



Thoracic surgery changes to MBS items factsheet

Last updated: 16 March 2023

- From 1 March 2023, Medicare Benefits Schedule (MBS) items for thoracic surgery are changing to reflect contemporary clinical practices. These changes are a result of the MBS Review Taskforce (the Taskforce) recommendations and consultation with stakeholders.
- These changes are relevant for Thoracic Surgeons, consumers claiming these services, private health insurers and private hospitals.
- Billing practices from 1 March 2023 will need to be adjusted to reflect these changes.

What are the changes?

- Effective 1 March 2022, there will be a revised structure for items for thoracic surgical services. The new structure includes eight anatomical categories:
 - Thoracoscopy and thoracotomy
 - Lung resection procedures
 - Pleural procedures including empyema
 - Mediastinal and pericardial procedures
 - Sternal procedures
 - Chest wall Procedures
 - Airway procedures
 - Miscellaneous procedures
- Restructuring of thoracic surgery items into the eight anatomical categories will result in the deletion of the following thoracic surgery items:
 - 38415, 38418, 38421, 38424, 38436, 38438, 38440, 38441, 38446, 38447, 38448, 38449, 38450, 38452, 38453, 38455, 38456, 38457, 38458, 38460, 38462, 38463, 38464, 38466, 38469, 38656, 38806, 38809.
- The introduction of the following new item numbers:
 - 38815, 38816, 38817, 38818, 38820, 38822, 38823, 38828, 38829, 38830, 38833, 38834, 38837, 38838, 38839, 38840, 38841, 38842, 38845, 38846, 38847, 38850, 38851, 38852, 38853, 38425, 38429, 38431, 38864.
- Amendments to these items also include co-claiming restrictions to reflect appropriate contemporary clinical practice and provide for complete medical services.
- Nine new surgical items 38821, 38824, 38831, 38831, 38848, 38849, 38857, 38858, 38859 will be introduced to better describe the primary procedure and reflect the complexity of the surgical procedure.

- Items 38468, 38427, 38430 will be deleted as they are either consolidated into other items or provide low or no value care.
- 59 minor amendments to MBS items as a consequence to the changes in thoracic surgery item numbers. Changes are to update reference to thoracic surgery co-claiming item numbers and do not change the medical procedures (37467, 38474, 38477, 38484, 38499, 38502, 38508, 38509, 38512, 38515, 38516, 38517, 38518, 38519, 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38572, 38609, 38612, 38615, 38618, 38621, 38624, 38627, 38637, 38653, 38670, 38673, 38677, 38680, 38700, 38703, 38706, 38709, 38715, 38718, 38721, 38724, 38727, 38730, 38733, 38736, 38739, 38742, 38745, 38748, 38751, 38754, 38757, 38760, 38764, 38766).
- The changes to thoracic surgery item descriptors, which will come into effect on 1 March 2023, can be viewed on the Quick Reference Guide available on [MBS Online](#). A summary of item number changes is found at Attachment A of this fact sheet.

Why are the changes being made?

The changes are the outcome of Government agreement to recommendations from the Taskforce, following a comprehensive review of the thoracic surgery MBS items by clinicians, health system experts and consumers. The Taskforce agreed that improving the structure and sequencing of thoracic surgery MBS items to ensure a logical and simplified approach, organising the items into anatomical areas of increasing procedure complexity would better support high quality and sustainable services, reflect international best practice and support the concept of complete medical care. This also included the restriction of inappropriate co-claiming and introducing new services that reflect current clinical practice and complexity of procedures.

More information about the Taskforce and associated Committees is available on the Department of Health and Aged Care's [website](#). A full copy of the Taskforce's final report can be found at [Taskforce report on thoracic surgery MBS items](#)

What does this mean for providers?

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

How will these changes affect patients?

Patients will receive benefit from access to higher value Medicare benefits for thoracic surgery services that are clinically appropriate and reflect modern clinical practice. New procedures have been introduced to better reflect a complete medical service which should reduce variability in billing for patients.

Who was consulted on the changes?

The Thoracic Surgery Clinical Committee (TSCC) was established in 2018 by the Taskforce, to provide broad clinician and consumer expertise. The MBS Review included a targeted consultation process.

Feedback was received from the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) and the Australian Medical Association (AMA), Thoracic Society of Australia and New Zealand (TSANZ) Australian Private Hospitals Association (APHA), Private Healthcare Australia (PHA), Independent Clinicians and considered by the TSCC prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the AMA, ANZSCTS and PHA through the work of an Implementation Liaison Group.

How will the changes be monitored and reviewed?

Thoracic surgery items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

The new and amended MBS thoracic surgery items will be reviewed post implementation.

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 at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

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.

Thoracoscopy and thoracotomy Procedures
38815 (previously 38436) Thoracoscopy Fee: \$264.00
38816 (previously 38418) Thoracotomy Fee: \$1,013.20
38817 (previously 38643) Thoracotomy, thoracoscopy or sternotomy involving division of adhesions Fee: \$1,592.75
38818 (previously 38656) Thoracotomy, thoracoscopy or median sternotomy for post operative bleeding Fee: \$1,013.20

Lung Resection Procedures
38820 (previously 38440) Lung, wedge resection Fee: \$1,212.80
38821 Lung, wedge resection, two or more Fee: \$1,819.20
38822 (previously 38438) Pneumonectomy or lobectomy, bilobectomy or segmentectomy Fee: \$1,619.55
38823 (previously 38441)

Radial lobectomy, pneumonectomy, bilobectomy or segmentectomy or formal mediastinal node dissection

Fee: \$2,001.10

38824

Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium and formal mediastinal node dissection

Fee: \$2,501.35

Pleural Procedures

38828 (previously 38806)

Intercostal drain, insertion of

Fee: \$141.20

38829 (previously 38809)

Intercostal drain, insertion of, with pleurodesis

Fee: \$174.00

38830 (previously 38415)

Empyema, radical operation for, involving resection of rib

Fee: \$422.20

38831

Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema

Fee: \$1,519.80

38832 (previously 38421)

Thoracotomy or thoracoscopy, with pulmonary decortication

Fee: \$1,619.55

38833 (previously 38424)

Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis

Fee: \$1,013.20

38834

Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy

Fee: \$3,752.10

Mediastinal and Pericardial Procedures

38837 (previously 38448)

Mediastinum, cervical exploration of

Fee: \$383.80

38838 (previously 38446)

Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour

Fee: \$1,251.10

38839 (previously 38452)

Pericardium, subxiphoid open surgical drainage

Fee: \$606.50

38840 (previously 38450)

Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical draining of

Fee: \$905.60

38841 (previously 38447)

Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass

Fee: \$1,619.55

38842 (previously 38449)

Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy with cardiopulmonary bypass

Fee: \$2,265.75

Sternal Procedures

38845 (previously 38460)

Sternal wire or wires, removal of

Fee: \$291.15

38846 (previously 38457)

Pectus excavatum or pectus carinatum, repair or radical correction of

Fee: \$1,512.00

38847 (previously 38458)

Pectus excavatum, repair of, with implantation of subcutaneous prosthesis

Fee: \$805.95

38848

Pectus excavatum, repair of, with insertion of a concave bar, by any method

Fee: \$1,209.60

38849

Pectus excavatum, repair of, with removal of a concave bar, by any method

Fee: \$604.75

38850 (previously 38462)

Sternotomy wound, debridement of, not involving reopening of the mediastinum

Fee: \$345.10

38851 (previously 38464)

Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum

Fee: \$375.10

38852 (previously 38466)

Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring

Fee: \$1,012.80

38853 (previously 38469)

Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and / or greater omentum

Fee: \$1,587.80

Chest Wall Procedures

38857

Chest wall resection, sternum and / or ribs without reconstruction

Fee: \$1,918.95

38858

Chest wall resection, sternum and / or ribs with reconstruction

Fee: \$2,501.35

38859

Plating of multiple ribs for flail segment

Fee: \$1,013.20

Airways Procedures

38429 (previously 38453)

Tracheal excision and repair of, without cardiopulmonary bypass

Fee: \$1,819.30

38431 (previously 38455)

Tracheal excision and repair of, with cardiopulmonary bypass

Fee: \$2,460.75

Miscellaneous Procedures

38864 (previously 38456)

Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs

Fee: \$1,619.55

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.