



Insertion of left ventricular assist device (LVAD) as destination therapy

Last updated: 27 February 2026

- From **1 March 2026**, a new MBS item for cardiac services will be introduced and another MBS item will be amended to ensure patients with refractory heart failure are appropriately managed.
- The changes are relevant for cardiothoracic surgeons and cardiologists specialising in heart failure management.
- Patients with heart failure who are not eligible for heart transplantation may be eligible for an alternative therapy.

What are the changes?

From **1 March 2025**, there will be a revised structure for items for cardiac services. The new structure includes:

- One new item, MBS item 38620 for cardiac service for insertion of a left ventricular assist device (LVAD) as destination therapy for refractive heart failure in patients who are not eligible for a heart transplant.
- For private health insurance purposes, item 38620 will be listed under the following clinical category and procedure type:

Private Health Insurance Classification:

- Clinical category: Heart and vascular
- Procedure type: Type A

- An amended item, MBS item 38621 for cardiac services
- For private health insurance purposes, item 38621 will continue to be listed under the following clinical category and procedure type:

Private Health Insurance Classification:

- Clinical category: Heart and vascular
- Procedure type: Type A

Why are the changes being made?

The listing of the services was recommended by the Medical Services Advisory Committee (MSAC) in November 2024.

Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

The changes will provide doctors the alternative to insert an LVAD as destination therapy in patients with advanced heart failure, who are not eligible for a heart transplant.

How will these changes affect patients?

The LVAD for destination therapy provides an opportunity for patients with advanced heart failure to live with fewer hospitalisations.

Who was consulted on the changes?

The introduction of a new item was supported by the MSAC in August 2024 and approved for funding in the 2024-25 Budget. Feedback was received from a broad range of stakeholders including medical specialists, Hearts4Heart, Boston Scientific, Interventional Craft Group at the Victorian Heart and Eastern Heart Clinic Group prior to MSAC making its final recommendations.

How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department of Health, Disability and Ageing (the department) will continue to work with stakeholders following implementation of the changes.

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 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.

New item descriptor (to take effect 01 March 2026)

Category - Therapeutic Procedures

GroupT8 - Surgical Operations

Subgroup 6 - Cardio-Thoracic

Subheading 12 - Circulatory Support Procedures

MBS item 38620

Insertion of a durable left ventricular assist device capable of providing mechanical circulatory support for at least 6 months:

- (a) as destination therapy in the management of a patient who:
- (i) has refractory heart failure despite optimal medical management including device use where appropriate; and
 - (ii) has an INTERMACS profile of 1, 2, 3 or 4; and
 - (iii) is not expected to be a suitable candidate for cardiac transplantation; and
- (b) including all associated intraoperative imaging performed by the same practitioner;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38816, 38828 or 45503 applies Applicable only once per lifetime.

(H) (Anaes.) (Assist.)

Multiple Operation Rule

Fee: \$1,787.15 Benefit: 75% = \$1,308.95

(See para TN.8.299 of explanatory notes to this Category)

- Private Health Insurance Classification:
- Clinical category: Heart and Vascular System
- Procedure type: Type A Surgical

Category - Therapeutic Procedures

Explanatory Note TN.8.299

Item 38620 must be performed using open exposure or minimally invasive surgery which excludes percutaneous and transcatheter techniques unless otherwise stated in the item.

LVAD Patient

An LVAD Patient means a patient who, as a result of an LVAD Case Conference, has been assessed as suitable for LVAD based on the following:

- (a) destination therapy in the management of a patient with refractory heart failure, despite optimal medical management including device use where appropriate, with INTERMACS profile 1–4, who is not eligible for cardiac transplantation.

An LVAD Case Conference is a process by which:

- (a) there is a team of 4 or more participants, where:
 - (i) the first participant is a cardiothoracic surgeon
 - (ii) the second participant is an intensive care specialist or consultant physician who does not perform a service described in item 38620 for the patient being assessed; and
 - (iii) the third participant is a transplant cardiologist who does not perform a service described in item 38620 for the patient being assessed; and
 - (iv) the fourth participant is a transplant coordinator or LVAD coordinator; and
 - (v) the first participant will perform the LVAD procedure
- (b) to receive the service described in item 38620, the team should assess the following:
 - (i) the patient's risk and technical suitability for a ventricular assist device implantation; and
 - (ii) factors which limit life expectancy at the onset, such as ongoing malignancy or irreversible end-organ failure; and
 - (iii) the patient's cognitive and psychosocial functioning is adequate, and the result of the assessment is that the team makes a recommendation about whether or not the patient is suitable to receive the service described in item 38620; and the particulars of the assessment and recommendation are recorded in writing.

Amended item descriptor

GroupT8 - Surgical Operations

Subgroup 6 - Cardio-Thoracic

Subheading 12 - Circulatory Support Procedures

MBS item 38621

Left or right ventricular assist device, removal **or replacement** of, as an independent procedure, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38627, 38816, 38828 or 45503 applies

(H) (Anaes.) (Assist.)

Multiple Operation Rule

Fee: \$889.30 Benefit: 75% = \$667.00

(See para TN.8.67 of explanatory notes to this Category)

Insert description of item amendment

- Private Health Insurance Classification:
- Clinical category: Heart and Vascular System
- Procedure type: Type A Surgical

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.