



Changes to Small Bowel Resection procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30730, 30731, 30732***

Deleted items: **30564, 30566, 30568, 30569**

*Amendment to explanatory note or introduction of new explanatory note

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 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.



Small Bowel Resection procedure MBS services changes

New item 30730 Resection of small intestine

Overview: Introducing a new item that combines existing items 30564 (small bowel stricturoplasty for chronic inflammatory bowel disease) and 30566 (resection of small intestine). Items 30564 and 30566 will be deleted.

Item Descriptor:

Small intestine, resection of, including either of the following:

- (a) a small bowel diverticulum (such as Meckel's procedure) with anastomosis;
- (b) stricturoplasty (H) (Anaes.) (Assist.)

MBS fee: \$1,007.10

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Digestive system

New item 30731 Intraoperative enterotomy for visualisation of the small intestine

Overview: Introducing a new item that combines existing items 30568 (Intraoperative enterotomy for visualisation of the small intestine by endoscopy) and 30569 (Endoscopic examination of small bowel with flexible endoscope passed at laparotomy). Items 30568 and 30569 will be deleted.

Item Descriptor: Intraoperative enterotomy for visualisation of the small intestine by endoscopy, including endoscopic examination using a flexible endoscope, with or without biopsies (H) (Anaes.) (Assist.)

MBS fee: \$ 755.45

PHI Classification: Type A - Surgical patient

Clinical Category: Gastrointestinal endoscopy

New item 30732* Peritonectomy surgery of duration greater than 5 hours

Overview: Introducing a new item for peritonectomy surgery that provides a single benefit for the procedures performed for the surgery and hyperthermic intra-peritoneal chemotherapy. This item supports the MBS complete medical service principle.

Item Descriptor: Peritonectomy, lasting more than 5 hours, including hyperthermic intra-peritoneal chemotherapy (H) (Anaes.) (Assist.)

MBS fee: \$4,136.10

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Common Treatment



Explanatory Note TN.8.# Peritonectomy surgery - (item 30732)

Overview: Introducing a new explanatory note to specify that item 30732 cannot be co-claimed with the MBS items for the individual procedures performed as part of the surgery or chemotherapy items.

Explanatory note text:

Item 30732 (peritonectomy of duration greater than 5 hours, including hyperthermic intra-peritoneal chemotherapy) represents a complete medical service and is inclusive of all procedures performed as part of peritonectomy surgery and chemotherapy. Accordingly, item 30732 cannot be co-claimed with the MBS items for the individual procedures performed as part of the surgery or chemotherapy items.

Note the time requirement for item 30732 refers to operative time only, not overall theatre utilisation time.

On the occasion that peritonectomy surgery is completed in less than 5 hours, and therefore not meeting the item requirements for item 30732, it may be appropriate for relevant individual procedure and chemotherapy items to be claimed, if the requirements of these items are met, with application of the multiple operations rule.

Deleted item 30564 Small bowel strictureplasty for chronic inflammatory bowel disease (H) (Anaes.) (Assist.) MBS Fee: \$796.40 (combined into new item 30730)

Deleted item 30566 Small intestine, resection of, with anastomosis, on a person 10 years of age or over (H) (Anaes.) (Assist.) MBS Fee: \$998.10 (combined into new item 30730)

Deleted item 30568 Intraoperative enterotomy for visualisation of the small intestine by endoscopy (H) (Anaes.) (Assist.) MBS Fee: \$748.70 (combined into new item 30731)

Deleted item 30569 Endoscopic examination of small bowel with flexible endoscope passed at laparotomy, with or without biopsies (H) (Anaes.) (Assist.) MBS Fee: \$381.75 (combined into new item 30731)



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.