



## Circumcision on the MBS factsheet

Last updated 09 October 2020

---

### What are the changes?

From 1 November 2020, there will be a requirement to use analgesia and/or anaesthesia for clinically relevant circumcision of the penis procedures to claim Medicare Benefits Schedule (MBS) items 30654 and 30658. Medicare rebates will continue to be available for other circumcision MBS items 30649, 30663 and 30666.

### Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce (the Taskforce), which was informed by the Urology Clinical Committee (UCC) and extensive consultation with key stakeholders.

The Taskforce recommended circumcision remain on the MBS and by mandating the use of analgesia and/or anaesthesia, it will ensure circumcision is performed safely and achieves improved patient experience and wellbeing.

More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health](#) website. A full copy of the Taskforce's final report can be found at: [Taskforce report on Urology MBS items](#).

### What does this mean for providers?

Providers must ensure the use of analgesia and/or anaesthesia when circumcision is performed under MBS items 30654 and 30658 respectively. Providers have a responsibility to ensure that any services they bill to Medicare are clinically relevant and meet the eligibility requirements outlined in the MBS item descriptor. Providers must inform patients of any potential risks so patients can make an appropriate decision for their circumstances.

### How will these changes affect patients?

Patients will continue to have access to Medicare rebates for circumcision of the penis. The change will ensure patients receive services that are clinically appropriate and reflect modern best clinical practice.

### Who was consulted on the changes?

The UCC was established in January 2018 by the Taskforce to provide broad clinician and consumer expertise. Feedback from stakeholders including peak bodies, colleges, individual health professionals, and consumers, was considered by the UCC prior to making its final recommendations to the Taskforce.

The Taskforce undertook public consultation during the review of urology services. Once approved by Government, the Department of Health held an Implementation Liaison Group meeting with relevant stakeholders including the Urological Society of Australia and New Zealand (USANZ); Royal Australian College of Surgeons (RACS); Royal Australian and New Zealand College of Radiologists (RANZCR); Royal Australian College of General Practitioners



(RACGP); Australian Medical Association (AMA); and the private hospital and private health insurance sectors to discuss any unintended consequences arising from the proposed changes.

The changes to urology services are a result of the Taskforce endorsed recommendations and consultation with stakeholders.

## How will the changes be monitored and reviewed?

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

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

The new and amended MBS urology items will be reviewed approximately 24 months post-implementation.

## Where can I find more information?

The current item descriptors and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the 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 email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to '[News for Health Professionals](#)' 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 available and can be accessed via the MBS Online website under the [Downloads](#) 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.*