



Changes to Medicare Benefits Schedule Cardiac Services T8 Items

Last updated: 17 December 2021

What are the changes?

From 1 January 2022, there will be changes to five Medicare Benefits Schedule (MBS) items for Cardiac Services T8 items. These changes include:

- **Item 38358**

This amendment will increase the fee from \$2089.00 (prior to 1 January 2022) to \$2984.25 (from 1 January 2022) for extraction of one or more chronically implanted transvenous pacing or defibrillator leads.

- **Item 90300**

This amendment will remove “*either performing, or*” from the descriptor for a professional attendance by a cardiothoracic surgeon in the practice of the surgeon’s speciality. The primary change to this item is that it will no longer be claimable by an accredited Cardiothoracic Surgeon when the Surgeon conducts the primary lead extraction service (item 38358).

- **Item 38254**

This amendment will see additional items (38307, 38308, 38310, 38311, 38313 or 38314) added to the descriptor to allow for co-claiming in association with this procedure. This amendment will ensure patients receive a rebate for right heart catheterisation whether selective angiography is undertaken as a stand-alone procedure or preceding percutaneous coronary interventions.

- **Item 38519**

This amendment will remove “*a service to which item 38484 or 38499 applies*” from the descriptor and include “*open cardiac surgery*”. This amendment will allow the service to apply to a valve explant of a previous prosthesis if performed during open cardiac surgery.

- **Item 38643**

This amendment will remove “*re-operation*” from the descriptor for thoracotomy or sternotomy, by any procedure. This amendment will ensure that a service under 38643 is not required to be a re-operation.

Why are the changes being made?

These changes result from further consultation between the Department of Health and key stakeholders following the 1 July 2021 changes. The changes will ensure consistent patient rebates and outline clearer claiming requirements.

What does this mean for providers?

The changes clarify claiming requirements for providers and clarify when patients will receive a Medicare rebate for these services.



How will these changes affect patients?

Eligible patients will have access to:

- the same MBS rebate for chronic cardiac lead extraction whether the primary service (item 38358) is provided by an accredited Cardiothoracic Surgeon or Interventional Cardiologist.
- an MBS rebate for right heart catheterisation (item 38254) when selective coronary angiography is undertaken.
- an MBS rebate for the explantation of an existing cardiac valve bioprosthesis (item 38519) when a new cardiac valve is implanted.

Administrative changes have been applied to items 38643 and 90300 which have no effect on patient access to a rebate associated with these services.

Who was consulted on the changes?

Consultation with stakeholders has informed the amendments to the chronic cardiac lead extraction items.

The Department of Health has consulted with the Australian and New Zealand Society of Cardiac and Thoracic Surgeons and the Cardiac Society of Australian and New Zealand.

How will the changes be monitored and reviewed?

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation. Chronic cardiac lead extraction items are subject to MBS compliance processes and activities, including random and targeted audits, which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health 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.

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 Services Australia on the Provider Enquiry Line – 13 21 50.



The data file for software vendors is expected to become available in mid-late December 2021 and can be accessed via the MBS Online website under 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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.