



Colorectal Surgery FAQs

Last updated: 22 July 2022

- These changes are effective from 1 July 2022.
- More information about the changes is provided below, in response to frequently asked questions. If you cannot find the information you need, please contact the Department of Health and Aged Care (the Department) at askMBS@health.gov.au.
- To subscribe to future MBS Online updates, visit www.mbsonline.gov.au and click 'Subscribe'.

Why are the changes being made?

These changes are a result of the review by the MBS Review Taskforce (the Taskforce), which was informed by the Colorectal Surgery Clinical Committee and included the involvement of clinicians, health system experts and consumers.

The changes were recommended and announced in the 2021-2022 Budget because:

- The previous colorectal surgery schedule was outdated and separated some items unnecessarily.
- The revised colorectal surgery listings better describe the procedures being performed by colorectal surgeons, reflecting the contemporary practice of colorectal surgery.
- The changes will help to ensure the ongoing sustainability of the MBS by preventing inappropriate claiming of multiple MBS items.

More information about the Taskforce and its Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department's website (www.health.gov.au).

A full copy of the Colorectal Surgery Clinical Committee's final report can be found in the [Report from the Colorectal Surgery Clinical Committee](#) section of the Department's website (www.health.gov.au).

How have these changes been communicated to stakeholders?

Prior to the 1 July 2022 listing, the Department circulated communication materials (including factsheets about the changes) to relevant professional groups in April 2022 and encouraged dissemination of these materials to other members and fellows. Information was also made available through the MBS website (www.mbsonline.gov.au).

Claiming new MBS colorectal surgery items

How do I know which items to claim on the new schedule?

All new colorectal surgery items are located within subgroup 2 (colorectal surgery) of group T8 (surgical operations) on the MBS.

The item descriptor outlines the service requirements which must be met before the item can be claimed. To provide more guidance, certain items include additional information in the form of explanatory notes. Explanatory notes explain the service requirements in more detail and outline the range of treatments and/or assessments you need to provide to meet the requirements for billing the service.

To assist you in navigating the new schedule, the quick reference guide outlines the new items and relevant explanatory notes. If you are using a downloaded PDF version of the MBS, an index of services is provided within each category to assist you in locating the appropriate item number for the service provided.

The creation of new items for Transanal Total Mesorectal Excision, Ventral Rectopexy and Pelvic Exenteration were recommended by the Taskforce. Will these items be included in the new schedule?

The Taskforce recommendations to introduce new MBS items for Transanal Total Mesorectal Excision (taTME), Ventral Rectopexy and Pelvic Exenteration, require further consideration prior to Government consideration. Therefore, new MBS items for taTME and Pelvic Exenteration were not included in the 2021-2022 Budget and not included in the MBS changes commencing on 1 July 2022.

The recommendation for new items for the abdominal and perineal components of taTME (recommendation 10) requires assessment by the Medical Services Advisory Committee (MSAC). You can find out more about MSAC [here](#).

The recommendation for a new ventral rectopexy item for the repair of rectal prolapse (recommendation 25) also requires MSAC consideration. As an interim measure, the Government has introduced a new temporary item (item 32118) for ventral mesh rectopexy for the repair of rectal prolapse, which commenced on 6 July 2022. This item will ensure patients can continue to access affordable ventral mesh rectopexy services, following a change to item 32117 (for abdominal rectopexy) from 1 July 2022. The temporary item will operate until MSAC has completed its assessment of a new (ongoing) ventral rectopexy item and Government has considered MSAC's advice. Further information is available on the MBS Online Fact Sheets page for July 2022.

The recommendation to create 12 new pelvic exenteration items (recommendation 39) requires further consultation and policy consideration), due to the complexity and lack of procedural homogeneity of pelvic exenteration surgeries. This may be progressed at a later date when the recommendation is further developed.

What happened to item 32029, construction of a colonic reservoir?

The construction of a colonic reservoir has been shown to result in improved postoperative functioning of the rectum by decreasing rates of faecal urgency and incontinence. For this reason, item 32029 was deleted, and the service described by this item was included in the descriptors for rectal resection procedure items 32026 and 32028—that provide for the treatment of rectal cancer. The descriptors for items 32026 and 32028 now include the wording ‘with or without colonic reservoir’ and the fee for both items has been increased to reflect the incorporation of constructing a colonic reservoir as part of these procedures.

Why are changes being made to item 32006 on both 1 July 2022 and 1 August 2022?

The Department identified that the initial amendment to item 32006 (left hemicolectomy) which commenced on 1 July 2022 contained an issue with the item descriptor wording. The unintended consequence of this wording specified that item 32006 should be co-claimed with item 32024, 32025, 32026 or 32028. This was not the original intent of the Taskforce’s recommendation, which was to restrict the co-claiming of item 32006 with these colorectal surgery items (32024, 32025, 32026 and 32028).

The Department has worked to address this issue as quickly as possible, and we apologise for any inconvenience. We advise that an additional amendment to item 32006 will commence on 1 August 2022. This will rectify the issue and clarify that, from 1 August 2022, item 32006 is not to be co-claimed with items 32024, 32025, 32026 or 32028.

Information on the change to item 32006 is available on the MBS Online Fact Sheets page for August 2022.

What about item 32221 – is it still being deleted?

The Taskforce recommended the deletion of items 32220 and 32221 for the insertion and removal (respectively) of artificial bowel sphincters, as these are no longer considered best practice for the treatment of severe faecal incontinence. Item 32220 has now been deleted. Item 32221 is still planned for deletion, however this has been deferred by 12 months to allow the Department to review the claiming activity and ensure it is appropriate to proceed with deletion.

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.