



Quick Reference Guide:

New item for intravascular ultrasound (IVUS) guided coronary stent insertion

Date of change: 1 March 2024

New items: 38325

Revised structure

- From 1 March 2024, a new Medicare Benefits Schedule (MBS) item for IVUS will be introduced as an adjunct service to invasive coronary angiogram for patients undergoing percutaneous coronary intervention (stent placement only) with complex characteristics.
- The introduction of this new item was supported by the Medical Services Advisory Committee (MSAC) in March 2022 and was approved for funding on the MBS in the 2023-24 Budget. Further details about MSAC applications can be found under [MSAC Applications](#) on the [MSAC website](#).

Patient impacts

- This change supports high value care and ensures patient safety. This change reflects modern clinical practice and will ensure patients receive a Medicare benefit for an IVUS service when clinically appropriate.

Restrictions or requirements

- This service must only be performed on patients documented with left main coronary artery lesions or lesions at least 28mm in length in other locations.
- This service must be performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies.
- This service is claimable once per episode of care (for one or more lesions).
- This procedure is only appropriate to be performed in the in-hospital setting (benefit 75%).
- 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.



New item 38325 – Use of IVUS during transluminal insertion of stents

Overview: This is a new item introduced for IVUS guided coronary stent insertion as an adjunct treatment to invasive coronary angiogram.

Descriptor:

Use of intravascular ultrasound (IVUS) during transluminal insertion of stents, to optimise procedural strategy, appropriate stent size and assessment of stent apposition, for a patient documented with:

- (a) one or more left main coronary artery lesions; or
- (b) one or more lesions at least 28mm in length in other locations;

if performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

Applicable once per episode of care (for one or more lesions)

(H) (Anaes.)

MBS fee: \$508.70

Benefit: 75% = \$381.52

Private Health Insurance Classification:

- **Clinical category:** Heart and vascular system
- **Private Health Insurance procedure type:** Type A Surgical

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.