



Changes to MBS Cardiac Imaging Services - electrocardiography services

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**

Legislation [Health Insurance \(Section 3C General Medical Services – Cardiac Services\) Determination 2020](#)

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 a new item (11716) for continuous ECG recording of a patient for 12 or more hours.
- Created two new items (11717 and 11723) for ambulatory electrocardiography (AECG) to promote high value use and align with contemporary technologies.
- Restructured ECG stress testing, creating two new items one for persons 17 years and over (item 11729) and one item for persons under 17 years (item 11730).
- 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.



- From 1 August 2020 a restriction will be applied for ECG's related to a hospital admission. Items 11704, 11707 and 11714 will not be claimable for patients who are admitted to a hospital or receiving ECG services related to a pending admission. This restriction includes when ECG services are provided:
 - (i) During the hospital stay.
 - (ii) At pre-admission assessment or services related to the admission. An "admitted patient" for the purposes of Items 11704, 11707 and 11714 includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Where any ECG service completed under items 11704, 11707 or 11714 is arranged through or by (but not necessarily "at") a hospital such a service would still be considered to be a service conducted for the treatment of an "admitted patient" regardless of whether this occurs at hospital grounds or not. E.g. the hospital based provider cannot request that a third party provider provide the service at the hospital or at another site.
- A consultation may only be claimed with AECG, echocardiography, ECG stress testing, stress echocardiography, myocardial perfusion studies (nuclear medicine) items under the following circumstances.
 - (i) Both the consultation and the service were specifically and separately requested by another provider; or
 - (ii) The consultation was specifically requested by another provider and the decision to perform the service was made during a consultation with the service provider on the same day as the service; or
 - (iii) The provider claiming both services is responsible for the ongoing care of the patient and provides a consultation after the service where clinical management decisions are made.

Contents

1. Electrocardiography (ECG) changes
 2. Ambulatory electrocardiography changes
-



1. Electrocardiography (ECG) changes

Deleted item 11700 – Twelve-lead electrocardiography, tracing and report

This item is now deleted and services under this item are expected to be claimed under item 11704.

Deleted item 11701 – Twelve-lead electrocardiography, report

This item is now deleted and services under this item are expected to be claimed under item 11705.

Deleted item 11702 – Twelve-lead electrocardiography, tracing only

This item is now deleted and services under this item are expected to be claimed under item 11707.

New Note: DR.1.4 12-lead electrocardiography for claiming – Items 11704, 11705, 11707 and 11714

There are four 12-lead electrocardiography items:

- Item 11704 for a trace and formal report service performed by a specialist or consultant physician.
- Item 11705 for a formal report service performed by a specialist or consultant physician, where the specialist reports on a trace.
- Item 11707 for a trace service performed by a medical practitioner.
- Item 11714 for trace and clinical note service performed by a specialist or consultant physician.

Admitted patient: Items 11704, 11707 and 11714 do not apply where the patient is an “admitted patient” of a hospital. An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Item 11705 can be performed out-of-hospital or for admitted hospital patients.

Requested service:

- Items 11704 and 11705 are requested services, which require the rendering specialist or consultant physician to produce a written formal report, which must be provided to the requesting practitioner. The rendering specialist or consultant physician cannot perform the service unless it has been requested by another medical practitioner.
- As a requested service, it is generally not expected that items 11704 or 11705 would involve any clinical work beyond performing the formal report (and the trace for item 11704). The MBS Review Taskforce recommended



that an attendance should not be co-claimed with a diagnostic cardiac investigation in these circumstances. Item 11704 cannot be claimed if the rendering specialist or consultant physician has performed an attendance on the same patient on the same day.

Generally, it is expected that item 11705 should not be co-claimed with an attendance, but in exceptional clinical circumstances an attendance can be performed i.e. an admitted patient requires a formal report (on a trace) to be provided by a cardiologist and the result of this reporting determines that an urgent attendance (life threatening) is required by the cardiologist to guide immediate treatment (particularly when there is only one cardiologist rostered on the shift).

Financial relationship: The rendering specialist or consultant physician and the requesting practitioner cannot have a financial relationship. Definition of 'financial relationship': is where the requesting practitioner is a member of a group of practitioners of which the providing practitioners is a member (both the requestor and provider potentially financially benefit from the MBS service provided). The need for a request should be informed by a clinical decision only.

Examples of what is not considered a financial relationship for the purposes of the restriction:

- When requesting providers (e.g. GP) rent rooms within a practice and the owner of the practice is also the service provider (e.g. cardiologist). In this scenario, as long as the GP does not financially benefit from the fee for the ECG service then there is no financial incentive for the GP requestor to request the service.
- When requesting providers work within a group practice on a contract basis (e.g. receive a percentage of the fee per patient) but are not a financial partner in the ownership of the practice and do not receive financial incentives from the practice for requesting ECG services (e.g. service requesting quotas). However it would be inappropriate for a practice operating under such arrangements to impose quotas, or attempt to influence, the number of services a contracted provider should request in such a manner.

Item 11707: Item 11707 is a trace only service and can be performed by any medical practitioner.

Item 11714: Item 11714 allows specialist and consultant physicians to perform an electrocardiography trace and interpret the results (in the form of producing a written clinical note) where they consider it necessary for the management or treatment of the patient. No request is required for this service. There is no limitation on the claiming of an attendance with item 11714, as the Taskforce agreed that performance of an electrocardiography was part of routine assessment for patients presenting to specialist and consultant physicians for management of their cardiac condition.

New item 11704 – Twelve-lead electrocardiography, tracing and report

Overview: Introduced as part of the restructure of ECG items to promote high value clinical use and to clarify that the item is intended as a referred service, for use by third party providers and is not to be claimed in association with a consultation or within the hospital setting. This item can only be claimed by a specialist or consultant physician.

This item supersedes item 11700.

Descriptor: Twelve-lead electrocardiography to produce a trace and a formal report, by a specialist or a consultant physician, if:



- (a) the service is requested by a requesting practitioner; and
- (b) a copy of formal report is provided to the requesting practitioner; and
- (c) the service does not apply if:
 - (i) the patient is an admitted patient
 - (ii) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner
 - (iii) the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same day

See para [DN.1.31](#), [DR.1.4](#) of explanatory notes to this Category

MBS fee: \$32.25 **Benefit:** 85% = \$27.45

New Note: DN.1.31 ECG Report - relating to Items 11704 & 11705

The formal report is separate to any letter and entails interpretation of the trace commenting on the significance of the trace findings and their relationship to clinical decision making for the patient in their clinical context, in addition to any measurements taken or automatically generated.

New item 11705 – Twelve-lead electrocardiography, report only where the tracing has been forwarded to a specialist or consultant physician, not in association with a consultation on the same occasion

Overview: Introduced as part of the restructure of ECG items to promote best practice care and to provide clarity on the appropriate use of this item. This item can only be claimed by a specialist or consultant physician.

This item supersedes item 11701.

Descriptor: Preparing a formal report only on an electrocardiography trace, by a specialist or a consultant physician, if:

- (a) the service is requested by a requesting practitioner; and
- (b) the formal report uses a trace provided from twelve-lead electrocardiography for the patient, which has:
 - (i) been provided with the request from the requesting practitioner; and
 - (ii) has not been previously been reported on; and
- (c) a copy of the formal report is provided to the requesting practitioner; and
- (d) the service does not apply if:



(i) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner; and

(ii) the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same day, unless exceptional circumstances exist

For any particular patient, applicable no more than twice on the same day

See para DN.1.31, DR.1.4 of explanatory notes to this Category

MBS fee: \$19.00 **Benefit: 85%** = \$16.15 **75%** = \$14.25

New item 11707 – Twelve-lead electrocardiography, trace, to inform clinical decision-making.

Overview: Introduced as part of the restructure of ECG items to clarify the use of this item and allow access for medical practitioners to a trace item to inform clinical decision-making and guide immediate treatment decisions.

This item supersedes item 11702.

Descriptor: Twelve-lead electrocardiography to produce a trace only, by a medical practitioner, if the trace:

- (a) is required to inform clinical decision making; and
- (b) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; and
- (c) does not need to be fully interpreted or reported on; and
- (d) the service does not apply if:
 - (i) the patient is an admitted patient.

For any particular patient, applicable no more than twice on the same day.

See para [DR.1.4](#) of explanatory notes to this Category

MBS fee: \$19.00 **Benefit: 85%** = \$16.15

New item 11714 – Twelve-lead electrocardiography, performing a trace and interpretation.

Overview: Introducing a new item for specialist and consultant physician use for performing an ECG trace and reporting, which can be claimed in conjunction with a consultation if clinically required.

Descriptor: Twelve-lead electrocardiography to produce a trace and a clinical note, by a specialist or consultant physician, if a copy of the clinical note is provided to the medical practitioner managing the patient's care, if appropriate; and



(a) the service does not apply if:

(i) the patient is an admitted patient

For any particular patient, applicable no more than twice on the same day.

See para [DR.1.4](#) of explanatory notes to this Category

MBS fee: \$25.00 **Benefit:** 85% = \$21.25

Item mapping

Deleted item	New Item
ECG items	
11700- Twelve-lead electrocardiography, tracing and report	11704- Twelve-lead electrocardiography, tracing and report
11701- Twelve-lead electrocardiography, report only	11705- Twelve-lead electrocardiography, report only
11702- Twelve-lead electrocardiography, tracing only	11707- Twelve-lead electrocardiography, tracing only



2. Ambulatory electrocardiography (AECG) changes

Deleted item 11708 – Continuous electrocardiography recording of ambulatory patient

This item is now obsolete and services under this item are expected to be claimed under item 11716.

Deleted item 11709 – Continuous electrocardiography recording of a patient for 12 or more hours

Services for this item have been amended and are expected to be claimed under items 11716.

Deleted item 11710 – Ambulatory electrocardiography monitoring

Services for this item have been restructured into two new items and are expected to be claimed under items 11717 and 11723.

Deleted item 11711 – Ambulatory electrocardiography monitoring

This item is obsolete and services for this item are expected to be claimed under items 11717 and 11723.

Deleted item 11712 – Multi-channel ECG monitoring and recording during exercise

Services for this item have been restructured into two new items, one item for patients 17 years and over and one item for patients under 17 years of age. Services are now expected to be claimed under items 11729 and 11730.

New Note: DR.1.1 Ambulatory ECG requirements for claiming - Items 11716, 11717 and 11723

Items 11716, 11717, 11723 do not apply to a service unless:

- i. the patient is referred to a specialist or consultant physician by a referring practitioner; or
- ii. the service is requested by a requesting practitioner.

Admitted patient: Item 11716, 11717 or 11723 do not apply to a service if the patient is an admitted patient.



An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Please refer to the interpretation notes for an “admitted patient” in the restrictions and requirements section of this document.

Referred services: For referred services to which items 11716, 11717 or 11723 apply, the specialist or consultant physician who renders the service must:

- i. manage the ongoing care of the patient; or
- ii. perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- iii. perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which items 11716, 11717 or 11723 applies is the patient’s treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

Requested services:

- i. for requested services, items 11716, 11717 or 11723 do not apply to a service if the rendering specialist or consultant physician has performed a service to which an attendance applies for the same patient on the same day.
- ii. definition of 'requesting practitioner' when applied to items 11716, 11717 or 11723 is as follows:
 - a. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the service.
 - b. specialist or consultant physician requests that a separate specialist or consultant physician provide the service.

New item 11716 – Continuous electrocardiography recording of a patient for 12 or more hours

Overview: Introduced as part of the restructure of ambulatory ECG items to better describe the specific clinical indications for use of this item and better align with current best practice.

This item supersedes item 11709

Descriptor: Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1



Continuous electrocardiogram recording of ambulatory patient for 12 or more hours with interpretation and report, by a specialist or consultant physician, if the service:

- (a) is indicated for the evaluation of a patient for:
 - (i) syncope; or
 - (ii) pre-syncope episodes; or
 - (iii) palpitations where episodes are occurring greater than once a week; or
 - (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; or
 - (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and
- (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data, (including resting electrocardiogram and the recording of parameters) microprocessor based scanning analysis; and
- (c) is not in association with ambulatory blood pressure monitoring; and
- (d) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 are rendered by a single medical practitioner on a single patient on a single day; and
- (e) is applicable once in a 4 week period
- (f) the service does not apply if:
 - (i) the patient is an admitted patient.

A specialist or consultant physician can self-determine this service during the course of an attendance (if clinical assessment deems it necessary), however it would be expected that the service would not be claimed on the same day due to the nature of the investigation.

See para [DN.1.28](#), [DR.1.1](#) of explanatory notes to this Category

MBS fee: \$172.75 **Benefit:** 85% = \$146.85

New Note: DN.1.28 Indications considered appropriate & discussion of results - Item 11716

Indications interpretation: The following indications would be considered appropriate even in patients who may not experience symptoms more often than once a week.

- (a) For the detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke.



(b) For the surveillance of paediatric patients following cardiac surgeries that have an established risk of causing dysrhythmia.

(c) For babies, young children and other patients where there is a demonstrable benefit for the documentation of heart rate or if a cardiac dysrhythmia is suspected, but due to the patient's age, cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

Results: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

New item 11717 – Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for between 7 and 30 days.

Overview: Restructure of ambulatory ECG items to align with modern practice and promote high value use. This new item provides for technology that can capture cardiac events between 7 and 30 days. The fee has been increased from the deleted item 11710 to reflect the longer time for monitoring and additional data collection for reporting.

Descriptor: Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:

- (a) utilises a patient activated, single or multiple event memory recording device which is connected continuously to the patient for between 7 and 30 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and
- (c) is for investigation of recurrent episodes of:
 - (i) unexplained syncope; or
 - (ii) palpitation; or
 - (iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and
- (d) is applicable once in a 3 month period; and
- (e) the service does not apply if:



- (i) the patient is an admitted patient.

A specialist or consultant physician can self-determine this service during the course of an attendance (if clinical assessment deems it necessary), however it would be expected that the service would not be claimed on the same day due to the nature of the investigation.

See para [DN.1.26](#), [DR.1.1](#) of explanatory notes to this Category

MBS fee: \$101.50 **Benefit:** 85% = \$86.30

New Note: DN.1.26 Discussion of results - Items 11717 & 11723

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

Deleted item 11722 – Implanted ECG loop recording

Services for this item have been amended and are expected to be claimed under items 11731.

New item 11723 – Ambulatory electrocardiography monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for up to 7 days.

Overview: Restructure of the ambulatory electrocardiography (ECG) items to align with modern practice and promote high value use. This new item provides for technology that can capture cardiac events up to 7 days.

Descriptor: Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Conducting ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:

- (a) utilises a patient activated, single or multiple event recording, on a memory recording device which is connected continuously to the patient for up to 7 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and
- (c) is for investigation of recurrent episodes of:



- (i) unexplained syncope; or
- (ii) palpitation; or
- (iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and
- (d) is applicable once in a 3 month period; and
- (e) the service does not apply if:
 - (i) the patient is an admitted patient.

A specialist or consultant physician can self-determine this service during the course of an attendance (if clinical assessment deems it necessary), however it would be expected that the service would not be claimed on the same day due to the nature of the investigation.

See para [DN.1.26](#), [DR.1.1](#) of explanatory notes to this Category

MBS fee: \$53.55 **Benefit:** 85% = \$45.55

New item 11729 – Multi-channel electrocardiography monitoring and recording during exercise

Overview: Introduced as part of the restructure of ambulatory electrocardiography (ECG) items to better clarify the clinical indications for use of this item and to promote high value care. This item is restricted to once every 2 years, but the restriction also includes myocardial perfusion studies (nuclear medicine studies) and stress echocardiogram tests in the 2 year period. The item is only claimable for persons 17 years and over.

Descriptor: Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in Note: DR.1.2

Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:

- (a) the patient is aged 17 years or more; and:
 - (i) has symptoms consistent with cardiac ischemia; or
 - (ii) has other cardiac disease which may be exacerbated by exercise; or
 - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (b) the exercise or pharmacological stress monitoring and recording:
 - (i) is not less than 20 minutes in duration; and



- (ii) includes resting electrocardiogram; and
 - (iii) is performed on premises equipped with standard resuscitation equipment; and
 - (iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and
 - (v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and
- (c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and
- (d) other than a service:
- (i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714; or
 - (ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349 or 61357 has applied

Applicable once in a 24 month period.

A specialist or consultant physician can self-determine this service during the course of an attendance (if clinical assessment deems it necessary), however it would be expected that the service would not be claimed on the same day due to the nature of the investigation. This service can be requested by another medical practitioner or be referred by another medical practitioner to the service provider.

If the service is requested and during the investigation the service provider (as a result of the response to the test), deems that a consultation is required to provide immediate treatment, then the following text will need to accompany the claim: 'intervention required'.

See para [DN.1.29](#), [DR.1.2](#) of explanatory notes to this Category

MBS fee: \$156.95 **Benefit: 85%** = \$133.45 **75%** = \$117.75

New Note: DN.1.29 Multi-channel ECG monitoring & recording 17 years & over – Item 11729

Indication interpretation; Heritable arrhythmias include those defined in the [CSANZ guidelines](#) for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

A calcium score of zero is normal and clinician judgement should be applied for scores of 0–10.



Results: Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

New Note: DR.1.2 Exercise ECG stress testing requirements for claiming – Item 11729

This service can be performed as an out-of-hospital service or for admitted hospital patients.

Item 11729 does not apply to a service unless:

- i. the patient is referred to a specialist or consultant physician by a referring practitioner; or
- ii. the service is requested by a requesting practitioner; and
- iii. one of the persons mentioned in subparagraphs b (iv) and (v) of the item descriptor must be a medical practitioner.

Referred services: For referred services to which item 11729 applies, the specialist or consultant physician who renders the service must:

- i. manage the ongoing care of the patient; or
- ii. perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- iii. perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which item 11729 applies is the patient's treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

Requested services: For requested services, item 11729 does not apply to a service if the rendering medical practitioner has performed a service to which an attendance applies for the same patient on the same day.

Definition of 'requesting practitioner' when applied to item 11729 is as follows:

- i. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the diagnostic service.
- ii. a specialist or consultant physician requests that a separate specialist or consultant physician provide the diagnostic service.



Patient requirements: Item 11729 does not apply to a service unless:

- i. the patient's body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and
- ii. the patient can complete the exercise sufficiently or respond adequately to pharmacological induced stress, to take the required measurements; and
- iii. one of the persons mentioned in subparagraphs b (iv) and (v) must be a medical practitioner.

Item 11729 does not apply to a service performed on a patient who:

- i. is asymptomatic and has a normal cardiac examination; or
 - ii. has a known cardiac disease but the absence of symptom evolution suggests the disease has not progressed and the service is used for monitoring; or
- has an abnormal resting electrocardiography result which would prevent the interpretation of results.

Exercise testing and cardiopulmonary resuscitation: The Taskforce recommended changes to the performance of exercise or pharmacological electrocardiogram stress testing for optimal patient safety. For a service to be performed, the person performing the monitoring and recording must be:

- a. in continuous attendance; and
- b. trained in "exercise testing" and cardiopulmonary resuscitation; and
- c. a second person trained in cardiopulmonary resuscitation must be located at the premise and available to attend the electrocardiogram stress testing in an emergency.

Please refer to the Cardiac Society of Australia and New Zealand position statement on clinical exercise stress testing: https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical_Exercise_Stress_Testing_2014-December.pdf

New item 11730 – Multi- channel electrocardiography monitoring and recording during exercise for persons under 17 years.

Overview: Introduced as part of the restructure of ambulatory electrocardiography (ECG) items to better clarify the clinical indications for use of this item and to promote high value care. The item is only claimable for persons under 17 years.

Descriptor: Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in Note: DR.1.3

Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:



- (a) the patient is aged under 17 years; and:
 - (i) has symptoms consistent with cardiac ischemia; or
 - (ii) has other cardiac disease which may be exacerbated by exercise; or
 - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (b) the exercise or pharmacological stress monitoring and recording:
 - (i) is not less than 20 minutes in duration; and
 - (ii) includes resting electrocardiogram; and
 - (iii) is performed on premises equipped with standard resuscitation equipment; and
 - (iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and
 - (v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and
- (c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and
- (d) other than a service:
 - (i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714; or
 - (ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349 or 61357 has applied

Applicable once in a 24 month period.

See para DN.1.30, DR.1.3 of explanatory notes to this Category

MBS fee: \$156.95 **Benefit:** 85% = \$133.45 75% = \$117.75

New item 11731 – Implanted ECG loop recording

Overview: This item was introduced to promote high value care, a new 4 week restriction has been added to the superseded item 11722.

Descriptor: Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner, if the service is:



- (a) an investigation for a patient with:
 - (i) cryptogenic stroke; or
 - (ii) recurrent unexplained syncope; and
- (b) not a service to which item 38285 of the general medical services table applies; and

Applicable once in a 4 week period.

See para DN.1.27 of explanatory notes to this Category

MBS fee: \$35.85 **Benefit:** 85% = \$30.50 75% = \$26.90

New Note: DN.1.27 Implanted Loop Recording - Item 11731

- i. Also permissible for babies, young children and other patients, due to the patient's age, cognitive capacity or expressive language impairment, where symptoms have not been satisfactorily investigated by other methods.
- ii. Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

Item mapping

Deleted item	New Item/s
AECG Items	
11709- Continuous electrocardiography recording of a patient for 12 or more hours	11716- Continuous electrocardiography recording of a patient for 12 or more hours
11712- Multi-channel electrocardiography monitoring and recording during exercise	11729- Multi-channel electrocardiography monitoring and recording during exercise for persons 17 years and over 11730- Multi-channel electrocardiography monitoring and recording during exercise for persons under 17 years
11722- Implanted ECG loop recording	11731- Implanted ECG loop recording



Please direct any questions relating to the 1 August 2020 changes to AskMBS at AskMBS@health.gov.au.

Questions and feedback on the private health insurance aspects of the changes can be directed to PHI@health.gov.au

If you have a claiming enquiry please contact Services Australia on 132 150.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

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.