



New temporary item 32118 for minimally invasive ventral mesh rectopexy

Last updated: 4 July 2022

- From 6 July 2022, a new temporary Medicare Benefits Schedule (MBS) item will be introduced for minimally invasive ventral mesh rectopexy for the repair of rectal prolapse.
- This item will ensure patients can continue to access affordable ventral mesh rectopexy, previously provided under MBS item 32117 for abdominal rectopexy.
- This item will operate until the Medical Services Advisory Committee (MSAC) has completed its assessment of the application for a new ongoing ventral rectopexy item, and Government has considered MSAC's advice.
- This item is relevant to surgeons delivering these services, patients receiving these services, medical administrators, private hospitals and private health insurers.

What are the changes?

From 6 July 2022, subject to legislative process, a new temporary MBS item (item 32118) will be available for ventral mesh rectopexy procedures. This procedure involves minimally invasive surgery to mobilise the anterior surface of the rectum, with the use of a prosthesis (synthetic mesh or biological graft) which is secured deep in the pelvis for the repair and stabilisation of the rectal prolapse. This temporary item will ensure patients can continue to access affordable ventral mesh rectopexy procedures, following a change to item 32117 which will prevent it being used for ventral mesh rectopexy.

This temporary item will operate until MSAC has completed its assessment of the application for a new ventral rectopexy item (Application #1685) and Government has considered and acted upon MSAC's advice. The item will be introduced with a sunset clause of 31 December 2024, and will cease on this date unless repealed earlier; for example, if it is replaced or removed following the outcome of the MSAC process.

Why are the changes being made?

The MBS Review Taskforce's Colorectal Surgery Clinical Committee noted that practitioners performing ventral mesh rectopexy procedures have been claiming a combination of MBS items (item 32117 for abdominal rectopexy, in conjunction with gynaecological items for pelvic floor repair) because an item has not existed specifically for ventral mesh rectopexy. They agreed this combination of items does not adequately describe the ventral mesh rectopexy procedure and therefore made two recommendations: amend item 32117 to clarify it is only to be used for abdominal rectopexy (Recommendation 23); and create a new item specifically for ventral rectopexy (Recommendation 25).

While the amendment to item 32117 will commence on 1 July 2022 as part of a package of colorectal surgery MBS changes, the introduction of a new ventral mesh rectopexy item will not occur at this time as it is first subject to MSAC assessment and Government approval.



The introduction of a temporary item for ventral mesh rectopexy will ensure that patients can continue to access affordable ventral mesh rectopexy procedures following the change to item 32117, while MSAC completes its assessment of the application (Application #1685) for a new ongoing item for ventral rectopexy.

The [MBS Review Taskforce's Colorectal Surgery Clinical Committee final report](#) can be found on the [MBS Review page](#) of the Department of Health website (www.health.gov.au). Further information about [MSAC Application #1685](#) for a new ongoing item for ventral rectopexy can be found on the MSAC website (www.msac.gov.au).

What does this mean for providers?

Providers will benefit from having access to a new temporary MBS item for ventral mesh rectopexy, which is the preferred approach for many surgeons for the repair of rectal prolapse.

How will these changes affect patients?

Patients will continue to receive Medicare rebates for ventral mesh rectopexy procedures, ensuring they have access to colorectal surgery services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Department consulted with key clinical experts on the possible introduction of a new temporary item for ventral mesh rectopexy. The Department will continue to work with stakeholders and practitioners to review how changes introduced on 1 July 2022 are operating, and where necessary, address any concerns or unintended consequences for patients.

Item descriptor for the temporary item for ventral mesh rectopexy

The descriptor for temporary item 32118 (for ventral mesh rectopexy) will be similar to the descriptor for existing item 32117 (for abdominal rectopexy) as outlined below.

<p>New temporary item 32118</p>	<p>Rectal prolapse, ventral mesh rectopexy of, not being a service associated with a service to which item 32025, 32026 or 32117 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,328 Benefit: 75% = \$996</p> <p>Private Health Insurance Classifications: Clinical Category: Digestive system Procedure Type: Type A Advanced Surgical</p>
<p>Item 32117 (updated with effect from 1 July 2022)</p>	<p>Rectal prolapse, abdominal rectopexy of, excluding ventral mesh rectopexy, not being a service associated with a service to which item 32025 or 32026 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$1,328 Benefit: 75% = \$996</p> <p>Private Health Insurance Classifications: Unchanged Clinical Category: Digestive system Procedure Type: Type A Advanced Surgical</p>



How will the changes be monitored and reviewed?

All MBS items are subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit information about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future 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.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to 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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be available 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.