



Plastic and reconstructive surgery changes - Paediatric items

Last updated: 10 May 2023

- From 1 July 2023 there will be changes to approximately 360 Medical Benefits Schedule (MBS) items for plastic and reconstructive surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Plastic and reconstructive surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for paediatric plastic and reconstructive surgery services.

What are the changes?

Effective 1 July 2023, there will be amendments to a range of items for paediatric plastic and reconstructive surgery, to update terminology to be consistent with international classifications and contemporary understanding in the field. These changes are detailed below.

- Item **45027** will be amended to update terminology, replacing “angioma” with “vascular anomaly”, to reflect contemporary clinical practice.
- Item **45030** will be amended to consolidate this service with services currently provided under item **45039**, to modernise and simplify the MBS as it is no longer appropriate to separate what were historically called “lymphangiomas” from “arterio-venous malformations”, as both are a type of vascular anomaly (item **45039** will be deleted).
- Item **45033** will be amended to consolidate this service with services currently provided under item **45042**, to modernise and simplify the MBS as it is no longer appropriate to separate what were historically called “lymphangiomas” from “arterio-venous malformations”, as both are a type of vascular anomaly (item **45042** will be deleted).
- Item **45035** will be amended to update terminology and clarify appropriate use of this item where there is involvement of major neurovascular structures.
- Item **45036** will be amended to update terminology and clarify inclusion of dissection of cranial nerves and major vessels and involvement of major neurovascular structures.
- Item **45045** will be amended to update terminology, replacing “arteriovenous malformation” with “vascular anomaly” to reflect contemporary clinical practice.

- Item **45660** will be amended to allow claiming of this item for services where only one costal cartilage graft is required for reconstruction.
- Item **45661** will be amended to allow claiming of this item for services where a full or partial skin graft is indicated.
- Item **45662** will be deleted as it is considered outdated practice.
- Explanatory Note **TN.8.263** will be created to refer providers to the Classification of the *International Society for the Study of Vascular Anomalies (ISSVA) 2018* for further interpretation on what is considered a vascular anomaly.

Item descriptors (to take effect 1 July 2023)

Note:

1. All fees listed include indexation which will be applied 1 July 2023.
2. The Private Health Insurance Classifications for the new and amended items are subject to final delegate approval.

Category: 3 - Therapeutic procedures
Group: T8 - Surgical Operations
Subgroup: 13 – Plastic and Reconstructive Surgery
Subheading: 1 – General
45027 (Amended) Vascular anomaly, Angioma , cauterisation of or injection into, if where undertaken in the operating theatre of a hospital (Anaes.) Fee: \$131.85 Benefit: 75% = \$98.90 85% = \$112.10 Private Health Insurance Classification: <ul style="list-style-type: none"> • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type B Non-band specific
45030 (Amended) Vascular anomaly, Angioma (haemangioma or lymphangioma or both) of skin, mucous membrane and/or subcutaneous tissue (excluding facial muscle or breast) or mucous surface , small, excision and suture of (Anaes.) Fee: \$148.65 Benefit: 75% = \$111.50 85% = \$126.40 Private Health Insurance Classification: <ul style="list-style-type: none"> • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type B Non-band specific

45033 (Amended)

Vascular anomaly, Angioma (haemangioma or lymphangioma or both), large or involving deeper tissue including facial muscle or breast, excision and suture of (Anaes.) (Assist.)

Fee: \$269.35 Benefit: 75% = \$202.05 85% = \$228.95

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type B Non-band specific

45035 (Amended)

Vascular anomaly, Angioma (haemangioma or lymphangioma or both) large, and deep and involving major neurovascular structures, excision of, including dissection of muscles, nerves or major vessels muscles or nerves, excision of (H) (Anaes.) (Assist.)

Fee: \$768.90 Benefit: 75% = \$576.70

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45036 (Amended)

Vascular anomaly, Angioma (haemangioma or lymphangioma or both) of neck, deep and involving major neurovascular structures, excision of, including dissection of muscles, nerves or major vessels muscles or nerves, excision of (H) (Anaes.) (Assist.)

Fee: \$1235.50 Benefit: 75% = \$926.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45039 (Delete)

Arteriovenous malformation, (3 centimetres or less), excision of (Anaes.) (Assist.)

45042 (Delete)

Arteriovenous malformation, (greater than 3 cm), excision of (Anaes.) (Assist.)

45045 (Amended)

Vascular anomaly Arteriovenous malformation on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, excision of (Anaes.)

Fee: \$337.80 Benefit: 75% = \$253.35 85% = \$287.15

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 4 – Other Graft and Miscellaneous Procedures

45660 (Amended)

External ear, complex total reconstruction of, using **multiple** costal cartilage grafts to form a framework, including the harvesting and sculpturing of the cartilage and its insertion, for congenital absence, microtia or post-traumatic loss of entire or substantial portion of pinna (first stage)—performed by a specialist in the practice of the specialist's specialty (H) (Anaes.) (Assist.)

Fee: \$3152.85 Benefit: 75% = \$2364.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45661 (Amended)

External ear, complex total reconstruction of, elevation of costal cartilage framework using cartilage previously stored in abdominal wall, including the use of local skin and fascia flaps and **full thickness** skin graft to cover cartilage (second stage)—performed by a specialist in the practice of the specialist's specialty (H) (Anaes.) (Assist.)

Fee: \$1401.25 Benefit: 75% = \$1050.95

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45662 (Delete)

~~**Congenital atresia, reconstruction of external auditory canal (H) (Anaes.) (Assist.)**~~

Explanatory Note

TN.8.263 - Terminology for Vascular Anomalies - (Items 45027 to 45045)

For further guidance on terminology used for vascular anomalies, providers are encouraged to consult the classification of the *International Society for the Study of Vascular Anomalies (ISSVA) 2018* at <https://www.issva.org/classification>.

Where a haemangioma has been medically treated and there is only a residuum present, the appropriate MBS item should relate to the size of the residuum and not the size of the original haemangioma.

Related Items: 45027 to 45045

Quick Reference Table

	Amended
45027	Updated terminology.
45030	Consolidated with 45039 and updated terminology.
45033	Consolidated with 45042 and updated terminology.
45035	Updated terminology and clarified appropriate use.
45036	Updated terminology and clarified appropriate use.
45045	Updated terminology.
45660	Removed reference to “multiple” costal cartilage grafts.
45661	Removed reference to “full thickness” skin graft.

Deleted

45039, 45042, 45562

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.