



Changes to biliary procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items:

30780

Amended items:

30439* 30443 30445* 30448 30449 30450 30454 30455
30461 30463 30464 30472 31472

Deleted items:

30446 30466 30467

*Amendment to explanatory note or introduction of new explanatory note

Revised structure

- **6 July 2021 update: this factsheet now includes the final item descriptors and fees (inclusive of 1 July 2021 indexation) for the new and amended items listed above. Only minor wording changes were made to the item descriptors during the drafting of the legislation, there have been no changes to the clinical intent of the items.**
- From 1 July 2021, Medicare Benefits Schedule (MBS) items for general surgery services are changing to reflect contemporary practice. These changes are a result of MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- There will be changes to MBS services pertaining to general surgery categories: Laparoscopy and Laparotomy; Small Bowel Resection; Abdominal Wall Hernias; Oesophageal; Stomach; Liver; Biliary; Pancreas; Spleen; Oncology; Lymph Nodes; Excisions; and Bariatric.
- These changes are relevant for surgeons involved in the performance and claiming of eligible general surgery services; consumers claiming these services; private health insurers; and private hospitals.
- From 1 July 2021, billing practices will need to be adjusted to reflect these changes

Patient impacts

Patients will receive Medicare rebates for general surgery services that are clinically appropriate and reflect modern clinical practice. Additionally, patients should no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers. In some cases, the changes will help doctors refer patients for the most suitable test/procedure for them.

Restrictions or requirements

Providers will need to familiarise themselves with the changes to the general surgery MBS items, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.



Biliary procedure MBS services changes

New item 30780 Intrahepatic biliary bypass of left or right hepatic ductal system

Overview: Introducing a new item that combines existing items 30466 (Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system) and 30467 (Intrahepatic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system). Items 30466 and 30467 will be deleted.

Item Descriptor: Intrahepatic biliary bypass of left or right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (H) (Anaes.) (Assist.)

MBS fee: \$1,461.85

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30439 Intraoperative ultrasound of the biliary tract or operative cholangiography

Overview: Removal of operative pancreatography from Item. Service defined as an independent procedure not to be claimed with open or laparoscopic cholecystectomy (30443 and 30445).

Item Descriptor: Intraoperative ultrasound of biliary tract, or operative cholangiography, if the service:

- (a) is performed in association with an intra-abdominal procedure; and
 - (b) is not associated with a service to which item 30443 or 30445 applies
- (H) (Anaes.) (Assist.)

MBS fee: \$193.10

PHI Classification: Other **Clinical Category:** Digestive system

Amended item 30443 Cholecystectomy without cholangiogram

Overview: Providing for cases where a cholangiogram cannot be performed.

Item Descriptor: Cholecystectomy, by any approach, without cholangiogram (H) (Anaes.) (Assist.)

MBS fee: \$668.45

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system



Amended item 30445: Cholecystectomy with attempted cholangiogram or intraoperative ultrasound assessment

Overview: Inclusion of attempted cholangiogram or intraoperative ultrasound assessment in the item.

Item Descriptor: Cholecystectomy, by any approach, with attempted or completed cholangiogram or intraoperative ultrasound of the biliary system, when performed via laparoscopic or open approach or when conversion from laparoscopic to open approach is required (H) (Anaes.) (Assist.)

MBS fee: \$865.85

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system

Amended item 30448 Cholecystectomy involving removal of common duct calculi via the cystic duct

Overview: Providing for cholecystectomy performed via any approach.

Item Descriptor: Cholecystectomy, by any approach, involving removal of common duct calculi via the cystic duct, with or without stent insertion (H) (Anaes.) (Assist.)

MBS fee: \$1,012.35

PHI Classification: Type A – Advanced Surgical patient **Clinical Category:** Digestive system

Amended item 30449 Cholecystectomy with removal of common duct calculi via choledochotomy

Overview: Providing for cholecystectomy and choledochotomy by any approach.

Item Descriptor: Cholecystectomy with removal of common duct calculi via choledochotomy, by any approach, with or without insertion of a stent (H) (Anaes.) (Assist.)

MBS fee: \$1,125.70

PHI Classification: Type A – Advanced Surgical patient **Clinical Category:** Digestive system



Amended item 30450 Extraction of calculus from the biliary tract

Overview: Removal of extraction of calculus from the renal tract from this item as this is provided for under renal item numbers.

Item Descriptor: Calculus of biliary tract, extraction of, using interventional imaging techniques (Anaes.) (Assist.)

MBS fee: \$545.65

PHI Classification: Type A – Surgical patient **Clinical Category:** Digestive system

Amended item 30454 Choledochotomy without cholecystectomy

Overview: Item will provide for choledochotomy without cholecystectomy.

Item Descriptor: Choledochotomy without cholecystectomy, with or without removal of calculi (H) (Anaes.) (Assist.)

MBS fee: \$1,371.65

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30455 Choledochotomy with cholecystectomy

Overview: Item will provide for choledochotomy with cholecystectomy, inclusion of biliary intestinal anastomosis

Item Descriptor: Choledochotomy with cholecystectomy, with removal of calculi, including biliary intestinal anastomosis (H) (Anaes.) (Assist.)

MBS fee: \$1,371.65

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system



Amended item 30461 Radical resection of porta hepatis

Overview: Reflecting current best surgical practice in performing radical resection of the porta hepatis and subsequent restoration of connection between biliary and enteric systems. Clarification that patients with cancer or suspected cancer or a choledochal cyst can be treated under this item. Restricting with items 30440 (cholangiogram, percutaneous transhepatic, and insertion of biliary drainage tube), 30451 (exchange of biliary drainage tube) and 31454 (laparoscopy with drainage of bile).

Item Descriptor: Radical resection of porta hepatis (including associated neuro-lymphatic tissue), for cancer, suspected cancer or choledochal cyst, including bile duct excision and biliary-enteric anastomoses, other than a service associated with a service to which item 30440, 30451 or 31454 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,538.30

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30463 Radical resection of common hepatic duct and right and left hepatic ducts with 2 duct anastomoses

Overview: The descriptor better reflects current best surgical practice.

Item Descriptor: Radical resection of common hepatic duct and right and left hepatic ducts, with 2 duct anastomoses, for cancer, suspected cancer or choledochal cyst (H) (Anaes.) (Assist.)

MBS fee: \$1,888.75

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30464 Radical resection of common hepatic duct and right and left hepatic ducts, involving more than 2 anastomoses and/or resection of segment or major portion of segment of liver

Overview: The descriptor better reflects current best surgical practice and more clearly defines the procedure.

Item Descriptor: Radical resection of common hepatic duct and right and left hepatic ducts, for cancer, suspected cancer or choledochal cyst, involving either or both of the following:

- (a) more than 2 anastomoses;
 - (b) resection of segment (or major portion of segment) of liver
- (H) (Anaes.) (Assist.)



MBS fee: \$2,266.50

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30472 Repair of bile duct injury, including immediate reconstruction

Overview: Providing for immediate reconstruction, restricting with item 30584 (Whipple's operation). The new descriptor is more reflective of the underlying principle of the item, which is for the repair of a bile duct injury and not reconstruction in association with another elective procedure, such as a Whipple's pancreatic head resection (item 30584).

Item Descriptor: Repair of bile duct injury, including immediate reconstruction, other than a service associated with a service to which item 30584 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,386.90

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 31472 Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y to provide biliary drainage or bypass

Overview: Clarification that this procedure is to revise a previous biliary surgery, restricting with item 30584 (Whipple's operation).

Item Descriptor: Cholecystoduodenostomy, cholecystoenterostomy, choledochojejunostomy or Roux-en-y loop to provide biliary drainage or bypass, other than a service associated with a service to which item 30584 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,399.80

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system



Explanatory Note TN.8.# Cholangiography and cholecystectomy items (items 30439, 30442, 30445)

Overview: Introducing a new explanatory note about co-claiming of cholangiography and cholecystectomy items.

Explanatory note text:

An Intraoperative ultrasound of the biliary tract or operative cholangiography (30439) can be claimed in association with a cholecystectomy (item 30448 or 30449).

A choledochoscopy (item 30442) can be claimed in association with a cholecystectomy (30448).

For item 30445 an attempt at cholangiography requires use of a cholangiography catheter and presence of radiography staff and equipment in theatre.

Deleted item 30446 Laparoscopic cholecystectomy when procedure is completed by laparotomy (H) (Anaes.) (Assist.) MBS Fee: \$762.45 (This service is covered by other cholecystectomy item numbers in this group)

Deleted item 30466 Intrahepatic biliary bypass of left hepatic ductal system by Roux-en-Y loop to peripheral ductal system (H) (Anaes.) (Assist.) MBS Fee: \$1,295.30 (combined into new item 30780)

Deleted item 30467 Intrahepatic bypass of right hepatic ductal system by Roux-en-Y loop to peripheral ductal system (H) (Anaes.) (Assist.) MBS Fee: \$1,602.25 (combined into new item 30780)

Where can I find more information?

For questions relating to implementation, or to the interpretation of the changes to general surgery MBS items prior to 1 July 2021, please email 1july2021MBSchanges.generalsurgery@health.gov.au. Questions regarding the PHI Classifications should be directed to PHI@health.gov.au.

If you have a query relating exclusively to interpretation of the Schedule after the changes to the general surgery items have been implemented on 1 July 2021, please email askMBS@health.gov.au.

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.