



MSAC recommendation:

Cardiac services – Transcatheter Aortic Valve Implantation (TAVI) standby cardiac surgeon amendments - items 90300, 38514, 38522 for low and intermediate surgical risk patients

Date of change: 1 November 2024

Amended items: 90300, 38514, 38522

Revised structure

- From 1 November 2024, Medicare Benefits Schedule (MBS) item 90300 will be amended to allow claiming by a cardiothoracic surgeon when providing standby surgical back up for non-cardiac surgeons undertaking Transcatheter Aortic Valve Implantation (TAVI) services, described in items 38514 and 38522.
- In addition, items 38514 and 38522 will be amended to require that they be performed in a hospital where cardiothoracic surgery is available, and a thoracotomy can be performed immediately without transfer.
- The services (38514, 38522) will also now require that a cardiothoracic surgeon be available to undertake open salvage surgery, in a clinically appropriate timeframe, in the low and intermediate surgical risk population when an interventional cardiologist undertakes the procedure.
- This amendment was requested by The Australian and New Zealand Society of Cardiac and Thoracic Surgeons and supported by the Medical Services Advisory Committee (MSAC) Executive in December 2023. This measure was approved for funding on the MBS in the 2024-25 Budget.
- Billing practices from 1 November 2024 will need to be adjusted to reflect these changes.

Patient impacts

- This change supports high value care and ensures patient safety by requiring that a cardiothoracic surgeon is able to immediately intervene when there is a complication that requires open surgical repair.
- This change reflects modern clinical practice and will ensure patients receive a Medicare benefit for this service when clinically appropriate.

Restrictions or requirements

- For the service associated with item 90300, cardiothoracic surgeons will be able to claim for surgical standby for low and intermediate risk TAVI patients, in addition to the existing leadless pacemaker and chronic lead extraction populations.
- For the services associated with items 38514 and 38522, the following new requirements apply:
 - The service is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
 - The service, if performed by an interventional cardiologist, a cardiothoracic surgeon is available to provide immediate (guideline directed) open surgical salvage.
- 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.

Recommended TAVI Hospital Requirements

- The TAVI procedure be performed when the cardiac operating room (OR) is staffed and accessible at the institution.
- A cardiac surgeon is part of the implanting team or is onsite and available to intervene immediately if complications arise.
- The team required to undertake cardiac surgical procedures, including OR nursing, perfusion, and anaesthesia, are available on-site.
- A cardiac Intensive Care Unit (ICU) is available for management post procedure.

For further details please view the 2021 Cardiac Society of Australian and New Zealand (CSANZ and ANZSCTS Position Statement on the Operator and Institutional Requirements for a Transcatheter Aortic Valve Implantation (TAVI) Program in Australia at:

<https://www.csanz.edu.au/resource?resource=44>

Amended item descriptors (to take effect 01 November 2024)

Category 1 – Professional Attendances
Group A37 – Cardiothoracic Surgeon Attendance for Lead Extraction
Subgroup
[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 or (iii) performed in conjunction with a service (TAVI intermediate or low surgical risk service) to which items 38514 or 38522 apply; 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 or the TAVI services to which items 38514 or 38522 apply; and (ii) is present for the duration of the lead extraction service, or the leadless pacemaker extraction service or TAVI intermediate or low risk service , other than during the low risk pre and post extraction or TAVI implantation phases; and (iii) is able to immediately scrub in and perform a thoracotomy if major complications occur (H) Fee: \$980.15 Benefit: 75% = \$735.15 Extended Medicare Safety Net Cap (if applicable): N/A <ul style="list-style-type: none">• Private Health Insurance Classification:• Clinical category: Heart and Vascular system• Procedure type: Type - unlisted

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 6 – Cardio-Thoracic

[38514]

TAVI, for the treatment of symptomatic severe aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:

- (a) the TAVI Patient is at intermediate risk for surgery; and
- (b) the service:
 - (i) is performed by a TAVI Practitioner in a TAVI Hospital; and
 - (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and
 - (iii) includes valvuloplasty, if required; and
 - (iv) is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
 - (v) if performed by an interventional cardiologist- a cardiothoracic surgeon is in attendance during the service

Not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38522 applies

(H) (Anaes.) (Assist.)

Fee: \$\$1,631.65

Benefit: 75% = \$1,223.75

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

- Private Health Insurance Classification:
- Clinical category: Heart and Vascular system
- Procedure type: Type A - Advanced Surgical

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 6 – Cardio-Thoracic

[38522]

TAVI, for the treatment of symptomatic severe native calcific aortic stenosis, performed via transfemoral delivery, unless transfemoral delivery is contraindicated or not feasible, if:

- (a) the TAVI Patient is at low risk for surgery; and
- (b) the service:
 - (i) is performed by a TAVI Practitioner in a TAVI Hospital; and
 - (ii) includes all intraoperative diagnostic imaging that the TAVI Practitioner performs upon the TAVI Patient; and
 - (iii) includes valvuloplasty, if required; and
 - (iv) is performed in a facility where cardiothoracic surgery is available and a thoracotomy can be performed immediately and without transfer; and
 - (v) if performed by an interventional cardiologist- a cardiothoracic surgeon is in attendance during the service

Not being a service which has been rendered within 5 years of a service to which this item or item 38495 or 38514 applies

(H) (Anaes.) (Assist.)

Fee: \$1,631.65

Benefit: 75% = \$1,223.75

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

- Private Health Insurance Classification:
- Clinical category: Heart and Vascular system
- Procedure type: Type A - Advanced Surgical

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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.