



# Minor changes to MBS items for thoracic surgery factsheet

Last updated: 7 February 2024

- From 1 March 2024, there are four minor changes to Medicare Benefits Schedule (MBS) items for thoracic surgery. These changes are a result of the MBS Review Taskforce (the Taskforce) recommendations and consultation with stakeholders.
- These changes are relevant for thoracic surgeons, consumers claiming these services, private health insurers and private hospitals.
- Billing practices will need to be adjusted from 1 March 2024 to reflect these changes.

## What are the changes?

Effective 1 March 2024, there will be four minor changes to thoracic surgery items. The changes will introduce co-claiming restrictions and allow for additional surgical techniques to procedural item 38425 for resecting endobronchial tumours. The changes include:

- MBS item **38425** being amended to remove the term 'laser' from the descriptor to allow for additional surgical techniques. The item will be amended to restrict claiming this procedure with any other T8 procedure.
- MBS items **38815** and **38816** being amended to clarify that the claiming restriction between these procedures will apply when performed on the same lung. The item descriptor will be amended to clarify this.
- MBS item **38859** will be amended to provide a minor correction of an incorrect co-claiming item number.

## Why are the changes being made?

The changes are the outcome of Government agreement to recommendations following on from the Taskforce, following a comprehensive review of the thoracic surgery MBS items by clinicians, health system experts and consumers. This included the restriction of inappropriate co-claiming and amending items to reflect current clinical practice and complexity of procedures.

More information about the Taskforce and associated Committees is available on the Department of Health and Aged Care [website](#). A full copy of the Taskforce's final report can be found at [Taskforce report on thoracic surgery MBS items](#).

## What does this mean for providers and other stakeholders?

Providers will need to familiarise themselves with the changes in the thoracic surgery schedule, and any associated rules and explanatory notes. 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?

These minor changes to thoracic surgery items will implement appropriate co-claiming restrictions and provide patients with access to Medicare benefits for additional surgical techniques for resecting endobronchial tumours.

## Who was consulted on the changes?

The Thoracic Surgery Clinical Committee (TSCC) was established in 2018 by the Taskforce, to provide broad clinician and consumer expertise. The MBS Review included a targeted consultation process.

Feedback was received from the Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) and the Australian Medical Association (AMA), Thoracic Society of Australia and New Zealand (TSANZ) Australian Private Hospitals Association (APHA), Private Healthcare Australia (PHA), and Independent Clinicians, and was considered by the TSCC prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the AMA, ANZSCTS and PHA through the work of an Implementation Liaison Group.

## How will the changes be monitored and reviewed?

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements.

These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

## 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 at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance*

Act 1973 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia 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 Services Australia website or contact the 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 March 2024)

### Category 3 – Therapeutic Procedures

#### Group T8 – Surgical Operations

#### Subgroup 6 – Cardio-Thoracic

#### Subheading 5 – Thoracic Surgery

##### 38425

Endoscopic resection of endobronchial tumours for relief of obstruction including any associated endoscopic procedures, other than a service associated with a service to which another item in Group T8 applies

(H) (Anaes.) (Assist.)

**Fee: \$665.10 Benefit: 75% = \$498.85**

##### 38815

Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with:

(a) a service to which item 18258, 18260 or 38828 applies; or

(b) a service to which item 38816 applies that is performed on the same lung

(H) (Anaes.) (Assist.)

**Fee: \$274.85 Benefit: 75% = \$206.15**

##### 38816

Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with:

(a) a service to which item 18258, 18260 or 38828 applies; or

(b) a service to which item 38815 applies that is performed on the same lung

(H) (Anaes.) (Assist.)

**Fee: \$1,054.95 Benefit: 75% = \$791.25**

##### 38859

Plating of multiple ribs for flail segment, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies

### Category 3 – Therapeutic Procedures

(H) (Anaes.) (Assist.)

**Fee: \$1,054.95    Benefit: 75% = \$791.25**

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.