



Quick Reference Guide: Changes to Colorectal surgery services

Date of change: 1 July 2022

Amended item: 32004 32005 32006 32024 32025 32026 32028
32030 32033 32060 32096 32106 32117 32129
32135 32139 32150 32156 32165 32171 32213
32215 32216 32218

New items: 32231 32232 32233 32234 32235
32236 32237

Deleted items: 32120 32126 32132 32138 32153 32168 32200 32203
32206 32209 32029 32220 32210 32214 32217 32177
32180 32142 32145 32114 32115 32111 32112 32103
32104 32099 32102

Revised structure

From 1 July 2022, Medicare Benefits Schedule (MBS) items for colorectal procedural services are changing to reflect contemporary clinical practice. These changes are the result of MBS Review Taskforce (the Taskforce) recommendations following extensive consultation with stakeholders.

The changes include:

- Amended 24 items to accurately reflect current clinical practice and improve the definition of indications within descriptors.
- Created 7 new items as complete services, that represent the combination of 15 deleted items where similar procedures were separated, with no clinical reason to have separate items.
- Deleted 12 clinically obsolete items or items described in procedures that are adequately encompassed in other colorectal surgery items.
- Revised structure better describes the procedures being performed by colorectal surgeons, reflecting contemporary practice of colorectal surgery.

Note: From 6 July 2022, a new temporary MBS item was introduced for ventral mesh rectopexy for the repair of rectal prolapse. This temporary item will ensure patients can continue to access affordable ventral mesh rectopexy services, following a change to item 32117 (for abdominal rectopexy) from 1 July 2022. Further information is available on the MBS Online Fact Sheets page for July 2022.

Note: From 1 August 2022, an additional amendment will be made to item 32006 (left hemicolectomy). This amendment will correct an issue in the item descriptor wording. It will clarify that, from 1 August 2022, item 32006 is not to be co-claimed with item 32024, 32025, 32026 or 32028. This will better align the item with the original intent of the MBS Review Taskforce recommendation. Further information is available on the MBS Online Fact Sheets page for August 2022.

Patient impacts

- Patients will receive Medicare rebates for colorectal surgery services that are clinically appropriate and reflect modern clinical practice.
- These changes will provide access for patients to high-value colorectal procedures, leading to improved health outcomes.
- Patients should no longer receive different Medicare rebates for the same operation, as there should be less variation in the items claimed by different providers.

Restrictions or requirements

Providers should familiarise themselves with the changes to colorectal surgery services 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.

Same-Day Claiming Restriction:

'Not being a service associated with' refers to a restriction preventing the payment of a benefit when the service is performed in association, on the same occasion, with a specific MBS item or item range, another MBS item within the same group or subgroup or a similar type of service or procedure.

Claiming subsequent attendance items with items in Group T8 (items 30001 to 51171 of the MBS):

Some subsequent attendance items can't be billed on the same day with any Group T8 item equal to or greater than \$309.35 (These items include: 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6009, 6011, 6013, 6015, 6019, 6052, or 16404).

Specialist subsequent attendance items (111 or consultant physician items 117 and 120) can only be claimed on the same day as a surgical operation in Group T8 with a schedule fee of equal to or greater than \$309.35 if the procedure is urgent and not able to be predicted prior to the commencement of the attendance. Item 115 allows for co-claiming of a consultation item, if the nature of the consultation could not be predicted prior to the Group T8 procedure with an MBS Fee higher than \$309.35. It is expected that these items would be rarely required. Clinician records should clearly indicate the reasons why either the consultation or procedure is necessary including the clinical risk for the patient to defer.

Aftercare – post-operative care and treatment provided to patients after an operation:

Aftercare is the post-operative care and treatment provided to patients after a surgical operation or procedure. This includes all attendances until recovery and the final check or examination. Aftercare services can take place at a hospital, private rooms or a patient's home. MBS fees for most surgical items in MBS Group T8 include an aftercare component.

Some MBS services don't include aftercare, and this is noted in their description. Group T8 items not containing this note include aftercare. Schedule fees for most surgical items include normal post-operative care. This means you can't bill attendance items for normal aftercare. However, if the MBS description of the surgical item performed excludes aftercare in the item's description, an attendance item can be billed for providing aftercare.

Multiple Operation Rule (MOR) – applies when 2 or more MBS items from Category 3, Group T8 for services performed on a patient on one occasion:

The total schedule for all surgical items is calculated by applying the MOR. That is:

- 100% of the fee for the item with the highest schedule fee
- plus 50% of the fee for the item with the next highest schedule fee
- plus 25% of the fee for any further surgical items

Applying this rule results in one total schedule fee for all surgical items billed.

(see explanatory note [TN.8.2](#) at MBS Online for more information)

Amended item 32004 – Large intestine

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as item 32030.

Descriptor: Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) without anastomosis, not being a service associated with a service to which item 32000, 32003, 32005, 32006 or 32030 applies (H) (Anaes.) (Assist.).

MBS fee: : \$1,216.15

Benefit: 75% = \$912.15

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32005 – Large Intestine

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as item 32030.

Descriptor: Large intestine, subtotal colectomy (resection of right colon, transverse colon and splenic flexure) with anastomosis, not being a service associated with a service to which item 32000, 32003, 32004, 32006 or 32030 applies (H) (Anaes.) (Assist.).

MBS fee: \$1,373.85

Benefit: 75 % = \$1,030.40

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32006 – Left hemicolectomy

Overview: Amended descriptor should be co-claimed at the same time as items 32024, 32025, 32026 and 32028.

Item Descriptor: Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma), if associated with a service to which item 32024, 32025, 32026 or 32028 applies (H) (Anaes.) (Assist.)

Note: The Department has identified an issue with this amendment to item 32006. The item descriptor as it appears above specifies that item 32006 should be co-claimed with item 32024, 32025, 32026 or 32028. This was not the original intent of the Taskforce's recommendation, which was to restrict the co-claiming of item 32006 with these colorectal surgery items (32024, 32025, 32026 and 32028).

The Department has been working to rectify this issue at the earliest available opportunity and apologises for any inconvenience. We advise that an additional amendment will be made to item 32006 to rectify the issue, commencing 1 August 2022. This amendment will clarify that, from 1 August 2022, item 32006 is not to be co-claimed with item 32024, 32025, 32026 or 32028. Further information on this amendment is available on the MBS Online Fact Sheets page for August 2022.

MBS fee: \$1,216.15

Benefit: 75% = \$912.15

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32024 – Rectum, high restorative anterior resection with intraperitoneal anastomosis

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as items 32000 and 32030.

Item Descriptor: Rectum, high restorative anterior resection with intraperitoneal anastomosis (of the rectum) greater than 10cm from the anal verge excluding resection of sigmoid colon alone not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.).

MBS fee: \$1,442.60

Benefit: 75% = \$1,081.95

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32025 – Rectum, low restorative anterior resection with extraperitoneal anastomosis

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as items 32000 and 32030. An explanatory note will also be added.

Item Descriptor: Rectum, low restorative anterior resection with extraperitoneal anastomosis (of the rectum) less than 10 cm from the anal verge, with or without covering stoma not being a service associated with a service to which item 32000, 32030, 32106 or 32232 applies (H) (Anaes.) (Assist.).

Explanatory Note: These procedures should be performed with the following requirements:

- In an appropriate setting with High Dependency Unit/Intensive Care Unit availability,
- Include multidisciplinary team discussion of patient,
- Have patient managed using Enhanced Recovery after Surgery (ERAS) principles,
- In a setting with adequate access to stomal therapy nurse services.

MBS fee: \$1,929.65

Benefit: 75% = \$1,447.25

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32026 – Rectum, ultra-low restorative resection

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as items 32000, 32030, 32106 and 32117 and to provide for the construction of a colonic reservoir. An explanatory note will also be added.

Item Descriptor: Rectum, ultra-low restorative resection, with or without covering stoma and with or without colonic reservoir, if the anastomosis is sited in the anorectal region and is 6cm or less from the anal verge, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.).

Explanatory Note: These procedures should be performed with the following requirements:

- In an appropriate setting with High Dependency Unit/Intensive Care Unit availability,
- Include multidisciplinary team discussion of patient,
- Have patient managed using Enhanced Recovery after Surgery (ERAS) principles,
- In a setting with adequate access to stomal therapy nurse services.

MBS fee: \$2,160.65

Benefit: 75% = \$1,620.50

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32028 – Rectum, low or ultra-low restorative resection

Overview: Amended descriptor to include a restriction on co-claiming this item at the same time as 32000, 32030, 32106 or 32117 and to provide for the construction of a colonic reservoir. An explanatory note will also be added.

Item Descriptor: Rectum, low or ultra-low restorative resection, with per anal sutured coloanal anastomosis, with or without covering stoma and with or without colonic reservoir, not being a service associated with a service to which item 32000, 32030, 32106, 32117 or 32232 applies (H) (Anaes.) (Assist.).

Explanatory Note: These procedures should be performed with the following requirements:

- In an appropriate setting with High Dependency Unit/Intensive Care Unit availability,
- Include multidisciplinary team discussion of patient,
- Have patient managed using Enhanced Recovery after Surgery (ERAS) principles,
- In a setting with adequate access to stomal therapy nurse services,
- This item is appropriately used by 1 surgeon incorporating transanal total mesorectal excision.

MBS fee: \$2,295.15

Benefit: 75% = \$1,721.40

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32030 – Rectosigmoidectomy

Overview: Amended descriptor to remove the word “Hartmann’s” as it is considered unnecessarily specific and rarely performed in the same manner as the original description by Hartmann (i.e. not usually with mucous fistula).

Item Descriptor: Rectosigmoidectomy, including formation of stoma (H) (Anaes.) (Assist.).

MBS fee: \$1,090.25

Benefit: 75% = \$ 817.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32033 – Restoration of Bowel

Overview: Amended descriptor to remove the word “Hartmann’s” as it is considered unnecessarily specific and rarely performed in the same manner as the original description by Hartmann (i.e. not usually with mucous fistula).

Item Descriptor: Restoration of bowel continuity following rectosigmoidectomy or similar operation, including dismantling of the stoma (H) (Anaes.) (Assist.).

MBS fee: \$1,593.55

Benefit: 75% = \$1,195.20

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32060 – Ileostomy closure

Overview: Amended descriptor to better describe the procedure and reduce confusion in relation to a standard ileostomy closure.

Item Descriptor: Restorative proctectomy, involving rectal resection with formation of ileal reservoir and ileoanal anastomosis, including ileostomy mobilisation, with or without mucosectomy or temporary loop ileostomy, 1 surgeon (H) (Anaes.) (Assist.).

MBS fee: \$2,449.00

Benefit: 75% = \$1,836.75

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32096 – Rectal biopsy

Overview: Amended descriptor to include reference to Hirschsprung's Disease to provide the patient with better information about the purpose of the procedure.

Item Descriptor: Rectal biopsy, full thickness, to diagnose or exclude Hirschsprung's Disease, under general anaesthesia, or under epidural or spinal (intrathecal) nerve block where undertaken in a hospital (H) (Anaes.) (Assist.)

MBS fee: \$271.65

Benefit: 75% = \$203.75

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32106 – Anterolateral intraperitoneal rectal tumour

Overview: Amended descriptor to provide an updated description of the technology involved.

Item Descriptor: Anterolateral intraperitoneal rectal tumour, per anal excision of, using rectoscopy digital viewing system and pneumorectum, if:

- (a) clinically appropriate; and
- (b) removal requires dissection within the peritoneal cavity;

excluding use of a colonoscope as the operating platform and not being a service associated with a service to which item 32024, 32025 or 32232 applies (Anaes.) (Assist.)

MBS fee: \$1,442.60

Benefit: 75% = \$1,081.95 85% = \$1,354.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32117 – Rectal prolapse

Overview: Amended descriptor to include a restriction on co-claiming this item on the same day as items 32025 and 32026 and to prevent the item from being used for ventral mesh rectopexy.

Item Descriptor: Rectal prolapse, abdominal rectopexy of, excluding ventral mesh rectopexy, not being a service associated with a service to which item 32025 or 32026 applies (H) (Anaes.) (Assist.).

Note: From 6 July 2022, a new temporary MBS item was introduced for ventral mesh rectopexy for the repair of rectal prolapse. This temporary item will ensure patients can continue to access affordable ventral mesh rectopexy services, following a change to item 32117 (for abdominal rectopexy) from 1 July 2022. Further information is available on the MBS Online Fact Sheets page for July 2022.

MBS fee: \$1,328.00

Benefit: 75% = \$996.00

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

Amended item 32129 – Anal sphincter

Overview: Amended descriptor to remove superfluous words.

Item Descriptor: Anal sphincter repair (H) (Anaes.) (Assist.).

MBS fee: \$670.95

Benefit: 75% = \$503.25

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32135 – Haemorrhoids or rectal prolapse

Overview: Amended descriptor to more appropriately reflect modern surgical treatment.

Item Descriptor: Treatment of haemorrhoids or rectal prolapse, including rubber band ligation or sclerotherapy for, not being a service to which item 32139 applies (Anaes.).

MBS fee: \$71.40

Benefit: 75% = \$53.55 85% = \$60.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type C

Amended item 32139 – Haemorrhoidectomy

Overview: Amended descriptor to more appropriately reflect modern surgical treatment.

Item Descriptor: Operative treatment of haemorrhoids involving third-degree or fourth-degree haemorrhoids, including excision of anal skin tags when performed, not being a service associated with a service to which item 32135 or 32233 applies (H) (Anaes.) (Assist.)

MBS fee: \$388.75

Benefit: 75% = \$291.60

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32150 – Operation for anal fissure

Overview: Amended descriptor to more appropriately reflect modern surgical treatment.

Item Descriptor: Operation for anal fissure, including excision, injection of Botulinum toxin or sphincterotomy, excluding dilation (Anaes.) (Assist.)

MBS fee: \$271.65

Benefit: 75% = \$203.75 85% = \$230.95

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical and Type B Non-band specific

Amended item 32156 – Anal fistula excision

Overview: Amended descriptor to more appropriately reflect more contemporary nomenclature.

Item Descriptor: Anal fistula, subcutaneous, excision of (Anaes.)

MBS fee: \$139.25

Benefit: 75% = \$104.45 85% = \$118.40

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type B Non-band specific

Amended item 32165 – Anal fistula

Overview: Amended descriptor to more appropriately reflect modern surgical treatment.

Item Descriptor: Operative treatment of anal fistula, repair by mucosal advancement flap, including ligation of inter-sphincteric fistula tract (LIFT) or other complex sphincter sparing surgery (Anaes.) (Assist.).

MBS fee: \$670.95

Benefit: 75% = \$503.25 85% = \$583.05

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32171 – Anorectal examination

Overview: Amended descriptor to include an option for faecal disimpaction.

Item Descriptor: Anorectal examination, with or without biopsy, under general anaesthetic, with or without faecal disimpaction, not being a service associated with a service to which another item in this Group applies (Anaes.).

MBS fee: \$93.85

Benefit: 75% = \$70.40

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type B Non-band specific

Amended item 32213 – Sacral nerve lead or leads

Overview: Amended descriptor to update clinical description. An explanatory note will also be added regarding co-claiming of the relevant fluoroscopic guidance items (items 60500, 60503, 60506, 60509 or 61109).

Item Descriptor: Sacral nerve lead or leads, placement of, percutaneous or open, including intraoperative test stimulation and programming, for the management of faecal incontinence (H) (Anaes.).

Explanatory Note: Faecal incontinence management items (32213, 32216 and 32237)

These services may be performed using fluoroscopic guidance.

The relevant fluoroscopic guidance item can be co-claimed with items 32213, 32216 and 32237 when indicated.

MBS fee: \$698.75

Benefit: 75% = \$524.10

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32215 – Sacral nerve electrode or electrodes

Overview: Amended descriptor to update clinical description.

Item Descriptor: Sacral nerve electrode or electrodes, management, adjustment and electronic programming of the neurostimulator by a medical practitioner, to manage faecal incontinence, not being a service associated with a service to which item 32213, 32216, 32218 or 32237 applies.

Applicable once per day for the same patient by the same practitioner.

MBS fee: \$132.55

Benefit: 75% = \$99.45 85% = \$112.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type B Band 1

Amended item 32216 – Sacral nerve lead or leads

Overview: Amended descriptor to update clinical description. An explanatory note will also be added regarding co-claiming of the relevant fluoroscopic guidance items (items 60500, 60503, 60506, 60509 or 61109).

Item Descriptor: Sacral nerve lead or leads, inserted for the management of faecal incontinence in a patient with faecal incontinence refractory to conservative non-surgical treatment, either:

- (a) percutaneous surgical repositioning of the lead or leads, using fluoroscopic guidance; or
- (b) open surgical repositioning of the lead or leads;

to correct displacement or unsatisfactory positioning (including intraoperative test stimulation), not being a service associated with a service to which item 32213 applies (H) (Anaes.)

Explanatory Note: Faecal incontinence management items (32213, 32216 and 32237)

These services may be performed using fluoroscopic guidance.

The relevant fluoroscopic guidance item can be co-claimed with items 32213, 32216 and 32237 when indicated.

MBS fee: \$627.50

Benefit: 75% = \$470.65

Private Health Insurance Classifications: Unchanged

Clinical Category: Digestive system

Procedure Type: Type A Surgical

Amended item 32218 – Sacral nerve lead or leads

Overview: Amended descriptor to update clinical description.

Item Descriptor: Sacral nerve lead or leads, removal (H) (Anaes.)

MBS fee: \$165.25

Benefit: 75% = \$123.95

Private Health Insurance Classifications: Amended

Clinical Category: Digestive system

Procedure Type: Type B Non-band specific

New item 32231 – Removal of Rectal Tumour

Overview: This item combines two existing items: 32102 and 32099

Descriptor: Rectal tumour, per anal excision of (H) (Anaes.) (Assist.)

MBS fee: \$352.30

Benefit: 75% = \$264.25

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type A Surgical

New item 32232 – Removal of Rectal Tumour using Rectoscopy

Overview: This item combines two existing items: 32103 and 32104.

Descriptor: : Rectal tumour, per anal excision of, using a rectoscopy digital viewing system and pneumorectum if clinically appropriate and excluding use of a colonoscope as the operating platform, not being a service associated with a service to which item 32024, 32025 or 32106 applies (H) (Anaes.) (Assist.)

MBS fee: \$955.15

Benefit: 75% = \$716.40

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type A Advanced Surgical

New item 32233 – Rectal Prolapse

Overview: This item combines two existing items: 32111 and 32112.

Descriptor: Perineal repair of rectal prolapse, not being a service associated with a service to which item 32139 applies (H) (Anaes.) (Assist.).

MBS fee: \$678.40

Benefit: 75% = \$508.80

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type A Surgical

New item 32234 – Treatment for Rectal Stricture

Overview: This item combines two existing items: 32114 and 32115.

Descriptor: Rectal stricture, treatment of (H) (Anaes.)

MBS fee: \$134.15

Benefit: 75% = \$100.65

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Unlisted

New item 32235 – Removal of Anal skin tags or Anal Polyps

Overview: This item combines two existing items: 32142 and 32145.

Descriptor: Anal skin tags or anal polyps, excision of one or more of (Anaes.)

MBS fee: \$129.50

Benefit: 75% = \$97.15 85% = \$110.10

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type B Non-band specific

New item 32236 – Removal of Anal warts

Overview: This item combines two existing items: 32177 and 32180.

Descriptor: Anal warts, removal of, under general anaesthesia, or under regional or field nerve block (excluding pudendal block), not being a service associated with a service to which item 35507 or 35508 applies (H) (Anaes.)

MBS fee: \$184.20

Benefit: 75% = \$138.15

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type B Non-band specific

New item 32237 – Faecal Incontinence

Overview: This item combines three existing items: 32210, 32214 and 32217. An explanatory note will also be added regarding co-claiming of the relevant fluoroscopic guidance items (items 60500, 60503, 60506, 60509 or 61109).

Descriptor: Neurostimulator or receiver, subcutaneous placement of, replacement of, or removal of, including programming and placement and connection of an extension wire or wires to sacral nerve electrode(s), for the management of faecal incontinence (H) (Anaes.) (Assist.)

Explanatory Note: Faecal incontinence management items (32213, 32216 and 32237)

These services may be performed using fluoroscopic guidance.

The relevant fluoroscopic guidance item can be co-claimed with items 32213, 32216 and 32237 when indicated.

MBS fee: \$298.75

Benefit: 75% = \$224.10

Private Health Insurance Classifications: New

Clinical Category: Digestive system

Procedure Type: Type A Surgical and Type B Non-band specific

Deleted item 32120 – RECTAL PROLAPSE

This item is now deleted and services under this item are expected to be claimed under item 32139.

Deleted item 32126 – ANAL INCONTINENCE

This item is now deleted and services under this item are expected to be claimed under item 32129.

Deleted item 32132 – HAEMORRHOIDS OR RECTAL PROLAPSE

This item is now deleted and services under this item are expected to be claimed under item 32135.

Deleted item 32138 – HAEMORRHOIDECTOMY

This item is now deleted and services under this item are expected to be claimed under item 32139.

Deleted item 32153 – ANUS, DILATATION OF

This item is now deleted and services under this item are expected to be claimed under item 32171.

Deleted item 32168 - FISTULA WOUND

This item is now deleted, and it is expected that review of fistula wounds would occur as part of the services performed under items 32166, 32171 or 32175

Deleted item 32200 - DISTAL MUSCLE

This item is now deleted as services under this item raise concerns for patient safety

Deleted item 32203 - ANAL OR PERINEAL GRACILOPLASTY

This item is now deleted as services under this item raise concerns for patient safety.

Deleted item 32206 - STIMULATOR AND ELECTRODES

This item is now deleted as services under this item raise concerns for patient safety.

Deleted item 32209 - ANAL OR PERINEAL GRACILOPLASTY

This item is now deleted as services under this item raise concerns for patient safety.

Deleted item 32029 - COLONIC RESERVOIR

This item is now deleted. Services under this item are expected to be claimed under either item 32026 or item 32028.

Deleted item 32220 – INSERTION OF ARTIFICIAL BOWEL SPHINCTER

This item is now deleted as services under this item are no longer considered best practice. Item 32221 (for the removal or revision of an artificial bowel sphincter) is also planned for deletion, however this has been deferred by 12 months to allow the Department of Health and Aged Care to review the claiming activity and ensure it is appropriate to proceed with deletion.

Deleted item 32210 - GRACILIS NEOSPHINCTER PACEMAKER

This item is now deleted and services under this item are expected to be claimed under **32237**.

Deleted item 32214 – NEUROSTIMULATOR OR RECEIVER

This item is now deleted and services under this item are expected to be claimed under **32237**.

Deleted item 32217 - NEUROSTIMULATOR OR RECEIVER

This item is now deleted and services under this item are expected to be claimed under **32237**.

Deleted item 32177 - ANAL WARTS

This item is now deleted and services under this item are expected to be claimed under **32236**.

Deleted item 32180 - ANAL WARTS

This item is now deleted and services under this item are expected to be claimed under **32236**.

Deleted item 32142 - ANAL SKIN TAGS or ANAL POLYPS

This item is now deleted and services under this item are expected to be claimed under **32235**.

Deleted item 32145 - ANAL SKIN TAGS or ANAL POLYPS

This item is now deleted and services under this item are expected to be claimed under **32235**.

Deleted item 32114 - RECTAL STRICTURE

This item is now deleted and services under this item are expected to be claimed under **32234**.

Deleted item 32115 - RECTAL STRICTURE

This item is now deleted and services under this item are expected to be claimed under **32234**.

Deleted item 32111 - RECTAL PROLAPSE

This item is now deleted and services under this item are expected to be claimed under **32233**.

Deleted item 32112 - RECTAL PROLAPSE

This item is now deleted and services under this item are expected to be claimed under **32233**.

Deleted item 32103 - RECTAL TUMOUR

This item is now deleted and services under this item are expected to be claimed under **32232**.

Deleted item 32104 - RECTAL TUMOUR

This item is now deleted and services under this item are expected to be claimed under **32232**.

Deleted item 32099 - RECTAL TUMOUR

This item is now deleted and services under this item are expected to be claimed under **32231**.

Deleted item 32102 - RECTAL TUMOUR

This item is now deleted and services under this item are expected to be claimed under **32231**.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

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