



Relative Value Guide – changes to cell salvage item 22002

Last updated: 22 October 2024

- From 1 November 2024, Relative Value Guide (RVG) Medicare Benefits Schedule (MBS) item 22002 will be amended to also allow for intraoperative cell salvage.
- These changes will allow anaesthetists to bill for intraoperative cell salvage services when performed in association with the administration of anaesthesia.

What are the changes?

- From 1 November 2024, item 22002 will be amended to also allow for intraoperative cell salvage.
- Cell salvage is a form of autologous transfusion service where the patient's blood is collected during surgery, filtered through a device to remove contaminants, with only the red blood cells being returned to the patient.
- Explanatory note TN.10.8 will be amended to provide guidance on use and appropriate billing for item 22002.

Why are the changes being made?

Section 16 of the [Health Insurance Act 1973](#) excludes benefits, except with the approval of the Minister, from being paid to anaesthetists performing professional services in association with the administration of anaesthesia. Replicating these items into sub-group 19 of the RVG will allow anaesthetist to co-claim these services.

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in December 2022. Further details about MSAC applications can be found on the [MSAC website](#).

The listing was announced by the Australian Government as part of the 2023-24 Budget.

What does this mean for providers?

There is no MBS item currently available for intraoperative cell salvage, with item 22002 previously only allowing for the transfusion of homologous blood already collected.

This technology has been in place since the 1960s and has evolved to now be standard of care in many surgical scenarios. By amending the wording for MBS item 22002, anaesthetists will be able to provide this service in association with the administration of anaesthesia.

Amended explanatory note TN.10.8 will provide clinicians with best clinical use and guide appropriate billing for item 22002.

How will these changes affect patients?

The use of cell salvage reduces the reliance on blood bank donations, making these available for other surgeries, as well as being able to be used where there are religious beliefs that preclude the use of regular blood transfusions.

From 1 November 2024, patients will now be eligible for Medicare benefits for cell salvage services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

Following MSAC approval, targeted consultation has occurred with the Australian Society of Anaesthetists (ASA). As the key stakeholder, ASA is supportive and has committed to further communicating the changes to its members.

How will the changes be monitored and reviewed?

The claiming of item 22002 will continue to be subject to MBS compliance checks, which may require a provider to submit evidence to substantiate that services were validly claimed.

The updated MBS item 22002 will be reviewed post implementation.

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 of Health and Aged Care 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 (to take effect 1 November 2024)

Category 3 - THERAPEUTIC PROCEDURES

Group 10 - Relative Value Guide For Anaesthesia - Medicare Benefits Are Only Payable For Anaesthesia Performed In Association With An Eligible Service

Subgroup 19 - Therapeutic And Diagnostic Services

22002

Administration of blood or bone marrow, when performed in association with the management of anaesthesia

(4 basic units)

Fee: \$87.20 **Benefit:** 75% = \$65.40

Private Health Insurance Classification:

- Clinical category: Support List
- Procedure type: Unlisted

Category 3 - THERAPEUTIC PROCEDURES

TN.10.8 Additional Services Performed in Connection with Anaesthesia - Subgroup 19

Included in the RVG format are a number of additional or complementary services which may be provided in connection with anaesthesia such as blood pressure monitoring (item 22012) and intra-arterial cannulation (item 22025).

These items (with the exception of peri-operative nerve blocks (22031-22042)) and perfusion services (22055-22075) have also been retained in the MBS in the non-RVG format, for use by practitioners who provide these services other than in association with anaesthesia.

Item 22002

The amendment to item 22002 is for the transfusion of blood and/or for intraoperative transfusion of red cells collected by cell saver in association with administration of anaesthesia.

Items 22012 and 22014

Benefits are payable under items 22012 and 22014 only once for each type of pressure, up to a maximum of 4 pressures per patient per calendar day, and irrespective of the number of practitioners involved in monitoring the pressures.

Items 22012, 22014 and 22025

Category 3 - THERAPEUTIC PROCEDURES

A patient who is categorised as having a high risk of complications is one where clinical indications allow for the following items to be claimed (in conjunction with items 22012, 22014 and 22025) with item 25000, item 25005 or item 25010 modifiers, and/or item 25013, and/or item 25014, and/or items 25020, 25025 and/or when the basic surgical item value is 10 or more units, and/or is conjunction with items in group T10 Subgroup 13 (Shoulder and Axilla), or with items 23170 – 24136 (for procedures of greater than four hours duration) noting this is not an exhaustive list.

Item 22042

This item can be co-claimed with item 20142 (anaesthesia for lens surgery), when anaesthesia or sedation was also provided by the same anaesthetist.

Item 22042 cannot be co-claimed with item 20142, 20144, 20145 and 20147 when a general anaesthetic is the primary anaesthetic approach.

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.