

Changes to bariatric procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: 31585

Amended items: 31584

Revised structure

- 6 July 2021 update: this factsheet now includes the final item descriptor and fee (inclusive of 1 July 2021 indexation) for the new and amended items listed above. Only minor wording changes were made to the item descriptors during the drafting of the legislation, there have been no changes to the clinical intent of the items.
- 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.



Bariatric procedure MBS services changes

New item 31585 Removal of adjustable gastric band

Overview: New item to provide for the removal of an adjustable gastric band

Item Descriptor: Removal of adjustable gastric band (H) (Anaes.) (Assist.)

MBS fee: \$865.85

PHI Classification: A – Surgical patient Clinical Category: Weight loss surgery

Amended item 31584 Reversal, revision or conversion of a previous bariatric procedure

Overview: Clarification that the item provides for reversal, revision or conversion of a previous bariatric procedure.

Item Descriptor: Surgical reversal of previous bariatric procedure, including revision or conversion, if:

- (a) the previous procedure involved any of the following:
 - (i) placement of adjustable gastric banding;(ii) gastric bypass;
 - (iii) sleeve gastrectomy;
 - (iv) gastroplasty (excluding gastric plication);
 - (v) biliopancreatic diversion; and
- (b) any of items 31569 to 31581 applied to the previous procedure; other than a service associated with a service to which item 31585 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,601.50

PHI Classification: A - Advanced surgical patient

Clinical Category: Weight loss surgery

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 proposed 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.