



Medicare Safety Net Arrangements for New Obstetric Services

Last updated: 13/09/2017

Effective from 1 November 2017 (subject to the passage of legislation)

What are the changes to obstetric services?

Changes to obstetric services under the MBS will align with clinical best practice, acknowledging increased time and complexity required to undertake certain services, and will ensure providers are only able to claim items in specific circumstances. As part of these changes, six new obstetric MBS items will be introduced.

These changes are based on recommendations of the Medicare Benefits Schedule Review Taskforce, and have been agreed by Government.

Details of the six new items are available [here](#).

What are the new Medicare safety net arrangements?

Benefits paid under the Extended Medicare Safety Net (EMSN) for the six new obstetric MBS items will be capped at 65 per cent of the Schedule fee. This means that the maximum EMSN benefit for that service will be at the capped amount, regardless of the fee charged by the doctor.

The new capping arrangements are prescribed in the *Health Insurance (Extended Medicare Safety Net) Determination 2017* (EMSN Determination) which is registered on the Federal Register of Legislation.

Further information on the EMSN is available [here](#).

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Why will the new obstetric items be capped under the Extended Medicare Safety Net?

The new obstetric items will be capped under the EMSN to align with current capping arrangements for existing obstetric items, and to limit the incentive for providers to charge high fees for these items.

Existing obstetric items have been capped at a fixed dollar amount since 2010. These arrangements will continue.