

Medicare Benefits Schedule – Cardiac Imaging Services

MBS changes effective from 1 August 2020



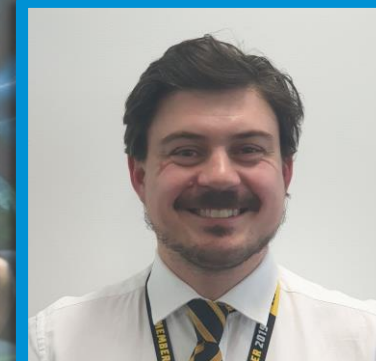
Mr David O'Neill
Acting Assistant Secretary
Medicare Reviews Branch
Department of Health



Dr Andrew Singer AM
MBBS, FACEM, FIFEM
Departmental Medical Adviser
Department of Health



Ms Kayla Jordan
Acting Director
Private Health Insurance
Department of Health



Mr Phil Cuttriss
Assistant Director
Medicare Benefits
Services Australia



Welcome

- ✓ The presentation today will be recorded and published online after the session.
- ✓ We welcome questions during and after the session and will provide a summary of these questions online <https://www1.health.gov.au/internet/main/publishing.nsf/Content/MBSR-forums> after the event, including responses to any questions time doesn't permit.
- ✓ Difficulties hearing sound from your computer? Please feel free to listen to the event via your telephone:
 1. Dial **1800 896 323**
 2. Enter Pass Code **1330 247 191**
 3. If difficulties still continue please contact Redback services for support on **1800 733 416**
- ✓ For enquiries after the session today, we encourage you to email cardiacservices@health.gov.au

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Services Australia



Welcome and Introduction

Presenter:

Mr David O'Neill

Acting Assistant Secretary

Medicare Reviews Branch

Department of Health



Today's sessions

Medicare Benefits Schedule Cardiac Imaging Services

1 August 2020

This session will be recorded as a webinar and will be published online. Today's presentation can be accessed from the Department's website at: www.health.gov.au and search for 'stakeholder forums'.

1

Welcome and Introduction
Clinical session

2

Private health insurance
changes session

3

Services Australia session

Home / For Consumers / Healthier Medicare / Medicare Benefits Schedule Review / Stakeholder forums /

Stakeholder forums - Medicare Benefits Schedule Review

The Medicare Benefits Schedule Review Taskforce has held a number of forums and webinars to engage with stakeholders throughout the Review.

Page last updated: 22 June 2020

For information on upcoming stakeholder events, please subscribe the MBS Review mailing list by emailing the [MBS Review team](#).

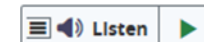
- [Forum dates and locations](#)
- [Forum presentations and summary memoranda](#)

Forum dates and locations

2020

- Canberra, webinar (29 June 2020) – 1 August 2020 MBS changes
[Register before 29 June 2020.](#)

2019



HEALTHIER MEDICARE

Medicare Benefits Schedule Review

- About the MBS Review
- Clinical committees and working groups
- Consultations
- Recommendations to Government
- Government responses to recommendations
- Outcomes of Taskforce meetings
- Newsletters

Stakeholder forums

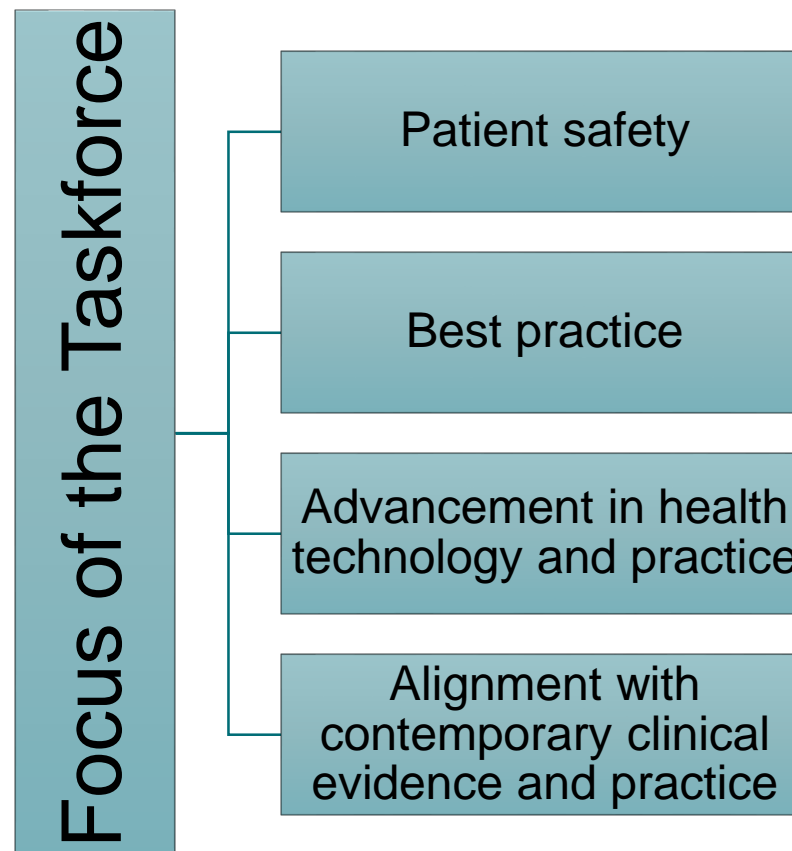
- Primary Health Care Advisory Group

Achieving a modern and sustainable Medicare

- ✓ Medical services and benefits, comprised primarily of Medicare and Private Health Insurance Rebate expenses, will account for \$33.7 billion, or 41.2 per cent of total health funding in 2019–20. Growth in Medicare expenses is the major driver of growth.
- ✓ A modern and sustainable Medicare program must support access to high-quality and cost effective professional services
- ✓ It must also support current clinical evidence and contemporary best medical practice

The MBS Review

- The MBS Review Taskforce was established in 2015.
 - ✓ Chaired by Professor Bruce Robinson
 - ✓ Includes over 70 Clinical Committees
 - ✓ Informed by over 700 independent clinicians, consumers and health system experts
 - ✓ Has reviewed 5,700 MBS items
 - ✓ Included over 1300 recommendations



Cardiac Services Implementation

- The Taskforce provided recommendations to 189 MBS cardiac services items in 2018.
- These items included cardiac imaging, coronary artery disease, electrocardiography (ECG), ambulatory electrocardiography and surgical items.
- Of these existing items:
 - ✓ 86 items have been identified for deletion
 - ✓ 101 items identified for amendment
 - ✓ 2 items were out of scope
 - ✓ 75 new items

Finding materials on MBS Online



Home / About the MBS / Fact Sheets /

SAFE AND BEST PRACTICE CARDIAC IMAGING SERVICES

Page last updated: 24 June 2020

[Factsheet - Cardiac Imaging Services Changes - 1 August 2020](#) - PDF 203 KB

[Factsheet - Cardiac Imaging Services Changes - 1 August 2020](#) - Word 79 KB

[Flow diagrams - Cardiac Changes - 1 August 2020](#) - PDF 671 KB

[Quick Reference Guide - Changes to Cardiac Imaging - ECG and AECG Services](#) - PDF 404 KB

[Quick Reference Guide - Changes to Cardiac Imaging - ECG and AECG Services](#) - Word 115 KB

[Quick Reference Guide - Changes to Cardiac Imaging - Echo and MPS \(Nuclear Medicine\) Services](#) - PDF 558 KB

[Quick Reference Guide - Changes to Cardiac Imaging - Echo and MPS \(Nuclear Medicine\) Services](#) - Word 127 KB



Changes to MBS Cardiac Imaging Services - Echocardiography and Myocardial Perfusion Studies (Nuclear Medicine) items

Changes are subject to the passage of legislation and may change as a result of legislation.

Date of change: 1 August 2020

New items: 11704, 11705, 11707, 11714, 11716, 11717, 11723, 11729, 11730, 11731

Deleted items: 11700, 11701, 11702, 11708, 11709, 11710, 11711, 11712, 11722

Revised structure

Restructured electrocardiography (ECG) items (11700, 11701 and 11702) to reduce low value care, and created new items 11704, 11705 and 11707.

Created a new item (11714) for ECG trace and interpretation for specialists and consultant physicians.

Created two new items (11717 and 11723) for continuous ECG recording of a patient for 12 or more hours, value use and align with contemporary technologies.

Restructured ECG stress testing, creating two new items one for persons 17 years and over (item 11720) and one item for persons under 17 years (item 11726).

Created a new item (11731) for implanted ECG loop recording with a 4 week restriction to promote high value care.

Patient impacts

Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice.

The cardiac changes ensure patients only undergo cardiac diagnostic tests when there is a clinical need.

Restrictions or requirements

Providers should familiarise themselves with the changes to cardiac services MBS items, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

Medicare Benefits Schedule
MBS Review Recommendations Cardiac Services - Quick reference guide
MBS Online
Last updated - 19 June 2020

Cardiac imaging – clinical session

Presenter:

Dr Andrew Singer, AM, MBBS, FACEM, FIFEM

Andrew Singer is Principal Medical Adviser in the Australian Government Department of Health, advising on policy and issues involving acute care, healthcare safety and quality, the Medical Benefits Schedule Review as well as medical education, training and workforce. He is an Adjunct Associate Professor in the Australian National University Medical School, as well as Emergency and Retrieval Senior Specialist at Canberra Health Services. Andrew is a former Censor-in-Chief and President of the Australasian College for Emergency Medicine and has been on the executive with the International Federation for Emergency Medicine. He is a Director and Committee Chair with the Australian Medical Council.



What does this mean for patients?

- ✓ Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice.
- ✓ The changes will provide greater access for patients, leading to improved health outcomes.
- ✓ Patients should no longer receive different Medicare rebates for the same operations as there should be less variation in the items claimed by different providers.
- ✓ The changes will help doctors refer patients for the most suitable test/procedure for them.
- ✓ Patients will not undergo unnecessary services.

What does this mean for providers?

FAMILIARISE

Providers will need to familiarise themselves with the new MBS changes and any associated rules and /or explanatory notes.



BILL ACCORDING TO NEW REQUIREMENTS

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlines in the legislation.

KEEP PATIENTS INFORMED

Providers must ensure patients are informed of any associated risks and alternative pathways so they may make informed decisions appropriate to their personal circumstances.



1 August 2020 Changes

Changes referred to in this presentation are subject to finalisation of regulatory amendments and parliamentary scrutiny.

Summary of 1 August 2020 Changes

- **29 new items**
- **18 deleted items**
- Further amendments to:
 - ✓ Relevant legislations
 - ✓ Private health insurance classifications
 - ✓ Existing explanatory notes
 - ✓ Introduction of new explanatory notes





Cardiac Services changes from 1 August 2020

DRAFT until subject to passage of legislation

Prior to 1 August 2020



From 1 August 2020

Electrocardiogram (ECG)

11700
Twelve-lead ECG, tracing and report
\$31.75
(superseded by 11704)

11701
Twelve-lead ECG, report
\$15.80
(superseded by 11705)

11702
Twelve-lead ECG, tracing only
\$15.80
(superseded by 11707)

11704
Twelve-lead ECG, tracing and report
\$32.25

11705
Twelve-lead ECG, report only
\$19.00

11707
Twelve-lead ECG, tracing only
\$19.00

11714
Twelve-lead ECG, performing a trace and interpretation
\$25.00

Ambulatory Electrocardiogram (AECG)

11708
Continuous ECG recording of ambulatory patient
\$129.95
(superseded by 11716)

11709
Continuous ECG recording of a patient for 12 or more hours
\$170.15
(superseded by 11716)

11722
Implanted ECG loop recording
\$35.30
(superseded by 11731)

11710
Ambulatory ECG monitoring
\$52.75
(superseded by 11714 and 11716)

11711
Ambulatory ECG monitoring
\$28.75
(superseded by 11714, 11716 and 11723)

11716
Continuous ECG recording of a patient for 12 or more hours
\$172.75

11717
AECG monitoring 7-30 days
\$101.50

11723
AECG monitoring up to 7 days
\$53.55

11731
Implanted ECG loop recording
\$35.85

Electrocardiogram (ECG) stress testing

11712
Multi-channel ECG monitoring and recording during exercise
\$154.60

11729
Multi-channel ECG monitoring and recording during exercise. For patients > 17 years old
\$156.95

11730
Multi-channel ECG monitoring and recording during exercise
For patients < 17 year old
\$156.95

Legend

Delete

New

Twelve-lead Electrocardiography (ECG) changes

Old item	New item	Short descriptor	Eligible requestor	Claiming guide	Co-claiming restrictions
11700	11704	Tracing and report (third party)	CP, S	N/A	11705, 11707 or 11714
11701	11705	Report only	CP, S	Claimable up to twice in a day.	11704 or 11714
11702	11707	Tracing only	MP	Claimable up to twice in a day.	11704 or 11714
N/A	11714	Trace and interpretation	CP, S	Claimable up to twice in a day.	11704, 11705, 11707

Twelve-lead Electrocardiography (ECG) changes

New item	Claiming guide
11704	<p>Not claimable with a specialist or consultant physician attendance item</p> <p>Not claimable for an admitted patient of a hospital or for the purposes of pre-operative assessment</p>
11705	<p>Claimable for an admitted private patient</p> <p>Not claimable with a specialist or consultant physician attendance item</p> <p>Not claimable for the purposes of pre-operative assessment</p>
11707	<p>Not claimable with a specialist or consultant physician attendance item</p> <p>Not claimable for an admitted patient of a hospital or for the purposes of pre-operative assessment</p>
11714	<p>Claimable with a specialist or consultant physician attendance item</p> <p>Not claimable for an admitted patient of a hospital or for the purposes of pre-operative assessment</p>

Ambulatory Electrocardiography (AECG) changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions for any provider	Co-claiming restrictions
11708 11709 11710 11711	11716	Continuous ECG recording of a patient for 12 or more hours	CP, MP, S	Once in a 4 week period	11704, 11705, 11707, 11714
11710	11717	Ambulatory ECG monitoring, patient activated 7 to 30 days	CP, MP, S	Once in any 3 month period	N/A
11711	11723	Ambulatory ECG monitoring, patient activated up to 7 days	CP, MP, S	Once in any 3 month period	N/A
11722	11731	Implanted ECG loop recording	CP, MP, S	Once in a 4 week period	38285

Ambulatory Electrocardiography (AECG) changes

New item	Indication
11716	Evaluation of a patient for: syncope; <u>or</u> pre-syncopal episodes; <u>or</u> palpitations where episodes are occurring greater than once a week; <u>or</u> another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; <u>or</u> surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia.
11717	Investigation of recurrent episodes of: unexplained syncope; <u>or</u> palpitation; <u>or</u> other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred
11723	Investigation of recurrent episodes of: unexplained syncope; <u>or</u> palpitation; <u>or</u> other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred.
11731	Investigation for a patient with: cryptogenic stroke; <u>or</u> recurrent unexplained syncope



ECG stress testing changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions	Co-claiming restrictions
11712	11729	Multi-channel ECG monitoring and recording during exercise	MP	Once in a 2 year period (including MPS and stress echo)	11704, 11705, 11707, 11714, 55141, 55143, 55145, 55146, 61321, 61324, 61325, 61329, 61345, 61349, 61357
11712	11730	Multi-channel ECG monitoring and recording during exercise for persons under 17 years	MP	N/A	N/A

Consultant Physician (CP), Medical Practitioner (MP), Specialist (S)

ECG stress testing changes

New item	Indication
11729	for a patient who is aged 17 years or more; <u>and</u> <ul style="list-style-type: none">• has symptoms consistent with cardiac ischemia; <u>or</u>• has other cardiac disease which may be exacerbated by exercise; <u>or</u>• has a first degree relatives with suspected heritable arrhythmia
11730	for a patient who is aged under 17 years; <u>and</u> <ul style="list-style-type: none">• has symptoms consistent with cardiac ischemia; <u>or</u>• has other cardiac disease which may be exacerbated by exercise; <u>or</u>• has a first degree relatives with suspected heritable arrhythmia



Cardiac Services changes from 1 August 2020

DRAFT until subject to passage of legislation

Prior to 1 August 2020

From 1 August 2020

Plain echocardiogram

55113
For symptoms of heart failure
\$230.65

55114
For valvular, embolic disease or heart tumour
\$230.65

55115
For the investigation of congenital heart disease
\$230.65

55126
For initial real time echo
Medical practitioner request
\$234.15

55127
For serial real time echo –valvular dysfunction
\$234.15

55128
For serial real time echo – valvular dysfunction – GP (MMM) request
\$234.15

55129
For serial real time – structural/heart failure
\$234.15

55132
For serial real time echo – paediatric item
\$234.15

55133
For frequent repetition serial real time echo – GP request
\$210.75

55134
For repeat (rare) real time echo
\$234.15

55137
For serial real time echo – fetal item
\$234.15

Stress echocardiogram

55116
For exercise stress echocardiography performed in conjunction with 11712
\$261.65

55117
For pharmacological stress echocardiography performed in conjunction with 11712
\$261.65

55141
For exercise stress – medical practitioner request
\$417.45

55143
For repeat combined test – GP cannot request
\$417.45

55145
For pharmacological – medical practitioner request
\$483.85

55146
For repeat pharmacological only – medical practitioner request
\$483.85

Myocardial perfusion studies (MPS)

61302
For single stress or rest MPS — planar imaging
\$448.85

61307
For Combined stress and rest, stress and re-injection or rest and redistribution MPS
\$834.90

61303
For Single stress or rest MPS —with single photon emission tomography and with planar imaging when performed
\$565.30

61306
For Combined stress and rest, stress and re-injection or rest and redistribution MPS
\$709.70

61321
For single rest MPS (technetium)
\$329.00

61324
For single stress MPS
\$653.05

61329
For combined stress and rest MPS – GP
\$982.05

61357
For single stress MPS – GP
\$653.05

61325
For single rest MPS (thallous chloride-201)
\$329.00

61345
For combined stress and rest MPS
\$982.05

61349
For repeat combined stress and rest MPS
\$982.05

Legend

Delete

New

New Multiple Services Rule applies

- **Ultrasound – new echocardiography (echo) multiple service rule (MSR)**
- This rule applies to all echo items in the new subgroup 7. Items claimed on the same day of service i.e. whether performed at the same attendance by the same practitioner or at different attendances.
- Where more than one echo service is provided to the same patient by the same practitioner on the same date of service, the following formula applies to the Schedule fee for each service:
 - ✓ 100% for the item with the greatest Schedule fee
 - ✓ plus 60% for the item with the next greatest Schedule fee
- When the Schedule fee for some of the items are the same, the reduction is calculated in the following order:
 - ✓ 100% for the item with the greatest Schedule fee and the lowest item number
 - ✓ plus 60% for the item with the greatest Schedule fee and the second lowest item number
- As per the usual MBS schedule rule, the benefit provided will be 85% for out-of-hospital and 75% for in-hospital.

Plain echocardiography (echo) changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions of any provider	Co-claiming restrictions	New rule
55113 55114 55115	55126	Initial real time echo examination Suspected heart condition	CP, S, GP	Cannot be claimed within 24 months if a service associated under items 55127, 55128, 55129, 55132, 55133, 55134 and 55137 is provided	55135 (subgroup 2)	New multiple service rule applies when claimed with stress echo within this subgroup.
55114	55127	Serial real time echo examination (valvular dysfunction)	CP, S	CSANZ guidelines		
55114	55128	Serial real time echo examination valvular (Modified Monash 3-7)	GP	CSANZ guidelines		
55113	55129	Serial real time echo examination (known heart failure or structural heart disease)	CP, S	CSANZ guidelines		

Plain echo changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions	Co-claiming restrictions	New rule
55115	55132	Serial real time echo examination (under 17 years or complex congenital heart disease)	CP, S	N/A	55135 (subgroup 2)	New multiple services rule applies when claimed with stress echo within this subgroup.
N/A	55133	Frequent repetition serial real time echo examination	CP, GP, S	N/A		
N/A	55134	Repeat real time echo examination (rare)	CP, S	N/A		
55115	55137	Serial real time echo examination (fetal)	CP, S	N/A		

Plain echo changes

New item	Indication	Eligible requestor
55126	Initial Suspected heart condition	(CP, GP, S)
55127	Repeat valve	(CP, S)
55128	Repeat valve	(GP)
55129	Repeat structural heart disease or those with known heart failure	(CP, S)
55132	Paediatric (under 17) or anyone with complex congenital heart disease	(CP, S)
55133	Frequent repetition for patients with isolated pericardial effusion or pericarditis; or who has commenced medication for non-cardiac purposes that have cardiotoxic side effects, and if the patient has a normal baseline study which requires echocardiograms to comply with the requirements of the PBS	(CP, GP, S)
55134	Repeat for rare presentations Does not fit criteria for other items.	(CP, S)
55137	Fetal (claimed against the mother) Suspected or known CHD.	(CP, S)

Stress echo changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions by any provider	Co-claiming restrictions
55116	55141	Exercise stress echo focused stress study (initial assessment)	CP, GP, S	Not more than once in 24 months including 55146 or 55143	11704, 11705, 11707, 11714, 11729, 11730
N/A	55143	Repeat pharmacological or exercise stress echo (repeat SE or pharmacological)	CP, S	Not more than once in 12 months as long as a patient has a service under 55141, 55145 or 55146	11704, 11705, 11707, 11714, 11729, 11730
55117	55145	Pharmacological stress echo (initial assessment)	CP, GP, S	Not more than once in 24 months including 55146 or 55143	11704, 11705, 11707, 11714, 11729, 11730
N/A	55146	Pharmacological stress echo following a failed exercise stress echo (pharmacological following a failed exercise stress echo; or a failed treadmill)	CP, GP, S	Not more than once in 24 months including 55143 or 55146	11704, 11705, 11707, 11714, 11729, 11730

Stress echo changes

Stress echo indications (55141, 55143, 55145, 55146)

For any particular patient, item 55141, 55143, 55145 or 55146 applies if one or more of the following is applicable:

(a) if the patient displays one or more of the following symptoms of typical or atypical angina:

- i. constricting discomfort in the:
 - a. front of the chest; or
 - b. neck; or
 - c. shoulders; or
 - d. jaw; or
 - e. arms; or
- ii. the patient's symptoms are precipitated by physical exertion; or
- iii. the patient's symptoms are relieved by rest or glyceryl trinitrate within 5 minutes or less; or

(b) if the patient has known coronary artery disease and displays one or more symptoms that are suggestive of ischaemia:

- i. which are not adequately controlled with medical therapy; or
- ii. have evolved since the last functional study; or

(Con't.)

Stress echo indications (55141, 55143, 55145, 55146)

- (c) if the patient qualifies for one or more of the following indications:
- i. assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and ischemia is considered reversible; or
 - ii. assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
 - iii. assessment of coronary artery disease indicates uncertain functional significance demonstrated on computed tomography coronary angiography; or
 - iv. assessment indicates that the patient has potentially non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology; or
 - v. a pre-operative assessment of a patient with functional capacity of less than 4 Metabolic equivalents indicates that surgery is intermediate to high risk, and the patient has at least one of following conditions:
 - a. ischaemic heart disease or previous myocardial infarction; or
 - b. heart failure; or
 - c. stroke or transient ischaemic attack; or
 - d. renal dysfunction (serum creatinine greater than 170 μ mol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min);
or
 - e. diabetes mellitus requiring insulin therapy: or
 - vi. assessment before cardiac surgery or catheter-based interventions is required to:
 - a. increase the cardiac output to assess the severity of aortic stenosis; or
 - b. determine whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or
 - c. correlate functional capacity with the ischaemic threshold; or
 - vii. for patients where silent myocardial ischaemia is suspected or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

Myocardial Perfusion Studies (MPS) changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions for any provider	Co-claiming restrictions
N/A	61321	Single rest MPS for assessment in people with known disease Tc-99m protocol.	CP, S	Claimable once in a 2 year period.	11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329, 61345
N/A	61324	Single stress MPS for assessment of cardiac ischaemia	CP, S	Claimable once in a 2 year period.	11704, 11705, 11707, 11714, 11729, 11730, 61329, 61345
N/A	61325	Single rest MPS for assessment in people with known disease TI-201 protocol.	CP, S	Claimable twice in a 2 year period.	11704, 11705, 11707, 11714, 11729, 11730, 61321, 61329, 61345
61306, 61307	61329	Combined stress and rest MPS for assessment of cardiac ischaemia	GP	Claimable once in a 2 year period.	11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61345, 61357

Myocardial Perfusion Studies (MPS) changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions for any providers	Co-claiming restrictions
61306, 61307	61345	Combined stress and rest MPS for assessment of cardiac ischaemia	CP, S	Claimable once in a 2 year period.	11704, 11705, 11707, 11714, 11729, 11730, 61321, 61324, 61325, 61329, 61357
N/A	61349	Repeat combined stress and rest MPS	CP, S	Not more than once in a 12 month period	11704, 11705, 11707, 11714, 11729, 11730
N/A	61357	Single stress MPS for assessment of cardiac ischaemia	GP	Claimable once in a 2 year period.	11704, 11705, 11707, 11714, 11729, 11730, 61329, 61345

Myocardial Perfusion Studies (MPS) changes

New item	Indication
61321 (rest – technetium) 61325 (rest – thallium)	Assessment of extent and severity of viable and non-viable myocardium on a patient with left ventricular systolic dysfunction and probable or confirmed coronary artery disease.



Myocardial Perfusion Studies (MPS) changes – Items 61324 61329, 61345, 61349, 61357

MPS indications – Items 61324 61329, 61345, 61349, 61357

For any particular patient, item 61324, 61329, 61345, 61349 and 61357 applies if one or more of the following is applicable:

(a) if the patient displays one or more of the following symptoms of typical or atypical angina:

i. constricting discomfort in the:

- a. front of the chest; or
- b. neck; or
- c. shoulders; or
- d. jaw; or
- e. arms; or

ii. the patient's symptoms are precipitated by physical exertion; or

iii. the patient's symptoms are relieved by rest or glyceryl trinitrate within 5 minutes or less; or

(b) if the patient has known coronary artery disease, and displays one or more symptoms that are suggestive of ischaemia:

(i) which are not adequately controlled with medical therapy; or

(ii) which have evolved since the last functional study; or

MPS indications – Items 61324 61329, 61345, 61349, 61357

(c) if the patient qualifies for one or more of the following indications:

- i. assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
- ii. assessment of coronary artery disease of uncertain functional significance demonstrated on computed tomography coronary angiography or invasive coronary angiography; or
- iii. assessment indicates that the patient has possible painless myocardial ischaemia, which includes undue exertional dyspnoea of uncertain aetiology for items 61324 or 61345 ; or
- iv. a pre-operative assessment of a patient with functional capacity of less than 4 Metabolic equivalents, confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
 - a. ischaemic heart disease or previous myocardial infarction; or
 - b. heart failure; or
 - c. stroke or transient ischaemic attack; or
 - d. renal dysfunction (serum creatinine greater than 70umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or
 - e. diabetes mellitus requiring insulin therapy: or
- v. quantitation of extent and severity of myocardial ischaemia, before either percutaneous coronary intervention or coronary bypass surgery, to ensure the criteria for intervention are met; or
- vi. assessment of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium, in patients with previous myocardial infarction; or
- vii. assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and ischemia is considered reversible; or
- viii. assessment of myocardial perfusion in persons who are under 17 years old with coronary anomalies, before and after cardiac surgery for congenital heart disease, or where there is a probable or confirmed coronary artery abnormality; or
- ix. for patients where myocardial perfusion abnormality is suspected but due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.



Q&A





Australian Government

Department of Health

The private health insurance session
will start at 11:55 am

Private Health Insurance changes

Presenter:

Ms Kayla Jordan

Acting Director

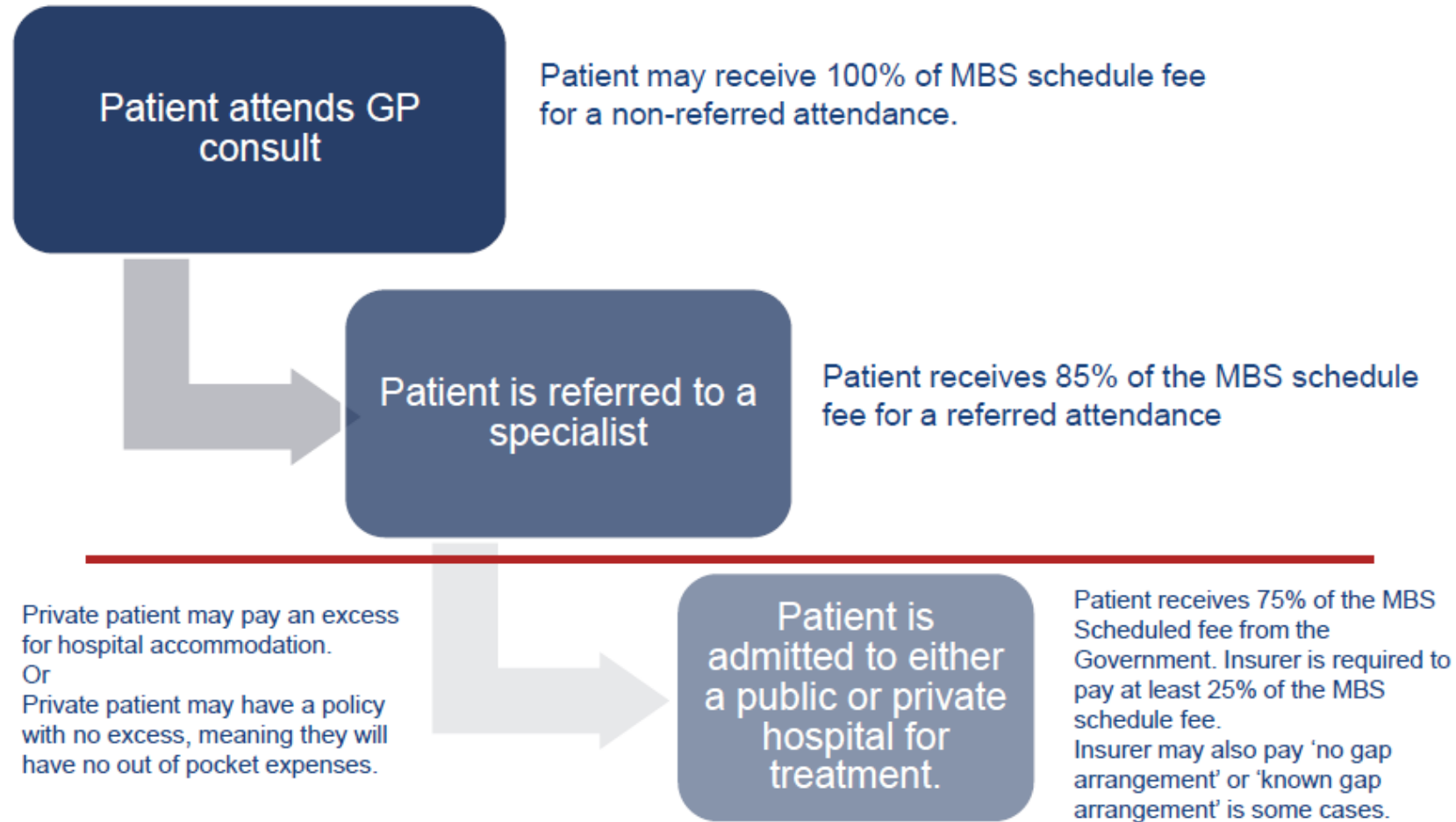
Private Health Insurance

Department of Health



Private Health Insurance

- PHI provides benefits for:
 - ✓ at least 25% of the MBS fee
 - ✓ minimum accommodation benefits
 - ✓ minimum benefits for prostheses
- MBS changes impact on:
 - ✓ private health insurance clinical categories
 - ✓ accommodation procedure types



PHI Clinical categories

Hospital Treatment Product Tiers – Gold, Silver, Bronze and Basic

Hospital treatments by clinical category	Basic	Bronze	Silver	Gold
Rehabilitation	✓R	✓R	✓R	✓
Hospital psychiatric services	✓R	✓R	✓R	✓
Palliative care	✓R	✓R	✓R	✓
Brain and nervous system	RCP	✓	✓	✓
Eye (not cataracts)	RCP	✓	✓	✓
Ear, nose and throat	RCP	✓	✓	✓
Tonsils, adenoids and grommets	RCP	✓	✓	✓
Bone, joint and muscle	RCP	✓	✓	✓
Joint reconstructions	RCP	✓	✓	✓
Kidney and bladder	RCP	✓	✓	✓
Male reproductive system	RCP	✓	✓	✓
Digestive system	RCP	✓	✓	✓
Hernia and appendix	RCP	✓	✓	✓
Gastrointestinal endoscopy	RCP	✓	✓	✓
Gynaecology	RCP	✓	✓	✓
Miscarriage and termination of pregnancy	RCP	✓	✓	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	RCP	✓	✓	✓
Pain management	RCP	✓	✓	✓
Skin	RCP	✓	✓	✓
Breast surgery (medically necessary)	RCP	✓	✓	✓
Diabetes management (excluding insulin pumps)	RCP	✓	✓	✓
Heart and vascular system	RCP		✓	✓
Lung and chest	RCP		✓	✓
Blood	RCP		✓	✓
Back, neck and spine	RCP		✓	✓
Plastic and reconstructive surgery (medically necessary)	RCP		✓	✓
Dental surgery	RCP		✓	✓
Podiatric surgery (provided by a registered podiatric surgeon)	RCP		✓	✓
Implantation of hearing devices	RCP		✓	✓
Cataracts	RCP			✓
Joint replacements	RCP			✓
Dialysis for chronic kidney failure	RCP			✓
Pregnancy and birth	RCP			✓
Assisted reproductive services	RCP			✓
Weight loss surgery	RCP			✓
Insulin pumps	RCP			✓
Pain management with device	RCP			✓
Sleep studies	RCP			✓

✓ Indicates the clinical category is a minimum requirement of the product tier. The clinical category must be covered on an unrestricted basis.

RCP *Restricted cover permitted:* indicates the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories on a restricted or unrestricted basis.

✓R Indicates the clinical category is a minimum requirement of the product tier. The clinical category may be offered on a restricted cover basis in Basic, Bronze and Silver product tiers only.

Blank cell A blank cell indicates that the clinical category is not a minimum requirement of the product tier. Insurers may choose to offer these as additional clinical categories; however it must be on an unrestricted basis.



Clinical categories – Ancillary lists

Common treatments list	MBS items commonly used across multiple clinical categories and may be the primary reason for treatment.
Support treatments list	MBS items generally provided to support the provision of a primary treatment in one of the clinical categories or in the Common treatments list. Items in the MBS Diagnostic Imaging Services Table and the MBS Pathology Services Table are automatically included in the Support treatments list

Accommodation Classification Procedure Type

MBS items are categorised to determine minimum benefits payable by a health insurer for accommodation services

Type A	Procedure that usually require overnight stay
Type B	Procedures that normally require hospital treatment that does not include overnight stay (same-day)
Type C	Procedures which do not normally require hospital treatment however there are exceptions

Summary of cardiac changes on PHI

- ✓ 23 new items added to the Support treatments list
- ✓ 23 new items classified as a Type C procedure
- 18 deleted items removed from the Support treatments list
- 18 deleted Type C procedures
- 6 items not classified in the PHI legislation

Twelve-lead Electrocardiography (ECG) changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
11700	11704	Tracing and report	NA	NA
11701	11705	Report only	Support treatments list	Type C
11702	11707	Tracing only	NA	NA
N/A	11714	Trace and interpretation	NA	NA

Ambulatory electrocardiography (AECG) changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
11708 11709 11710 11711	11716	Continuous ECG recording of a patient for 12 or more hours	NA	NA
11710	11717	Ambulatory ECG monitoring, patient activated	NA	NA
11711	11723	Ambulatory ECG monitoring, patient activated	NA	NA
11722	11731	Implanted ECG loop recording	Support treatments list	Type C

ECG stress testing changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
11712	11729	Multi-channel ECG monitoring and recording during exercise	Support treatments list	Type C
11712	11730	Multi-channel ECG monitoring and recording during exercise for persons under 17 years	Support treatments list	Type C

Echocardiography (echo) changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
55113, 55114, 55115	55126	Initial real time echo examination	Support treatments list	Type C
55114	55127	Serial real time echo examination (valvular dysfunction)	Support treatments list	Type C
55114	55128	Serial real time echo examination (Modified Monash 3-7)	Support treatments list	Type C
55113	55129	Serial real time echo examination (known heart failure or structural heart disease)	Support treatments list	Type C
55115	55132	Serial real time echo examination (under 17 years or complex congenital heart disease)	Support treatments list	Type C
N/A	55133	Frequent repetition serial real time echo examination	Support treatments list	Type C
N/A	55134	Repeat real time echo examination	Support treatments list	Type C
55115	55137	Serial real time echo examination (fetus)	Support treatments list	Type C

Stress echo changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
55116	55141	Exercise stress echo focused stress study	Support treatments list	Type C
N/A	55143	Repeat pharmacological or exercise stress echo	Support treatments list	Type C
55117	55145	Pharmacological stress echo	Support treatments list	Type C
N/A	55146	Pharmacological stress echo following a failed exercise stress echo	Support treatments list	Type C



Myocardial Perfusion Studies (MPS) changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
N/A	61321	Single rest MPS for assessment in people with known disease Tc-99m protocol.	Support treatments list	Type C
N/A	61325	Single rest MPS for assessment in people with known disease Tl-201 protocol.	Support treatments list	Type C
N/A	61324	Single stress MPS for assessment of cardiac ischaemia	Support treatments list	Type C
61306, 61307	61329	Combined stress and rest MPS for assessment of cardiac ischaemia	Support treatments list	Type C
61306, 61307	61345	Combined stress and rest MPS for assessment of cardiac ischaemia	Support treatments list	Type C
N/A	61349	Repeat combined stress and rest MPS	Support treatments list	Type C
N/A	61357	Single stress MPS for assessment of cardiac ischaemia	Support treatments list	Type C

Myocardial Perfusion Studies (MPS) changes

Old item	New item	Short descriptor	PHI Clinical category	PHI Accommodation Procedure Type
61302	NA	Single stress or rest MPS – planar imaging	NA	NA
61303	NA	Single stress or rest MPS – photon emission tomography and planar imaging	NA	NA

Private Health Insurance

Consultation closes COB Friday 3 July 2020

Feedback welcome via PHIconsultations@health.gov.au

Q&A





Australian Government

Department of Health

The Services Australia session will
start at 12:20 pm

Claiming cardiac imaging items from 1 August 2020

Presented by Phil Cuttriss, Services Australia



Tips for reducing rejections for Medicare claims

General information about claiming from Medicare



- The Medicare payment system is one layer of assessment to make sure you're claiming in line with legislation
- You are responsible for ensuring you are billing correctly
- Use the Medicare item that specifically describes the service you provided
- Only claim Medicare benefits once you have provided **every** aspect of the service described
- Submit all services provided on the one day in a single claim for faster processing

Common terms in the MBS translated

Common terms	Translation	Example
Claiming frequency or 'applicable not more than...'	How often the service can be claimed for a patient	<p>"Once in 24 months".</p> <p>If you provide a service on 2 August 2020, the patient can't have another one until 3 August 2022.</p>
Not in association with...	Can't be claimed on the same day as...	<p>"Not in association with item A, B, C".</p> <p>If you provide item D today, you can't also claim for item A, B or C.</p>
(R)	Your patient needs a request from another health professional before you can claim Medicare benefits	<p>Some items need to be requested by a specialist or consultant physician, and others can be requested by any medical practitioner.</p> <p>You need to include the requesting health professional's Medicare provider number and the date the request was made with your claim.</p>
On/after referral	Your patient needs a referral from another health professional before you can claim Medicare benefits	<p>Patients often need a referral from their GP or other medical practitioner to see a specialist or consultant physician.</p> <p>You need to include the referring health professional's Medicare provider number and the date the referral was made with your claim.</p>

Claiming frequency explained

This is based on the patient's claiming history, and applies even if different health professionals have provided the services

Item 55126 for an initial real time echocardiographic examination

A patient can only have 1 Medicare claim for this item every 2 years.

Example

Patient has a Medicare claim for a 55126 for 2 August 2020. They can't claim this item again until 3 August 2022.

Check the individual item description for how often an item can be claimed.

Claiming frequency with other items

This is based on the patient's claiming history, and applies even if different health professionals have provided the services

Item 55126 for an initial real time echocardiographic examination

A patient can only have item 55126 if they have not received of these items in the previous 2 years:

55127, 55128, 55129, 55132, 55133, 55134 or 55137

Example

Patient has had a Medicare claim for an item 55134 on 2 November 2020.

If no other items in the range 55127-55137 are claimed in the following two year period, the patient is than able to claim an item 55126 on or after 3 November 2022.

There are visual examples of how this works at the end of the presentation.

Note: This is the updated version of this slide as at 14 July 2020.

Not in association with

Item 61321 for single rest MPS for assessment of myocardium

A patient can't claim item 61321 and items 11704, 11705, 11707, 11714, 11729, 11730, 61325, 61329 or 61345 for the same day.

Example

If you provide both a 61321 and a 11704 on the same day for the same patient, Medicare will pay the item with the higher schedule fee and reject the other item.

Medicare will generally pay the item with the higher schedule fee, unless they come in separate claims or the legislation specifically prioritises one item over another.

Multiple services (co-claiming) rule

If you perform a plain and a stress echocardiogram on the same day, you won't get the full Medicare benefit for both services. The item with the lower schedule fee will have its fee reduced to 60%.

Example

You perform both:

- 55126 – initial real time echocardiographic examination - \$234.15
- 55141 – exercise stress echocardiography focused stress study - \$417.45

Medicare will reduce the fee for 55126 to 60% (\$145.89) when you submit the claim.

Fee amount becomes:

55126 - \$145.89 (rounded to \$145.90)

55141 - \$417.45

Tip

This happens even if you submit the items separately. Submitting all services provided on the 1 day to the 1 pay patient in the 1 claim will help us pay Medicare benefits faster.

Consultations (e.g. 104, 105, 110, 116)

Make sure you're only performing consultations with a cardiac imaging service in line with the MBS. Claims that don't meet the requirements may be investigated in the event of an audit.

If you do perform a consultation with a cardiac imaging service, you need to **include the referring health professional's Medicare provider number and the referral date with the claim.**

Useful links

[Medicare ultrasound services](#) – diagnostic imaging multiple services rule

[Referring and requesting Medicare services](#)

[Medicare digital claiming return codes](#)

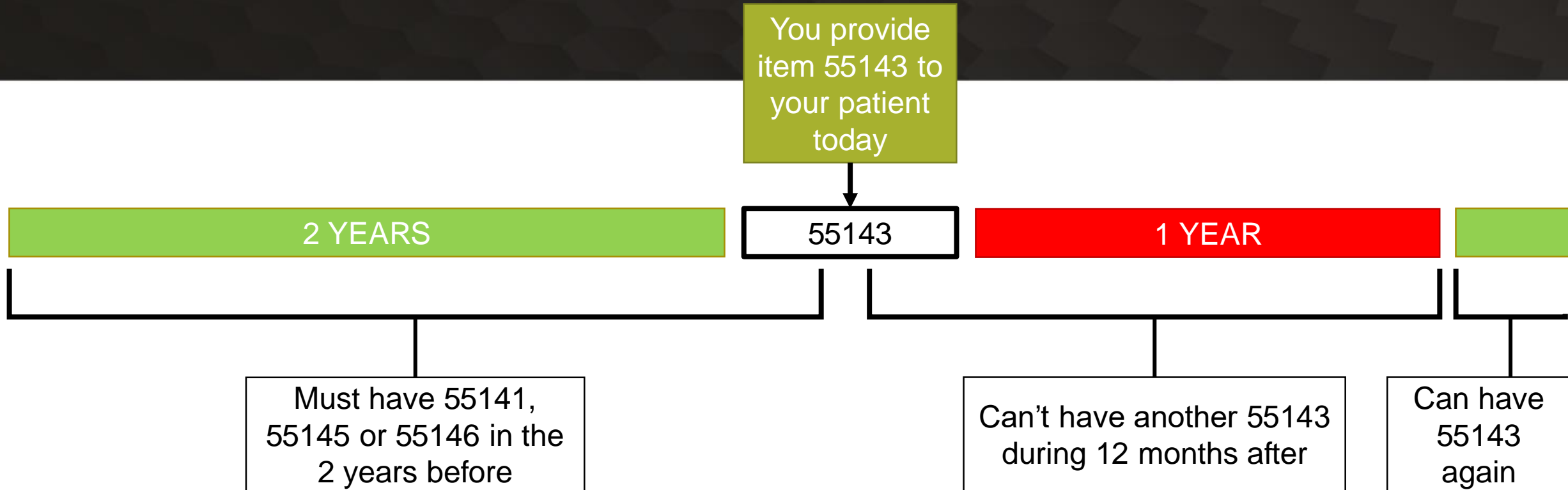
[Billing multiple MBS services](#)

[Medicare digital claiming](#)

Item examples – associations and claiming frequencies

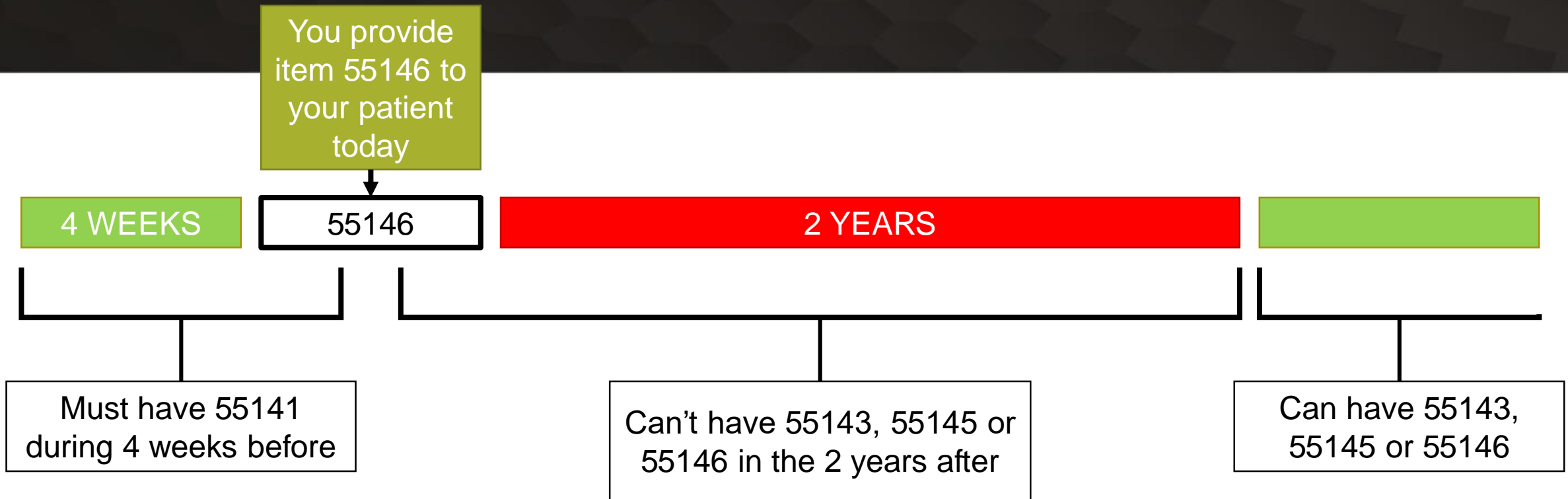
Rules for 55143

This is based on the patient's claiming history, and applies even if different health professionals have provided the services



Rules for 55146

This is based on the patient's claiming history, and applies even if different health professionals have provided the services



Q&A



Australian Government

Department of Health

The webinar will conclude on 13:00 (AEST).