



Minor change to colorectal surgery item 32006 for left hemicolectomy

Last updated: 22 July 2022

- From 1 August 2022, colorectal surgery MBS item 32006 (for left hemicolectomy) will be amended to clarify the co-claiming arrangements for this item, following changes to this item which commenced on 1 July 2022.
- This amendment will better align item 32006 with the original intent of Recommendation 2 from the [MBS Review Taskforce's Final Report on the review of Colorectal Surgery MBS items](#).
- This change is relevant for colorectal surgeons, hospitals, medical administrators and insurers operating in the private health system.

What are the changes?

From 1 August 2022:

- Item 32006 will be amended to clarify that this item should not be co-claimed with other colorectal surgery items 32024, 32025, 32026 or 32028.

Why are the changes being made?

On 1 July 2022, a number of changes were made to colorectal surgery MBS items to reflect contemporary clinical practice, improve quality of care and safety for patients. These changes result from the MBS Review Taskforce (the Taskforce) recommendations and consultation with key stakeholders.

The Department has identified an issue with one of these changes, relating to the item descriptor wording for item 32006. The item descriptor has been worded to specify that benefits will be payable for services performed under item 32006 only when those services are 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 previously advised stakeholders of this issue and can now confirm that the item descriptor will be amended at the earliest opportunity, on 1 August 2022. The amendment will clarify that, from 1 August 2022, item 32006 is not to be co-claimed with items 32024, 32025, 32026 or 32028.

What does this mean for providers?

Providers will benefit from clear and concise item descriptors that reflect the appropriate claiming arrangements.

Providers will need to familiarise themselves with the changes to colorectal surgery item 32006 effective from both 1 July 2022 and 1 August 2022.

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will receive Medicare rebates for colorectal surgery services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

A number of peak bodies have been consulted during the MBS Review and implementation processes, including the Colorectal Surgery 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.

Amended item descriptor 32006 (effective from 1 August 2022)

Amended	Group T8 – Surgical Operations Subgroup 2 - Colorectal
32006	Left hemicolectomy, including the descending and sigmoid colon (including formation of stoma), if other than a service associated with a service to which item 32024, 32025, 32026 or 32028 applies (H) (Anaes.) (Assist.) Fee: \$1,216.15 (No change) Benefit: 75% = \$912.15 (No change) Private Health Insurance Classifications: (No change) Clinical Category: Digestive system Procedure Type: Type A Advanced Surgical

How will the changes be monitored and reviewed?

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.

The Department will continue to work with stakeholders and practitioners to consider how changes introduced on 1 July 2022 are operating, and where necessary, address any concerns or unintended consequences for patients.

Where can I find more information?

Further information about the amendment to item 32006 is now available in an additional FAQ Sheet on the July 2022 Colorectal Surgery MBS Item Changes page.

The current 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 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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@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 will be available via the MBS Online website under 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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.