



Changes to MBS Items for colonoscopy services factsheet

Last updated: 27 September 2019

- From 1 November 2019, the Medicare Benefits Schedule (MBS) items for colonoscopy services will be restructured to align MBS arrangements with clinical guidelines. These changes will facilitate provision of effective, evidence-based colonoscopy services; reduce low-value care; and improve access to MBS-funded colonoscopy services for those who need it.
- These changes are relevant for all specialists involved in the management of colonoscopy services, consumers claiming these services, and private health insurers.

What are the changes?

From 1 November 2019, there will be a revised structure for items for colonoscopy services. The revised structure includes:

- 8 new items (32222, 32223, 32224, 32225, 32226, 32227, 32228 and 32229) which include:
 - 7 new items for endoscopic examination of the colon to the caecum by colonoscopy (32222 to 32228)
 - 1 new item (32229) for the removal of one or more polyps during colonoscopy, in association with a service to which an item 32222 to 32228 applies.
- 4 deleted items which include:
 - 1 deleted item (32090) that will be replaced by the 7 new items for endoscopic examination of the colon to the caecum by colonoscopy (32222 to 32228)
 - 1 deleted item (32093) that will be replaced by new item 32229 for polypectomy during colonoscopy in association with a service to which an item 32222 to 32228 applies
 - 2 deleted items (32088 and 32089) specific to the National Bowel Cancer Screening Program that are considered obsolete due to a positive Faecal Occult Blood Test (FOBT) indication being consolidated into new item 32222.
- 1 new explanatory note to detail the appropriate use of items 32222 to 32229, which includes:
 - co-claiming one of the new colonoscopy items (32222 to 32228) with item 32229 where a polyp/polyps are removed;
 - appropriate colonoscopy intervals where a patient has a positive FOBT and subsequent colonoscopy with no abnormality detected (32222);
 - direction that MBS item 32084 should be billed if colonoscopy preparation is inadequate to allow visualisation to the caecum



- definition of previous history (items 32222 to 32225)
- definition of moderate risk of colorectal cancer due to family history (32224)
- detail on exemption item (32228)
- detail and examples on time intervals for repeat colonoscopy (32223, 32224, 32225, and 32226)
- Minor amendment to two explanatory notes (TN.8.17 and TN.8.134) to remove deleted item numbers and add reference to new item numbers.

To learn more about the changes to colonoscopy, please see the quick reference guide, frequently asked questions and claiming examples sheet.

Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to colonoscopy services needed to be made to encourage best practice, improve patient care and safety, and ensure MBS services provide value to the patient and the healthcare system. They did this by better defining clinical indications for colonoscopy services, and by setting appropriate surveillance intervals of patients who are at increased risk of developing colorectal cancer.

These changes are a result of a review by the Taskforce, which was informed by the Gastroenterology Clinical Committee and extensive discussion with key stakeholders. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health website (www.health.gov.au).

What does this mean for providers?

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

How will these changes affect patients?

Patients will receive Medicare rebates for colonoscopy services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Gastroenterology Clinical Committee was reconvened in 2018 by the Taskforce to provide broad clinician and consumer expertise in the review of MBS items specific to colonoscopy.

The MBS Review included a public consultation process. Peak bodies, including the Gastroenterological Society of Australia, the Colorectal Surgical Society of Australia and New Zealand, and the Royal Australian College of General Practitioners were directly contacted for feedback.

Feedback from peak bodies and a number of other stakeholders, including colleges, individual health professionals, and consumers, was considered by the Gastroenterology Clinical Committee prior to making its final recommendations to the Taskforce.



How will the changes be monitored and reviewed?

Service use of the new MBS colonoscopy items will be monitored and reviewed post implementation.

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

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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 MBS 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 1973 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 Department of Human Services 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 [Department of Human Services website](#) or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 1 October 2019 and can be accessed 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