Introduction of co-claiming restriction on balloon valvuloplasty item with transcatheter aortic valve implantation (TAVI) items

Last updated: 17 May 2023

What are the changes?

- From 1 June 2023, a co-claiming block will be applied to Medicare Benefits Schedule (MBS) item 38270 (balloon valvuloplasty) with TAVI items 38495, 38514 and 38522.
- The balloon valvuloplasty service performed under MBS item 38270 is inherent to the TAVI procedure and therefore it should not be co-claimed with the TAVI items for the same occasion of service.
- Each professional service listed on the MBS is a complete medical service. Where a listed service is also a component of a more comprehensive service covered by another item, the benefit for the latter service will cover the former.
- Therefore, introducing this restriction is clinically appropriate and reflects best practice. No changes will be made to existing item descriptors; however, billing practices will need to be adjusted to reflect these changes.
- The affected MBS items are listed below for reference:

Item	Description (no change)
38270	Balloon Valvuloplasty or Isolated Atrial Septostomy, including cardiac catheterisations before and after balloon dilatation (Anaes) (Assist.)
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; not being a service which has been rendered within 5 years of a service to which this item or 38514 or 38522 applies (H) (Anaes.) (Assist.).

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; not being a service which has been rendered within 5 years of a service to which this item or 38495 or 38522 applies (H) (Anaes.) (Assist.).
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; not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies (H) (Anaes.) (Assist.).

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?

These changes reflect clinically appropriate services and should not impact on patient access to the associated rebates.

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.

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.