



Cardiac Stress Echocardiography and Stress Myocardial Perfusion Studies (MPS) – Claiming Information Guide

Last updated: 20 September 2022

- This information guide relates to the claiming of repeat Medicare Benefits Schedule (MBS) services for stress echocardiography (item 55143) and stress MPS (items 61349, 61410).
- There are no changes to the requirements of the services for stress echocardiography and stress MPS, including the qualifying indications, time dependencies or item associations that currently exist.
- This guidance is intended to assist providers in navigating the claiming of repeat stress echocardiography and stress MPS items.

Claiming Guide and Reason for Guidance

- Stress echocardiography (item 55143) and stress MPS (items 61349 and 61410) have time dependencies and association rules in place as follows:

Item	Time Dependency (with itself)	Time Dependency with other equivalent repeat items	Association Rule (claimed in the previous 24 months)
55143	Cannot be claimed more than once in a 12 month period	N/A	This item or items 55141, 55145 or 55146 needs to have been rendered within the previous 24 months
61349	Cannot be claimed more than once in a 12 month period	Cannot be claimed within 12 months of item 61410	This item, or item 61324, 61329, 61345, 61357, 61394, 61398, 61406, 61410 or 61414 needs to have been rendered within the previous 24 months
61410	Cannot be claimed more than once in a 12 month period	Cannot be claimed within 12 months of item 61349	This item or items 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406 or 61414 needs to have been rendered within the previous 24 months

- When claiming items 55143, 61349 or 61410, the Services Australia claiming system is unable to verify that the applicable service (same item) has been claimed in the eligible time period which results in a rejected claim. For example, if item 55143 is being claimed, the system is unable to search for item 55143 in the period 12-24 months prior to the last 55143 service.
- This limitation applies to items 55143, 61349 and 61410.
- When a claim is submitted for items 55143, 61349 or 61410, the Services Australia system will identify the claim for manual override and a Services Australia service officer will check the patient history to check the following:
 - The same service has not been claimed in the previous 12 months; and
 - The applicable service (same item) has been claimed in the period 12-24 months prior to confirm eligibility.

What does this mean for providers and practice administration staff using the MBS items online checker in the Health Professional Online Services Portal (HPOS)?

- When determining a patient's eligibility for a service using the MBS items online checker or submitting a dummy claim for items 55143, 61349 or 61410, the response will always indicate that the patient is ineligible because the claim requires manual intervention.
- If providers determine that a service under items 55143, 61349 or 61410 is required, they should seek eligibility advice by calling Services Australia on 13 21 50 with the patient's details. The patient's claiming history will then be checked by a service officer to ensure the patient is eligible for the service

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

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.