



1 November 2022 changes to Medicare items and rules for diagnostic imaging services factsheet

Last updated on: 18 October 2022

- There will be a number of changes relating to Medicare Benefits Schedule (MBS) items and rules for diagnostic imaging services commencing from 1 November 2022. This will include new and amended listings recommended by the Medical Services Advisory Committee (MSAC), the MBS Review Taskforce, as well as some minor administrative changes.
- These changes will ensure that the diagnostic imaging services provided under Medicare are up to date and reflect best clinical practice.
- These changes affect all health professionals who request, deliver and claim diagnostic imaging services, as well as consumers who receive the service, private health insurers and hospitals.

What are the changes?

The associated Quick Reference Guide will provide more information on the specific changes. Below is a summary of the changes.

New and amended listings recommended by the MSAC

- Several changes will be made to obstetric and gynaecological diagnostic imaging MBS services to help improve the health outcomes of pregnant women. The changes include:
 - A new MBS item will be available for a magnetic resonance imaging (MRI) scan for patients with a multiple pregnancy (MBS item 63549) where fetal abnormality is suspected.
 - An amendment to the current MRI scan for a patient who is pregnant (MBS item 63454) to provide support for patients with suspected fetal abnormalities.
 - Six new ultrasound items for:
 - Assessing fetal development and morphology for a patient with a multiple pregnancy [MBS items 55740 (R) and 55741 (NR)]; and
 - Measuring fetal nuchal translucency in a patient with a multiple pregnancy [MBS items 55742 (R) and 55743 (NR)]; and
 - Assessing the cervical length of a patient to determine risk of preterm labour [MBS items 55757 (R) and 55758 (NR)].

Note: It is intended that an Extended Medicare Safety Net (EMSN) Cap will be applied from **1 January 2023** to the new ultrasound items (55740, 55741, 55742, 55743, 55757 and 55785). More information on this change will be available on [MBS Online](#) in a separate factsheet closer to the date.

- A new fluorodeoxyglucose positron emission tomography (FDG-PET) service (MBS item 61612) for initial staging for patients diagnosed with rare and uncommon cancers who are considered suitable for active therapy.
- An amendment to the current MRI of the breast item (MBS item 63464) for patients who are asymptomatic and at high risk of developing breast cancer. This item is currently restricted to patients under 50 years of age and will be expanded to include patients under 60 years of age.
- An amendment to the current MRI of the liver service (MBS item 63545) to include all cancer types, excluding hepatocellular carcinoma (MBS item 63546), that may have spread to the liver to help guide appropriate treatment.
- Three PET services (MBS items 61333, 61336 and 61341) will be available to assist patients to access alternative PET imaging services when the preferred nuclear medicine imaging scan is not available due to supply disruptions of the radiopharmaceutical technetium-99m. These items had previously been made available on a temporary basis but will now be permanently available. Other MBS PET items previously made available temporarily will not be continued.

New listing recommended by the MBS Review Taskforce

- A new MRI scan of the pelvis service (MBS item 63563) to investigate sub-fertility in patients with known or suspected deep endometriosis and other conditions which may affect fertility. This service will support investigating congenital abnormalities of the uterus (Mullerian duct anomalies), identifying the cause of recurrent implantation failure following in vitro fertilisation and identifying rectal involvement of endometriosis.

Rule changes

- Amendments to the [Health Insurance Regulations 2018](#) to align dental specialities with those recognised under the Australian Health Practitioner Regulation Agency. The change also expands requesting rights for diagnostic imaging services to two dental specialities (Oral Surgery and Special Needs Dentistry) to align with their scope of practice and assist their patients. Further information is at **Attachment A**.
- Amendments to existing rules for obstetric and gynaecological ultrasound and MRI services are as follows:
 - Allowing for ultrasound item 55758 to be performed more than three times per pregnancy.
 - Restricting ultrasound items 55742 and 55743 to only be performed once per pregnancy.
 - Referral and clinical note requirements for the six new ultrasound items.

- Removing a claiming limitation for MRI item 63454 of once per pregnancy. Further information is at **Attachment B**.
- Other rule changes include
 - New item 63563 being included in the meaning of **scan** for the purposes of MRI services.
 - Excluding new item 63549 from attracting a bulk-billing incentive. The Greatest Permissible Gap results in the benefit for MBS item 63549 being higher than that if the bulk-billing incentive were to apply. This change does not affect the ability of this service to be bulk-billed. Further information is at **Attachment B**.

Administrative changes

- Amendments to existing obstetric and gynaecological ultrasound items to reflect the appropriate model of care for the patient by preventing the co-claiming of new obstetric ultrasound items and ensure consistent language across the obstetric ultrasound items.

Note: Changes to the Medicare eligibility arrangements for MRI equipment located in Modified Monash 2 – 7 areas are outlined in a separate factsheet on [MBS Online](#).

Why are the changes being made?

The changes are being made to ensure that diagnostic imaging services provided under Medicare are up to date and reflect best clinical practice.

What does this mean for providers and requesters of diagnostic imaging services?

Providers of diagnostic imaging services will need to familiarise themselves with the changes so that they can correctly bill for any new and amended items.

Requesters of diagnostic imaging services should also be aware of the changes to ensure that they request the most appropriate item.

How will these changes affect patients?

The changes will provide greater access for patients to services that are contemporary and reflect best clinical practice leading to improved patient health outcomes.

Patients should not be negatively affected by the changes and will have continued access to clinically relevant services.

Who was consulted on the changes?

Consultation on the changes has been undertaken, where relevant, with the:

- Royal Australian and New Zealand College of Radiologists
- Australasian Association of Nuclear Medicine Specialists
- Australia and New Zealand Society of Nuclear Medicine
- Australian Diagnostic Imaging Association
- Australian Medical Association
- Royal Australian College of General Practitioners
- Australasian Society for Ultrasound in Medicine
- Australasian Sonographer's Association
- Consumer Health Forum
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Australian Dental Association
- Genetic Alliance Australia
- Cancer Council Australia
- National Association of Specialist Obstetricians and Gynaecologists
- Genetic Support Network Victoria
- National Breast Cancer Foundation
- Private Cancer Physicians of Australia
- Rare Cancers Australia
- Clinical Oncology Group of Australia
- Australian Genomic Cancer Medicine Centre
- Medical Oncology Group of Australia
- Australian Genomic Cancer Medicine Centre
- Australian Association of Obstetrical and Gynaecological Ultrasonologists
- Gastroenterological Society of Australia
- Breast Surgeons of Australia and New Zealand Incorporated
- Gastroenterological Society of Australia
- Australian Association of Obstetrical and Gynaecological Ultrasonologists
- Australasian Society of Breast Physicians
- Garvan Institute of Medical Research
- BreastScreen SA
- Australian College of Rural and Remote Medicine
- Australian Society of Medical Imaging and Radiation Therapy
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Endometriosis Australia
- Pelvic Pain Foundation of Australia
- EndoActive
- Society of Obstetric Medicine of Australia and New Zealand
- Fertility Society of Australia and New Zealand
- Australian and New Zealand Association of Oral Surgeons
- Hospital and Medical Benefits System

How will the changes be monitored?

These changes will be monitored through usual mechanisms such as analysis of Medicare claiming data, advice from tip-offs and consultation with consumers and the profession.

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. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items, rules, the *Health Insurance Act 1973* and associated regulations. If you have a query relating to interpretation of the Schedule, you should email 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 when available can be accessed via the [Downloads](#) page.

The PHI spreadsheet data file for software vendors and insurers when available, can be accessed via the Department's [Private health insurance clinical category and procedure type](#) Resource Collection. If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

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.

Recognition of Oral Surgery Specialists and Special Needs Dentistry Specialists as dental specialists under the HIR

Oral Surgery Specialists and Special Needs Dentistry Specialists will be recognised as dental specialists for the purposes of requesting of certain diagnostic imaging services.

Oral Surgery Specialists and Special Needs Dentistry Specialists will be able to request the following items from 1 November 2022:

Group	Items of the diagnostic imaging services table
I1	55028, 55030, 55032
I2	56001, 56007, 56010, 56013, 56016, 56022, 56028, 56101, 56107, 56301, 56307, 56401, 56407, 57341, 57362
I3	58306, 58506, 58909, 59103, 59703, 60000 to 60009, 60506, 60509, 61109
I4	61372, 61421, 61425, 61429, 61430, 61433, 61434, 61446, 61449, 61450, 61453, 61454, 61457, 61462
I5	63007, 63334

Obstetric and gynaecological ultrasound rule changes

The [Health Insurance Legislation Amendment \(2022 Measures No. 3\) Regulations 2022](#) amended the Diagnostic Imaging Services Table with the following ultrasound rule changes. Please note, inclusions are in blue.

2.1.4 Obstetric and gynaecological ultrasound services—limits

- (1) For NR-type diagnostic imaging services mentioned in an item in this Subdivision ([other than item 55758](#)), the specified fee for no more than 3 services provided to the same patient in any one pregnancy applies.
- (2) For any patient, items 55706, 55707, 55708, 55709, 55718, 55723, [55742](#), [55743](#), 55759, 55762, 55768 and 55770 are applicable only once in a pregnancy.

2.1.5 Obstetric and gynaecological services—referrals and clinical notes

- (1) A referral for a service mentioned in item 55700, 55704, 55707, 55712, 55718, 55721, [55740](#), [55742](#), [55757](#), 55759, 55764, 55768 and 55772 must state the relevant condition or clinical indication for the service.
- (2) If a referral for a service mentioned in item 55712, 55721, 55764 or 55772 is given by a medical practitioner who has obstetric privileges at a non-metropolitan hospital, the referral must also state the words 'non-metropolitan obstetric privileges'.
- (3) A medical practitioner's clinical notes for a service mentioned in item 55703, 55705, 55708, 55715, 55723, 55725, [55741](#), [55743](#), [55758](#), 55762, 55766, 55770 or 55774 must state the relevant condition or clinical indication for the service.

MRI rule changes

The [Health Insurance Legislation Amendment \(2022 Measures No. 3\) Regulations 2022](#) amended the Diagnostic Imaging Services Table with the following MRI rule changes. Please note, inclusions are in blue.

3.1 Dictionary

scan, for items 63001 to [63563](#) and 63740 to 63743, has the meaning given by clause 2.5.7.

2.5.7 MRI and MRA services—meaning of scan

In items 63001 to [63563](#) and 63740 to 63743:
scan means a minimum of 3 sequences

1.2.18 Bulk-billing incentive

- (1) This clause applies if:
 - (a) a service that is mentioned in an item in Divisions 2.1 to 2.5 of this Schedule is provided; and
 - (b) the service is not provided in a hospital; and
 - (c) the service is bulk-billed.
- (2) The fee for the service is 95% of the fee mentioned in this Schedule for the service.

Note: Under paragraph 10(2)(aa) of the Act and subsection 28(2) of the Health Insurance Regulations 2018, the medicare benefit payable is 100% of the fee for the service.
- (3) This clause does not apply to the service specified in item 61369 or [63549](#).

Table 2.5.9 – Related services

Repeal item 14A.

Item	Column 1 MRI or MRA items	Column 2 Limitation period	Column 3 Maximum number of services
14A	63454	patient's pregnancy	1