



Changes to obstetric MRI items factsheet

Last updated: 26 July 2019

- From 1 August 2019, changes will be made to the item descriptors for obstetric magnetic resonance imaging (MRI) items (63454 and 63460) to remove the requirement for specific ultrasound services to be Medicare rebated as a prerequisite for the service.
- This change will allow patients who have the prerequisite ultrasound conducted as a public patient in a public hospital to receive Medicare rebates for the obstetric MRI service.

What are the changes?

From 1 August 2019, there will be changes to items 63454 and 63460 for obstetric MRI. The changes will remove the requirement for specific ultrasound item numbers to be billed to Medicare prior to the MRI.

Patients are still required to have an ultrasound performed by, or on behalf of, or at the request of a specialist obstetrician prior to the service, however it may be performed at a public hospital for public patients.

There are no other changes to these items.

The items are for MRI for pregnant patients at at least 18 weeks gestation:

- with a suspected fetal central nervous system abnormality,
- where an ultrasound performed by, or on behalf of, or at the request of a specialist obstetrician has been performed and diagnosis is indeterminate or requires further examination, and
- the service is requested by a specialist obstetrician.

Why are the changes being made?

This change will improve access to these items allowing patients who have a tertiary ultrasound performed in a public hospital, to receive a Medicare rebate for the service.

What does this mean for requesting practitioners?

There are no changes to the requesting practitioners for this service. These items must be requested by a specialist obstetrician.

How will these changes affect patients?

The changes will provide greater access for patients.



Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found at MBS Online (www.mbsonline.gov.au). You can also subscribe to future MBS Online updates by visiting www.mbsonline.gov.au and clicking 'Subscribe'.

The Department of Health (Health) provides an email advice service for providers seeking advice on interpretation of the Medicare Benefits Schedule items and rules (including those for Dental, Pathology and Diagnostic Imaging) and the Health Insurance Act and associated regulations.

If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

If you are seeking advice in relation to Medicare billing, claiming, payments or obtaining a provider number, please contact the Department of Human Services on the Provider Enquiry Line - 13 21 50

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.