



Quick reference guide

MBS Review recommendations: Diagnostic radiology - Group I03

Date of change: 1 May 2020

Amended items: 59300 59302 59303 59305 60506 60509 61109

New items: 57905 57907

Deleted items: 57903 57906 57909 57912 59306 59309

Revised structure

- All diagnostic radiology items annotated with 'NK' will be deleted. The annotation 'K' will be deleted from the remaining items (see the capital sensitivity quick reference guide).
- Items 57903 (radiographic examination of the sinuses) and 57912 (radiographic examination of the facial bones) will be deleted and replaced with one item covering either the sinuses or facial bones. The new item will be item 57907 and have a schedule fee of \$47.30.
- Items 57906 (radiographic examination of the mastoids) and 57909 (radiographic examination of the petrous temporal bones) will be deleted and replaced with one item covering either the mastoids or petrous temporal bones. The new item will be item 57905 and have a schedule fee of \$64.50.
- The descriptors for the mammography items 59300 (both breasts), 59303 (one breast), 59302 (three dimensional breast tomosynthesis - both breasts) and 59305 (three dimensional breast tomosynthesis - one breast) will be amended to ensure that the items are used in the investigation of a clinical abnormality of the breast/s and not for individual, group or opportunistic screening of asymptomatic patients.
- Items 59306 (mammary ductogram - one breast) and 59309 (mammary ductogram - both breasts) will be deleted as these items are considered to be obsolete.
- Fluoroscopy items 60506, 60509 and 61109 will now be able to co-claimed with any other diagnostic imaging service, except a diagnostic radiology service in Group I03 of the DIST. Currently, the items cannot be co-claimed with any other item in the DIST. The Taskforce felt that current restriction was too broad and was impacting access to these services.



Amended item 59300 – Mammography bilateral

Overview: The descriptor has been amended so that the item is used in the investigation of a clinical abnormality of the breasts and not for individual, group or opportunistic screening of asymptomatic patients. Screening of eligible asymptomatic patients is undertaken by BreastScreen Australia. A note will be added to the MBS to this effect.

Service/Descriptor: Mammography of both breasts if there is reason to suspect the presence of malignancy because of:

- (a) the past occurrence of breast malignancy in the patient; or
- (b) significant history of breast or ovarian malignancy in the patient's family; or
- (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)

Indication: The previous requirements were that there be a 'past occurrence of breast malignancy in the patient or members of the patient's family; or symptoms or indications of malignancy found on examination of the patient by a medical practitioner'. The new wording restricts the past occurrence of a malignancy to the patient. Relatives of the patient need to have a significant history of breast or ovarian malignancy in order for the item to be claimed. As an example, breast cancer diagnosed in an 85 year old grandmother may not be regarded a significant history, whereas a diagnosis in a first degree relative under 50 may be regarded as significant.

MBS fee: \$89.50 (no change)

Benefit: No change.

Amended item 59302 – Breast tomosynthesis bilateral

Overview: The descriptor has been amended so that the item is used in the investigation of a clinical abnormality of the breasts and not for individual, group or opportunistic screening of asymptomatic patients. Screening of eligible asymptomatic patients is undertaken by BreastScreen Australia. A note will be added to the MBS to this effect.

Service/Descriptor: Three dimensional tomosynthesis of both breasts if there is reason to suspect the presence of malignancy because of:

- (a) the past occurrence of breast malignancy in the patient; or
- (b) significant history of breast or ovarian malignancy in the patient's family; or
- (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)

Indication: The previous requirements were that there be a 'past occurrence of breast malignancy in the patient or members of the patient's family; or symptoms or indications of malignancy found on examination of the patient by a medical practitioner'. The new wording restricts the past occurrence of a malignancy to the patient. Relatives of the patient need to have a significant history of breast or ovarian malignancy in order for the item to be claimed. As an example, breast cancer diagnosed in an 85 year old grandmother may not be regarded a significant history, whereas a diagnosis in a first degree relative under 50 may be regarded as significant.

MBS fee: \$202.00 (no change)

Benefit: No change.



Amended item 59303 – Mammography unilateral

Overview: The descriptor has been amended so that the item is used in the investigation of a clinical abnormality of the breast and not for individual, group or opportunistic screening of asymptomatic patients. Screening of eligible asymptomatic patients is undertaken by BreastScreen Australia. A note will be added to the MBS to this effect.

Service/Descriptor: Mammography of one breast if there is reason to suspect the presence of malignancy because of:

- (a) the past occurrence of breast malignancy in the patient; or
- (b) significant history of breast or ovarian malignancy in the patient's family; or
- (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)

Indication: The previous requirements were that there be a 'past occurrence of breast malignancy in the patient or members of the patient's family; or symptoms or indications of malignancy found on examination of the patient by a medical practitioner'. The new wording restricts the past occurrence of a malignancy to the patient. Relatives of the patient need to have a significant history of breast or ovarian malignancy in order for the item to be claimed. As an example, breast cancer diagnosed in an 85 year old grandmother may not be regarded a significant history, whereas a diagnosis in a first degree relative under 50 may be regarded as significant.

This item only applies when specifically requested by the patient's treating medical practitioner. Where a unilateral mammogram is not specifically requested, the bilateral item 59300 would apply.

MBS fee: \$53.95 (no change)

Benefit: No change.

Amended item 59305 – Breast tomosynthesis unilateral

Overview: The descriptor has been amended so that the item is used in the investigation of a clinical abnormality of the breast and not for individual, group or opportunistic screening of asymptomatic patients. Screening of eligible asymptomatic patients is undertaken by BreastScreen Australia. A note will be added to the MBS to this effect.

Service/Descriptor: Three dimensional tomosynthesis of one breast if there is reason to suspect the presence of malignancy because of:

- (a) the past occurrence of breast malignancy in the patient; or
- (b) significant history of breast or ovarian malignancy in the patient's family; or
- (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner (R)

Indication: The previous requirements were that there be a 'past occurrence of breast malignancy in the patient or members of the patient's family; or symptoms or indications of malignancy found on examination of the patient by a medical practitioner'. The new wording restricts the past occurrence of a malignancy to the patient. Relatives of the patient need to have a significant history of breast or ovarian malignancy in order for the item to be claimed.

MBS fee: \$114.00 (no change)

Benefit: No change.



Amended item 60506 – Fluoroscopy less than one hour

Overview: The descriptor has been amended so that the item can now be claimed with items in the DIST other than items in group 3 (diagnostic radiology). The Taskforce felt that current restriction was too broad and was impacting access to these services.

Service/Descriptor: Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting less than 1 hour, not being a service associated with a service to which another item in this Group applies (R).

Indication: This item can now be claimed when rendered at the same attendance as another diagnostic imaging service (other than a service in Group I03).

MBS fee: \$63.75 (no change)

Benefit: No change.

Amended item 60509 – Fluoroscopy one hour or longer

Overview: The descriptor has been amended so that the item can now be claimed with items in the DIST other than items in group 3 (diagnostic radiology). The Taskforce felt that current restriction was too broad and was impacting access to these services.

Service/Descriptor: Fluoroscopy using a mobile image intensifier, in conjunction with a surgical procedure lasting 1 hour or more, not being a service associated with a service to which another item in this Group applies (R).

Indication: This item can now be claimed when rendered at the same attendance as another diagnostic imaging service (other than a service in Group I03).

MBS fee: \$98.90 (no change)

Benefit: No change.

Amended item 61109 – Fluoroscopy in an angiography suite one hour or longer

Overview: The descriptor has been amended so that the item can now be claimed with items in the DIST other than items in group 3 (diagnostic radiology). The Taskforce felt that current restriction was too broad and was impacting access to these services.

Service/Descriptor: Fluoroscopy in an angiography suite with image intensification, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which another item in this Group applies (R).

Indication: This item can now be claimed when rendered at the same attendance as another diagnostic imaging service (other than a service in Group I03).

MBS fee: \$258.90 (no change)

Benefit: No change.



New item – 57905 X-ray Mastoids/petrous temporal bones

Overview: This item replaces items 57906 and 57909 which have been deleted. The item has been created due to the low number and similarity of the services. The change also assists in simplifying the MBS.

Service/Descriptor: Mastoids or petrous temporal bones (R).

Indication: This items applies when either the mastoids or petrous temporal bones are x-rayed. Where both the mastoids and petrous temporal bones are examined, the item can be claimed twice. The diagnostic imaging multiple services rule A would apply when both items are claimed. Under this rule, the schedule fee for the second items is reduced by \$5.

Other requirements: As for the items that are being deleted, item 57905 needs to be requested by a medical practitioner or dental practitioner in order for it to be claimable.

MBS fee: \$64.50.

Benefit: 85% = \$54.85 Bulk billed benefit = \$61.30

New item – 57907 X-ray Sinuses/facial bones

Overview: This item replaces items 57903 and 57912 which have been deleted. The item has been created due to the low number and similarity of the services. The change also assists in simplifying the MBS.

Service/Descriptor: Mastoids or petrous temporal bones (R).

Indication: This items applies when either the sinuses or facial bones are x-rayed. Where both the sinuses and facial bones are examined, the item can be claimed twice. The diagnostic imaging multiple services rule A would apply when both items are claimed. Under this rule, the schedule fee for the second items is reduced by \$5.

Other requirements: As for the items that are being deleted, item 57907 needs to be requested by a medical practitioner or dental practitioner in order for it to be claimable.

MBS fee: \$64.50.

Benefit: 85% = \$54.85 Bulk billed benefit = \$61.30

Deleted item – 57903 - (Radiographic examination of) Sinuses

Replaced by item 57907

Deleted item – 57906 - (Radiographic examination of) Mastoid

Replaced by item 56905

Deleted item – 57909- (Radiographic examination of) Petrous temporal bones

Replaced by item 56905



Deleted item – 59306- Mammary ductogram – one breast

The item is obsolete.

Deleted item – 59309- Mammary ductogram – both breasts

The item is obsolete.

Deleted item –all the NK items in Group I03.

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 below, and does not account for MBS changes since that date.