



New MBS Item for mobile provision of skeletal x-ray to patients within residential aged care facilities factsheet

Last updated: 9/09/2019

What are the changes?

From 1 November 2019, a Medicare rebate (MBS item 57541) will be available as a call-out fee for the provision of limited mobile skeletal x-ray services conducted at a residential aged care facility.

The service must be requested by a medical practitioner who has attended the patient in person and the request must identify one or more of the following indications:

- (a) the patient has experienced a fall and one or more of the following items apply to the service: 57509, 57515, 57521, 57527, 57530, 57533, 57536, 57539 (x-rays of the extremities) 57703, 57705, 57709, 57711, 57712, 57714, 57715, 57717 (x-rays of the shoulder or pelvis), 58521, 58523, 58524, 58526, 58527, 58529 (x-rays of the ribs and sternum); or
- (b) pneumonia or heart failure is suspected and item 58503 or 58505 (chest x-rays) applies to the service; or
- (c) acute abdomen or bowel obstruction is suspected and item 58903 or 58905 (plain abdominal x-rays) applies to the service.

This item can be claimed once only per visit at a residential aged care facility irrespective of the number of patients x-rayed.

If the service is bulked billed, 95% of the fee is payable.

The diagnostic imaging multiple services rules do not apply to this item.

Fee: \$73.65

Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in June 2018. This change is supported by MSAC as a safe, clinically appropriate and cost-effective service. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website www.msac.gov.au.

What does this mean for providers and referrers?

Only medical practitioners who have attended the patient in person are eligible to request this item. Nurse practitioners and residential aged care facility staff are not eligible to request this item.



The medical practitioner who claims the relevant x-ray service conducted in the residential aged care facility can claim this item together with the applicable MBS x-ray service provided.

Medical practitioners who claim this item are required to maintain a record of the location at which the x-ray service was provided and any recommendations to the requester, such as referral for treatment, to be monitored, or no further action required. The Department of Health will request this information to ascertain the effectiveness of providing this item for residents within a residential aged care facility.

This call-out fee is claimable once only per visit at a residential aged care facility in association with the specified x-ray services. Subsequent services provided at that facility during that visit will not attract the fee.

How will these changes affect patients?

This will aid in timely diagnosis and treatment for residents within a residential aged care facility who would otherwise need to be transferred to the emergency department of a hospital.

Where can I find more information?

The full item descriptor 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 Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 1 October 2019 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.