# Changes to MBS items and rules for diagnostic imaging services - radiologists co-claiming consultations – fact sheet

- From 1 May 2020, changes are being made to the circumstances in which specialist radiologists are able to co-claim consultations with certain diagnostic imaging services. The changes do not affect consultant physicians and other specialists.
- These changes are relevant for specialist radiologists delivering and claiming diagnostic imaging services and consumers receiving and claiming the services.
- Provider billing arrangements from 1 May 2020 will need to be adjusted to reflect these changes.

## What are the changes?

From 1 May 2020, specialist radiologists will no longer be able to claim a consultation in conjunction with one of the following diagnostic imaging services:

- All musculoskeletal ultrasound – Group I1, Subgroup 6 (items 55812 – 55895)
- Diagnostic radiology items as follows:
  - Group I3, Subgroup 1 – Radiographic Examination of the Extremities - items 57506 to 57527
  - Group I3, Subgroup 2 – Radiographic Examination of Shoulder and Pelvis - items 57700 to 57721
  - Group I3, Subgroup 3 – Radiographic Examination of the Head - items 57901 to 57969
  - Group I3, Subgroup 4 – Radiographic Examination of the Spine - items 58100 to 58121
  - Group I3, Subgroup 5 – Bone Age Study and Skeletal Survey - items 58300 to 58306
  - Group I3, Subgroup 6 – Radiographic Examination of Thoracic Region - items - 58500 to 58527
  - Group I3, Subgroup 7 – Radiographic Examination of Urinary Tract - items 58700 to 58721
  - Group I3, Subgroup 8 – Radiographic Examination of Alimentary Tract and Biliary System - items 58900 and 58903
  - Group I3, Subgroup 9 – Radiographic Examination of Localisation of Foreign Bodies - item 59103

Radiologists may claim consultations when they attend the patient before, during or after the rendering of diagnostic imaging services other than those listed above. . A consultation should only be claimed where the attendance on the patient is meaningful. That is:

- the radiologist utilises their medical knowledge, clinical acumen, technical skills and personal experience in clinical radiology to consult with a patient so as to alter, or potentially alter, the course of the patient's management in the best interests of the patient.

- the radiologist takes primary clinical responsibility for the management decisions made during the consultation (even if the decision is to proceed with the planned course of management).
- the consultation itself includes components of history taking; physical examination; discussion with the patient; formulation of management plans; and referral for additional opinion or tests.

Not all the components need be present in any one consultation, but presence of at least some indicates that a meaningful consultation occurred.

To claim a specialist referred consultation (item 104 or 105), the specialist radiologist must have received a valid referral (not simply a request for a diagnostic imaging service) from a medical practitioner for the investigation, opinion, treatment and/or management of a condition or problem of a patient or for the performance of a specific examination(s) or test(s). The referring practitioner must have undertaken a professional attendance with the patient and turned their mind to the patient's need for referral and have communicated relevant information about the patient to the specialist or consultant physician (this need not mean an attendance on the occasion of the referral) – see note GN.6.16.

A request for the undertaking of a diagnostic imaging service in the absence of the other elements of a referral as noted above does not constitute a valid referral for a specialist referred consultation.

The new consultation co-claiming rules do not apply to consultant physicians, other specialists and specialist radiologists who are also specialists in other medical disciplines. However, where a specialist radiologist has more than one qualification, co-claiming is only permitted where the patient has been referred to the provider in their non-radiologist capacity.

Where a specialist or consultant physician receives a request for diagnostic imaging service only, for example, a request to a cardiologist to do an echocardiogram, a consultation should not be claimed.

In addition, consultations must not be claimed in place of claiming a diagnostic imaging service.

## Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce, which was informed by 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).

A full copy of the final reports can be found in the DICC section of the Department of Health website (www.health.gov.au).

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

Providers of diagnostic imaging services will need ensure that consultations, where allowed, are only billed where a meaningful consultation has occurred.

If they wish to refer a patient to a radiologist as a specialist, not just request the radiologist to provide a diagnostic imaging services, requesting practitioners will need ensure that the referral meets the requirements of a valid referral as noted under ‘What are the changes’ above.

## How will these changes affect patients?

The changes will ensure that patients are not billed for unnecessary consultations. Patients will only be billed when the referring doctor has asked the radiologist for his/her opininon on management of the patient's condition and radiologist has discussed this with the patient.

## Who was consulted on the changes?

The MBS Review included a targeted consultation process on the DICC report between 14 September and 23 November 2018.

Feedback on the report was received from the following organisations:

- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Australian Diagnostic Imaging Association (ADIA)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australasian College of Physicians (RACP)
- Royal Australian College of Obstetricians and Gynaecologists (RANZCOG)
- South Australia Medical Imaging (SAMI)
- Cancer Nurses Society of Australia (CNSA)
- Australian Private Hospitals Association (APHA)
- Australasian Association of Nuclear Medicine Specialists (AANMS)
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- The Australasian Society for Ultrasound in Medicine (ASUM)
- Australian Rheumatology Association (ARA)
- Australian Sonographers Association (ASA)
- BreastSurgANZ
- Cancer Voices Australia (CVA)
- Endocrine Society of Australia (ESA)
- Northern Sydney Local Health District (NSLHD)

The submissions were considered by the DICC prior to making its final recommendations to the Taskforce.

Implementation of the recommendations was informed by an Implementation Liaison Group, consisting of representatives from RANZCR, ADIA, RACGP, AANMS and RANZCOG and a consumer representative nominated by the Consumers Health Forum and with input from the Australian Medical Association.

## How will the changes be monitored and reviewed?

The changes will be monitored and reviewed through analysis of MBS utilisation figures.

## 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 is expected to become available in late March 2020 and 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.*