
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Colorectal Surgery Clinical

Committee Report

This document outlines the Medicare Benefits Schedule (MBS) Taskforce's recommendations in response to the Colorectal Surgery Clinical Committee Report. The Taskforce considered the recommendations from the Colorectal Surgery Clinical Committee and feedback from stakeholders received during a targeted consultation period.

The Taskforce endorsed all recommendations from the Colorectal Surgery Clinical Committee (CRSCC) and submits them to the Minister for Health for Government consideration.

Number of items reviewed	85
Number of recommendations made	39

The recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system through deleting obsolete or low clinical value items; consolidating or splitting items to address potential misuse; modernising item descriptors to reflect best practice; and providing clinical guidance for appropriate item use through explanatory notes. This report included 39 recommendations made by the CRSCC.

List of Taskforce non-item level recommendations

- **Access to Stomal Therapy Nurses**

There is wide disparity in patient access to stomal therapy nursing services across Australia. This can compromise appropriate care for patients who have had ostomy surgery and impact on the patient's physical, social and emotional outcomes. Recommendations to improve access to stomal therapy nurses include:

- Amending explanatory notes for items 32025, 32026 and 32028 to state that these procedures should be performed in a setting with adequate access to stomal therapy nurse services;

- Consider creating new items for services provided by stomal therapy nurses and;
- That the Government considers what additional steps could be taken to ensure that the extent and nature of the work performed by stomal therapy nurses is captured by the MBS.
- **Enhanced Recovery after Surgery (ERAS)**

Enhanced recovery after surgery (ERAS) (fast-track) programs are comprehensive multimodal perioperative pathways which aim to reduce surgical stress, maintain postoperative physiological function, and enhance mobilisation after surgery.

Recommendations to improve ERAS programs include:

- Amend the explanatory notes of MBS items 32000, 32003, 32004, 32005, 32009, 32012, 32015, 32018, 32021, 32024, 32025, 32026 and 32028 to include advice that for these procedures, the patient should be managed utilising ERAS principles where appropriate, and
- Recommend that the MBS Review Taskforce consider providing advice to the Department of Health suggesting the need for ERAS protocols to be incorporated into the explanatory notes of all suitable surgical procedures including colorectal, orthopaedic, urological and pancreatic surgeries. These recommendations seek to optimise recovery for surgical patients through decreased length of hospital stay, faster restoration of gut function, reduced morbidity and an early return to normal activities among colorectal surgery patients.
- **Consumer Health Literacy**

The Taskforce emphasises the importance of consumers being well supported when considering undergoing colorectal surgery procedures. This support is given through patient education that enables the consumer to give informed consent prior to a procedure being performed. The Taskforce considers that consultation with a colorectal surgeon should include the provision of appropriate written and visual material that accurately describes the procedure, alternative options where possible, and information regarding the patient's medical condition. Provision of educational materials helps to improve consumer understanding and allows for accurate information to be conveyed to carers and family members.

List of Taskforce item recommendations

Recommendation 1: Leave hemicolectomy, total colectomy and rectal resection items 32000, 32003, 32009, 32012 and 32015 unchanged.

- Items 32000, 32003, 32009, 32012 and 32015 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 2: Amend the descriptor of hemicolectomy item 32006.

- Amend the item descriptor of 32006 to restrict co-claiming with items 32024, 32025, 32026 and 32028.
- *This recommendation serves to ensure the service is only co-claimed with other items if it is clinically appropriate and justifiable to do so.*

Recommendation 3: Amend the descriptors for subtotal colectomy items 32004 and 32005.

- Amend the item descriptor of 32004 and 32005 to restrict co-claiming with item 32030.
- *This recommendation serves to ensure the service is only co-claimed with other items if it is clinically appropriate and justifiable to do so.*

Recommendation 4: Amend descriptors for rectal resection items 32024, 32025, 32026, 32028, 32030 and 32033.

- Amend the descriptors of items 32024-32028, 32030 and 32033 to restrict co-claiming.
- *This recommendation serves to ensure the service is only co-claimed with other items if it is clinically appropriate and justifiable to do so.*
- Amend the Explanatory Notes for these items.
- *The Taskforce agreed the inclusion of explanatory notes emphasising the importance of patient care would encourage their use.*

Recommendation 5: Leave total colectomy by synchronous surgery items 32018 and 32021 unchanged.

- Items 32018 and 32021 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 6: Leave abdominoperineal resection by synchronous surgery items 32042 and 32045 unchanged.

- Items 32042 and 32045 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 7: Leave abdominoperineal resection by synchronous surgery item 32046 unchanged.

- Item 32046 to remain unchanged.
- *This procedure remains clinically relevant and adequately described by the current item descriptor.*

Recommendation 8: Leave total colectomy by synchronous surgery items 32054 and 32057 unchanged.

- Items 32054 and 32057 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 9: Leave synchronous surgery items 32063 and 32066 unchanged.

- Items 32063 and 32066 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 10: Create seven new items for trans-anal Total Mesorectal Excision (taTME).

- Create four new items for the abdominal component of taTME procedure items and three new items for the perineal component of taTME.
- *The Taskforce considers that taTME procedures are not currently described in the MBS.*
- *The Taskforce also believes that the taTME is a technique that is going to remain in use with many Australian colorectal surgeons for the foreseeable future.*

Recommendation 11: Leave abdominoperineal resection item 32039 unchanged.

- Item 32039 to remain unchanged.
- *This procedure remains clinically relevant and adequately described by the current item descriptor.*

Recommendation 12: Leave proctocolectomy and ileal pouch items 32051 and 32069 unchanged.

- Items 32051 and 32069 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 13: Amend the descriptor of proctocolectomy and ileal pouch item 32060.

- Amend item descriptor of 32060.
- *The amended descriptor better describes the procedure and reduces confusion with a standard ileostomy closure.*

Recommendation 14: Leave excision of rectal tumour item 32108 unchanged.

- Item 32108 to remain unchanged.
- *This procedure remains clinically relevant and adequately described by the current item descriptor.*

Recommendation 15: Leave excision of anorectal carcinoma item 32105 unchanged.

- Item 32105 to remain unchanged.
- *This procedure remains clinically relevant and adequately described by the current item descriptor.*

Recommendation 16: Combine rectal tumour items 32099 and 32102 into one item.

- Combine items 32099 and 32102 into one item and amend the item descriptor accordingly.
- *The Taskforce agreed removing the size description on the relevant item should provide a disincentive for surgeons to attempt the removal of larger lesions without the use of digital viewing platform and pneumorectum.*

Recommendation 17: Amend the descriptor of rectal biopsy item 32096.

- Amend item descriptor of 32096.
- *The amended descriptor provides patients with the appropriate information regarding the purpose of the procedure to better describe why the procedure is done.*

Recommendation 18: Combine excision of rectal tumour items 32103 and 32104 into one item and amend the descriptor of excision of rectal tumour item 32106.

- Combine items 32103 and 32104 into one item and amend the item descriptor accordingly.
- Amend item descriptor 32106.
- *Both amendments provide an updated description of the technology involved.*

Recommendation 19: Leave anoplasty item 32123 and rectocele repair item 32131 unchanged.

- Items 32123 and 32131 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 20: Delete repair of rectal prolapse items 32120 and 32126.

- Delete items 32120 and 32126.
- *Deletion was recommended as these items are considered obsolete, either by being better described by another item, or by being rarely performed with little evidence to support its continual use.*

Recommendation 21: Combine repair of rectal prolapse items 32111 and 32112 into one item.

- Combine items 32111 and 32112 into one item and amend the item descriptor accordingly.
- *There are currently a number of procedures available to treat rectal prolapse, which have similar degrees of complexity. As the number of services for item 32112 is expected to decrease further in the future, it would be appropriate to combine the two items.*

Recommendation 22: Combine treatment of rectal stricture items 32114 and 32115 into one item.

- Combine items 32114 and 32115 into one item and amend the item descriptor accordingly.
- *There are currently a number of procedures available to treat rectal strictures. Combining the two would serve to simplify the MBS.*

Recommendation 23: Amend the descriptor of repair of rectal prolapse item 32117.

- Amend item descriptor of 32117.
- *The descriptor amended to include restrictions on co-claiming and to prevent item being used for ventral rectopexy (see recommendation 25).*

Recommendation 24: Amend the descriptor of anal sphincter repair item 32129.

- Amend item descriptor of 32129.
- *The Taskforce recommended minor changes to the wording of the item descriptor to remove superfluous words.*

Recommendation 25: Create a new item for repair of rectal prolapse.

- New item for the repair of rectal prolapse using ventral rectopexy.
- *To collect accurate data regarding the use of ventral rectopexy (compared to abdominal rectopexy) in Australia.*

Recommendation 26: Leave haemorrhoidectomy, fistulae and abscess items 32147, 32159, 32162, 32166, 32174 and 32175 unchanged.

- Items 32147, 32159, 32162, 32166, 32174 and 32175 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 27: Delete repair of haemorrhoid items 32132, 32138 and 32153 and review of fistula item 32168.

- Delete items 32132, 32138 and 32153 and 32168.
- *Deletion was recommended as these items are considered obsolete as they are sufficiently described by other items in the MBS.*

Recommendation 28: Combine excision of anal skin tag/anal polyp items 32142 and 32145 into one item.

- Combine items 32142 and 32145 into one item and amend the item descriptor accordingly.
- *The Taskforce agreed these items should be combined so as to simplify and streamline the MBS.*

Recommendation 29: Combine anal wart removal items 32177 and 32180 into one item.

- Combine items 32177 and 32180 into one item and amend the item descriptor accordingly.
- *The Taskforce agreed the current items be combined into one, with no specification of the time taken to perform the procedure in order to align the item with best practice.*

Recommendation 30: Amend the descriptors of haemorrhoidectomy items 32135 and 32139, fissure items 32150 and 32156 and fistula item 32165.

- Amend descriptors of items 32135, 32139, 32150, 32156 and 32165.
- *Descriptors to be amended to more appropriately reflect the modern surgical treatment of these conditions.*

Recommendation 31: Delete graciloplasty items 32200, 32203, 32206 and 32209.

- Delete items 32200, 32203, 32206 and 32209.
- *Deletion was recommended on the basis that the service should not be funded under the MBS due to concerns about patient safety.*

Recommendation 32: Combine sacral nerve items 32210, 32214 and 32217 into one item.

- Combine items 32210, 32214 and 32217 into one item and amend the item descriptor accordingly.
- *The Taskforce agreed the current items be combined into one, with no specification of the waiting period time in order to align the item with best practice.*

Recommendation 33: Amend descriptors for sacral nerve items 32213, 32215, 32216 and 32218.

- Amend descriptors of items 32213, 32215, 32216 and 32218.
- *Descriptors to be amended to more appropriately reflect the modern surgical treatment of these conditions.*

Recommendation 34: Leave diagnostic item 11833 unchanged.

- Item 11833 to remain unchanged.
- *This procedure remains clinically relevant and adequately described by the current item descriptor.*

Recommendation 35: Leave colorectal surgery items 32036, 32047, 32183, 32186 and 32212 unchanged.

- Items 32036, 32047, 32183, 32186 and 32212 remain unchanged.
- *These procedures remain clinically relevant and adequately described by the current item descriptors.*

Recommendation 36: Delete colorectal surgery items 32029, 32220 and 32221.

- Delete items 32029, 32220 and 32221.
- *Deletion was recommended as the services are no longer considered best practice.*

Recommendation 37: Amend the descriptor of colorectal surgery item 32171.

- Amend item descriptor of 32171.
- *The Taskforce recommended participating nurse practitioners be able to access to item 32171.*
- *Currently, this procedure is included within item 32153, however item 32153 is recommended for deletion.*

Recommendation 38: Create two new items for peritonectomy.

- Create two new items describing peritonectomy
- The Taskforce recommends the new peritonectomy items are time-based.
- **Amendment to the Report from the Colorectal Surgery Clinical Committee, 2019.**
Recommendation 38: *This recommendation will be progressed as part of the Report from the General Surgery Clinical Committee of the MBS Review and remains within this Report for information purposes only.*

Recommendation 39: Create 12 new items for pelvic exenteration surgeries.

- Create three new items based upon anatomical compartments for initial procedures.
- *The three proposed new items are based upon how extensive the exenteration is in regards to the extent of viscera, bony structure and vasculature involved.*

- Create three new items for pelvic exenteration based upon anatomical compartments for re-do procedures.
 - *These three proposed new items are pelvic exenteration for patients with a history of recurrent pelvic cancer, where there may have been previous surgery and adjuvant chemotherapy or radiation.*
- Create three new items for pelvic exenteration based upon anatomical compartments, initial procedure, for use by a secondary surgeon.
 - *Proposed new items 320VV, 320WW and 320XX mirror those of the principal surgeon, but are intended for use by the secondary surgeon.*
- Create three new items for pelvic exenteration based upon anatomical compartments, re-do procedure, for use by a secondary surgeon.
 - *Proposed new items 320YY, 320ZZ and 320ZA mirror those of the principal surgeon, but are intended for use by the secondary surgeon.*