



Changes to liver procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30770 30771**

Amended items: **30416 30417 30421 30430 30431 30433 50950 50952**

Deleted items: **30434 30436 30437 30438 30602 30603 30605**

Revised structure

- **6 July 2021 update: this factsheet now includes the final item descriptors and fees (inclusive of 1 July 2021 indexation) for the new and amended items listed above. Only minor wording changes were made to the item descriptors during the drafting of the legislation, there have been no changes to the clinical intent of the items.**
- From 1 July 2021, Medicare Benefits Schedule (MBS) items for general surgery services are changing to reflect contemporary practice. These changes are a result of MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- There will be changes to MBS services pertaining to general surgery categories: Laparoscopy and Laparotomy; Small Bowel Resection; Abdominal Wall Hernias; Oesophageal; Stomach; Liver; Biliary; Pancreas; Spleen; Oncology; Lymph Nodes; Excisions; and Bariatric.
- These changes are relevant for surgeons involved in the performance and claiming of eligible general surgery services; consumers claiming these services; private health insurers; and private hospitals.
- From 1 July 2021, billing practices will need to be adjusted to reflect these changes.

Patient impacts

Patients will receive Medicare rebates for general surgery services that are clinically appropriate and reflect modern clinical practice. Additionally, 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. In some cases, the changes will help doctors refer patients for the most suitable test/procedure for them.

Restrictions or requirements

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



Liver procedure MBS services changes

New item 30770 Removal of contents of hydatid cyst of liver

Overview: Introducing a new item that combines existing items 30434 (removal of contents of hydatid cyst of liver, peritoneum or viscus), 30436 (removal of contents of hydatid cyst of liver, peritoneum or viscus with omentoplasty or myeloplasty), 30437 (excision of hydatid cyst of liver by cysto-pericystectomy) and 30438 (excision of hydatid cyst of liver with drainage and excision of liver tissue). Items 30434, 30436, 30437 and 30438 will be deleted.

Item Descriptor: Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (H) (Anaes.) (Assist.)

MBS fee: \$870.25

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system

New item 30771 Porto-caval, meso-caval or selective spleno-renal shunt for portal hypertension

Overview: Introducing a new item that combines existing items 30602 (porto-caval shunt for portal hypertension), 30603 (meso-caval shunt for portal hypertension) and 30605 (selective spleno-renal shunt for portal hypertension). Items 30602, 30603 and 30605 will be deleted.

Item Descriptor: Portal hypertension, porto-caval, meso-caval or selective spleno-renal shunt for (H) (Anaes.) (Assist.)

MBS fee: \$1,755.20

PHI Classification: Type A - Advanced surgical patient **Clinical Category:** Digestive system

Amended item 30416 Marsupialisation of 4 or less liver cysts

Overview: Providing for laparoscopic or laparotomy marsupialisation approach, specifying that item can be claimed once for 1-4 marsupialised cysts.

Item Descriptor: Liver cysts, greater than 5 cm in diameter, marsupialisation of 4 or less (H) (Anaes.) (Assist.)

MBS fee: \$779.30

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system



Amended item 30417 Marsupialisation of 5 or more liver cysts

Overview: Providing for laparoscopic or laparotomy marsupialisation approach, specifying that item can be claimed once for 5 or more marsupialised cysts.

Item Descriptor: Liver cysts, greater than 5 cm in diameter, marsupialisation of 5 or more (H) (Anaes.) (Assist.)

MBS fee: \$1,168.90

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30421 Extended lobectomy of the liver or central resections of segments 4, 5 and 8 - other than for trauma

Overview: Providing for central resections of segments 4, 5 and 8.

Item Descriptor: Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, other than for trauma (H) (Anaes.) (Assist.)

MBS fee: \$2,077.50

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30430 Extended lobectomy of the liver or central resections of segments 4, 5 and 8 - for trauma

Overview: Providing for central resections of segments 4, 5 and 8.

Item Descriptor: Liver, extended lobectomy of, or central resections of segments 4, 5 and 8, for trauma (Anaes.) (Assist.)

MBS fee: \$2,417.40

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system



Amended item 30431 Drainage of liver abscess

Overview: Providing for open or minimally invasive approach, specifying that aftercare is not included in this item.

Item Descriptor: Liver abscess, single, open or minimally invasive abdominal drainage of, excluding aftercare (Anaes.) (Assist.)

MBS fee: \$542.40

PHI Classification: Type A – Surgical patient **Clinical Category:** Digestive system

Amended item 30433 Drainage of liver abscess (multiple)

Overview: Providing for open or minimally invasive approach, specifying that aftercare is not included in this item.

Item Descriptor: Liver abscess, multiple, open or minimally invasive abdominal drainage of, excluding aftercare (H) (Anaes.) (Assist.)

MBS fee: \$755.45

PHI Classification: Type A – Surgical patient **Clinical Category:** Digestive system

Amended item 50950 Destruction of unresectable primary malignant tumour of the liver by percutaneous ablation

Overview: Providing for flexibility in percutaneous ablation approach.

Item Descriptor: Unresectable primary malignant tumour of the liver, destruction of, by percutaneous ablation (including any associated imaging services), other than a service associated with a service to which item 30419 or 50952 applies (Anaes.)

MBS fee: \$850.20

PHI Classification: Type A – Surgical patient **Clinical Category:** Chemotherapy, radiotherapy and immunotherapy for cancer



Amended item 50952 Destruction of unresectable primary malignant tumour of the liver by open or laparoscopic ablation

Overview: Providing for flexibility in ablation approach.

Item Descriptor: Unresectable primary malignant tumour of the liver, destruction of, by open or laparoscopic ablation (including any associated imaging services), if a multi-disciplinary team has assessed that percutaneous ablation cannot be performed or is not practical because of one or more of the following clinical circumstances:

- (a) percutaneous access cannot be achieved;
 - (b) vital organs or tissues are at risk of damage from the percutaneous ablation procedure;
 - (c) resection of one part of the liver is possible, however there is at least one primary liver tumour in an unresectable portion of the liver that is suitable for ablation;
- other than a service associated with a service to which item 30419 or 50950 applies (Anaes.)

MBS fee: \$850.20

PHI Classification: Type A – Surgical patient **Clinical Category:** Chemotherapy, radiotherapy and immunotherapy for cancer

Deleted item 30434 Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles (H) (Anaes.) (Assist.)

MBS Fee: \$606.50 (combined into new item 30770)

Deleted item 30436 Hydatid cyst of liver, peritoneum or viscus, complete removal of contents of, with or without suture of biliary radicles, with omentoplasty or myeloplasty (H) (Anaes.) (Assist.) MBS Fee: \$673.85 (combined into new item 30770)

Deleted item 30437 Hydatid cyst of liver, total excision of, by cysto-pericystectomy (membrane plus fibrous wall) (H) (Anaes.) (Assist.) MBS Fee: \$838.70 (combined into new item 30770)

Deleted item 30438 Hydatid cyst of liver, excision of, with drainage and excision of liver tissue (Anaes.) (Assist.) MBS Fee: \$1,186.80 (combined into new item 30770)

Deleted item 30602 Portal hypertension, porto-caval shunt for (H) (Anaes.) (Assist.) MBS Fee: \$1,602.25 (combined into new item 30771)

Deleted item 30603 Portal hypertension, meso-caval shunt for (Anaes.) (Assist.) MBS Fee: \$1,692.15 (combined into new item 30771)



Deleted item 30605 Portal hypertension, selective spleno-renal shunt for (H) (Anaes.) (Assist.) MBS Fee: \$1,924.25 (combined into new item 30771)

Where can I find more information?

For questions relating to implementation, or to the interpretation of the changes to general surgery MBS items prior to 1 July 2021, please email 1july2021MBSchanges.generalsurgery@health.gov.au. Questions regarding the PHI Classifications should be directed to PHI@health.gov.au.

If you have a query relating exclusively to interpretation of the Schedule after the changes to the general surgery items have been implemented on 1 July 2021, please email askMBS@health.gov.au.

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.