



Changes to MBS Items for colonoscopy services factsheet

Last updated: 15 April 2020

- From 1 May 2020, the Medicare Benefits Schedule (MBS) items for three colonoscopy items will be amended. These changes will ensure continued 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 May 2020, there will be minor changes to three MBS item descriptors for colonoscopy services. The changes are:

- Items 32084 and 32087:
 - Item 32084 - Sigmoidoscopy or colonoscopy up to the hepatic flexure, with or without biopsy, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.).
 - Item 32087 - Endoscopic examination of the colon up to the hepatic flexure by sigmoidoscopy or colonoscopy for the removal of one or more polyps, other than a service associated with a service to which any of items 32222 to 32228 applies (Anaes.).
- Item 32224:
 - Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to:
 - (a) a history of adenomas, including an adenoma that:
 - (i) was 10 mm or greater in diameter; or
 - (ii) had villous features; or
 - (iii) had high grade dysplasia; or
 - (iv) was an advanced serrated adenoma; or
 - (b) having had a previous colonoscopy that revealed 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia

Applicable only once in any 3 year period (Anaes.)



Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to the descriptor for items 32084 and 32087 were required to reflect modern clinical practice, and that amending the item descriptor for item 32224 removes the ambiguity around the current descriptor. The updates to these items builds upon previously implemented colonoscopy changes as well as feedback received from changes implemented on 1 November 2019.

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 via the [Medicare Benefits Schedule Review](#) page, within the 'for consumers' tab.

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor 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 continue to 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 Taskforce prior to making its final recommendations to the Government.

How will the changes be monitored and reviewed?

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

All colonoscopy items will continue to 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 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available in April 2020 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