Australian Government

Department of Health

Diagnostic imaging and related changes effective from 1 May 2020

This document contains an overview of the Medicare Benefits Schedule (MBS) diagnostic imaging and related changes that will come into effect from 1 May 2020. There will be supporting fact sheets and quick reference guides published on MBS online (www.mbsonline.gov.au) for changes to MBS items for each of the diagnostic imaging modalities, that is, ultrasound, computed tomography (CT), diagnostic radiology, nuclear medicine imaging and magnetic resonance imaging (MRI), as well as for changes to the capital sensitivity arrangements and the radiologist co-claiming changes.

The changes are the collective result of recommendations from the MBS Review Taskforce and the Medical Service Advisory Committee (MSAC). Changes made as a result of recommendations of MSAC are annotated.

Capital sensitivity

- From 1 May 2020, benefits will no longer be payable for diagnostic imaging services rendered on equipment that has reached its effective life age or maximum extended life age unless there is a remote area exemption or special exemption in place.
- All 'NK' items will be deleted from the MBS and remaining items will no longer include the annotation 'K'.
- The MBS Review Taskforce also recommended removing the current remote areas exemption provisions, effective from 1 May 2021. The Department has commissioned a review of the life ages of diagnostic imaging equipment, which will further inform the Minister for Health about the impacts of the removal of these exemptions on access to services in rural and regional areas.
- Further advice about outcomes of the review will be provided later in 2020.

Ultrasound

- Two new items for ultrasound of the breast in conjunction with a surgical procedure will be created. The new items are 55066 (both breasts) and 55071 (one breast). The relevant surgical procedure item in the General Medical Services Table is able to be claimed in conjunction with these items.
- Items covering musculo-skeletal ultrasound of the extremities will be deleted and replaced with items covering unilateral and bilateral scans. The unilateral scans will retain the same schedule fee as the items being deleted. The bilateral scan fees will be approximately 11% higher than the unilateral scan fees.
- Item descriptors for general ultrasound, obstetric and gynaecological ultrasound and musculoskeletal ultrasound will be amended to remove co-claiming restrictions with cardiac or vascular ultrasound. A restriction will still apply for

vascular ultrasound of the lower leg and musculo-skeletal ultrasound of the lower leg.

- The general pelvic ultrasound items 55065 and 55068 will no longer be able to claimed where an obstetric ultrasound item would apply.
- The descriptor for breast ultrasound items 55076 and 55079 will be amended so that they also apply to post mastectomy surveillance. The chest or abdominal wall items 55812 and 55814 will no longer be able to be co-claimed with the breast ultrasound items (items 55070, 55073, 55076 and 55079).
- The schedule fees for the interventional ultrasound items 55848 and 55850 will be increased.
- The list of conditions in the obstetric ultrasound items will be deleted. For the less than 12 week scan items (item 55700 and 55703), the items apply where the scan is for 'determining the gestation, location, viability or number of foetuses'. For the 12 to 16 week scan, the items (55704 and 55705) apply for 'determining the structure, gestation, viability or number of foetuses'. The later obstetric scans apply where clinically appropriate.
- MSAC change: the descriptors for abdominal ultrasound items 55036 and 55037 will be amended to include the term 'morphological assessment' so that the items should only be used for imaging purposes, not for non-imaging techniques such as transient elastography.

Computed tomography (CT)

- The scan of extremities items 56619 and 56625 will be deleted and replaced by items covering the lower and upper limbs. The new items will be 56622 (scan of lower limb or limbs without contrast), 56623 (scan of lower limb or limbs with contrast), 56627 (scan of upper limb or limbs without contrast) and 56628 (scan of upper limb or limbs with contrast). The schedule fees for these items will be the same as the replaced contrast and non contrast items.
- The descriptor for item 57341 (CT in conjunction with a surgical procedure) will be amended to allow it to be co-claimed with any other diagnostic imaging item.
- The CT spiral angiography item 57350 will be deleted and replaced by three new items overing CT angiography of different arterial regions. The schedule fees for these items will remain the same as the items they replaced.
- MSAC change: item 57362 (cone beam computed tomography – CBCT) will be able to be claimed when the service is rendered on equipment that can also provide other services (such as x-ray and OPG). Currently, CBCT services can only be rendered on dedicated CBCT equipment in order to attract Medicare benefits. 'Approved dental practitioners' will be able to request this service.

Diagnostic radiology

- Items 57903 (radiographic examination of the sinuses) and 57912 (radiographic examination of the facial bones) will be deleted and replaced with one item covering either the sinuses or facial bones. The new item will be item 57907 and have a schedule fee of $47.30.
- Items 57906 (radiographic examination of the mastoids) and 57909 (radiographic examination of the petrous temporal bones) will be deleted and replaced with one item covering either the mastoids or petrous temporal bones. The new item will be item 57905 and have a schedule fee of $64.50.

- The descriptors for the mammography items 59300 (both breasts), 59303 (one breast), 59302 (three dimensional breast tomosynthesis - both breasts) and 59305 (three dimensional breast tomosynthesis - one breast) will be amended to ensure that the items are used in the investigation of a clinical abnormality of the breast/s and not for individual, group or opportunistic screening of asymptomatic patients.
- Items 59306 (mammary ductogram – one breast) and 59309 (mammary ductogram – both breasts) will be deleted.
- Fluoroscopy items 60506, 60509 and 61109 will now be able to be co-claimed with any other diagnostic imaging service, except a diagnostic radiology service in Group I03 of the Diagnostic Imaging Services Table (DIST). Currently, the items cannot be co-claimed with any other item in the DIST.

Nuclear Medicine Imaging

- Items 61302, 61306, 61352, 61401, 61405, 61417, 61437, 61458 and 61484 will be deleted. The items cover various procedures considered to be obsolete.
- Items 61316, 61317 and 61320 (cardiac blood studies) will be deleted and the indications for these items will be included in item 61314.
- The item descriptors for most items that contain a reference to planar imaging or single photon emission tomography (SPECT) will be amended to remove those references.
- The descriptor for item 61473 will be amended to remove the phrase 'including uptake measurement when undertaken'.
- Item 61505 (CT for attenuation correction and anatomical localisation of single photon emission tomography) will now be able to be co-claimed with positron emission tomography (PET). Consequently, the descriptor for item 61647 (Whole body 68Ga-DOTA-peptide PET study) will be amended to exclude references to CT for attenuation correction and anatomical localisation and the schedule fee item 61647 will be reduced by $100.
- MSAC change: the descriptors for items 61446 and 61449 (regional bone studies) will be amended so that they can be claimed for scans on other body parts.

Magnetic resonance imaging (MRI)

- Items 63501 and 63502 (MRI of the breasts for Poly Implant Prosthése implant integrity) will now be only able to claimed once in 24 months. Currently, these items can be claimed every 12 months.