



Changes to MBS items for breast biopsy services factsheet

Last updated: 16 April 2020

- From 1 May 2020, Medicare Benefits Schedule (MBS) items for breast biopsy services will change to reflect contemporary clinical practice.
- These changes were recommended by the MBS Review Taskforce (Taskforce), in consultation with stakeholders, after consideration of the clinical evidence, cost-effectiveness and safety of the procedures.
- These changes will result in an increase to the schedule fee for mechanical breast biopsy (item 31548), and the deletion of bore-enclosed stereotactic biopsy (items 31539, 31542 and 31545).
- These changes are relevant for specialists involved in image-guided breast biopsy, providers of imaging services, consumers receiving breast biopsy services, private hospitals, and private health insurers.

What are the changes?

From 1 May 2020, changes to breast biopsy services will include:

- An increase in the schedule fee for mechanical breast biopsy (item 31548) to \$203.20. This fee reflects the higher costs, clinical superiority and technical difficulty of mechanical breast biopsy compared to that performed using fine needle aspiration.
- The introduction of a requirement that breast abnormalities requiring biopsy should be assessed by core biopsy or vacuum-assisted core biopsy. This change reflects contemporary practice and clinical guidelines.
- The deletion of the bore-enclosed stereotactic biopsy items (31539, 31542 and 31545) as these services are considered clinically obsolete.

Why are the changes being made?

The MBS Review Taskforce found that changes to breast biopsy services were required to reflect contemporary clinical practice, encourage best practice, support patient care and safety, and ensure MBS services provide value to the patient and the healthcare system.

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Diagnostic Imaging Clinical Committee (DICC). More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health website www.health.gov.au.

What does this mean for providers?

Providers will need to familiarise themselves with a new Explanatory Note for the use of breast biopsy items, and cease using the bore-enclosed stereotactic biopsy items by 1 May 2020. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.



How will these changes affect patients?

Patients will receive a higher Medicare rebate for a breast biopsy service that is clinically appropriate and reflects modern clinical practice.

Who was consulted on the changes?

The DICC was established in 2015 by the MBS Review Taskforce to provide broad clinician and consumer expertise.

The MBS Review included a public consultation process on the recommendations outlining the proposed changes. Feedback was received from a range of stakeholders and was considered by the DICC prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the Royal Australasian College of Surgeons, and the diagnostic imaging peak bodies.

How will the changes be monitored and reviewed?

Service use of the breast biopsy items will be monitored and reviewed post-implementation.

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 provides an email advice service for providers seeking advice on interpretation of the MBS items and rules 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.

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 Services Australia on the Provider Enquiry Line - 13 21 50.

The data file for software vendors can be accessed via the MBS Online website under the [Downloads](#) page.

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.