



Ongoing item 32118 for minimally invasive ventral rectopexy

Last updated: 25 January 2024

- From 1 March 2024, an ongoing Medicare Benefits Schedule (MBS) item will be introduced for minimally invasive ventral rectopexy (MIVR) for the repair of external rectal prolapse or symptomatic high grade rectal intussusception.
- This item is relevant to surgeons delivering these services, patients receiving these services, medical administrators, private hospitals and private health insurers.

What are the changes?

Effective 1 March 2024, an ongoing MBS item will be introduced for MIVR.

The procedure involves minimally invasive surgery (laparoscopy or robotic-assisted surgery) involving ventral dissection of the extra-peritoneal rectum and suspension of the rectum from the sacral promontory by means of a prosthesis (synthetic mesh or biological graft).

The ongoing item for MIVR will replace the [temporary item for MIVR](#), so that MIVR services continue to be provided under item 32118.

The ongoing item will provide for the treatment of external rectal prolapse and symptomatic high grade rectal intussusception (the rectum descends to the level of or into the anal canal).

Cases of symptomatic high grade rectal intussusception must be confirmed by diagnostic imaging and not by other procedures, such as examination under sedation. The type of diagnostic imaging modality used is often defaecography or proctography, but this has not been specified in the item descriptor to allow for clinician discretion. Diagnostic imaging is not required for external rectal prolapse, which is visible on examination.

MIVR procedures will be performed in-hospital only, by colorectal surgeons or general surgeons with a sub-specialist interest in colorectal surgery, with expertise in the procedure.

The ongoing item will have an increased fee to reflect the complexity of the procedure.

For private health insurance purposes, item 32118 will continue to be listed under the following clinical category and procedure type:

- Clinical category: Digestive system
- Procedure type: Type A Advanced Surgical

Given the use of surgical mesh in the MIVR procedure, the Medical Services Advisory Committee (MSAC) recommended the creation of a clinical registry to record procedures and outcomes, and the department is currently exploring options to support such data collection.

Why are the changes being made?

MSAC recommended the listing of this item in November 2022, following its assessment of [MSAC Application 1685](#). Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

The introduction of an item for MIVR was also recommended by the MBS Review Taskforce (Taskforce), informed by its Colorectal Surgery Clinical Committee, to differentiate it from item 32117 for abdominal rectopexy. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care website](#).

A full copy of the Colorectal Surgery Clinical Committee's final report can be found in the [Clinical Committee section](#) of the [Department of Health and Aged Care website](#).

The listing was announced by the Australian Government as part of the 2023-24 Budget.

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes set out below, and any associated rules and explanatory notes. Providers have a responsibility to ensure that services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

The changes will ensure that patients with external rectal prolapse will continue to have access to affordable MIVR services. The changes will also provide access to MIVR procedures for patients with high grade rectal intussusception with severe symptoms who have failed to improve with conservative management.

Who was consulted on the changes?

The Colorectal Surgery Clinical Committee was established by the Taskforce in May 2018 to provide broad clinician and consumer expertise. The clinical committee released its recommendations for public consultation and considered feedback from stakeholders prior to making its final recommendations to the Taskforce.

Following the MBS Review, the department worked with relevant stakeholders through the Colorectal Surgery Implementation Liaison Group (ILG) to support the effective implementation of changes to the colorectal surgery MBS items and consulted with members of the ILG regarding the introduction of an item for MIVR.

The ILG included representatives from the Colorectal Surgical Society of Australia and New Zealand, Australian Medical Association, Gastroenterological Society of Australia, Royal Australasian College of Surgeons, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Australian Association of Stomal Therapy Nurses, Consumers Health Forum of Australia, private hospital and private health insurance sectors.

MSAC Application 1685 was released for public consultation, and the feedback received was considered as part of the MSAC assessment process.

How will the changes be monitored and reviewed?

Following implementation, the department will monitor and review the use of this item.

All colorectal surgery 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 the item and/or its fee, 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 and Aged Care 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.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Amended item descriptor (from 1 March 2024)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 2 – Colorectal

32118 (Temporary item)

~~Rectal prolapse, ventral mesh rectopexy of, not being a service associated with a service to which item 32025, 32026 or 32117 applies (H) (Anaes.) (Assist.)~~

Fee: \$1,382.70 — Benefit: 75% = \$1,037.05

32118 (New item)

Treatment of external rectal prolapse, or of symptomatic high grade rectal intussusception (the rectum descends to the level of or into the anal canal, confirmed by diagnostic imaging):

(a) by minimally invasive surgery involving:

(i) ventral dissection of the extra-peritoneal rectum; and

(ii) suspension of the rectum from the sacral promontory by means of a prosthesis; and

(b) including suspension of the vagina if performed, and any associated repair;

other than a service associated with a service to which item 30390, 35595 or 35597 applies (H) (Anaes.) (Assist.)

Fee: \$1,621.50 — Benefit: 75% = \$1,216.15

Private Health Insurance Classification:

- Clinical category: Digestive system
- Procedure type: Type A Advanced Surgical

Explanatory note:

Surgeons performing minimally invasive ventral rectopexy procedures should be colorectal surgeons or general surgeons with a sub-specialist interest in colorectal surgery, with experience in the procedure.

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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.