



Cardio-thoracic procedures: Co-claiming restrictions on MBS items 38511 and 45018

Last updated: 19 February 2026

- From **1 March 2026**, Medicare Benefit Schedule (MBS) items 38511 and 45018 will be amended to prevent co-claiming of item 45018 with item 38502 on the same episode and permit claiming of item 38511 (once) with item 38502 in the same episode.
- The changes are supported by the Australian and New Zealand Society of Cardiac and Thoracic Surgeons.
- The changes are relevant for Cardiothoracic Surgeons.
- These changes will ensure Medicare benefits are paid appropriately to patients.

What are the changes?

- Effective 1 March 2026, MBS items 38511 and 45018 will be amended as follows:
 - Item 38511 can be claimed only once per episode with item 38502
 - Item 45018 can no longer be co-claimed with item 38502 in the same episode.
 - Item 38511 will have an insertion “Applicable only once in conjunction with each service to which item 38502 applies”
 - Item 45018 will have an insertion “c) other than a service to which item 38502 applies”
- For private health insurance purposes, the items amended will continue to be listed under their current clinical categories and procedure types.

Why are the changes being made?

Following ongoing monitoring of claiming patterns, inappropriate opportunistic co-claiming was identified. From 1 March 2026, amendments will take effect to reinforce the original policy intent for these items.

What does this mean for providers?

Providers should be aware that if a co-claiming restriction is detailed in the item descriptor, a successful payment of the restricted co-claim items by Services Australia does not automatically make the co-claiming valid. Providers would be subject to post-payment audit based on the restrictions detailed in the item descriptor.

For example: “Other than a service to which item XYZ applies” 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.

How will these changes affect patients?

These changes will ensure Medicare benefits are paid appropriately to patients

Who was consulted on the changes?

The changes are supported by the Australian and New Zealand Society of Cardiac and Thoracic Surgeons.

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 of Health, Disability and Ageing's (the department's) compliance program can be found on its website at [Medicare compliance](#).

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](#). 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.

Private health insurance information on the product tier arrangements is available at 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.

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.

Amended item descriptors (to take effect 1 March 2026)

Category 3: Therapeutic procedures

Group: T8 – Surgical operations

Subgroup6: - Cardio-thoracic

38511

Coronary artery bypass, with the aid of tissue stabilisers, if the service is performed:

(a) without cardiopulmonary bypass; and

(b) in conjunction with a service to which item 38502 applies

(H) (Anaes.) (Assist.)

Applicable only once in conjunction with each service to which item 38502 applies

[Multiple Operation Rule](#)

Fee: \$699.95 Benefit: 75% = \$525.00

Insert description of item amendment

- Private Health Insurance Classification: unlisted
- Clinical category: Heart and vascular system
- Procedure type: In hospital

Category 3: Therapeutic procedures

Group: T8 – Surgical operations

Subgroup: 13 - Plastic And Reconstructive Surgery

45018

Dermis, dermofat or fascia graft (other than transfer of fat by injection):

(a) if the service is not associated with neurosurgical services for spinal disorders mentioned in any of items 51011 to 51171; and

(b) other than a service associated with a service to which item 39615, 39715, 40106 or 40109 applies

(c) other than a service to which item 38502 applies

(H)

(Anaes.) (Assist.)

Multiple Operation Rule

Fee: \$552.60 Benefit: 75% = \$414.45

- Private Health Insurance Classification: Type A Surgical
- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: In hospital

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.