



Changes to pancreas procedure MBS services - Reference Guide

Date of change: 1 July 2021

New items: **30790 30791 30792**

Amended items: **30577 30583 30584**

Deleted items: **30586 30587**

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.



Pancreas procedure MBS services changes

New item 30790 Pancreatic cyst anastomosis to stomach, duodenum or small intestine

Overview: Introducing a new item that combines existing items 30586 (Pancreatic cyst anastomosis to stomach or duodenum) and 30587 (Pancreatic cyst, anastomosis to Roux loop of jejunum). Items 30586 and 30587 will be deleted.

Item Descriptor: Pancreatic cyst anastomosis to stomach, duodenum or small intestine, by endoscopic, open or minimally invasive approach, with or without the use of endoscopic or intraoperative ultrasound (H) (Anaes.) (Assist.)

MBS fee: \$729.70

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

New item 30791 Pancreatic necrosectomy – subsequent procedure

Overview: Introducing a new item for a subsequent pancreatic necrosectomy. Item 30577 will be amended to provide for an initial pancreatic necrosectomy.

Item Descriptor: Pancreatic necrosectomy, by open, laparoscopic or endoscopic approach, excluding aftercare, subsequent procedure (H) (Anaes.) (Assist.)

MBS fee: \$453.35

PHI Classification: Type A – Surgical patient

Clinical Category: Digestive system

New item 30792 Distal pancreatectomy with splenectomy

Overview: Introducing a new item for distal pancreatectomy with splenectomy. Item 30583 will be amended to provide for distal pancreatectomy with splenic preservation.

Item Descriptor: Distal pancreatectomy with splenectomy, by open or minimally invasive approach (H) (Anaes.) (Assist.)

MBS fee: \$1,242.65

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system



Amended item 30577 Pancreatic necrosectomy – initial procedure

Overview: Item 30577 will be amended to provide for an initial pancreatic necrosectomy.

Item Descriptor: Initial pancreatic necrosectomy by open, laparoscopic or endoscopic approach, excluding aftercare (H) (Anaes.) (Assist.)

MBS fee: \$1,133.30

PHI Classification: A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30583 Distal pancreatectomy with splenic preservation

Overview: Providing for distal pancreatectomy with splenic preservation.

Item Descriptor: Distal pancreatectomy with splenic preservation, by open or minimally invasive approach (H) (Anaes.) (Assist.)

MBS fee: \$1,617.35

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system

Amended item 30584 Pancreatico-duodenectomy (Whipple's procedure)

Overview: Item amended to include cholecystectomy, pancreatico, biliary and gastro jejunal anastomosis.

Item Descriptor: Pancreatico-duodenectomy (Whipple's procedure), with or without preservation of pylorus, including any of the following (if performed):

- (a) cholecystectomy;
 - (b) pancreatico-biliary anastomosis;
 - (c) gastro-jejunal anastomosis
- (H) (Anaes.) (Assist.)

MBS fee: \$3,121.55

PHI Classification: Type A – Advanced surgical patient

Clinical Category: Digestive system



Deleted item 30586 Pancreatic cyst-anastomosis to stomach or duodenum—by open or endoscopic means (H) (Anaes.) (Assist.) MBS Fee: \$723.20 (combined into new item 30790)

Deleted item 30587 Pancreatic cyst, anastomosis to Roux loop of jejunum (H) (Anaes.) (Assist.) MBS Fee: \$748.70 (combined into new item 30790)

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.