



Minor amendments regarding co-claiming restrictions related to endoscopic mucosal resection (EMR) item 32230

Last updated: 15 October 2025

- From 1 November 2025, minor amendments will be made regarding the co-claiming restrictions related to endoscopic mucosal resection (EMR) MBS item 32230.
- These changes are relevant for appropriately trained and accredited practitioners performing EMR services.

What are the changes?

Effective 1 November 2025, minor amendments will be made as follows:

- Sigmoidoscopy or colonoscopy items 32084 and 32087, and explanatory note TN.8.293, will be amended to add a co-claiming restriction with EMR item 32230.
- Explanatory note TN.8.293 will be amended to clarify that there is a co-claiming restriction already in place between polypectomy item 32229 and EMR item 32230.

Why are the changes being made?

EMR item 32230 with sigmoidoscopy or colonoscopy items 32084 and 32087

On 1 July 2024, changes were made to introduce a co-claiming restriction between EMR item 32230 and colonoscopy items 32222 – 32226 and 32228, which provide for colonoscopy to the caecum. This co-claiming restriction was introduced to reflect the original policy intent that EMR is inclusive of the colonoscopy service described in items 32222 – 32226 and 32228.

Minor amendments will ensure the co-claiming restriction also applies between EMR item 32230 and items 32084 and 32087, which provide for sigmoidoscopy or colonoscopy as far as the hepatic flexure, not all the way to the caecum.

EMR item 32230 with polypectomy item 32229

Further amendments to explanatory note TN.8.293 will clarify that there is a co-claiming restriction in place between EMR item 32230 and polypectomy item 32229.

In most patients, EMR would be preceded by a diagnostic colonoscopy, and any smaller polyps would be removed at this initial procedure. In the event a polypectomy is undertaken

during an EMR procedure, this polypectomy would be included in the EMR service, and practitioners are not able to co-claim item 32229 for the same patient on the same day.

Such co-claiming is prevented by item restrictions already in place between the EMR, colonoscopy and polypectomy items. These restrictions require polypectomy item 32229 to be claimed with a colonoscopy item (32222-32226 or 32228), but restrict EMR item 32230 with these colonoscopy items.

What does this mean for providers?

Providers should familiarise themselves with the minor amendments to item descriptors and explanatory notes set out below to support appropriate billing. 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?

Patients will continue to receive Medicare benefits for EMR services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted with the Gastroenterological Society of Australia and the Colorectal Surgical Society of Australia and New Zealand regarding the changes.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 to 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 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 descriptors (from 1 November 2025)

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 2 – Colorectal

32084

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 or 32230 applies (H) (Anaes.)

Fee: \$129.95 Benefit: 75% = \$97.50

32087

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 or 32230 applies (H) (Anaes.)

Fee: \$238.80 Benefit: 75% = \$179.10

TN.8.293 Endoscopic Mucosal Resection (item 32230)

Endoscopic mucosal resection (EMR) item 32230 is inclusive of the colonoscopy service described in items 32222, 32223, 32224, 32225, 32226, and 32228.

There is a same day, same provider, same patient restriction with claiming any of the colonoscopy items 32222, 32223, 32224, 32225, 32226, and 32228 with item 32230. This co-claiming restriction also applies to sigmoidoscopy or colonoscopy items 32084 and 32087 with item 32230.

EMR item 32230 is also inclusive of the removal of any additional polyp/s <=25mm that occurs during the procedure and cannot be co-claimed with polypectomy item 32229.

Category 3 – THERAPEUTIC PROCEDURES

Scenario 1

Should identification of a polyp ≥ 25 mm occur at time of colonoscopy and the provider is sufficiently skilled and the location of the procedure (facility) appropriately resourced, the polyp may be removed (resected) in situ at time of initial colonoscopy provided adequate consent was obtained by the endoscopist before the procedure.

Where this is the case, the provider will no longer bill a colonoscopy item 32222, 32223, 32224, 32225, 32226, or 32228, rather they will bill item 32230. **Where additional polyp/s ≤ 25 mm are also removed during the EMR procedure, this is included under item 32230. The provider is not able to co-claim polypectomy item 32229.**

Scenario 2

Where the provider is unable to remove the polyp/s ≥ 25 mm, and the patient is required to return to have the polyp removed, then the initial procedure identifying the polyp and thus the need for EMR would be billed to either 32222, 32223, 32224, 32225, 32226 or 32228 and the subsequent resection procedure to 32230.

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.