



Minor amendments to haemorrhoid treatment items 32135 and 32139

Last updated: 1 November 2024

- From 1 November 2024, Medicare Benefits Schedule (MBS) items for the treatment of haemorrhoids will be amended to clarify claiming arrangements and better support patient access to services.
- These changes are relevant for colorectal surgeons, hospitals, medical administrators, and insurers operating in the private health system.
- These changes were approved by the Government as part of the 2024-25 Budget.

What are the changes?

Effective 1 November 2024, amendments will be made to the haemorrhoid treatment items, as follows:

- Item **32135** will be amended to clarify that topical energy therapies are non-operative treatments for haemorrhoids that can be provided under the item.
- Item **32139** will be amended to allow the item to be used for the operative treatment of all degrees of symptomatic haemorrhoids, not just third-degree and fourth-degree haemorrhoids.

Why are the changes being made?

The amendment to item 32135 will clarify that topical energy therapies, such as haemorrhoid energy therapy and bipolar diathermy treatment, are non-operative treatments that are claimable under the item, alongside rubber band ligation and sclerotherapy.

The amendment to item 32139 will address a gap in services that arose from changes to colorectal surgery items on 1 July 2022. The change will ensure that patients with all degrees of symptomatic haemorrhoids requiring operative treatment will have access to affordable care. This will include the small number of patients with symptomatic first-degree or second-degree haemorrhoids who require an operation.

The changes made to colorectal surgery items on 1 July 2022 were based on recommendations from the MBS Review Taskforce (the Taskforce), informed by its Colorectal Surgery Clinical Committee. More information about the Taskforce and its Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care \(the Department\) website](#). A full copy of the Colorectal Surgery Clinical Committee's final report can be found in the [Clinical Committee section](#) of the [Department's website](#).

What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes set out below, and any associated rules and explanatory notes. Providers have a responsibility to ensure that services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

The changes will improve patient access to affordable haemorrhoid treatment services.

Who was consulted on the changes?

The Colorectal Surgery Implementation Liaison Group (ILG) was established to support the effective implementation of the Taskforce's colorectal surgery recommendations. The ILG includes representatives from the Colorectal Surgical Society of Australia and New Zealand (CSSANZ), the Royal Australasian College of Surgeons, the Gastroenterological Society of Australia, and private hospitals and private health insurers, among others.

Following the implementation of changes on 1 July 2022, the Department continued to consult with the ILG and discuss the issues related to haemorrhoid treatment items. The Department then worked with CSSANZ to finalise the amendments.

How will the changes be monitored and reviewed?

The Department will monitor and review use of the amended items post-implementation.

All colorectal surgery items will continue to be subject to MBS compliance processes and activities, including random and targeted audits, which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of the item and/or its fee, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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.

The Department provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email 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 and you will 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 the 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 effective 1 November 2024

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup – Colorectal

32135

Treatment of haemorrhoids or rectal prolapse, including rubber band ligation or sclerotherapy **or topical energy therapies** for, not being a service to which item 32139 applies (Anaes.)

Fee: \$76.90

Benefit: 75% = \$57.70 85% = \$65.40

Private Health Insurance Classification (no change):

- Clinical category: Digestive system
- Procedure type: Type C

32139

Operative treatment of **symptomatic** haemorrhoids **involving third-degree or fourth-degree haemorrhoids**, including excision of anal skin tags when performed, not being a service associated with a service to which item 32135 or 32233 applies (H) (Anaes.) (Assist.)

Fee: \$418.90

Benefit: 75% = \$314.20

Private Health Insurance Classification (no change):

- Clinical category: Digestive system
- Procedure type: Type A Surgical

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.