



Changes to Abdominal Wall Hernia procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30648, 30651, 30652, 30655, 30657**

Amended items: **30621**

Deleted items: **30403, 30405, 30609, 30614**

Revised structure

- **6 July 2021 update: this factsheet now includes the final item descriptors and fees (inclusive of 1 July 2021 indexation) for the new and amended items listed above. There were no changes to the item descriptors for these items since the previous update.**
- From 1 July 2021, Medicare Benefits Schedule (MBS) items for general surgery services are changing to reflect contemporary practice. These changes are a result of MBS Review Taskforce (Taskforce) recommendations and consultation with stakeholders.
- There will be changes to MBS services pertaining to general surgery categories: Laparoscopy and Laparotomy; Small Bowel Resection; Abdominal Wall Hernias; Oesophageal; Stomach; Liver; Biliary; Pancreas; Spleen; Oncology; Lymph Nodes; Excisions and Bariatric.
- These changes are relevant for surgeons involved in the performance and claiming of eligible general surgery services; consumers claiming these services; private health insurers; and private hospitals.
- From 1 July 2021, billing practices will need to be adjusted to reflect these changes.

Patient impacts

Patients will receive Medicare rebates for general surgery services that are clinically appropriate and reflect modern clinical practice. Additionally, patients should no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers. In some cases, the changes will help doctors refer patients for the most suitable test/procedure for them.

Restrictions or requirements

Providers will need to familiarise themselves with the changes to the general surgery 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.

Abdominal Wall Hernia procedure MBS services changes

New item 30648 Repair of femoral, inguinal hernia or infantile hydrocele



Overview: Introducing a new item that combines existing items 30609 (laparoscopic repair of femoral or inguinal hernia) and 30614 (repair of femoral, inguinal hernia, infantile hydrocele). Items 30609 and 30614 will be deleted.

Item Descriptor: Femoral or inguinal hernia or infantile hydrocele, repair of, by open or minimally invasive approach, on a patient 10 years of age or over, other than a service to which item 30615 or 30651 applies (H) (Anaes.) (Assist.)

MBS fee: \$483.35

PHI Classification: Type A - Surgical patient

Clinical Category: Hernia and appendix

New item 30651 Ventral hernia repair involving primary fascial closure by suture

Overview: The hernia repair items have been revised to grade the items by procedure complexity in hernia repair. New item 30651 replaces current item 30403.

Item Descriptor: Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621, 30655 or 30657 applies (H) (Anaes.) (Assist.)

MBS fee: \$542.40

PHI Classification: Type A – Surgical patient

Clinical Category: Common list

New item 30652 Repair of recurrent groin hernia

Overview: Item 30652 is a new item for repair of a recurrent groin hernia,

Item Descriptor: Recurrent groin hernia regardless of size of defect, repair of, with or without mesh, by open or minimally invasive approach, in a patient 10 years of age or over (H) (Anaes.) (Assist.)

MBS fee: \$542.40

PHI Classification: Type A – Surgical patient

Clinical Category: Common list

New item 30655 Ventral hernia repair with advancement of the rectus muscles to the midline



Overview: The hernia repair items have been restructured to grade the items by procedure complexity in hernia repair. New item 30655 replaces current item 30405.

Item Descriptor: Ventral hernia, repair of, with advancement of the rectus muscles to the midline using a retro-rectus, pre-peritoneal or sublay technique, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30621 or 30651 applies (H) (Anaes.) (Assist.)

MBS fee: \$952.05

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Digestive system

New item 30657 Unilateral abdominal wall reconstruction with component separation

Overview: Item 30657 is a new item for the reconstruction of an abdominal wall defect.

Item Descriptor: Unilateral abdominal wall reconstruction with component separation, including transversus abdominus release and external oblique release for abdominal wall closure by mobilising the rectus abdominis muscles to the midline, by open or minimally invasive approach (H) (Anaes.) (Assist.)

MBS fee: \$1,355.65

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Digestive system



Amended item 30621 Repair of symptomatic umbilical, epigastric or linea alba hernia

Overview: Providing for an open or minimally invasive approach for repair.

Item Descriptor: Repair of symptomatic umbilical, epigastric or linea alba hernia requiring mesh or other repair, by open or minimally invasive approach, in a patient 10 years of age or over, other than a service to which item 30651 or 30655 applies (H) (Anaes.) (Assist.)

MBS fee: \$424.00

PHI Classification: Type A - Surgical patient

Clinical Category: Digestive system

Deleted item 30403 Ventral, incisional, or recurrent hernia or burst abdomen, repair of, with or without mesh (H) (Anaes.) (Assist.) MBS Fee: \$537.55 (replaced by new item 30651)

Deleted item 30405 Ventral or incisional hernia (other than recurrent inguinal or femoral hernia), repair of, requiring muscle transposition, mesh hernioplasty or resection of strangulated bowel (H) (Anaes.) (Assist.) MBS Fee: \$943.55 (replaced by new item 30655)

Deleted item 30609 Femoral or inguinal hernia, laparoscopic repair of, other than a service associated with a service to which item 30614 applies (H) (Anaes.) (Assist.) MBS Fee: \$479.05 (combined into new item 30740)

Deleted item 30614 Femoral or inguinal hernia or infantile hydrocele, repair of, on a person 10 years of age or over, other than a service to which item 30403 or 30615 applies (H) (Anaes.) (Assist.) MBS Fee: \$479.05 (combined into new item 30740)



Where can I find more information?

For questions relating to implementation, or to the interpretation of the changes to general surgery MBS items prior to 1 July 2021, please email 1july2021MBSchanges.generalsurgery@health.gov.au. Questions regarding the PHI Classifications should be directed to PHI@health.gov.au.

If you have a query relating exclusively to interpretation of the Schedule after the changes to the general surgery items have been implemented on 1 July 2021, please email askMBS@health.gov.au.

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.