



Plastic and reconstructive surgery changes – Breast abnormality and genioplasty items

Last updated: 26 May 2026

What are the changes?

Effective **1 July 2026** there will be three new items introduced for the unilateral correction of breast abnormality, and amendments to one item for genioplasty:

- Items **45070**, **45071** and **45072** will be introduced for the single stage and 2-stage unilateral correction of breast abnormality. These items will be the unilateral equivalents of bilateral correction of breast abnormality items 45060, 45061 and 45062.
- Item **45761** will be amended to include a population of patients that were unintentionally excluded when the item was previously amended on 1 July 2023 as a result of recommendations made by the MBS Review Taskforce.

Why are the changes being made?

The implementation of the three new items for the unilateral correction of breast abnormality is to address an unintentional service gap. On 1 November 2018, the previous item for the correction of unilateral breast abnormalities (item 45559) was removed from the MBS and replaced with three new items for the bilateral correction of developmental breast abnormality (45060, 45061 and 45062), to more accurately reflect current clinical practice, including allowing for two stage procedures. As these items are limited to bilateral procedures, it created an unintended service gap for unilateral procedures.

The changes to item 45761 are being made to rectify an unintentional service gap following the 1 July 2023 implementation of the recommendations made by the MBS Review Taskforce. The previous changes were intended to minimise cosmetic misuse, however resulted in a very small cohort of patients with diagnosed craniofacial disorders being unintentionally excluded.

A full copy of the Plastic and Reconstructive Surgery Clinical Committee's final report can be found in the [Clinical Committee section](#) of the Department of Health, Disability and Ageing (the department's) website. A full copy of the final MBS Review Taskforce report is available in the [Taskforce final reports](#) section of the department's website.

What does this mean for providers?

Providers will need to familiarise themselves with the new items and descriptor changes set out below. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Effective from 1 July 2026, patients will receive Medicare benefits for unilateral correction of breast abnormality services. Additionally, patients that require genioplasty as a result of diagnosed craniofacial disorders that were previously ineligible to claim the service will receive Medicare benefits for services provided from 1 July 2026.

Who was consulted on the changes?

The department has consulted the Australian Society of Plastic Surgeons (ASPS) and the Australian and Breast Surgeons of Australia & New Zealand on the creation of the three unilateral items to mirror the existing bilateral items for the correction of developmental breast abnormalities.

The department has consulted ASPS and the Australian and New Zealand Association of Oral and Maxillofacial Surgeons on the amendments to item 45761 for genioplasty, to ensure that the service accurately reflects contemporary practice and includes appropriate clinical indicators.

How will the changes be monitored and reviewed?

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. 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 descriptors (to take effect 1 July 2026)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 13 – Plastic and Reconstructive Surgery

45070

Developmental breast abnormality, single stage correction of, involving surgery on one breast, if:

(a) the correction involves either:

- (i) insertion of an implant with or without mastopexy; or
- (ii) reduction mammoplasty; and

(b) there is a difference in breast volume with the other breast, as demonstrated by an appropriate volumetric measurement technique, of at least:

- (i) 20% in normally shaped breasts; or
- (ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds; and

(c) photographic or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)

Schedule Fee: \$1,014.40 Benefit: 75%

- Private Health Insurance Classification:
 - Clinical category: Breast surgery (medically necessary)
 - Procedure type: Type A Advanced Surgical

Category 3 – Therapeutic Procedures

45071

Developmental breast abnormality, 2 stage correction of, first stage, involving surgery on one breast with insertion of a tissue expander, if:

(a) there is a difference in breast volume with the other breast, as demonstrated by an appropriate volumetric measurement technique, of at least:

(i) 20% in normally shaped breasts; or

(ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds;
and

(b) photographic or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)

Schedule Fee: \$1,014.40 Benefit: 75%

- Private Health Insurance Classification:
 - Clinical category: Breast surgery (medically necessary)
 - Procedure type: Type A Advanced Surgical

45072

Developmental breast abnormality, 2 stage correction of, second stage, involving surgery on one breast with exchange of a tissue expander for an implant (which must have at least a 10% volume difference), if:

(a) there is a difference in breast volume with the other breast, as demonstrated by an appropriate volumetric measurement technique, of at least:

(i) 20% in normally shaped breasts; or

(ii) 10% in tubular breasts or in breasts with abnormally high inframammary folds;
and

(b) photographic or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

Applicable only once per occasion on which the service is provided (H) (Anaes.) (Assist.)

Schedule Fee: \$734.05 Benefit: 75%

- Private Health Insurance Classification:
 - Clinical category: Breast surgery (medically necessary)
 - Procedure type: Type A Surgical

Amended item descriptors (to take effect 1 July 2026)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 13 – Plastic and Reconstructive Surgery

45761

Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site, if:

(a) the deformity:

- (i) is secondary to congenital absence of tissue; or
- (ii) **is the result of a diagnosed craniofacial disorder; or**
- (iii) has arisen from trauma (other than from previous cosmetic surgery) or a diagnosed pathological process; and

~~(b) the service is required for maintaining lip competency; and~~

(b) for a craniofacial disorder—evidence of diagnosis of the disorder is documented in the patient notes; and

(c) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes

(H) (Anaes.) (Assist.)

Schedule Fee: \$896.05 Benefit: 75%

- Private Health Insurance Classification:
 - Clinical category: Plastic and reconstructive surgery (medically necessary)
 - 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.