Single operator, single use peroral cholangiopancreatoscopy (POCPS) for diagnosis of indeterminate biliary strictures and removal of difficult biliary stones

Last updated: 5 February 2024

* From 1 March 2024, MBS item 30664 will be introduced for single operator, single use peroral cholangiopancreatoscopy (POCPS) for the diagnosis of indeterminate biliary strictures, and MBS item 30665 will be introduced for POCPS for the removal of difficult biliary stones.
* The introduction of these new items was supported by the Medical Services Advisory Committee (MSAC) in March 2022, and approved by the Government for funding on the MBS in the 2023-2024 Budget.

## What are the changes?

Effective 1 March 2024, MBS item 30664 (Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatoscopy (POCPS) and biopsy, for the diagnosis of biliary strictures) and MBS item 30665 (ERCP with POCPS and electrohydraulic or laser lithotripsy for the removal of difficult biliary stones) will be introduced.

For private health insurance (PHI) purposes, the items will be listed under the following clinical category and procedure types:

Item 30664:

Clinical category: Gastrointestinal endoscopy

Procedure type: Type A Surgical

Item 30665:

Clinical category: Gastrointestinal endoscopy

Procedure type: Type A Surgical

## Why are the changes being made?

At its March 2022 meeting, the Medical Services Advisory Committee (MSAC) supported the listing of these items, under [Application 1673](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1673-public). Further details about the application can be found under [MSAC Applications](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/application-page) on the MSAC website ([Medical Services Advisory Committee](http://www.msac.gov.au/)).

## What does this mean for providers?

From 1 March 2024, surgeons or gastroenterologists with ERCP training recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy will be able to bill MBS item 30664 when ERCP with POCPS has been required to diagnose biliary strictures, and MBS item 30665 when ERCP with POCPS has been required to remove difficult biliary stones.

The specific clinical settings in which these services can be performed and billed is provided in the item descriptors for these services (pages 3-6 of this factsheet).

Please note items 30664 and 30665 are inclusive of the ERCP and POCPS procedures, i.e. the ERCP procedure (30484) cannot be billed in addition to item 30664 or 30665.

## How will these changes affect patients?

Patients will receive Medicare benefits where a POCPS procedure has been required for the diagnosis of biliary strictures (item 30664) or for the removal of biliary stones (item 30665). A benefit will be available to a patient up to 2 times in a 12-month period for services provided under item 30664. However, where a patient has been diagnosed with primary sclerosing cholangitis a benefit will be available to the patient up to 3 times in a 12-month period under this item.

A benefit will be available to a patient twice per treatment cycle for services provided under item 30665. ‘Treatment cycle’ will be defined in explanatory note TN.8.17 Gastrointestinal Endoscopic Procedures (see pages 5-6 of this factsheet).

## Who was consulted on the changes?

Consultation on the new MBS items occurred with the following organisations: the Gastroenterological Society of Australia (GESA), General Surgeons Australia, the Australian and Aotearoa New Zealand Gastric and Oesophageal Surgery Association, and the Pancare Foundation.

## How will the changes be monitored and reviewed?

## Service use of items 30664 and 30665 will be monitored and reviewed post-implementation.

## All items are subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

## 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](http://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au/) 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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [Department’s website](https://www.health.gov.au/topics/private-health-insurance/private-health-insurance-reforms). 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](https://www.legislation.gov.au). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/downloads) page.

## New item descriptors (to take effect 1 March 2024)

| Category 3 – Therapeutic Procedures |
| --- |
| Group T8 – Surgical Operations |
| **Subgroup 1 - General** |
| 30664  Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatoscopy (POCPS) and biopsy, for the diagnosis of biliary strictures for a patient for whom:  (a) a previous ERCP service has been provided; and  (b) results from guided brush cytology or intraductal biopsy (or both) are indeterminate  Applicable not more than 2 times in a 12 month period, or not more than 3 times in a 12 month period if the patient has been diagnosed with primary sclerosing cholangitis (PSC)  (H) (Anaes.) (Assist.)  Schedule Fee: $644.40 Benefit: 75% = $483.30    Private Health Insurance Classification:  Clinical category: Gastrointestinal endoscopy  Procedure type: Type A Surgical |
| 30665  Endoscopic retrograde cholangiopancreatography (ERCP), with single operator, single use peroral cholangiopancreatoscopy (POCPS) and electrohydraulic or laser lithotripsy for the removal of biliary stones that are:  (a) greater than 10mm in diameter; or  (b) proximal to a stricture;  for a patient for whom there has been at least one failed attempt at removal via ERCP extraction techniques  Applicable not more than 2 times per treatment cycle  (H) (Anaes.) (Assist.)  Schedule Fee: $901.35 Benefit: 75% = $676.05  Private Health Insurance Classification:   * Clinical category: Gastrointestinal endoscopy * Procedure type: Type A Surgical |
| TN.8.17 Gastrointestinal Endoscopic Procedures - (Items 30473 to 30481, 30484, 30485, 30490 to 30494, 30680 to 32023, 32084 to 32095, 32106, 32232 and 32222 to 32229)  The following are guidelines for appropriate minimum standards for the performance of GI endoscopy in relation to (a) cleaning, disinfection and sterilisation procedures, and (b) anaesthetic and resuscitation equipment.  These guidelines are based on the advice of the Gastroenterological Society of Australia, the Sections of HPB and Upper GI and of Colon and Rectal Surgery of the Royal Australasian College of Surgeons, and the Colorectal Surgical Society of Australia.  Cleaning, disinfection and sterilisation procedures Endoscopic procedures should be performed in facilities where endoscope and accessory reprocessing protocols follow procedures outlined in:   1. Infection Control in Endoscopy, Gastroenterological Society of Australia and Gastroenterological Nurses College of Australia , 2011; 2. Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC, 2010); 3. Australian Standard AS 4187 2014 (and Amendments), Standards Association of Australia.   Anaesthetic and resuscitation equipment Where the patient is anaesthetised, anaesthetic equipment, administration and monitoring, and post-operative and resuscitation facilities should conform to the standards outlined in 'Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures' (PS09), Australian & New Zealand College of Anaesthetists, Gastroenterological Society of Australia and Royal Australasian College of Surgeons.  Single operator, single use peroral cholangiopancreatoscopy (POCPS) item 30665  For the purposes of item 30665 a treatment cycle, for a patient, means a series of treatments for the patient that:  (a)  begins on the day of the initial failed attempt at biliary stone removal via endoscopic retrograde cholangiopancreatography (ERCP) extraction techniques; and (b) ends at the conclusion of the aftercare period for the procedure, being either the lithotripsy procedure or a definitive surgical management procedure, that has resulted in removal of the biliary stones.  Conjoint Committee  For the purposes of Items 32023, 30664 and 30665 the procedure is to be performed by a surgeon or gastroenterologist with ERCP training recognised by the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy. |

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.