



Changes to MBS Items for Obstetrics Services

Last updated: 23/10/2017

Effective from 1 November 2017

What do the changes involve?

The changes will amend a number of MBS obstetrics items, and introduce six new items to align MBS obstetrics items with clinical best practice.

Benefits paid under the Extended Medicare Safety Net for the six new items will be capped at 65 per cent of the Schedule fee for eligible out-of-hospital services.

Further information on Medicare safety net arrangements for the new obstetric items is available [here](#).

Why is the Government making this change?

The changes support the Government's priority of ensuring that Medicare funded services are safe, clinically effective and cost-effective.

These changes are based on recommendations of the Medicare Benefits Schedule Review Taskforce.

Change to item description/fees:

Items to be deleted from the MBS:

Service	Item	Reason for deletion
Procedures on multiple pregnancies	16633 and 16636	Items 16633 and 16636 will be deleted. Instead two or more services will attract MBS rebates when a procedure is performed on a second or subsequent fetus.
Management of second trimester labour	16525	Item 16525 will be deleted and two new items will be introduced for the management of pregnancy loss, between 14 and 15.6 weeks gestation, and 16 and 22.6 weeks gestation (see below).

Summary of amendments to obstetric MBS items (subject to finalisation and passage of legislation):

Service	Item/s	Description of change
Complex birth item	16522	<p>Amendments will include detailed clinical requirements to provide greater specificity and clarity to providers (final wording is subject to finalisation and passage of legislation).</p> <p>Management of labour and birth, or birth alone, (including caesarean section), on or after 23 weeks gestation, if in the course of antenatal supervision or intrapartum management one or more of the following conditions is present, including postnatal care for 7 days:</p> <ul style="list-style-type: none">(a) fetal loss;(b) multiple pregnancy;(c) antepartum haemorrhage that is:



		<ul style="list-style-type: none">(i) of greater than 200 ml; or(ii) associated with disseminated intravascular coagulation;(d) placenta praevia on ultrasound in the third trimester with the placenta within 2 cm of the internal cervical os;(e) baby with a birth weight less than or equal to 2,500 g;(f) trial of vaginal birth in a patient with uterine scar where there has been a planned vaginal birth after caesarean section;(g) trial of vaginal breech birth where there has been a planned vaginal breech birth;(h) prolonged labour greater than 12 hours with partogram evidence of abnormal cervimetric progress as evidenced by cervical dilatation at less than 1 cm/hr in the active phase of labour (after 3 cm cervical dilatation and effacement until full dilatation of the cervix);(i) acute fetal compromise evidenced by:<ul style="list-style-type: none">(i) scalp pH less than 7.15; or(ii) scalp lactate greater than 4.0;(j) acute fetal compromise evidenced by at least one of the following significant cardiotocograph abnormalities:<ul style="list-style-type: none">(i) prolonged bradycardia (less than 100 bpm for more than 2 minutes);(ii) absent baseline variability (less than 3 bpm);(iii) sinusoidal pattern;(iv) complicated variable decelerations with reduced (3 to 5 bpm) or absent baseline variability;(v) late decelerations;(k) pregnancy induced hypertension of at least 140/90 mm Hg associated with:<ul style="list-style-type: none">(i) at least 2+ proteinuria on urinalysis; or(ii) protein-creatinine ratio greater than 30 mg/mmol; or(iii) platelet count less than 150 x 10⁹/L; or(iv) uric acid greater than 0.36 mmol/L;(l) gestational diabetes mellitus requiring at least daily blood glucose monitoring;(m) mental health disorder (whether arising prior to pregnancy, during pregnancy or postpartum) that is demonstrated by:<ul style="list-style-type: none">(i) the patient requiring hospitalisation; or(ii) the patient receiving ongoing care by a psychologist or psychiatrist to treat the symptoms of a mental health disorder; or(iii) the patient having a GP mental health treatment plan; or(iv) the patient having a management plan prepared in accordance with item 291;(n) disclosure or evidence of domestic violence;(o) any of the following conditions either diagnosed pre-pregnancy or evident at the first antenatal visit before 20 weeks gestation:<ul style="list-style-type: none">(i) pre-existing hypertension requiring antihypertensive medication prior to pregnancy;
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		<p>(ii) cardiac disease (co-managed with a specialist physician and with echocardiographic evidence of myocardial dysfunction); (iii) previous renal or liver transplant; (iv) renal dialysis; (v) chronic liver disease with documented oesophageal varices; (vi) renal insufficiency in early pregnancy (serum creatinine greater than 110 mmol/L); (vii) neurological disorder that confines the patient to a wheelchair throughout pregnancy; (viii) maternal height of less than 148 cm; (ix) a body mass index greater than or equal to 40; (x) pre-existing diabetes mellitus on medication prior to pregnancy; (xi) thyrotoxicosis requiring medication; (xii) previous thrombosis or thromboembolism requiring anticoagulant therapy through pregnancy and the early puerperium; (xiii) thrombocytopenia with platelet count of less than 100,000 prior to 20 weeks gestation; (xiv) HIV, hepatitis B or hepatitis C carrier status positive; (xv) red cell or platelet iso-immunisation; (xvi) cancer with metastatic disease; (xvii) illicit drug misuse during pregnancy (H) (Anaes.) Fee: \$1,629.35 Benefit: 75%=\$1,222.05</p>
Planning and management of a pregnancy where the doctor intends to attend the birth	16590	<p>Item 16590 will be amended so that it can only be claimed from 28 weeks gestation. The item will also include a mental health assessment, including screening for drug and alcohol use and domestic violence. The mental health service will be offered to every patient however, if the patient chooses not to undertake the assessment they will not be disadvantaged. Doctors are to be continuously available to the patient during pregnancy and will be required to have privileges for intrapartum care in a hospital or birth centre. A patient cannot claim item 16590 and 16591 for the same pregnancy. The fee for item 16590 will be increased by 15 per cent. Fee: \$372.75 Benefit: 75%=\$279.60 85%=\$316.85 Extended Medicare Safety Net Cap:\$219.45</p>
Planning and management of a pregnancy where the doctor does not intend to attend the birth	16591	<p>Item 16591 will be amended so that it can only be claimed from 28 weeks gestation. The item will also include a mental health assessment of the patient, including screening for drug and alcohol use and domestic violence. The mental health service will be offered to every patient however, if the patient chooses not to undertake the assessment they will not be disadvantaged. A patient cannot claim item 16590 and 16591 for the same pregnancy. Fee: \$142.65 Benefit: 75%=\$107.00 85%=\$121.30 Extended Medicare Safety Net Cap:\$109.75</p>



Management of second trimester labour	Two new items (16530 and 16531)	<p>The current item for management of second trimester labour will be split into two, with management of pregnancy loss between 14 and 15.6 weeks gestation retaining the current fee (\$384.35), and the management of pregnancy loss between 16 and 22.6 weeks gestation attracting a higher fee (\$768.70). The management of pregnancy loss from 23 weeks should be claimed under the complex birth item (16522).</p> <p>16530 – pregnancy loss between 14 and 15.6 weeks Fee: \$384.35 Benefit: 75%=\$288.30 85%=\$326.70 Extended Medicare Safety Net Cap:\$249.85</p> <p>16531 - pregnancy loss between 16 and 22.6 weeks Fee: \$768.70 Benefit: 75%=\$576.55</p> <p><i>Note: The Extended Medicare Safety Net (EMSN) benefit is capped at 65% of the schedule fee for new obstetric items. However, as this item is for in-hospital services only, the EMSN does not apply.</i></p>
Delivery where the patient is transferred by another medical practitioner	16515 and 16520	<p>The schedule fees for items 16515 and 16520 will be amended to align with the principal birth item (16519) which does not distinguish between a vaginal and operative birth. There will also be minor changes to update terminology from 'delivery' to 'birth' in both items.</p> <p>16515 Fee: \$630.85 Benefit: 75%=\$473.15 85%=\$549.15 Extended Medicare Safety Net Cap:\$175.60</p> <p>16520 Fee: \$630.85 Benefit: 75%=\$473.15 85%=\$549.15 Extended Medicare Safety Net Cap:\$329.15</p>
Delivery where the patient is transferred by a participating midwife	16527 and 16528	<p>The schedule fees for items 16527 and 16528 will be amended to align with the principal birth item (16519) which does not distinguish between a vaginal and operative birth. There will also be minor changes to update terminology from 'delivery' to 'birth' in both items.</p> <p>16527 Fee: \$630.85 Benefit: 75%=\$473.15 85%=\$549.15 Extended Medicare Safety Net Cap:\$175.60</p> <p>16528 Fee: \$630.85 Benefit: 75%=\$473.15 85%=\$549.15 Extended Medicare Safety Net Cap:\$329.15</p>
Consultations of more than 40 minutes for pregnancy complications	Two new items (16533 and 16534)	<p>Two new items will be introduced for consultations lasting at least 40 minutes for specific pregnancy complications. The new items will be equivalent to items 16508 and 16509 and will be restricted to in-hospital services only. Each item can be claimed up to 3 times for each pregnancy.</p> <p>Fee: \$105.55 Benefit: 75%=\$79.20</p>



		<i>Note: The Extended Medicare Safety Net (EMSN) benefit is capped at 65% of the schedule fee for new obstetric items. However, as these items are for in-hospital services only, the EMSN does not apply.</i>
Postnatal consultation	New item (16407)	A new item will be introduced for a postnatal attendance lasting at least 20 minutes between 4 and 8 weeks after birth. The item will also include a mental health assessment of the patient, including screening for drug and alcohol use and domestic violence. The mental health service will be offered to every patient however, if the patient chooses not to undertake the assessment they will not be disadvantaged. This item can only be claimed once per pregnancy. Fee: \$71.70 Benefit: 75%=\$53.80 85%=\$60.95 Extended Medicare Safety Net Cap:\$46.65
Postnatal home visit	New item (16408)	A consultation at the patient's home between 1 and 4 weeks after birth, by an obstetrician, GP or registered midwife (if midwife, it will be on behalf of, and under the supervision of the medical practitioner who attended the birth). This item can only be claimed once per pregnancy. Fee: \$53.40 Benefit: 85%=\$45.40 Extended Medicare Safety Net Cap:\$34.75
Obstetrics consultation when patient is referred by a participating midwife	16406	Item 16406 will be amended so it can be claimed at any time during the pregnancy, if clinically appropriate. Fee: \$133.95 Benefit: 75%=\$100.50 85%=\$113.90 Extended Medicare Safety Net Cap:\$108.15
Minor changes to update terminology	16508; 16509; 16515; 16518; 16519; 16606; 20855; 20946; 20958; 51306; 51309	Minor amendments to change terms such as 'delivery' to 'birth'; and 'foetus' to 'fetus'. The current schedule fees and EMSN caps (where relevant) for items 16508; 16509; 16518; 16519; 16606; 20855; 20946; 20958; 51306; and 51309 will be retained.
Minor amendments for consultations	16401 and 105	Minor amendments to item 16401 and 105, to make it clearer when these items should be claimed. The current schedule fee and EMSN caps for 16401 and 105 will be retained.