



Colorectal Surgery Services Fact Sheet

Last updated: 22 July 2022

- From 1 July 2022, MBS items for colorectal surgery services are changing to better align these services with contemporary and evidence-based treatment.
- These changes are relevant for colorectal surgeons, hospitals, medical administrators, insurers and relevant allied health professionals operating in the private health system.
- Colorectal surgeons will need to claim the new MBS item numbers from 1 July 2022.

What are the changes?

From 1 July 2022, there will be a revised structure for items for colorectal surgery medical services. The new structure includes 64 items. The changes include:

- 9 amended (32004, 32005, 32006, 32024, 32025, 32026, 32028, 32030, 32033) items for hemicolectomy, total colectomy and rectal resection
- 1 amended item (32060) for proctocolectomy and ileal pouch services
- 2 amended items (32096, 32106) and 2 **new** items **32231** and **32232** for rectal tumours
- 2 **new** items **32233** and **32234**, 2 amended items (32117, 32129), 2 deleted items (32126, 32120) for rectal prolapse, rectal strictures and anal sphincter repair procedures
- 4 deleted items (32132, 32138, 32153, 32168), 5 amended items (32135, 32139, 32150, 32156, 32165), 2 **new** items **32235** and **32236** for haemorrhoids, fistulae and anal repair procedures
- 4 deleted items (32200, 32203, 32206, 32209) for graciloplasty.
- 1 **new** item **32237** and 4 amended items (32213, 32215, 32216, 32218) for sacral nerve leads.
- 2 deleted items (32029, 32220) and 1 amended item (32171) for other colorectal services.

The new structure also includes 33 items that remain unchanged (32000, 32003, 32009, 32012, 32015, 32018, 32021, 32042, 32045, 32046, 32054, 32057, 32063, 32066, 32039, 32051, 32069, 32105, 32108, 32123, 32131, 32147, 32159, 32162, 32166, 32174, 32175, 11833, 32186, 32212, 32036, 32047, 32183).

Note: From 6 July 2022, a new temporary MBS item was introduced for ventral mesh rectopexy for the repair of rectal prolapse. This temporary item will ensure patients can continue to access affordable ventral mesh rectopexy services, following a change to item 32117 (for abdominal rectopexy) from 1 July 2022. Further information is available on the MBS Online Fact Sheets page for July 2022.

Note: From 1 August 2022, an additional amendment will be made to item 32006 (left hemicolectomy). This amendment will correct an issue in the item descriptor wording. It will clarify that, from 1 August 2022, item 32006 should not be co-claimed with item 32024, 32025, 32026 or 32028. This will better align the item with the original intent of the MBS Review Taskforce recommendation. Further information on this amendment is available on the MBS Online Fact Sheets page for August 2022.

To learn more about the changes to colorectal surgery services, please see the quick reference guide and FAQs.

Why are the changes being made?

These changes are a result of the review by the MBS Review Taskforce (the Taskforce), which was informed by its Colorectal Surgery Clinical Committee and consultation with key stakeholders.

The changes were announced in the 2021-2022 Budget and recommended because:

- The previous colorectal surgery schedule was outdated and separated some items unnecessarily.
- The revised colorectal surgery listings better describe the procedures being performed by colorectal surgeons, reflecting the contemporary practice of colorectal surgery.
- The changes will help to ensure the ongoing sustainability of the MBS by preventing inappropriate claiming of multiple MBS items.

More information about the Taskforce and its associated Committees is available in [Medicare Benefits Schedule Review](#) section of the Department of Health and Aged Care (the Department) website ([Department of Health and Aged Care](#)).

A full copy of the Colorectal Surgery Clinical Committee's final report can be found in the [Report from the Colorectal Surgery Clinical Committee](#) section of the Department's website ([Department of Health and Aged Care](#)).

What does this mean for providers?

Providers will need to familiarise themselves with the new structure of the colorectal surgery schedule, and any associated rules and explanatory notes. All items are located on the MBS, within Subgroup 2 (Colorectal Surgery) of Group T8 (Surgical Operations).

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 colorectal surgery services that are clinically appropriate and reflect modern clinical practice. Patients are expected to benefit as the changes address concerns regarding patient safety and quality of care, and because the changes seek to simplify the MBS and make it easier to use and understand the items.

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.

Who was consulted on the changes?

The Colorectal Surgery Clinical Committee was established in May 2018 by the Taskforce, to provide broad clinician and consumer expertise. The MBS Review included a public consultation process on the proposed changes from 29 November 2018 to 8 March 2019. Feedback was received from a range of stakeholders and was considered by the Colorectal Surgery Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review, the Department worked with relevant stakeholders through the Colorectal Surgery Implementation Liaison Group (ILG) to support the effective implementation of changes to the colorectal surgery MBS items. The ILG included representatives from the Colorectal Surgery Society of Australia and New Zealand (CSSANZ), the Australian Medical Association (AMA), the Royal Australian College of Surgeons (RACS), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Gastroenterological Society of Australia (GESA), the Australian Association of Stomal Therapy Nursing (AASTN), the Consumers Health Forum of Australia (CHF), and the private hospital and private health insurance sectors.

How will the changes be monitored and reviewed?

The Department regularly reviews the usage of new and amended MBS items in consultation with the profession.

Colorectal surgery 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 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 when available can be accessed via 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.