Australian Government
Department of Health and Aged Care

Quick Reference Guide:

Administrative change to intracranial aneurysm item

Date of change: 1 March 2024

Amended item: 35412

Revised structure

- From 1 March 2024, Medicare Benefits Schedule (MBS) item 35412 for intracranial aneurysm will be amended to allow claiming in association with pre-operative diagnostic imaging item 60009 and one of items 60072, 60075 and 60078.
- This change is a policy decision to fix an administrative error implemented on 1 November 2022.
- Billing practices from 1 March 2024 will need to be adjusted to reflect these changes.

Patient impacts

- These changes reflect clinically appropriate services and should not impact on patient access to associated benefits.

Restrictions or requirements

- This item must be claimed in association with item 60009 and one of items 60072, 60075 and 60078.
- 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.

Amended item 35412 – Intracranial aneurysm

Overview: Amend item 35412 to clarify which pre-operative diagnostic imaging items are to be claimed in association.

Descriptor:

Intracranial aneurysm, ruptured or unruptured, endovascular occlusion with detachable coils, and assisted coiling (if performed), with parent artery preservation, not for use with liquid embolics only, including intra-operative imaging, but in association with pre-operative diagnostic imaging under item 60009 and one of items 60072, 60075 and 60078, including aftercare

(Anaes.) (Assist.)

MBS fee: $3,145.25

Benefit: 75% = $2,358.95 85% = $3,046.55

Private Health Insurance Classification

- **Clinical category:** Brain and nervous system
- **Procedure type:** Type A Advanced surgical

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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