



Optical coherence tomography (OCT) guided coronary stent insertion

Last updated: 27 June 2025

- From 1 July 2025 a new MBS item will be introduced for OCT which is an adjunct imaging service used to assist coronary artery stent insertion.
- The change is relevant for Interventional Cardiologists and Cardiothoracic Surgeons.
- Specialists will have a new imaging option using OCT in addition to angiography for guidance of stent insertion.

What are the changes?

Effective 1 July 2025 there will be an addition of a new imaging service (guidance) used in conjunction with the existing services for percutaneous coronary interventions. The change includes:

- One new MBS item 38326, OCT for guided stent insertion as an adjunct service to angiography.
- For private health insurance purposes, MBS item 38326 will be listed under the following clinical category and procedure type:

Private Health Insurance Classification:

Clinical category: Heart and Vascular

- Procedure type: Type A

Why are the changes being made?

- The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in August 2024. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).
- Coronary angiography is the mainstay, traditional imaging modality for visual evaluation of coronary anatomy and guidance of Percutaneous Coronary Interventions (PCI) in patients with coronary artery disease. However, angiography is limited by its two-dimensional representation of blood vessels because it cannot depict the arterial vessel wall, evaluate vessel dimensions and plaque characteristics, or directly assess the results of stent implantation. OCT imaging technology obtains cross-sectional images capable of accurately determining vessel size, plaque morphology and features which enables optimal stent implantation (i.e., expansion, apposition). Furthermore, OCT identifies the potential for stent failure that cannot be captured using coronary angiography alone.
- The MSAC approved OCT as an adjunct service to angiography for stent placement for patients eligible for coronary revascularisation for bifurcation lesions, in-stent thrombosis and lesions >28mm (long lesions).

What does this mean for Specialist Providers?

Specialists will have the option to use either OCT or intravascular ultrasound (IVUS) for the long lesion sub-population.

Given OCT and IVUS have overlapping indications, a co-claiming restriction prevents them being claimed for the same long lesions unless there is a failure in the first imaging technique.

How will these changes affect patients?

Effective 1 July 2025, OCT will be available in addition to angiography and providing a new intravascular imaging guidance technique for eligible lesions. OCT provides high-resolution, cross-sectional images of coronary artery anatomy allowing specialists to properly assess the stent size required for a patient and how best to position the stent. Proper assessment and positioning of stents will reduce complications, contributing to better patient outcomes.

Who was consulted on the changes?

The introduction of the new item was supported by the MSAC in August 2024 and approved for funding in the 2024-25 Budget. Feedback was received from a broad range of stakeholders including medical specialists, Hearts4Heart, Boston Scientific, Interventional Craft Group at the Victorian Heart and Eastern Heart Clinic Group prior to MSAC making its final recommendations.

How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department of Health, Disability and Ageing (the department) will continue to work with stakeholders following implementation of the changes.

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, including failure of imaging techniques where both OCT and IVUS are billed. More information about 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.

New item descriptor (to take effect 01 July 2025)

Category 3: THERAPEUTIC PROCEDURES

Group: T8 – Surgical Operations

Subgroup: Cardio-thoracic

38326

Use of optical coherence tomography (OCT) during transluminal insertion of stents, to optimise procedural strategy, appropriate stent size and assessment of stent apposition, if:

(a) the patient is documented with:

- (i) one or more lesions located at a bifurcation; and
- (ii) a planned side branch at least 2.5 mm in diameter by angiographic visual estimation; or

(b) the patient is documented with stent thrombosis; or

(c) both:

- (i) the patient is documented with one or more lesions at least 28mm in length; and
- (ii) either of the following apply:

(A) a service to which this item applies is not performed in association with a service to which item 38325 applies because of paragraph (b) of that item;

(B) a service to which this item applies is not performed, in relation to a lesion, in association with a service to which item 38325 applies because of paragraph (a) of that item, performed in relation to the same lesion;

if performed in association with a service to which item 38307, 38308, 38310, 38311, 38313, 38314, 38316, 38317, 38319, 38320, 38322 or 38323 applies

Category 3: THERAPEUTIC PROCEDURES

Applicable once per episode of care (for one or more lesions) (H)

Fee: \$539.15 **Benefit:** 75% =\$404.40

Extended Medicare Safety Net Cap (if applicable): N/A

Private Health Insurance Classification:

- **Clinical category:** Heart and Vascular System
- **Procedure type:** Type A Surgical

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.