



Changes to MBS colonoscopy items factsheet

Last updated: 21 December 2020

- From 1 March 2021, the item descriptors of three Medicare Benefits Schedule (MBS) colonoscopy items will be amended to update clinical terminology and to clarify which items can be claimed by patients with a history of serrated polyps.

What are the changes?

From 1 March 2021, there will be minor changes to three MBS item descriptors for colonoscopy services. The changes are:

Item 32223:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:

(a) who has had a colonoscopy that revealed:

- 1 to 4 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or**
- 1 or 2 sessile serrated lesions, each of which was less than 10 mm in diameter, and without dysplasia; or**

(b) with a moderate risk of colorectal cancer due to family history; or

(c) with a history of colorectal cancer, who has had an initial post-operative colonoscopy that did not reveal any adenomas or colorectal cancer

Applicable only once in any 5 year period



Item 32224:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a moderate risk of colorectal cancer due to:

(a) a history of adenomas, including an adenoma that:

- (i) was 10 mm or greater in diameter; or**
- (ii) had villous features; or**
- (iii) had high grade dysplasia; or**

(b) having had a previous colonoscopy that revealed:

- (i) 5 to 9 adenomas, each of which was less than 10 mm in diameter, had no villous features and had no high grade dysplasia; or**
- (ii) 1 or 2 sessile serrated lesions, each of which was 10 mm or greater in diameter or had dysplasia; or**
- (iii) a hyperplastic polyp that was 10 mm or greater in diameter; or**
- (iv) 3 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or**
- (v) 1 or 2 traditional serrated adenomas, of any size**

Applicable only once in any 3 year period (Anaes.)

Item 32226:

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient who has a high risk of colorectal cancer due to:

(a) having either:

- (i) a known or suspected familial condition, such as familial adenomatous polyposis, Lynch syndrome or serrated polyposis syndrome; or**
- (ii) a genetic mutation associated with hereditary colorectal cancer; or**

(b) having had a previous colonoscopy that revealed:

- (i) 5 or more sessile serrated lesions, each of which was less than 10 mm in diameter and had no dysplasia; or**
- (ii) 3 or more sessile serrated lesions, 1 or more of which was 10 mm or greater in diameter or had dysplasia; or**
- (iii) 3 or more traditional serrated adenomas, of any size**

Applicable only once in any 12-month period (Anaes.)



Why are the changes being made?

These changes are a result of the post implementation review of the new colonoscopy structure which was implemented from 1 November 2019 and also responds to stakeholder concerns relating to patients with a history of serrated polyps.

What does this mean for providers?

These changes ensure that MBS items are consistent with the intent of the National Health and Medical Research Council guidelines and that the items can be more easily understood. The clinical terminology has been updated in response to recent changes by the World Health Organization on classifications of tumour nomenclature.

Providers will need to familiarise themselves with the descriptor changes in the colonoscopy schedule, and any associated rules and explanatory notes. 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?

These changes ensure that patients can claim appropriate MBS services for their clinical circumstance and clinical history. These changes will ensure continued provision of effective, evidence-based colonoscopy services and improves access to MBS-funded colonoscopy services for those who need it.

Who was consulted on the changes?

The Gastroenterological Society of Australia, the Colorectal Surgical Society of Australia and New Zealand, the Australian Medical Association and the Royal Australasian College of Surgeons were consulted on these changes.

How will the changes be monitored and reviewed?

Colonoscopy items will continue to be subject to MBS 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?

Associated item notes 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 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.



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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.

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.