



Extension of MBS Item 32221 for removal or revision of an artificial bowel sphincter

Last updated: 09 May 2023

- Item 32221 for the removal or revision of an artificial bowel sphincter will remain listed on the Medicare Benefits Schedule (MBS) beyond 1 July 2023, until 30 June 2028.
- This will ensure that the small number of patients with an artificial bowel sphincter can continue to access affordable removal or revision services, if required.
- This change 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 July 2023**, item 32221 for the removal or revision of an artificial bowel sphincter will be extended for an additional five years, until **30 June 2028**.

The item had been planned for deletion on 1 July 2023, but this deletion will now be deferred due to continuing patient need.

For private health insurance purposes, item 32221 will continue to be listed under the following clinical category and procedure type:

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

Why are the changes being made?

The MBS Review Taskforce, informed by its Colorectal Surgery Clinical Committee, recommended the deletion of items 32220 and 32221 for the insertion and removal or revision (respectively) of an artificial bowel sphincter, as artificial bowel sphincters are no longer considered best practice for the treatment of severe faecal incontinence due to high rates of complications.

Item 32220 (for insertions) was deleted on 1 July 2022. However, the deletion of item 32221 (for removals or revisions) was deferred for an initial 12-month period, until 1 July 2023. The Colorectal Surgery Implementation Liaison Group (ILG) recommended this 12-month deferral because of an increase in insertions of artificial bowel sphincters prior to the deletion of item 32220. This 12-month deferral would support continued patient access to removal and revision services, and allow the Department of Health and Aged Care (the department) to review claiming activity to ensure it is appropriate to proceed with the deletion.

The department has now reviewed the claiming activity and considers there is a need to retain item 32221 on the MBS beyond 1 July 2023 to ensure that the small number of patients with an artificial bowel sphincter can continue to access affordable removal or revision services, if required.

The item will remain on the MBS for an additional five years, until **30 June 2028**. This extension was announced in the 2023-24 Budget. The item is still planned for deletion, but will be subject to further review.

It should be noted that the insertion of artificial bowel sphincters is no longer supported on the MBS.

More information about the MBS Review Taskforce and associated Committees is available in the [Medicare Benefits Schedule Review](#) section of the [Department of Health and Aged Care website](#). A full copy of the [Taskforce's Colorectal Surgery Clinical Committee final report](#) can also be found at the department's website.

What does this mean for providers?

Providers should be aware that item 32221 will now remain on the MBS until **30 June 2028**. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation. While item 32221 provides for the removal or revision of an artificial bowel sphincter, providers are reminded that the insertion of artificial bowel sphincters (previously provided under item 32220) is no longer supported on the MBS.

How will these changes affect patients?

The extension of item 32221 will ensure that the small number of Medicare-eligible patients with an artificial bowel sphincter can continue to access affordable services for the removal or revision of an artificial bowel sphincter, if required.

Who was consulted on the changes?

The department has consulted with key stakeholders regarding the changes to item 32221, including with representatives from the Colorectal Surgical Society of Australia and New Zealand, the Australian Medical Association, the Royal Australian College of Surgeons and the private hospital and private health insurance sectors.

How will the changes be monitored and reviewed?

The department regularly reviews the usage of new and amended MBS items in consultation with the profession. All MBS items are subject to 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 fees, 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.

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.