Changes to MBS Cardiac Surgical Services:

Coronary Artery Bypass, Surgical Valve and Aortic Surgical items

Date of change: 01 July 2021

Legislation: Health Insurance Legislation Amendment (2021 Measures No. 1) Regulations 2021

Amended Items:

38358 38477 38490 38550 38553 38556 38568 38571 38572 38637 38739 38742

New Items:

38484 38499 38502 38510 38511 38513 38516 38517 38519 38554 38555

38557 38558 90300

Deleted Items:

38475 38478 38480 38481 38483 38488 38489 38496 38497 38498 38500

38501 38503 38504 38505 38559 38577 38562 38565 38712

Items with no changes: 38485 38487 38493

Revised structure

From 1 July 2021, Medicare Benefits Schedule (MBS) items for cardiac procedural services are changing to reflect contemporary clinical practice. These changes are the result of MBS Review Taskforce (the Taskforce) recommendations following extensive consultation with stakeholders.

Changes include the restructure of items for coronary artery bypass grafts, surgical valve repair and replacement, aortic procedures , consolidate items into complete medical services, align descriptors with current clinical practice guidelines and clarify items not able to be claimed on the same occasion. Where there is a need for a specific approach which is not routinely performed as part of the complete medical service, additional 'add-on' items can be billed.

From 1 July 2021, billing practices will need to be adjusted to reflect these changes.

Patient impacts

Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice. These changes will provide access for patients to high-value cardiac investigations and procedures, leading to improved health outcomes.

Patients should no longer receive different Medicare rebates for the same operation, as there should be less variation in the items claimed by different providers.

Providers will need to familiarise themselves with the changes to the cardiac services 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.

Same-Day Claiming Restriction:

'Not being a service associated with' refers to a restriction preventing the payment of a benefit when the service is performed in association, on the same occasion, with a specific MBS item or item range; another MBS item within the same group or subgroup or a similar type of service or procedure.

Claiming subsequent attendance items with items in Group T8 (items 30001 to 51171 of the MBS):

Some subsequent attendance items can't be billed on the same day with any Group T8 item equal to or greater than $309.35 (These items include: 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6009, 6011, 6013, 6015, 6019, 6052, or 16404).

Specialist subsequent attendance items (111 or consultant physician items 117 and 120) can only be claimed on the same day as a surgical operation in Group T8 with a schedule fee of equal to or greater than $309.35 if the procedure is urgent and not able to be predicted prior to the commencement of the attendance. Item 115 allows for co-claiming of a consultation item, if the nature of the consultation could not be predicted prior to the Group T8 procedure with a MBS Fee higher than $309.35. It is expected that these items would be rarely required. Clinician records should clearly indicate the reasons why either the consultation or procedure is necessary including the clinical risk for the patient to defer.

Aftercare – post-operative care and treatment provided to patients after an operation:

Aftercare is the post-operative care and treatment provided to patients after a surgical operation or procedure.This includes all attendances until recovery and the final check or examination. Aftercare services can take place at a hospital, private rooms or a patient's home. MBS fees for most surgical items in MBS Group T8 include an aftercare component.

Some MBS services don't include aftercare and this is noted in their description. Group T8 items not containing this note include aftercare. Schedule fees for most surgical items include normal post-operative care. This means you can't bill attendance items for normal aftercare. However, if the MBS description of the surgical item performed excludes aftercare in the item's description, an attendance item can be billed for providing aftercare.

Multiple Operation Rule (MOR) – applies when 2 or more MBS items from Category 3, Group T8 for services performed on a patient on one occasion:

The total schedule for all surgical items is calculated by applying the MOR. That is:

100% of the fee for the item with the highest schedule fee

plus 50% of the fee for the item with the next highest schedule fee

plus 25% of the fee for any further surgical items

Applying this rule results in one total schedule fee for all surgical items billed.

(see explanatory note *TN.8.2* at MBS Online for more information)

Coronary Artery Bypass Surgery

Deleted item 38496 – Artery harvesting for coronary artery bypass

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38497 – Coronary artery bypass with cardiopulmonary bypass

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38498 – Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38500 – Coronary artery bypass with cardiopulmonary bypass, using single arterial graft

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38501 – Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using single arterial graft

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38503 – Coronary artery bypass with cardiopulmonary bypass, using 2 or more arterial grafts

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38504 – Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass, using 2 or more arterial grafts

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

Deleted item 38505 – Coronary endarterectomy by open operation, including repair with 1 or more patch grafts, each vessel

This item has been deleted as part of the restructure of coronary artery graft surgery to create a complete medical service.

New item 38502 – Coronary artery bypass including cardiopulmonary bypass, with or without retrograde cardioplegia

Overview: This new item introduces a primary coronary artery bypass graft item, consolidating items into a complete medical service and clarifies items that are not appropriate to claim with this procedure.

Service/Descriptor: Coronary artery bypass, including cardiopulmonary bypass, with or without retrograde cardioplegia, with or without vein grafts, and including at least one of the following:

(a) harvesting of left internal mammary artery and vein graft material;

(b) harvesting of left internal mammary artery;

(c) harvesting of vein graft material;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503.

MBS fee: $2,451.55

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38510 – Artery harvesting (other than left internal mammary) for coronary artery bypass where more than one arterial graft is required

Overview: New item which accounts for the added technical difficulty with specific approaches as an add-on item for use with the primary coronary artery bypass item. This 'bolt-on' item is only to be claimed in association with the core bypass item 38502 for harvesting of artery grafts, other than left internal mammary, when more than one arterial graft is required.

Service/Descriptor: Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if:

(a) more than one arterial graft is required; and

(b) the service is performed in conjunction with a service to which item 38502 applies

(H) (Anaes.) (Assist.)

Billing requirement: This item can only be claimed in association with item 38502.

MBS fee: $649.25

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

New item 38511 – Coronary artery bypass with the aid of tissue stabilisers, performed without cardiopulmonary bypass

Overview: New item which accounts for the added technical difficulty with specific approaches as an add-on for use with the base coronary artery bypass item. This 'bolt-on' item is only to be claimed in association with the core bypass item 38502.

Service/Descriptor: Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed:

(a) without cardiopulmonary bypass; and

(b) in conjunction with a service to which item 38502 applies

(H) (Anaes.) (Assist.)

Billing requirement: This item can only be claimed in association with item 38502.

MBS fee: $624.30

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

New item 38513 – Creation of a graft anastomosis (including Y-graft, T-graft and graft to graft extensions) requiring micro-arterial or micro-venous anastomosis using microsurgical techniques.

Overview: New item which accounts for the added technical difficulty with specific approaches. This 'bolt-on' item is to be claimed in association with the core bypass item and encourages best-practice care, this harvesting approach increases procedural complexity but relates to better patient outcomes.

Service/Descriptor: Creation of graft anastomosis, including Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if the service is performed in conjunction with a service to which item 38502 applies.

(H) (Anaes.) (Assist.)

Billing requirement: This item can only be claimed in association with item 38502.

MBS fee: $1,040.55

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Unlisted

Amended item 38637 – Patent diseased coronary artery bypass vein graft or grafts

Overview: This item is retained for use in the setting of coronary artery bypass surgery where despite low usage it still has a place in the revision setting. Same day claiming restrictions have been introduced to restrict the claiming of services expected to be included already in this service as a complete medical service.

Service/Descriptor: Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection and oversewing of, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $577.00

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Surgical

Surgical Valve items

The valve items are being restructured to create complete medical services and remove redundant items. Rather than items being demarcated by approach they will be listed per location of valve. Retroplegia has been incorporated into the valve replacement and repair services, as described for coronary artery bypass graft surgery.

Deleted item 38475 – Valve annuloplasty without insertion of ring

Restructure of the items for valve surgery to complete medical services. This item has been replaced by items 38516 & 38517.

Deleted item 38478 – Valve annuloplasty with insertion of ring

Restructure of the items for valve surgery to complete medical services. This item has been replaced by items 38516 & 38517.

Deleted item 38480 – Valve repair, 1 leaflet

This item is included into new valve item 38516.

Deleted item 38481 – Valve repair, 2 or more leaflet

This item is included into new valve item 38517.

Deleted item 38483 – Aortic valve leaflet or leaflets

This item is obsolete.

Deleted item 38488 – Valve replacement with bioprosthesis or mechanical prosthesis

This item will be replaced by new items 38484 & 38499 and rather than being demarcated by technology (which some are no longer available in Australia) they will be listed per location of valve**.**

Deleted item 38489 – Valve replacement with allograft (subcoronary or cylindrical implant), or unstented xenograft

Restructure of the items for valve surgery to create complete medical services and remove redundant items. This item will be replaced by items 38484 and 38499.

Amended item 38477 – Valve annuloplasty with insertion of ring

Overview: This item provides for valve annuloplasty outside of the valve repair items as a standalone procedure. Same day claiming restrictions have been introduced to restrict the claiming of services that are considered not appropriate to be claimed in conjunction with this item.

Service/Descriptor: Valve annuloplasty with insertion of ring, other than:

(a) a service to which item 38516 or 38517 applies; or

(b) a service associated with a service to which to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Explanatory Note: For congenital surgery, alternative dissolvable options may be used instead of the insertion of permanent fixed rings that may result in negative long-term outcomes.

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,084.55

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

Amended item 38490 – Reconstruction and re-implantation of sub valvular structures, associated with mitral or tricuspid valve replacement

Overview: This item can only be claimed with mitral or tricuspid valve replacement item 38499, this 'add on' item has been retained to incentivise this emerging practice.

Service/Descriptor: Reconstruction and re-implantation of sub-valvular structures, if performed in conjunction with a service to which item 38499 applies (H) (Anaes.) (Assist.)

Billing requirement: Only claimable in association with item 38499 (mitral or tricuspid valve replacement item)

MBS fee: $577.00

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Surgical

New item 38484 – Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis

Overview: Part of the restructure of the valve items, this item if for the replacement of the aortic or pulmonary valve as a complete medical service.

Service/Descriptor: Aortic or pulmonary valve replacement with bioprosthesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503.

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,112.20

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38499 – Mitral or tricuspid valve replacement with bioprothesis or mechanical prosthesis

Overview: Part of the restructure of the valve items, this is for the replacement of the mitral or tricuspid valve as a complete medical service.

Service/Descriptor: Mitral or tricuspid valve replacement with bioprothesis or mechanical prosthesis, including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,112.20

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

New item 38516 – Simple valve repair, with or without annuloplasty, including quadrangular resection, cleft closure, or alfieri. Including retrograde cardioplegia, (if performed).

Overview: This new item is a consolidation of items 38475, 38478 and 38480 (these items are deleted) to create a complete medical service for a simple valve repair procedure.

Service/Descriptor: Simple valve repair:

(a) with or without annuloplasty; and

(b) including quadrangular resection, cleft closure or alfieri; and

(c) including retrograde cardioplegia (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,509.25

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38517 – Complex valve repair, with or without annuloplasty, including retroplegia (if performed)

Overview: This new item is a consolidation of items 38476, 38478 or 38481 (these items are deleted) to create a complete medical service for a complex valve procedure.

Service/Descriptor: Complex valve repair:

(a) with or without annuloplasty; and

(b) including retrograde cardioplegia (if performed); and

(c) including one of the following:

(i) neochords;

(ii) chordal transfer;

(iii) patch augmentation;

(iv) multiple leaflets;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $3,055.85

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

Australian Government
Department of Health

New item 38519 – Valve explant of a previous prosthesis performed during a valve replacement

Overview: This new item specifically allows the removal of previously inserted prosthesis – this allows the surgeon to claim for this additional complex and time consuming procedure (if performed) alongside the valve replacement items. This item would only be claimable when used in association with valve items, 38484 (aortic or pulmonary valve replacement) or 38499 (mitral or tricuspid valve replacement).

Service/Descriptor: Valve explant of a previous prosthesis, if performed during a service to which item 38484 or 38499 applies, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Only claimable in association with items 38484 or 38499. Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $1,100.00

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Unlisted

Surgical Aortic Items – Ascending thoracic, descending thoracic and arch aorta related items

Deleted item 38559 – Aortic arch and ascending thoracic aorta, repair or replacement of

These items (38565, 38559 & 38562) are consolidated into 2 items according to the complexity of the aortic procedures.

Australian Government
Department of Health

Deleted item 38562 – Aortic arch and ascending thoracic aorta, repair or replacement of

These items (38565, 38559 & 38562) are consolidated into 2 items according to the complexity of the aortic procedures.

Deleted item 38565 – Aortic arch and ascending thoracic aorta, repair or replacement of

These items (38565, 38559 & 38562) are consolidated into 2 items according to the complexity of the aortic procedures.

Deleted item 38577 – Cannulation

Delete this item and incorporate the procedure into the aortic arch procedures - this is not a standalone service so will be included in the items for aortic arch repair and replacement, including retrograde and antegrade cerebral protection.

Deleted item 38712 – Aortic interruption

This item is deleted (it no longer reflects contemporary practice) and replaced with new item 38558

Amended item 38550 – Repair or replacement of ascending thoracic aorta including cardiopulmonary bypass and retrograde cardioplegia (if performed)

Overview: Amended to create a complete service by including the standard components of the procedure in the service, such as retroplegia cardioplegia (if performed). Inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Repair or replacement of ascending thoracic aorta:

(a) including:

(i) cardiopulmonary bypass; and

(ii) retrograde cardioplegia (if performed); and

(b) not including valve replacement or repair or implantation of coronary arteries;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,337.50

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

Amended item 38553 –Repair or replacement of ascending thoracic aorta

Overview: Amended to create a complete service by including the standard components of the procedure in the service, such as retroplegia cardioplegia (if performed). Inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Repair or replacement of ascending thoracic aorta:

(a) including:

(i) aortic valve replacement or repair; and

(i) cardiopulmonary bypass; and

(ii) retrograde cardioplegia (if performed); and

(b) not including implantation of coronary arteries;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,942.90

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38554 – Valve sparing aortic root surgery

Overview: Creation of new item for valve-sparing aortic root surgery as a complete medical service, which includes appropriate and necessary components of the service. Inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries and replacement of the ascending aorta, including cardiopulmonary bypass, and including retrograde cardioplegia (if performed), other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $4,236.45

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38555 – Simple replacement or repair of aortic arch

Overview: Consolidation of aortic arch procedures into 2 new items - one for simple procedures and one for complex procedures. This service provides for the simple replacement or repair of aortic arch in conjunction with items for repair of the aorta (items 38550, 38553, 38554, 38556, 38568 or 38571). As with other items, services considered appropriate and necessary, such as the insertion of an intercostal catheter, are included in this item and same day co-claiming restrictions clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

(a) deep hypothermic circulatory arrest; and

(b) peripheral cannulation for cardiopulmonary bypass; and

(c) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Claimable in association with items 38550, 38553, 38554, 38556, 38568 and 38571. Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503

MBS fee: $3,374.00

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

Amended item 38556 –Repair or replacement of ascending thoracic aorta,

Overview: Amended to create a complete service by including the standard components of the procedure in the service, such as retroplegia cardioplegia (if performed). Inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Repair or replacement of ascending thoracic aorta, including:

(a) aortic valve replacement or repair; and

(b) implantation of coronary arteries; and

(c) cardiopulmonary bypass; and

(d) retrograde cardioplegia (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $3,230.50

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

New item 38557 – Complex replacement or repair of aortic arch

Overview: Consolidation of items 38565, 38559 & 38562 into a new item for complex repair of aortic arch. This service provides for the complex replacement or repair of aortic arch in conjunction with items for repair of the aorta (items 38550, 38553, 38554, 38556, 38568 or 38571). As with other items, services considered appropriate and necessary, such as the insertion of an intercostal catheter are included in this item and same day co-claiming restrictions clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

(a) debranching and reimplantation of head and neck vessels; and

(b) deep hypothermic circulatory arrest; and

(c) peripheral cannulation for cardiopulmonary bypass; and

(d) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Claimable in association with items 38550, 38553, 38554, 38556, 38568 and 38571. Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $3,894.30

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

New item 38558 – Aortic repair involving augmentation of hypoplastic or interrupted aortic arch

Overview: A new item for repair of the aortic arch in a neonate (up to 28 days of age) recognising newer and more complex approaches which lead to improved long-term outcomes. This item supersedes item 38712 which will be deleted. Same day co-claiming restrictions clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Aortic repair involving augmentation of hypoplastic or interrupted aortic arch, if:

(a) the patient is a neonate; and

(b) the service includes:

(i) the use of antegrade cerebral perfusion or deep hypothermic circulatory arrest and associated myocardial preservation; and

(ii) retrograde cardioplegia;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $5,083.70

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

Amended item 38568 –Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means,

Overview: Amended to create a complete service by including the standard components of the procedure in the service and inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Repair or replacement of descending thoracic aorta, without shunt or cardiopulmonary bypass, by open exposure, percutaneous or endovascular means, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $1,938.45

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

Amended item 38571 –Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass

Overview: Amended to create a complete service by including the standard components of the procedure in the service and inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Repair or replacement of descending thoracic aorta, with shunt or cardiopulmonary bypass, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,209.65

Private Health Insurance Classifications:

Clinical Category:	Heart and Vascular System
Procedure Type:	Type A – Advanced Surgical

Amended item 38572 – Operative management of acute rupture or dissection

Overview: This item is a 'bolt on' item for use in conjunction with aortic procedures and inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Operative management of acute rupture or dissection, if the service:

(a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and

(b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2,067.60

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

Amended item 38739 – Atrial septectomy, with or without cardiopulmonary bypass

Overview: Amended to create a complete service by including the standard components of the procedure in the service and inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Atrial septectomy, with or without cardiopulmonary bypass, for congenital heart disease, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2036.55

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

Amended item 38742 – Atrial septal defect, closure by open exposure and direct suture or patch

Overview: Amended to include clinical indications for this procedure and inclusion of co-claiming restrictions to clarify what services are not appropriate to be claimed in conjunction with this service.

Service/Descriptor: Atrial septal defect, closure by open exposure and direct suture or patch, for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies (H) (Anaes.) (Assist.)

Billing requirement: Not claimable with items 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503

MBS fee: $2002.05

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

Extraction of Leads

Amended item 38358 – Extraction, of a chronically implanted transvenous pacing or defibrillator lead or leads

Overview: The item has been amended to address when the item is performed by an interventional cardiologist, with a new attendance item introduced to allow for a cardiac surgeon who is required to be on standby should major complications occur. The primary procedural item (item 38358) will attract 70% of the previous fee (when the procedure is conducted by an interventional cardiologist) and the new professional attendance item –for the standby cardiothoracic surgeon (item 90300) will attract 30% of the previous fee.

Note: When a cardiothoracic surgeon conducts the extraction of leads procedure, they will be able to access the entire fee through claiming of both items (38358 & 90300).

Service/Descriptor: Extraction of one or more chronically implanted transvenous pacing or defibrillator leads, by percutaneous method, with locking stylets and snares, with extraction sheaths (if any), if:

(a) the leads have been in place for more than 6 months and require removal; and

(b) the service is performed:

(i) in association with a service to which item 61109 or 60509 applies; and

(ii) by a specialist or consultant physician who has undertaken the training to perform the service; and

(iii) in a facility where cardiothoracic surgery is available, and a thoracotomy can be performed immediately and without transfer; and

(c) if the service is performed by an interventional cardiologist—a cardiothoracic surgeon is in attendance during the service

(H) (Anaes.) (Assist)

Explanatory Note: International guidelines state that delays from injury to open access to the heart of more than 5–10 minutes are often associated with a fatal outcome. Preparations for this procedure should provide for this rare but life-threatening circumstance.

Claiming guide:

- When the service to which item 38358 applies is provided to a patient by an accredited interventional cardiologist the following claiming will apply:
  - Item 38358 is to be claimed by the accredited interventional cardiologist; and
  - Item 90300 is to be claimed by the standby cardiothoracic surgeon.
  - **Please note:** there is a claiming order for these items. If the procedure is performed by different providers then 38358 procedural item must be claimed before item 90300 can be processed. If item 90300 is claimed by the cardiothoracic surgeon before item 38358 is claimed by the interventional cardiologist then the claim will be rejected by until 38358 is claimed.
- When the service to which item 38358 applies is provided to a patient by an accredited cardiothoracic surgeon the following claiming will apply:
  - Item 38358 is to be claimed by the accredited cardiothoracic surgeon; and
  - Item 90300 is also claimable by the cardiothoracic surgeon.

Billing requirement: This item cannot be claimed on the same day as items 61109 or 60509. A cardiothoracic surgeon must be on standby when the procedure is performed by an interventional cardiologist.

MBS fee: $2,089.00 (Fee reduced by 30% to allow for the provision of standby cardiothoracic surgeon)

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 90300 – Professional attendance by a cardiothoracic surgeon in the practice of his or her specialty

Overview: New attendance item for cardiac surgeon on standby for the lead extraction procedure (when the primary procedure is conducted by an interventional cardiologist). This will sit in category 1 of the schedule (A37).

Service/Descriptor: Professional attendance by a cardiothoracic surgeon in the practice of the surgeon's speciality, if:

(a) the service is performed in conjunction with a service (the lead extraction service) to which item 38358 applies; and

(b) the surgeon is:

(i) either performing, or providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing, the lead extraction service; and

(ii) present for the duration of the lead extraction service, other than during the low risk pre and post extraction phases; and

(iii) able to immediately scrub in and perform a thoracotomy if major complications occur (H)

Billing requirement: There is a claiming order to this item. Please refer to claiming note under item 38358 for correct claiming of this item.

MBS fee: $895.25 (30% of the fee for the primary procedure item 38358)

Benefit: 75% only

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS will be available on 1 July 2021 on the MBS Online website at MBS Online. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

For questions relating to implementation, or to the interpretation of the changes to cardiac surgical MBS items prior to 1 July 2021, please email cardiacservices@health.gov.au or post-implementation 1 July 2021 please email askMBS.

For questions regarding the proposed PHI classifications, please email PHI@health.gov.au.

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

Subscribe to 'News for Health Professionals' on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available by early June 2021 and can be accessed via the MBS Online website under the Downloads page.

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.