

---

---

# Medicare Benefits Schedule Review

## Taskforce

# Gastroenterology Clinical Committee

## Report

# Taskforce Findings

---

---

This document outlines the Medicare Benefits Schedule (MBS) Taskforce’s recommendations in response to the Gastroenterology Clinical Committee Report.

The Taskforce considered the recommendations from the Gastroenterology Clinical Committee and feedback from the public consultation.

<b>Number of items reviewed</b>	53
<b>Number of recommendations made</b>	10

The Taskforce endorsed all of the recommendations from the Gastroenterology Clinical Committee and submitted them to the Minister for Health for Government consideration. The recommendations are intended to better define the clinical indications for certain services (including colonoscopy), and include some procedural requirements that support quality service provision. Some changes have been made to reduce ambiguity about appropriate use.

## List of Taskforce recommendations

### 1. Items 32090 and 32093 - Colonoscopy

#### *New items*

- △ The Taskforce recommended items for colonoscopy (32090 and 32093) to be removed from the MBS and replaced with 20 new items to align colonoscopy services with Australian clinical practice guidelines.
- △ The new items will better describe the indications for initial colonoscopy and ensure appropriate surveillance intervals of patients who are at increased risk of developing colorectal cancer.

## **2. Items 30473, 32090 and 32093 – Same-day upper and lower gastrointestinal endoscopy services**

The Taskforce recommended that these services be referred to professional stakeholder groups to consider the need to develop clinical guidelines or standards for the appropriate concurrent use of these procedures.

## **3. Item 11820 – Capsule endoscopy**

The Taskforce recommended amending this endoscopy item to better describe the service and the patient population.

The Taskforce recommended an assessment of the fee for item 11820 by the Medical Services Advisory Committee to determine whether the current fee is reflective of the current costs.

## **4. Items 30473, 30476, 30478 and 30479 - Endoscopic upper gastrointestinal services**

The Taskforce recommended simplifying and restructuring the endoscopic upper gastrointestinal interventional items and applying co-claiming restrictions to item 30479.

### **i. Item 30478**

The Taskforce recommended the inclusion of push enteroscopy in the endoscopic upper gastrointestinal interventional item 30478. The services currently provided under item 30487 (small bowel intubation) will shift to the upper gastrointestinal interventional item, making item 30487 obsolete.

## **5. Items 30475, 41819, 41820 and 41831 - Endoscopic upper gastrointestinal stricture services**

The Taskforce recommended the consolidation of items for endoscopic upper gastrointestinal stricture 41819 and 41820 into 30475. This item will include imaging intensification if done and the fee will be the current fee for 41819 which is higher than 30475 but lower than 41820. Amendment to item 41831 is also recommended to indicate that this service is specific to the treatment of achalasia.

## **6. Items 32084 and 32087 - Sigmoidoscopy/colonoscopy**

The Taskforce recommended amending items 32084 and 32087 to better define the examination of the colon and other minor changes.

## **7. Items 30688, 30690, 30692 and 30694 – Endoscopic ultrasound services**

The Taskforce recommended the removal of co-claiming restrictions to allow endoscopic retrograde cholangiopancreatogram and related therapeutic procedures (30484, 30485, 30491 and 30494) to be performed during the same episode of care.

## **8. Items 30680, 30682, 30684 and 30686 - Balloon enteroscopy**

The Taskforce recommended an assessment by the Medical Services Advisory Committee to consider expanding the list of clinical conditions covered under items 30680, 30682, 30684 and 30686 to include small bowel diseases without anaemia or bleeding

## **9. Endoscopic mucosal resection**

The Taskforce recommended the Medical Services Advisory Committee consider public funding for a new service for EMR; and professional stakeholder groups submit an application to MSAC and request an expedited assessment.

## **10. Obsolete items**

The Taskforce recommended the removal of items 30487 (small bowel intubation), 30493 (biliary manometry), 13500 and 13503 (gastric hypothermia) and 32078 and 32081 (sigmoidoscopic examination with diathermy) from the Medicare Benefits Schedule.

Information and evidence supporting each of these recommendations is included in the Gastroenterology Clinical Committee report.