



Quick Reference Guide:

Amendments to MBS cardiothoracic surgery items

Date of change: 1 November 2022

Amended item: 38510 38513 38516 38517
38555 38556 38557 38572

Revised structure

- From 1 November 2022, eight Medicare Benefits Schedule (MBS) items for cardiothoracic surgery (38510, 38513, 38516, 38517, 38555, 38556, 38557 and 38572) will be amended to incentivise the use of advanced techniques and address minor unintended consequences of the MBS Review Taskforce recommendations.
- These changes are the result of post-implementation feedback from the Australian and New Zealand Society of Cardiac and Thoracic Surgeons. The final recommendation to support the amendment of these services by the Medical Services Advisory Committee (MSAC) occurred in January 2022 and was approved through the 2022-23 Budget. Further details about [MSAC applications](#) can be found under MSAC Applications on the [MSAC website](#).

Patient impacts

- The changes support high value care and ensure patient safety. These changes will incentivise providers to undertake advanced procedures that improve clinical outcomes and rectify congruencies in rebates for services undertaken on the aortic arch and major heart valves.

Restrictions or requirements

- Providers will need to familiarise themselves with the changes to the cardiothoracic surgery 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.
- Multiple Operation Rule (MOR) – applies if you bill 2 or more MBS items from Category 3, Group T8 for surgical 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 that do not contain 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, or if it’s an unrelated condition or complications from the operation, an attendance item can be billed for providing aftercare.
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Amended item 38510 – Artery harvesting (other than of the left internal mammary), for coronary artery bypass

Overview: This item has been amended to allow any provider to claim this service whether they are the provider claiming the primary item 38502 (coronary artery bypass grafting) or not. This change will allow a third-party provider to conduct the artery harvesting procedure (and claim for it) whilst the primary surgeon is conducting the service associated with item 38502.

Service/Descriptor:

Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if:

- (a) more than one arterial graft is required; and
- (b) the service is performed in conjunction with coronary artery bypass surgery performed by any medical practitioner.

(H) (Anaes.) (Assist.)

MBS fee: \$659.65

Benefit: 75% = \$494.74

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

Amended item 38513 – Creation of Y graft, T graft and graft to graft extensions, with micro arterial or micro venous anastomosis using microsurgical techniques

Overview: This item has been amended to clarify that item 38513 is to only be claimed once in the same occasion of service. The item is claimed once in association with item 38502.

Service/Descriptor:

Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:

- (a) the service is for one or more anastomoses; and
- (b) the service is performed in conjunction with a service to which item 38502 applies

(H) (Anaes.) (Assist.)

MBS fee: \$1057.20

Benefit: 75% = \$792.90

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

Amended item 38516 – Simple valve repair

Overview: This item has been amended to redistribute fees to reflect the complexity and time differences between a simple and complex valve repair. The item descriptor has not changed.

Service/Descriptor:

Simple valve repair:

- (a) with or without annuloplasty; and
- (b) including quadrangular resection, cleft closure or alferi; and
- (c) including retrograde cardioplegia (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist)

MBS fee: \$2,641.60

Benefit: 75% = \$1,981.20

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A Advanced Surgical

Amended item 38517 – Complex valve repair

Overview: This item has been amended to redistribute fees to reflect the complexity and time differences between a simple and complex valve repair. The item descriptor has not changed.

Service/Descriptor:

Complex valve repair:

- (a) with or without annuloplasty; and
- (b) including retrograde cardioplegia (if performed); and
- (c) including one of the following:
 - (i) neochords;
 - (ii) chordal transfer;
 - (iii) patch augmentation;
 - (iv) multiple leaflets;

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist)

MBS fee: \$3,251.20

Benefit: 75% = \$2,438.40

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A Advanced Surgical

Amended item 38555 – Simple replacement or repair of aortic arch

Overview: This item has been amended to redistribute fees to reflect the complexity and time differences between simple and complex aortic arch repair or replacement. The item descriptor has not changed.

Service/Descriptor:

Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

- (a) deep hypothermic circulatory arrest; and
- (b) peripheral cannulation for cardiopulmonary bypass; and
- (c) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

MBS fee: \$2,641.60

Benefit: 75% = \$1,981.20

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A Advanced Surgical

Amended item 38556 – Repair or replacement of ascending thoracic aorta

Overview: This item has been amended to remove MBS item 38603 for peripheral cannulation for cardiopulmonary bypass from the co-claiming restriction.

Service/Descriptor:

Repair or replacement of ascending thoracic aorta, including:

- (a) aortic valve replacement or repair; and
- (b) implantation of coronary arteries; and
- (c) cardiopulmonary bypass; and

(d) retrograde cardioplegia (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

MBS fee: \$3282.20

Benefit: 75% = \$2,461.65

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A Advanced Surgical

Amended item 38557 – Complex replacement or repair of aortic arch

Overview: This item has been amended to redistribute fees to reflect the complexity and time differences between simple and complex aortic arch repair or replacement. The item descriptor has not changed.

Service/Descriptor:

Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:

- (a) debranching and reimplantation of head and neck vessels; and
- (b) deep hypothermic circulatory arrest; and
- (c) peripheral cannulation for cardiopulmonary bypass; and
- (d) antegrade or retrograde cerebral perfusion (if performed);

other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

MBS fee: \$4,572.00

Benefit: 75% = \$3,429.00

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type A Advanced Surgical

Amended item 38572 – Operative management of acute rupture or dissection

Overview: This item has been amended to include MBS item 38603 for peripheral cannulation for cardiopulmonary bypass in the co-claiming restriction, noting that peripheral cannulation is inherent to the procedure.

Service/Descriptor:

Operative management of acute rupture or dissection, if the service:

(a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and

(b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies

(H) (Anaes.) (Assist.)

MBS fee: \$2,100.70

Benefit: 75% = \$1,575.53

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Unlisted

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

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.

Amended item descriptors (to take effect 1 November 2022)

Item	Descriptor
38510	<p>Artery harvesting (other than of the left internal mammary), for coronary artery bypass, if:</p> <ul style="list-style-type: none"> (b) more than one arterial graft is required; and (c) the service is performed in conjunction with coronary artery bypass surgery performed by any medical practitioner. <p>(H) (Anaes.) (Assist.)</p>
38513	<p>Creation of Y-graft, T-graft and graft-to-graft extensions, with micro-arterial or micro-venous anastomosis using microsurgical techniques, if:</p> <ul style="list-style-type: none"> (a) the service is for one or more anastomoses; and (b) the service is performed in conjunction with a service to which item 38502 applies <p>(H) (Anaes.) (Assist.)</p>
38516	<p>Simple valve repair:</p> <ul style="list-style-type: none"> (a) with or without annuloplasty; and (b) including quadrangular resection, cleft closure or alfieri; and (c) including retrograde cardioplegia (if performed); <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist)</p>
38517	<p>Complex valve repair:</p> <ul style="list-style-type: none"> (a) with or without annuloplasty; and (b) including retrograde cardioplegia (if performed); and (c) including one of the following: <ul style="list-style-type: none"> (i) neochords; (ii) chordal transfer;

	<p>(iii) patch augmentation;</p> <p>(iv) multiple leaflets;</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p>
38555	<p>Simple replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:</p> <p>(a) deep hypothermic circulatory arrest; and</p> <p>(b) peripheral cannulation for cardiopulmonary bypass; and</p> <p>(c) antegrade or retrograde cerebral perfusion (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p>
38556	<p>Repair or replacement of ascending thoracic aorta, including:</p> <p>(a) aortic valve replacement or repair; and</p> <p>(b) implantation of coronary arteries; and</p> <p>(c) cardiopulmonary bypass; and</p> <p>(d) retrograde cardioplegia (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p>
38557	<p>Complex replacement or repair of aortic arch, performed in conjunction with a service to which item 38550, 38553, 38554, 38556, 38568 or 38571 applies, including:</p> <p>(a) debranching and reimplantation of head and neck vessels; and</p> <p>(b) deep hypothermic circulatory arrest; and</p> <p>(c) peripheral cannulation for cardiopulmonary bypass; and</p> <p>(d) antegrade or retrograde cerebral perfusion (if performed);</p> <p>other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p>
38572	<p>Operative management of acute rupture or dissection, if the service:</p> <p>(a) is performed in conjunction with a service to which item 38550, 38553, 38554, 38555, 38556, 38557, 38558, 38568, 38571, 38706 or 38709 applies; and</p> <p>(b) is not associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38418, 38603, 38806 or 45503 applies</p> <p>(H) (Anaes.) (Assist.)</p>