New Extended Medicare Safety Net (EMSN) Caps From 1 January 2027

Last updated: 12 November 2026

- Subject to the passage of legislation, from **1 January 2027** Extended Medicare Safety Net (EMSN) benefit caps will be applied to 27 items on the Medicare Benefits Schedule (MBS).
- The EMSN cap will be set at 80% of the schedule fee for each item.
- These items are used in anaesthesia for restorative dental work, or removal of teeth, minimally invasive carpal tunnel procedures, genetic testing, and ultrasounds.

What are the changes?

Subject to the passage of legislation, from **1 January 2027**, new EMSN benefit caps will be introduced to the following 27 MBS items. An EMSN benefit cap is the maximum additional MBS benefit a patient could receive for this item under the EMSN. All standard EMSN rules still apply.

Item	EMSN cap (%)	EMSN cap ($)
11018	80%	$214.50
18266	80%	$59.90
18268	80%	$84.85
22900	80%	$113.75
22905	80%	$113.75
30023	80%	$312.20
31350	80%	$414.90
39331	80%	$265.00
39336	80%	$265.00
46363	80%	$201.60
46367	80%	$380.70
46370	80%	$122.50

Item	EMSN cap (%)	EMSN cap ($)
46501	80%	$315.25
47900	80%	$162.30
47921	80%	$108.05
55065	80%	$92.65
55848	80%	$128.80
55850	80%	$169.95
55856	80%	$102.90
55857	80%	$35.65
55858	80%	$114.10
55859	80%	$39.65
55887	80%	$39.65
73384	80%	$1,388.80
73385	80%	$508.00
73386	80%	$1,016.00
73387	80%	$1,524.00

Why are the changes being made?

The Department of Health, Disability and Ageing (the department) has identified a small number of providers charging extremely high out of pocket fees to patients who have already met their EMSN threshold for that year. These fees are significantly higher than their peers and are not commensurate to the cost or complexity of the service. This pattern of charging is an integrity risk for the EMSN. Applying EMSN caps to these items aligns with the established precedent of applying EMSN caps to relevant MBS items.

How will the changes be monitored and reviewed?

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 descriptors 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.

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.

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.