Australian Government
Department of Health and Aged Care

MSAC recommendations:

Transluminal insertion, management, and removal of an intravascular microaxial blood pump (Impella®), for patients requiring mechanical circulatory support

Date of change: 1 March 2025

Amended items: 13851, 13854

New items: 38376, 38616, 38619

Revised structure

- From 1 March 2025, two MBS items will be amended (13851 and 13854) and three new MBS items will be created (38376, 38616, and 38619).
- These new MBS items (38376, 38616, and 38619) are for the transcatheter insertion (38376), open surgical insertion (38616), and open surgical removal (38619).
- The amended MBS items (13851 and 13854) are for the management of the device in the intensive care setting, first day (13851), and management of the device each day after the first day (13854).
- MSAC supported the creation and amendment of MBS items to facilitate intravascular microaxial ventricular assist device (IMVAD) for patients suffering cardiogenic shock (CS) on April 5, 2024. MSAC noted there was a legitimate clinical need for this service in a small population of patients.

Patient impacts

MSAC recognised the legitimate clinical need in certain patients suffering cardiogenic shock to receive IMVAD treatment. The creation and amendment of MBS items will provide access to IMVAD services through the MBS to improve patient outcomes.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

Restrictions or requirements

- All IMVAD implantation, management, and removal services are to be performed in-hospital, with management of the device to occur in an Intensive Care Unit, and therefore are subject to a 75% rebate only.
- The services associated with items 38376, 38616 and 38619 are for the insertion or removal of an IMVAD in the left ventricle of the heart only.
- The services associated with items 13851 and 13854 will exclude their use for the management of an IMVAD that is inserted into the right ventricle.
- IMVAD services provided to patients with cardiogenic shock (as per the requirements of the item descriptors) are expected to be claimed under items 38376, 38616, 38619, 13851 and 13854. The intent of these changes excludes use of an IMVAD for bridge to cardiac transplantation, acute post cardiotomy support for failure to wean from cardiopulmonary transplantation or cardio-respiratory support for acute cardiac failure which is likely to recover with short term support of less than 6 weeks.

New item 38376 (to take effect 1 March 2025)

Category: 3 -Therapeutic procedures

Group: T8 – Surgical operations

Subgroup: 6 – Cardio-Thoracic

38376

Percutaneous insertion of an intravascular microaxial ventricular assist device, into the left ventricle only, by arteriotomy, including all associated intraoperative imaging, if:

(a) the patient has deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; or

(b) the patient:

(i) is on veno-arterial extra-corporeal membrane oxygenation, for deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; and

(ii) due to the effects of established veno-arterial extra-corporeal membrane oxygenation, requires unloading of the left ventricle

(H) (Anaes.)

Private Health Insurance Classification:

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

New item 38616 (to take effect 1 March 2025)

Category: 3 -Therapeutic procedures
Group: T8 – Surgical operations
Subgroup: 6 – Cardio-Thoracic
38616 Surgical insertion of an intravascular microaxial ventricular assist device, into the left ventricle only, by arteriotomy, including all associated intraoperative imaging, if: (a) the patient has deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; or (b) the patient: (i) is on veno-arterial extra-corporeal membrane oxygenation, for deteriorating symptoms of cardiogenic shock (with no evidence of significant anoxic neurological injury) that are not controlled by optimal medical therapy; and (ii) due to the effects of established veno-arterial extra-corporeal membrane oxygenation, requires unloading of the left ventricle (H) (Anaes.) Private Health Insurance Classification: • Clinical category: Heart and Vascular system • Procedure type: Type A Advanced Surgical

New item 38619 (to take effect 1 March 2025)

Category: 3 -Therapeutic procedures
Group: T8 – Surgical operations
Subgroup: 6 – Cardio-Thoracic
38619 Surgical removal of a left-sided intravascular microaxial ventricular assist device (H) (Anaes.) Private Health Insurance Classification: • Clinical category: Heart and Vascular system • Procedure type: Type A Surgical

Amended item descriptors (to take effect 1 March 2025)

Category: 3 -Therapeutic procedures
Group: T1 – Miscellaneous therapeutic procedures
Subgroup: 9 – Procedures associated with intensive care and cardiopulmonary support
13851 Ventricular assist device (excluding intravascular microaxial ventricular assist device inserted into the right ventricle), management of, for a patient admitted to an intensive care unit for implantation of the device or for complications arising from implantation or management of the device—first day (H) Private Health Insurance Classification: • Clinical category: Heart and Vascular system • Procedure type: Type A Surgical
Note TN.1.10 defines what constitutes a day for procedural services rendered. **Note TN.1.9 defines an Intensive Care Unit.**

Category: 3 -Therapeutic procedures
Group: T1 – Miscellaneous Therapeutic Procedures
Subgroup: 9 – Procedures Associated with Intensive Care and Cardiopulmonary support.
13854 Ventricular assist device (excluding intravascular microaxial ventricular assist device inserted into the right ventricle), management of, for a patient admitted to an intensive care unit, including management of complications arising from implantation or management of the device—each day after the first day (H) Private Health Insurance Classification: • Clinical category: Heart and Vascular system • Procedure type: Unlisted
Note TN.1.10 defines what constitutes a day for procedural services rendered. **Note TN.1.9 defines an Intensive Care Unit.**

Category: 3 - Therapeutic procedures
Group: T8 – Surgical Operations
Subgroup: 6 - Cardio-Thoracic
Subheading: 12 - Circulatory Support Procedures
38621 Left or right ventricular assist device, removal of, as an independent procedure, other than a service to which item 38619 applies, or associated with a service to which item 11704, 11705, 11707, 11714, 18260, 33824, 38619, 38627, 38816, 38828 or 45503 applies (H) (Anaes.) (Assist.) 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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.