



Changes to MBS Cardiac Surgical Services:

Selective coronary angiography and percutaneous coronary intervention, and related items.

Date of change: 01 July 2021

Legislation: [Health Insurance Legislation Amendment \(2021 Measures No. 1\) Regulations 2021](#)

Amended items:

38200 38203 38206 38241 38272 38274 38309 57360

New items:

38244 38254 38247 38248 38249 38251 38252 38307 38308 38310
38311 38313 38314 38316 38317 38319 38320 38322 38323 57364

Deleted items:

38215 38218 38220 38222 38225 38228 38231 38234 38237 38240 38243
38246 38300 38303 38306 38312 38315 38318 59903 59912 59925

Revised structure

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

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

Overarching intent of the restructure of Coronary Artery Disease related Interventional items

Changes to cardiac interventional items for coronary artery disease involve the restructure of selective coronary angiography, percutaneous coronary intervention (PCI) items and related items. New selective coronary angiography and PCI items are restructured to provide a complete medical service, which covers all components required to perform the service as described in a single item. In most cases, this will simplify billing to a single item and reduce rebate variability for patients. Where there is a need for a specific approach which is not routinely performed as part of this complete medical service, additional 'add-on' items can be billed.



New selective coronary angiography and PCI items are based on inclusion criteria, following the principle of appropriate use criteria. Inclusion criteria are grouped into ‘high risk’ and ‘lower risk’ patient groups for diagnostic angiography and PCI, with a clear alignment of these cohorts. Inclusion of a Heart Team conference will allow consideration of ‘stable’ patients, who do not meet the defined inclusion criteria, ensuring access to coronary angiography and revascularisation through a consensus decision.

Restructure of Selective Coronary Angiography

The restructure of the selective coronary angiography items will introduce single items billed as a complete medical service separated into three new distinct clinical groups based on inclusion criteria. This includes those from the: high risk ischaemic heart disease group, clinically stable ischaemic heart disease group and non-ischaemic heart disease group (e.g. non-coronary pre-surgical).

These items will be mirrored for performing a selective coronary angiography for patients with grafts - recognising these are more complex investigations (new items 38247, 38249 and 38252). Therefore, it is not permissible to claim new items 38244, 38248 or 38251 for patients who have coronary bypass grafts that should be included in a diagnostic coronary angiography service.

The mirrored graft items will require the interrogation of the native arteries and all graft vessels that are present for a given patient. This would include free coronary grafts attached to the aorta and one or more internal mammary artery grafts.

Selective coronary angiography will be claimed as a complete service, which includes imaging, catheter and contrast.

If patients do not meet the clinical indications, as described in the selective coronary angiography items for the clinically stable ischaemic heart disease group, eligibility can be assessed through a Heart Team meeting (see the definition of Heart Team meeting) to ensure access for those patient’s falling outside the inclusion criteria, but considered by the Heart Team meeting to have an appropriate clinical need for angiography. This provision will be closely monitored to ensure appropriate use of this indication.

A consultation will not be claimable pre-procedure where the provider has an existing relationship with the patient (subsequent attendance).

A new item for right heart catheterisation will be introduced, which is only claimable in association with the new selective coronary angiography items, for when this is clinically required in addition to left heart catheterisation, which is included in the primary selective coronary angiography items.

Existing item (38241), for use of a coronary pressure wire will be amended to clarify inclusion criteria. This item can be billed once if a single vascular territory is interrogated, twice if two vascular territories are interrogated or thrice if three vascular territories are interrogated during angiography. This service will allow for the measurement of fractional flow reserve, non-hyperaemic pressure ratios or coronary flow reserve in intermediate lesions (50%-70%).

Time restrictions

Selective angiography type	Item numbers	Time restrictions
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Acute (ACS) selective coronary angiography	38244, 38247	3 months unless another ACS episode occurs
Stable (non-acute) selective angiography	38248, 38249	Applicable each 3 months
Non-coronary pre-surgical assessment	38251, 38252	Applicable each 12 months

Abandoned T8 Surgical Procedures and Selective Coronary Angiography

The new selective coronary angiography items now have time restrictions applied whether claimed by the same or different providers. It is important for the patient that if a provider cannot complete (abandoned) a comprehensive diagnostic angiography that appropriately informs the diagnosis and treatment pathway or is discontinued due to the clinical status of the patient, item 30001 is claimed. This will allow claiming by the provider who subsequently completes the entire diagnostic angiography service taking into consideration the time restrictions for each of the selective angiography items.

Item 30001 applies when a procedure has commenced, but is then discontinued for medical reasons, or for other reasons which are beyond the surgeon's control (eg equipment failure).

An operative procedure commences when:

- The patient is in the procedure room or on the bed or operation table where the procedure is to be performed; and
- The patient is anaesthetised, or operative site is sufficiently anaesthetised for the procedure to commence; and
- The patient is positioned or the operative site which is prepared with antiseptic or draping.

Where an abandoned procedure eligible for a benefit under item 30001 attracts an assistant under the provisions of the items listed in Group T9 (Assistance at Operations), the fee for the surgical assistant is calculated as 50% of the assistance fee that would have applied under the relevant item from Group T9.

Practitioners claiming an assistant fee for abandoned surgery should itemise their accounts with the relevant item from group T9. Such claims should include an account endorsement "assistance at abandoned surgery" or similar.

Under the Health Insurance Act 1973 the Chief Executive Medicare does not require claims for this item to be accompanied by details of the proposed surgery and the reasons why the operation was discontinued. However, practitioners must maintain a clinical record of this information, which may be subject to audit.

Restructure of Percutaneous Coronary Intervention (PCI)



The restructure of the PCI items will introduce single items billed as a complete medical service based on inclusion criteria *and* the number of territories treated. The primary intention of this change is to encourage the completion of the coronary intervention at the same time as diagnostic angiography (if it hasn't been completed in the previous 3 months and when clinically safe to do so), thereby avoiding unnecessary re-intervention.

Vascular territories refer to the major artery and all of its associated branches, including:

- Left Anterior Descending;
- Circumflex;
- Right coronary artery.

The number of coronary vascular territories treated is defined by the territories normally supplied by the Left Anterior Descending, Circumflex and Right Coronary Arteries, or their branches, or the territory supplied via a bypass graft. The item number claimed should reflect the number of coronary vascular territories that are treated (including stenting, with or without angioplasty; or angioplasty alone) during the procedure, not the total number of diseased territories, nor the number of lesions treated within a single vascular territory, nor the total number of territories that have undergone intervention to date.

For treatment of isolated Left Main Coronary Artery Disease (no involvement of the bifurcation), a single territory should be claimed, but if the treated segment involves the bifurcation, then 2 territories may be claimed. The intermediate artery when treated in isolation is a single territory, but when treated with the Left Anterior Descending or Circumflex artery, or both, may be claimed as a maximum of two territories. Treatment of a single lesion in a bypass graft should be claimed as a single territory, regardless of how many vascular territories are supplied by that graft. If more than one lesion is treated in a single graft and those lesions are in separate portions of a sequential graft, subtending different territories, then one additional territory may be claimed (maximum claim of two territories per graft).

Inclusion criteria of PCI items align with inclusion criteria for selective coronary angiography items to allow appropriate progression to intervention when clinically required. Hence, new PCI items can be grouped into two subgroups:

- Standalone PCI – which is performed within 3 months of diagnostic coronary angiography service, the fee is reduced to reflect that a complete diagnostic coronary angiography is not required.
- PCI – where complete diagnostic angiography precedes the PCI. The fee includes an allowance for the provision of the selective coronary angiography preceding the PCI in the same service, therefore qualifying that the selective angiography has not been completed in the previous 3 months. The only exception to this rule is when a patient experiences a new acute coronary syndrome or angina that meets the criteria detailed in the explanatory note (will appear on MBS Online as note: TR.8.3).

Within these two subgroups, items are separated into two new distinct clinical groups based on inclusion criteria, those from the high risk ischaemic heart disease group and those from the clinically stable ischaemic heart disease group.



If patients do not meet the clinical indications as described in the clinically stable ischaemic heart disease group items, a provider is permitted to perform a PCI following recommendation by a Heart Team conference. This provision will be closely monitored by the Department to ensure appropriate use of this indication.

Heart Team Meetings are used in two ways:

- a) For angiography and non-complex (stable) PCI the heart team can be used for patients who do not fulfill the clinical indications as described in the item descriptor and can therefore still undergo intervention with agreement from the Heart Team.
- b) For complex triple vessel disease (non-Acute Coronary Syndrome - stable), the Heart Team meeting must involve a Cardiothoracic surgeon (items 38314, 38323) with the intent to offer the patient the best therapeutic intervention.

For non-complex stable triple vessel disease providers are encouraged to include a cardiothoracic surgeon in the Heart Team, for PCI items 38311, 38313, 38320 and 38322, however it is not compulsory.

Staging of acute PCI

Staging of acute PCI is permissible when clinically appropriate. An example of appropriate Acute Coronary Syndrome (ACS) staging could include intervention on an occluded proximal lesion in the context of an ST elevation myocardial infarction (STEMI) and a decision is made not to intervene on a distal lesion as it is difficult to determine whether it is a real lesion (possibly a thrombus) or the patient's haemodynamic status remains compromised (clinically unsafe to continue).

Requirements of subsequent stages of a staged acute PCI include:

The qualifying indication for the initial procedure is to be used as the qualifier for the relevant subsequent stages. Subsequent stages are required to be completed within 3 months of the initial procedure otherwise the patient will need to requalify under the appropriate indication (if applicable). However, it would generally be expected that subsequent stages would be completed as soon as is practicable proceeding the initial intervention.

For subsequent stages of an acute PCI it is implied that diagnostic angiography has been completed in the previous 3 months and therefore it is only permissible to claim items 38316, 38317 or 38319 for subsequent stages.

Staging of non-acute (stable) PCI

Staging of stable PCI is permissible when clinically appropriate. An example of appropriate stable staging could include intervention on the primary target lesion and a decision is made not to intervene on secondary lesions (in triple vessel disease) due to the patient's deteriorating haemodynamic status (clinically unsafe to continue).

Requirements of subsequent stages of a staged *stable* PCI include:

- The qualifying indication for the initial procedure is to be used as the qualifier for the relevant subsequent stages. Subsequent stages are expected to be completed within a reasonable time period following the initial intervention.



- For subsequent stages of a stable PCI it is implied that diagnostic angiography has been completed in the previous 3 months and therefore it is only permissible to claim items 38320, 38322 or 38323 (standalone PCI items) for subsequent stages.
- Note: For patients who meet the criteria in subclause (2)(b) of note TR.8.4 in 3 vascular territories (triple vessel disease), whether treated in an initial procedure (items 38314 or 38323) or in subsequent stages (items 38311, 38313, 38320 or 38322) it is expected that the patient must meet the criteria for (2)(b) of note TR.8.4 for each territory for each subsequent stage. This requirement ensures that the patient who has triple vessel disease must meet the criteria for (2)(b) for each territory when staged or completed in an initial procedure.

The Department will be closely monitoring claiming patterns for staged procedures, particularly where volumes for staged procedures at the same site are not consistent with the broader provider claiming base.

Multiple Providers of one episode of care (acute or stable) PCI – Separate interventional sites or Same interventional site.

- One of the primary intentions of the changes to selective coronary angiography and PCI items, is to encourage the provision of the entire intervention in a single episode of care. Therefore, the provider should consider that there will be a reasonable need to intervene (revascularise), noting that in some cases intervention is not required (e.g. pressure testing – FFR result does not support the need for stenting). However, it is recognised that some providers of interventional cardiology services only provide selective coronary angiography (diagnostic) and require a secondary provider to undertake angioplasty, stenting and/or atherectomy.

Non-interventional – selective angiography providers (clinical assessment suggests intervention required)

Acute/Unstable patients

- Acute/Unstable patients should undergo both selective coronary angiography and PCI by an accredited PCI provider in a single episode of care, unless staging is clinically required.
- Rare exceptions might include rural or remote sites that offer diagnostic angiography as a triage service prior to limited availability PCI.
- Therefore, it would be expected that the non-interventional cardiologist (non-PCI accredited) has a limited role in the management of acute/unstable patients.

Stable patients

It is accepted clinical practice that the following patient pathways for stable PCI service provision (other than a complete service by an accredited PCI cardiologist) may occur when considering the role of the non-interventional cardiologist (non-PCI accredited) as follows;

- Ad-hoc PCI: provider 1 completes the selective angiography and hands over to provider 2 to perform the PCI while the patient is still on the cardiac catheterisation table with the arterial access still in place.
 - Similar to the acute items, this scenario would likely be rare for e.g. dissection of a coronary artery caused by the angiography catheter that may convert the patient from stable to unstable.



- It is current accepted practice that the selective coronary angiography component of the service can be performed by a non-interventional cardiologist and the PCI component (when required) completed by a PCI accredited provider. However, ideally ad-hoc stable PCI should be completed by a PCI accredited provider and therefore consideration should be given to current practice site arrangements going forward.
- Delayed PCI: provider 1 completes ICA and refers the patient to provider 2, who performs the PCI later on the same day.
 - In the stable patient this scenario presents the opportunity to pause and consider whether optimal medical therapy, PCI or coronary artery bypass may be the preferred option in consultation with a PCI accredited cardiologist and/or cardiothoracic surgeon; and
 - It also allows for a further opportunity to obtain informed consent from the patient for the proposed intervention.
 - In most cases this would involve maintaining the arterial access with an indwelling arterial sheath to avoid repuncture.
- Elective PCI: provider 1 completes ICA and refers the patient to provider 2, who performs the PCI on the next day, or any subsequent day.
 - Similar to delayed PCI, however the PCI accredited cardiologist may not be available on the same day as when the selective coronary angiography was completed; or
 - A short trial of optimal medical therapy is recommended; or
 - Further non-invasive functional testing is recommended.

The Department will be closely monitoring claiming patterns, particularly at the same site where selective angiography is completed by a non-accredited cardiologist and the PCI component completed by a PCI accredited provider.

The following provides guidance for when the provider can only undertake the selective angiography component of a complete PCI service (PCI non-accredited provider):

- **Separate hospital/procedural sites (Acute/Unstable or Stable)** – The first provider undertakes the diagnostic angiography and either makes an independent decision or following discussion with the interventional cardiologist refers to the secondary provider at another site for the purposes of revascularisation (e.g. referral from a rural or regional hospital to a metropolitan hospital). In this scenario there is a clear delineation between the angiography and revascularisation services due to the different geographical locations (separate episodes of care). Example claiming is as follows:

Acute (ACS) - example

- Provider 1 – site 1 (diagnostic angiography) claims item 38244 (ACS – selective angiography).
Provider 2 – site 2 (PCI) claims item 38316 (ACS – PCI single territory)

Stable - example



- Provider 1 – site 1 (diagnostic angiography) claims item 38248 stable – selective angiography).
Provider 2 – site 2 (PCI) claims item 38320 (stable – PCI single territory)
- **Same hospital/procedural site (Stable)** - The first provider undertakes the diagnostic angiography and either makes an independent decision or following discussion with the interventional cardiologist requesting that the secondary provider undertakes the revascularisation component. Please note that the underlying intention of a complete PCI service is that the entire service, including diagnostic angiography is completed by a single provider where possible.

Abandoned T8 Surgical Procedures and Acute or Stable Percutaneous Coronary Intervention (PCI) – Excluding appropriate staging

The new **acute** PCI items have time restrictions applied whether claimed by the same or different providers. It is important for the patient that if a provider cannot complete (abandoned) the PCI and rescue PCI needs to be conducted by another provider, item 30001 is claimed. This will allow claiming by the provider who subsequently completes the rescue PCI, taking into consideration the time restrictions for each of the selective angiography items.

The new **stable** PCI items do not have time restrictions. However, it is important for the patient that if a provider cannot complete (abandoned) the PCI and rescue PCI needs to be conducted by another provider, item 30001 is claimed. This will allow claiming by the provider who subsequently completes the rescue PCI, taking into consideration the time restrictions for each of the selective angiography items.

PCI type	Item numbers	Time restrictions
Acute (ACS)/Unstable PCI	38307, 38308, 38310, 38316, 38317, 38319	3 months unless another ACS episode occurs
Stable (non-acute) PCI	38311, 38313, 38314, 38320, 38322, 38323	Nil



Claiming restrictions PCI

PCI Items	Cannot claim same day	Time dependency- cannot claim within 3 months unless new acute episode	Cannot claim within 3 months - hard block	Cannot claim within 12 months	Cannot claim within 9 months
38307	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323	38244, 38247, 38307, 38308, 38310	38248, 38249,	38251, 38252	
38308	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323	38244, 38247, 38307, 38308, 38310	38248, 38249,	38251, 38252	
38310	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 apply.	38244, 38247, 38307, 38308, 38310	38248, 38249	38251, 38252	
38311	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323	38244, 38247	38248, 38249	38251, 38252	



Australian Government
Department of Health

PCI Items	Cannot claim same day	Time dependency- cannot claim within 3 months unless new acute episode	Cannot claim within 3 months - hard block	Cannot claim within 12 months	Cannot claim within 9 months
38313	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323	38244, 38247	38248, 38249	38251, 38252	
38314	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323	38244, 38247	38248, 38249	38251, 38252	
38316	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323	38244, 38247	38248, 38249		38251, 38252
38317	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 3808, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323	38244, 38247	38248, 38249		38251, 38252
38319	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323	38244, 38247	38248, 38249		38251, 38252



PCI Items	Cannot claim same day	Time dependency- cannot claim within 3 months unless new acute episode	Cannot claim within 3 months - hard block	Cannot claim within 12 months	Cannot claim within 9 months
38320	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323	38244, 38247	38248, 38249		38251, 38252
38322	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323	38244, 38247	38248, 38249		38251, 38252
38323	38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322	38244, 38247	38248, 38249		38251, 38252



Reporting on Selective Coronary Angiography and Percutaneous Coronary Intervention items:

Providers are required to prepare a report or clinical note (this could include the operation report) for the service provided and this must include documentation demonstrating how the patient met the eligibility requirements of the item being billed. (Referenced in Note TR.8.5)

Note: TR.8.5 Reports and clinical notes

Restriction on items 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38320, 38322, 38323, 38316, 38317 and 38319

Items 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38320, 38322, 38323, 38316, 38317 and 38319 apply to a service provided to a patient only if a report or clinical note:

- (a) is prepared for the service; and
- (b) includes documentation that demonstrates how the item applies to the service, including how the patient is eligible for the service.

Patient impacts

The creation of complete medical services aims to simplify the MBS and reduce rebate variability for patients. 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.

Patients will receive Medicare rebates for cardiac procedural 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.

Restrictions or requirements

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.

Claiming Same-Day 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 CP item 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.

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)

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 attendance items for normal aftercare cannot be billed. 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.

Agnostic approach to the procedural intervention performed in PCI:

An agnostic approach supports the provider to decide the most appropriate intervention for the patient, allowing multiple approaches within the one item, e.g.: angioplasty performed alone or with stenting. All approaches are accounted for in the one PCI item.

Prosthesis Listing of cardiac stents is unchanged by the MBS changes. Private health insurers will be required to pay benefits for products listed on the Prosthesis List such as cardiac stents (which is not affected by the use of coronary territories in the new items), if the stents are provided to the patient with the requisite cover as part of hospital treatment.



Definition of a heart team conference: relevant to items 38248, 38249, 38311, 38313, 38320, 38322 and 57364

is a team of 3 or more participants who are cardiac specialists, where:

- i. the first participant is a specialist or consultant physician who is an **interventional cardiologist**; and
 - ii. the second participant is a specialist or consultant who is a **non-interventional cardiologist**; and
 - iii. the third participant is a **specialist or consultant physician**; and
- (a) the team assesses a patient's risk and technical suitability to receive the service; and
 - (b) the result of the heart team conference's assessment is that the team makes a recommendation about whether or not the patient is suitable for selective coronary angiography (for items 38248, 38249, 38320) or percutaneous coronary intervention (for items 38311, 38313, 38320, 38322) ; and
 - (c) the particulars of the assessment and recommendation/s, and the names of those providers making the recommendation/s are recorded in writing.

Note: For non-complex stable triple vessel disease, providers are encouraged to include a cardiothoracic surgeon in

Definition of a heart team conference: relevant to items 38314 and 38323

is a team of 3 or more participants who are cardiac specialists, where:

- i. the first participant is a specialist or consultant physician who is an **interventional cardiologist**; and
 - ii. the second participant is a specialist or consultant who is a **cardiothoracic surgeon**; and
 - iii. the third participant is a specialist or consultant who is a **non-interventional cardiologist** ; and
- (a) the team assesses a patient's risk and technical suitability to receive the service; and
 - (b) the result of the heart team conference's assessment is that the team makes a recommendation about whether or not the patient is suitable for percutaneous coronary intervention; and
 - (c) the particulars of the assessment and recommendation/s, and the names of those providers making the recommendation/s are recorded in writing.



Items relating to selective coronary angiography

Deleted item 38215 – Selective coronary angiography into native coronary arteries

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity. This item would now be expected to be claimed under either item 38244 (for acute indications) or item 38248 (stable indications) or item 38251 (pre-operative assessment).

Deleted item 38218 – Selective coronary angiography with right or left catheterisation into native or graft coronary arteries

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity. Left heart catheterisation is considered a routine part of angiography and included as part of all selective coronary angiography items; however, right heart catheterisation is not considered a routine part of angiography and if this procedure is required it is billed as a separate item under new item 38254.

Deleted item 38220 – Selective coronary graft angiography into free coronary graft(s) attached to the aorta

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38222 – Selective coronary graft angiography into direct internal mammary artery graft(s)

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38225 – Selective coronary angiography into native or graft coronary arteries

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.



Deleted item 38228 – Selective coronary angiography into native coronary and direct internal mammary artery grafts

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38231 – Selective coronary angiography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38234 – Selective coronary angiography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38237 – Selective coronary angiography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38240 – Selective coronary angiography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38243 – Placement of catheter(s)

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 38246 – Selective coronary angiography with with right or left catheterisation into native or graft coronary arteries

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 59903 – Angiocardiography

This item is deleted as it is obsolete.



Deleted item 59912 – Selective coronary arteriography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

Deleted item 59925 – Selective coronary arteriography and angiocardiography

This item is deleted as part of the restructure of selective coronary angiography items to simplify claiming to a single item, according to inclusion criteria and vessel complexity.

New selective coronary angiography items for acute indications:

New item 38244 – Selective coronary angiography into native coronary arteries (Acute indications)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography involving native coronary arteries. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient.

Service/Descriptor: Displayed on the following page for ease of reading

Billing requirement: Not claimable with items 38200, 38203, 38206 38247, 38248, 38249, 38251 or 38252. Claimable once in any 3-month period unless a new acute coronary syndrome or angina occurs within this period as described in paragraph 2 (a), (b) or (c) in that period (Note TR.8.3)

MBS fee: \$920.00

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical



Item 38244 Service/Descriptor:

Note: (acute coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5

Selective coronary angiography:

- (a) for a patient who is eligible for the service, if:

Note: TR.8.2 Patient eligibility and timing referred to in the descriptor as clause 5.10.17A:

- (1) A patient is eligible for a service to which item 38244, 38247, 38307, 38308, 38310, 38316, 38317 or 38319 applies if:
- (a) subclause (2) applies to the patient; and
 - (b) a service to which the item applies has not been provided to the patient in the previous 3 months, unless:
 - (i) the patient experiences a new acute coronary syndrome or angina, as described in paragraph (2)(a), (b) or (c), in that period; or
 - (ii) for a service to which item 38316, 38317 or 38319 applies—the service was provided to the patient in that period as a subsequent stage following an initial primary percutaneous coronary intervention procedure.
- (2) This subclause applies to a patient who has:
- (a) an acute coronary syndrome evidenced by any of the following:
 - (i) ST segment elevation;
 - (ii) new left bundle branch block;
 - (iii) troponin elevation above the local upper reference limit;
 - (iv) new resting wall motion abnormality or perfusion defect;
 - (v) cardiogenic shock;
 - (vi) resuscitated cardiac arrest;
 - (vii) ventricular fibrillation;
 - (viii) sustained ventricular tachycardia; or
 - (b) unstable angina or angina equivalent with a crescendo pattern, rest pain or other high risk clinical features, such as hypotension, dizziness, pallor, diaphoresis or syncope occurring at a low threshold; or
 - (c) either of the following, detected on computed tomography coronary angiography:
 - (i) significant left main coronary artery disease with greater than 50% stenosis or a cross sectional area of less than 6 mm²;
 - (ii) severe proximal left anterior descending coronary artery disease (with stenosis of more than 70% or a cross sectional area of less than 4 mm² before the first major diagonal branch).

- and (b) with placement of one or more catheters and injection of opaque material into native coronary arteries; and
- (c) with or without left heart catheterisation, left ventriculography or aortography; and
 - (d) including all associated imaging;



other than a service associated with a service to which 38200, 38203, 38206, 38247, 38248, 38249, 38251 or 38252 applies (Anaes)

Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

New item 38247 – Selective coronary graft angiography involving native coronary vessels and graft(s) (Acute indications)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography involving graft vessels. Inclusion criteria and distinct items now apply for performing an angiogram for patients with graft vessels in recognition of the added complexity in the graft setting. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient. This is the graft equivalent item of item 38244.

Service/Descriptor:

Note: (acute coronary syndrome - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Selective coronary and graft angiography:

- (a) for a patient who is eligible for the service if indications referenced in Note: TR.8.3 apply; and
- (b) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and
- (c) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and
- (d) with or without left heart catheterisation, left ventriculography or aortography; and
- (e) including all associated imaging;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252 applies (Anaes)

Explanatory note: This item is only claimable when the patient has graft arteries present and has undergone angiographic investigation of the native coronary arteries and any graft arteries, which can include free coronary grafts attached to the aorta or direct internal mammary artery grafts.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a



study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38248, 38249, 38251 or 38252. Claimable once in any 3-month period unless a new acute coronary syndrome or angina occurs within this period as described in paragraph 2 (a), (b) or (c) in that period (Note TR.8.3)

MBS fee: \$1,473.95

Private Health Insurance Classifications:

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



New selective coronary angiography items for stable indications:

New item 38248 – Selective coronary angiography involving native coronary arteries (Stable indications)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography performed involving native vessels where the patient has 'stable' indications. Specific indications are outlined in the descriptor or eligibility can also be met through recommendation by a heart team conference. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient.

Service/Descriptor: Displayed on the following page for ease of reading

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252. Claimable once in any 3 month period.

MBS fee: \$920.00

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical



Item 38248 Service/Descriptor:

Note: (stable coronary syndrome) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Note: TR.8.3 Patient eligibility referred to in the item as clause 5.10.17B:

- (1) A patient is eligible for a service to which item 38248 and 28249 applies if:
 - (a) subclause (2) applies to the patient; or
 - (b) the patient is recommended for coronary angiography as a result of a heart team conference that meets the requirements of subclause (3).
- (2) This subclause applies to a patient who has:
 - (a) limiting angina or angina equivalent, despite an adequate trial of optimal medical therapy; or
 - (b) high risk features, including at least one of the following:
 - (i) myocardial ischaemia demonstrated on functional imaging;
 - (ii) ST segment elevation, sustained ST depression, hypotension or a Duke treadmill score of minus 11 or less, demonstrated by stress electrocardiogram testing;
 - (iii) computed tomography coronary angiography evidence of one or more coronary arteries with stenosis of 70% or more; or
 - (iv) left ventricular dysfunction with an ejection fraction of less than 40% or segmental wall motion abnormality at rest.
- (3) For the purposes of paragraph (1)(b), the requirements for a heart team conference are as follows:
 - (a) the conference must be conducted by a team of specialists or consultant physicians practising in the speciality of cardiology or cardiothoracic surgery, including each of the following:
 - (i) an interventional cardiologist;
 - (ii) a non interventional cardiologist;
 - (iii) a specialist or consultant physician; and
 - (b) the team must:
 - (i) assess the patient's risk and technical suitability to receive the service; and
 - (ii) make a recommendation about whether or not the patient is suitable for selective coronary angiography; and
 - (c) a record of the conference must be created, and must include the following:
 - (i) the particulars of the assessment of the patient during the conference;
 - (ii) the recommendations made as a result of the conference;
 - (iii) the names of the members of the team making the recommendations.

Selective coronary angiography:

- (b) as part of the management of the patient; and
- (c) with placement of catheters and injection of opaque material into native coronary arteries; and
- (d) with or without left heart catheterisation, left ventriculography or aortography; and
- (e) including all associated imaging;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38249, 38251 or 38252 applies—applicable each 3 months (Anaes.)



Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

New item 38249 – Selective coronary angiography native and graft coronary vessels (Stable indications)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography performed involving graft vessels where the patient has ‘stable’ indications. Specific indications are outlined in the descriptor, eligibility can also be met through recommendation by a heart team conference. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient. This is the graft equivalent item of 38248.

Service/Descriptor:

Note: (stable coronary syndrome – graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Selective coronary and graft angiography:

- (a) for a patient who is eligible for the service if indications referenced in Note: TR.8.3 apply; and
- (b) as part of the management of the patient; and
- (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and
- (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and
- (e) with or without left heart catheterisation, left ventriculography or aortography; and
- (f) including all associated imaging;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252 applies—applicable once each 3 months (Anaes.)

Explanatory note: This item is only claimable when the patient has graft arteries present and has undergone angiographic investigation of the native coronary arteries and any graft arteries, which can include free coronary grafts attached to the aorta or direct internal mammary artery grafts.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.



Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38251 or 38252.
Claimable once in any 3 month period

MBS fee: \$1,473.95

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New selective coronary angiography items for non-coronary pre-surgical assessment:

New item 38251 – Selective coronary angiography involving native coronary vessels (For pre-operative assessment)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography performed involving native vessels for pre-operative assessment or evaluation of valvular or non-coronary structural heart disease. Specific indications are outlined in the descriptor. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient.

Service/Descriptor:

Note: (pre-operative assessment) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5

Selective coronary angiography:

- (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and
- (b) as part of the management of the patient for:
 - (i) pre-operative assessment for planning non-coronary cardiac surgery, including by transcatheter approaches; or
 - (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and
- (c) with placement of catheters and injection of opaque material into native coronary arteries; and
- (d) with or without left heart catheterisation, left ventriculography or aortography; and
- (e) including all associated imaging;



other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252 applies—applicable once each 12 months (Anaes.)

Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38252. Claimable once in any 12 month period.

MBS fee: \$920.00

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38252 – Selective coronary angiography involving native and graft coronary vessels (For pre-operative assessment)

Overview: New item introduced as part of the restructure of coronary angiography, providing a single item as a complete medical service for an angiography performed involving native and graft vessels for pre-operative assessment or evaluation of valvular or non-coronary structural heart disease. Specific indications are outlined in the descriptor. A consultation cannot be claimed pre-procedure where the provider already has an existing relationship with the patient. This is the graft equivalent item of 38251.

Service/Descriptor:

Note: (pre-operative assessment - graft) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.5

Selective coronary and graft angiography:

- (a) for a symptomatic patient with valvular or other non-coronary structural heart disease; and
- (b) as part of the management of the patient for:
 - (i) pre-operative assessment for planning non coronary cardiac surgery, including by transcatheter approaches; or
 - (ii) evaluation of valvular heart disease or other non-coronary structural heart disease where clinical impression is discordant with non-invasive assessment; and
- (c) with placement of one or more catheters and injection of opaque material into the native coronary arteries; and



- (d) if free coronary grafts attached to the aorta or direct internal mammary artery grafts are present—with placement of one or more catheters and injection of opaque material into those grafts (irrespective of the number of grafts); and
- (e) with or without left heart catheterisation, left ventriculography or aortography; and
- (f) including all associated imaging;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38251 applies—applicable once each 12 months (Anaes.)

Explanatory note: This item is only claimable when the patient has graft arteries present and has undergone angiographic investigation of the native coronary arteries and any graft arteries, which can include free coronary grafts attached to the aorta or direct internal mammary artery grafts.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249 or 38251. Claimable once in any 12 month period

MBS fee: \$1,473.95

Private Health Insurance Classifications:

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

New items used in conjunction with coronary angiography items:

New item 38254 – Right heart catheterisation performed at the same time as selective coronary angiography

Overview: A new item introduced for use in association with selective coronary angiography items, as right heart catheterisation is not considered a routine part of all angiography procedures. This procedure is provided as a separate item to be billed when required in the selective coronary angiography setting.

Service/Descriptor: Right heart catheterisation:

- (a) performed at the same time as service to which item 38244, 38247, 38248, 38249, 38251 or 38252 applies; and
- (b) including any of the following (if performed):
 - (i) fluoroscopy;



- (ii) oximetry;
- (iii) dye dilution curves;
- (iv) cardiac output measurement;
- (v) shunt detection;
- (vi) exercise stress test

(Anaes.)

Billing requirement: Claimed in association with coronary angiography items 38244, 38247, 38248, 38249, 38251 or 38252.

MBS fee: \$463.50

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System
Procedure Type: Unlisted



Items relating to percutaneous coronary intervention (PCI)

Deleted item 38300 – Transluminal balloon angioplasty of one coronary artery

This item is being deleted as it is considered obsolete.

Deleted item 38306 – Transluminal insertion of stent or stents

This item is being deleted and is incorporated into the new PCI items.

Deleted item 38312 – Percutaneous transluminal rotational atherectomy

This item is being deleted and consolidated with items 38309, 38315 and 38318. The consolidated item will be claimed through item 38309 and will be claimable as a standalone item or in association with the PCI items if required.

Deleted item 38315 – Percutaneous transluminal rotational atherectomy

This item is being deleted and consolidated with items 38309, 38312 and 38318. The consolidated item will be claimed through item 38309 and will be claimable as a standalone item or in association with the PCI items if required.

Deleted item 38318 – Percutaneous transluminal rotational atherectomy

This item is being deleted and consolidated with items 38309, 38312 and 38315. The consolidated item will be claimed through item 38309 and will be claimable as a standalone item or in association with the PCI items if required.

Deleted item 38303 – Transluminal balloon angioplasty

This item is being deleted and is incorporated into the new PCI items.



New PCI items for use in the Acute Coronary Syndrome (ACS) setting:

New item 38307 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in one territory

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving a single vascular territory in the patient with acute coronary syndrome indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38316 should be claimed.

Service/Descriptor: Displayed on the following page for ease of reading

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323

MBS fee: \$1,844.60

Private Health Insurance Classifications:

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



Item 38307 Service/Descriptor:

Note: (acute coronary syndrome - 1 coronary territory with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.2 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient eligible for the service, if:

Note: TR.8.2 Patient eligibility and timing referred to in the descriptor as clause 5.10.17A:

(1) A patient is eligible for a service to which item 38244, 38247, 38307, 38308, 38310, 38316, 38317 or 38319 applies if:

- (a) subclause (2) applies to the patient; and
(b) a service to which the item applies has not been provided to the patient in the previous 3 months, unless:
(i) the patient experiences a new acute coronary syndrome or angina, as described in paragraph (2)(a), (b) or (c), in that period; or
(ii) for a service to which item 38316, 38317 or 38319 applies—the service was provided to the patient in that period as a subsequent stage following an initial primary percutaneous coronary intervention procedure.

(2) This subclause applies to a patient who has:

- (a) an acute coronary syndrome evidenced by any of the following:
(i) ST segment elevation;
(ii) new left bundle branch block;
(iii) troponin elevation above the local upper reference limit;
(iv) new resting wall motion abnormality or perfusion defect;
(v) cardiogenic shock;
(vi) resuscitated cardiac arrest;
(vii) ventricular fibrillation;
(viii) sustained ventricular tachycardia; or

(b) unstable angina or angina equivalent with a crescendo pattern, rest pain or other high risk clinical features, such as hypotension, dizziness, pallor, diaphoresis or syncope occurring at a low threshold; or

(c) either of the following, detected on computed tomography coronary angiography:

- (i) significant left main coronary artery disease with greater than 50% stenosis or a cross sectional area of less than 6 mm²;
(ii) severe proximal left anterior descending coronary artery disease (with stenosis of more than 70% or a cross sectional area of less than 4 mm² before the first major diagonal branch).

and

- (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and
(b) including selective coronary angiography and all associated imaging, catheter and contrast; and
(c) including either or both:



- (i) percutaneous angioplasty;
- (ii) transluminal insertion of one or more stents; and
- (d) performed on one coronary vascular territory; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note: If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.

For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The item number claimed should reflect the number of coronary vascular territories (Left Anterior Descending, Circumflex or Right Coronary Artery distribution) that are treated during the procedure, not the total number of treated territories the patient has received to date.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

New item 38308 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in two territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving two vascular territories in the patient with acute coronary syndrome indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38317 should be claimed.

Service/Descriptor:

Note: (acute coronary syndrome - 2 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Percutaneous coronary intervention:



- (a) for a patient:
 - (i) eligible for the service if indications referenced in Note: TR.8.3 apply; and
 - (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and
- (b) including selective coronary angiography and all associated imaging, catheter and contrast; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on 2 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note: If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.

For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The item number claimed should reflect the number of coronary vascular territories (Left Anterior Descending, Circumflex or Right Coronary Artery distribution) that are treated during the procedure, not the total number of treated territories the patient has received to date.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323

MBS fee: \$2,122.25



Private Health Insurance Classifications:

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

New item 38310 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in three territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving three vascular territories in the patient with acute coronary syndrome indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38319 should be claimed.

Service/Descriptor:

Note: (acute coronary syndrome - 3 coronary territories with selective coronary angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Percutaneous coronary intervention:

(a) for a patient:

(i) eligible for the service if indications referenced in Note: TR.8.3 apply; and

(ii) for whom selective coronary angiography has not been completed in the previous 3 months; and

(b) including selective coronary angiography and all associated imaging, catheter and contrast; and

(c) including either or both:

(i) percutaneous angioplasty; and

(ii) transluminal insertion of one or more stents; and

(d) performed on 3 coronary vascular territories; and

(e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note:

If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.



For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The item number claimed should reflect the number of coronary vascular territories (Left Anterior Descending, Circumflex or Right Coronary Artery distribution) that are treated during the procedure, not the total number of treated territories the patient has received to date.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323.

MBS fee: \$2,399.90

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New PCI item for use in the Non- Acute Coronary Syndrome (stable) setting:

New item 38311 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in one territory

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving a single vascular territory in the patient with non-acute coronary syndrome (stable) indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38320 should be claimed. Eligibility for this item can also be met through recommendation of a heart team conference.

Service/Descriptor: Displayed on the following page for ease of reading.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323



MBS fee: \$1,844.60

Private Health Insurance Classifications:

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



New Item 38311 Service/Descriptor: Note: (stable multi-vessel disease – 1 coronary territory with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention: (a) for a patient:

- (i) eligible for the service if Note TR.8.4 applies and a service to which item 38314 applies;

Note: TR.8.4 Patient eligibility referred to in the descriptor as clause 5.10.17C:

(1) A patient is eligible for a service to which item 38311, 38313, 38314, 38320, 38322 or 38323 applies if:

- (a) subclause (2) applies to the patient; or
- (b) the patient is recommended for the service as a result of a heart team conference that meets the requirements of subclause (4).

(2) This subclause applies to a patient if:

- (a) the patient has any of the following:
 - (i) limiting angina or angina equivalent despite an adequate trial of optimal medical therapy;
 - (ii) myocardial ischaemia demonstrated on functional imaging;
 - (iii) high risk features such as ST segment elevation, sustained ST depression, hypotension or a Duke treadmill score of minus 11 or less, demonstrated by stress electrocardiogram testing; and
- (b) the patient has either of the following in a vascular territory treated:
 - (i) a stenosis of 70% or more;
 - (ii) a fractional flow reserve of 0.80 or less, or non hyperaemic pressure ratios distal to the lesions of 0.89 or less; and
- (c) for items 38314 and 38323—either:
 - (i) the patient does not have diabetes mellitus and the multi vessel coronary artery disease of the patient meets the criterion in subclause (3); or
 - (ii) despite a recommendation that surgery is preferable, the patient has expressed a preference for catheter based intervention.

(3) For the purposes of subparagraph (2)(c)(i), the criterion for the multi vessel coronary artery disease is that the disease does not involve any of the following:

- (a) stenosis of more than 50% in the left main coronary artery;
- (b) bifurcation lesions involving side branches with a diameter of more than 2.75 mm;
- (c) chronic vessel occlusions for more than 3 months;
- (d) severely angulated or calcified lesions;
- (e) a SYNTAX score of more than 23.

(4) For the purposes of paragraph (1)(b), the requirements for a heart team conference are as follows:

- (a) the conference must be conducted by a team of specialists or consultant physicians practising in the speciality of cardiology or cardiothoracic surgery, including each of the following:
 - (i) an interventional cardiologist;
 - (ii) a specialist or consultant physician;
 - (iii) for items 38314 and 38323—a cardiothoracic surgeon;
 - (iv) for items 38311, 38313, 38320 and 38322—a cardiothoracic surgeon or a non interventional cardiologist; and
- (b) the team must:
 - (i) assess the patient's risk and technical suitability to receive the service; and
 - (ii) make a recommendation about whether or not the patient is suitable for percutaneous coronary intervention; and
- (c) a record of the conference must be created, and must include the following:
 - (i) the particulars of the assessment of the patient during the conference;
 - (ii) the recommendations made as a result of the conference;
 - (iii) the names of the members of the team making the recommendations.



and

- (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and
- (b) including selective coronary angiography and all associated imaging, catheter and contrast; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on one coronary vascular territory; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory Note:

Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The item number claimed should reflect the number of coronary vascular territories (Left Anterior Descending, Circumflex or Right Coronary Artery distribution) that are treated during the procedure, not the total number of treated territories the patient has received to date.

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.



New item 38313 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in two territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving two vascular territories in the patient with non-acute coronary syndrome (stable) indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38322 should be claimed. Eligibility for this item can also be met through recommendation of a heart team conference.

Service/Descriptor:

Note: (stable multi-vessel disease - 2 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if Note TR.8.4 applies and a service to which item 38314 applies; and
 - (ii) for whom selective coronary angiography has not been completed in the previous 3 months; and
- (b) including selective coronary angiography and all associated imaging, catheter and contrast; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on 2 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies (Anaes.) (Assist.)

Explanatory Note: Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure.



The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38314, 38316, 38317, 38319, 38320, 38322 or 38323

MBS fee: \$2,122.25

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38314 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in three territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing an angiography and proceeding to a PCI involving three vascular territories in the patient with non-acute coronary syndrome (stable) indications. This item is not claimable if diagnostic coronary angiography has been performed in the previous 3 months, in this instance item 38323 should be claimed. Eligibility for this item can also be met through recommendation of a heart team conference, where one of the cardiac specialists is a cardiothoracic surgeon.

Service/Descriptor:

Note: (stable multi-vessel disease - 3 coronary territories with selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention:

(a) for a patient:

(i) eligible for the service if Note TR.8.4 applies; and

(ii) for whom selective coronary angiography has not been completed in the previous 3 months; and

(b) including selective coronary angiography and all associated imaging, catheter and contrast; and

(c) including either or both:



- (i) percutaneous angioplasty; and
- (ii) transluminal insertion of one or more stents; and
- (c) performed on 3 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory Note: Complex coronary artery disease is defined as (a) a stenosis >50% in the left main coronary artery; (b) >90% in the proximal left anterior coronary artery; (c) bifurcation lesions involving side branches with a diameter >2.75mm; (d) chronic vessel occlusions (>3 months); (e) severely angulated or severely calcified lesions; or (f) SYNTAX score >23. Such disease should only undergo PCI with a documented recommendation from a Heart Team Conference.

Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure.

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38316, 38317, 38319, 38320, 38322 or 38323

MBS fee: \$2,399.90

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System



Procedure Type: Type A – Advanced Surgical

New standalone PCI items for use in the Acute Coronary Syndrome (ACS) setting:

New item 38316 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in one territory

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving a single vascular territory in the patient with acute coronary syndrome indication and diagnostic coronary angiography has been performed in the preceding 3 months. This item mirrors item 38307 with the exclusion of the diagnostic coronary angiography component.

Service/Descriptor:

Note: (acute coronary syndrome - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if indications referenced in Note: TR.8.3 apply; and
 - (ii) for whom selective coronary angiography has been completed in the previous 3 months; and
- (b) including any associated coronary angiography; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on one coronary vascular territory; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note: If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.



For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38317, 38319, 38320, 38322 or 38323

MBS fee: \$1,648.95

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38317 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in two territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving two vascular territories in the patient with acute coronary syndrome indication and diagnostic coronary angiography has been performed in the preceding 3 months. This item mirrors item 38308 with the exclusion of the diagnostic coronary angiography component.

Service/Descriptor:

Note: (acute coronary syndrome - 2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Percutaneous coronary intervention:

(a) for a patient:

(i) eligible for the service if indications referenced in Note: TR.8.3 apply; and

(ii) for whom selective coronary angiography has been completed in the previous 3 months; and



(b) including any associated coronary angiography; and

(c) including either or both:

(i) percutaneous angioplasty; and

(ii) transluminal insertion of one or more stents; and

(d) performed on 2 coronary vascular territories; and

(e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note: If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.

For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38319, 38320, 38322 or 38323

MBS fee: \$2,088.80

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical



New item 38319 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in three territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving three vascular territories in the patient with acute coronary syndrome indication, as diagnostic coronary angiography has been performed in the preceding 3 months. This item mirrors item 38310 with the exclusion of the diagnostic coronary angiography component.

Service/Descriptor:

Note: (acute coronary syndrome - 3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if indications referenced in Note: TR.8.3 apply; and
 - (ii) for whom selective coronary angiography has been completed in the previous 3 months; and
- (b) including any associated coronary angiography; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on 3 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323 applies

(Anaes.) (Assist.)

Explanatory note: If a staged procedure is appropriately performed over multiple days, items 38316, 38317 or 38319 must be used for subsequent stages.

For subsequent stages of an acute percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.



The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38320, 38322 or 38323

MBS fee: \$2,366.45

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New standalone PCI items for use in the non- Acute Coronary Syndrome (stable) setting:

New item 38320 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in one territory

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving a single vascular territory in the patient with non-acute coronary syndrome (stable) indications, as a diagnostic angiography has been performed in the preceding 3 months. This item mirrors item 38311 with the exclusion of the diagnostic angiography component. Eligibility for this item can also be met through recommendation of a heart team conference.

Service/Descriptor:

Note: (stable multi-vessel disease - 1 coronary territory without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if Note TR.8.4 applies and a service to which item 38323 applies; and
 - (ii) for whom selective coronary angiography has been completed in the previous 3 months; and
- (b) including any associated coronary angiography; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and



- (ii) transluminal insertion of one or more stents; and
- (d) performed on one coronary vascular territory; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323 applies (Anaes.) (Assist.)

Explanatory Note: Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure.

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38322 or 38323

MBS fee: \$1,648.95

Private Health Insurance Classifications:

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



New item 38322 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in two territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving two vascular territories in the patient with non-acute coronary syndrome (stable) indications, as a diagnostic angiography has been performed in the preceding 3 months. This item mirrors item 38313 with the exclusion of the diagnostic coronary angiography component. Eligibility for this item can also be met through recommendation of a heart team conference.

Service/Descriptor:

Note: (stable multi-vessel disease - 2 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if Note TR.8.4 applies and a service to which item 38323 applies; and
 - (ii) for whom selective coronary angiography has been completed in the previous 3 months; and
- (b) including any associated coronary angiography; and
- (c) including either or both:
 - (i) percutaneous angioplasty; and
 - (ii) transluminal insertion of one or more stents; and
- (d) performed on 2 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323 applies (Anaes.) (Assist.)

Explanatory Note: Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure.



The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38323

MBS fee: \$2,088.80

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

New item 38323 – Selective coronary angiography and percutaneous angioplasty or transluminal insertion of stent(s) in three territories

Overview: As part of the restructure of selective coronary angiography and PCI items, this item provides a single item for performing a standalone PCI involving three vascular territories in the patient with non-acute coronary syndrome (stable) indications, as an ICA has been performed in the preceding 3 months. This item mirrors item 38314 with the exclusion of the diagnostic coronary angiography component. Eligibility for this item can also be met through recommendation of a heart team conference.

Service/Descriptor:

Note: (stable multi-vessel disease - 3 coronary territories without selective angiography) the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.4 and TR.8.5

Percutaneous coronary intervention:

- (a) for a patient:
 - (i) eligible for the service if Note TR.8.4 applies; and
 - (ii) for whom selective coronary angiography has been completed in the previous 3 months; and
- (b) including any associated coronary angiography; and
- (c) including either or both:



- (i) percutaneous angioplasty; and
- (ii) transluminal insertion of one or more stents; and
- (d) performed on 3 coronary vascular territories; and
- (e) excluding aftercare;

other than a service associated with a service to which item 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322 applies (Anaes.) (Assist.)

Explanatory Note: Complex coronary artery disease is defined as (a) a stenosis >50% in the left main coronary artery; (b) >90% in the proximal left anterior coronary artery; (c) bifurcation lesions involving side branches with a diameter >2.75mm; (d) chronic vessel occlusions (>3 months); (e) severely angulated or severely calcified lesions; or (f) SYNTAX score >23. Such disease should only undergo PCI with a documented recommendation from a Heart Team Conference.

Stable angina or angina equivalent includes chest pain, chest discomfort and/or shortness of breath due to myocardial ischaemia.

Limiting angina includes patients with symptoms that are Canadian Cardiovascular Society (CCS) class II, III or IV.

If a staged procedure is appropriately performed over multiple days, items 38320, 38322 or 38323 should be used for subsequent stages.

For subsequent stages of a stable percutaneous coronary intervention completed up to 3 months after the initial procedure, it is expected that the patient would receive the subsequent stage/s of the intervention based on the qualifying indication for the initial procedure.

The number of coronary vascular territory refers to any of the 3 major arteries (Left Anterior Descending, Circumflex or Right Coronary Artery) or their branches. The item number claimed should reflect the number of coronary vascular territories that are treated during the procedure, not the total number of diseased territories.

For isolated Left Main (no involvement of the bifurcation), a single territory should be claimed but if the treated segment involves the bifurcation then 2 territories should be claimed.

The intermediate artery when treated in isolation is single territory, when treated with the Left Anterior Descending or Circumflex or both, should be claimed as two territories.

A single lesion in a bypass graft should be claimed as single territory regardless of how many vascular territories are supplied by that graft. If the graft has multiple lesions and those lesions are in separate skip portions to a different territory, then an additional territory may be claimed.

Billing requirement: Not claimable with items 38200, 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320 or 38322

MBS fee: \$2,366.45

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System



Procedure Type: Type A – Advanced Surgical

Computed Tomography of the Coronary Arteries (CTCA)

Amended item 57360 – Computed tomography of the coronary arteries where patient is not known to have coronary artery disease

Overview: This item is amended for specialist investigation of coronary arteries where the patient is not known to have coronary artery disease.

Service/Descriptor: Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner if:

- (a) the request is made by a specialist or consultant physician; and
- (b) for a patient not known to have coronary artery disease who:
 - (i) has stable or acute symptoms consistent with coronary ischaemia; and
 - (ii) is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia

Applicable not more than once in a 5 year period (R) (Anaes.)

Explanatory Note: Please note that an administrative update will be provided 1 November 2021 advising when item 57360 can be claimed within 5 years of a previous service to which item 57360 applies.

- The clause ‘for a patient who is not known to have coronary artery disease’ is defined as those patients who do not already have documented significant obstructive coronary artery disease that is being treated by the requesting provider.
- Patients with typical or atypical angina symptoms (as per NICE criteria) or known coronary artery disease should be referred for functional testing and/or referred to a cardiologist or consultant physician for management.
- Heart rate during CTCA should be less than 65 beats per minute wherever possible, and sublingual GTN should be administered immediately prior to scanning where clinically appropriate.

MBS fee: \$710.50 (no change)

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted



New item 57364 – Computed tomography of the coronary arteries for investigation of non-coronary artery related indications

Overview: Introduction of a new item for computed tomography angiography for investigation of non-coronary artery related indications, including newly diagnosed left ventricular systolic dysfunction, patients who are undergoing non-coronary cardiac surgery, or as an alternative treatment to selective coronary angiography (provided the patient meets the criteria for the items listed in 38247, 38249, or 38252).

Service/Descriptor:

Note: the service only applies if the patient meets the requirements of the descriptor and the requirements of Note: TR.8.3 (item 38247), TR.8.2 (item 38249) or 38252 if subclause (iv) applies.

Computed tomography of the coronary arteries performed on a minimum of a 64 slice (or equivalent) scanner, if:

- (a) the service is requested by a specialist or consultant physician; and
- (b) at least one of the following apply to the patient:
 - (i) the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology;
 - (ii) the patient requires exclusion of coronary artery anomaly or fistula;
 - (iii) the patient will be undergoing non coronary cardiac surgery;
 - (iv) the patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts

(R) (Anaes)

Explanatory Note:

Heart rate during CTCA should be less than 65 beats per minute wherever possible, and sublingual GTN should be administered immediately prior to scanning where clinically appropriate.

The presence of coronary calcium alone does not preclude CTCA.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

MBS fee: \$710.50

Private Health Insurance Classifications:

Clinical Category: Support List

Procedure Type: Type C



Amended item 38241 – Use of a coronary pressure wire during selective coronary angiography

Overview: This item has been amended to align with the changes in selective coronary angiography and PCI items. The changes clarify inclusion criteria, providing access to use of a pressure wire per vascular territory during angiography or percutaneous coronary intervention.

Service/Descriptor: Use of a coronary pressure wire, if the service is:

- (a) performed during selective coronary angiography, percutaneous angioplasty or transluminal insertion of one or more stents; and
- (b) to measure fractional flow reserve, non-hyperaemic pressure ratios or coronary flow reserve in intermediate coronary artery or graft lesions (stenosis of 50 to 70%); and
- (c) to determine whether revascularisation is appropriate if previous functional imaging:
 - (i) has not been performed; or
 - (ii) has been performed but the results are inconclusive or do not apply to the vessel being interrogated; and
- (d) performed on one or more coronary vascular territories (Anaes.)

Billing requirement: This item can be claimed once if a single vascular territory is interrogated, twice if two vascular territories are interrogated or thrice if three vascular territories are interrogated during angiography.

MBS fee: \$488.70

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

Other items – using transcatheter approach

Amended item 38200 – Right heart catheterisation for use in the non-coronary setting

Overview: This item has been amended to provide access to right heart catheterisation for use in the non-coronary setting (outside of angiography). Same day claiming restrictions have been added to this item to restrict claiming with selective coronary angiography items.

Service/Descriptor: Right heart catheterisation with any one or more of the following:

- (a) fluoroscopy;



- (b) oximetry;
- (c) dye dilution curves;
- (d) cardiac output measurement by any method;
- (e) shunt detection;
- (f) exercise stress test;

other than a service associated with a service to which item 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368 applies (Anaes.)

Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

For investigations performed by a specialist paediatric cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

The paediatric co-claiming exception should not be applied to cardiologists treating or investigating adult congenital heart disease.

Billing requirement: Not claimable with items 38203, 38206, 38244, 38247, 38248, 38249, 38251, 38252, 38254 or 38368

MBS fee: \$463.50

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Surgical and Type B – Non-band specific

Amended item 38203 – Left heart catheterisation for use in the non-coronary setting

Overview: This item has been amended to provide access to left heart catheterisation for use in the non-coronary setting (outside of angiography). Same day claiming restrictions have been added to this item to restrict claiming with selective coronary angiography items.



Service/Descriptor: Left heart catheterisation by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture, with any one or more of the following:

- (a) fluoroscopy;
- (b) oximetry;
- (c) dye dilution curves;
- (d) cardiac output measurements by any method;
- (e) shunt detection;
- (f) exercise stress test;

other than a service associated with a service to which item 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)

Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

For investigations performed by a specialist paediatric cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

The paediatric co-claiming exception should not be applied to cardiologists treating or investigating adult congenital heart disease.

Billing requirement: Not claimable with items 38200, 38206, 38244, 38247, 38248, 38249, 38251, 38252 or 38254

MBS fee: \$553.10

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Surgical



Amended item 38206 – Right heart catheterisation with left heart catheterisation

Overview: This item has been amended to provide access to right heart catheterisation with left heart catheterisation for use in the non-coronary setting (outside of angiography). Same day claiming restrictions have been added to this item to restrict claiming with the selective coronary angiography items.

Service/Descriptor: Right heart catheterisation with left heart catheterisation via the right heart or by another procedure, with any one or more of the following:

- (a) fluoroscopy;
- (b) oximetry;
- (c) dye dilution curves;
- (d) cardiac output measurements by any method;
- (e) shunt detection;
- (f) exercise stress test;

other than a service associated with a service to which item 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254 applies (Anaes.)

Explanatory Note: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

For investigations performed by a specialist paediatric cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:

- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

The paediatric co-claiming exception should not be applied to cardiologists treating or investigating adult congenital heart disease.

Billing requirement: Not claimable with items 38200, 38203, 38244, 38247, 38248, 38249, 38251, 38252 or 38254

MBS fee: \$668.70

Private Health Insurance Classifications:



Clinical Category: Heart and Vascular System

Procedure Type: Type A – Surgical

Amended item 38272 – Atrial septal defect or patent foramen ovale closure

Overview: This item has been amended to provide clarity around clinical indications for use and to include associated heart catheterisation as part of the procedure. In addition, same day co-claiming restrictions with the distinct heart catheterisation items have been applied.

Service/Descriptor: Atrial septal defect or patent foramen closure:

- (a) for congenital heart disease in a patient with documented evidence of right heart overload or paradoxical embolism; and
- (b) using a septal occluder or similar device, by transcatheter approach; and
- (c) including right or left heart catheterisation (or both);

other than a service associated with a service to which item 38200, 38203, 38206 or 38254 applies (Anaes.) (Assist.)

Explanatory Note:

This item may be claimed without evidence of right heart overload in highly rare paediatric conditions such as abnormal development of the right heart. Additionally, in patients under 16 years old, risk of paradoxical embolism is sufficient.

Billing requirement: Not claimable with items 38200, 38203, 38206 or 38254

MBS fee: \$949.25

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical and Type B – Non-band specific

Amended item 38274 – Ventricular septal defect

Overview: This item is amended to exclude imaging services as this would be provided by a different provider and billed separately.

Service/Descriptor: Ventricular septal defect, transcatheter closure of, with cardiac catheterisation, excluding imaging (H) (Anaes.) (Assist.)

MBS fee: \$777.60

Private Health Insurance Classifications:



Clinical Category: Heart and Vascular System

Procedure Type: Type A –Surgical

Amended item 38309 – Percutaneous transluminal rotational atherectomy

Overview: This item has been amended to include the consolidation of 4 atherectomy items (items 38309, 38312, 38315 and 38318) into a single atherectomy item, for use in conjunction with PCI items.

Service/Descriptor: Percutaneous transluminal rotational atherectomy of one or more coronary arteries, including all associated imaging, if:

- (a) the target stenosis within at least one coronary artery is heavily calcified and balloon angioplasty with or without stenting is not feasible without rotational atherectomy; and
- (b) the service is performed in conjunction with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

Applicable only once on each occasion the service is performed (Anaes.) (Assist.)

Explanatory Note:

Percutaneous transluminal coronary rotational atherectomy is suitable for revascularisation of stenoses in heavily calcified coronary arteries in the absence of significant lesion angulation or vessel tortuosity in patients for whom coronary artery bypass graft surgery is not indicated.

Item 38309 describes an episode of service and can only be claimed once in a single episode.

Billing requirement: Only claimable once in an episode of care and claimed in association with a service to which items 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 apply.

MBS fee: \$1,250.70 (previously \$913.10 – the fee includes a weighted average of all 4 items being consolidated)

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A – Advanced Surgical

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. For questions after implementation on 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.