

## Changes to Assisted Reproductive Technology (ART) Services MBS items

Last updated: 21 February 2022

- From 1 March 2022, some of the Medicare Benefits Schedule (MBS) items for gynaecology services are changing to align with contemporary and evidenced based treatment. The changes are a result of the MBS Review Taskforce recommendations for gynaecology and extensive consultation with stakeholders.
- The changes relate to four subspecialty areas General Gynaecology, Assisted Reproductive Technology, Urogynaecology and Gynaecological Oncology. There is a separate factsheet for each area.
- This factsheet covers Assisted Reproductive Technology (ART) services.

#### What are the changes?

From 1 March 2022, changes will be made to some of the ART services funded through the MBS. The changes comprise 1 new item, 5 amended items and 5 deleted items.

New items: 13241

Amended items: 13203, 35694, 35697, 35700, 35703

Deleted items: 13206, 13292, 35706, 35709, 35710

This factsheet also includes Private Health Insurance (PHI) classifications and categorisations for the new and amended MBS items.

#### Why are the changes being made?

These changes give effect to the recommendations of the independent MBS Review Taskforce, which was informed by the Gynaecology Clinical Committee, plus further consultation with clinical experts and stakeholders through the Gynaecology Implementation Liaison Group. The changes will promote best clinical practice, patient safety and quality of care.

More information about the Taskforce and associated Committees is available on the Department of Health website: <u>Medicare Benefits Schedule Review</u>. A full copy of the Taskforce's final report, including the rationales for the changes which are outlined in this factsheet, can be found at: 2020 – <u>Medicare Benefits Schedule Review Taskforce. – Final</u> <u>Report on the Review of Gynaecology MBS Items.</u>



## MBS changes factsheet

#### What does this mean for providers?

Providers will need to familiarise themselves with the changes to the MBS items relevant to their practice, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

#### How will these changes affect patients?

Patients will continue to receive Medicare rebates for ART services that reflect contemporary clinical practice.

#### Who was consulted on the changes?

A number of peak bodies were consulted during the MBS Review process, including the Royal Australian and New Zealand College of Obstetrician and Gynaecologists, National Association of Specialist Obstetricians and Gynaecologists, Australian Society of Gynaecologic Oncologists, UroGynaecological Society of Australia, Fertility Society of Australia, Australian Gynaecological Endoscopy & Surgery Society, Royal Australian College of General Practitioners, Australian Medical Association, Private Healthcare Australia, Australian Private Hospital Association, and consumer representatives.

Group T	Group T8 – Surgical Operations		
Subgroup 5 – Urology			
ltem	Descriptor		
13241	Open surgical testicular sperm retrieval, unilateral, using operating microscope, including the exploration of scrotal contents, with biopsy, for the purposes of intracytoplasmic sperm injection, for male factor infertility, not being a service associated with a service to which item 13218 or 37604 applies (H) (Anaes.)		
	MBS Schedule Fee: \$884.45 75% Benefit: \$663.35		
	Extended Medical Safety Net (EMSN) cap: nil		
	PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Assisted reproductive services		

### New item descriptors (to take effect from 1 March 2022)



## MBS changes factsheet

### Amended item descriptors (to take effect from 1 March 2022)

Group T1 – Miscellaneous Therapeutic Procedures Subgroup 3 – Assisted Reproductive Technology		
13203	Ovulation monitoring services for artificial insemination or gonadotrophin, stimulated ovulation induction, including quantitative estimation of hormones and ultrasound examinations, being services rendered during one treatment cycle but excluding a service to which item 13200, 13201, 13202, 13212, 13215 or 13218 applies	
	MBS Schedule Fee: \$506.45	
	85% Benefit: \$430.50	
	75% Benefit: \$379.85	
	Extended Medical Safety Net (EMSN) cap: \$113.95	
	PHI Procedure Type: Type C	
	PHI Clinical Category: Assisted reproductive services	

Group T8 – Surgical Operations Subgroup 3 – Gynaecology		
35694	Tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.)	
	MBS Schedule Fee: \$663.50 75% Benefit: \$497.65	
	Extended Medical Safety Net (EMSN) cap: nil	
	PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Gynaecology	
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# MBS changes factsheet

35697	Microsurgical or laparoscopic tuboplasty (salpingostomy, salpingolysis or tubal implantation into uterus), unilateral or bilateral, one or more procedures (H) (Anaes.) (Assist.)
	MBS Schedule Fee: \$984.55 75% Benefit: \$738.45
	Extended Medical Safety Net (EMSN) cap: nil
	PHI Procedure Type: Type A Advanced Surgical and Type B Non-band specific PHI Clinical Category: Gynaecology
35700	Fallopian tubes, unilateral microsurgical or laparoscopic anastomosis of (H) (Anaes.) (Assist.)
	MBS Schedule Fee: \$759.70 75% Benefit: \$569.80
	Extended Medical Safety Net (EMSN) cap: nil
	PHI Procedure Type: Type A Surgical
	PHI Clinical Category: Gynaecology
35703	Hydrotubation of fallopian tubes as a non repetitive procedure (Anaes.)
	MBS Schedule Fee: \$70.30 85% Benefit: \$59.80 75% Benefit: \$52.75
	Extended Medical Safety Net (EMSN) cap: nil
	PHI Procedure Type: Type C
	PHI Clinical Category: Gynaecology



### Deleted item descriptors

Group T1 – Miscellaneous Therapeutic Procedures		
Subgroup 3 – Assisted Reproductive Technology		
Item	Descriptor	
13206	ASSISTED REPRODUCTIVE TECHNOLOGIES TREATMENT CYCLE using either the natural cycle or oral medication only to induce oocyte growth and development, and including quantitative estimation of hormones, semen preparation, ultrasound examinations, all treatment counselling and embryology laboratory services but excluding artificial insemination, frozen embryo transfer or donated embryos or ova or treatment involving the use of injectable drugs to induce superovulation being services rendered during 1 treatment cycle but only if rendered in conjunction with a service to which item 13212 applies MBS Schedule Fee: \$484.40	
13292	<ul> <li>SEMEN, collection of, from a patient with spinal injuries or medically induced impotence, for the purposes of analysis, storage or assisted reproduction, by a medical practitioner using a vibrator or electro-ejaculation device including catheterisation and drainage of bladder where required, under general anaesthetic, in a hospital (Anaes.)</li> <li>MBS Schedule Fee: \$425.30</li> <li>Note: Where appropriate, item 13290 may be used.</li> </ul>	

Group T8 – Surgical Operations Subgroup 3 – Gynaecology		
35706	Rubin test for patency of fallopian tubes (Anaes.)	
	MBS Schedule Fee: \$70.30	
35709	Fallopian tubes, hydrotubation of, as a repetitive postoperative procedure (Anaes.)	
	MBS Schedule Fee: \$45.25	
	Note: Where appropriate, patient access can be achieved by using interventional radiology techniques.	



35710	Falloposcopy, unilateral or bilateral, including hysteroscopy and tubal catheterization (Anaes.) (Assist.)
	MBS Schedule Fee: \$482.05

### How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department will continue to work with stakeholders following implementation of the changes.

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

### Where can I find more information?

The current gynaecology item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at <u>www.mbsonline.gov.au</u>. The updated item descriptors will be live on the website from 1 March 2022.

You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health provides an email advice services for providers seeking advice on interpretation of MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should <u>askMBS@health.gov.au</u>.

For questions regarding the PHI classifications, please email PHI@health.gov.au.

Subscribe to '<u>News for Health Professionals</u>' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be available via the MBS Online website under the <u>Downloads</u> page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the last updated date shown above and does not account for MBS changes since that date.