



Minor amendment to MBS Item 32230 for Endoscopic Mucosal Resection (EMR)

DRAFT CHANGES SUBJECT TO THE PASSAGE OF LEGISLATION

Last updated: 25 November 2021

- From 1 January 2022, item 32230 for endoscopic mucosal resection will be amended to allow a period of up to six months between the service covered by item 32230 and a relevant diagnostic colonoscopy service.
- This change is relevant to specialist gastroenterologists and surgical endoscopists.

What are the changes?

From 1 January 2022:

- MBS item 32230 for endoscopic mucosal resection (EMR) for patients with large (≥ 25 mm) sessile or flat colorectal polyps will be amended to clarify the service can be performed within a period of six months following a diagnostic colonoscopy service (items 32222, 32223, 32224, 32225, 32226 or 32228).

Why are the changes being made?

Item 32230 was listed on the MBS on 1 November 2021, following a recommendation by the Medical Services Advisory Committee (MSAC) in July 2020.

The current wording in the item descriptor specifies that the service covered by item 32230 must be provided in association with a diagnostic colonoscopy service (item 32222, 32223, 32224, 32225, 32226 or 32228), i.e. on the same day.

The change will allow the service covered by item 32230 to be provided up to six months following a diagnostic colonoscopy service (item 32222, 32223, 32224, 32225, 32226 or 32228).

The amendment reflects Government policy as announced in the 2021-22 Budget under the *Guaranteeing Medicare – changes to the Medicare Benefit Schedule* measure.

What does this mean for providers?

As explained above.

How will these changes affect patients?

There are no material changes for patients.



Who was consulted on the changes?

A number of peak bodies were contacted during the targeted MSAC consultation process. The amendment reflects current clinical practice.

How will the changes be monitored and reviewed?

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

Amended item descriptor (to take effect from 1 January 2022 subject to the approval of legislation)

32230	<p>Endoscopic mucosal resection using electrocautery of a non-invasive sessile or flat superficial colorectal neoplasm which is at least 25mm in diameter, if the service is:</p> <ul style="list-style-type: none">(a) provided by a specialist gastroenterologist or surgical endoscopist; and(b) supported by photographic evidence to confirm the size of the polyp in situ, and(c) performed within 6 months after in association with a service to which item 32222, 32223, 32224, 32225, 32226 or 32228 applies has been performed <p>Applicable only once per polyp (H) (Anaes.)</p> <p>Fee: \$695.25 Benefit: 75% = \$521.45</p>
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Where can I find more information?

The current item descriptor and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. The updated item descriptor (set out above) will be live on the website from 1 January 2022.

You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au) 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 and you will 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.