

# Changes to Medicare funded colonoscopy

Effective 1 November 2019, by Dr Bernard Chin, Consultant Gastroenterologist

**The biggest change to Medicare funded colonoscopy will take place from 1 November 2019.**



For more information about these changes, go to: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Colonoscopy>

For most referrers of colonoscopy, the pertinent summary is:

- Patients are NOT allowed to have asymptomatic colonoscopy. This will affect average risk patients on routine 5 year colonoscopies. A patient not fitting any MBS criteria will only be allowed ONE Medicare funded colonoscopy per lifetime from 1 Nov 2019.
- Patients have unrestricted access to colonoscopy for NEW symptoms (GI bleeding, iron deficiency, abnormal imaging, inflammatory bowel disease etc).
- Almost all tubular adenomas with low grade dysplasia (LGD) surveillance colonoscopy are to be done on a 5 yearly basis EXCEPT where (a) One polyp was larger than 1cm in the last colonoscopy, (b) Any villous change in the last colonoscopy (c) High risk serrated adenoma (dysplasia) in the last colonoscopy (d) 5-9 colonic adenomas each < 10mms. Changes to this guideline deviates the most from official guidelines such as NHMRC and GESA and is anticipated to affect the most patients on automatic recall lists.
- FOBT positive patients are allowed to have a colonoscopy once every 2 years only
- Family history is defined as First Degree Relative (FDR) under 55 years or age, 2 FDR of any age or 1 FDR and 2 Second Degree Relatives.
- For patients with a history of bowel cancer, the first surveillance colonoscopy is 12 months. If no high risk lesions are found, the next colonoscopy is in FIVE (5) years.
- Special circumstance where patients can have annual colonoscopies or even colonoscopies a few times a year are ordered by Gastroenterologists specialising in interventional endoscopy and large polypectomy, and will be tailored to individual patients and should not be initiated by primary care providers. Referrers interested in these criteria can refer to the detailed MBS notes.



Cairns Gastroenterology will be running workshops in 2020 to help referring doctors familiarise themselves with these new guidelines. It is very important that referrers and patients are aware of these changes as the guidelines are very strict and Medicare rebates will NOT be paid if the patient has a colonoscopy even one day earlier than that stipulated in the MBS. Please check that patients are entitled to a colonoscopy under the new guidelines when they have been reminded by an automatic recall system.



## About Dr Bernard Chin

Dr Chin graduated from the University of Adelaide and completed his Gastroenterology training in Sydney. He has an interest in the latest endoscopic obesity treatments and bowel cancer screening. He is the founder and principal of Cairns Gastroenterology since 2007, operating at both Cairns Private Hospital and Cairns Day Surgery

## Contact

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