



Changes to oncology procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30810***

Amended items: **30419**

Deleted items: **30578 30580 30581**

*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.



Oncology procedure MBS services changes

New item 30810* Exploration of pancreas or duodenum for endocrine tumour

Overview: Introducing a new item that combines existing items 30578 (exploration of pancreas or duodenum, followed by local excision of pancreatic tumour), 30580 (exploration of pancreas or duodenum, followed by local excision of duodenal tumour) and 30581 (exploration of pancreas or duodenum for, but no tumour found). Items 30578, 30580 and 30581 will be deleted.

Item Descriptor: Exploration of pancreas or duodenum for endocrine tumour, including associated imaging, either:
(a) followed by local excision of tumour; or
(b) when, after extensive exploration, no tumour is found
(H) (Anaes.) (Assist.)

MBS fee: \$1,193.70

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

Amended item 30419 Destruction of liver tumours (other than hepatocellular carcinomas) by local ablation

Overview: Specifying that the item provides for ablation of liver tumours other than hepatocellular carcinomas (item 50950), providing for flexibility in ablation approach.

Item Descriptor: Liver tumour, other than a hepatocellular carcinoma, destruction of one or more, by local ablation, other than a service associated with a service to which item 50950 or 50952 applies (Anaes.) (Assist.)

MBS fee: \$850.20

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

Explanatory Note TN.8.# Exploration of pancreas or duodenum for endocrine tumour (Item 30810)

Overview: Introducing a new explanatory note to define 'extensive exploration' in item 30810.

Explanatory note text:

Extensive exploration includes full surgical exposure of the pancreas with intraoperative ultrasound or endoscopy as required.



Deleted item 30578 Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of pancreatic tumour (H) (Anaes.) (Assist.)
MBS Fee: 1,183.05 (combined into new item 30810)

Deleted item 30580 Endocrine tumour, exploration of pancreas or duodenum, followed by local excision of duodenal tumour (H) (Anaes.) (Assist.) MBS Fee:
\$1,078.10 (combined into new item 30810)

Deleted item 30581 Endocrine tumour, exploration of pancreas or duodenum for, but no tumour found (H) (Anaes.) (Assist.)
MBS Fee: \$786.15 (combined into new item 30810)

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 proposed 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.