4.4.2 Rationale for Recommendation 4

This recommendation focuses on ensuring that the MBS reflects modern clinical practice. It is based on the following.

- **Items 36531, 36532 and 36533**
 - o These item descriptors have been amended to restrict co-claiming with diagnostic laparoscopy items (30390 and 30627) because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of these procedures and should not be claimed separately.
 - o The proposed item descriptors also specify that these operations can be conducted using open, laparoscopic or robot-assisted approaches, all of which are valid options for this procedure.
 - o The explanatory note has been amended to clarify that multi-disciplinary management of cancer patients is considered best practice and the standard of care (2) (3) (4).
 - 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. (At present, ablative procedures and stereotactic radiation therapy are not considered standard of care in renal tumour management.)
 - The Committee felt that setting an eGFR threshold of less than 60ml/min/1.73m² created a reasonable safety net to flag difficult cases that may benefit from multi-disciplinary management with input from a nephrologist.



- The Committee noted that urological multi-disciplinary teams do not routinely include a nephrologist. Where a multi-disciplinary team does not include a nephrologist, best practice would involve referring a patient with an eGFR of less than 60ml/min/1.73m² to a nephrologist.
- o Based on MBS data, the Committee estimates that the introduction of co-claiming restrictions will cause multiple service volume shifts:
 - 36531 was co-claimed with 30390 22 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 22 services per annum. 36531 was co-claimed with 30627 2 times in FY16/17; on this basis, the Committee estimates that service volume for 30627 will decrease by 2 services per annum
 - 36532 was co-claimed with 30390 38 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 38 services per annum. 36532 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 36533 was co-claimed with 30390 4 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 4 services per annum. 36533 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.

4.5 Oncology – ureterectomy

Table 6: Item introduction table for item 36579

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36579	Ureterectomy, complete or partial, with or without associated bladder repair, not being a service associated with a service to which item 37000 applies (Anaes.) (Assist.)	\$741.50	244	\$54,249	5.5%

4.5.1 Recommendation 5

- **Item 36579**
 - o Amend the item descriptor to:
 - Add the words "for tumour within ureter, proven by histopathology".
 - Remove co-claiming restriction with item 37000.
 - o The proposed item descriptor is as follows:



- Ureterectomy partial or complete, for a tumour within the ureter, proven by histopathology at the time of surgery, or for congenital anomaly with or without bladder repair (Anaes.)(Assist)”

4.5.2 Rationale for Recommendation 5

This recommendation focuses on ensuring that the MBS reflects modern clinical practice. It is based on the following.

- **Item 36579**

- The Committee added the words "for tumour within ureter, proven by histopathology" to the item descriptor to ensure that the item is only claimed where there is a prior cancer diagnosis. The proposed wording ensures that the item is not inappropriately claimed for frozen sections or biopsies of the ureter. The requirement for the cancer to be proven by histopathology ensures that if a frozen section is completed and no cancer is identified, the surgeon cannot claim the item for partial ureterectomy.
- The Committee deleted the words "with or without associated bladder repair" from the item descriptor because they are unnecessary. The procedure will inevitably be associated with bladder repair, usually by means of a primary or psoas hitch or Boari procedure.
- The Committee deleted the words "complete or" from the item descriptor so that the item refers to partial ureterectomy only. A separate item (3657X) has been created for complete ureterectomy. This separation of partial and complete ureterectomies is required to restrict co-claiming of complete ureterectomy with nephro-ureterectomy (item numbers 36531, 36532 and 36533).
- The Committee removed the co-claiming restriction with 37000, as it is appropriate to perform partial ureterectomy for proven cancer in ureter at the same time as cystectomy.
- The Committee estimates that recommended co-claim restriction changes will increase item 37000 service volume by 10 services per annum, as it is extremely rare perform a partial cystectomy and remove a ureter at the same time
- The Committee estimates that the service volume for proposed item 36579 is likely to be 90–95 per cent of the existing service volume for item 36579, given that 90–95 per cent of current procedures performed under item 36579 are for a tumour, with a small number of benign conditions.

4.6 Oncology – transplantation and re-implantation

Table 7: Item introduction table for items 36585, 36588, 36591, 36594, 36597

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth



36585	Ureter, transplantation of, into skin (Anaes.) (Assist.)	\$741.50	<6	NFP	NFP
36588	Ureter, re-implantation into bladder (Anaes.) (Assist.)	\$924.70	218	\$124,763	-3.5%
36591	Ureter, re-implantation into bladder with psoas hitch or Boari flap or both (Anaes.) (Assist.)	\$1,107.95	110	\$88,891	6.2%
36594	Ureter, transplantation of, into intestine (Anaes.) (Assist.)	\$924.70	9	\$2,148	-15.9%
36597	Ureter, transplantation of, into another ureter (Anaes.) (Assist.)	\$924.70	18	\$5,310	14.4%

4.6.1 Recommendation 6

- **Items 36585, 36588, 36591, 36594 and 36597**

- o No change.

4.6.2 Rationale for Recommendation 6

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 36585, 36588, 36591 and 36597**

- o These items remain appropriate for contemporary care.

- **Item 36594**

- o This item remains appropriate for contemporary care.
- o The Committee noted that this item has low service volumes and is redundant for conduit formation, but it agreed that it may be relevant in rare instances (e.g. ileal anastomosis of the ureter, a procedure that is rarely performed but remains necessary in a minority of cases).
- o The Committee considered whether item 36594 could be consolidated with items 30566 and 36603 (formation ileal conduit including bowel resection) or with items 36606 and 30566 (formation continent reservoir including bowel resection). However, given the low service volume of item 36594 (nine episodes in FY2016/17), it agreed that any benefits of consolidation would be outweighed by the downsides of adding complexity to the MBS.



4.7 Oncology – prostate biopsy

Table 8: Item introduction table for items 37212, 37215 and 37218–19

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37212	Prostate, open perineal biopsy or open drainage of abscess (Anaes.) (Assist.)	\$276.60	<6	NFP	NFP
37215	Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.) (Assist.)	\$416.45	827	\$247,530	8.3%
37218	Prostate, needle biopsy of, or injection into, excluding for insertion of radiopaque markers (Anaes.)	\$138.30	3,285	\$178,975	0.0%
37219	Prostate, needle biopsy of, using prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 37218 or 55603 applies (Anaes.) (Assist.)	\$280.85	19,705	\$4,144,237	-6.6%

4.7.1 Recommendation 7

- **Item 37212**
 - Delete item.
- **Item 37215**
 - Amend the item descriptor to remove the word "Assist". The proposed item descriptor is as follows:
 - Prostate, biopsy of, endoscopic, with or without cystoscopy (Anaes.).
- **Item 37218**
 - Amend the item descriptor to remove the words "needle biopsy of, or" and stipulate the item includes single or multiple injections. The proposed item descriptor is as follows:
 - Prostate injection into, single or multiple , excluding fiduciary markers (Anaes.).
- **Item 37219**
 - Amend the item descriptor to:
 - Remove the word "Assist".
 - Specify that the item can also be used for post-prostatectomy patients.



- Specify that this item can only be used when a transperineal approach is taken.
 - Remove the association with item 37218.
 - o The proposed item descriptor is as follows:
 - Prostate or prostatic bed, needle biopsy of, via the transperineal route, using prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)
 - o The Committee recommends that the schedule fee for this item should be set at a level 20% higher than the existing schedule fee for item 37219.
- **Item 372AA**
 - o Create a new item for transrectal needle biopsy of prostate or prostatic bed, using ultrasound techniques, and obtaining one or more prostatic specimens. The proposed item descriptor is as follows:
 - Prostate or prostatic bed, needle biopsy of, via the transrectal route, using prostatic ultrasound techniques and obtaining 1 or more prostatic specimens, being a service associated with a service to which item 55603 applies (Anaes.)
 - o Add explanatory note to specify:
 - Best practice is to ensure patients are informed of the uncommon but serious of risk of severe infection when transrectal needle biopsy is performed, and that alternative methods of biopsy are available that reduces this risk.
 - Best practice is to ensure that the referring GP is informed of the biopsy result as soon possible after the biopsy.
 - o The proposed explanatory note is as follows:
 - 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.
 - Best practice is also to ensure that the referring GP is informed of the biopsy result as soon as possible after the possible. 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.
 - o The Committee recommends that the schedule fee for this item should be set at a level 20% lower than the existing schedule fee for item 37219 to ensure overall cost neutrality (given the recommendation to increase the schedule fee for the repurposed item 37219).



4.7.2 Rationale for Recommendation 7

This recommendation focuses on improving care quality and patient experience and ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 37212**
 - This item has been recommended for deletion because the procedure is rarely used and obsolete. In modern clinical practice prostate abscesses are opened endoscopically rather than through an open procedure. The open approach is now obsolete, as is reflected by the very low number of services claimed for this item in FY2016/17 (fewer than six). This item can safely be deleted.
 - The Committee expects any existing service volume for item 37212 to shift to item 37203, ensuring full continuity of patient care.
- **Item 37215**
 - The word "Assist" has been removed from the item descriptor because surgical assistants are not required to perform this procedure safely.
- **Item 37218**
 - The Committee removed the words "needle biopsy of, or" from the item descriptor because they are unnecessary. Needle biopsy is covered by item 37219 and the new item for transrectal prostate biopsy.
 - The Committee agreed that this item is not redundant and should remain on the MBS. It noted that item 37218 serves a different purpose to item 37217.
 - Item 37217 is an interim Schedule item number that is specifically for the implantation of radio-opaque fiducial markers. Item 37218 is specifically for needle biopsy and injections of materials other than radiopaque markers into the prostate. The proposed descriptor for item 37218 describes injection of non-fiducial marker substances into the prostate (for instance, local anaesthetic, steam or Botox).
 - The Committee estimates that narrowing the descriptor to exclude needle biopsies will result in a significant decrease in service volume for new item 37218 because it is rare to inject materials other than radiopaque markers into the prostate (other than for the purpose of a prostate biopsy). The Committee estimates that the service volume for item 37218 will drop to 10 per cent of the existing service volume. The Committee estimates that 45 per cent of the current service volume for item 37218 will shift to new item 37219 (transperineal prostate biopsy), and that the remaining 45 per cent will shift to item 372AA (the proposed item for transrectal prostate biopsy).
- **Item 37219**



- o The word "Assist" has been removed from this item descriptor because surgical assistants are not required to perform this procedure safely.
- o The item descriptor has also been amended to allow item 37219 to be claimed for post-prostatectomy patients. This recognises that there are clinical circumstances where a biopsy is conducted after previous treatment for prostate cancer—for instance, biopsy of prostate bed for suspected recurrence after prostatectomy, or after radical dose radiation therapy (e.g. where a local recurrence is being considered for salvage prostatectomy). The current wording of the item descriptor, with its reference to "needle biopsy of prostate", prevents the item from being used for post-prostatectomy patients with no prostate.
- o Existing item 37219 has been repurposed to describe transperineal prostate biopsies, and a new item (372AA) has been created for transrectal prostate biopsies. Transperineal biopsies are safer for the patient but more technically challenging and expensive, compared to transrectal biopsies. Given the difference in the value of care and the complexity of the two procedures, the Committee agreed that there should be separate item numbers for transperineal and transrectal procedures, with different levels of remuneration.
- o The Committee recommended increasing the schedule fee for item 37219 by 20% from its current level to reflect the relative complexity of transperineal biopsies, and to encourage transperineal biopsies as the standard of care. The Committee intends the overall impact of its schedule fee recommendations for items 37219 and 372AA to be cost neutral, based on the current split in service volumes for transperineal versus transrectal biopsies. The Committee estimates that 50 per cent of prostate biopsies are performed transperineally and 50 per cent are performed transrectally, so it has recommended decreasing the schedule fee for item 372AA proportionately (from the current schedule fee for item 37219) to the increase in the schedule fee for item 37219.
- o The Committee expects approximately 9,852 services annually for proposed item 37219, based on its estimate that 50 per cent of existing item 37219 procedures are performed transperineally. The Committee noted that while transperineal and transurethral biopsies are evenly split, it estimates that 95 per cent of prostate biopsies will be performed transperineally in five years as the transperineal procedure becomes the standard of care.
- o The Committee discussed whether the item descriptor, which currently refers specifically to "prostatic ultrasound techniques", should be amended to refer to "imaging guidance techniques" more broadly. The specific reference to "ultrasound techniques" in the current descriptor prevents the item from being claimed when magnetic resonance imaging (MRI) is used as the imaging technique, despite the fact that MRI is a valid alternative imaging technique to ultrasound for prostate biopsies. The Committee discussed the April 2017 MSAC decision to reject Application 1424 for MRI-guided biopsy procedures for diagnosis of prostate cancer, and ultimately agreed not to broaden the descriptor to refer to "imaging guidance techniques" more broadly (7). However, the Committee notes the growing use of MRI-guided prostate biopsies and is of the opinion that this procedure should be reviewed again by the MSAC in the near future.



- o An explanatory note should be added outlining that best practice is to ensure GPs are informed of the result of the biopsy as soon as possible (i.e. via a copy of the results, sent directly to the GP). This recognises that if GPs are informed early after diagnosis, they will be in a better position to support the patient after prostate cancer diagnosis, and to provide the patient with the information they need to make an informed decision about their treatment options.
- o The Committee noted 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.
- **Item 372AA**
 - o Recognising the difference in the value of care and the complexity of the transperineal and transrectal prostate biopsies, the Committee agreed that there should be separate item numbers for transperineal and transrectal procedures, with different levels of remuneration. Existing item 37219 has been repurposed to describe transperineal biopsies, and a new item (372AA) has been created for transrectal prostate biopsies. Transperineal biopsies are safer for the patient but more technically challenging and expensive, compared to transrectal biopsies.
 - o The Committee noted that, as for the amended item descriptor for 37219, the descriptor for item 372AA is worded to allow the item to be claimed for post-prostatectomy patients. This recognises that there are clinical circumstances where a biopsy is conducted after previous treatment for prostate cancer—for instance, biopsy of prostate bed for suspected recurrence after prostatectomy, or after radical dose radiation therapy (e.g. where a local recurrence is being considered for salvage prostatectomy).
 - o The Committee recommended that the schedule fee for item 372AA is set a level 20% lower than the current schedule fee for item 37219, reflecting the fact that transrectal biopsies are less complex than transperineal biopsies. This should also encourage transperineal biopsies as the standard of care. The Committee intends the overall impact of its schedule fee recommendations for items 37219 and 372AA to be cost neutral, based on the current split in service volumes for transperineal versus transrectal biopsies.
 - o The Committee expects 9,852 services annually for new item 372AA, based on its estimate that 50 per cent of existing item 37219 procedures are currently performed transrectally. The Committee estimates that the number of transrectal prostate biopsies will decrease significantly in the next five years as the transperineal procedure becomes the standard of care, and that 95 per cent of prostate biopsies will be done transperineally in five years.
 - o An explanatory note should be added outlining that best practice is to ensure GPs are informed of the result of the biopsy as soon as possible (i.e. via a copy of the results, sent directly to the GP). This recognises that if GPs are informed early after prostate cancer diagnosis, they will be in a better position to support the patient



and to provide the patient with the information they need to make an informed decision about their treatment options.

- o An explanatory note should be added noting 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.

4.8 Oncology – prostatectomy

Table 9: Item introduction table for items 37209–11

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37209	Prostate, and/or seminal vesicle/ampulla of vas, unilateral or bilateral, total excision of, not being a service associated with a service to which item number 37210 or 37211 applies (Anaes.) (Assist.)	\$1,219.10	203	\$126,00	3.7%
37210	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, not being a service associated with a service to which item 35551, 36502 or 37375 applies (Anaes.) (Assist.)	\$1,593.40	3,041	\$3,622,987	-0.3%
37211	Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the bladder and bladder neck reconstruction, with pelvic lymphadenectomy, not being a service associated with a service to which item 35551, 36502 or 37375 applies (Anaes.) (Assist.)	\$1,935.20	3,160	\$4,552,345	-1.7%

4.8.1 Recommendation 8

- **Item 37209**
 - o No change.
 - o Please note: Although item 37209 has been retained without change as an individual item, it has also been included as part of new complete medical service



(item 370CC), which includes cystectomy with a prostatectomy, with or without lymph node dissection.

- **Items 37210 and 37211**

- o Amend the item descriptors 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.
 - Replace 'bladder neck reconstruction' with 'with or without bladder neck reconstruction'
- o The proposed descriptor for item 37210 is as follows:
 - Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated), with or without bladder neck reconstruction, not being a service associated with a service to which item 30390, 35551, 36502, 30627 or 37375 applies (Anaes.) (Assist.)
- o The proposed descriptor for item 37211 is as follows:
 - Prostatectomy, radical, involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated), with or without bladder neck reconstruction' with pelvic lymphadenectomy, not being a service associated with a service to which item 30390, 35551, 36502, 30627 or 37375 applies (Anaes.) (Assist.)
- o Add an explanatory note for items 37210 and 37211 as follows:
 - Best practice prior to claiming for a 37210 and 37211, 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.
 - 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".

- **Item 37210A**

- o Create a new item for complex radical prostatectomy without pelvic lymphadenectomy, specifically in patients who have previously undergone radiation therapy or focal therapies. The proposed item descriptor is as follows:



- Prostatectomy, radical, complicated by prior radiation therapy (including brachytherapy) ablative procedures on the prostate involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) and bladder neck reconstruction, not being a service associated with a service to which item 30390, 35551, 36502, 30627 or 37375 applies (Anaes.) (Assist.)
- o Add an explanatory note for item 37210A as follows:
 - Best practice prior to claiming for a 37210, 37211, 37210A or 37211A, 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.
 - 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".
- o The Committee recommends a schedule fee for this item that is 50 per cent higher than the current schedule fee for item 37211.
- **Item 37211A**
 - o Create a new item for complex radical prostatectomy with pelvic lymphadenectomy, specifically in patients who have previously undergone radiation therapy or focal therapies. The proposed item descriptor is as follows:
 - Prostatectomy, radical, complicated by prior radiation therapy (including brachytherapy) ablative procedures on the prostate involving total excision of the prostate, sparing of nerves around the prostate (where clinically indicated) and bladder neck reconstruction, with pelvic lymphadenectomy, not being a service associated with a service to which item 30390, 35551, 36502, 30627 or 37375 applies (Anaes.) (Assist.)
 - o Add an explanatory note for item 37211A as follows:
 - Best practice prior to claiming for a 37210, 37211, 37210A or 37211A, 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.
 - 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".

- o The Committee recommends a schedule fee for this item that is 50 per cent higher than the current schedule fee for item 37211.

4.8.2 Rationale for Recommendation 8

This recommendation focuses on improving the quality of care and patient experience and ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 37209**

- o The Committee discussed how various items could be grouped to ensure that most urology procedures comply with the PARC's three-item rule, which caps co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.
- o Item 37209 has been grouped with item 37014 and item 36502 as part of a new procedure: cystectomy with a prostatectomy with or without lymph node dissection. For further information, please refer to Chapter 4.1.

- **Items 37210 and 37211**

- o Co-claiming these items with diagnostic laparoscopy items (30390 and 30627) has been restricted because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of these procedures and should not be claimed separately.
- o The descriptors for items 37210 and 37211 have also been amended to clarify that the procedure should include sparing of the nerves around the prostate, where clinically indicated. This recognises that the erectile nerves are anatomically adjacent to the prostate, and at times it is clinically appropriate to spare the nerves if the cancer has spread outside the prostate and greater clearance is required.
- o 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.
- o The MBS, through explanatory notes, can promote contemporary best clinical practice. An explanatory note has been added to this item to recognise that for men in whom curative treatment for prostate cancer is recommended, should be



encouraged to discuss treatment options with a urologist and a radiation oncologist prior to any treatment, as part of fully informed decision making.

- o In addition, the Committee has also recommended that the explanatory acknowledge that best practice would also constitute having a long consult with the prostate cancer patient within 6 months prior to surgery, where the operating surgeon discusses and provides patients with written information about all guideline-endorsed treatment options for their condition. This is ideal for ensuring patients make well-informed decisions about their treatment pathway. If the Committee's recommendation to the SPCCC to create a new initial long consultation item is accepted, the explanatory note should be directly linked to that new item.
 - o The Committee has also made a separate recommendation to the SPCCC, asking it to consider creating a new initial long consult item that requires the consultant physician or specialist to discuss all guideline-endorsed treatment options with the patient, and to provide the patient with take-home information about these treatment options. This will help standardise practice and improve patient information and informed choice.
 - o The Committee has also asked the SPCCC to consider how the MBS can support the improved uptake and quality of multi-disciplinary case conferences in Australia, given that multi-disciplinary management is considered best practice and the standard of care for cancer patients in Australia and internationally (2) (3) (4). The Committee has recommended to the SPCCC that the item descriptor for multi-disciplinary case management be amended to specify that outcomes from case conferences must be documented in writing and provided to both the patient and the referring GP.
 - o Based on MBS data, the Committee estimates that the introduction of co-claiming restrictions will cause multiple service volume shifts:
 - 37210 was co-claimed with 30390 1124 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 1124 services per annum. 37210 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
 - 37211 was co-claimed with 30390 722 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 722 services per annum. 37211 was co-claimed with 30627 0 times in FY16/17; on this basis, the Committee estimates no decrease in 30627 claims.
- **Item 37210A**
 - o Item 37210A is one of two new items created for complex radical prostatectomies (for instance, a salvage radical prostatectomy after failed radiation therapy or focal therapies) to reflect the added time and complexity required to perform these operations. There are currently separate items for radical prostatectomy without lymphadenectomy (item 37210) and prostatectomy with lymphadenectomy (item 37211). To align with this, proposed item 37210A covers complex radical



prostatectomy without lymphadenectomy, and proposed item 37211A (discussed below) covers complex radical prostatectomy with lymphadenectomy.

- o The Committee recommended that the schedule fee for complex radical prostatectomy without lymphadenectomy (item 37210A) should be 50 per cent higher than the current schedule fee for item 37210 (radical prostatectomy without lymphadenectomy). In doing so, it recognises that complex radical prostatectomies carry substantive risks of rectal injury, incontinence, erectile dysfunction and urethral strictures, far greater than a standard radical prostatectomy, and that the procedures are longer in duration than a standard radical prostatectomy and require more difficult post-operative care (12) (13). The creation of this new item benefits the patient by providing a more transparent link between the benefit paid and the complexity of the procedure (and aftercare).
- o The Committee estimates that the service volume for item 37210A will be 5 per cent of the existing service volume for item 37210.
- o The rationale for adding an explanatory note for new item 37210A is the same as the rationale for adding the same explanatory note for items 37210 and 37211.

- **Item 37211A**

- o Item 37211A is the second of two new items created for complex radical prostatectomies (for instance, a salvage radical prostatectomy after failed radiation therapy or focal therapies) to reflect the added time and complexity required to perform these operations. There are currently separate items for radical prostatectomy without lymphadenectomy (item 37210) and prostatectomy with lymphadenectomy (item 37211). To align with this, proposed item 37210A (above) covers complex radical prostatectomy without lymphadenectomy, while item 37211A covers complex radical prostatectomy with lymphadenectomy.
- o The Committee recommended a schedule fee for item 37211A that is 50 per cent higher than the current schedule fee for item 37211. In doing so, it recognises that complex radical prostatectomies carry substantive risks of rectal injury, incontinence, erectile dysfunction and urethral strictures, and that the procedures are longer in duration than a standard radical prostatectomy and require more difficult post-operative care (12) (13). The creation of this new item benefits the patient by providing a more transparent link between the benefit paid and the complexity of the procedure (and aftercare).
- o The Committee estimates that the service volume for item 37211A will be 5 per cent of the existing service volume for item 37211.
- o The rationale for adding an explanatory note for new item 37211A is the same as the rationale for adding the same explanatory note for items 37210 and 37211.



4.9 Oncology – cystoscopy

Table 10: Item introduction table for items 36840, 36842 and 36845

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2015/17	Services 5-year annual avg. growth
36840	Cystoscopy, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, not being a service to which item 36845 applies (Anaes.)	\$323.20	8,784	\$1,992,079	1.8%
36842	Cystoscopy, with lavage of blood clots from bladder including any associated diathermy of prostate or bladder and not being a service associated with a service to which item 36812, 36827 to 36863, 37203 or 37206 apply (Anaes.) (Assist.)	\$325.20	1,042	\$245,451	10.2%
36845	Cystoscopy, with diathermy, resection or visual laser destruction of multiple tumours in more than 2 quadrants of the bladder or solitary tumour greater than 2cm in diameter (Anaes.)	\$691.40	6,409	\$3,223,443	5.7%

4.9.1 Recommendation 9

- **Item 36840**
 - Amend the 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. The proposed item descriptor is as follows:
 - Cystoscopy, with resection, diathermy or visual laser destruction of bladder tumour or other lesion of the bladder, in 1 quadrant of the bladder or solitary tumour 2cm or less, not being a service to which item 36845 applies (Anaes.).
- **Item 36842**
 - Amend the item descriptor to remove the word "Assist" and replace the word "diathermy" with "cautery". The proposed item descriptor is as follows:
 - Cystoscopy, with lavage of blood clots from bladder including any associated cautery of prostate or bladder and not being a service associated with a service to which item 36812, 36827 to 36863, 37203 or 37206 apply (Anaes.)
 - Add an 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. The proposed explanatory note is as follows:

- 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.

- **Item 36845**

- o Cystoscopy, with diathermy, resection or visual laser destruction of multiple tumours in 2 or more quadrants of the bladder or solitary tumour greater than 2cm in diameter (Anaes.)

4.9.2 Rationale for Recommendation 9

This recommendation focuses on ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 36840**

- o The descriptor for item 36840 has been reworded to specify the size and characteristics of the tumour, providing a level of specificity that is consistent with the descriptor for item 36845.

- **Item 36842**

- o The word "Assist" has been removed from the item descriptor because surgical assistants are not required to perform this procedure safely.
- o The word "diathermy" has been replaced with the word "cautery" to allow the use of other energy sources to achieve haemostasis.
- o An explanatory note has been added 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. For example, if item 37203 (endoscopic prostatectomy, using diathermy or cold punch) is performed and the patient bleeds in recovery, the patient may need to go back to theatre and there would be a claim for item 36842.

- **Item 36845**

- o This item remains appropriate for contemporary care. The descriptor was updated to complement changes to item 36840.



5. Endoscopic, general and other recommendations

5.1 Endoscopic – cystoscopy

Table 11: Item introduction table for items 36815, 36818, 36821, 36824–25, 36827, 36830, 36833, 36836, 36848 and 36854

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2015/17	Services 5-year annual avg. growth
36815	Cystoscopy, with or without urethroscopy, for the treatment of penile warts or urethral warts, not being a service associated with a service to which item 30189 applies (Anaes.)	\$237.90	64	\$9,272	0.9%
36818	Cystoscopy, with ureteric catheterisation including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	\$276.60	27,875	\$2,549,763	9.8%
36821	Cystoscopy with 1 or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.) (Assist.)	\$323.20	21,647	\$3,050,859	12.2%
36824	Cystoscopy with ureteric catheterisation, unilateral or bilateral, not being a service associated with a service to which item 36818 or 36821 applies (Anaes.)	\$213.15	555	\$50,674	-3.6%
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.)	\$581.30	30	\$11,772	0.0%
36827	Cystoscopy, with controlled hydrodilatation of the bladder (Anaes.)	\$229.85	4,056	\$536,458	0.9%
36830	Cystoscopy, with ureteric meatotomy (Anaes.)	\$203.25	17	\$1,545	-3.7%
36833	Cystoscopy with removal of ureteric stent or other foreign body (Anaes.) (Assist.)	\$276.60	19,604	\$2,318,574	11.2%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2015/17	Services 5-year annual avg. growth
36836	Cystoscopy, with biopsy of bladder, not being a service associated with a service to which item 36812, 36830, 36840, 36845, 36848, 36854, 37203, 37206 or 37215 applies (Anaes.)	\$229.85	2,383	\$330,808	4.7%
36848	Cystoscopy with resection of ureterocele (Anaes.)	\$229.85	39	\$4,193	3.5%
36854	Cystoscopy with endoscopic incision or resection of external sphincter, bladder neck or both (Anaes.)	\$466.35	1,580	\$527,913	0.4%

5.1.1 Recommendation 10

- **Item 36815**
 - No change.
- **Item 36818**
 - Amend the item descriptor to remove the word "Assist". The proposed item descriptor is as follows:
 - Cystoscopy, with ureteric catheterisation, including fluoroscopic imaging of the upper urinary tract, unilateral or bilateral, not being a service associated with a service to which item 36824 or 36830 applies (Anaes.)
- **Item 36821**
 - Amend the item descriptor to remove the restriction on co-claiming with items 36830 and 36824. The proposed item descriptor is as follows:
 - Cystoscopy with 1 or more of; ureteric dilatation, insertion of ureteric stent, or brush biopsy of ureter or of renal pelvis, unilateral (Anaes.) (Assist.)
- **New item 3682X**
 - Create new item 3682X (preferably designated 36820) to combine the services described by existing items 36818 and 36821 (encompassing cystoscopy, retrograde pyelogram and ureteric stent insertion). The proposed item descriptor is as follows:
 - Cystoscopy with unilateral ureteric catheterisation including fluoroscopic imaging of the upper urinary tract also not associated with 36818, AND 1 or more of; ureteric dilatation or insertion of ureteric stent or brush biopsy of



ureter or of renal pelvis, not being a service associated with a service to which item 36830, 36818, 36821 applies (Anaes.) (Assist.)

- o The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality.
- **New item 3682Y**
 - o Create new item 3682Y to combine the services described by existing items 36833, 36818 and 36821 (cystoscopy and exchange of ureteric stent). The proposed item descriptor is as follows:
 - Cystoscopy with unilateral removal of ureteric stent, ureteric catheterisation including fluoroscopic imaging of the upper urinary tract also not associated with 36818, AND 1 or more of; ureteric dilatation or insertion of ureteric stent of ureter or of renal pelvis, not being a service associated with a service to which item 36830, 36833, 36818, 36821 applies (Anaes.) (Assist.)
 - o The Committee recommends that the schedule fee for this item should be set to achieve cost neutrality.
- **Item 36824**
 - o No change.
- **Item 36825**
 - o Delete item and incorporate into items 36809 (ureteroscopy) and 36656 (retrograde pyeloscopy), broadening the item descriptors for 36809 and 36656 accordingly.
- **Item 36827**
 - o Amend the item descriptor to restrict co-claiming with item 37011 (suprapubic stab cystotomy) and item 37245 (holmium laser enucleation of the prostate). The proposed item descriptor is as follows:
 - Cystoscopy, with controlled hydrodilatation of the bladder, not being a service associated with a service to which item 37011 or 37245 applies (Anaes.)
- **Item 36830**
 - o No change.
- **Item 36833**
 - o Amend the item descriptor to remove the word "Assist" and specify that this is a unilateral procedure. The proposed item descriptor is as follows:



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

- **Items 36836, 36848 and 36854**

- o No change.

5.1.2 Rationale for Recommendation 10

This recommendation focuses on ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 36815**

- o This item remains appropriate for contemporary care.

- **Item 36818**

- o The word "Assist" has been removed from the item descriptor because surgical assistants are not required to perform this as an independent procedure.
 - o The Committee noted that item 36818 describes a procedure performed with fluoroscopy to confirm placement of the ureteric catheter. Where a cystoscopy with ureteric catheterisation but without fluoroscopic imaging of the upper urinary tract is performed (e.g. if a gynaecologist checks the ureteric orifice after performing prolapse procedures by passing a ureteric catheter into the ureteric orifice without fluoroscopy), it is appropriate to claim item 36824 rather than item 36818. Item 36824 represents a simpler procedure with an appropriately lower schedule fee.

- **Item 36821**

- o The restriction on co-claiming item 36821 with items 36830 (cystoscopy with ureteric meatotomy) and 36825 (cystoscopy with endoscopic incision of pelviureteric junction or ureteric stricture, including the removal or replacement of ureteric stent) has been removed because items 36830 and 36824 are separate procedures to item 36821. Meatotomy and endoscopic incision are different enough from dilatation that you should be able to claim separately for all three items. Items 36830 and 36824 also use different equipment.
 - o The Committee estimates that recommended co-claim restriction changes will increase item 36824 and 36830 by 15 services each per annum, as both meatotomy and incision of stricture are rarely performed.

- **New item 3682X**

- o The creation of this new item groups existing items 36818 and 36821. This will reduce the number of urology procedures where more than three Group T8 (Surgical) operation items are claimed in the same episode, ensuring that more



urology procedures are consistent with the PARC's three-item rule, which caps the co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.

- Items 36818 and 36821 were claimed together in 17,901 episodes in FY2016/17, often in procedures where more than three items were claimed.
- Procedures that require the co-claiming of more than three items including items 36818 and 36821 include: cystoscopy, removal of stent, retrograde pyelogram , ureteroscopic and pyeloscopic destruction of calculi, and re-insertion of stent (36818 + 36821 + 36656 + 36833 + 36809), which was claimed together in 776 episodes in FY2016/17; and cystoscopy, removal of stent, retrograde pyelogram , ureteroscopic destruction of calculi, and re-insertion of stent (36818 + 36821 + 36833 + 36809), which was claimed in 1414 episodes in FY2016/17.
- o The word "Assist" has been included in the descriptor for item 3682X because the operation may require surgical assistance. While an assistant will not be used in the majority of stent insertion/exchange cases, an assistant may be required for uncommon but challenging cases (e.g. where there is a severe stricture, stent encrustation or knotted stent).
- o Current items 36818 and 36821 have been retained as individual items because both need to be claimed separately and independently of each other in other clinical situations.
- o The Committee estimates that the service volume for item 3682X will be 11,540, based on MBS co-claiming data. This is estimated by looking at total number of episodes in FY2016/17 where 36818 and 36821 were claimed together (17,901) and subtracting from that predicted service volume for new item 3682Y (which will group 36818, 36821 and 36833), which is 6361 services in one financial year.
- o The Committee recommended that this proposed change is cost neutral (i.e. the schedule fee for the new grouped item should be the same as the schedule fee currently paid when claiming the items separately under the Multiple Operations Rule).

- **New item 3682Y**

- o This new item groups existing items 36833, 36818 and 36821. This will reduce the number of urology procedures where more than three Group T8 (Surgical) operation items are claimed in the same episode, ensuring that more urology procedures are consistent with the new PARC three-item rule, which caps the co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.
- o Current items 36833, 36818 and 36821 have been retained as individual items because both need to be claimed separately and independently of each other in other clinical situations.



- The Committee estimates that the service volume for item 3682Y will be 6361. Items 36833, 36818 and 36821 were claimed together in 6361 episodes in FY2016/17, often in procedures where more than three items were claimed.
- The Committee recommended that this proposed change is cost neutral (i.e. the schedule fee for the new grouped item should be the same as the schedule fee currently paid when claiming the items separately under the Multiple Operations Rule).
- **Item 36824**
 - This item remains appropriate for contemporary care.
- **Item 36825**
 - Item 36825 describes a cystoscopy associated with endoscopic incision of pelviureteric junction or ureteric stricture. In practice, this procedure is associated with ureteroscopy and pyeloscopy, rather than just a cystoscopy.
 - Provided the descriptors for items 36806 (ureteroscopy with or without cystoscopy) and 36654 (pyeloscopy with or without cystoscopy) are broadened, as recommended, to include "endoscopic incision of pelviureteric junction or ureteric structure", item 36825 will become redundant and can be deleted from the MBS.
 - The Committee expects 90 per cent of the existing service volume for item 36825 (30 services in FY2016/17) to shift to item 36806 (27 services), while the remaining 10 per cent shifts to item 36654 (3 services), ensuring full continuity of patient care.
- **Item 36827**
 - The procedure is required in the diagnosis and management of interstitial cystitis and painful bladder syndrome. The procedure is also used by some urologists in the treatment of overactive bladder.
 - Use of this item in combination with item 37011 (suprapubic stab cystotomy) and item 37245 (holmium laser enucleation of the prostate) constitutes an unnecessary additional procedure and should be restricted.
 - MBS data shows that item 36827 was co-claimed with item 37011 in 74 episodes in FY16/17; service volume for item 36827 is therefore expected to decrease by 74 services as a result of the co-claiming restriction with item 37011.
 - MBS data shows that item 36827 was co-claimed with item 37045 in 21 episodes in FY16/17; service volume for item 36827 is therefore expected to decrease by 21 services as a result of the co-claiming restriction with item 37045.
- **Item 36830**
 - This item remains appropriate for contemporary care.



- **Item 36833**
 - The word "Assist" has been removed from this item descriptor because surgical assistants are not required to perform this procedure safely.
 - The proposed item descriptor also specifies that this is a unilateral procedure. Where bilateral procedures are required, separate claiming of the item for each side is justified, given that the removal of multiple items (stents/foreign bodies etc.) requires a complete repeat procedure, including insertion and removal of the cystoscope.
- **Item 36836**
 - This item remains appropriate for contemporary care.
- **Items 36848 and 36854**
 - This item remains appropriate for contemporary care.

5.2 Endoscopic – urethroscopy and examination of intestinal conduit

Table 12: Item introduction table for items 37315, 37318 and 36860

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37315	Urethroscopy, as an independent procedure (Anaes.)	\$138.30	199	\$19,163	-8.3%
37318	Urethroscopy, with any 1 or more of - biopsy, diathermy, visual laser destruction of stone or removal of foreign body or stone (Anaes.) (Assist.)	\$276.60	177	\$28,296	1.4%
36860	Endoscopic examination of intestinal conduit or reservoir (Anaes.)	\$166.70	290	\$22,376	12.1%

5.2.1 Recommendation 11

- **Item 37315**
 - Delete item and consolidate into item 36812.
- **Item 37318**
 - Amend the item descriptor to:
 - Remove the word "Assist".
 - Include cystoscopy as one of the procedures that is grouped with urethroscopy in this item.



- o The proposed item descriptor is as follows:
 - Urethroscopy, with or without cystoscopy, with any one or more of the following procedures: biopsy, diathermy, visual laser destruction of urethral calculi or removal of foreign body or calculi (Anaes.)
- **Item 36860**
 - o No change.

5.2.2 Rationale for Recommendation 11

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37315**
 - o Currently, item 37315 is required in cases where a cystoscopy is not able to be performed (e.g. due to urethral stricture disease or in urethral surveillance following cystectomy). If the Committee's recommendation to broaden the wording of item 36812 to include cystoscopy and/or urethroscopy is accepted, item 37315 will become redundant and can be deleted.
 - o The Committee expects 100 per cent of the existing service volume for item 37315 (199 services in FY2016/17) to shift to item 36812, ensuring full continuity of patient care.
- **Item 37318**
 - o The word "Assist" has been removed from the item descriptor because surgical assistants are not required to perform this procedure safely.
 - o Cystoscopy has been included in the item descriptor as one of the procedures that is grouped with urethroscopy because cystoscopy is often claimed as a concurrent procedure with 37318: Item 37318 was claimed with a cystoscopy item (36851, 36815, 36818, 36821, 36824, 36825, 36827, 36830, 36833, 36836, 36848, 36854, 36840, 36842, 36845, 36811, 36812) in 25% of episodes in FY16/17.
- **Item 36860**
 - o This item remains appropriate for contemporary care.



5.3 General – catheterisation

Table 13: Item introduction table for item 36800

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2015/17	Services 5-year annual avg. growth
36800	Bladder, catheterisation of, where no other procedure is performed (Anaes.)	\$27.60	19, 736	\$466,369	5.1%

5.3.1 Recommendation 12

- **Item 36800**
 - No change.

5.3.2 Rationale for Recommendation 12

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36800**
 - This item remains appropriate for contemporary care.

5.4 General – bladder repair and cystotomy

Table 14: Item introduction table for items 37004, 37008 and 37011

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37004	Bladder, repair of rupture (Anaes.) (Assist.)	\$649.80	221	\$72,614	-1.7%
37008	Cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with other open bladder procedure (Anaes.)	\$416.45	500	\$126,542	4.5%
37011	Suprapubic stab cystotomy, not being a service associated with a service to which items 37200 to 37221 apply (Anaes.)	\$93.35	2,085	\$101,725	-3.0%

5.4.1 Recommendation 13

- **Item 37004**
 - No change.



- **Item 37008**

- Amend the item descriptor to:
 - Insert the word "Assist".
 - Specify that it is an "open" suprapubic cystotomy.
 - Exclude co-claiming with item 37245 (holmium laser enucleation of the prostate, or HoLEP).
- The proposed item descriptor is as follows:
 - Open cystostomy or cystotomy, suprapubic, not being a service to which item 37011 applies and not being a service associated with 37245 and other open bladder procedure (Anaes.) (Assist.)

- **Item 37011**

- Amend the item descriptor to restrict co-claiming with item 36827 only. Add an explanatory note to explain when it is appropriate to co-claim this item. The proposed item descriptor is as follows:
 - Suprapubic stab cystotomy, not being a service associated with a service to which item 36827 applies (Anaes.)
- The proposed explanatory note is as follows:
 - Co-claiming of this item is reasonable in urgent situations that cannot be resolved with a urethral catheter alone.

5.4.2 Rationale for Recommendation 13

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37004**

- This item remains appropriate for contemporary care.

- **Item 37008**

- The word "Assist" has been added to the item descriptor to denote that this service qualifies for the payment of benefits for an assistant at an operation. Surgical assistants are often required to perform this procedure safely because this is an open abdominal procedure and may require abdominal laparotomy to ensure safe suprapubic catheter placement and avoid bowel injury.
- The item descriptor has also been amended to specify that the procedure is an "open" suprapubic cystostomy. This recognises that safe performance of this procedure requires an open incision, incision of abdominal musculature and direct visualisation of the bladder.



- o Item 37008 should not be co-claimed with item 37245 (HoLEP). Item 37245 (which includes morcellation of the prostate to remove bladder tissue) is the ideal technique, resulting in a shorter hospital stay and duration of catheterisation when compared with an open prostatectomy. Performing a cystotomy is similar to the first stage of an open prostatectomy, which should be used as an alternative procedure for appropriately selected patients, rather than as an addition to HoLEP.
 - o MBS co-claim data showed that 37008 was co-claimed with 37245 2 times in FY16/17; on this basis the Committee estimates that service volume for 37245 will decrease by 2 services per annum.
- **Item 37011**
 - o The item descriptor for 37011 has been amended to restrict co-claiming with item 36827 because controlled hydrodistension is a standard (and integral) part of the procedure.
 - Distension of the bladder is a routine part of suprapubic stab cystotomy. Cystoscopy plus hydrodistension (item 36827) is a separate procedure involving deliberate and prolonged maximal bladder distension for the treatment and identification of separate bladder pathologies. 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.
 - o MBS co-claim data showed that 37011 was co-claimed with 36827 148 times in FY16/17; on this basis the Committee estimates that service volume for 36827 will decrease by 148 services per annum.

5.5 General – circumcision

Table 15: Item introduction table for items 30649, 30654, 30658, 30663 and 30666

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
30649	HAEMORRHAGE, arrest of, following circumcision requiring general anaesthesia on a person under 10 years of age (Anaes.)	\$187.65	12	\$1,675	0.0%
30654	Circumcision of the penis (other than a service to which item 30658 applies)	\$46.50	6,518	\$525,877	0.0%
30658	Circumcision of the penis, when performed in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)	\$142.00	5,425	\$697,927	0.0%
30663	Haemorrhage, arrest of, following circumcision requiring general anaesthesia (Anaes.)	\$144.35	13	\$1,314	24.5%
30666	Paraphimosis, reduction of, under general anaesthesia, with or without dorsal incision, not	\$47.45	47	\$1,612	2.1%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	being a service associated with a service to which another item in this Group applies (Anaes.)				

5.5.1 Recommendation 14

- **Item 30649**
 - No change.
- **Item 30654**
 - Amend the item descriptor to mandate the use of analgesia for this procedure. The proposed item descriptor is as follows:
 - Circumcision of the penis (other than a service to which item 30658 applies), with topical or local analgesia.
- **Items 30658**
 - Amend the item descriptor to clarify the type of analgesia for this procedure. The proposed item descriptor is as follows:
 - Circumcision of the penis, when performed under general or regional anaesthesia, in conjunction with a service to which an item in Group T7 or Group T10 applies (Anaes.)
- **Items 30663 and 30666**
 - No change.

5.5.2 Rationale for Recommendation 14

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 30649**
 - This item remains appropriate for contemporary care.
- **Item 30654**
 - The item descriptor has been amended to mandate the use of analgesia, which ensures patient wellbeing.
 - Circumcisions performed under anaesthesia are claimed under item 30658.



- o The Committee noted that item 30654 should continue to include circumcisions conducted for religious and cultural reasons, reflecting both current practice and the need to ensure safe circumcisions.
- **Items 30658, 30663 and 30666**
 - o These items remain appropriate for contemporary care.

5.6 General – hydrocele

Table 16: Item introduction table for items 30628 and 30631

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
30628	Hydrocele, tapping of	\$35.60	897	\$26,514	-3.3%
30631	Hydrocele, removal of, other than a service associated with a service to which item 30641, 30642 or 30644 applies (Anaes.)	\$236.65	1,805	\$258,958	1.8%

5.6.1 Recommendation 15

- **Items 30628 and 30631**
 - o No change.

5.6.2 Rationale for Recommendation 15

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 30628 and 30631**
 - o These items remain appropriate for contemporary care.

5.7 General – varicocele

Table 17: Item introduction table for item 30635

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
30635	Varicocele, surgical correction of, not being a service associated with a service to which	\$291.80	171	\$32,438	3.4%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	items 30641 and 30644 apply, 1 procedure (Anaes.) (Assist.)				

5.7.1 Recommendation 16

- **Item 30635**

- Amend the item descriptor to:
 - Restrict co-claiming with diagnostic laparoscopy items (30390 and 30627)
 - Specify that microsurgical techniques can be used
- The proposed item descriptor is as follows
 - Varicocele, surgical correction of, including microsurgical techniques, not being a service associated with a service to which items 30390, 30627, 30641 and 30644 apply, 1 procedure (Anaes.) (Assist.).
- Consult with the Diagnostic Imaging Clinical Committee (DICC)

5.7.2 Rationale for Recommendation 16

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 30635**

- Co-claiming this item with diagnostic laparoscopy items (30390 and 30627) has been restricted because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of the procedure and should not be claimed separately.
- The item descriptor should clarify that microsurgical techniques can be used in performing this procedure.
- This recommendation has been referred to the DICC for review. The Committee would like the DICC to confirm whether there is currently an item in the MBS that covers embolisation of varicocoele using interventional radiology techniques. If not, the Committee would like DICC's view on whether a new item needs to be created for this procedure. The Committee estimates that at least 50% of all varicoceles are managed with venography embolization, which are performed by radiologists, and believe it is necessary to ensure that there is an item to cover this procedure.



5.8 General – orchidectomy and exploration of spermatic cord

Table 18: Item introduction table for items 30641–44

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
30641	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (Anaes.) (Assist.)	\$407.50	321	\$74,545	2.0%
30642	Orchidectomy, radical, unilateral, with or 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.)	\$521.25	9 ³	\$3,518	N/A ⁴
30643	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis on a person under 10 years of age	\$677.65	22	\$10,419	0.0%
30644	Exploration of spermatic cord, inguinal approach, with or without testicular biopsy and with or without excision of spermatic cord and testis (Anaes.) (Assist.)	\$521.25	1,545	\$501,271	7.8%

5.8.1 Recommendation 17

- **Item 30641**
 - No change.
- **Item 30642**
 - Amend the item descriptor to specify that:
 - The procedure is used for oncological purposes, adding the words "for tumour, via inguinal approach".

³ Item 30642 was introduced to the MBS in May FY16/17. Therefore, the 9 services in FY16/17 represents one month of data.

⁴ Item 30642 was introduced to the MBS in May FY16/17. There is no CAGR, as there is no previous year data to work with.



- The item is for radical orchidectomy, including spermatic cord with insertion of testicular prosthesis.
- o The proposed item descriptor is as follows:
 - 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 or 30644 or 45051 applies (Anaes.) (Assist.)
- o The Committee recommends that the schedule fee for this item should be set at the current level for item 30642, plus 50% of item 45051 (Contour reconstruction for open repair of contour defects, due to deformity, requiring insertion of a non-biological implant...)
- **New item 30642A**
 - o Create a new item for radical orchidectomy without insertion of prosthesis. The proposed item descriptor is as follows:
 - 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.)

The Committee recommends that the schedule fee for this item should be set at the current level for item 30642.

- **New Item 30642B**
 - o Create a new item for insertion of testicular prosthesis, where the prosthesis is inserted at least six months after orchidectomy. The proposed item descriptor is as follows:
 - Insertion of testicular prosthesis, no less than 6 months following orchidectomy (Assist.) (Anaes.)
 - o The Committee recommends that the schedule fee for this item should be set at 100% of the current level for item 45051 (Contour reconstruction for open repair of contour defects, due to deformity, requiring insertion of a non-biological implant...)
- **Item 30643**
 - o Amend the item descriptor to:
 - Replace "with or without excision of spermatic cord and testis" with "with or without excision of spermatic cord lesion".
 - Restrict co-claiming with items 30642, 30642A and 30642B.
 - o The proposed item descriptor is as follows:
 - Exploration of spermatic cord, inguinal approach, with or without testicular biopsy, with or without excision of spermatic cord lesion, on a person under



10 years of age, other than a service associated with a service to which item 30642, 30642A, and 30642B applies.

- **Item 30644**

- Amend the item descriptor to:
 - Replace "with or without excision of spermatic cord and testis" with "with or without excision of spermatic cord lesion".
 - Restrict co-claiming with items 30642, 30642A and 30642B.
- The proposed item descriptor is as follows:
 - Exploration of spermatic cord, inguinal approach, with or without testicular biopsy s, other than a service associated with a service to which item 30642, 30642A, and 30642B applies (Anaes.) (Assist.)

5.8.2 Rationale for Recommendation 17

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 30641**

- This item remains appropriate for contemporary care.
- The Committee noted that the "Assist" fee should be retained for this item.

- **Item 30642**

- Item 30642 should be used for radical orchidectomy, as opposed to items 30643 and 30644, which are used for exploration of the spermatic cord.
- If the recommendation to create new items 30642A (radical orchidectomy without prosthesis) and 30642B (insertion of prosthesis, at least 6 months after orchidectomy) is accepted, item 30642 will be used for radical orchidectomy with insertion of testicular prosthesis within six months of orchidectomy. If this recommendation is accepted, the Committee expects 70% of service volume for item 30642 to shift to new item 30642A. As item 30642 was only introduced in May 2016, there were only 9 services for 30642 in FY16/17. Assuming 9 services per month, likely service volume for 30642 over the course of a full financial year be 108. Therefore, new service volume for 30642 is estimated to be 32 services per year.
- In the Committee's experience, the majority of patients undergoing orchidectomy do not request the insertion of a testicular prosthesis at the time of operation, but a minority later change their minds and have a prosthesis inserted in a separate operation. These recommendations will provide clear items to cover these eventualities, while preventing inappropriate double claims of 30642 for prosthesis insertions within 6 months of an orchidectomy. The Committee felt that 6 months was a reasonable period to allow for a patient to change his mind without claiming



additional benefits, and that requests thereafter should reasonably be supported using item 30642B.

- o The Committee intends for recommended changes to item 30642 to be cost neutral overall, and has suggested guideline schedule fees to assist the fee-setting process.
- **New item 30642A**
 - o 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 30642B.
 - o The Committee estimates that the service volume for new item 30642A will be 70 per cent of the existing service volume for item 30642, based on the assumption that 70 per cent of radical orchidectomies are currently performed without insertion of prosthesis. As item 30642 was only introduced in May 2016, there were only 9 services for 30642 in FY16/17. Assuming 9 services per month, likely service volume for 30642 over the course of a full financial year be 108. Therefore, service volume for 30642A is estimated to be 76 services per year.
 - o The Committee notes that the schedule fees for 30642A and 30642B should ensure cost neutrality with 30642. In other words, the combined effective schedule fee for items 30642A and 30642B should be the same as the schedule fee for 30642, taking into account the multiple operations rule.
- **New item 30642B**
 - o This new item has been created for the 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.
 - o The Committee noted that this procedure can be performed via inguinal or scrotal approach.
 - o The Committee estimates that the service volume for new item 30642B will be 17.5 per cent of the existing service volume for item 30642, based on the Committee's estimate that of the 70 per cent of orchidectomies performed without prosthesis, 25 per cent of patients choose to later have a prosthesis inserted. As item 30642 was only introduced in May 2016, there were only 9 services for 30642 in FY16/17. Assuming 9 services per month, likely service volume for 30642 over the course of a full financial year be 108. Therefore, service volume for 30642A is estimated to be 19 services per year.
 - o The Committee notes that the schedule fees for 30642A and 30642B should ensure cost neutrality with 30642. In other words, the combined effective schedule fee for



items 30642A and 30642B should be the same as the schedule fee for 30642, taking into account the multiple operations rule.

- **Item 30643**

- The words "with or without excision of spermatic cord and testis" have been removed from the item descriptor because this item should specifically be used for exploration of the spermatic cord.
- Where exploration of spermatic chord is performed as part of an orchidectomy, an orchidectomy item should be claimed (rather than both the orchidectomy and exploration of spermatic cord numbers). Co-claiming with the items for radical orchidectomy with prosthesis (item 30642), radical orchidectomy without prosthesis (item 30642A) and insertion of prosthesis over six months after radical orchidectomy (item 30642B) has been restricted.
- The Committee notes that this item was created following the 2014 Paediatric Services Review Working Group's recommendation to introduce a 30 per cent fee loading for this procedure when performed on patients younger than 10 years.
- MBS co-claim data showed that 30643 was co-claimed with 30642 0 times in FY16/17; on this basis the Committee estimates no decrease in 30642 claims.

- **Item 30644**

- The words "with or without excision of spermatic cord and testis" have been removed from the item descriptor because this item should specifically be used for exploration of the spermatic cord.
- Where exploration of spermatic chord is performed as part of an orchidectomy, an orchidectomy item should be claimed (rather than both the orchidectomy and exploration of spermatic cord numbers). Co-claiming with the items for radical orchidectomy with prosthesis (item 30642), radical orchidectomy without prosthesis (item 30642A) and insertion of prosthesis over six months after radical orchidectomy (item 30642B) has been restricted
- MBS co-claim data showed that 30644 was co-claimed with 30642 0 times in FY16/17; on this basis the Committee estimates no decrease in 30642 claims.



5.9 General – spermatocele, exploration of scrotal contents, epididymectomy

Table 19: Item introduction table for items 37601, 37604 and 37613

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37601	Spermatocele or epididymal cyst, excision of, 1 or more of, on 1 side (Anaes.)	\$276.60	1,225	\$228,337	4.5%
37604	Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral, not being a service associated with sperm harvesting for ivf (Anaes.)	\$276.60	1,462	\$218,516	1.3%
37613	Epididymectomy (Anaes.)	\$276.60	178	\$30,286	-2.9%

5.9.1 Recommendation 18

- **Item 37601**
 - No change.
- **Item 37604**
 - Amend the item descriptor to add the words "or bilateral". The proposed item descriptor is as follows:
 - Exploration of scrotal contents, with or without fixation and with or without biopsy, unilateral or bilateral, not being a service associated with sperm harvesting for IVF (Anaes.)
- **Item 37613**
 - No change.

5.9.2 Rationale for Recommendation 18

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37601**
 - This item remains appropriate for contemporary care.
- **Item 37604**



- o The words "or bilateral" have been added to the item descriptor because bilateral orchidopexy for testicular torsion is the standard of care.
 - o The word "unilateral" needs to be retained, in cases where a patient only has one testis.
- **Item 37613**
 - o This item remains appropriate for contemporary care.

5.10 General – sperm retrieval

Table 20: Item introduction table for items 37605 and 37606

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37605	Transcutaneous sperm retrieval, unilateral, from either the testis or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility, excluding a service to which item 13218 applies. (Anaes.)	\$373.45	1,493	\$448,659	-5.5%
37606	Open surgical sperm retrieval, unilateral, including the exploration of scrotal contents, with or without biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, performed in a hospital, excluding a service to which item 13218 or 37604 applies. (Anaes.)	\$554.55	537	\$208,504	3.4%

5.10.1 Recommendation 19

- **Items 37605 and 37606**
 - o No change.

5.10.2 Rationale for Recommendation 19

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.



- **Items 37605 and 37606**
 - These items remain appropriate for contemporary care.

5.11 General – vasotomy, vasovasotomy and vasoepididymostomy

Table 21: Item introduction table for items 37616, 37619 and 37623

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37616	Vasovasostomy or vasoepididymostomy, unilateral, using the operating microscope, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	\$691.40	853	\$318,951	-3.2%
37619	Vasovasostomy or vasoepididymostomy, unilateral, not being a service associated with sperm harvesting for IVF (Anaes.) (Assist.)	\$276.60	21	\$3,320	-17.5%
37623	Vasotomy or vasectomy, unilateral or bilateral note: Strict legal requirements apply in relation to sterilisation procedures on minors. Medicare benefits are not payable for services not rendered in accordance with relevant Commonwealth and State and Territory law. Observe the explanatory note before submitting a claim. (Anaes.)	\$229.85	9,170	\$1,631,886	-4.9%

5.11.1 Recommendation 20

- **Items 37616, 37619 and 37623**
 - No change.

5.11.2 Rationale for Recommendation 20

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37616, 37619 and 37623**
 - These items remain appropriate for contemporary care.



5.12 General – urethral sounds, dilatation and repair

Table 22: Item introduction table for items 37300, 37303, 37306 and 37309

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37300	Urethral sounds, passage of, as an independent procedure (Anaes.)	\$46.60	679	\$27,099	-3.0%
37303	Urethral stricture, dilatation of (Anaes.)	\$74.05	2,131	\$124,270	-2.5%
37306	Urethra, repair of rupture of distal section (Anaes.) (Assist.)	\$649.80	18	\$6,214	9.3%
37309	Urethra, repair of rupture of prostatic or membranous segment (Anaes.) (Assist.)	\$924.70	10	\$6,475	-42.3%

5.12.1 Recommendation 21

- **Items 37300, 37303, 37306 and 37309**
 - o No change.

5.12.2 Rationale for Recommendation 21

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37300, 37303, 37306 and 37309**
 - o These items remain appropriate for contemporary care.

5.13 General – urethral meatotomy and urethrotomy

Table 23: Item introduction table for items 37321, 37324, 37327, 37330 and 37354

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37321	Urethral meatotomy, external (Anaes.)	\$93.35	274	\$12,478	-0.9%
37324	Urethrotomy or urethrostomy, internal or external (Anaes.)	\$229.85	294	\$34,134	-7.1%
37327	Urethrotomy, optical, for urethral stricture (Anaes.) (Assist.)	\$323.30	3,119	\$617,164	2.2%



37330	Urethrectomy, partial or complete, for removal of tumour (Anaes.) (Assist.)	\$649.80	129	\$26,932	8.8%
37354	Hypospadias, meatotomy and hemi-circumcision (Anaes.) (Assist.)	\$323.20	46	\$8,175	9.5%

5.13.1 Recommendation 22

- **Items 37321, 37327, 37330 and 37354**
 - No change.
- **Item 37324**
 - Amend the item descriptor to include the word "Assist". The proposed item descriptor is as follows:
 - Urethrotomy or urethrostomy, internal or external (Anaes.) (Assist.)

5.13.2 Rationale for Recommendation 22

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37321, 37330 and 37354**
 - These items remain appropriate for contemporary care.
- **Item 37324**
 - The Committee recommended that the "Assist" fee be made available for this item because an external urethrostomy, although not common, can be a challenging open procedure, especially in obese patients with extensive stricture disease.
 - The Committee estimates that 5% of procedures with item 37324, or 15 services per year, will be claimed with an Assist fee.
- **Item 37327**
 - This item remains appropriate for contemporary care.
 - The Committee noted that it was appropriate to retain the "Assist" fee for this item.



5.14 General – urethral prolapse and urethral diverticulum

Table 24: Item introduction table for items 37369 and 37372

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37369	Urethra, excision of prolapse of (Anaes.)	\$186.60	58	\$5,793	6.5%
37372	Urethral diverticulum, excision of (Anaes.) (Assist.)	\$466.35	62	\$18,053	7.7%

5.14.1 Recommendation 23

- **Item 37369**
 - No change.
- **Item 37372**
 - The Committee recommends increasing the schedule fee for female urethral diverticulum surgery so that it is similar to the existing schedule fee for item 37029 (vesicovaginal fistula closure by abdominal approach).

5.14.2 Rationale for Recommendation 23

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37369**
 - This item remains appropriate for contemporary care.
- **Item 37372**
 - The schedule fee should be increased so that it is similar to the schedule fee for item 37029 (vesicovaginal fistula, closure of, by abdominal approach; schedule fee of \$924.70). The current schedule fee does not reflect the complexity, reconstruction and sub-specialisation required to perform this surgery. Urethral diverticulum surgery in women is an uncommon but complex and demanding operation, usually performed by urologists with a sub-specialty interest in female and functional urology, or by urogynaecologists. A high degree of specialised training and experience is required to deal with this condition and ensure good patient outcomes. It often takes two to four hours to dissect out the urethral diverticulum and reconstruct the urethra, often with the use of local flaps (e.g. Martius labial flap) for urethral reconstruction. The risks of surgery are considerable, including stress incontinence, recurrent diverticulum post-surgery, urethrovaginal fistula and urethral stricture disease.



- o The Committee notes that its rationale supporting a schedule fee increase for item 37372 is specific to female diverticulae. Anatomy and pathology for female and male patients in relation to this procedure are very different. Diverticulae in male patients usually occur as a result of previous urethral reconstructive surgery (for stricture or hypospadias) and their treatment is more appropriately covered by the existing urethroplasty item numbers.

5.15 General – priapism

Table 25: Item introduction table for items 37393 and 37396

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37393	Priapism, decompression by glanular stab caverno-spongiosum shunt or penile aspiration with or without lavage (Anaes.)	\$229.85	15	\$3275	-4.0%
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (Anaes.) (Assist.)	\$741.50	<6	NFP	NFP

5.15.1 Recommendation 24

- **Items 37393 and 37396**

- o No change.

5.15.2 Rationale for Recommendation 24

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37393 and 37396**

- o These items remain appropriate for contemporary care.

5.16 General – amputation of penis

Table 26: Item introduction table for items 37402 and 37405

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37402	Penis, partial amputation of (Anaes.) (Assist.)	\$466.35	42	\$12,398	14.9%



37405	Penis, complete or radical amputation of (Anaes.) (Assist.)	\$924.70	50	\$22,275	5.7%
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5.16.1 Recommendation 25

- **Items 37402 and 37405**

- o No change.

5.16.2 Rationale for Recommendation 25

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37402 and 37405**

- o These items remain appropriate for contemporary care.

5.17 General – repair of penis

Table 27: Item introduction table for items 37408 and 37411

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37408	Penis, repair of laceration of cavernous tissue, or fracture involving cavernous tissue (Anaes.) (Assist.)	\$466.35	26	\$7,682	0.0%
37411	Penis, repair of avulsion (Anaes.) (Assist.)	\$924.70	<6	NFP	NFP

5.17.1 Recommendation 26

- **Items 37408 and 37411**

- o No change.

5.17.2 Rationale for Recommendation 26

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37408 and 37411**

- o These items remain appropriate for contemporary care.





5.18 General – correction of chordee

Table 28: Item introduction table for items 37417 and 37418

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37417	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting (Anaes.) (Assist.)	\$558.10	505	\$180,307	2.1%
37418	Penis, correction of chordee, with or without excision of fibrous plaque or plaques and with or without grafting, involving mobilization of the urethra (Anaes.) (Assist.)	\$741.50	116	\$54,468	11.7%

5.18.1 Recommendation 27

- **Item 37417**
 - Amend the item descriptor to reflect contemporary practice. The proposed item descriptor is as follows:
 - Penis, correction of chordee by plication techniques including Nesbit's corporoplasty (Anaes.) (Assist.).
- **Item 37418**
 - Amend the item descriptor to reflect contemporary practice. The proposed item descriptor is as follows:
 - Penis, correction of chordee with incision/excision of fibrous plaque or plaques, with or without mobilisation of the neuro-vascular bundle and/or the urethra (Anaes.) (Assist.)

5.18.2 Rationale for Recommendation 27

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37417 and 37418**
 - The amended descriptor reflects contemporary care and best practice. The Committee do not expect any service changes from the new descriptors.



5.19 General – treatment of impotence

Table 29: Item introduction table for items 37415, 37420, 37426, 37429 and 37432

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37415	Penis, injection of, for the investigation and treatment of impotence - 2 services only in a period of 36 consecutive months	\$46.60	2,583	\$105,891	-2.2%
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.)	\$366.45	<6	NFP	NFP
37426	Penis, artificial erection device, insertion of, into 1 or both corpora (Anaes.) (Assist.)	\$974.55	476	\$340,965	10.5%
37429	Penis, artificial erection device, insertion of pump and pressure regulating reservoir (Anaes.) (Assist.)	\$323.20	474	\$153,197	11.2%
37432	Penis, artificial erection device, complete or partial revision or removal of components, with or without replacement (Anaes.) (Assist.)	\$924.70	132	\$122,060	16.3%

5.19.1 Recommendation 28

- **Item 37415**
 - Amend the item descriptor to:
 - Update the terminology for 'impotence' by replacing it with 'erectile dysfunction'.
 - The proposed item descriptor is as follows:
 - Penis, injection of, for the investigation and treatment of erectile dysfunction - 2 services only in a period of 36 consecutive months
- **Items 37426, 37429 and 37432**
 - No change.
- **Item 37420**
 - Delete item.



5.19.2 Rationale for Recommendation 28

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37415**
 - This recommendation reflect zcurrent terminology.
- **Items 37426, 37429 and 37432**
 - These items remain appropriate for contemporary care.
- **Item 37420**
 - This item has been recommended for deletion because there is no evidence that the procedure produces clinical outcomes, and there were fewer than six services in FY2016/17.

5.20 General – lengthening of penis and frenuloplasty

Table 30: Item introduction table for items 37423 and 37435

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37423	Penis, lengthening by translocation of corpora (Anaes.) (Assist.)	\$924.70	20	\$11,364	-4.1%
37435	Penis, frenuloplasty as an independent procedure (Anaes.)	\$93.35	441	\$31,068	2.7%

5.20.1 Recommendation 29

- **Item 37423**
 - Amend the item descriptor to:
 - Specify that this item is only for procedures performed in conjunction with a partial penectomy.
 - Include penile epispadias, secondary repair.
 - Add an explanatory note to specify that the partial penectomy does not have to be performed at the same time as the penis lengthening.
 - The proposed item descriptor is as follows:
 - Penis, lengthening by translocation of corpora, in conjunction with partial penectomy or penile epispadias secondary repair either as primary or secondary procedures (Anaes.) (Assist.)



- o The proposed item explanatory note is as follows:
 - The partial penectomy or penile epispadias secondary repair does not need to occur during the same episode that item 37423 is claimed.
- **Item 37435**
 - o No change.

5.20.2 Rationale for Recommendation 29

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37423**
 - o The descriptor has been amended to specify that this item is only for procedures performed in conjunction with a partial penectomy. This ensures that the item will not be claimed inappropriately (e.g. for cosmetic purposes).
 - o The item descriptor has also been broadened to include "penile epispadias secondary repair" to ensure that the item can be used in epispadias reconstruction, especially secondary reconstruction, where the penis is dis-assembled and the urethra placed ventrally. The corpora are then repositioned to improve length and correct the severe ventral chordee.
- **Item 37435**
 - o This item remains appropriate for contemporary care.



5.21 General – excision of scrotum

Table 31: Item introduction table for item 37438

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
37438	Scrotum, partial excision of (Anaes.) (Assist.)	\$276.60	93	\$16,072	1.2%

5.21.1 Recommendation 30

- **Item 37438**
 - Amend the item descriptor to specify that the item should not be used for cosmetic procedures. The proposed item descriptor is as follows:
 - Scrotum, partial excision of, for histologically proven cancer or infection (Anaes.) (Assist)

5.21.2 Rationale for Recommendation 30

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37438**
 - The item descriptor has been modified to ensure that the item is claimed for clinically appropriate reasons. Partial scrotum excision is only used for cancer or infection. The Committee heard anecdotal evidence that this item may be being misused for scrotal rejuvenation.

5.22 General – prostatic abscess

Table 32: Item introduction table for item 37221

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37221	Prostatic abscess, endoscopic drainage of (Anaes.) (Assist.)	\$466.35	11	\$2,099	16.7%

5.22.1 Recommendation 31

- **Item 37221**



- o Amend the item descriptor to remove the word "Assist". The proposed item descriptor is as follows:
 - Prostatic abscess, endoscopic drainage of (Anaes.)

5.22.2 Rationale for Recommendation 31

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37221**

- o The word "Assist" has been removed from the item descriptor because surgical assistants are not required to perform this procedure safely.
- o The Committee noted that this item should be retained on the MBS. It recognised that the item has a low service volume (11 services in FY2016/17) and uses the same technique as item 37203 (prostatectomy with or without cystoscopy and with or without urethroscopy). However, the Committee agreed that item 37221 remains relevant because it is a smaller, quicker procedure than item 37203. This procedure might be used if the patient is clinically septic and it is unsafe to proceed with full prostatectomy.

5.23 General – sphincter reconstruction and artificial urinary sphincter

Table 33: Item introduction table for items 37375, 37381, 37384, 37387 and 37390

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37375	Urethral sphincter, reconstruction by bladder tubularisation technique or similar procedure (Anaes.) (Assist.)	\$1,157.85	<6	NFP	NFP
37381	Artificial urinary sphincter, insertion of cuff, perineal approach (Anaes.) (Assist.)	\$741.50	270	\$138,448	16.0%
37384	Artificial urinary sphincter, insertion of cuff, abdominal approach (Anaes.) (Assist.)	\$1,157.85	26	\$22,371	15.8%
37387	Artificial urinary sphincter, insertion of pressure regulating balloon and pump (Anaes.) (Assist.)	\$323.20	251	\$29,785	16.0%
37390	Artificial urinary sphincter, revision or removal of, with or without replacement (Anaes.) (Assist.)	\$924.70	145	\$97,712	7.5%



5.23.1 Recommendation 32

- **Items 37375, 37381, 37384, 37387 and 37390**
 - No change.
- **New item 3738X**
 - Create a new item for percutaneous adjustment of filling volume of an artificial sphincter. The proposed item descriptor is as follows:
 - Artificial urinary sphincter - sterile, percutaneous adjustment of filling volume

5.23.2 Rationale for Recommendation 32

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37375**
 - This item remains appropriate for contemporary care. Despite having a very low service volume in FY2016/17, the item number should remain on the MBS as there is no alternative item for the treatment of rare cases of severe bladder neck deformity and stricture.
- **New item 3738X**
 - The new item has been recommended by the Committee as a result of stakeholder feedback. The Committee agreed that the 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. This procedure is currently claimed under item 37390. Services will shift from this item. The addition of this new item reflects contemporary care.
- **Items 37381, 37384, 37387 and 37390**
 - These items remain appropriate for contemporary care.

5.24 General – urethral sling or urethral injection

Table 34: Item introduction table for items 37338–41

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37338	Urethral synthetic male sling system, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence, other than a service	\$911.30	<6	NFP	NFP



	associated with a service to which item 3740 or 37341 applies (Anaes.) (Assist.)				
37339	Periurethral or transurethral injection of materials 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.)	\$239.85	757	\$145,990	4.7%
37340	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence, vaginal approach, not being a service associated with a service to which item number 37341 applies (Anaes.) (Assist.)	\$425.00	317	\$84,609	3.3%
37341	Urethral sling, division or removal of, for urethral obstruction or erosion, following previous surgery for urinary incontinence, suprapubic or combined suprapubic/vaginal approach, not being a service associated with a service to which item number 37340 applies (Anaes.) (Assist.)	\$911.30	72	\$42,305	0.0%

5.24.1 Recommendation 33

- **Item 37338**

- Amend the item descriptor to replace "for urethral obstruction or erosion" with "for urethral obstruction, sling erosion, pain or infection". The proposed item descriptor is as follows:
 - 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.

- **Item 37339**

- Amend the item descriptor to specify that this item is for the injection of urethral bulking agents specifically, rather than "materials" more broadly. The proposed item descriptor is as follows:
 - 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.)

- **Item 37340**

- Amend the item descriptor to:



- Specify that this item refers to a synthetic urethral sling.
- Replace the words "for urethral obstruction or erosion" with "for urethral obstruction, sling erosion, pain or infection".
- Add a co-claiming restriction with new item 37340X (see below).
- o The proposed item descriptor is as follows:
 - Urethral synthetic sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, vaginal approach, not being a service to which 37340X or 37341 applies
- o The Committee recommends increasing the schedule fee for item 37340 to the level of item 37338 (male sling removal; schedule fee of \$911), which is a comparable procedure in terms of both complexity and difficulty.
- **New item 37340X**
 - o Create a new item for pubovaginal fascial autologous slings. The proposed item descriptor is as follows:
 - 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, not being a service to which 37340New or 37341 applies.
- **Item 37341**
 - o Amend the item descriptor to:
 - Replace the words "for urethral obstruction or erosion" with "for urethral obstruction, sling erosion, pain or infection".
 - Specify that the procedure also applies to procedures performed with "suprapubic/perineal approach", allowing the item to be claimed for women and men.
 - o The proposed item descriptor is as follows:
 - Urethral sling, division or removal of, for urethral obstruction, sling erosion, pain or infection following previous surgery for urinary incontinence, suprapubic or combined suprapubic/vaginal or suprapubic/perineal approach, not being a service associated with a service to which item 37340 (new) or 37340X applies.

5.24.2 Rationale for Recommendation 33

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37338**



- The indications for sling removal have been expanded to include removal for infection or pain, in addition to the current indications for urethral obstruction or urethral erosion.
 - The item descriptor has also been expanded to cover other erosions, recognising that there is a potential for mesh to erode through organs other than the urethra, which would similarly require removal of the sling. Expanding the descriptor in these ways ensures comprehensive patient care.
 - The Committee does not expect the service volume to change for item 37338. This is because surgeons already use item 37338 to remove slings for infection or pain, as well as erosion into other organs, because it most closely resembles the procedure.
- **Item 37339**
 - The proposed item descriptor clarifies that this procedure does not cover material injected into the bladder, which is covered by items 36851, 18375 or 18379. This item is specifically for the injection of urethral bulking agents, which are injected into the urethra (not the bladder) to treat stress urinary incontinence. Agents injected into the bladder (covered by items 36851, 18375 and 18379) treat other conditions (bladder dysfunction and urge urinary incontinence).
 - The Committee does not expect total service volumes to change. However, it notes that some surgeons may have been using item 37339 for injecting Botulinum toxin (Botox) into the bladder, instead of item 36851. Amending the descriptor to specify that item 37339 is for the injection of urethral bulking agents specifically may therefore shift some service volume from item 37339 to item 36851. It will not change the overall number of item 37339 and item 36851 procedures performed.
- **Item 37340**
 - The indications for sling removal have been expanded to include removal for infection or pain, in addition to the current indications for urethral obstruction or sling erosion. Urethral obstruction or sling erosion are often accompanied by infection or pain. The amended descriptor makes this item more comprehensive and aligns it with the complete indications for sling removal.
 - The Committee does not expect a change in service volume for this item. Surgeons already use item 37340 to remove slings for infection or pain because it most closely resembles the procedure.
 - The Committee recommended increasing the schedule fee for item 37340 (female sling removal; schedule fee of \$425) to the level of item 37338 (male sling removal; schedule fee of \$911). Item 37338 describes a procedure that is comparable in terms of complexity and difficulty to that of the division or removal of a female sling inserted for stress incontinence, and the disparity in remuneration for these two item numbers is not justified. The risk of urethral injury, urethral fistula formation, recurrence of incontinence and pain exists with both procedures. The operation covered by item 37340 is complex because it is performed in a previous



surgical field associated by definition with complications (e.g. infection, sling erosion).

- **New item 37340X**

- The creation of this new item will 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 (and create separate items for):
 - 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. This is particularly critical given recent controversies regarding the use of synthetic mesh in the management of female vaginal compartment repairs and female stress urinary incontinence with synthetic mid-urethral slings.

- The Committee estimates that the service volume for new item 37340X will initially be very low. At present, the major trend in stress incontinence surgery for women is a move away from synthetic sling procedures, in favour of using the patient's own tissue (with pubovaginal fascial sling) or Burch colposuspension instead. As newer natural materials are developed in the future, use of this item number may grow. However, this growth would be associated with a reduction in the number of other types of stress incontinence procedures performed.

- **Item 37341**

- The indications for sling removal have been expanded to include removal for infection or pain, in addition to the current indications for urethral obstruction or urethral erosion. Infection or pain are acknowledged as potential indications for sling removal that do not necessarily co-exist with urethral obstruction or synthetic material erosion.
- Specifying that this item also applies to procedures performed via the "suprapubic/perineal approach" allows the item to be claimed for both women and men. It is anticipated that this item will not have high service volumes among either sex (especially males, due to the lower number of slings performed) because it is only used when the whole sling requires removal (i.e. from above and below), which is uncommon. The most common form of sling removal is described in items 37338 and 37340, where only the part of the sling directly overlying the urethra is removed/incised.
- The Committee does not expect the service volume for this item to change because surgeons already interpret this item as including all implications for sling removal (including for infection and pain) and use it accordingly.



5.25 General – urethroplasty

Table 35: Item introduction table for items 37342–43, 37345, 37348 and 37351

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37342	Urethroplasty single stage operation (Anaes.) (Assist.)	\$833.10	319	\$163,132.00	8.5%
37343	Urethroplasty, single stage operation, transpubic approach via separate incisions above and below the symphysis pubis, excluding laparotomy, symphysectomy and suprapubic cystotomy, with or without re-routing of the urethra around the crura (Anaes.) (Assist.)	\$1,391.15	<6	NFP	NFP
37345	Urethroplasty 2 stage operation first stage (Anaes.) (Assist.)	\$691.40	25	\$12,513	2.7%
37348	Urethroplasty 2 stage operation second stage (Anaes.) (Assist.)	\$691.40	13	\$6,505	3.4%
37351	Urethroplasty, not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$276.60	23	\$3,814	-10.3%

5.25.1 Recommendation 34

- **Items 37342, 37343, 37345, 37348 and 37351**
 - No change.

5.25.2 Rationale for Recommendation 34

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37342, 37343, 37345, 37348 and 37351**
 - These items remain appropriate for contemporary care.



5.26 General – lymph node dissection

Table 36: Item introduction table for items 36502, 37607 and 37610

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36502	Pelvic lymphadenectomy, open or laparoscopic, or both, unilateral or bilateral	\$683.90	310	\$70,092	8.4%
37607	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies (Anaes.) (Assist.)	\$924.70	890	\$278,355	3.8%
37610	Retroperitoneal lymph node dissection, unilateral, not being a service associated with a service to which item 36528 applies, following previous similar retroperitoneal dissection, retroperitoneal irradiation or chemotherapy (Anaes.) (Assist.)	\$1,391.15	584	\$457,887	15.9%

5.26.1 Recommendation 35

- **Item 36502**
 - No change.
- **Item 37607**
 - Amend the item descriptor to:
 - Replace the word "unilateral" with "bilateral".
 - Specify that the item should only be used for testicular tumours.
 - Remove the restriction on co-claiming with item 36528.
 - Restrict co-claiming with diagnostic laparoscopy items (30390 and 30627).
 - The proposed item descriptor is as follows:
 - Bilateral retroperitoneal lymph node dissection, for testicular tumour, not being a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)
 - Add an explanatory note to specify that this procedure should be performed using a bilateral template. The proposed explanatory note is as follows:
 - This procedure should be performed using a bilateral template.
 - The Committee recommends incorporating a 50 per cent loading into the schedule fee for this amended item.



- o The Committee notes that consultation with the Gynaecology Clinical Committee (GCC) and General Surgery Clinical Committee (GSCC) is required for this recommendation, given the high levels of item use among the obstetrician/gynaecology and general surgery craft groups (56 per cent and 33 per cent of all service volume, respectively).
- **Item 37610**
 - o Amend the item descriptor to:
 - Replace the word "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.
 - Restrict co-claiming with diagnostic laparoscopy items (30390 and 30627).
 - o The proposed item descriptor is as follows:
 - Bilateral retroperitoneal lymph node dissection, for testicular tumour, following previous similar retroperitoneal dissection, retroperitoneal radiation therapy or chemotherapy, not being a service associated with a service to which item 30390 or 30627 applies (Anaes.) (Assist.)
 - o Add an explanatory note to specify that this procedure should be performed using a bilateral template. The proposed explanatory note is as follows:
 - This procedure should be performed using a bilateral template.
 - o The Committee recommends that the schedule fee for this amended item should incorporate a 50 per cent loading into the existing schedule fee.
 - o The Committee notes that consultation with the GCC and GSCC is required for this recommendation, given the high levels of item use among the obstetrician/gynaecology and general surgery craft groups (71 per cent and 15 per cent of all service volume, respectively).

5.26.2 Rationale for Recommendation 35

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36502**
 - o This item remains appropriate for contemporary care.
- **Item 37607**
 - o The term "unilateral" has been replaced with "bilateral" in the item descriptor. 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. The procedure should be bilateral, and the item descriptor should reflect this. The schedule fee should also increase accordingly. The item's explanatory note should similarly specify that the procedure should be performed using a bilateral template.

- o The removal of the word "unilateral" also means that the co-claim restriction with item 36528 can be removed. The item should be able to be co-claimed with item 36528—provided the tumour is of testicular germ cell origin—as nephrectomy is sometimes unavoidable due to entrapment of the renal vessels.
- o The proposed item descriptor specifies that the item should only be used for testicular tumours in order to address potentially inappropriate use of this item.
 - The Committee noted that the high service volume for this item, and the significant use of this item by non-urologist craft groups (56 per cent obstetricians/gynaecologists, 33 per cent general surgeons and 10 per cent urologists) may indicate potentially inappropriate use of this item.
 - Retroperitoneal lymph node dissection has a very specific definition in urology and is distinct from retroperitoneal lymph node sampling. The usage indicator for the item should be tightened to ensure it is properly used for testicular tumours, with the highly specific aim of removing all normal and abnormal lymph node tissue in an anatomically defined zone.
- o The Committee has recommended consultation with the GCC because the literature does not appear to support the use of template retroperitoneal lymph node dissection in gynaecological malignancy (9). For instance, the UK's National Institute for Health and Care Excellence (NICE) guidelines for Stage I ovarian cancer state that template retroperitoneal lymph node dissection is not recommended (10). It is appropriate to consult with the GCC to review any evidence demonstrating that template retroperitoneal lymph node dissection is best practice in gynaecological malignancy/malignancies if the indications for this item number are to be expanded. It is important to differentiate lymph node sampling (frequently performed by all craft groups) from retroperitoneal lymph node dissection, which is a far more extensive procedure (as described in the descriptor for item 37607).
- o The Committee has also recommended with consultation with the GSCC, given 33% utilisation of this item is by the general surgery craft group.
- o The Committee estimates that the service volume for item 37607 will decrease by 80 per cent if the item is restricted to use in metastatic testicular/germ cell tumour using a template dissection. This is because the item number would no longer be used for lymph node sampling in other abdominal malignancies.
- o Co-claiming this item with diagnostic laparoscopy items (30390 and 30627) has been restricted because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of the procedure and should not be claimed separately.
- o MBS co-claim data showed that 37607 was co-claimed with 30390 281 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will



decrease by 281 services per annum. 37607 was co-claimed with 30627 0 times in FY16/17; on this basis the Committee estimates no decrease in 30627 claims.

- **Item 37610**

- The term "unilateral" has been replaced with "bilateral" in the item descriptor. 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. The procedure should be bilateral, and the item descriptor should reflect this. The schedule fee should also increase accordingly. The item's explanatory note should similarly specify that the procedure should be performed using a bilateral template.
- The removal of the term "unilateral" also means that the restriction on co-claiming with item 36528 can be removed. The item should be able to be co-claimed with item 36528—provided the tumour is of germ cell origin—as nephrectomy is sometimes unavoidable due to entrapment of the renal vessels.
- The item descriptor specifies that the item should only be used for testicular tumours in order to address potentially inappropriate use of this item.
 - The Committee noted that the high service volume for this item, and the significant use of this item by non-urologist craft groups (71 per cent obstetricians/gynaecologists, 15 per cent general surgeons and 13 per cent urologists) may indicate potentially inappropriate use of this item.
 - Retroperitoneal lymph node dissection has a very specific definition in urology and is distinct from retroperitoneal lymph node sampling. The usage indicator for the item should be tightened to ensure it is properly used for testicular tumours, with the highly specific aim of removing all normal and abnormal lymph node tissue in an anatomically defined zone.
- The word "irradiation" has been replaced with "radiation therapy" in the item descriptor to reflect contemporary terminology.
- The Committee recommended consulting with the GCC because the literature does not appear to support the use of template retroperitoneal lymph node dissection in gynaecological malignancy (9). For instance, the UK's NICE guidelines for Stage I ovarian cancer state that template retroperitoneal lymph node dissection is not recommended (10). It is appropriate to consult with the GCC to review any evidence demonstrating that template retroperitoneal lymph node dissection is best practice in gynaecological malignancy/malignancies if the indications for this item number are to be expanded. It is important to differentiate lymph node sampling (frequently performed by all craft groups) from retroperitoneal lymph node dissection, which is a far more extensive procedure (as described in the descriptor for item 37610).
- The Committee has also recommended with consultation with the GSCC, given 15% utilisation of this item is by the general surgery craft group.
- The Committee estimates that the service volume for item 37610 will decrease by 80 per cent if the item number is restricted to use in metastatic testicular/germ



cell tumour using a template dissection. This is because the item number would no longer be used for lymph node sampling in other abdominal malignancies.

- o Co-claiming this item with diagnostic laparoscopy items (30390 and 30627) should be restricted because placement of a port and laparoscope (with initial observation of the operative field) is considered an integral part of the procedure and should not be claimed separately.
- o MBS co-claim data showed that 37610 was co-claimed with 30390 24 times in FY16/17; on this basis the Committee estimates that service volume for 30390 will decrease by 24 services per annum. 37610 was co-claimed with 30627 0 times in FY16/17; on this basis the Committee estimates no decrease in 30627 claims.

5.27 Other – renal transplant

Table 37: Item introduction table for items 36503, 36506 and 36509

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36503	Renal transplant, not being a service to which item 36506 or 36509 applies (Anaes.) (Assist.)	\$1,391.15	275	\$276,984	4.4%
36506	Renal transplant, performed by vascular surgeon and urologist operating together vascular anastomosis, including aftercare (Anaes.) (Assist.)	\$924.70	32	\$15,432	4.5%
36509	Renal transplant, performed by vascular surgeon and urologist operating together ureterovesical anastomosis, including aftercare (Assist.)	\$782.95	24	\$12,750	-6.0%

5.27.1 Recommendation 36

- **Items 36503, 36506 and 36509**

- o No change.

5.27.2 Rationale for Recommendation 36

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 36503, 36506 and 36509**

- o These items remain appropriate for contemporary care.



5.28 Other – renal

Table 38: Item introduction table for items 36537, 37444, 36857 and 36863

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36537	Kidney or perinephric area, exploration of, with or without drainage of, by open exposure, not being a service to which another item in this Sub-group applies (Anaes.) (Assist.)	\$691.40	63	\$17,692.00	3.9%
37444	Ureterolithotomy complicated by previous surgery at the same site of the same ureter (Anaes.) (Assist.)	\$999.65	<6	NFP	NFP
36857	Endoscopic manipulation or extraction of ureteric calculus (Anaes.)	\$366.45	484	\$105,115.00	9.4%
36863	Litholapaxy, with or without cystoscopy (Anaes.) (Assist.)	\$466.35	2,359	\$606,531.00	3.7%

5.28.1 Recommendation 37

- **Items 36537**
 - No change.
- **Item 37444**
 - Delete and consolidate into item 36549.
- **Item 36857**
 - Delete item.
- **Item 36863**
 - Amend the item descriptor to remove the word "Assist". The proposed item descriptor is as follows:
 - Litholapaxy, with or without cystoscopy (Anaes.)

5.28.2 Rationale for Recommendation 37

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36537**



- o This item remains appropriate for contemporary care.
- **Item 37444**
 - o Given the low service volume of item 37444 (less than six in FY2016/17), the Committee agreed to delete the item and incorporate it into item 36549 (ureterolithotomy), which also has a low service volume (less than six in FY2016/17).
 - o The Committee expects 100 per cent of the service volume for item 37444 to shift to item 36549.
- **Item 36857**
 - o This item should be deleted as the procedure is dangerous when performed without image guidance. The item is also redundant: all extraction procedures will be covered by ureteroscopy and pyeloscopy items, and there is no longer a need for stone manipulation, given the advent of modern technology (e.g. ureteroscopy and pyeloscopy).
 - o The Committee noted that current levels of service volume for item 36857 (484 services in FY2016/17) may indicate inappropriate claiming with ureteroscopy, pyeloscopy and lithotripsy items. MBS data shows that item 36857 was co-claimed with a ureteroscopy (36803, 36806, 36809), pyeloscopy (36652, 36654, 36656) or lithotripsy item (36546) in 187 episodes (or 39% episodes) in FY2016/17. The Committee expects 100% of these 187 episodes to disappear from the schedule (rather than shift to a ureteroscopy or pyeloscopy item) as they represent inappropriate claiming. The Committee expects service volume for the remaining 297 episodes (or 61% episodes) to shift to item 36806.
- **Item 36863**
 - o The word "Assist" has been removed from the item descriptor because, in the Committee's view, surgical assistants are not required to perform this procedure safely.



6. Endo-urology and renal stone disease recommendations

6.1 Endo-urology and renal stone disease – nephrolithotomy and nephrostomy

Table 39: Item introduction table for items 36540, 36543 and 36552

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36540	Nephrolithotomy or pyelolithotomy, or both, through the same skin incision, for 1 or 2 stones (Anaes.) (Assist.)	\$1,107.95	21	\$16,401	2.7%
36543	Nephrolithotomy or pyelolithotomy, or both, extended, for staghorn stone or 3 or more stones, including 1 or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Anaes.) (Assist.)	\$1,291.10	19	\$17,495	14.6%
36552	Nephrostomy or pyelostomy, open, as an independent procedure (Anaes.) (Assist.)	\$741.50	<6	NFP	NFP

6.1.1 Recommendation 38

- **Item 36540**
 - Delete and consolidate into item 36543.
- **Item 36543**
 - Amend the item descriptor to reflect the incorporation of item 36540. The proposed item descriptor is as follows:
 - Nephrolithotomy or pyelolithotomy, or both for one or more renal stones including one or more of the following: nephrostomy, pyelostomy, pedicle control with or without freezing, calyorrhaphy or pyeloplasty (Assist.)
- **Item 36552**
 - No change.



6.1.2 Rationale for Recommendation 38

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36540**
 - Consolidating item 36540 into item 36543 will simplify the MBS. The items are similar and both have low service volumes.
 - Item 36540 has been recommended for deletion as an individual item. The Committee expects 100 per cent of the existing service volume for item 36540 (21 in FY2016/17) to shift to item 36543.
- **Item 36543**
 - The descriptor for item 36543 has been broadened to incorporate services currently claimed under item 36540. This will simplify the MBS. The items are similar and both have low service volumes.
 - The Committee expects the service volume for item 36543 to increase by 21 services per financial year as a result of this change.
- **Item 36552**
 - This item remains appropriate for contemporary care.

6.2 Endo-urology and renal stone disease – extracorporeal shock wave lithotripsy

Table 40: Item introduction table for item 36546

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36546	Extracorporeal shock wave lithotripsy (ESWL) to urinary tract and posttreatment care for 3 days, including pretreatment consultations, unilateral (Anaes.)	\$691.40	2,218	\$1,175,280	-4.0%

6.2.1 Recommendation 39

- **Item 36546**
 - No change.



6.2.2 Rationale for Recommendation 39

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36546**
 - This item remains appropriate for contemporary care.

6.3 Endo-urology and renal stone disease – ureterolithotomy

Table 41: Item introduction table for item 36549

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36549	Ureterolithotomy (Anaes.) (Assist.)	\$833.10	<6	NFP	NFP

6.3.1 Recommendation 40

- **Item 36549**
 - Amend the item descriptor to clarify that an open, laparoscopic or robot-assisted approach can be taken. The proposed item descriptor is as follows:
 - Ureterolithotomy, via open, laparoscopic or robot-assisted approach (Anaes.) (Assist.)

6.3.2 Rationale for Recommendation 40

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36549**
 - Specifying that these operations can be conducted using open, laparoscopic or robot-assisted approaches recognises that all these techniques are valid options for this procedure.



6.4 Endo-urology and renal stone disease – nephrostomy

Table 42: Item introduction table for items 36624 and 36649–50

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36624	Nephrostomy, percutaneous, using interventional imaging techniques (Anaes.) (Assist.)	\$588.10	1,167	\$419,573	2.4%
36649	Nephrostomy drainage tube, exchange of - but not including imaging (Anaes.) (Assist.)	\$267.65	707	\$133,217	9.8%
36650	Nephrostomy tube, removal of, if the ureter has been stented with a double j ureteric stent and that stent is left in place, using interventional imaging techniques (Anaes.)	\$149.70	266	\$27,113	10.7%

6.4.1 Recommendation 41

- **Item 36624, 36649 and 36650**
 - Amend the descriptors to include the words ' but not including imaging'.
- **Item 36649**
 - Amend the item descriptor to specify that this procedure can only be performed using interventional radiology techniques. The proposed item descriptor is as follows:
 - Nephrostomy drainage tube, exchange of, using interventional radiology techniques (Anaes.) (Assist.)

6.4.2 Rationale for Recommendation 41

This recommendation focuses on improving patient experience. It is based on the following.

- **Item 36624, 36649 and 36650**
 - The descriptors for all three items have been amended to include the words ' but not including imaging'. It is the intention that these procedures will be performed using interventional radiology techniques however this change will allow for the interventional radiology techniques to be claimed.
- **Item 36649**
 - The proposed item descriptor specifies that this procedure can only be performed using interventional radiology technique. This will ensure that the procedure is performed with image guidance.



- **Item 36650**
 - The proposed item descriptor specifies that this item can only be performed using interventional radiology techniques in order to ensure that the procedure is performed with image guidance.
 - The Committee noted that the wording of the item descriptor should ensure that urologists are still able to claim the item if they are appropriately using interventional radiology techniques to perform the procedure.



6.5 Endo-urology and renal stone disease – nephroscopy

Table 43: Item introduction table for items 36627, 36630, 36633, 36636, 36639, 36642, 36645 and 36648

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36627	Nephroscopy, percutaneous, with or without any 1 or more of; stone extraction, biopsy or diathermy, not being a service to which item 36639, 36642, 36645 or 36648 applies (Anaes.)	\$691.40	43	\$21,173	-16.8%
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.)	\$341.50	<6	NFP	NFP
36633	Nephroscopy, percutaneous, with incision of any 1 or more of; renal pelvis, calyx or calyces or ureter and including antegrade insertion of ureteric stent, not being a service associated with a service to which item 36627, 36639, 36642, 36645 or 36648 applies (Anaes.) (Assist.)	\$741.50	11	\$5,558	16.7%
36636	Nephroscopy, percutaneous, with incision of any 1 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, 36642, 36645 or 36648 applies (Anaes.) (Assist.)	\$399.90	<6	NFP	NFP
36639	Nephroscopy, percutaneous, with destruction and extraction of 1 or 2 stones using ultrasound or electrohydraulic shock waves or lasers (not being a service to which item 36645 or 36648 applies) (Anaes.)	\$833.10	33	\$19,475	-13.2%
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.)	\$416.45	<6	NFP	NFP
36645	Nephroscopy, percutaneous, with removal or destruction of a stone greater than 3cm in any dimension, or for 3 or more stones (Anaes.) (Assist.)	\$1,066.30	201	\$157,677	-6.6%
36648	Nephroscopy, being a service to which item 36645 applies, where, after a substantial portion of the procedure has been	\$949.60	<6	NFP	NFP



	performed, it is necessary to discontinue the operation (Anaes.) (Assist.)				
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6.5.1 Recommendation 42

- **Items 36627, 36633, 36636 and 36639**
 - No change.
- **Item 36630**
 - Delete and consolidate into item 36627.
- **Item 36642**
 - Delete and consolidate into item 36639.
- **Item 36645**
 - No change.
- **Item 36648**
 - Delete and consolidate into item 36645.

6.5.2 Rationale for Recommendation 42

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 36627, 36633, 36636 and 36639**
 - These items remain appropriate for contemporary care.
- **Item 36630**
 - This procedure is rarely performed (less than six services in FY2016/17) and has been incorporated into item 36627.
 - The Committee estimates that 100 per cent of the existing service volume for item 36630 (less than six in FY2016/17) will shift to item 36627. No change is required for the descriptor for item 36627.
- **Item 36642**
 - This procedure is rarely performed (less than six services in FY2016/17) and has been incorporated into item 36639.



- o The Committee estimates that 100 per cent of the existing service volume for item 36639 (less than six in FY2016/17) will shift to item 36639. No change is required for the descriptor for item 36639.
- **Item 36645**
 - o This item remains appropriate for contemporary care.
- **Item 36648**
 - o This procedure is rarely performed (less than six services in FY2016/17) and has been incorporated into item 36645.
 - o The Committee estimates that 100 per cent of the existing service volume for item 36648 (less than six in FY2016/17) will shift to item 36645. No change is required for the descriptor for item 36645.

6.6 Endo-urology and renal stone disease – pyeloscopy

Table 44: Item introduction table for items 36652, 36654 and 36656

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36652	Pyeloscopy, retrograde, of one collecting system, with or without any one or more of, cystoscopy, ureteric meatotomy, ureteric dilatation, not being a service associated with a service to which item 36803, 36812 or 36824 applies (Anaes.) (Assist.)	\$649.80	1,827	\$767,125	12.2%
36654	Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus 1 or more of extraction of stone from the renal pelvis or calyces, or biopsy or diathermy of the renal pelvis or calyces, not being a service associated with a service to which item 36656 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	\$833.10	1,028	\$619,959	13.6%
36656	Pyeloscopy, retrograde, of one collecting system, being a service to which item 36652 applies, plus extraction of 2 or more stones in the renal pelvis or calyces or destruction of stone with ultrasound, electrohydraulic or kinetic lithotripsy, or laser in the renal pelvis or calyces, with or without extraction of fragments, not being a service associated with a service to which item 36654 applies to a procedure performed in the same collecting system (Anaes.) (Assist.)	\$1,066.30	8,463	\$6,540,497	19.2%



6.6.1 Recommendation 43

- **Items 36652, 36654 and 36656**

- o No change.

6.6.2 Rationale for Recommendation 43

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 36652, 36654 and 36656**

- o These items remain appropriate for contemporary care.
- o The Committee noted that the "Assist" fee should be retained.

6.7 Endo-urology and renal stone disease – ureteroscopy

Table 45: Item introduction table for items 36803, 36806 and 36809

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36803	Ureteroscopy, of one ureter, with or without any one or more of; cystoscopy, ureteric meatotomy or ureteric dilatation, not being a service associated with a service to which item 36652, 36654, 36656, 36806, 36809, 36812, 36824, 36848 or 36857 applies (Anaes.) (Assist.)	\$466.35	2,537	\$817,478	6.5%
36806	Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, ureteric meatotomy or ureteric dilatation, plus one or more of extraction of stone from the ureter, or biopsy or diathermy of the ureter, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service to which item 36809, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (Anaes.) (Assist.)	\$649.80	1,941	\$778,274	7.2%
36809	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, not being a service associated with a service to which item 36803 or 36812 applies, or a service associated with a service	\$833.10	5,113	\$2,603,169	10.1%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	to which item 36806, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (Anaes.) (Assist.)				

6.7.1 Recommendation 44

- **Item 36803**
 - No change.
- **Item 36806**
 - Amend the item descriptor to specify that the procedure can be performed "with or without endoscopic incision of pelviureteric junction or ureteric stricture". The proposed item descriptor is as follows:
 - Ureteroscopy, of one ureter, with or without any one or more of, cystoscopy, endoscopic incision of pelviureteric junction or ureteric stricture, ureteric meatotomy or ureteric dilatation, plus one or more of extraction of stone from the ureter, or biopsy or diathermy of the ureter, not being a service associated with a service to which item 36803 or 36812 applies, and not being a service associated with a service to which item 36809, 36824, 36848 or 36857 applies to a procedure performed on the same ureter (Anaes.) (Assist.)
- **Item 36809**
 - No change.

6.7.2 Rationale for Recommendation 44

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36803**
 - This item remains appropriate for contemporary care.
 - The Committee noted that the "Assist" fee should be retained.
- **Item 36806**
 - Broadening the item descriptor for 36806 to include "endoscopic incision of pelviureteric junction or ureteric stricture" allows for the deletion of item 36825 (cystoscopy, with endoscopic incision of pelviureteric junction or ureteric stricture). This will simplify the MBS. Item 36825 (schedule fee \$581.30) was only



claimed 30 times in FY2016/17. By contrast, item 36806 (schedule fee \$649.80) was claimed 1,941 times in FY2016/17.

- o The Committee noted that the "Assist" fee should be retained.

- **Item 36809**

- o This item remains appropriate for contemporary care.
- o The Committee noted that the "Assist" fee should be retained.

6.8 Endo-urology and renal stone disease – ureteric stents

Table 46: Item introduction table for items 36604–05 and 36607–08

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36604	Ureteric stent, passage of through percutaneous nephrostomy tube, using interventional imaging techniques (Anaes.)	\$267.65	357	\$54,653	6.0%
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.)	\$690.70	<6	NFP	NFP
36607	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 imaging techniques (Anaes.)	\$690.70	118	\$113,109	14.6%
36608	Ureteric stent, exchange of, percutaneously through either the ileal conduit or bladder, using interventional imaging techniques, not being a service associated with a service to which items 36811 to 36854 apply (Anaes.)	\$267.65	21	\$3,639	1.0%

6.8.1 Recommendation 45

- **Item 36604, 36607 and 36608**

- o Amend the descriptors to include the words ' but not including imaging'.

- **Item 36605**

- o Delete item.



6.8.2 Rationale for Recommendation 45

This recommendation focuses on improving patient experience. It is based on the following.

- **Items 36604, 36607 and 36608**
 - The descriptors for all three items have been amended to include the words ' but not including imaging'. It is the intention that these procedures will be performed using interventional radiology techniques however this change will allow for the interventional radiology techniques to be claimed.
 - The Committee noted that the wording of the item descriptors should ensure that urologists are still able to claim the item if they are appropriately using fluoroscopy to perform the technique. For instance, item 36604 is sometimes performed by urologists at the end of a percutaneous stone extraction.
- **Item 36605**
 - Item 36605 should be deleted because it is inappropriate and unsafe to perform a blind removal of a calculus from the kidney or ureter through a nephrostomy tube. The Committee felt that the current standard of care for the removal of a calculus in the kidney via a nephrostomy tract involves the use of pyeloscopy (i.e. under direct vision), rendering this item obsolete and unsafe.
 - The Committee expects 50% of current service volume for item 36605 (<6) to shift to item 36639, and the remaining 50% to shift to item 36645.

7. Paediatric and reconstruction



recommendations

7.1 Paediatric and reconstructive – bladder enlargement using intestine, bladder exstrophy closure, bladder transection and bladder diverticulum

Table 47: Item introduction table for items 37047, 37050, 37053 and 37020

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37047	Bladder enlargement using intestine (Anaes.) (Assist.)	\$1,666.05	12	\$14,800	-5.4%
37050	Bladder exstrophy closure, not involving sphincter reconstruction (Anaes.) (Assist.)	\$741.50	<6	NFP	NFP
37053	Bladder transection and re-anastomosis to trigone (Anaes.) (Assist.)	\$856.70	<6	NFP	NFP
37020	Bladder diverticulum, excision or obliteration of (Anaes.) (Assist.)	\$741.50	67	\$26,500	0.0%

7.1.1 Recommendation 46

- **Items 37047, 37050, 37053 and 37020**
 - No change.

7.1.2 Rationale for Recommendation 46

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37047**
 - This item remains appropriate for contemporary care.
- **Item 37050**
 - This item remains appropriate for contemporary care and is required to treat a rare congenital paediatric condition (bladder exstrophy).
- **Item 37053**



- o This item remains appropriate for contemporary care. While it is not commonly used (less than six services in FY2016/17), the item is required in rare cases. For instance, item 37053 is used in combination with augmentation cystoplasty and supratrigonal cystectomy in benign bladder conditions such as radiation cystitis, interstitial cystitis and post-infection (e.g. tuberculous cystitis).
- **Item 37020**
 - o This item remains appropriate for contemporary care.

7.2 Paediatric and reconstructive – pyeloplasty

Table 48: Item introduction table for items 36564, 36567 and 36570

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36564	Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction) by open exposure, laparoscopy or laparoscopic assisted techniques (Anaes.) (Assist.)	\$924.70	263	\$178,904	4.8%
36567	Pyeloplasty in a kidney that is congenitally abnormal in addition to the presence of PUJ obstruction, or in a solitary kidney, by open exposure (Anaes.) (Assist.)	\$1,016.30	45	\$33,210	6.7%
36570	Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure (Anaes.) (Assist.)	\$1,291.10	24	\$22,799	-19.4%

7.2.1 Recommendation 47

- **Item 36564**
 - o Amend the item descriptor to:
 - Specify that the procedure can be performed with or without the use of a retroperitoneal approach.
 - Clarify that this operation can be conducted using open, laparoscopic or robot-assisted approaches.
 - Align the wording with other items in the MBS.
 - o The proposed item descriptor is as follows:
 - Pyeloplasty, (plastic reconstruction of the pelvi-ureteric junction), by open exposure or laparoscopic surgery (with or without the use of robot assistance), and with or without the use of a retroperitoneal approach. (Anaes.) (Assist.)



- **Item 36567**

- Amend the item descriptor to:
 - Include the option of laparoscopic surgery (with or without the use of robotic assistance).
 - Specify that the procedure can be performed with or without the use of a retroperitoneal approach.
- The proposed item descriptor is as follows:
 - 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 exposure or laparoscopic surgery (with or without the use of robotic assistance), and with or without the use of a retroperitoneal approach. (Anaes.) (Assist.)
- Add an explanatory note to clarify that when laparoscopic surgery is used, this includes a retroperitoneal approach. The proposed explanatory note is as follows:
 - Where laparoscopic surgery is used, this should allow for retroperitoneal as well as abdominal approaches.

- **Item 36570**

- Amend the item descriptor to:
 - Include the option of laparoscopic surgery (with or without the use of robotic assistance).
 - Specify that the procedure can be performed with or without the use of a retroperitoneal approach.
- The proposed item descriptor is as follows:
 - Pyeloplasty, complicated by previous surgery on the same kidney, by open exposure or laparoscopic surgery (with or without the use of robotic assistance), and with or without the use of a retroperitoneal approach. (Anaes.) (Assist.)

7.2.2 Rationale for Recommendation 47

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36564**

- Specifying that these operations can be conducted using open, laparoscopic or robot-assisted approaches clarifies that all these techniques are valid options for this procedure. The retroperitoneal approach is accepted as equivalent to a laparoscopic approach.



- **Item 36567**

- This item has been updated 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.

- **Item 36570**

- This item has been updated to reflect technological advances. Best practice 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.

7.3 Paediatric and reconstructive – ureteroplasty, ureterolysis and closure of ureterostomy

Table 49: Item introduction table for items 36618, 36573, 36621 and 36615

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36618	Reduction ureteroplasty (Anaes.) (Assist.)	\$649.80	11	\$2,340	-14.1%
36573	Divided ureter, repair of (Anaes.) (Assist.)	\$924.70	34	\$19,179	11.5%
36621	Closure of cutaneous ureterostomy (Anaes.) (Assist.)	\$464.50	<6	NFP	NFP
36615	Ureterolysis, with or without repositioning of the ureter, for obstruction of the ureter, evident either radiologically or by proximal ureteric dilatation at operation, secondary to retroperitoneal fibrosis, or similar condition (Anaes.) (Assist.)	\$741.50	1,032	\$300,128	2.8%

7.3.1 Recommendation 48

- **Items 36618, 36573 and 36621**

- No change.

- **Item 36615**

- Amend the item descriptor to stipulate that:
 - The item 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.
 - The operation is unilateral.



- o The proposed item descriptor is as follows:
 - Ureterolysis, unilateral, with or without repositioning of the ureter, for obstruction of the ureter, evident either radiologically or by proximal ureteric dilatation at operation, secondary to retroperitoneal fibrosis, and where there is biopsy proven fibrosis, endometriosis or cancer at the site of the obstruction at the time of the operation. (Anaes.) (Assist.)
- o Add an explanatory note to specify that routine dissection of a ureter as part of another operation is not considered ureterolysis for ureteric obstruction. The proposed explanatory note is as follows:
 - This item number 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.
- o Consult on this recommendation with the GCC.

7.3.2 Rationale for Recommendation 48

This recommendation focuses on improving the quality and appropriateness of care and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 36618 and 36573**

- o These items remain appropriate for contemporary care.

- **Item 36621**

- o This item remains appropriate for contemporary care.

- **Item 36615**

- o Amending the descriptor to specify that this item should 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, will ensure correct use of the item. This item should be used for ureterolysis for ureteric obstruction, which is distinct from dissection, mobilisation and identification of the ureter in surgery.
- o Adding an explanatory note to specify that routine dissection of a ureter as part of another operation is not considered ureterolysis for ureteric obstruction will also clarify the circumstances under which the item can be appropriately claimed.
- o The item descriptor has also been amended to accommodate unilateral and bilateral ureterolysis procedures, recognising that the disease causing the ureteric obstruction can be unilateral or bilateral. Specifying that the procedure is unilateral allows the item to be claimed twice for bilateral procedures.
- o The Committee estimates that the service volume for item 36615 will be less than 40 per cent of current usage, based on the current breakdown of craft group usage



of this item number (51 per cent obstetrician/gynaecologist craft group, 30 per cent general surgeons and 18 per cent urologists).

- o The Committee agreed to consult on this recommendation with the GCC, given that ureterolysis is often claimed in procedures related to endometriosis and is performed most commonly by the obstetrics and gynaecology craft group. (MBS data shows that 51 per cent of item 36615 claims are made by clinicians from the obstetrics and gynaecology craft group, 30 per cent are made by the general surgery craft group and 18 per cent are made by the urology craft group).

7.4 Paediatric and reconstructive – ureter exploration

Table 50: Item introduction table for item 36612

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36612	Ureter, exploration of, with or without drainage of, as an independent procedure (Anaes.) (Assist.)	\$649.80	16	\$5,722	-6.2%

7.4.1 Recommendation 49

- **Item 36612**
 - o No change.

7.4.2 Rationale for Recommendation 49

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36612**
 - o This item remains appropriate for contemporary care.

7.5 Paediatric and reconstructive – renal cyst and renal biopsy

Table 51: Item introduction table for items 36558 and 36561

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36558	Renal cyst or cysts, excision or unroofing of (Anaes.) (Assist.)	\$649.80	72	\$29,629	5.6%
36561	Renal biopsy (closed) (Anaes.)	\$172.50	1,729	\$239,495	10.8%



7.5.1 Recommendation 50

- **Item 36558**
 - No change.
- **Item 36561**
 - Amend the item descriptor to clarify that the procedure is done under image guidance. The proposed item descriptor is as follows:
 - Renal biopsy, performed under image guidance (closed) (Anaes.)

7.5.2 Rationale for Recommendation 50

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36558**
 - This item remains appropriate for contemporary care.
- **Item 36561**
 - Safety considerations dictate 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.
 - The Committee noted that the relatively high growth rate of this item (10.8 per cent compound annual growth rate [CAGR] over the last five years) is likely related to changes to the management protocol for patients with small renal masses with prior biopsy. It is now much more common to manage these cases conservatively, favouring closed biopsy (such as item 36561) over open techniques.

7.6 Paediatric and reconstructive – fistula and cutaneous vesicostomy

Table 52: Item introduction table for items 37023, 37026, 37029, 37333, 37336 and 37038

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37023	Vesical fistula, cutaneous, operation for (Anaes.)	\$416.45	15	\$4,026	-9.6%
37026	Cutaneous vesicostomy, establishment of (Anaes.) (Assist.)	\$416.45	8	\$1,874	-15.9%



37029	Vesicovaginal fistula, closure of by abdominal approach (Anaes.) (Assist.)	\$924.70	15	\$9,709	11.2%
37333	Urethrovaginal fistula, closure of (Anaes.) (Assist.)	\$558.10	<6	NFP	NFP
37336	Urethrorectal fistula, closure of (Anaes.) (Assist.)	\$741.50	<6	NFP	NFP
37038	Vesicointestinal fistula, closure of, excluding bowel resection (Anaes.) (Assist.)	\$691.75	79	\$19,345	6.7%

7.6.1 Recommendation 51

- **Items 37023, 37026, 37029, 37333, 37336, 37038**
 - No change.
- **Item 35596 (GCC item): Recommendation to the Gynaecology Clinical Committee**
 - Item 35596 falls within the scope of the GCC.
 - The Committee recommends that the GCC leaves the current descriptor for item 35596 unchanged and creates two new items (335XX and 335XY) to cover closure of a vesicovaginal fistula by the vaginal route and repair of rectovaginal fistula by the vaginal route.

7.6.2 Rationale for Recommendation 51

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37023, 37026 ,37029, 37333, 37336 and 37038**
 - These items remain appropriate for contemporary care
- **Item 35596: Recommendation to the Gynaecology Clinical Committee**
 - The GCC has reviewed item 35596 and recommended splitting the item—which currently refers to repairs of fistulae between the genital, urinary and alimentary tracts—into two items specifying repairs of vesicovaginal and rectovaginal fistulae.
 - While the Committee agrees with the substance of the proposed changes recommended by the GCC, it notes that the changes proposed for item 35596 in the GCC's report would unintentionally limit access to male patients, as well as those of either sex with other rarer but equally severe urogenital fistulae. MBS data shows that approximately 17 per cent of item 35596 procedures in FY2016/17 were performed on male patients.



- o As such, the Committee recommends retaining item 35596 in its current form, and creating two new item numbers (335XX and 335XY) for repairs of vesicovaginal and rectovaginal fistulae to accommodate the GCC's proposed changes. The Committee proposes the following descriptor for item 35596: "fistula between genital and urinary or alimentary tracts, repair of, not being a service to which items 37029, 37333, 37336 ,355XX, 35XXY applies".
- o The Committee agrees with the GCC's recommendation that the schedule fee for its two new fistula repair items (or the original item 35596) be increased to the level of item 37029, which is a similarly complex procedure.

7.7 Paediatric genitourinary – patent urachus

Table 53: Item introduction table for items 37800 and 37801

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37800	Patent urachus, excision of (Anaes.) (Assist.)	\$521.25	40	\$11,007	10.3%
37801	Patent urachus, excision of, when performed on a person under 10 years of age	\$677.65	15	\$7,624	0.0%

7.7.1 Recommendation 52

- **Items 37800 and 37801**

- o No change.

7.7.2 Rationale for Recommendation 52

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37800 and 37801**

- o These items remain appropriate for contemporary care.

7.8 Paediatric genitourinary – undescended testis

Table 54: Item introduction table for items 37803–04, 37806–07 and 37809–10

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37803	Undescended testis, orchidopexy for, not being a service to which item 37806 applies (Anaes.) (Assist.)	\$521.25	182	\$62,807	3.6%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37804	Undescended testis, orchidopexy for, not being a service to which item 37807 applies, on a person under 10 years of age	\$677.25	801	\$363,314	0.0%
37806	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for (Anaes.) (Assist.)	\$602.25	120	\$51,467	4.0%
37807	Undescended testis in inguinal canal close to deep inguinal ring or within abdominal cavity, orchidopexy for, on a person under 10 years of age	\$782.95	531	\$290,600	0.0%
37809	Undescended testis, revision orchidopexy for (Anaes.) (Assist.)	\$602.25	11	\$4,743	0.6%
37810	Undescended testis, revision orchidopexy for, on a person under 10 years of age	\$782.95	42	\$24,664	0.0%

7.8.1 Recommendation 53

- **Items 37803, 37804, 37806, 37807, 37809 and 37810**
 - o No change.

7.8.2 Rationale for Recommendation 53

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37803, 37804, 37806, 37807, 37809 and 37810**
 - o These items remain appropriate for contemporary care.

7.9 Paediatric genitourinary – impalpable testis

Table 55: Item introduction table for items 37812 and 37813

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37812	Impalpable testis, exploration of groin for, not being a service associated with a service to which items 37803 to 37809 apply (Anaes.) (Assist.)	\$556.00	<6	NFP	NFP



37813	Impalpable testis, exploration of groin for, not being a service associated with a service to which items 37804, 37807 and 37810 applies, on a person under 10 years of age	\$722.80	54	\$26,272	0.0%
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7.9.1 Recommendation 54

- **Item 37812**
 - No change.
- **Item 37813**
 - No change.

7.9.2 Rationale for Recommendation 54

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37812**
 - This item remains appropriate for contemporary care. Although uncommon and with low service volumes (less than six services in FY2016/17), it is warranted in some circumstances.
- **Item 37813**
 - This item remains appropriate for contemporary care.

7.10 Paediatric genitourinary – hypospadias

Table 56: Item introduction table for items 37815–16, 37818–19, 37821–22, 37824–25, 37827–28, 37830–31, and 37833–34

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37815	Hypospadias, examination under anaesthesia with erection test (Anaes.)	\$92.75	12	\$383	3.3%
37816	Hypospadias, examination under anaesthesia with erection test, on a person under 10 years of age	\$120.60	143	\$6,274	0.0%
37818	Hypospadias, glanuloplasty incorporating meatal advancement (Anaes.) (Assist.)	\$491.45	12	\$3,560	-4.8%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37819	Hypospadias, glanuloplasty incorporating meatal advancement, on a person under 10 years of age	\$638.90	75	\$34,968	0.0%
37821	Hypospadias, distal, 1 stage repair (Anaes.) (Assist.)	\$833.10	11	\$6,873	-2.0%
37822	Hypospadias, distal, 1 stage repair, on a person under 10 years of age	\$1,083.05	175	\$139,675	0.0%
37824	Hypospadias, proximal, 1 stage repair (Anaes.) (Assist.)	\$1,158.30	<6	NFP	NFP
37825	Hypospadias, proximal, 1 stage repair, on a person under 10 years of age	\$1,505.80	62	\$69,695	0.0%
37827	Hypospadias, staged repair, first stage (Anaes.) (Assist.)	\$533.60	<6	NFP	NFP
37828	Hypospadias, staged repair, first stage, on a person, 10 years of age or over.	\$693.70	13	\$6,614	0.0%
37830	Hypospadias, staged repair, second stage (Anaes.) (Assist.)	\$691.40	<6	NFP	NFP
37831	Hypospadias, staged repair, second stage, on a person under 10 years of age. (Anaes.) (Assist.)	\$898.90	16	\$15,018	N/A
37833	Hypospadias, repair of post-operative urethral fistula (Anaes.) (Assist.)	\$329.95	27	\$5,053	-6.0%
37834	Hypospadias, repair of post-operative urethral fistula, on a person under 10 years of age	\$428.95	73	\$20,752	0.0%

7.10.1 Recommendation 55

- **Items 37815–16, 37818–19, 37821–22, 37824–25, 37827–28 and 37830–31**
 - No change.
- **Item 37833 and 37834**
 - Amend the item descriptor to remove the reference to "post-operative". The proposed item descriptor is as follows:
 - Hypospadias, repair of urethral fistula (Anaes.) (Assist.).



7.10.2 Rationale for Recommendation 55

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37815–16, 37818–19, 37821–22, 37824–25, 37827–28 and 37830–31**
 - These items remain appropriate for contemporary care.
- **Item 37833 and 37834**
 - The reference to "post-operative" has been removed from both item descriptors because urethrocutaneous fistula can have a delayed presentation. The current reference to "post-operative" in the descriptors means that the item only covers those fistula that present in the immediate post-operative period (i.e. over a few weeks). It excludes fistula that can present months or even years later, which should also be covered by this item.
 - The Committee does not expect any change in service volume for these items.

7.11 Paediatric genitourinary – epispadias

Table 57: Item introduction table for items 37836, 37839 and 37842

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37836	Epispadias, staged repair, first stage (Anaes.) (Assist.)	\$695.00	<6	NFP	NFP
37839	Epispadias, staged repair, second stage (Anaes.) (Assist.)	\$787.60	<6	NFP	NFP
37842	Exstrophy of bladder or epispadias, secondary repair with bladder neck tightening, with or without ureteric reimplantation (Anaes.) (Assist.)	\$1,529.10	<6	NFP	NFP

7.11.1 Recommendation 56

- **Items 37836 and 37839**
 - No change.
- **Item 37842**
 - Amend the item descriptor to account for primary or secondary repair with bladder neck tightening. The proposed item descriptor is as follows:



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

7.11.2 Rationale for Recommendation 56

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37836 and 37839**
 - o These items remain appropriate for contemporary care.
- **Item 37842**
 - o The descriptor amendment is to reflect contemporary clinical practice.

7.12 Paediatric genitourinary – ambiguous genitalia

Table 58: Item introduction table for items 37845, 37848 and 37851

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37845	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with or without endoscopy (Anaes.) (Assist.)	\$695.00	<6	NFP	NFP
37848	Ambiguous genitalia with urogenital sinus, reduction clitoroplasty, with endoscopy and vaginoplasty (Anaes.) (Assist.)	\$1,251.05	<6	NFP	NFP
37851	Congenital adrenal hyperplasia, mixed gonadal dysgenesis or similar condition, vaginoplasty for, with or without endoscopy (Anaes.) (Assist.)	\$926.80	<6	NFP	NFP

7.12.1 Recommendation 57

- **Items 37845, 37848 and 37851**
 - o The Committee referred these items to the Paediatric Advisory Group (PAG) for consideration. The Committee and PAG recommend the item descriptors be updated to reflect current terminology. The proposed descriptors are:
 - Item 37845: Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with or without endoscopy.
 - Item 37848: Congenital disorder of sexual differentiation with urogenital sinus, external genitoplasty with endoscopy and vaginoplasty



- Item 37851: Congenital Disorder of sexual differentiation, vaginoplasty for, with or without endoscopy.

7.12.2 Rationale for Recommendation 57

This recommendation focuses on improving access to and equity of care. It is based on the following.

- **Items 37845, 37848 and 37851**
 - The Committee noted that these are highly complex procedures, requiring appropriate training and significant skill to achieve satisfactory functional aesthetic results for long-term patient wellbeing.
 - The Committee in collaboration with the PAG for consideration have recommended the descriptors for these items be updated to reflect current terminology.
 - These procedures are mostly performed on pre-pubertal children, and as part of a multi-disciplinary effort including urologists and general paediatric surgeons. MBS data shows that 33% of service volume for both 37845 and 37848 are performed on children under the age of 10 years, and 66% of service volume for 37851 is performed on children under the age of 10 years.

7.13 Paediatric genitourinary – urethral valve destruction

Table 59: Item introduction table for item 37854

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37854	Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.) (Assist.)	\$366.45	48	\$10,913	6.6%

7.13.1 Recommendation 58

- **Item 37854**
 - Amend the item descriptor to: remove 'assist'. The proposed item descriptor is as follows:
 - Urethral valve, destruction of, including cystoscopy and urethroscopy (Anaes.)

7.13.2 Rationale for Recommendation 58

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.



- **Item 37854**
 - This recommendation reflects contemporary care that surgical assistants are not required to perform surgery.



8. Benign prostatic hyperplasia (BPH) recommendations

8.1 BPH – cystoscopy

Table 60: Item introduction table for items 36811 and 36812

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36811	Cystoscopy with insertion of urethral prosthesis (Anaes.)	\$323.40	1,230	\$266,688	63.1%
36812	Cystoscopy with urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies (Anaes.)	\$166.70	81,176	\$9,080,492	3.4%

8.1.1 Recommendation 59

- **Item 36811**
 - Amend the item descriptor to:
 - Cover prostatic as well as urethral prosthesis.
 - Restrict co-claiming with items 37203 and 37207.
 - Cap the number of times item 36811 can be claimed at once per episode.
 - The proposed item descriptor is as follows:
 - Cystoscopy with insertion of urethral or prostatic prosthesis, not to be claimed more than one time in one episode, not being a service associated with a service to which item 37203 or 37207 applies (Anaes.)
- **Item 36812**
 - Amend the item descriptor to:
 - Replace the word "with" in the phrase "cystoscopy with urethroscopy" with "and or".
 - Remove the words "except a service to which item 37327 applies".
 - The proposed item descriptor is as follows:



- Cystoscopy and or urethroscopy, with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract (Anaes.)

8.1.2 Rationale for Recommendation 59

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 36811**

- o The descriptor should cover prostatic as well as urethral prosthesis. Without this amendment, devices or stents placed in the prostatic urethra could continue to be claimed under the existing description, as technically the prostatic urethra (as the most proximal extent of the urethra) is covered by the term urethra. However, the proposed rewording modernises the existing item descriptor for clarity and precision.
- o A co-claiming restriction between item 36811 and items 37203 and 37207 has been introduced. A surgeon who is required to resect the middle lobe should only claim item 37203 or 37207—not item 36811 as well. MBS co-claiming data shows that item 36811 was claimed with item 37203 in 63 episodes (6 per cent of total episodes containing item 36811) and with item 37207 in one episode in FY2016/17. While co-claiming between items 36811 and 37207 is not widespread, the Committee notes that adding this restriction is an appropriate precaution to prevent future misclaiming.
- o A cap should be introduced to ensure that item 36811 is only claimed once per episode. While misuse is not currently widespread, the Committee notes that this is an appropriate precaution to prevent future abuse. MBS co-claiming data shows that item 36811 was claimed 1,202 times in 1,188 episodes, indicating that a small number of clinicians are inappropriately claiming the number multiple times in one episode.
- o MBS co-claim data showed that 36811 was co-claimed with 37203 132 times in FY16/17; on this basis the Committee estimates that service volume for 37203 will decrease by 132 services per annum. 36811 was co-claimed with 37207 10 times in FY16/17; on this basis the Committee estimates that service volume for 37207 will decrease by 10 services per annum.

- **Item 36812**

- o Broadening this item descriptor to include cystoscopy "and or urethroscopy" allows item 36812 to be claimed for standalone urethroscopy procedures, in addition to cystoscopies with urethroscopies. This makes the relatively low-volume item 37315 (urethroscopy, as an independent procedure; 199 services in FY2016/17) redundant and allows it to be deleted. Currently, item 37315 is needed in cases where a urethroscopy is required but a cystoscopy is not able to be performed (e.g. urethral stricture disease or in urethral surveillance post cystectomy).



- o The Committee expects the service volume for item 36812 to increase by 100 per cent of the existing service volume for item 37315 (199 services in FY2016/17).
- o Currently, item 36812 cannot be claimed with a service associated with any other urological endoscopic procedure on the lower urinary tract, with one exception: item 37327 (urethrotomy, optical, for urethral stricture). MBS data indicates that item 36812 was co-claimed with item 37327 in 1,378 episodes in FY2016/17. The exception to the co-claiming restriction for item 37327 should be removed as cystoscopy is an integral part of an optical urethrotomy and should not be co-claimed

8.2 Prostate – benign prostatic hyperplasia, prostatectomy

Table 61: Item introduction table for items 37200, 37203 and 37206

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37200	Prostatectomy, open (Anaes.) (Assist.)	\$1,016.30	101	\$74,548	-10.2%
37203	Prostatectomy (endoscopic, using diathermy or cold punch), 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.)	\$1,042.15	11,275	\$8,797,513	-3.7%
37206	Prostatectomy (endoscopic, using diathermy or cold punch), with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)	\$558.10	20	\$8,372	10.3%

8.2.1 Recommendation 60

- **Item 37200**
 - o Amend the item descriptor to specify that the item covers laparoscopic or robotic-assisted surgical approaches, in addition to an open approach. The proposed item descriptor is as follows:
 - Prostatectomy, open, laparoscopic or robotic-assisted. (Anaes.) (Assist.)
 - o Add an explanatory note to clarify that this item would be appropriate to use regardless of approach (e.g. trans-peritoneal or extra-peritoneal). The proposed explanatory note is as follows:



- The laparoscopic or robotic assisted approaches to prostatectomy may include trans-peritoneal or extra-peritoneal access.
- o The Committee recommends that the schedule fee for this item remains unchanged, even if the recommendation to amend the item descriptor (to specify that it covers laparoscopic or robotic-assisted surgical approaches) is accepted.
- **Item 37203**
 - o Amend the item descriptor to:
 - Replace the reference to "cold punch" with "transurethral resection using cautery".
 - Align the wording with the item descriptors for other prostate procedures.
 - o The proposed item descriptor is as follows:
 - Prostate, 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.)
- **Item 37206**
 - o Amend the item descriptor to:
 - Replace the reference to "cold punch" with "other ablative techniques".
 - Delete the words "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".
 - o The proposed item descriptor is as follows:
 - Prostatectomy (endoscopic, using diathermy or other ablative techniques), with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of initial procedure (Anaes.)

8.2.2 Rationale for Recommendation 60

- **Item 37200**
 - o The item descriptor has been amended to specify that the item covers laparoscopic or robot-assisted surgical approaches, in addition to an open approach. Although these procedures 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.
 - Recently, laparoscopic and robotic-assisted approaches have been developed and have become increasingly popular ways of performing prostatectomies. Research demonstrates that these approaches produce equivalent outcomes (16).



- While the Committee noted that the unnecessary use of robot-assistance should not be encouraged, it decided that it was appropriate to allow laparoscopic or robot-assisted prostatectomies to be claimed under this item. Both are legitimate modes of performing the procedure, and it is important not to stymie the development of technology.
 - However, given the availability of an open approach as an equivalent procedure, and to guard against the unnecessary use of robot-assistance, the Committee recommends that there should be no corresponding schedule fee increase to reflect the additional cost or complexity of these laparoscopic or robot-assisted surgical approaches.
- o An explanatory note has been added to clarify that this item can be used regardless of approach (trans-peritoneal or extra-peritoneal). This procedure can be performed regardless of approach, and all approaches produce equivalent outcomes.
- **Item 37203**
 - o The reference to "cold punch" in the item descriptor has been removed and replaced with "transurethral resection using cautery" because cold punch is an obsolete technique. The Committee does not expect a change in service volume for 37203 as a result of this recommendation.
 - o Other ablative techniques of the prostate for BPH will now be covered under consolidated item 37207, which will become a new general item for ablative procedures of the prostate for BPH.
- **Item 37206**
 - o The reference to "cold punch" in the item descriptor has been replaced with "other ablative techniques" because cold punch is an obsolete technique. The Committee does not expect a change in service volume for item 37206 as a result of this modification to the item descriptor.
 - o This broadening of the item descriptor also means that item 36206 will now cover procedures involving "continuation of endoscopic non-contact visual ablation of the prostate", which are currently claimed under item 37208. This means that item 37208 can be deleted, simplifying the MBS. The Committee expects 100% of existing service volume for item 3708 to shift to item 37206.
 - o Other ablative techniques of the prostate for BPH will now be covered under consolidated item 37207, which will become a new general item for ablative procedures of the prostate for BPH.
 - o The words after "procedure" in the item descriptor have been deleted so that the item covers the continuation of endoscopic prostatectomies within 10 days of any prostate procedure that had to be discontinued for medical reasons. The Committee does not expect a change in service volume for item 37206 as a result of this modification to the item descriptor.



8.3 Prostate – benign prostatic hyperplasia, visual laser ablation

Table 62: Item introduction table for items 37207–08 and 37224

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37207	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which items 36854, 37201, 37202, 37203, 37206, 37245, 37321 or 37324 applies (Anaes.)	\$866.45	2,612	\$1,694,079	32.3%
37208	Prostate, endoscopic non-contact (side firing) visual laser ablation, with or without cystoscopy and with or without urethroscopy, and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by items 37201, 37203, 37207 or 37245 which had to be discontinued for medical reasons (Anaes.)	\$416.05	<6	\$ -	10.7%
37224	Prostate, diathermy or visual laser destruction of lesion of, not being a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies (Anaes.)	\$323.20	442	\$201,214	14.5%

8.3.1 Recommendation 61

- **Item 37207**
 - Amend the item descriptor to repurpose it as a new general item for ablative procedures of the prostate. The proposed item descriptor is as follows:
 - Prostate, ablation by laser, electrocautery, high energy microwave or radiofrequency energy.
 - Add an explanatory note to clarify that item 37207 should only be used to treat benign prostate hyperplasia, and not prostate cancer. The proposed explanatory note is as follows:
 - This item should be used to treat benign prostate hyperplasia.
- **Item 37208**
 - Delete and consolidate into item 37206.
- **Item 37224**



- o Amend the item descriptor to replace the reference to "visual laser destruction of a lesion" with the term "cauterisation". The proposed item descriptor is as follows:
 - Prostate, diathermy or cauterisation, not being a service associated with a service to which item 37201, 37202, 37203, 37206, 37207, 37208 or 37215 applies with the removal of the word 'lesion' (Anaes.)

8.3.2 Rationale for Recommendation 61

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37207**

- o Item 37207 has been kept and repurposed as a new general item for ablative procedures of the prostate for BPH, involving the destruction of prostatic tissue. This new general item for ablative procedures of the prostate incorporates existing items 37207, 37201, 37202, 37230 and 37233. This simplifies the MBS. The four item numbers incorporated into repurposed item 37207 are all ablative procedures of the prostate (all specified as with or without cystoscopy, with or without urethroscopy).
- o The Committee expects 100 per cent of any existing service volumes for items 37207, 37201, 37202, 37230 and 37233 to shift to the new general item for ablative procedures. Of these four items, item 37207 is the only one with material service volume: in FY2016/17, it was claimed 2,616 times. The remaining three items were claimed less than six times each.
- o The Committee notes that this recommendation cannot be implemented until MSAC Application 1518 (seeking a schedule fee amendment for existing item 37207) is considered later in 2018. However, given that the Committee's recommendations will not be implemented until 2019, the MSAC application should not delay implementation of these recommendations.
- o An explanatory note has been added to clarify that item 37207 should only be used to treat benign prostate 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 and should not be funded.

- **Item 37208**

- o This item has been consolidated into item 37206. Existing item 37206 covers continuation of endoscopic prostatectomies using diathermy or cold punch (within 10 days of the procedure described by items 37201, 37203, 37207 or 37245, which had to be discontinued for medical reasons), while existing item 37208 covers continuation of endoscopic non-contact visual ablation of the prostate (within 10 days of the procedure described by items 37201, 37203, 37207 or 37245, which had to be discontinued for medical reasons). The Committee's recommendation to broaden the descriptor for item 36206 by replacing the words "cold punch" with "other ablative techniques" means that item 36206 now covers procedures



involving "continuation of endoscopic non-contact visual ablation of the prostate", which are currently claimed under item 37208. This recommendation will help to simplify the MBS.

- o The Committee expects 100 per cent of the existing service volume for item 37208 to shift to item 37206, ensuring full continuity of patient care.
- **Item 37224**
 - o Replacing the words "visual laser destruction of a lesion" with "cauterisation" provides a better description of the procedure, which is mainly used for bleeding from the prostate as a result of BPH, prostate cancer or radiation damage.

8.4 Prostate – benign prostatic hyperplasia, microwave thermotherapy

Table 63: Item introduction table for items 37230 and 37233

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37230	Prostate, high-energy transurethral microwave thermotherapy of, with or without cystoscopy and with or without urethroscopy and including services to which item 36854, 37203, 37206, 37207, 37208, 37303, 37321 or 37324 applies (Anaes.)	\$1,042.15	<6	\$ -	0.0%
37233	Prostate, high-energy transurethral microwave thermotherapy of, with or without cystoscopy and with or without urethroscopy and including services to which item 36854, 37303, 37321 or 37324 applies, continuation of, within 10 days of the procedure described by item 37203, 37207, 37201, 37230 which had to be discontinued for medical reasons (Anaes.)	\$558.10	<6	\$-	-34.2%

8.4.1 Recommendation 62

- **Items 37230 and 37233**
 - o Delete and consolidate into item 37207.

8.4.2 Rationale for Recommendation 62

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 37230 and 37233**
 - o Items 37230 and 37233 have been deleted and consolidated into item 37207, which has been repurposed as a general item for ablative procedures of the prostate. The Committee agreed that different methods of prostatic tissue ablation



do not need to be covered under separate item numbers, as long as the complexity, duration, broad technique and outcome of the procedures are similar. Please see item 37207 for further discussion of the rationale for these changes.

- o The Committee expects 100 per cent of the service volume for items 37230 and 37233 (both less than six services in FY2016/17) to shift to item 37207.

8.5 Prostate – benign prostatic hyperplasia, endoscopic enucleation

Table 64: Item introduction table for item 37245

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37245	Prostate, endoscopic enucleation of, using high powered holmium: YAG laser and an end-firing, non-contact fibre, with or without tissue morcellation, cystoscopy or urethroscopy, for the treatment of benign prostatic hyperplasia, and other than a service associated with a service to which item 36854, 37201, 37202, 37203, 37206, 37207, 37208, 37303, 37321, or 37324 applies. (Anaes.)	\$1,262.15	837	\$792,337	0.0%

8.5.1 Recommendation 63

- **Item 37245**

- o Amend the item descriptor to:
 - Replace the reference to "high powered Holmium: YAG laser and an end-firing, non-contact fibre" with "endoscopic enucleation".
 - Mandate morcellation by mechanical morcellation or by any endoscopic technique.
 - Restrict co-claiming with items 36827 and 37008.
- o The proposed item descriptor is as follows:
 - Prostate, endoscopic enucleation of, with morcellation, including mechanical morcellation or by any endoscopic technique, with or without cystoscopy or urethroscopy, for the treatment of benign prostatic hyperplasia, 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.)

8.5.2 Rationale for Recommendation 63

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.



- **Item 37245**

- Replacing the reference to "high powered Holmium: YAG laser and an end-firing, non-contact fibre" with "endoscopic enucleation" ensures that different energy sources can be used.
- The descriptor for item 37245 has also been amended to mandate endoscopic removal of tissue by any endoscopic technique , which is necessary to remove prostatic tissue that has been effectively endoscopically excised and manipulated into the bladder (11). Specifying the need for a morcellator will prevent surgeons from using other techniques —such as transurethral resection of the prostate (TURP) equipment—to remove enucleated tissue.
- Co-claiming with item 36827 (cystoscopy, with controlled hydrodilatation of the bladder) has been restricted because hydrodilatation is an integral part of the HoLEP/morcellation procedure.
- Co-claiming with item 37008 (cystostomy or cystotomy, suprapubic) has been restricted because this represents an alternative method for enucleating the prostate (via an open prostatectomy), rather than a reasonable addition to a HoLEP procedure.
- MBS co-claim data showed that 37245 was co-claimed with 36827 98 times in FY16/17; on this basis the Committee estimates that service volume for 36827 will decrease by 98 services per annum. 37245 was co-claimed with 37008 2 times in FY16/17; on this basis the Committee estimates that service volume for 37008 will decrease by 2 services per annum.



9. Incontinence and urogynaecology recommendations

9.1 Incontinence and urogynaecology – bladder aspiration

Table 65: Item introduction table for item 37041

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
37041	Bladder aspiration, by needle	\$46.60	70	\$2,215	1.8%

9.1.1 Recommendation 64

- **Item 37041**
 - o No change.

9.1.2 Rationale for Recommendation 64

This recommendation focuses on improving patient experience and ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 37041**
 - o This item remains appropriate for contemporary care.

9.2 Incontinence and urogynaecology – bladder sling procedure

Table 66: Item introduction table for items 37040 and 37042

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
37040	Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, with or without mesh, other than a service associated with a service to which item 30405, 35599 or 37042 applies (Anaes.) (Assist.)	\$911.30	23	\$21,478	N/A
37042	Bladder stress incontinence, sling procedure for, using autologous fascial sling, with or without mesh, including harvesting of sling, not	\$911.30	290	\$191,376	2.5%



Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	being a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.)				

9.2.1 Recommendation 65

- **Item 37040**

- Amend the item descriptor to:
 - Delete the words "with or without mesh".
 - Delete the co-claiming restriction with item 35599 (provided the Committee's recommendation to the GCC regarding item 35599 is accepted).
- The proposed item descriptor is as follows:
 - Bladder stress incontinence, sling procedure for, using a non-adjustable synthetic male sling system, not being a service associated with a service to which item 30405 or 37042 applies.

- **Item 37042**

- Amend the item descriptor to delete the words "with or without mesh". The proposed item descriptor is as follows:
 - 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.

- **37042A: New item for use of biological (non-autologous non-synthetic) sling material**

- Create a new item for the use of biological sling material. The proposed item descriptor is as follows:
 - Bladder stress incontinence, sling procedure for, using a non-autologous biological sling (Anaes.) (Assist.)

- **37042B: New item for the suprapubic or perineal removal of mesh**

- Create a new item for suprapubic or perineal removal of mesh (often relevant to male patients). The proposed item descriptor is as follows:
 - Suprapubic or perineal procedure for excision of graft material in symptomatic patients with graft related complications, including graft related pain or discharge and bleeding related to graft exposure, either singly or in multiple pieces. (Not payable more than twice per provider per patient in a 12 month period.) (Anaes.) (Assist.)



- **37042C: New item for bladder neck closure**

- Create a new item for bladder neck closure. The proposed item descriptor is as follows:
 - Bladder neck closure for the management of urinary incontinence (Anaes.) (Assist.)

- **Recommendations for referral to the Gynaecology Clinical Committee**

To deal comprehensively with the issues related to synthetic materials and sling procedures in stress incontinence surgery, the Committee has made recommendations on item numbers that were reviewed by the GCC (items 35599, 37043, 37044, 35602 and 35605). These recommendations will be submitted to the Taskforce and the GCC as part of its consultation process.

Item 35599

- The Committee agrees with the GCC's recommendation to remove the reference to mesh from item 35599 and use the terminology "synthetic sling" instead. In addition, the Committee recommends that the descriptor be further modified to specify female synthetic slings for stress incontinence (since item 37040 specifies a male synthetic sling procedure).
- The Committee agrees with the GCC's recommendation that item 35599 should be grouped with item 36812 (cystoscopy with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies).
- The proposed descriptor for item 35599 is as follows:
 - Stress incontinence procedure using a female synthetic mid-urethral sling with diagnostic cystoscopy to assess the integrity of the lower urinary tract; not being a service associated with a service to which 30405 or 36812 applies (Assist).
- The Committee agrees with the GCC's recommendation that the schedule fee should reflect the inclusion of cystoscopy (item 36812) by adding 50 per cent of the diagnostic cystoscopy item (36812) schedule fee to the schedule fee for item 35599.
- If the GCC proposes a combination item number for this procedure, there should be scope to perform additional therapeutic procedures if indicated, such as a bladder biopsy (item 36840).

Item 37043

- Amend the item descriptor to describe a biological sling procedure. The proposed item descriptor is as follows:
 - Bladder stress incontinence, sling procedure for, using non-autologous biological sling. (Anaes.) (Assist.)

**Item 37044**

- o Amend the item descriptor to delete the words "with or without mesh". The proposed item descriptor is as follows:
 - Bladder stress incontinence, suprapubic procedure for e.g. Burch colposuspension, not being a service associated with a service to which item 30405 or 35599 applies. (Anaes.) (Assist.)

Item 35602

- o Amend the item number to remove the reference to mesh so that it covers a non-synthetic sling procedure. The proposed item descriptor is as follows:
 - Stress incontinence, combined synchronous abdominovaginal operation for, abdominal procedure, without the use of mesh (including aftercare), not being a service to which 30405 applies. (Anaes.) (Assist.)

Item 35605

- o Amend the item number to remove the reference to mesh so that it covers a non-synthetic sling procedure. The proposed item descriptor is as follows:
 - Stress incontinence, combined synchronous abdominovaginal operation for, vaginal procedure, without the use of mesh (including aftercare), not being a service to which 30405 applies. (Anaes.) (Assist.)

9.2.2 Rationale for Recommendation 65

- **Item 37040**

- o The words "with/without mesh" have been deleted from the item descriptor because the item should be used only for male, non-adjustable, synthetic slings. The words "with or without mesh" are therefore unnecessary. The Committee also noted that the words "with or without mesh" imply that both male non-synthetic slings and synthetic slings are available, when only male synthetic slings are available and in use. The proposed item descriptor clarifies what material is being used in the sling and provides a denominator for male synthetic sling insertions that will be useful for future monitoring of complications related to male synthetic slings.
- o This is part of the Committee's broader recommendation to differentiate between (and create different items for):
 - 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 to identify patterns of care and complications related to stress incontinence surgery—specifically, potential rates of sling complications. This is particularly critical given recent controversies regarding the use of synthetic mesh in the management of female vaginal compartment repairs and female stress urinary incontinence.

- o The Committee notes that although this is not the primary purpose of the MBS, the ability to analyse procedural usage, variations in pattern of care and secondary procedures related to complications of previous surgery is an important by-product of the MBS, especially in the absence of detailed patient registries relating to procedures of interest.
- o The restriction on co-claiming with item 35599 has also been deleted from the item descriptor. If the Committee's recommendation for item 35599 is accepted (making the descriptor for item 35599 specific to female synthetic slings), this co-claiming restriction will be redundant because item 37040 will be specifically for males.
- o MBS co-claim data showed that 37040 was co-claimed with 35599 0 times in FY16/17; on this basis the Committee estimates no decrease in 35599 claims

- **Item 37042**

- o The words "with or without mesh" have been deleted from the item descriptor. This is because the Committee has recommended that this item number is reserved for the use of autologous (i.e. non-synthetic slings made of the patient's own tissue) fascial slings, which by definition precludes the use of mesh (which is synthetic). As noted in the rationale for item 37040, there is a need to differentiate between (and create different items for) various stress urinary incontinence surgery procedures that use slings.
- o The Committee noted that this procedure is unisex and should remain so. Given that item 37042 is rarely performed in male patients (e.g. to assist with bladder neck closure in neuropathic male patients), there is no need to have separate item number for females and males for this procedure.

- **37042A: New item for use of biological (non-autologous non-synthetic) sling material**

- o A new item number has been created to describe the use of biological slings 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. This new item describes surgery using non-autologous biological materials (xenografts), which will be important to track given the current shift towards non-synthetic sling materials.
- o The Committee estimates that 20 services per annum will be shifted from autologous pubovaginal slings (37042) to this new item. However, the major trend in stress incontinence surgery for women is a move away from synthetic sling procedures, in favour of using the patient's own tissue (with pubovaginal fascial sling) or Burch colposuspension. As newer natural materials are developed in the future, use of this item may grow. However, any growth in the use of biological



materials would be associated with a reduction in the number of other types of stress incontinence procedures performed.

- The Committee noted that the use of biological slings to treat bladder stress incontinence is not a novel procedure that requires MSAC evaluation. For instance, biological slings are included in the UK NICE guidelines for the management of urinary incontinence in women.
- The Committee proposes a fee for this item equivalent to the fee for item 35599, as both procedures involve the insertion of a pre-fabricated sling for stress urinary incontinence with no sling harvest.
- **37042B: New item for the suprapubic or perineal removal of mesh**
 - The Committee notes that the GCC has already recommended the creation of items for transvaginal and transabdominal approaches to mesh removal, but that no equivalent item exists for the suprapubic or perineal approaches that are sometimes required in surgery for male patients.
 - The Committee estimates that there will be new service volume of 15 per annum for this item. The number of male patients requiring excision of mesh is extremely low (on an absolute level, as well as compared to women), as are the total number of male slings.
 - The Committee proposes a fee for this item equivalent to the fee for the transvaginal mesh removal item recommended by the GCC.
- **37042C: New item for bladder neck closure**
 - Although the Committee believes that this item will be used infrequently, it is necessary 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.
 - The Committee estimates that there will be new service volume of 5 per annum for this item because it will be used as a salvage procedure only in the most complex cases of urinary incontinence, involving destruction of or severe non-function of the lower urinary tract.
- **Recommendations for the Gynaecology Clinical Committee**

Item 35599

 - The Committee agrees with the descriptor recommendations for item 35599 proposed by the urogynaecology subgroup of the GCC.
 - The Committee recommends that the descriptor be further modified to specify that item 35599 is reserved for female synthetic slings for stress incontinence. Item 37040 specifically references male synthetic slings for stress incontinence, so the descriptor for item 35599 should be changed to specify female synthetic slings for



stress incontinence to ensure that items 37040 and 35599 are differentiated as separate procedures.

- o The Committee agrees with the Gynaecology Clinical Committee's recommendation that the service described by item 36812 (cystoscopy with urethroscopy with or without urethral dilatation, not being a service associated with any other urological endoscopic procedure on the lower urinary tract except a service to which item 37327 applies) should be included in the descriptor for item 35599. From a clinical perspective, a diagnostic cystoscopy is an essential part of a sling procedure to ensure that no damage has been done to the bladder or urethra.

Item 37043

- o Item 37043 could be repurposed to accommodate a biological sling procedure, given that the "Stamey or similar type needle colposuspension bladder stress incontinence" procedure that item 37043 currently describes is now rarely performed. This would reduce administrative burden on the MBS while still serving patients' needs in a safe and effective manner.
- o Bladder neck needle suspension is also less effective than the other commonly performed procedures for treatment of female urinary stress incontinence (such as sling procedures or Burch colposuspension) (18). In fact, bladder neck needle suspension is no longer included in the AUA / SUFU guidelines for the Surgical Treatment of Female Stress Urinary Incontinence or in the NICE (UK National Institute of Health and Care Excellence) guidelines for the management of urinary incontinence in women (19) (20).
- o The Committee estimates that 20 services per annum will be shifted from autologous pubovaginal slings (37042) to 37043 as a result of this change.
- o The Committee proposes a fee for this item equivalent to the fee for item 35599, as both procedures involve the insertion of a pre-fabricated sling for stress urinary incontinence with no sling harvest.

Item 37044

- o The words "with or without mesh" should be deleted from the item descriptor because mesh is not used in this procedure.

Items 35602 and 35605

- o The Urology Committee disagrees with the recommendation that these two item numbers be consolidated into item 37042 (autologous fascial sling) and deleted as standalone items. The Committee also notes that item 37042 is within its scope, and that the vast majority of item 37042 procedures are performed by urologists (95 per cent in FY2016/17).
- o Instead, the Committee recommends that items 35602 and 35605 are retained, but with changes to their descriptors to ensure that they refer to a sling procedure



without the use of synthetic mesh. It is important to retain items 35602 and 35605 as separate items to allow for two separate surgeons to be involved in the procedure of pubovaginal autologous fascial sling, and to claim for the separate parts of the procedure. The ability to have two surgeons present and simultaneously operating during a technically demanding and time-consuming procedure allows for a reduction in total surgical time and reduced blood loss in a procedure with more potential for blood loss than synthetic slings.

- o The Committee noted that there is likely to be an increase in uptake of both these procedures in years to come, as clinicians shift away from using mesh/synthetic slings.

9.3 Incontinence and urogynaecology – Mitrofanoff continent valve formation

Table 67: Item introduction table for item 37045

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
37045	Mitrofanoff continent valve, formation of (Anaes.) (Assist.)	\$1,428.75	12	\$10,939	-4.7%

9.3.1 Recommendation 66

- **Item 37045**
 - o No change.

9.3.2 Rationale for Recommendation 66

This recommendation focuses on ensuring that the MBS reflects modern clinical practice. It is based on the following.

- **Item 37045**
 - o This item remains appropriate for contemporary care.

9.4 Incontinence and urogynaecology – cystometrography and cystoscopy

Table 68: Item introduction table for items 11919 and 36851

Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
11919	Cystometrography in conjunction with contrast micturating cystourethrography, with	\$428.35	4,719	\$1,679,931	-0.1%



Item	Descriptor	Schedule fee	Services FY2015/16	Benefits FY2015/16	Services 5-year annual avg. growth
	measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which items 11012-11027, 11900-11917, 11921 and 36800 apply				
36851	Cystoscopy, with injection into bladder wall, other than a service associated with a service to which item 18375 or 18379 applies (H) (Anaes.)	\$229.85	1,194	\$146,048	18.7%

9.4.1 Recommendation 67

- **Item 11919**
 - Amend the item descriptor to:
 - Delete the words "including all imaging associated with cystometrography".
 - Associate the item with fluoroscopic screening items (60506, 60507, 60509, 60510).
 - The proposed item descriptor is as follows:
 - Cystometrography in conjunction with contrast micturating cystourethrography, with measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; being a service associated with items 60506, 60507, 60509, 60510; not being a service associated with a service to which items 11012-11027, 11900-11917, 11921 and 36800 apply.
 - Change the banding of item 11919 under the Private Health Insurance Rules from a Category C to a Category B (in-patient day) procedure.
- **Item 36851**
 - No change.

9.4.2 Rationale for Recommendation 67

This recommendation focuses on improving patient experience and ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Item 11919**
 - The Urogynaecology Subcommittee of the GCC deferred to the Committee regarding the recommendations for item 11919, which is most commonly claimed



by urologists. Urologists accounted for 72 per cent of the 4,719 claims for item 11919 in FY2016/17⁵ due to the broader spectrum of patients with urinary incontinence and complex lower urinary tract pathology that they see, compared to that of gynaecologists and urogynaecologists.

- o The words "including all imaging associated with cystometrography" have been deleted from the item descriptor to allow the fluoroscopic screening required in the procedure to be charged for separately by a radiology provider.
 - According to Radiation Protection Authority legislation, it is mandatory to have a radiographer attend fluoroscopic urodynamics (item 11919). However, the inclusion of "all imaging" in the descriptor for item 11919 currently prevents the radiology provider from charging separately for the fluoroscopic screening required for item 11919. This is potentially contributing to under-utilisation and access issues due to clinician financial disincentives or higher patient out-of-pocket costs.
 - The Committee is concerned that clinicians may be dis-incentivised to perform the item 11919 procedure and may opt for alternative urodynamics procedures instead, such as item 11917. Items 11919 and 11917 describe the same procedure, the only difference being that item 11919 uses fluoroscopic imaging while item 11917 uses ultrasound. Both items attract the same schedule fee. Urologists or gynaecologists administering item 11917 can perform the ultrasound component of the procedure themselves. It is simple and cheap, and it requires cheaper equipment than fluoroscopic imaging. By contrast, the fluoroscopic imaging required in item 11919 must be performed by a radiographer. According to Radiation Protection Authority legislation, it is mandatory to have a radiographer attend fluoroscopic urodynamics (item 11919).
 - This means that when urologists administer item 11919, they either receive a significantly reduced fee (compared to when they perform item 11917, because the cost of fluoroscopic imaging is deducted from the schedule fee) or may pass on the radiology service fee to the patient, leading to higher patient out-of-pocket costs. The fee deducted (or passed on to the patient) for item 11919 is generally \$60–100, reflecting the fee charged by the radiology provider.
 - Despite the fact that the effective schedule fee for item 11919 is lower than for item 11917 for urologists, item 11919 takes longer, requires more expensive equipment and is performed on a more complex population of patients compared to item 11917. Further, the Committee notes that item 11917 is mainly used by gynaecologists, who are generally not trained in fluoroscopic urodynamics and do not service the wider, more complex population of patients who benefit most from item 11919 (e.g. men, the paediatric population, the neuropathic population, patients experiencing

⁵ Medicare Data – MBD050 Database, FY2016/17 data



complications from previous incontinence procedures, patients who have had previous pelvic radiation, patients with severe mixed urinary incontinence, etc.).

- The current wording of the descriptor for item 11919 is creating potential access issues for a procedure that is considered the standard of care. Fluoroscopic urodynamics is regarded as a gold standard of bladder dysfunction evaluation globally, especially in patients with incontinence and complex issues. It is widely used, particularly by urologists, throughout the world. Item 11919 is primarily used by urologists due to the broader spectrum of patients with urinary incontinence and complex lower urinary tract pathology that they see, compared to that of gynaecologists and urogynaecologists. In many of the patient populations cared for by urologists, fluoroscopic urodynamics (item 11919) is either the standard of care and/or provides far greater information regarding lower urinary tract pathology compared to urodynamics with ultrasound (item 11917).
 - The relative lack of use of this procedure in Australia is a direct consequence of the marked difficulty in accessing the procedure and the financial impediments and hurdles that patients and clinicians have to overcome. This is reflected in item number utilisation: FYin 2016/17, item 11919 was claimed 4,719 times, while item 11917 (urodynamics using ultrasound) was claimed 17,321 times.
 - Item 11919 will always be much more difficult to access and use (even if the recommended changes are implemented) because it has to be performed in the fluoroscopic suite of the radiology department of a hospital, which has many competing demands/uses and limited accessibility for non-radiologists. As a result, the Committee anticipates small service volume increases (3% or 142 services) in item 11919, with associated reductions in use of item 11917 as the same pool of patients will be accessing the items, with change only occurring in the type of urodynamic procedure used.
 - As there are no specified indicators for any of the other urodynamic item numbers, including item 11917, the Committee has not recommended specific inclusion criteria for item 11919. The specific indications for urodynamic studies should be left up to clinical judgement.
 - The Committee notes that the patients who have the most difficulty accessing fluoroscopic urodynamics (e.g. neuropathic patients, patients with severe urinary incontinence, patients with complications from previous procedures) are among the most disadvantaged, and that equitable access is a significant issue.
 - The Committee further notes that all other items in the urological surgery section of the MBS that require fluoroscopic radiology services (e.g. those required in retrograde pyelography, ureteric stent insertion) permit radiology services to be claimed separately (via item 60506).
- o The descriptor for item 11919 has been amended so that it is associated with fluoroscopic screening, which is an intrinsic component of the cystometrography procedure.



- o The banding of item 11919 has been changed from a Category C to a Category B (in-patient day) procedure under the Private Health Insurance Rules. This is appropriate because fluoroscopic urodynamic studies such as item 11919 must be performed in a hospital setting with a radiology department that supports fluoroscopy.
 - There are a number of reasons why fluoroscopic urodynamic studies must be performed in hospital: a radiographer is legally required to operate the X-ray equipment required for fluoroscopy; the urodynamics computer and software system is supplied by the hospital, as are the multiple disposable catheters and equipment required for each procedure; assistance from specialised nursing staff is mandatory during the procedure, and these staff are supplied and trained by the hospital; equipment and facilities such as an image intensifier, lead-lined room and X-ray compatible table or chair are required; some patients requiring fluoroscopic urodynamics are high morbidity (e.g. patients with neurological disorders and spinal cord injuries, as well as complex disabilities), who require additional staff, nursing care and equipment such as lifting machines.
 - The Committee believes that the current Category C banding of item 11919 hampers access to this procedure because hospitals are not fully remunerated for a procedure that must be performed in a hospital, and because patients are uncertain about whether the procedure will be covered by their health fund.
- **Item 36851**
 - o This item remains appropriate for contemporary care because it is required for cases of treatment with Botox injection into the bladder that do not meet the strict inclusion criteria listed in the descriptors for items 18375 and 18379. Patients self-fund treatment with Botox in such cases. Other future neurotoxins to treat neurogenic detrusor over-activity and idiopathic overactive bladder can also be accommodated by this item number.
 - o The Committee noted that clinicians may be using this item number for the treatment of vesicoureteral reflux (VUR) with a suburethral transurethral injection (STING) procedure.
 - o The Committee considered and supported the creation of a separate item number for cystoscopy and sub-trigonal injection of prosthesis to correct vesico-ureteric reflux unilateral (unilateral or bilateral) on the basis that this procedure is more complicated than injecting the bladder wall and requires a degree of skill. The Committee estimated that service volume for this new item would be 50 per cent of the current service volume for item 36851 for patients under 10 years, as item 36851 is currently used for both STING and Botox for this age group. As sixty services (5 per cent of all service volume) for item 36851 are performed on patients under 10, the Committee estimated 30 services per year for this new item.
 - o The Committee did not make this recommendation in its final report, on the basis that it was extremely difficult to provide the level of empirical evidence required to support this recommendation. For instance, it was impossible to prove that low



uptake of STING in Australia is a direct consequence of inadequate remuneration for the procedure. Low uptake of STING in Australia relative to other jurisdictions can be attributed to a number of factors other than item remuneration (e.g. practice patterns and training culture between different countries). In addition, there is no empirical study that shows increasing the fee of the procedure would lead to an increase in uptake.

9.5 Incontinence and urogynaecology – sacral nerve stimulation

Table 69: Item introduction table for items 36663–68

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
36663	Sacral nerve lead(s), percutaneous placement using fluoroscopic guidance (or open placement) and intraoperative test stimulation, to manage: a) detrusor overactivity; or b) non-obstructive urinary retention that has been refractory to at least 12 months medical and conservative treatment in a patient, 18 years of age older. (Anaes.)	\$660.95	385	\$189,568	18.5%
36664	Sacral nerve lead(s), percutaneous surgical repositioning of, using fluoroscopic guidance (or open surgical repositioning) and intraoperative test stimulation, to correct displacement or unsatisfactory positioning, if inserted for the management of: a) detrusor overactivity; or b) non-obstructive urinary retention that has been refractory to at least 12 months medical and conservative treatment in a patient, 18 years of age older, not being a service to which item 36663 applies (Anaes.)	\$593.55	11	\$4,897	49.5%
36665	Sacral nerve electrode or electrodes, management and adjustment of the pulse generator by a medical practitioner, to manage detrusor overactivity or non-obstructive urinary retention – each day	\$125.40	1,546	\$139,156	45.4%
36666	Pulse generator, subcutaneous placement of, and placement and connection of extension wire(s) to sacral nerve electrode(s), for the management of a) detrusor overactivity; or b) non-obstructive urinary retention that has been refractory to at least 12 months medical	\$334.00	334	\$70,152	24.3%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	and conservative treatment in a patient, 18 years of age older. (Anaes.)				
36667	Sacral nerve lead(s), removal of, if the lead was inserted to manage: a) detrusor overactivity; or b) non-obstructive urinary retention that has been refractory to at least 12 months medical and conservative treatment in a patient, 18 years of age older. (Anaes.)	\$156.30	125	\$10,897	49.5%
36668	Pulse generator, removal of, if the pulse generator was inserted to manage: a) detrusor overactivity; or b) non-obstructive urinary retention that has been refractory to at least 12 months medical and conservative treatment in a patient, 18 years of age older. (Anaes.)	\$156.30	100	\$5,169	82.7%

9.5.1 Recommendation 68

- **Items 36663, 36664, 36665, 36666, 36667 and 36668**
 - o No change.

9.5.2 Rationale for Recommendation 68

This recommendation focuses on ensuring that the MBS reflects modern clinical practice and aligns with professional standards. It is based on the following.

- **Items 36663, 36664, 36665, 36666, 36667 and 36668**
 - o These items remain appropriate for contemporary care.

9.6 Incontinence and urogynaecology – Botulinum toxin injections

Table 70: Item introduction table for items 18375 and 18379

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
18375	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if: (a) the urinary incontinence is	\$229.85	649	\$111,782	0.0%



Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
	due to neurogenic detrusor overactivity as demonstrated by urodynamic study of a patient with: (i) multiple sclerosis; or (ii) spinal cord injury; or (iii) spina bifida and who is at least 18 years of age; and (b) the patient has urinary incontinence that is inadequately controlled by anti-cholinergic therapy, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin type A; and (c) the patient is willing and able to self-catheterise; and (d) the requirements relating to botulinum toxin type A under the pharmaceutical benefits scheme are complied with; and (e) treatment is not provided on the same occasion as a service described in item 104, 105, 110, 116, 119, 11900 or 11919. For each patient - applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment. (Anaes.)				
18379	Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), intravesical injection of, with cystoscopy, for the treatment of urinary incontinence, including all such injections on any one day, if:(a) the urinary incontinence is due to idiopathic overactive bladder in a patient: and (b) the patient is at least 18 years of age; and (c) the patient has urinary incontinence that is inadequately controlled by at least 2 alternative anti-cholinergic agents, as manifested by having experienced at least 14 episodes of urinary incontinence per week before commencement of treatment with botulinum toxin; and (d) the patient is willing and able to self-catheterise; and (e) treatment is not provided on the same occasion as a service mentioned in item 104, 105, 110, 116, 119, 11900 or 11919 for each patient— applicable not more than once except if the patient achieves at least a 50% reduction in urinary incontinence episodes from baseline at any time during the period of 6 to 12 weeks after first treatment (H) (Anaes.)	\$229.85	1,056	\$181,283	0.0%

9.6.1 Recommendation 69

- Items 18375 and 18379



- o No change.

9.6.2 Rationale for Recommendation 69

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Items 18375 and 18379**
 - o These items remain appropriate for contemporary care.

10. Radio-frequency ablation and radiation therapy recommendations

10.1 Radio-frequency ablation and radiation therapy – transurethral prostatic ablation

Table 71: Item introduction table for items 37201 and 37202

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37201	Prostate, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37203, 37206, 37207, 37208, 37245, 37303, 37321 or 37324 applies (Anaes.)	\$828.85	<6	NFP	NFP
37202	Prostate, transurethral radio-frequency needle ablation of, with or without cystoscopy and with or without urethroscopy, in patients with moderate to severe lower urinary tract symptoms who are not medically fit for transurethral resection of the prostate (that is, prostatectomy using diathermy or cold punch) and including services to which item 36854, 37245, 37303, 37321 or 37324	\$416.05	<6	NFP	NFP



	applies, continuation of, within 10 days of the procedure described by item 37201, 37203 or 37207 which had to be discontinued for medical reasons (Anaes.)				
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10.1.1 Recommendation 70

- **Item 37201**
 - Delete and consolidate into item 37207 to form a new general item for ablative procedures of the prostate. (See recommendation for item 37207.)
- **Item 37202**
 - Delete item and consolidate into item 37207 to form a new general item for ablative procedures of the prostate. See recommendation for item 37207.)

10.1.2 Rationale for Recommendation 70

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37201**
 - The Committee agreed that different methods of prostatic tissue ablation do not need to be covered under separate item numbers, as long as the complexity, duration, broad technique and outcome of the procedures are similar.
 - Item 37201 has been consolidated into item 37207, which will become a new general item for ablative procedures of the prostate. For further information, please see the recommendation and rationale for item 37207.
 - The Committee expects 100 per cent of the service volume for item 37201 to shift to item 37207.
- **Item 37202**
 - The Committee agreed that different methods of prostatic tissue ablation do not need to be covered under separate item numbers, as long as the complexity, duration, broad technique and outcome of the procedures are similar.
 - Item 37202 has been consolidated into item 37207, which will become a new general item for ablative procedures of the prostate. For further information, please see the recommendation and rationale for item 37207.
 - The Committee expects 100 per cent of the service volume for item 37202 to shift to item 37207.



10.2 Radio-frequency ablation and radiation therapy – radiation therapy and brachytherapy

Table 72: Item introduction table for items 37217, 37220, 37223 and 37227

Item	Descriptor	Schedule fee	Services FY2016/17	Benefits FY2016/17	Services 5-year annual avg. growth
37217	Prostate, implantation of radio-opaque fiducial markers into the prostate gland or prostate surgical bed (Anaes.)	\$138.30	2,123	\$178,975	0.0%
37220	Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance, for localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate), with a gleason score of less than or equal to 7 and a prostate specific antigen (psa) of less than or equal to 10ng/ml at the time of diagnosis. The procedure must be performed by a urologist at an approved site in association with a radiation oncologist, and be associated with a service to which item 55603 applies. (Anaes.)	\$1,044.20	301	\$231,170	-11.3%
37223	Prostatic coil, insertion of, under ultrasound control (Anaes.)	\$206.25	<6	NFP	NFP
37227	Prostate, transperineal insertion of catheters into, for high dose rate brachytherapy using ultrasound guidance including any associated cystoscopy. The procedure must be performed at an approved site in association with a radiation oncologist, and be associated with a service to which item 15331 or 15332 applies. (Anaes.)	\$565.85	117	\$49,945	-17.9%

10.2.1 Recommendation 71

- **Item 37217**
 - Amend the item descriptor to:
 - Specify that the procedure is performed under ultrasound guidance.
 - Associate item 37217 with item 55603 (ultrasound scan of prostate, bladder base and urethra).
 - The proposed item descriptor is as follows:
 - 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.)
 - Amend the explanatory note (TN8.54) to remove the word "gold". The proposed explanatory note is as follows:



- Item 37217 is for the insertion of fiducial markers into the prostate or prostate surgical bed as markers for radiation therapy. The service cannot be claimed under item 37218 or any other surgical item.
 - o Make item 37217 (which is currently an interim MBS item) a permanent MBS item.
 - o Consult with the Oncology Clinical Committee (OCC) regarding these recommendations for item 37217.
- **Item 37220**
 - o Amend the item descriptor to:
 - Associate item 37220 with item 15338, and with fluoroscopy items 60507 and 60510.
 - Reflect the current terminology used with the Gleason score (i.e. the phrase "Grade Group").
 - o The proposed item descriptor is as follows:
 - Prostate, radioactive seed implantation of, urological component, using transrectal ultrasound guidance, for localised prostatic malignancy at clinical stages T1 (clinically inapparent tumour not palpable or visible by imaging) or T2 (tumour confined within prostate), with a Gleason score of less than or equal to 7 (Grade Group 1 to Grade Group 3) and a prostate specific antigen (PSA) of less than or equal to 10ng/ml at the time of diagnosis. The procedure must be performed by a urologist at an approved site in association with a radiation oncologist, and be associated with a service to which item 15338, 55603, 60507 and 60510 applies. (Anaes.)"
 - o Amend the explanatory note (TN.8.55) to reflect the current terminology used with the Gleason score (i.e. the phrase "Grade Group"). The proposed explanatory note is as follows:
 - 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.
- **Items 37223 and 37227**
 - o No change.



10.2.2 Rationale for Recommendation 71

This recommendation focuses on improving patient experience and ensuring that the MBS aligns with professional standards. It is based on the following.

- **Item 37217**
 - This item is an important and standard aspect of care for patients undergoing image-guided radiation therapy as the definitive treatment for prostate cancer. The item descriptor has been amended to specify that the procedure is performed under ultrasound guidance to ensure consistency of phrasing between this item and other items in this section. The item descriptor has also been amended to associate this item with item 55603 (ultrasound scan of prostate, bladder base and urethra). This is necessary as, ultrasound is required for accurate fiducial seed placement. Item 37219, which is associated with ultrasound items, provides a precedent for such association of items in the MBS.
 - The word "gold" has been removed from the explanatory note so that any type of fiducial marker can be used, in line with contemporary care. Some fiducial markers are no longer made of gold.
 - The Committee noted that item 37217 is an interim MBS item and has recommended that it be made permanent. In doing so, it notes that:
 - The MSAC considered Application 1147 (implantation of fiducial markers into the prostate gland or prostate surgical bed for external beam radiotherapy) in August 2013 and supported continuing interim public funding for the item.
 - The placement of fiducial markers has been part of the standard of care in current radiology oncology practice since around 2006. Recognising this by making item 37217 permanent will modernise the MBS and ensure it reflects current best practice.
 - The Committee agrees that the OCC should be consulted regarding these recommendations for item 37217 as this procedure directly involves the delivery of radiation therapy to the prostate supervised by radiation oncologists and not urologists.
- **Item 37220**
 - Item 37220 has been associated with items 60507 and 60510. Imaging is a key aspect of this procedure, as evidenced by the existing association with item 55603 (ultrasound). Use of another imaging modality, an image-intensifier (fluoroscopy), is required for the safe performance of this procedure to check the position of needles and radioactive seeds both during and after implantation.
 - Item 37220 has also been associated with item 15338 because the implantation of radioactive seeds for brachytherapy by urologists should be associated with the item for brachytherapy performed by radiation oncologists (item 15338). Item 15338 is already associated with item 37220, with the descriptor for item 15338 specifying: "The procedure must be performed at an approved site in association with a urologist." Item 37220 is the comparable urological item, and the item descriptor should specify that it must be performed in association with a radiation oncologist.



- o 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") (12).
- **Items 37223 and 37227**
 - o These items remain appropriate for contemporary care.



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12. Impact statement

Both patients and clinicians are expected to benefit from these recommendations because they address concerns regarding patient safety and quality of care, and they take steps to simplify the MBS and make it easier to use and understand. Where the Committee identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

The Committee's recommendations will benefit patients by codifying or guiding best practice and standards of care. By amending item descriptors and explanatory notes across a range of items to reflect best practice, the Committee's recommendations will improve patient safety and care.

The Committee's recommendation to the SPCCC to create a new long consult item requiring clinicians to discuss and provide patients with written information about all guideline-endorsed treatment options for their condition will benefit patients by improving patient information and informed consent. Similarly, the Committee's second recommendation to the SPCCC—that outcomes from case conferences must be documented in writing and provided to both the patient and the referring GP—is intended to improve patient information and ensure informed consent.

Recommendations to tighten, clarify and update item descriptors will improve professional standards and patient care. This will also benefit clinicians by clarifying standards of care and confirming that, for some items, multiple valid approaches (e.g. open, laparoscopic or robot-assisted) or MSAC-approved technologies can be used.

Recommendations to delete, consolidate and group new items will simplify the MBS. This will benefit clinicians by simplifying claiming procedures, and will benefit patients by improving billing transparency.

Recommendations to create new items for complex versions of existing procedures will benefit clinicians by enhancing their ability to offer the best care for their most challenging patients.



13. Glossary

Term	Description
Botox	Botulinum toxin
BPH	Benign prostatic hyperplasia
CAGR	Compound annual growth rate or the average annual growth rate over a specified time period.
Change	When referring to an item, 'change' describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
Delete	Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS.
DICC	The Diagnostic Imaging Clinical Committee of the MBS Review
eGFR	Estimated glomerular filtration rate
FY	Financial year
GCC	The Gynaecology Clinical Committee of the MBS Review
GSCC	The General Surgery Clinical Committee of the MBS Review
GP	General practitioner
High-value care	Services of proven efficacy reflecting current best medical practice, or for which the potential benefit to consumers exceeds the risk and costs.
HoLEP	Holmium laser enucleation of the prostate
Inappropriate use / misuse	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
Low-value care	Services that evidence suggests confer no or very little benefit to consumers; or for which the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of services do not provide proportional added benefits.
MBS	Medicare Benefits Schedule
MBS item	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits.
MBS service	The actual medical consultation, procedure or test to which the relevant MBS item refers.



Term	Description
MDT	Multi-disciplinary team
Misuse (of MBS item)	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
MR	Magnetic resonance
MRI	Magnetic resonance imaging
MSAC	Medical Services Advisory Committee
New service	Describes when a new service has been recommended, with a new item number. In most circumstances, new services will need to go through the MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
NFP	Not for publication
NICE	National Institute of Health and Care Excellence
No change or leave unchanged	Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (for example, references to other items, which may have changed as a result of the MBS Review or prior reviews).
Obsolete services / items	Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures.
OCC	The Oncology Clinical Committee of the MBS Review
PARC	Principles and Rules Committee
PBS	Pharmaceutical Benefits Scheme
PCC	The Pathology Clinical Committee of the MBS Review
PHI	Private health insurance
PSA	Prostate specific antigen
PAG	Paediatric Advisory Group
PUJ	Pelviureteric junction obstruction
Services average annual growth	The average growth per year, over five years to 2016/17, in utilisation of services. Also known as the compound annual growth rate (CAGR).
SPCCC	The Specialist and Consultant Physician Consultation Clinical Committee of the MBS Review
STING	Suburethral transurethral injection
The Committee	The Urology Clinical Committee of the MBS Review
The Taskforce	The MBS Review Taskforce



Term	Description
Three-item rule	The PARC rule that caps co-claiming of MBS items for Group T8 (Surgical) operations at three items per procedure.
Total benefits	Total benefits paid in 2016/17 unless otherwise specified
TURP	Transurethral resection of the prostate
UCC	The Urology Clinical Committee of the MBS Review
VUR	Vesicoureteral reflux



Appendix A Summary for consumers

This table describes the medical service, the recommendation(s) of the clinical experts and why the recommendation(s) has been made.

Item	What it does	Committee recommendation	What would be different	Why
37000, 37014, 37210, 37211, 36516, 36519, 36522, 36525, 36526, 36527, 36528, 36529, 36576	Cystectomy, prostatectomy and nephrectomy items (describing procedures for the removal of the bladder, prostate and kidney, respectively).	Add an explanatory note to clarify that best practice is to treat patients as a multi-disciplinary team of specialists from different relevant fields of medicine or to see a specific specialist as part of fully informed decision making.	Multi-disciplinary management is considered best practice for cancer patients. By recognising this in the explanatory notes, the Committee hopes to encourage the more frequent use of multi-disciplinary management where clinically appropriate. For prostatectomy, the patient will be offered and encouraged to discuss treatment options with specific specialists.	Having different specialists review and discuss a patient's condition together (as part of a multidisciplinary team) encourages a broad set of perspectives of a patient's case, and allows specialists to make more considered decisions about the best treatment to recommend. The MBS, through explanatory notes, can promote contemporary best clinical practice and ensure patients are fully informed for decision making.



Item	What it does	Committee recommendation	What would be different	Why
36000, 36603	Ureter transplantation items describe procedures to implant the tube that connects each kidney to the bladder to a temporary bladder, or to the skin (called a stoma), so that urine can continue to drain without a bladder to hold it.	Add an explanatory note to recognise that patients undergoing this procedure should ideally be treated at a facility that has the appropriate resources for stomal therapy support.	<p>Stomas need to be carefully looked after in the first few days after the operation to make sure they don't get infected and that they heal well. Patients also benefit from professional guidance in how best to look after their stoma. High quality stoma care requires special training, and healthcare workers with that training can do a better job at looking after these patients.</p> <p>By recognising this in the explanatory notes, the Committee hopes to encourage more frequent treatment of patients at facilities with adequate resources to provide stomal therapy support, where clinically appropriate.</p>	<p>High-quality stoma care should be started as soon as possible to improve patients' outcomes and quality of life in the longer term.</p> <p>The MBS, through explanatory notes, can promote contemporary best clinical practice.</p>
37219	Needle biopsy of prostate - a procedure done to obtain a sample of prostate tissue that can be tested for cancer and other illnesses.	Create a separate item for transrectal (through the rectum) and transperineal (through the skin between the scrotum and anus) prostate biopsies, with a higher rebate for the transperineal item.	<p>Currently, transrectal and transperineal prostate biopsies are claimed using the same item number and have the same rebate. The Committee estimates that 50 per cent of prostate biopsies are done transperineally and 50 per cent are done transrectally.</p> <p>Research shows that the transperineal procedure has a lower chance of infection. Creating separate items and providing a higher rebate for the transperineal item will promote the use of this safer approach.</p>	This recognises and promotes the use of transperineal biopsies as a standard of care.



Item	What it does	Committee recommendation	What would be different	Why
30654	Circumcision of the penis, when performed without anaesthesia (medicines that cause you to fall unconscious)	Mandate the use of analgesia (pain relieving medicines) for the procedure.	Currently, there is no requirement that analgesia is used when performing this procedure. This recommendation would require the use of a pain relieving medicine.	The use of analgesia (if anaesthesia is not being used) is necessary to ensure that patients are not subjected to unnecessary pain.
36561	Renal biopsy (taking a sample of kidney tissue to test for cancer and other illnesses).	Mandate that the procedure is performed under image guidance (using ultrasound or similar technologies to allow the clinician to "see" exactly where the needle is going).	Currently, there is no requirement that the procedure is performed under image guidance. This recommendation would require its use.	For safety reasons, a closed biopsy (using a needle inserted through the skin, rather than making a surgical cut) of the kidney should be performed with image guidance. Without image guidance, the clinician would need to perform the procedure "blind", which can be done, but is less safe.
36615	Ureterolysis (cutting of the tube between a kidney and the bladder)	Amend the item descriptor to specify that the item can only be claimed where a biopsy has proven that fibrosis, endometriosis or cancer exists in the area of the ureter causing its obstruction, at the time of the operation.	There is a risk that the item is currently being inappropriately used to claim for cutting of the ureter that forms a key part of other operations, and so should be included in those relevant items.	Amending the item descriptor will ensure appropriate use of the item.
36579	Ureterectomy (removal of the tube between a kidney and the bladder), complete or partial	Amend the item descriptor to ensure that the item can only be claimed where there is a prior cancer diagnosis.	There is a risk that the item for partial ureterectomy is currently being inappropriately used to claim for frozen sections or biopsies of the ureter (samples taken to test for cancer and other illnesses), which should not be claimed using this item.	Amending the descriptor will ensure appropriate use of the item.



Item	What it does	Committee recommendation	What would be different	Why
37245	Endoscopic enucleation of prostate (removing the central tissue of the prostate using a camera and tools passed up through the penis)	Mandate the use of a morcellator (tool that grinds up prostate tissue that has been cut away, so that the smaller pieces can be removed through the penis rather than through a cut into the bladder).	At present, there is a risk that surgeons are not using the most appropriate equipment to remove enucleated tissue. This recommendation will ensure they use a morcellator.	Amending the descriptor will ensure best practice in carrying out this procedure.
37210, 37211, 37607, 37610, 30635, 36516, 36519, 36522, 36525, 36528, 36529, 36576, 36531, 36532, 36533	Multiple urological items (prostatectomy, retroperitoneal lymph node dissection, nephrectomy, nephroureterectomy). (Removals of the prostate, lymph nodes in the pelvis/abdomen, kidney or kidney and ureter).	Introduce co-claiming restrictions with diagnostic laparoscopy items (30390 and 30627, referring to the use of a video camera inserted into the abdomen to look for sources of illness).	For a range of urological surgical items (e.g. prostatectomy, retroperitoneal lymph node dissection, nephrectomy, nephroureterectomy), laparoscopy is a key part of the procedure and so should logically be included as part of it. It should not be possible to bill for the diagnostic laparoscopy items in addition to these. This is not currently restricted.	Amending the item descriptors will guard against potentially inappropriate co-claiming.
37423, 37428	These items are for penis lengthening and cutting away of part of the scrotum	Amend the item descriptors to ensure they cannot be claimed for cosmetic purposes.	Anecdotal evidence suggests that these items are being used for cosmetic procedures.	The MBS does not cover purely cosmetic procedures. Amending the item descriptor will guard against inappropriate use of the item.
37215, 37219, 36842, 36818, 36833, 37318, 37221, 36863	Multiple urological items	Remove the word "Assist" from the item descriptor	These items will no longer qualify for the payment of benefits for an assistant during the operation. Instead, the primary surgeon will conduct them alone.	Developments in technology mean that surgical assistants are no longer required to perform these procedures safely.
36526, 36527, 37420, 37212, 36857, 36605	Multiple urological items	Delete	These items will no longer appear on the MBS.	These items have been deleted from the MBS because they are clinically inappropriate or are no longer needed/useful.



Item	What it does	Committee recommendation	What would be different	Why
37315, 37444, 36825 36540, 36630, 36642, 36648, 37208, 37230, 37233, 37201, 37202	Multiple urological items	Delete and consolidate	These items will no longer appear on the MBS. The procedures covered by these items will be moved to a different item number and can be claimed using that item number instead. This means that the procedures are still available on the MBS, but will be covered by a different number.	Items were recommended for consolidation if they were used infrequently and could be easily moved into or combined with other existing items that cover similar procedures.
36842, 37203, 37206, 37224, 37245	Multiple urological items	Update to reflect the use of modern, clinically appropriate and MSAC approved-technology.	The item descriptors will be updated to reflect contemporary clinical practice and the use of MSAC-approved technology.	Developments in technology mean that the wording of these item descriptors does not reflect contemporary clinical practice. Changing these modernises the MBS and promotes the use of up to date techniques.
36516, 36519, 36522, 36525, 36528, 36529, 36576, 36531, 36532, 36533, 36549, 36567, 36570, 37200	Multiple urological items	Update to clarify that there are multiple valid approaches for performing the procedure. The approach is where the surgeon decides to operate from - for example by cutting into the abdomen vs. by inserting tools into the penis.	Currently, item descriptors for many procedures do not specify the different ways in which a procedure can be done. This will provide clarity to clinicians by listing the valid approaches for performing a procedure.	Over the years new approaches have been developed for certain operations (for example, using robotic technology). Currently the MBS is not clear whether its items can be used with such technologies or not, and this recommendation will improve that clarity.



Item	What it does	Committee recommendation	What would be different	Why
37210, 37211, 37014	Creates new items for complex versions of existing procedures.	Create new items for complex versions of existing procedures: (1) an item for complex radical prostatectomy with pelvic lymphadenectomy (removal of the prostate, immediately surrounding tissue and nearby lymph nodes); (2) an item for complex radical prostatectomy without lymphadenectomy; (3) an item for complex total cystectomy (removal of the bladder and immediately surrounding tissue).	A small percentage of radical prostatectomy and cystectomy procedures are very complex and difficult to perform. Current descriptors and rebates do not adequately reflect this. These new items recognise the complexity and difficulty appropriately.	This will ensure that clinicians have a greater ability to offer the best care for their most challenging patients.