



Introducing new and amended items for leadless permanent cardiac pacemaker

Last updated: 20 October 2023

- On 1 November 2023, four new Medicare Benefits Schedule (MBS) items will be introduced, and one item amended for the insertion, replacement, or removal of a leadless permanent cardiac pacemaker (LPM) for the treatment of patients with bradyarrhythmia.
- The introduction of these new items was supported by the Medical Services Advisory Committee (MSAC) in July 2022 and approved by Government for funding on the MBS in the 2023-2024 Budget.
- Billing practices from 1 November 2023 will need to be adjusted to reflect these changes.

What are the changes?

Effective 1 November 2023, the new structure for LPM will be as follows:

- Four new items (38372, 38373, 38374, 38375) for LPM for the treatment of patients with bradyarrhythmia, including cardiac electrophysiological services where transvenous pacemaker is inappropriate due to an inaccessible upper extremity venous system, increased risk of infection or history of venous thrombosis.
- Amend item (90300) to include the new LPM service under a professional attendance of a cardiothoracic surgeon to provide immediate surgical backup when an interventional cardiologist undertakes percutaneous device extraction.
- For the purposes of these new services, the Micra™ Ventricular Transcatheter Pacing System is the only Australian Register of Therapeutic Goods listed device for leadless single-chamber ventricular pacing of bradyarrhythmia at time of publishing.

Why are the changes being made?

The listing of the LPM service was recommended by the MSAC in July 2022, following their consideration of [MSAC Application 1672](#).

The listing was announced by the Australian Government as part of the 2023-24 Budget.

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?

Patients will receive a Medicare benefit for LPM services that are clinically appropriate. Patients who would not usually be able to have a transvenous pacemaker may be eligible for the new LPM service. The procedure to insert the LPM is less complicated because no leads are needed. There is a reduced risk of infection and no chest scar. The generator which is usually located in a patient's chest and causes the skin to bulge is also absent because it is contained within the unit of the LPM itself.

Who was consulted on the changes?

The introduction of these new items was supported by MSAC in July 2022 and approved for funding on the MBS in the 2023-24 Budget. MSAC appraises new medical services proposed for public funding and provides advice to the Government on whether a new medical service should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost effectiveness, and total cost, using the best available evidence.

The amendment was supported by the Cardiac Society of Australia and New Zealand and the Australian and New Zealand Society of Cardiac and Thoracic Surgeons.

More information about this specific MSAC application, including a public summary document can be accessed at www.msac.gov.au using the search term '1672'.

How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department will continue to work with stakeholders following implementation of the changes.

All MBS items are subject to 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](http://www.mbsonline.gov.au) 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](http://www.privatehealth.gov.au). 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.

New item descriptors (to take effect 1 November 2023)

Category 3: THERAPEUTIC PROCEDURES

Group: T8 - Surgical Operations

Subgroup: Cardiothoracic

38372

Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous insertion of, for the treatment of bradycardia, including cardiac electrophysiological services (other than a service associated with a service to which item 38350 applies)
(H) (Anaes.)

Fee: \$830.30 **Benefit:** 75% = \$622.70

Private Health Insurance Classification:

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

38373

Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval and replacement of, including cardiac electrophysiological services, during the same percutaneous procedure, if:

- (a) the service is performed:
- (i) by a specialist or consultant physician who has undertaken training to perform the service; and
 - (ii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and

(b) if the service is performed by an interventional cardiologist at least 4 weeks after the leadless permanent cardiac pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service;
other than a service associated with a service to which item 38350 applies
(H) (Anaes.)

Fee: \$830.30 **Benefit:** 75% = \$622.70

Private Health Insurance Classification:

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

38374

Leadless permanent cardiac pacemaker, single-chamber ventricular, percutaneous retrieval of, if:

- (a) the service is performed:
- (i) by a specialist or consultant physician who has undertaken training to perform the service; and
 - (ii) in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
- (b) if the service is performed by an interventional cardiologist at least 4 weeks after the leadless permanent cardiac pacemaker was inserted—a cardiothoracic surgeon is in attendance during the service

(H) (Anaes.)

Fee: \$830.30 **Benefit:** 75% = \$622.70

Private Health Insurance Classification:

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

38375

Leadless permanent cardiac pacemaker, single-chamber ventricular, explantation of, by open surgical approach

(H) (Anaes.) (Assist.)

Fee: \$3,107.15 **Benefit:** 75% = \$2,330.36

Private Health Insurance Classification:

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

Amended item descriptor (to take effect 1 November 2023)

Category 1: PROFESSIONAL ATTENDANCES
Group: A37 - Cardiothoracic Surgeon Attendance for Lead Extraction
Subgroup: N/A
90300 Professional attendance by a cardiothoracic surgeon in the practice of the surgeon's speciality, if: (a) the service is: (i) performed in conjunction with a service (the lead extraction service) to which item 38358 applies; or (ii) performed in conjunction with a service (the leadless pacemaker extraction service) to which item 38373 or 38374 applies; and (b) the surgeon: (i) is providing surgical backup for the provider (who is not a cardiothoracic surgeon) who is performing the lead extraction service or the leadless pacemaker extraction service; and (ii) is present for the duration of the lead extraction service or the leadless pacemaker extraction service, other than during the low risk pre and post extraction phases; and (iii) is able to immediately scrub in and perform a thoracotomy if major complications occur (H) Fee: \$947.00 Benefit: 75% = \$710.25 Private Health Insurance Classification: <ul style="list-style-type: none">• Clinical category: Heart and Vascular System• Procedure type: Unlisted

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.