



Amended items for transcatheter aortic valve implantation (TAVI)

Last updated: 20 December 2023

- From 1 January 2024, three Medicare Benefits Schedule (MBS) TAVI items will be amended to include the additional wording 'includes valvuloplasty, if required'. This will mean that valvuloplasty can no longer be co-claimed with these procedures.
- The balloon valvuloplasty service performed under MBS item 38270 is inherent to the TAVI procedure and therefore is not to be co-claimed with the TAVI items for the same occasion of service.
- Billing practices should be adjusted to reflect these changes.

What are the changes?

Effective 1 January 2024, three MBS items (38495, 38514 and 38522) for TAVI services will be amended to include the additional wording 'includes valvuloplasty, if required'. This will mean that valvuloplasty can no longer be co-claimed with these procedures.

A TAVI service performed under MBS items 38495, 38514 and 38522 is a complete service which includes valvuloplasty as an inherent component of the procedure. Therefore, MBS item 38270 is not to be co-claimed with the TAVI items for the same occasion of service.

Why are the changes being made?

This is a policy change following consultation with the TAVI Accreditation Committee.

A TAVI service performed under MBS items 38495, 38514 and 38522 is a complete service which includes valvuloplasty as an inherent component of the procedure. Therefore, MBS item 38270 is not to be co-claimed with the TAVI items for the same occasion of service.

What does this mean for providers?

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation. These changes 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.

How will these changes affect patients?

Patients should not be negatively affected by these changes and will have continued access to clinically relevant services. Patients will receive Medicare benefits for services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

Consultation with key stakeholders including the TAVI Accreditation Committee which has equal membership from the Australian and New Zealand Society of Cardiac and Thoracic Surgeons and the Cardiac Society of Australian and New Zealand, informed the introduction of these changes.

How will the changes be monitored and reviewed?

This change will be subject to MBS compliance processes and activities, including audits, which may require a provider to submit evidence about the services claimed.

Where can I find more information?

The full item descriptors 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 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.

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 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 January 2024)

Category 3: THERAPEUTIC PROCEDURES

Group: T8 - Surgical Operations

Subgroup: Cardiothoracic

38495

TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:

- (a) the TAVI Patient is at high risk for surgery; and
- (b) the service:
 - (i) is performed by a TAVI Practitioner in a TAVI Hospital; and
 - (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and
 - (iii) includes valvuloplasty, if required;

not being a service which has been rendered within 5 years of a service to which this item or item 38514 or 38522 applies

Multiple Operation Rule

(H) (Anaes.) (Assist.)

Fee: \$1,576.45 **Benefit:** 75% = \$1,182.35

38514

TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:

- (a) the TAVI Patient is at intermediate risk for surgery; and
- (b) the service:
 - (i) is performed by a TAVI Practitioner in a TAVI Hospital; and
 - (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and
 - (iii) includes valvuloplasty, if required;

not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38522 applies

Multiple Operation Rule

(H) (Anaes.) (Assist.)

Fee: \$1,576.45 **Benefit:** 75% = \$1,182.35

38522

TAVI, for the treatment of symptomatic severe native calcific aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:

(a) the TAVI Patient is at low risk for surgery; and

(b) the service:

(i) is performed by a TAVI Practitioner in a TAVI Hospital; and

(ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and

(iii) includes valvuloplasty, if required;

not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies

Multiple Operation Rule

(H) (Anaes.) (Assist.)

Fee: \$1,576.45 **Benefit:** 75% = \$1,182.35

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.