



## Changes to spleen procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30800**

Deleted items: **30597 31470**

### Revised structure

- **6 July 2021 update: this factsheet now includes the final item descriptor and fee (inclusive of 1 July 2021 indexation) for new item 30800. Only minor wording changes were made to the new item descriptor during the drafting of the legislation, the clinical intent of the item has not changed.**
- 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.



## Spleen procedure MBS services changes

### New item 30800 Splenectomy

**Overview:** Introducing a new item that combines existing items 30597 (splenectomy) and 31470 (Laparoscopic splenectomy, on a person 10 years of age or over). Items 30597 and 31470 will be deleted.

**Item Descriptor:** Splenectomy, by open or minimally invasive approach, other than a service to which item 30792 applies (H) (Anaes.) (Assist.)

**MBS fee:** \$749.40

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

### Deleted item 30597 Splenectomy (H) (Anaes.) (Assist.)

**MBS Fee:** \$742.70 (combined into new item 30800)

### Deleted item 31470 Laparoscopic splenectomy, on a person 10 years of age or over (H) (Anaes.) (Assist.) MBS Fee: \$742.70 (combined into new item 30800)

## 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](mailto:1july2021MBSchanges.generalsurgery@health.gov.au). Questions regarding the proposed PHI classifications should be directed to [PHI@health.gov.au](mailto: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](mailto: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.*