



MBS Review recommendations: Thoracic surgery changes to MBS items

Date of change: 1 March 2023

Amended items: 37467 38474 38477 38484 38499 38502
38508 38509 38512 38515 38516 38517
38518 38519 38550 38553 38554 38555
38556 38557 38558 38568 38571 38572
38609 38612 38615 38618 38621 38624
38627 38637 38653 38670 38673 38677
38680 38700 38703 38706 38709 38715
38718 38721 38724 38727 38730 38733
38736 38739 38742 38745 38748 38751
38754 38757 38760 38764 38766

New items: 38815 38816 38817 38818 38820 38822
38823 38828 38829 38830 38833 38834
38837 38838 38839 38840 38841 38842
38845 38846 38847 38850 38851 38852
38853 38429 38431 38864

Deleted items: 38415 38418 38421 38424 38427 38430
38436 38438 38440 38441 38446 38447
38448 38449 38450 38452 38453 38455
38456 38457 38458 38460 38462 38643
38464 38466 38468 38469 38656 38806
38809

Revised structure

- From 1 March 2023, Medicare Benefits Schedule (MBS) items for thoracic surgery services are changing to reflect contemporary clinical practice. These changes are the

result of MBS Review Taskforce (the Taskforce) recommendations following extensive consultation with stakeholders.

The changes include:

- Restructuring existing items into anatomical categories which includes the closing (deletion) of 31 existing items and the re-creation of 28 of these items under new item numbers and the deletion of 3 of these items due to low value care or consolidation into other items. Amendments also include the addition of co-claiming restrictions and amendments to reflect contemporary clinical practice and complete medical services.
- Creating 9 new items as complete services, that reflect the complexity of surgical procedures.
- 59 amended items to include item number changes to referenced co-claimed thoracic surgery items.
- A table detailing these changes is available in Appendix A of this document.

Patient impacts

- Patients will receive Medicare benefits for thoracic surgery services that are clinically appropriate and reflect modern clinical practice.
- These changes will provide access for patients to high-value thoracic surgery procedures, leading to improved health outcomes.
- Patients should no longer receive different Medicare benefits for the same operation, as there should be less variation in the items claimed by different providers.

Current restrictions and requirements

- Providers will need to familiarise themselves with the changes to the thoracic surgery MBS items and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.
- Same-Day Claiming Restriction:
 - 'Not being a service associated with' 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.
- Claiming subsequent attendance items with items in Group T8 (items 30001 to 51171 of the MBS):
 - Some subsequent attendance items can't be billed on the same day with any Group T8 item equal to or greater than \$317.15 (These items include: 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6009, 6011, 6013, 6015, 6019, 6052, or 16404).
 - Specialist subsequent attendance items (111 or consultant physician items 117 and 120) can only be claimed on the same day as a surgical operation in Group T8 with a schedule fee of equal to or greater than \$317.15 if the procedure is urgent and not able to be predicted prior to the commencement of the attendance. Item 115 allows for co-claiming of a consultation item, if the nature of the consultation could not be predicted prior to the Group T8 procedure with a MBS Fee higher than \$317.15. It is expected that these items would be rarely

required. Clinician records should clearly indicate the reasons why either the consultation or procedure is necessary including the clinical risk for the patient to defer.

- Aftercare – post-operative care and treatment provided to patients after an operation:
 - Aftercare is the post-operative care and treatment provided to patients after a surgical operation or procedure. This includes all attendances until recovery and the final check or examination. Aftercare services can take place at a hospital, private rooms or a patient’s home. MBS fees for most surgical items in MBS Group T8 include an aftercare component.
 - Some MBS services don’t include aftercare and this is noted in their description. Group T8 items not containing this note include aftercare. Schedule fees for most surgical items include normal post-operative care. This means you can’t bill attendance items for normal aftercare. However, if the MBS description of the surgical item performed excludes aftercare in the item’s description, an attendance item can be billed for providing aftercare.
- Multiple Operation Rule (MOR) – applies if you bill 2 or more MBS items from Category 3, Group T8 for surgical services performed on a patient on one occasion:

The Total schedule for all surgical items is calculated by applying the MOR. That is:

- 100% of the fee for the item with the highest schedule fee;
- plus 50% of the fee for the item with the next highest schedule fee;
- plus 25% of the fee for any further surgical items.

Applying this rule results in one total schedule fee for all surgical items billed.

(see explanatory note [TN.8.2](#) at MBS Online for more information)

Further information and resources about MBS claiming requirements for medial practitioners can be found at: [MBS education for health professionals - Health professionals - Services Australia](#)

Thoracoscopy and Thoracotomy items

New item 38815 – Thoracoscopy, with or without division of pleural adhesions

Overview: This item has been renumbered from 38436 as part of the restructuring of the thoracic surgery section and the item amended to include appropriate co-claiming restrictions.

Descriptor: Thoracoscopy, with or without division of pleural adhesions, with or without biopsy, including insertion of intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$264.00 (no change)

Benefit: 75% = \$198.00

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Unlisted

New item 38816 – Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter

Overview: This item has been renumbered from 38418 as part of the restructuring of the thoracic surgery section and the item amended to include restrictions on co-claiming and include insertion of an intercostal catheter as a complete medical service.

Item Descriptor: Thoracotomy, exploratory, with or without biopsy, including insertion of an intercostal catheter where necessary, other than a service associated with a service to which item 18258, 18260, 38815 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,013.20 (no change)

Benefit: 75% = \$759.90

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38817 –Thoracotomy, thoracoscopy or sternotomy, by any procedure

Overview: This item has been renumbered from 38643 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and co-claiming restrictions.

Item Descriptor: Thoracotomy, thoracoscopy or sternotomy, by any procedure:
(a) including any division of adhesions if the time taken to divide the adhesions exceeds 30 minutes; and
(b) other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38818, 38828 or 45503 applies
(H) (Anaes.) (Assist.)

Explanatory Note: TN.8.67

Items 38470 to 38766 and 38817 and 38818 must be performed using open exposure or minimally invasive surgery which excludes percutaneous and transcatheter techniques unless otherwise stated in the item.

MBS fee: \$1,592.75 (no change)

Benefit: 75% = \$1,194.60

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38818 –Thoracotomy, thoracoscopy or median sternotomy for post operative bleeding

Overview: This item has been renumbered from 38656 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and appropriate co-claiming restrictions.

Item Descriptor: Thoracotomy, thoracoscopy or median sternotomy for post operative bleeding, other than a service associated with a service to which item 11704, 11705, 11707, 11714, 18258, 18260, 33824, 38815, 38816, 38817, 38828 or 45503 applies (H) (Anaes.) (Assist.)

Explanatory Note: TN.8.67

Items 38470 to 38766 and 38817 and 38818 must be performed using open exposure or minimally invasive surgery which excludes percutaneous and transcatheter techniques unless otherwise stated in the item.

MBS fee: \$1,013.20 (no change)

Benefit: 75% = \$759.90

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

Lung Resection Procedures

New item 38820 – Lung, wedge resection of

Overview: This item has been renumbered from 38440 as part of the restructuring of the thoracic surgery section and the item amended to clarify this item applies to a single lung wedge resection and include co-claiming restrictions. Where multiple lung wedge resections are required, new item 38821 should be claimed.

Item Descriptor: Lung, wedge resection of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820, 38821 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,212.80 (no change)

Benefit: 75% = \$909.60

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38821 – Lung, wedge resection of, two or more wedges

Overview: This is a new item introduced for multiple wedge resection to provide greater fee transparency and clarity for both patient and provider.

Item Descriptor: Lung, wedge resection of, 2 or more wedges, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38820 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,819.20

Benefit: 75%

Private Health Insurance Classifications: New Item

Clinical Category: Lung and Chest

Procedure Type: Type A Advance

New item 38822 – Pneumonectomy, lobectomy, bilobectomy or segmentectomy

Overview: This item has been renumbered from 38438 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and co-claiming restrictions.

Item Descriptor: Pneumonectomy, lobectomy, bilobectomy or segmentectomy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38823, 38824 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,619.55 (no change)

Benefit: 75% = \$1,214.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38823 – Radical lobectomy, pneumonectomy, bilobectomy or segmentectomy or formal mediastinal node dissection (greater than 4 nodes)

Overview: This item has been renumbered from 38441 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and co-claiming restrictions.

Item Descriptor: Radical lobectomy, pneumonectomy, bilobectomy, segmentectomy or formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38824 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$2001.10

Benefit: 75% = \$1,500.85

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38824 – Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium and formal mediastinal node dissection (greater than 4 nodes)

Overview: This is a new item introduced to better reflect all clinical situations of differing complexity.

Item Descriptor: Segmentectomy, lobectomy, bilobectomy or pneumonectomy, including resection of chest wall, diaphragm, pericardium, and formal mediastinal node dissection (greater than 4 nodes), other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38822, 38823 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$2,501.35

Benefit: 75%

Private Health Insurance Classifications: New Item

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

Pleural Procedures

New item 38828 – Intercostal drain, insertion of, not involving resection of rib

Overview: This item has been renumbered from 38806 as part of the restructuring of the thoracic surgery section and the item amended to include a restriction on co-claiming with all other items in the pleural procedure's subsection.

Item Descriptor: Intercostal drain, insertion of:

- (a) not involving resection of rib; and
- (b) excluding aftercare; and
- (c) other than a service associated with a service to which item 38815, 38816, 38829, 38830, 38831, 38832, 38833 or 38834 applies (Anaes.)

MBS fee: \$141.20 (no change)

Benefit: 75% = \$105.90 85% = \$120.05

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Unlisted

New item 38829 – Intercostal drain, insertion of, with pleurodesis and not involving resection of rib

Overview: This item has been renumbered from 38809 as part of the restructuring of the thoracic surgery section and the item amended to include a restriction on co-claiming with all other items in the pleural procedure's subsection.

Item Descriptor: Intercostal drain, insertion of, with pleurodesis:

(a) not involving resection of rib; and

(b) excluding aftercare; and

(c) other than a service associated with a service to which item 38815, 38816, 38828, 38830, 38831, 38832, 38833 or 38834 applies

(Anaes.)

MBS fee: \$174.00 (no change)

Benefit: 75% = \$130.50 85% = \$147.90

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Unlisted

New item 38830 – Empyema, radical operation for, involving resection of rib

Overview: This item has been renumbered from 38415 as part of the restructuring of the thoracic surgery section and the item amended to include co-claiming restrictions with all other items in the pleural procedure's subsection.

Descriptor: Empyema, radical operation for, involving resection of rib, other than a service associated with a service to which item 38828, 38829, 38831, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)

MBS fee: \$422.20 (no change)

Benefit: 75% = \$316.65

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Unlisted

New item 38831 – Thoracoscopy or thoracotomy and drainage of parapneumonic effusion and empyema, exploratory, with or without biopsy

Overview: This is a new item introduced to better reflect all clinical situations of differing complexity and include appropriate co-claiming restrictions.

Descriptor: Thoracoscopy or thoracotomy and drainage of parapneumonic effusion and empyema, exploratory, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38832, 38833 or 38834 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,519.80

Benefit: 75%

Private Health Insurance Classifications: New Item

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38832 – Thoracotomy or thoracoscopy, with pulmonary decortication

Overview: This item has been renumbered from 38421 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and introduce co-claiming restrictions.

Descriptor: Thoracotomy or thoracoscopy, with pulmonary decortication, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38833 or 38834 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,619.55 (no change)

Benefit: 75% = \$1,214.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38833 – Thoracotomy and thoracoscopy, with pleurectomy or pleurodeses

Overview: This item has been renumbered from 38424 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and introduce co-claiming restrictions.

Descriptor: Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38834 applies (H) (Anaes.) (Assist.)

MBS fee: \$,1013.20 (no change)

Benefit: 75%

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38834 – Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy

Overview: This is a new item introduced to better reflect all clinical situations of differing complexity.

Descriptor: Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38829, 38830, 38831, 38832 or 38833 applies (H) (Anaes.) (Assist.)

MBS fee: \$3,752.10

Benefit: 75%

Private Health Insurance Classifications: New item

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

Mediastinal and Pericardial Procedures

New item 38837 – Mediastinum, cervical exploration of, with or without biopsy

Overview: This item has been renumbered from 38448 as part of the restructuring of the thoracic surgery section and the item amended to include biopsy (where safe and appropriate) and introduce co-claiming restrictions.

Descriptor: Mediastinum, cervical exploration of, with or without biopsy, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$383.80 (no change)

Benefit: 75% = \$287.85

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Surgical

New item 38838 – Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour

Overview: This item has been renumbered from 38446 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and introduce co-claiming restrictions.

Descriptor: Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,251.10 (no change)

Benefit: 75% = \$938.35

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38839 – Pericardium, subxiphoid open surgical drainage of

Overview: This item has been renumbered from 38452 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Pericardium, subxiphoid open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38840 (H) (Anaes.) (Assist.)

MBS fee: \$606.50 (no change)

Benefit: 75% = \$454.90

Private Health Insurance Classifications: Unchanged

Clinical Category: Heart and vascular system

Procedure Type: Type A Surgical

New item 38840 – Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical draining of

Overview: This item has been renumbered from 38450 as part of the restructuring of the thoracic surgery section and the item amended to include an additional surgical approach and introduce co-claiming restrictions.

Descriptor: Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical drainage of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38839 applies (H) (Anaes.) (Assist.)

MBS fee: \$905.60 (no change)

Benefit: 75% = \$679.20

Private Health Insurance Classifications: Unchanged

Clinical Category: Heart and vascular system

Procedure Type: Type A Advanced Surgical

New item 38841 – Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass

Overview: This item has been renumbered from 38447 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,619.55 (no change)

Benefit: 75% = \$1,214.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Heart and vascular system

Procedure Type: Type A Surgical

New item 38842 – Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy with cardiopulmonary bypass

Overview: This item has been renumbered from 38449 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass, other than a service associated with a service to which item 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$2,265.75 (no change)

Benefit: 75% = \$1,699.35

Private Health Insurance Classifications: Unchanged

Clinical Category: Heart and vascular system

Procedure Type: Type A Surgical

Sternal Procedures

New item 38845 – Sternal wire or wires, removal of

Overview: This item has been renumbered from 38460 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Sternal wire or wires, removal of, other than a service associated with a service to which items 18258, 18260, 38815, 38816 or 38828 applies (H) (Anaes.)

MBS fee: \$291.15 (no change)

Benefit: 75% = \$218.40

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Surgical

New item 38846 – Pectus excavatum or pectus carinatum, repair or radical correction of

Overview: This item has been renumbered from 38457 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Pectus excavatum or pectus carinatum, repair or radical correction of, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38847, 38848 or 38849 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,512.00 (no change)

Benefit: 75% = \$1,134.00

Private Health Insurance Classifications: Unchanged

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Advanced Surgical

New item 38847 – Pectus excavatum, repair of, with implantation of subcutaneous prosthesis

Overview: This item has been renumbered from 38458 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Pectus excavatum, repair of, with implantation of subcutaneous prosthesis, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846, 38848 or 38849 applies (H) (Anaes.) (Assist.)

MBS fee: \$805.95 (no change)

Benefit: 75% = \$604.50

Private Health Insurance Classifications: Unchanged

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Surgical

New item 38848 – Pectus excavatum, repair of, with insertion of concave bar, by any method

Overview: This is a new item for the insertion of a concave bar (used mainly for paediatric patients) which includes co-claiming restrictions.

Descriptor: Pectus excavatum, repair of, with insertion of a concave bar, by any method, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,209.60

Benefit: 75%

Private Health Insurance Classifications: New item

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Surgical

New item 38849 – Pectus excavatum, removal of a concave bar, by any method

Overview: This is a new item for the removal of a concave bar (used mainly for paediatric patients) which includes co-claiming restrictions.

Descriptor: Pectus excavatum, removal of a concave bar, by any method, not being a service associated with a service to which item 18258, 18260, 38815, 38816, 38828, 38846 or 38847 applies (H) (Anaes.) (Assist.)

MBS fee: \$604.75

Benefit: 75%

Private Health Insurance Classifications: New item

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Surgical

New item 38850 – Sternotomy wound, debridement of, not involving reopening of the mediastinum

Overview: This item has been renumbered from 38462 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Sternotomy wound, debridement of, not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38851 applies (H) (Anaes.)

MBS fee: \$345.10 (no change)

Benefit: 75% = \$258.85

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Surgical

New item 38851 – Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires, but not involving reopening of the mediastinum

Overview: This item has been renumbered from 38464 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Sternotomy wound, debridement of, involving curettage of infected bone, with or without removal of wires, but not involving reopening of the mediastinum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38850 applies (H) (Anaes.)

MBS fee: \$375.10 (no change)

Benefit: 75% = \$281.35

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Surgical

New item 38852 – Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring

Overview: This item has been renumbered from 38466 as part of the restructuring of the thoracic surgery section and the item amended to introduce co-claiming restrictions.

Descriptor: Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38853 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,012.80 (no change)

Benefit: 75% = \$759.60

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38853 – Sternum and mediastinum, reoperation for infection of, involving advancement flaps and/or greater omentum

Overview: This item has been renumbered from 38469 as part of the restructuring of the thoracic surgery section and the item amended to consolidate existing items 38468 with 38469 and to introduce co-claiming restrictions.

Descriptor: Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38828 or 38852 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,587.80

Benefit: 75%

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38857 – Chest wall resection, sternum and/or ribs without reconstruction

Overview: This is a new item introduced to better describe and remunerate chest wall procedures and will apply appropriate co-claiming restrictions.

Descriptor: Chest wall resection, sternum and/or ribs without reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38858 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,918.95

Benefit: 75%

Private Health Insurance Classifications: New item

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Advanced Surgical

New item 38858 – Chest wall resection, sternum and/or ribs with reconstruction

Overview: This is a new item introduced to better describe and remunerate chest wall procedures and will apply appropriate co-claiming restrictions.

Descriptor: Chest wall resection, sternum and / or ribs with reconstruction, other than a service associated with a service to which item 18258, 18260, 38815, 38816, 38824, 38828 or 38857 applies (H) (Anaes.) (Assist.)

MBS fee: \$2,501.35

Benefit: 75%

Private Health Insurance Classifications: New item

Clinical Category: Plastic and reconstructive surgery (medically necessary)

Procedure Type: Type A Advanced Surgical

New item 38859 – Plating of multiple ribs for flail segment

Overview: This is a new item introduced for the plating of multiple ribs and introduce co-claiming restrictions.

Descriptor: Plating of multiple ribs for flail segment, other than a service associated with a service to which item 18258, 18260, 33815, 38816 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,013.20

Benefit: 75%

Private Health Insurance Classifications: New Item

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

Airways Procedures

New item 38429 – Tracheal excision and repair of, without cardiopulmonary bypass

Overview: This item has been renumbered from 38453 as part of the restructuring of the thoracic surgery section and renumbered to align with other bronchoscopy items.

Descriptor: Tracheal excision and repair of, without cardiopulmonary bypass (H) (Anaes.) (Assist.)

MBS fee: \$1,819.30 (no change)

Benefit: 75% = \$1,364.50

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

New item 38431 – Tracheal excision and repair of, with cardiopulmonary bypass

Overview: This item has been renumbered from 38455 as part of the restructuring of the thoracic surgery section and renumbered to align with other bronchoscopy items.

Descriptor: Tracheal excision and repair of, with cardiopulmonary bypass (H) (Anaes.) (Assist.)

MBS fee: \$2,460.75 (no change)

Benefit: 75% = \$1,845.60

Private Health Insurance Classifications: Unchanged

Clinical Category: Lung and Chest

Procedure Type: Type A Advanced Surgical

Miscellaneous Procedures

New item 38864 – Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs

Overview: This item has been renumbered from 38456 as part of the restructuring of the thoracic surgery section and amended to introduce co-claiming restrictions.

Descriptor: Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not being a service to which another item in this Group applies, other than a service associated with a service to which item 18258, 18260 or 38828 applies (H) (Anaes.) (Assist.)

MBS fee: \$1,619.55 (no change)

Benefit: 75% = \$1,214.70

Private Health Insurance Classifications: Unchanged

Clinical Category: Common List

Procedure Type: Type A Advanced Surgical

Deleted Items

Deleted item 38415 – Empyema, radical operation for, involving resection

Deleted item 38418 – Thoracotomy

Deleted item 38421 – Thoracotomy, with pulmonary decortification

Deleted item 38424 – Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis

Deleted item 38427 – Thoracoplasty – 3 or more ribs in combination with thoracic scoliosis

Deleted item 38430 – Thoracoplasty

Deleted item 38436 – Thoracoscopy

Deleted item 38438 – Pneumonectomy or lobectomy

Deleted item 38440 – Lung, wedge resection

Deleted item 38441 – Radical lobectomy or pneumonectomy

Deleted item 38446 – Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour

Deleted item 38447 – Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass

Deleted item 38448 – Mediastinum, cervical exploration of, with biopsy

Deleted item 38449 – Pericardiectomy via sternotomy or anterolateral thoracotomy with cardiopulmonary bypass

Deleted item 38450 – Pericardium, transthoracic (thoracotomy or thoracoscopy)

Deleted item 38452 – Pericardium, subxiphoid open surgical drainage

Deleted item 38453 – Tracheal excision and repair without cardiopulmonary bypass

Deleted item 38455 – Tracheal excision and repair with cardiopulmonary bypass

Deleted item 38456 – Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs

Deleted item 38457 – Pectus excavatum or pectus carinatum, repair or radical correction of

Deleted item 38458 – Pectus excavatum, repair of, with implantation of subcutaneous prosthesis

Deleted item 38460– Sternal wire or wires, removal of

Deleted item 38462 – Sternotomy wound, debridement of, not involving reopening of the mediastinum

Deleted item 38464 – Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of mediastinum

Deleted item 38466 – Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring

Deleted item 38468 – Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps or greater omentum

Deleted item 38469 – Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and/or greater omentum

Deleted item 38643 – Reoperation via thoracotomy, thoracoscopy or sternotomy involving division of adhesions

Deleted item 38656 – Thoracotomy or median sternotomy, by any procedure

Deleted item 38806 – Intercostal drain, insertion of

Deleted item 38809 – Intercostal drain, insertion of, with pleuordesis

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

Appendix A - New item numbering of Thoracic surgery items from 1 March 2023

Thoracoscopy and thoracotomy Procedures

38815 (previously 38436)

Thoracoscopy

38816 (previously 38418)

Thoracotomy

38817 (previously 38643)

Thoracotomy, thoracoscopy or sternotomy involving division of adhesions

38818 (previously 38656)

Thoracotomy, thoracoscopy or median sternotomy for post operative bleeding

Lung Resection Procedures

38820 (previously 38440)

Lung, wedge resection

38821

Lung, wedge resection, two or more

38822 (previously 38438)

Pneumonectomy or lobectomy, bilobectomy or segmentectomy

38823 (previously 38441)

Radial lobectomy, pneumonectomy, bilobectomy or segmentectomy or formal mediastinal node dissection

38824

Segmentectomy, lobectomy, bilobectomy or pneumonectomy including resection of chest wall, diaphragm, pericardium and formal mediastinal node dissection

Pleural Procedures

38828 (previously 38806)

Intercostal drain, insertion of

38829 (previously 38809)

Intercostal drain, insertion of, with pleurodesis

38830 (previously 38415)

Empyema, radical operation for, involving resection of rib

38831

Thoracoscopy or thoracotomy and drainage of paraneumonic effusion and empyema

38832 (previously 38421)

Thoracotomy or thoracoscopy, with pulmonary decortication

38833 (previously 38424)

Thoracotomy or thoracoscopy, with pleurectomy or pleurodesis

38834

Thoracotomy and radical extra pleural pneumonectomy or radical lung preserving decortication and pleurectomy for malignancy

Mediastinal and Pericardial Procedures

38837 (previously 38448)

Mediastinum, cervical exploration of

38838 (previously 38446)

Thoracotomy or thoracoscopy or sternotomy, for removal of thymus or mediastinal tumour

38839 (previously 38452)

Pericardium, subxiphoid open surgical drainage

38840 (previously 38450)

Pericardium, transthoracic (thoracotomy or thoracoscopy) open surgical draining of

38841 (previously 38447)

Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy without cardiopulmonary bypass

38842 (previously 38449)

Pericardiectomy via sternotomy or thoracoscopy or anterolateral thoracotomy with cardiopulmonary bypass

Sternal Procedures

38845 (previously 38460)

Sternal wire or wires, removal of

38846 (previously 38457)

Pectus excavatum or pectus carinatum, repair or radical correction of

38847 (previously 38458)

Pectus excavatum, repair of, with implantation of subcutaneous prosthesis
38848
Pectus excavatum, repair of, with insertion of a concave bar, by any method
38849
Pectus excavatum, repair of, with removal of a concave bar, by any method
38850 (previously 38462)
Sternotomy wound, debridement of, not involving reopening of the mediastinum
38851 (previously 38464)
Sternotomy wound, debridement of, involving curettage of infected bone with or without removal of wires but not involving reopening of the mediastinum
38852 (previously 38466)
Sternum, reoperation on, for dehiscence or infection involving reopening of the mediastinum, with or without rewiring
38853 (previously 38469)
Sternum and mediastinum, reoperation for infection of, involving muscle advancement flaps and / or greater omentum

Chest Wall Procedures
38857
Chest wall resection, sternum and / or ribs without reconstruction
38858
Chest wall resection, sternum and / or ribs with reconstruction
38859
Plating of multiple ribs for flail segment

Airways Procedures
38429 (previously 38453)
Tracheal excision and repair of, without cardiopulmonary bypass
38431 (previously 38455)
Tracheal excision and repair of, with cardiopulmonary bypass

Miscellaneous Procedures

38664 (previously 38456)

Intrathoracic operations on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than 1 of those organs

Minor Amendments

Amended items as a consequence of the renumbering of thoracic surgery item numbers – change to co-claiming item numbers 38418 and 38806 to new item numbers 38816 and 38828. Items 38816 and 38828 can't be co-claimed with the following MBS items below. No change to medical service.

Item No	Summary of Item Descriptor
38467	Insertion, removal or replacement of permanent myocardial electrode
38474	Repair, augmentation or replacement of branch pulmonary arteries
38477	Valve annuloplasty with insertion of ring
38484	Aortic or pulmonary valve replacement with bioprosthesis
38499	Mitral or tricuspid valve replacement with bioprosthesis
38502	Coronary artery bypass
38508	Repair or reconstruction of left ventricular aneurysm
38509	Repair of ischaemic ventricular septal rupture
38512	Division of accessory pathway, procedure on atrioventricular node or perinodal tissues involving one atrial chamber only
38515	Division of accessory pathway, procedure on atrioventricular node or perinodal tissues involving both atrial chambers
38516	Simple valve repair
38517	Complex valve repair
38518	Ventricular arrhythmia with mapping and muscle ablation
38519	Valve explant of a previous prosthesis, if performed during open cardiac surgery
38550	Repair or replacement of ascending thoracic aorta, not including valve replacement
38553	Repair or replacement of ascending thoracic aorta, not including implantation of coronary arteries
38554	Valve sparing aortic root surgery, with reimplantation of aortic valve and coronary arteries
38555	Simple replacement or repair of aortic arch
38556	Repair or replacement of ascending thoracic aorta including valve replacement
38557	Complex replacement or repair of aortic arch
38558	Aortic repair involving augmentation of hypoplastic or interrupted aortic arch
38568	Simple replacement or repair of aortic arch
38571	Repair or replacement of descending thoracic aorta

38572	Operative management of acute rupture or dissection
38609	Insertion of intra-aortic balloon pump
38612	Removal of intra-aortic balloon pump
38615	Insertion of a left or right ventricular assist device
38618	Insertion of a left and right ventricular assist device
38621	Left or right ventricular assist device, removal of,
38624	Left and right ventricular assist device, removal of,
38627	Extra-corporeal membrane oxygenation, bypass or ventricular assist device cannulae
38637	Patent diseased coronary artery bypass vein graft or grafts, dissection, disconnection
38653	Open heart surgery
38670	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, without patch or conduit
38673	Cardiac tumour, excision of, involving the wall of the atrium or inter-atrial septum, requiring reconstruction with patch or conduit
38677	Cardiac tumour arising from ventricular myocardium, partial thickness excision of
38680	Cardiac tumour arising from ventricular myocardium, full thickness excision of
38700	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, without cardiopulmonary bypass
38703	Patent ductus arteriosus, shunt, collateral or other single large vessel, division or ligation of, with cardiopulmonary bypass
38706	Aorta, anastomosis or repair of, without cardiopulmonary bypass
38709	Anastomosis or repair of aorta, with cardiopulmonary bypass
38715	Main pulmonary artery, banding, debanding or repair of, without cardiopulmonary bypass
38718	Banding, debanding or repair of main pulmonary artery with cardiopulmonary bypass
38721	Vena cava, anastomosis or repair of, without cardiopulmonary bypass
38724	Vena cava, anastomosis or repair of, with cardiopulmonary bypass
38727	Anastomosis or repair of intrathoracic vessels, without cardiopulmonary bypass
38730	Anastomosis or repair of intrathoracic vessels, with cardiopulmonary bypass
38733	Systemic pulmonary or cavo-pulmonary shunt, creation of, without cardiopulmonary bypass
38736	Systemic pulmonary or cavo-pulmonary shunt, creation of, with cardiopulmonary bypass
38739	Atrial septectomy, with or without cardiopulmonary bypass

38742	Atrial septal defect, closure by open exposure and direct suture or patch
38745	Intra-atrial baffle, insertion of,
38748	Ventricular septectomy
38751	Ventricular septal defect, closure by direct suture or patch
38754	Intraventricular baffle or conduit, insertion of
38757	Extracardiac conduit, insertion of
38760	Extracardiac conduit, replacement of
38764	Ventricular myectomy, for relief of right or left ventricular obstruction
38766	Ventricular augmentation, right or left

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.