# Extended Medicare Safety Net (EMSN) caps on new ultrasound items

Last updated on 25 November 2022

- From 1 January 2023, Extended Medicare Safety Net (EMSN) caps will be applied to ultrasound items 55740, 55741, 55742, 55743, 55757 and 55758.
- These items were introduced to the Medicare Benefits Schedule (MBS) on 1 November 2022.
- EMSN caps on other MBS ultrasound items will be indexed from 1 January 2023.

### What are the changes?

From 1 January 2023, new EMSN caps will be introduced to the following six MBS ultrasound items:

Item	EMSN cap (\$)
55740	63.60
55741	27.40
55742	63.60
55743	27.40
55757	30.30
55758	9.90

Existing EMSN caps on 22 MBS ultrasound items will be indexed on 1 January 2023. The new cap amounts will be:

Item	EMSN cap (\$)
55700	36.60
55703	18.40
55704	42.80
55705	18.40
55706	61.10
55707	42.80
55708	18.40
55709	24.40
55712	73.30

55715	24.40
55718	61.10
55721	73.30
55723	24.40
55725	24.40
55729	18.40
55762	36.60
55764	97.70
55766	36.60
55768	91.70
55770	36.60
55772	97.70
55774	42.80

### Why are the changes being made?

The six new ultrasound items were introduced to the MBS on 1 November 2022 and the application of EMSN caps to the items maintains consistency with existing capped ultrasound items.

The EMSN cap amounts are indexed on 1 January each year.

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

Providers should be aware of the EMSN benefit caps applying to these MBS ultrasound items.

### How will these changes affect patients?

The EMSN provides an additional benefit for eligible out-of-hospital services once an annual threshold of out-of-pocket costs is reached. A small number of MBS services have a cap on the amount of benefit payable under the EMSN arrangements.

If a patient has reached the EMSN threshold and claims one of the listed capped ultrasound items, they will receive the standard Medicare rebate and an EMSN benefit, up to the amount of the EMSN cap, for the item.

#### Where can I find more information?

Information on the EMSN can be found on the Department's website at <a href="www.health.gov.au">www.health.gov.au</a>.

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at <a href="www.mbsonline.gov.au">www.mbsonline.gov.au</a>. You can also subscribe to future MBS updates by visiting <a href="MBS Online">MBS Online</a> and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at <a href="https://www.privatehealth.gov.au">www.privatehealth.gov.au</a>. Detailed information on the MBS item listing within clinical categories is available on the <a href="https://pepartment's website">Department's website</a>. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the <a href="https://private.nealth.gov.au">Private Health Insurance (Benefit Requirements) Rules 2011 found on the <a href="https://pepartments.gov.au">Federal Register of Legislation</a>. If you have a query in relation to private health insurance, you should email <a href="https://pepartments.gov.au">PHI@health.gov.au</a>.

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

The data file for software vendors when available can be accessed via 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.