



Expanded patient access to Transcatheter occlusion of the left atrial appendage for patients with non-valvular atrial fibrillation (MBS item 38276)

Last updated: 17 December 2021

- From 1 March 2022, Medicare Benefits Schedule (MBS) item 38276 will be amended to expand patient access to the service.
- Patients with an absolute and permanent contraindication to oral anticoagulation therapy documented by a medical practitioner who has not been involved in the decision to provide the surgical procedure will now be eligible for Medicare rebates.
- These changes are relevant for Cardiothoracic Surgeons and Interventional Cardiologists.

What are the changes?

From 1 March 2022, MBS item 38276 will be amended to ensure patients with non-valvular atrial fibrillation (NVAf) who have an absolute and permanent contraindication to oral anticoagulation therapy are eligible to access this procedure for stroke prevention. LAAC is a procedure where a device is inserted into the heart to close the left atrial appendage so that clots can no longer form and dislodge. Currently, public funding for LAAC is available for a specific group of patients with NVAf who have a high risk of stroke but who cannot take anticoagulants. This change will ensure that more patients are able to access a Medicare rebate for this service. Formal documentation from an independent medical practitioner confirming the absolute contraindication is required to ensure appropriate patient selection.

Why are the changes being made?

The expansion of the patients eligible for this service was recommended by the Medical Services Advisory Committee (MSAC) on 31 March – 1 April 2021 through MSAC application 1615. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website

What does this mean for providers?

Providers will retain access to item 38276 for an expanded patient population.

How will these changes affect patients?

Anticoagulants are a type of medication given to patients to prevent the formation of blood clots, including patients with NVAf. However, some people have a medical reason that prevents them from being able to take the medication,



this is called a contraindication. An absolute contraindication to anticoagulants means that taking the medication is not advisable because it could cause a life-threatening situation. The change to this procedural item will allow more patients who were previously ineligible and at high risk of stroke to access this procedure.

Who was consulted on the changes?

Consultation was undertaken through the MSAC process.

How will the changes be monitored and reviewed?

MBS item 38276 will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider 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. 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 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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available by the end of 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.