Australian Government
Department of Health

CHANGES TO MBS ITEMS FOR THE SURGICAL REPAIR OF PELVIC ORGAN PROLAPSE AND NEW ITEMS FOR MESH REMOVAL

The Australian Government is making changes to Medicare-funded urogynaecological services relating to pelvic organ prolapse repair, based on advice from the Medicare Benefits Schedule (MBS) Review Taskforce.

What are the changes?

From 1 July 2018, the Government is introducing changes to the MBS to address patient safety concerns regarding the use of transvaginal mesh in pelvic organ prolapse (POP) surgery.

Changes to items for the repair of POP

The MBS currently provides rebates for a number of procedures where surgeons may or may not apply techniques involving urogynaecological mesh, including items specifically for the repair of POP.

The changes will amend MBS items for the repair of POP via vaginal approach (items 35570, 35571, 35573, and 35577) to clarify that MBS rebates will only be payable for procedures that do not employ the use of mesh. These items will continue to be available for native tissue repairs without mesh.

New interim items for mesh removal

The Government is supporting patient access by introducing three new interim items for the surgical removal of mesh in symptomatic patients.

Why are these changes being made?

There has been increasing safety concerns for patients who have transvaginal mesh implants, including reports of chronic, severe and life-changing pain and complications, as evidenced in the recent Senate inquiry report into the number of women who have had transvaginal mesh implants in Australia. To address these concerns, the Government is drawing forward recommendations from the MBS Review Taskforce's Gynaecology Clinical Committee.

The changes align with the Therapeutic Goods Administration's recent removal of urogynaecological mesh products from the Australian Register of Therapeutic Goods, whose sole purpose is for the repair of POP by vaginal approach.

The new, interim items will allow appropriate rebates for the surgical removal of mesh in symptomatic patients and help facilitate the collection of Medicare data on the number of women requiring mesh removal in Australia. They are being introduced on an interim basis as they may require refinement following the release of the MBS Review Taskforce's final recommendations on MBS gynaecological services.

The changes also complement the work of the Australian Commission on Safety and Quality in Health Care on the appropriate use of mesh.

The MBS Review Taskforce is finalising its remaining recommendations on MBS gynaecological services, including those for stress urinary incontinence procedures. The report will be available for consultation in line with Taskforce processes.