



Plastic and reconstructive surgery item changes

Last updated: 8 October 2026

What are the changes?

Effective 1 November 2026, there will be an amendment to Medicare Benefits Schedule (MBS) item 45518 to reinstate the 85% out-of-hospital benefit, clarifying that the service can be safe and appropriate to be performed in a procedure room.

Additionally, minor amendments to items 45515 and 45518 will occur to align terminology in the item descriptors with defined terms under the *Health Insurance Act 1973* and clarify claiming requirements.

Why are the changes being made?

On 1 March 2025, item 45518 was amended to remove the 85% out-of-hospital benefit. This followed a review of MBS items in 2024 to determine whether the 85% out-of-hospital benefits should be removed from items that should only be conducted in hospital setting. More information can be found [here](#).

After this change, the Australian Society of Plastic Surgeons (ASPS) advised that item 45518 may be safely performed outside hospital in an appropriate procedure room under local anaesthesia. The Department of Health, Disability and Ageing (department) considered this advice and supported reinstating the 85% benefit for item 45518.

Both item 45515 and 45518 are being amended to align the item descriptor with terminology defined in the *Health Insurance Act 1973*. This amendment clarifies the claiming requirements and supports consistent operation of the item. The change updates the wording from 'non rebatable procedure' to 'procedure which does not attract a Medicare benefit'.

What does this mean for providers?

From 1 November 2026, providers will be able to claim the out-of-hospital 85% benefit for item 45518 where the service meets the item requirements. Providers will need to familiarise themselves with the descriptor changes set out below. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

From 1 November 2026, Medicare benefits will be payable for professional services rendered to a patient for out-of-hospital treatment for item 45518. Patients will receive Medicare

benefits for plastic and reconstructive surgery services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The Continuous Improvement Committee for Plastic and Reconstructive Surgery and the ASPS were consulted and supported reinstating the out-of-hospital 85% benefit for item 45518.

The department did not consult on the administrative amendments to items 45515 and 45518. These changes update terminology only and do not alter the policy intent or claiming requirements.

How will the changes be monitored and reviewed?

Service use for item 45515 and 45518 will be monitored and reviewed post-implementation of the change. Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Amended item descriptors (to take effect 1 November 2026)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 13 – Plastic and Reconstructive Surgery

45515

Scar, other than on face or neck, not more than 7 cm in length, revision of, if:

(a) the service is:

(i) undertaken in the operating theatre of a hospital; or

(ii) performed by a specialist in the practice of the specialist's specialty; and

(b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and

(c) the incision made for revision of the scar is not used as an approach for another procedure (including a ~~non-rebatable procedure~~ **procedure which does not attract a Medicare benefit**); and

(d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes

(Anaes.)

Fee: \$223.25 Benefit: 75% = \$167.45 85% = \$189.80

Private Health Insurance Classification:

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

Category 3 – Therapeutic Procedures

45518

Scar, other than on face or neck, more than 7 cm in length, revision of, if:

(a) the service is:

(i) undertaken in the operating theatre of a hospital; or

(ii) performed by a specialist in the practice of the specialist's specialty; and

(b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and

(c) the incision made for revision of the scar is not used as an approach for another procedure (including a ~~non-rebatable procedure~~ **procedure which does not attract a Medicare benefit**); and

(d) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes

(Anaes.)

Fee: \$270.15 Benefit: 75% = \$202.65 **85% = \$229.65**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.