



New item for colonoscopy following a positive faecal occult blood test (FOBT)

Last updated: 1 June 2026

- From **1 July 2026**, there will be a new item (item 32219) for colonoscopy following a positive faecal occult blood test (FOBT), and item 32222 will be amended to remove FOBT services from the descriptor.
- These changes are relevant for health practitioners providing colonoscopies such as gastroenterologists and endoscopists in addition to some general surgeons and specially trained rural GPs. These changes are relevant to patients who have a positive FOBT and require a colonoscopy to investigate for causes of this positive test.
- The creation of this new item is intended to provide clarity for practitioners and patients on appropriate use of MBS colonoscopy items and assist in the monitoring of asymptomatic patient clinical journeys. It is also intended to improve interaction between the MBS and the National Bowel Cancer Screening Program (NBCSP), providing a clearer patient pathway following a positive FOBT.

What are the changes?

- The new item (32219) will provide for colonoscopy following a positive FOBT when the test has been performed for screening purposes (i.e., when a patient is asymptomatic). This would include the relatively small number of patients who receive their test kit outside the National Bowel Cancer Screening Program (NBCSP).
- Currently asymptomatic patients can access an MBS benefit under item 32222. The new item will have the same fee as item 32222. Item 32222 will be amended to remove FOBT services from the descriptor.

Why are the changes being made?

- The MBS Review Advisory Committee (MRAC) conducted a post-implementation review of the colonoscopy item changes made on 1 November 2019. As part of the review, MRAC made six recommendations aimed at improving access to colonoscopies, enhancing clinical appropriateness and reinforcing best practice standards. This included the recommendation to separate the positive FOBT indication for colonoscopy from item 32222 and make it into a new stand-alone item. For reference, MRAC's final report can be found at [MRAC Colonoscopy Post Implementation Review Final Report | Australian Government Department of Health, Disability and Ageing](#).
- The creation of this new item will assist in the monitoring of appropriate use of colonoscopies. It is also intended to improve interaction between the MBS and the National Bowel Cancer Screening Program (NBCSP), providing a clearer patient pathway following a positive FOBT

What does this mean for providers and other stakeholders?

Providers will still be able to claim for colonoscopy following a positive FOBT services. However, providers will need to amend their claiming for colonoscopy following a positive FOBT services from item 32222 to 32219.

How will these changes affect patients?

Effective **1 July 2026**, the Australian Government is creating a new item for colonoscopy following a positive FOBT that will assist in the monitoring of appropriate use of colonoscopy MBS items. The changes will provide greater clarity for patients, leading to improved health outcomes. Patients should not be negatively affected by the new item and will have continued access to clinically relevant services.

Who was consulted on the changes?

The Gastroenterological Society of Australia and the Colorectal Surgery Society of Australia and New Zealand were both consulted on the changes.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department of Health, Disability and Ageing's (the department's) compliance program can be found on its website at [Medicare compliance](#).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Amended item descriptors (to take effect 1 July 2026)

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 2 - Colorectal

32219

Endoscopic examination of the colon to the caecum by colonoscopy, for an asymptomatic patient following a positive result from a faecal occult blood test undertaken for screening purposes. Applicable once per day under a single episode of anaesthesia or other sedation (H) (Anaes.)

Private Health Insurance Classification:

- Clinical category: Gastrointestinal endoscopy
- Procedure type: Type B Non-band specific

32222

Endoscopic examination of the colon to the caecum by colonoscopy, for a patient:

~~(a) following a positive faecal occult blood test; or~~

(a) who has symptoms consistent with pathology of the colonic mucosa; or

(b) who has anaemia or iron deficiency; or

(c) for whom diagnostic imaging has shown an abnormality of the colon; or

(d) who is undergoing the first examination following surgery for colorectal cancer; or

(e) who is undergoing pre-operative evaluation; or

(f) for whom a repeat colonoscopy is required due to inadequate bowel preparation for the patient's previous colonoscopy; or

(g) for the management of inflammatory bowel disease;

other than a service associated with a service to which item 32230 applies

Applicable once on a day under a single episode of anaesthesia or other sedation (H) (Anaes.)

Multiple Operation Rule

Category 3 – THERAPEUTIC PROCEDURES

Private Health Insurance Classification:

- Clinical category: Gastrointestinal endoscopy
- Procedure type: Type B Non-band specific

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.

This factsheet is current as of the 'Last updated' date shown above and does not account for MBS changes since that date.