MBS Review recommendations: Colonoscopy services

## Date of change: 1 May 2020

## Amended items: 32084 32087 32224

## Revised Items

* The descriptors for items 32084 and 32087 have been amended to reflect modern clinical practice.
* The descriptor for item 32224 has been amended to remove ambiguity around the descriptor.

## Patient impacts

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

## Restrictions or requirements

* There are no changes to the restrictions or requirements for these items.
* Item 32224 (colonoscopy for a patient who has a moderate risk of colorectal cancer) has been amended to clarify that it can be claimed for patients who have a history of adenomas, including an adenoma that was 10 mm (or greater) in diameter. This service remains claimable once in any 3-year period.

Amended item 32084 – Sigmoidoscopy or colonoscopy with or without biopsy

Overview: The item descriptor has been amended to reflect modern clinical practice by better defining the procedural examination of the colon.

Descriptor: 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.)

MBS fee: $113.15 (no change)

Benefit: 75% = $84.90 85% = $96.20

Amended item 32087 – Sigmoidoscopy or colonoscopy for removal of one or more polyps

Overview: The item descriptor has been amended to reflect modern clinical practice by removing the reference to fiberoptic.

Descriptor: 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.)

MBS fee: $208.00 (no change)

Benefit: 75% = $156.00 85% = $176.80

Amend item 32224 – Endoscopic examination of the colon to the caecum

Overview: Amend item descriptor to remove ambiguity in the item descriptor by clarifying that the item can be claimed for patients with a history of adenomas that are greater than or equal to 10 mm in diameter.

Descriptor: 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 revealed5 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.)

MBS fee: $339.70 (no change)

Benefit: 75% = $254.80 85% = $288.75**.**

To view previous item descriptors and deleted items, visit MBS Online at [www.mbsonline.gov.au](https://protect-au.mimecast.com/s/Mx3bCxngGVH9J8zcvfYJU?domain=mbsonline.gov.au), navigate to ‘Downloads’ and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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, and does not account for MBS changes since that date.