



Changes to Stomach procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30760 30761 30762 30763**

Amended items: **30515 30517 30520 30526**

Deleted items: **30496 30497 30499 30500 30502 30503 30505 30506
30508 30509 30523 30524**

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. 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.



Stomach procedure MBS services changes

New item 30760 Vagotomy

Overview: Introducing a new item that combines existing items 30496 (Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy), 30499 (Vagotomy, highly selective), 30500 (Vagotomy, highly selective with duodenoplasty for peptic stricture), 30502 (Vagotomy, highly selective, with dilation of pylorus), 30503 (Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer) and 30497 (Vagotomy and antrectomy). Items 30496, 30499, 30500, 30502, 30503 and 30497 will be deleted.

Item Descriptor: Vagotomy, with or without gastroenterostomy, pyloroplasty or other drainage procedure (H) (Anaes.) (Assist.)

MBS fee: \$611.95

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system

New item 30761 Control of bleeding peptic ulcer

Overview: Introducing a new item that combines existing items 30505 (control of bleeding peptic ulcer), 30506 (control of bleeding peptic ulcer and vagotomy and pyloroplasty or gastroenterostomy), 30508 (control of bleeding peptic ulcer and highly selective vagotomy) and 30509 (control of bleeding peptic ulcer, involving gastric resection (other than wedge resection)). Items 30505, 30506, 30508 and 30509 will be deleted.

Item Descriptor: Bleeding peptic ulcer, control of, by laparoscopy or laparotomy, involving suture of bleeding point or wedge excision (with or without gastric resection), including either of the following (if performed):

- (a) vagotomy and pyloroplasty;
 - (b) gastroenterostomy
- (H) (Anaes.) (Assist.)

MBS fee: \$789.45

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system

New item 30762 Subtotal or total radical gastrectomy for carcinoma

Overview: Introducing a new item that combines existing items 30523 (Gastrectomy, subtotal radical, for carcinoma, (including splenectomy when performed) and 30524 (Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed)). Items 30523 and 30524 will be deleted.



Item Descriptor: Gastrectomy, subtotal or total radical, for carcinoma, by open or minimally invasive approach, including all necessary anastomoses, including either or both of the following (if performed):

- (a) extended lymph node dissection;
- (b) splenectomy
- (H) (Anaes.) (Assist.)

MBS fee: \$1,730.05

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Digestive system

New item 30763 Removal of gastric tumour, 2cm or greater, by endoscopic approach

Overview: Introducing a new item for removal of gastric tumours which are 2cm or greater by endoscopic approach

Item Descriptor: Gastric tumour, 2cm or greater in diameter, removal of, by local excision, by endoscopic approach, including any required anastomosis, excluding polypectomy, other than a service to which item 30518 applies (H) (Anaes.) (Assist.)

MBS fee: \$702.70

PHI Classification: Type A - Surgical patient

Clinical Category: Digestive system

Amended item 30515 Gastroenterostomy (including gastroduodenostomy) or enterocolostomy or enteroenterostomy for irresectable obstruction

Overview: Clarification that the item is for treatment of irresectable obstructions.

Item Descriptor: Gastroenterostomy (including gastroduodenostomy), enterocolostomy or enteroenterostomy, as an independent procedure or in combination with another procedure, only if required for irresectable obstruction, other than a service to which any of items 31569 to 31581 apply (H) (Anaes.) (Assist.)

MBS fee: \$732.90

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system



Amended item 30517 Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy

Overview: Replacing 'reconstruction' with 'revision' providing a more clinically accurate description of the procedure.

Item Descriptor: Revision of gastroenterostomy, pyloroplasty or gastroduodenostomy (H) (Anaes.) (Assist.)

MBS fee: \$959.55

PHI Classification: Type A - Advanced surgical patient

Clinical Category: Digestive system

Amended item 30520 Removal of gastric tumour, 2cm or greater, by laparoscopic or open technique

Overview: This item has been revised to provide for the removal of a gastric tumour that is 2cm or greater by laparoscopic or open technique, including any associated anastomosis, excluding polypectomy.

Item Descriptor: Gastric tumour, 2 cm or greater in diameter, removal of, by local excision, by laparoscopic or open approach, including any associated anastomosis, excluding polypectomy, other than a service to which item 30518 applies (H) (Anaes.) (Assist.)

MBS fee: \$884.00

PHI Classification: Type A - Surgical patient **Clinical Category:** Digestive system

Amended item 30526 Total gastrectomy including lower oesophagus

Overview: Providing for an open or minimally invasive approach, with anastomosis in the mediastinum.

Item Descriptor: Gastrectomy, total, and removal of lower oesophagus, performed by open or minimally invasive approach, with anastomosis in the mediastinum, including any of the following (if performed):

- (a) distal pancreatectomy;
 - (b) nodal dissection;
 - (c) splenectomy
- (H) (Anaes.) (Assist.)

MBS fee: \$2,243.70



PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Deleted item 30496 Vagotomy, truncal or selective, with or without pyloroplasty or gastroenterostomy (Anaes.) (Assist.) MBS Fee: \$606.50 (combined into new item 30760)

Deleted item 30497 Vagotomy and antrectomy (H) (Anaes.) (Assist.)
MBS Fee: \$723.20 (combined into new item 30760)

Deleted item 30499 Vagotomy, highly selective (H) (Anaes.) (Assist.)
MBS Fee: \$860.10 (combined into new item 30760)

Deleted item 30500 Vagotomy, highly selective with duodenoplasty for peptic stricture (Anaes.) (Assist.) MBS Fee: \$921.00 (combined into new item 30760)

Deleted item 30502 Vagotomy, highly selective, with dilatation of pylorus (H) (Anaes.) (Assist.) MBS Fee: \$1,016.45 (combined into new item 30760)

Deleted item 30503 Vagotomy or antrectomy, or both, for peptic ulcer following previous operation for peptic ulcer (Anaes.) (Assist.) MBS Fee: \$1,138.25 (combined into new item 30760)

Deleted item 30505 Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision (H) (Anaes.) (Assist.) MBS Fee: \$569.10 (combined into new item 30761)

Deleted item 30506 Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and vagotomy and pyloroplasty or gastroenterostomy (H) (Anaes.) (Assist.) MBS Fee: \$995.90 (combined into new item 30761)

Deleted item 30508 Bleeding peptic ulcer, control of, involving suture of bleeding point or wedge excision, and highly selective vagotomy (H) (Anaes.) (Assist.) MBS Fee: \$1,048.30 (combined into new item 30761)

Deleted item 30509 Bleeding peptic ulcer, control of, involving gastric resection (other than wedge resection) (Anaes.) (Assist.) MBS Fee: \$1,048.30 (combined into new item 30761)



Deleted item 30523 Gastrectomy, sub-total radical, for carcinoma (including splenectomy when performed) (H) (Anaes.) (Assist.)
MBS Fee: \$1,557.25 (combined into new item 30762)

Deleted item 30524 Gastrectomy, total radical, for carcinoma (including extended node dissection and distal pancreatectomy and splenectomy when performed) (H) (Anaes.) (Assist.) MBS Fee: \$1,714.60 (combined into new item 30762)



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.