



# Expanded patient access to mastopexy (MBS item 45558)

Last updated: 22 September 2021

- From 1 November 2021, Medicare Benefits Schedule (MBS) item 45558 will be amended to ensure appropriate patient access to the service.
- Patients seeking this procedure within 12 months of their most recent pregnancy, or more than 7 years following their most recent pregnancy, will now be eligible for rebates.
- This change is relevant for general surgeons and plastic and reconstructive surgeons.

## What are the changes?

From 1 November 2021, the descriptor of MBS item 45558 will be amended to remove a stipulation that prevents patients from accessing the service if they had been pregnant within the previous 12 months or, it is more than 7 years after completion of their most recent pregnancy. This change will ensure that patients can access rebates for this service regardless of their pregnancy status. The amended descriptor is on page 2 of this fact sheet.

## Why are the changes being made?

This amendment ensures equitable access to MBS rebates.

## What does this mean for providers?

Providers will retain access to item 45558 for the surgical correction of breast ptosis by mastopexy for an expanded patient population.

## How will these changes affect patients?

The changes will provide greater access for patients, leading to improved health outcomes.

## Who was consulted on the changes?

Consultation was undertaken with the Australian Society of Plastic Surgeons, which was supportive of the change.

## How will the changes be monitored and reviewed?

MBS item 45558 will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.



## Item Descriptor

<b>45558</b>	<p>Correction of bilateral breast ptosis by mastopexy, if:</p> <p>(a) at least two-thirds of the breast tissue, including the nipple, lies inferior to the infra-mammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and</p> <p><del>(b) if the patient has been pregnant—the correction is performed not less than 1 year, or more than 7 years, after completion of the most recent pregnancy of the patient; and</del></p> <p>(b) photographic evidence (including anterior, left lateral and right lateral views), with a marker at the level of the inframammary fold, demonstrating the clinical need for this service, is documented in the patient notes</p> <p>Applicable only once per lifetime</p> <p>(Anaes.) (Assist.)</p> <p><b>Fee:</b> \$1,195.50 <b>Benefit:</b> 75% = \$896.65</p>
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## 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](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@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 was made available on 22 September 2021 and can be accessed via the MBS Online website under 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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.*