



Plastic and reconstructive surgery changes – Breast cancer surgery and reconstruction

Last updated: 10 May 2023

- From 1 July 2023 there will be changes to approximately 360 Medical Benefits Schedule (MBS) items for plastic and reconstructive surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Plastic and reconstructive surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for breast cancer surgery and reconstruction services.

What are the changes?

Breast cancer surgery and post-mastectomy reconstruction is an area of surgery where many techniques have been developed in the decades since the items were first introduced. Effective 1 July 2023, there will be amendments to a range of items for breast cancer surgery and reconstruction, to promote patient access to modern procedures that are proven to generate good patient outcomes. Specific items for breast reconstruction will be introduced, which are currently covered inconsistently under various general items on the MBS. This will enable much greater predictability of costs for patients with breast cancer. In addition, bilateral versions of existing unilateral items will be introduced to reflect the fact that more patients are now having both breasts treated at the same time, and to simplify billing for patients and providers. These changes are detailed below.

Sentinel lymph node biopsy

- Item **30299** will be amended to consolidate this service with services currently provided under items **30300**, **30302** and **30303** covering use of preoperative lymphoscintigraphy and/or lymphotropic dye injection, in any axilla level, to simplify sentinel lymph node biopsy services while maintaining access to best-practice health services for patients (items **30300**, **30302** and **30303** will be deleted).
- Item **30305** will be created for sentinel lymph node biopsy of the internal mammary chain, to support patient access to contemporary clinical procedures.

- Item **30311** will be amended to reflect that it can be used preoperative lymphoscintigraphy and/or lymphotropic dye injection and to update co-claiming restrictions.

Excision of lymph nodes

- Item **30332** will be amended to remove the specification that it be used for sampling.
- Item **30335** will be deleted as this service is obsolete, as lymph node excisions to level I could be limited excisions claimed under item 30332 or complete excisions claimed under item 30336.
- Item **30336** will be amended to remove the reference to levels of axilla to provide for complete excision of lymph nodes of axilla at any level.

Oncoplastic Breast Surgery

- New item **31513** will be created for complete local excision of malignant breast tumour using level 1 oncoplastic breast surgery techniques, including simultaneous reshaping of the breast parenchyma.
- New items **31514** will be created for complete local excision of malignant breast tumour using level 2 oncoplastic breast surgery techniques, including simultaneous breast reduction and repositioning of the nipple.
- Note, Level 1 oncoplastic breast surgery techniques use simple glandular flaps while Level 2 oncoplastic breast surgery techniques apply breast reduction and/or mastopexy techniques to reshape the breast.
- Explanatory Note **TN.8.265** will be created to confirm that item **31513** provides for simple oncoplastic breast surgery using simple glandular flaps, while item **31514** provides for breast reduction and/or mastopexy techniques to reshape the breast.

Mastectomy

- Item **31519** will be amended to clarify that it is for unilateral procedures.
- New item **31520** will be created for bilateral total mastectomy procedures.
- Item **31525** will be amended to clarify use for gynaecomastia and that it is for unilateral procedures.
- New item **31526** will be created for bilateral mastectomy for gynaecomastia.
- Item **31524** will be deleted and replaced with new items for nipple sparing mastectomy and skin sparing mastectomy.
- New item **31522** will be created for unilateral skin sparing mastectomy, to reflect contemporary breast surgery practice.
- New item **31523** will be created for bilateral skin sparing mastectomy, to reflect contemporary breast surgery practice.
- New item **31528** will be created for unilateral nipple sparing mastectomy, to reflect contemporary breast surgery practice.

- New item **31529** will be created for bilateral nipple sparing mastectomy, to reflect contemporary breast surgery practice.

Other breast procedures

- Item **31563** will be amended to clarify that if flap repair is performed, it is included as part of this service, and should not be co-claimed.

Flap revision

- Item **45497** will be amended to consolidate this service with services currently provided under items **45498** and **45499**, to simplify flap revision services and to allow for instances where it is unknown whether one or two revisions will be required (items **45498** and **45499** will be deleted).

Breast Reconstruction using prostheses

- Item **45527** will be amended to increase the schedule fee to reflect the complexity of the procedure and prevent inappropriate co-claiming.
- New item **45529** will be created for bilateral breast reconstruction using permanent prostheses.
- Item **45539** will be amended to increase the schedule fee to reflect the complexity of the procedure and to prevent inappropriate co-claiming.
- New item **45540** will be created for bilateral breast reconstruction using tissue expansion, including insertion of tissue expansion unit.
- New item **45541** will be created for bilateral breast reconstruction using tissue expansion, including removal of tissue expansion unit and insertion of prosthesis.
- New item **45547** will be created for revision of breast reconstruction, for rotation and migration of permanent prosthesis.
- Explanatory Note **TN.8.262** will be created to confirm that item **45547** provides for the reinsertion of an existing prosthesis and not for insertion of a new prosthesis.

Breast reconstruction using autologous flaps

- Item **45530** will be amended to reflect the variety of reconstructive flaps that may be used for this service.
- New item **45531** will be created for bilateral breast reconstruction using autologous flaps.
- Item **45533** will be deleted and replaced with two new items for perforator flaps.
- New item **45537** will be created for the correction of partial mastectomy defects, to reflect modern clinical procedures.
- New item **45538** will be created for preparation for microsurgical transfer of a free flap, to reflect modern clinical procedures.
- Item **45536** will be deleted as this procedure is considered obsolete.
- New item **45532** will be created specifically for revision of post-mastectomy breast reconstruction.

Microsurgical Breast Reconstruction

New items will be introduced specifically for microsurgical breast reconstruction, so that this service can be performed independent of general microvascular free flap items, as follows:

- New item **46080** will be created for unilateral microsurgical breast reconstruction for procedures performed by a single surgeon.
- New item **46082** will be created for bilateral microsurgical breast reconstruction for procedures performed by a single surgeon.
- New item **46084** will be created for unilateral microsurgical breast reconstruction for procedures performed by the principal surgeon for conjoint surgery, as it is often appropriate for there to be two surgeons operating on the patient during this procedure.
- New item **46086** will be created for unilateral microsurgical breast reconstruction for procedures performed by the conjoint surgeon for conjoint surgery, as it is often appropriate for there to be two surgeons operating on the patient during this procedure.
- New item **46088** will be created for bilateral microsurgical breast reconstruction for procedures performed by the principal surgeon for conjoint surgery, as it is often appropriate for there to be two surgeons operating on the patient during this procedure.
- New item **46090** will be created for bilateral microsurgical breast reconstruction for procedures performed by the conjoint surgeon for conjoint surgery, as it is often appropriate for there to be two surgeons operating on the patient during this procedure.

Lower Pole Coverage

- New items **46092** will be created for lower pole coverage using autologous flaps, to reflect modern clinical procedures.
- New items **46094** will be created for lower pole coverage using allografts or synthetic products, to reflect modern clinical procedures.

Flow on changes resulting from new and amended items commencing 1 July 2023

- Items **31512, 45520, 45522, 45523, 45524, 45528, 45534, 45535, 45542, 45556, 45558, 45585** will be amended to update co-claiming restrictions.

Item descriptors (to take effect 1 July 2023)

Note:

1. All fees listed include indexation which will be applied 1 July 2023.
2. The Private Health Insurance Classifications for the new and amended items are subject to final delegate approval.

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 1 - General

30299 (Amended)

Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection in ~~a level one axilla~~ **an axilla**, using preoperative lymphoscintigraphy and/or lymphotropic dye injection ~~other than a service to which item 30300, 30302 or 30303 applies~~ (H) (Anaes.) (Assist.)

Fee: \$777.85 Benefit: 75% = \$583.40

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

30300 (Delete)

~~Sentinel lymph node biopsy, or biopsies, for breast cancer:~~

~~(a) involving dissection in a level 2 or 3 axilla; and~~

~~(b) using preoperative lymphoscintigraphy and lymphotropic dye injection;~~

~~other than a service to which item 30299, 30302 or 30303 applies (H) (Anaes.) (Assist.)~~

30302 (Delete)

~~Sentinel lymph node biopsy, or biopsies, for breast cancer:~~

~~(a) involving dissection in a level one axilla; and~~

~~(b) using lymphotropic dye injection;~~

~~other than a service to which item 30299, 30300 or 30303 applies (H) (Anaes.) (Assist.)~~

30303 (Delete)

~~Sentinel lymph node biopsy, or biopsies, for breast cancer:~~

~~(a) involving dissection in a level 2 or 3 axilla; and~~

~~(b) using lymphotropic dye injection;~~

~~other than a service to which item 30299, 30300 or 30302 applies (H) (Anaes.) (Assist.)~~

30305 (New)

Sentinel lymph node biopsy or biopsies for breast cancer, involving dissection along internal mammary chain (H) (Anaes.) (Assist.)

Fee: \$777.90 Benefit: 75% = \$583.45

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

30311 (Amended)

Sentinel lymph node biopsy or biopsies for cutaneous melanoma, using preoperative lymphoscintigraphy and/or lymphotropic dye injection, if:

- (a) the primary lesion is greater than 1.0 mm in depth (or at least 0.8 mm in depth in the presence of ulceration); and
- (b) appropriate excision of the primary melanoma has occurred; and
- (c) the service is not associated with a service to which item 30075, 30078, 30299, ~~30300, 30302, 30303, 30305~~, 30329, 30332, 30618, 30820, 31423, 52025 or 52027 applies

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

Fee: \$681.70 Benefit: 75% = \$511.30

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type A Surgical and Type B Non-band specific

30332 (Amended)

Lymph nodes of axilla, limited excision of ~~(sampling)~~ (H) (Anaes.) (Assist.)

Fee: \$379.75 Benefit: 75% = \$284.85

Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type A Surgical

30335 (Delete)

~~Lymph nodes of axilla, complete excision of, to level I (H) (Anaes.) (Assist.)~~

30336 (Amended)

Lymph nodes of axilla, complete excision of, ~~to level II or III~~ (H) (Anaes.) (Assist.)

Fee: \$1139.30 Benefit: 75% = \$854.50

Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type A Advanced Surgical

31512 (Amended)

Breast, malignant tumour, complete local excision of, with or without frozen section histology, other than a service associated with a service to which:

- (a) item 45523 or 45558 applies; and**
- (b) item 31513, 31514, 45520, 45522 or 45556 applies on the same side (if performed by the same medical practitioner)**

(H) (Anaes.) (Assist.)

Fee: \$712.05 Benefit: 75% = \$534.05

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

31513 (New)

Breast, malignant tumour, complete local excision of, with simultaneous reshaping of the breast parenchyma using techniques such as round block or rotation flaps, other than a service associated with a service to which:

(a) item 45523 or 45558 applies; and

(b) item 31512, 31514, 45520, 45522 or 45556 applies on the same side

(H) (Anaes.) (Assist.)

Fee: \$930.95 Benefit: 75% = \$698.25

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

31514 (New)

Breast, malignant tumour, complete local excision of, with simultaneous ipsilateral pedicled breast reduction, including repositioning of the nipple, other than a service associated with a service to which:

(a) item 45523 or 45558 applies; and

(b) item 31512, 31513, 45520, 45522 or 45556 applies on the same side

(H) (Anaes.) (Assist.)

Fee: \$1342.20 Benefit: 75% = \$1006.65

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31519 (Amended)

Breast, Total mastectomy (unilateral) (H) (Anaes.) (Assist.)

Fee: \$806.15 Benefit: 75% = \$604.65

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

31520 (New)

Total mastectomy (bilateral) (H) (Anaes.) (Assist.)

Fee: \$1410.75 Benefit: 75% = \$1058.10

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31522 (New)

Skin sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)

Fee: \$1139.30 Benefit: 75% = \$854.50

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31523 (New)

Skin sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)

Fee: \$1993.85 Benefit: 75% = \$1495.40

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31524 (Delete)

~~**Breast, subcutaneous mastectomy (H) (Anaes.) (Assist.)**~~

31525 (Amended)

Mastectomy for gynaecomastia (**unilateral**), with or without liposuction (suction assisted lipolysis), **if:**

(a) breast enlargement is not due to obesity and is not proportionate to body habitus; and

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

not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)

Fee: \$569.60 Benefit: 75% = \$427.15

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

31526 (New)

Mastectomy for gynaecomastia (bilateral), with or without liposuction (suction assisted lipolysis), if:

(a) breast enlargement is not due to obesity and is not proportionate to body habitus; and

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

not being a service associated with a service to which item 45585 applies (H) (Anaes.) (Assist.)

Fee: \$996.65 Benefit: 75% = \$747.50

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31528 (New)

Nipple sparing mastectomy (unilateral) (H) (Anaes.) (Assist.)

Fee: \$1139.30 Benefit: 75% = \$854.50

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31529 (New)

Nipple sparing mastectomy (bilateral) (H) (Anaes.) (Assist.)

Fee: \$1993.85 Benefit: 75% = \$1495.40

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

31563 (Amended)

Inverted nipple, surgical eversion of, with or without flap repair, if the nipple cannot readily be everted manually (Anaes.)

Fee: \$284.45 Benefit: 75% = \$213.35 85% = \$241.80

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 1 - General

Subheading: 4 – Other Grafts and Miscellaneous Procedures

45497 (Amended)

Flap, free tissue transfer using microvascular techniques, or any **autologous** breast reconstruction, ~~–complete~~ revision of, by liposuction, **other than a service associated with a service to which item 45239 applies** (H) (Anaes.)

Fee: \$347.20 Benefit: 75% = \$260.40

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45498 (Delete)

~~Flap, free tissue transfer using microvascular techniques or any breast reconstruction—staged revision of, by liposuction (first stage) (H) (Anaes.)~~

45499 (Delete)

~~Flap, free tissue transfer using microvascular techniques or any breast reconstruction—staged revision of, by liposuction (second stage) (H) (Anaes.)~~

45520 (Amended)

Reduction mammoplasty (unilateral) with surgical repositioning of nipple, in the context of breast cancer or developmental abnormality of the breast, **other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$986.15 Benefit: 75% = \$739.65

Private Health Insurance Classification:

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

45522 (Amended)

Reduction mammoplasty (unilateral) without surgical repositioning of the nipple:

- (a) excluding the treatment of gynaecomastia; and
- (b) not with insertion of any prosthesis;

other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$691.90 Benefit: 75% = \$518.95

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

45523 (Amended)

Reduction mammoplasty (bilateral) with surgical repositioning of the nipple:

- (a) for patients with macromastia who are experiencing pain in the neck or shoulder region; and
- (b) not with insertion of any prosthesis;

other than a service associated with a service to which item 31512, 31513 or 31514 applies (H) (Anaes.) (Assist.)

Fee: \$1,479.35 Benefit: 75% = \$1109.55

Private Health Insurance Classification:

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

45524 (Amended)

Mammoplasty, augmentation (unilateral) in the context of:

- (a) breast cancer; or
- (b) developmental abnormality of the breast, if there is a difference in breast volume, 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.

Applicable only once per occasion on which the service is provided, **other than a service associated with a service to which item 45006 or 45012 applies**

(H) (Anaes.) (Assist.)

Fee: \$812.30 Benefit: 75% = \$609.25

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

45527 (Amended)

Breast reconstruction (unilateral), following mastectomy, using a permanent prosthesis, **other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)**

Fee: **\$1173.25** Benefit: 75% = **\$879.95**

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: **Type A Advanced Surgical**

45528 (Amended)

Mammoplasty, augmentation, bilateral (other than a service to which item 45527 applies), if:

(a) reconstructive surgery is indicated because of:

- (i) developmental malformation of breast tissue (excluding hypomastia); or
- (ii) disease of or trauma to the breast (other than trauma resulting from previous elective cosmetic surgery); or
- (iii) amastia secondary to a congenital endocrine disorder; and

(b) photographic ~~and~~ or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes; **other than a service associated with a service to which item 45006 or 45012 applies** (H) (Anaes.) (Assist.)

Fee: \$1,218.25 Benefit: 75% = \$913.70

Private Health Insurance Classification:

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

45529 (New)

Breast reconstruction (bilateral), following mastectomy, using permanent prostheses, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$2053.10 Benefit: 75% = \$1539.85

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45530 (Amended)

Post-mastectomy breast reconstruction, **autologous** (unilateral), using a **latissimus dorsi or other** large muscle or myocutaneous flap, **including repair of secondary skin defect, if required isolated on its vascular pedicle**, excluding repair of muscular aponeurotic layer, **other than** ~~not being~~ a service associated with a service to which items **30165, 30166, 30168, 30169, 30171, 30172, 30175, 30176, 30177, 30179, 45006 or 45012** applies (H) (Anaes.) (Assist.)

Fee: \$1204.10 Benefit: 75% = \$903.10

Private Health Insurance Classification:

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

45531 (New)

Post mastectomy breast reconstruction, autologous (bilateral), using a large muscle or myocutaneous flap, isolated on its vascular pedicle, excluding repair of muscular aponeurotic layer, other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45006 or 45012 applies (H)

Fee: \$2107.15 Benefit: 75% = \$1580.40

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45532 (New)

Revision of post-mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$296.65 Benefit: 75% = \$222.50

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45533 (Delete)

~~**Breast reconstruction using breast sharing technique (first stage) including breast reduction, transfer of complex skin and breast tissue flap, split skin graft to pedicle of flap and other similar procedures (H) (Anaes.) (Assist.)**~~

45534 (Amended)

Autologous fat grafting, unilateral service (harvesting, preparation and injection of adipocytes) if:

- (a) the autologous fat grafting is for one or more of the following purposes:
 - (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post treatment pain or poor prosthetic coverage;
 - (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction;
 - (iii) breast reconstruction in breast cancer patients;
 - (iv) the correction of developmental disorders of the breast; and
- (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

Up to a total of 4 services per side (for total treatment of a single breast), **other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.)**

Fee: \$691.90 Benefit: 75% = \$518.95

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical and Type B Non-band specific

45535 (Amended)

Autologous fat grafting, bilateral service (harvesting, preparation and injection of adipocytes) if:

- (a) the autologous fat grafting is for one or more of the following purposes:
- (i) the correction of defects arising from treatment and prevention of breast cancer in patients with contour defects, greater than or equal to 20% volume asymmetry, post treatment pain or poor prosthetic coverage;
 - (ii) the preparation of post mastectomy thin or irradiated skin flaps in patients intending to have breast reconstruction;
 - (iii) breast reconstruction in breast cancer patients;
 - (iv) the correction of developmental disorders of the breast; and
- (b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

Up to a total of 4 services per side, **other than a service associated with a service to which item 45006 or 45012 applies** (H) (Anaes.)

Fee: \$1,210.90 Benefit: 75% = \$908.20

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical and Type B Non-band specific

45536 (Delete)

~~Breast reconstruction using breast sharing technique (second stage) including division of pedicle, inseting of breast flap, with closure of donor site or other similar procedure (H) (Anaes.) (Assist.)~~

45537 (New)

Perforator flap, such as a thoracodorsal artery perforator (TDAP) flap or a lateral intercostal artery perforator (LICAP) flap, or similar, raising on a named source vessel, for reconstruction of a partial mastectomy defect, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$861.50 Benefit: 75% = \$646.15

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45538 (New)

Perforator flap, such as a deep inferior epigastric perforator (DIEP) flap or similar, raising in preparation for microsurgical transfer of a free flap for post-mastectomy breast reconstruction, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$985.70 Benefit: 75% = \$739.30

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45539 (Amended)

Breast reconstruction (unilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, **other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)**

Fee: **\$1579.35** Benefit: 75% = **\$1184.55**

Private Health Insurance Classification:

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

45540 (New)

Breast reconstruction (bilateral), following mastectomy, using tissue expansion—insertion of tissue expansion unit and all attendances for subsequent expansion injections, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$2763.80 Benefit: 75% = \$2072.85

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45541 (New)

Breast reconstruction (bilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, other than a service associated with a service to which item 45006 or 45012 applies (H) (Anaes.) (Assist.)

Fee: \$1175.65 Benefit: 75% = \$881.75

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45542 (Amended)

Breast reconstruction (unilateral), following mastectomy, using tissue expansion—removal of tissue expansion unit and insertion of permanent prosthesis, **other than a service associated with a service to which item 45006 or 45012 applies** (H) (Anaes.) (Assist.)

Fee: \$671.80 Benefit: 75% = \$503.85

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

45547 (New)

Revision of breast prosthesis pocket, if:

(a) breast prosthesis or tissue expander has been placed for the purpose of breast reconstruction in the context of breast cancer or for developmental breast abnormality; and

(b) the prosthesis or tissue expander has migrated or rotated from its intended position or orientation; and

(c) the existing prosthesis is used

(H) (Anaes.) (Assist.)

Fee: \$766.05 Benefit: 75% = \$574.55

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45556 (Amended)

Breast ptosis, correction of (unilateral), in the context of breast cancer or developmental abnormality, if photographic evidence (including anterior, left lateral and right lateral views) and/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, **other than a service associated with a service to which item 31512, 31513 or 31514 applies on the same side** (H) (Anaes.) (Assist.)

Fee: \$838.95 Benefit: 75% = \$629.25

Private Health Insurance Classification:

- Clinical category: Breast surgery (medically necessary)
- Procedure type: Type A Surgical

45558 (Amended)

Correction of bilateral breast ptosis by mastopexy, if:

(a) at least two thirds of the breast tissue, including the nipple, lies inferior to the inframammary fold where the nipple is located at the most dependent, inferior part of the breast contour; and

(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
Applicable only once per lifetime, **other than a service associated with a service to which item 31512, 31513 or 31514 applies** (H) (Anaes.) (Assist.)

Fee: \$1,258.40 Benefit: 75% = \$943.80

Private Health Insurance Classification:

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

45585 (Amended)

Liposuction (suction assisted lipolysis) to one regional area (one limb or trunk), other than a service associated with a service to which item 31525 **or 31526** applies, if:

(a) the liposuction is for:

- (i) the treatment of Barraquer Simons syndrome, lymphoedema or macrodystrophia lipomatosa; or
- (ii) the reduction of a buffalo hump that is secondary to an endocrine disorder or pharmacological treatment of a medical condition; and

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

(H) (Anaes.)

Fee: \$691.90 Benefit: 75% = \$518.95

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

46080 (New)

Post-mastectomy breast reconstruction, autologous, single surgeon (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)

Fee: \$3216.55 Benefit: 75% = \$2412.45

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46082 (New)

Post-mastectomy breast reconstruction, autologous, single surgeon (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomoses of arteries and veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies (H) (Anaes.) (Assist.)

Fee: \$5629.00 Benefit: 75% = \$4221.75

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46084 (New)

Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$2788.80 Benefit: 75% = \$2091.60

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46086 (New)

Post-mastectomy breast reconstruction, autologous, conjoint surgery (unilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H)(Anaes.) (Assist.)

Fee: \$2091.70 Benefit: 75% = \$1568.80

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46088 (New)

Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomosis of artery and one or more veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$4880.35 Benefit: 75% = \$3660.30

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46090 (New)

Post-mastectomy breast reconstruction, autologous, conjoint surgery (bilateral) using a myocutaneous or perforator flap, by microsurgical transfer:

(a) including anastomoses of arteries and veins (including repair of secondary skin defect); but

(b) excluding repair of muscular aponeurotic layer;

other than a service associated with a service to which item 30166, 30169, 30175, 30177 or 30179 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$3660.40 Benefit: 75% = \$3567.20

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46092 (New)

Lower pole coverage of reconstructive breast prosthesis, following mastectomy, using muscle or fascia turnover flap or autologous dermal flaps, if the service is performed in combination with a service to which item 31522, 31523, 31528, 31529, 45527, 45539 or 45542 applies (Anaes.) (Assist.)

Fee: \$444.70 Benefit: 75% = \$333.35 85% = \$378.00

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46094 (New)

Lower pole coverage or complete implant coverage of reconstructive breast prosthesis, following mastectomy, using allograft or synthetic products (Anaes.) (Assist.)

Fee: \$328.55 Benefit: 75% = \$246.45 85% = \$279.30

Private Health Insurance Classification:

- Clinical category: **Breast surgery (medically necessary)**
- Procedure type: **Type A Surgical**

Explanatory Notes

TN.8.262 - Revision of Breast Prosthesis Pocket – (Item 45547)

Item 45547 provides for the reinsertion of an existing prosthesis and not for insertion of a new prosthesis. Items 45553 and 45554 provide for the removal of a prosthesis and replacement with a new prosthesis.

Related Items: 45547, 45553 and 45554

TN.8.265 - Oncoplastic Breast Surgery – (Items 31513 and 31514)

For guidance, item 31513 provides for simple oncoplastic breast surgery using simple glandular flaps, while item 31514 provides for breast reduction and/or mastopexy techniques to reshape the breast.

Related Items: 31513 and 31514

Quick Reference Table

	Amended
30299	Consolidated with services under items 30300, 30302 and 30303.
30311	Clarify use and update co-claiming restrictions.
30332	Remove obsolete specification.
30336	Expand scope.
31512	Update co-claiming restrictions.
31519	Clarify use.
31525	Clarify use.

31563	Clarify use.
45497	Consolidated with items 45498 and 45499 to simplify flap revision services.
45520	Update co-claiming restrictions.
45522	Update co-claiming restrictions.
45523	Update co-claiming restrictions.
45524	Update co-claiming restrictions.
45527	New co-claiming restrictions and increased fee to reflect complexity.
45528	Update co-claiming restrictions.
45530	Allow for a variety of reconstructive flaps.
45534	Update co-claiming restrictions.
45535	Update co-claiming restrictions.
45539	New co-claiming restrictions and increased fee to reflect complexity.
45542	Update co-claiming restrictions.
45556	Update co-claiming restrictions.
45558	Update co-claiming restrictions.
45585	Update co-claiming restrictions.

	New
30305	Sentinel lymph node biopsy of the internal mammary chain.
31513	Complete local excision of malignant breast tumour using level 1 oncoplastic breast surgery techniques.
31514	Complete local excision of malignant breast tumour using level 2 oncoplastic breast surgery techniques.
31520	Bilateral total mastectomy procedures.

31522	Unilateral skin sparing mastectomy.
31523	Bilateral skin sparing mastectomy.
31526	Bilateral mastectomy for gynaecomastia.
31528	Unilateral nipple sparing mastectomy.
31529	Bilateral nipple sparing mastectomy.
45529	Bilateral breast reconstruction using permanent prostheses.
45531	Bilateral breast reconstruction using autologous flaps.
45532	Revision of post-mastectomy breast reconstruction.
45537	Correction of partial mastectomy defects.
45538	Preparation for microsurgical transfer of a free flap.
45540	Bilateral breast reconstruction using tissue expansion, including insertion of tissue expansion unit.
45541	Bilateral breast reconstruction using tissue expansion, including removal of tissue expansion unit and insertion of prosthesis.
45547	Revision of breast reconstruction, for rotation and migration of permanent prosthesis.
46080	Unilateral microsurgical breast reconstruction - single surgeon.
46082	Bilateral microsurgical breast reconstruction - single surgeon.
46084	Unilateral microsurgical breast reconstruction - principal surgeon.
46086	Unilateral microsurgical breast reconstruction - conjoint surgeon.
46088	Bilateral microsurgical breast reconstruction - principal surgeon.
46090	Bilateral microsurgical breast reconstruction - conjoint surgeon.
46092	Lower pole coverage using autologous flaps.
46094	Lower pole coverage using allografts or synthetic products.

Deleted

30300, 30302, 30303, 30335, 31524, 45498, 45499, 45533, 45536

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.