GASTROENTEROLOGY – CHANGES TO MBS ITEMS FOR COLONOSCOPY SERVICES

The Australian Government is making changes to Medicare-funded colonoscopy services to support high-value care, reflect current medical practice and ensure patients are receiving procedures in line with contemporary evidence and practice. These changes follow recommendations from the Medicare Benefits Schedule (MBS) Review Taskforce.

What are the changes?

From 1 November 2019, there will be changes to MBS items for colonoscopy services to ensure alignment with contemporary evidence and practice, and to improve health outcomes for patients.

The new items better describe clinical indications for colonoscopy and ensure appropriate time intervals between surveillance colonoscopies.

Why are these changes being made?

The changes to colonoscopy services aim to improve quality of care, encourage high value care and reflect current clinical practice.

The changes were recommended by the MBS Review Taskforce following an extensive period of consultation with key stakeholders.

The Taskforce is conducting a clinical-led review, and makes recommendations to the Government on how the MBS can be modernised to improve patient safety, support equity of access and reduce low-value care.

What does this mean for patients?

Patients will benefit from the changes which improve patient safety and quality of care. The changes help ensure that MBS funded services represent value for the patient and the community.

The changes protect patient safety by reducing unnecessary colonoscopies and by improving access to MBS funded services to those who need it.

The changes will modernise the range of colonoscopy items to facilitate the provision of effective and evidence-based colonoscopy services and to ensure that MBS services provide value for the patient and the healthcare system.

What does this mean for providers?

Providers will need to familiarise themselves with the changes in the colonoscopy schedule and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare meet the eligibility requirements outlined in the legislation.

Providers affected by these changes will receive further information closer to the implementation date.

Further detail will be available on www.mbsonline.gov.au